

# **Report and Recommendations from the Governance Task Force**

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# Governance Task Force



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# Governance Task Force (Cont.)



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# Governance Task Force Charge

- » Explore governance structures that support nimbleness, innovation, timeliness, collaboration, and inclusivity.
- » Consider advisory councils, different board models, and expanded membership opportunities.
- » Ensure membership constituents are provided opportunities for meaningful engagement and are optimally positioned for success.

# Overview of Progress

# **Purpose of Today's Session**

To hear feedback on draft recommendations.



# Draft Recommendations

# Membership

1. Maintain current categories of AACN membership (Institutional, Provisional Institutional, Emeritus, Honorary, and Honorary Associate), with the primary membership remaining at the institution level.
2. Maintain voting/governance representative as the Chief Nurse Academic Officer (Dean/Director).
3. Expand institutional membership criteria to include that one or more of the programs at the institution is accredited or pursuing accreditation by CCNE or other USDE-recognized nursing accreditation agency.



# Board of Directors

1. Increase the number of seats on the AACN Board of Directors from 11 to 13 to include two representatives from nursing practice. Practice members would not be eligible to serve as Officers.
2. Limit board member terms to no more than four consecutive terms (maximum 8 years) without a break in service.

# Nominations and Elections

1. To broaden membership representation, expand the Nominating Committee to six members including five elected members and the immediate past AACN Board Chair.
2. Supplement current Nominating Committee matrix with a “board competency matrix” developed by the Governance Committee to ensure the Nominating Committee is aware of the needed expertise, skills, and perspectives for board service.
3. Issue the Call for Nominations for Practice representatives through the AACN membership and other associations. Practice representatives would have to be the chief nurse officer (or similar level senior nurse executive with ultimate responsibility for all nursing practice within the organization).

# Other Governance Structures – Continuing Discussion Items

# Other Areas for Further Exploration

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