



OPTIMIZING GRADUATE NURSING CLINICAL EDUCATION

Policy Position | 2026-2027 Policy Council

INTRODUCTION

Graduate nursing education, like undergraduate nursing education, faces structural bottlenecks in clinical education. Graduate nursing programs, specifically programs training Advanced Practice Registered Nurses (APRNs), report difficulty finding preceptors for clinical education and some programs require students to find their own clinical sites and preceptors, a time-consuming, difficult and at times costly process. Since schools must approve and oversee the provision of clinical education, delegating this challenging process to students is inefficient for all parties.

For students who have invested in a graduate program, learning that their clinical education is contingent upon independently securing a qualified and willing preceptor may be perceived as both inequitable and highly burdensome.

This structural challenge requires a legislative solution to enhance the student's education experience, better manage clinical capacity, and optimize graduate nursing clinical education.

ANALYSIS

The Texas Board of Nursing has limited regulatory oversight of graduate nursing education. The Board of Nursing only exercises oversight in the rare instance that a program begins and accepts students while national accreditation is still pending. The Board of Nursing ceases this oversight once the program receives national accreditation. Once the program is fully accredited the national accrediting body has oversight.

Graduate nursing has grown and largely produced excellent outcomes, with the Texas Center for Nursing Workforce Studies showing a surplus of Nurse Practitioners (NPs) and Certified Registered Nurse Anesthetists (CRNAs), and a slight deficit of Certified Nurse Midwives (CNMs).¹ Contrast this to the severe shortage of Registered Nurses (RNs), which is a shortage of more than 44,000 RNs, and it would appear that graduate nursing education is keeping pace with the needs of the state's population. However, this same surplus creates strain on the clinical education side of graduate nursing and increasingly the system is revealing barriers in clinical rotations.

A 2022 study surveyed 334 NPs practicing in Texas and found that 46% of respondents were required to find their own clinical placements.² A national survey of NP program directors found 14% of NP programs required students to secure clinical sites entirely on their own.³

In this environment, an increasing number of vendors are entering the market with paid preceptor match tools that put additional costs on students and introduce ethical concerns about financial relationships between students and their preceptors through an intermediary.

This trend is not inevitable, nor should it be allowed to continue. Texas should increase the scrutiny provided in the regulatory model by directing the Board of Nursing to exercise additional oversight of clinical education for graduate nursing programs. The same national study that found 14% of NP programs required students to secure clinical sites on their own also found the trend was driven by time constraints for faculty, lack of employer support, lack of clinician interest in precepting, and lack of office space, with little to no incentives offered to clinicians for precepting graduate nursing students (the top three incentives identified by respondent institutions were library access, academic title, or none). It is unsurprising that these clinical education barriers have emerged when the system structurally fails to incentivize precepting. Fortunately, there is a well-studied model to address this structural flaw.

¹ See Texas Center for Nursing Workforce Studies, "Nurse Supply and Demand Projection Executive Summary," Department of State Health Services (2024), available at

https://www.dshs.texas.gov/sites/default/files/chs/cnws/2023_SupplyDemandReport_ExecutiveSummary.pdf.

² "Meeting the need for nurse practitioner clinicals: A survey of practitioners," *Journal of the American Association of Nurse Practitioners* (2022), available at: <https://www.ovid.com/jnls/jaanp/abstract/10.1097/jxx.0000000000000749~meeting-the-need-for-nurse-practitioner-clinicals-a-survey?redirectionsource=fulltextview>

³ Doherty, Fogg, Bigley, Todd, O'Sullivan, "Nurse practitioner student clinical placement processes: A national survey of nurse practitioner programs," *Nursing Outlook* (2019), available at: <https://www.sciencedirect.com/science/article/abs/pii/S0029655419301800>; ; see also O'Reilly-Jacob, et. al., "Rapid Growth, Uncertain Impact: Nurse Practitioners and the Future of Primary Care Access," *Milbank Memorial Fund* (2026), available at: <https://www.milbank.org/publications/rapid-growth-uncertain-impact-nurse-practitioners-and-the-future-of-primary-care-access/> ("Some of the most widely discussed concerns have been raised about the for-profit sector, which operates large-scale NP programs delivered entirely online. A 2024 Bloomberg investigation documented several problematic practices at these high-volume, low-touch NP programs, including near-universal admission, limited faculty-student interaction, and minimal oversight of clinical preceptorships, with students largely responsible for finding and paying their own preceptors.")

In 2012, the Center for Medicare & Medicaid Innovation established the Graduate Nursing Education Demonstration Project, which funded five awardee hospitals as clinical sites for their reasonable costs in providing qualified clinical education to additional APRN students.⁴ The demonstration project ran from 2012 to 2018.⁵

Among the five awardee sites, one was in Texas: Memorial Hermann-Texas Medical Center. Memorial Hermann served as a clinical site for four schools of nursing under the demonstration project and partnered with more than 150 community-based care settings (CCSs) to expand access to clinical space and preceptors while emphasizing primary care experience for students.⁶

The demonstration project supported hospitals who used funds to hire administrative support, supported schools of nursing in recruiting clinical faculty and placement coordinators and purchased dataset systems and simulation equipment, and supported clinical education sites by compensating preceptors' time for clinical education and supported clinical placement processes.⁷

The demonstration project led to 54 to 67% increases in APRN student enrollment and graduations, respectively.⁸ Compared to non-GNE schools of nursing with similar characteristics, a total of 3,739 additional APRN students graduated due to the demonstration at an average cost of \$47,172 per student.⁹ CMS cautioned that while the demonstration project was highly successful, results may not be generalizable to non-similar settings because there were a small number of institutions involved and they were based in urban centers.¹⁰

Since the demonstration project, members of Congress have introduced legislation to establish a permanent fund for graduate nursing education, but Congress failed to pass the proposal. Texas should not wait for Congressional action.

Texas is currently working to remedy shortages in primary care, including several specialties such as psychiatry and geriatrics. These shortages tend to spread across license types, with physicians facing significant shortages in primary care (37% unmet demand).¹¹ Under state projections, these

⁴ Centers for Medicare & Medicaid Services, "The Graduate Nurse Education Demonstration Project: Final Evaluation Report," Center for Medicare & Medicaid Innovation (2019), available at: <https://www.cms.gov/priorities/innovation/files/reports/gne-final-eval-rpt.pdf>

⁵ *Id.* at 1.

⁶ *Id.* at 1.

⁷ *Id.* at 3-5.

⁸ *Id.* at 8.

⁹ *Id.* at 79.

¹⁰ *Id.* at 10.

¹¹ See Texas Department of State Health Services, "Physician Shortages and Graduate Medical Education Report," Texas Health Data (April 2026), available at: <https://healthdata.dshs.texas.gov/dashboard/health-care-workforce/hprc/physician-shortages-and-graduate-medical-education-report>.

physician shortages are expected to worsen so that we see severe shortages by 2036 in geriatrics (80% unmet demand), psychiatry (51% unmet demand), and pediatrics (47% unmet demand), among other specialty shortages.¹² These are all issues that APRNs could help address and at a lower cost than what is required to train physicians.¹³

The state's strategy to address these issues should consider how care is provided in practice. Nurses and physicians work together to provide care to patients, and APRNs can significantly extend the reach of care provided in collaboration with their physician colleagues. While the state works to fill its provider shortages, the Texas Legislature should look at how it can efficiently do so by financing both Graduate Medical Education and Graduate Nursing Education.

Funding Graduate Nursing Education in the manner contemplated by the CMS demonstration project would help address the graduate nursing clinical education barriers identified above by addressing the costs of coordinating clinical education, while helping fill care shortages throughout the state.

RECOMMENDATIONS

The Texas Nurses Association recommends the Texas Legislature address these issues by granting the Board of Nursing additional oversight and enforcement powers to ensure graduate nursing education maintains quality standards. Furthermore, the Legislature should establish and fund a state-based graduate nursing education system modeled on the CMS demonstration project described above.

¹² *Id.*

¹³ See Texas Hospital Association, "Graduate Medical Education," (2022) available at: https://www.tha.org/wp-content/uploads/2022/04/Financing_GME_FINAL.pdf (estimating the cost per year per resident at \$150,000); cf. Centers for Medicare & Medicaid Services, "The Graduate Nurse Education Demonstration Project: Final Evaluation Report," Center for Medicare & Medicaid Innovation (2019), available at: <https://www.cms.gov/priorities/innovation/files/reports/gne-final-eval-rpt.pdf> (showing a cost of \$47,172 per graduate nursing student).