



Strengthening the Licensed Practical Nurse Pipeline in Massachusetts: Structural Recommendations

January 9, 2025

Submitted by the Student Pipeline Committee as part of the Nursing Council of Workforce Sustainability

Executive Summary

Nursing care is a cornerstone of quality, evidence-based, and patient-centered healthcare. Nurses serve in a wide range of settings and specialties, reflecting the diversity of their roles. While registered nurses (RNs) represent the largest segment of the nursing workforce in the United States, licensed practical nurses (LPNs)—also known as practical nurses (PNs) or licensed vocational nurses (LVNs)—form the second largest group. In Massachusetts alone, more than 20,000 LPNs contribute significantly to the delivery of nursing care (Human Resources and Services Administration, 2024).

LPNs primarily deliver care to racially and ethnically diverse populations, as highlighted in *The Future of Nursing*. While LPNs practice in various healthcare settings, they are most commonly found in skilled nursing facilities and home healthcare, which are key components of community-based care (Falubert, Menestrel, Williams, & Wakefield, 2021). As shown in Figure 1, skilled nursing facilities, hospice, and home health care rely heavily on the LPN workforce. The role of LPNs is essential to ensuring the delivery of appropriate and effective patient care within these settings.

Figure 1: LPNs whose Primary Practice Location is in MA by Primary Practice Setting

| Primary Practice Setting | N | % |
|----------------------------------|------|--------|
| Assisted Living Facility | 1029 | 7.38% |
| Physician Office | 1355 | 9.72% |
| Home Health Care Services | 1866 | 13.38% |
| Skilled Nursing Facility/Hospice | 5424 | 38.91% |

Source: LPN license renewal survey questionnaire, administered in 2021

According to the [statewide cross-sector analysis](#) of the Massachusetts Healthcare Workforce published by the Massachusetts Center for Health Information and Analysis (CHIA), the proportion of LPNs working in nursing homes is the highest across sectors at 59%, followed by 30% in acute care hospitals (CHIA, 2024).

Figure 2: Proportion of Employees in Specific Occupations (LPN) by sector

Source: CHIA Massachusetts Health Care Workforce Survey, 2024



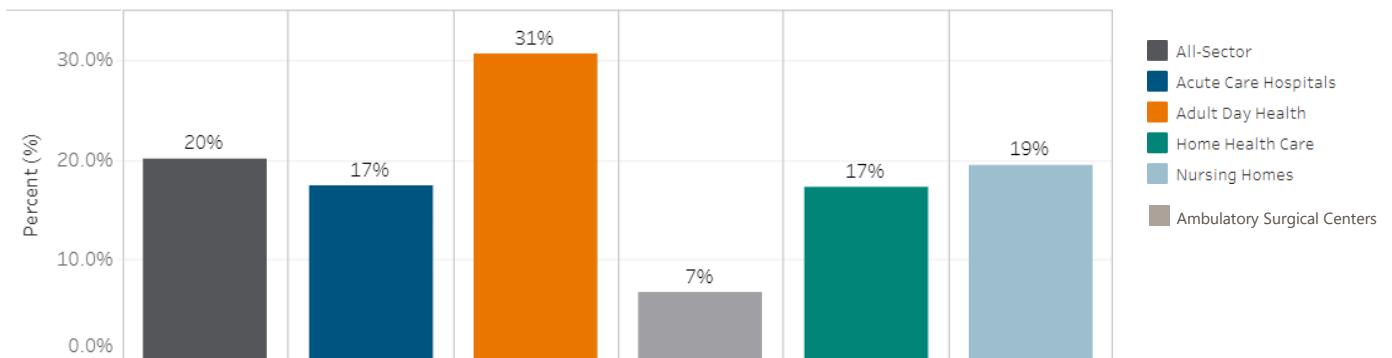
Unlike many other care settings, nursing homes employ more LPNs (9,000) than RNs (6,500) (CHIA, 2024). LPNs supervise Certified Nursing Assistants (CNAs) and perform all duties within their scope of practice, including but not limited to assessment, medication administration, documentation, treatments, and communication across the healthcare team.

LPNs have always served a vital role on the caregiving team in nursing homes. With nursing shortages challenging all sectors in the commonwealth, LPNs are increasingly recruited outside of long-term care. This poses a credible threat to sustaining and growing the LPN workforce in nursing homes. Acute care hospitals, which historically have prioritized RNs, are now recruiting to fill a 17% vacancy rate for LPNs, and home and community-based services are reporting a 31% vacancy rate compared to 19% for nursing homes (CHIA, 2024).

Figure 3: Cross-Sector Analysis of LPN Vacancy Rates

Vacancy Rates - Licensed Practical Nurses

Vacancy rates were calculated by dividing the total number of occupational vacancies in a sector by the sum of current full-time employees, part-time employees, and the number of job vacancies in the past 12 months as reported by organizations.



Source: CHIA Massachusetts Health Care Workforce Survey, 2024

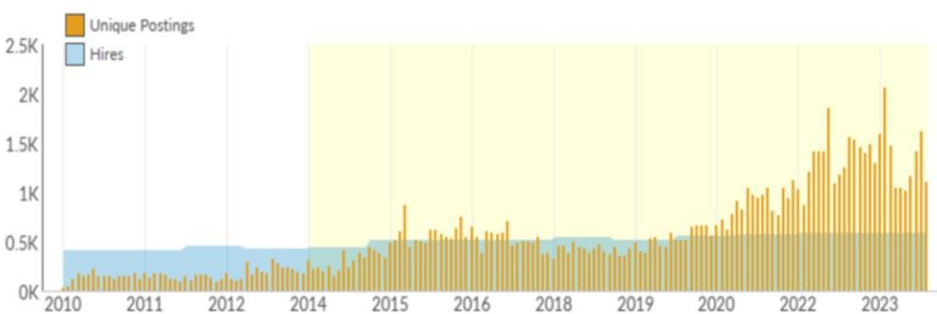
LPN: Supply and Demand

Figure 4 illustrates the trends in unique LPN job postings and hires in Massachusetts since 2010, highlighting the demand for LPNs and their representation within the workforce.

Figure 4: LPN Unique Posting and Hires in Massachusetts

LPN: Postings/Hires

Massachusetts Licensed Practical Nurse (LPN)



Source: Lightcast, 2024

Since 2010, the number of LPNs in the workforce has remained relatively stable. Although slightly higher than in 2023, the number of LPN hires has not shown a statistically significant change when compared to other factors. While demand for LPNs spiked in 2015, it began to normalize until 2020 (Lightcast, 2024).

In 2020 and 2021, the demand for LPNs in Massachusetts more than doubled. This surge was driven by various factors, with a notable increase in LPNs transitioning into acute care settings, such as hospitals (Lightcast, 2024).

Historically, hospitals employed nursing care models that heavily incorporated LPNs. In these models, LPNs provided the majority of direct patient care, while RNs supervised multiple patients, supported LPNs, and performed more complex tasks.

Changes in reimbursement models led to the transition of LPNs out of acute care settings, prompting hospitals to adopt an RN-led model of care. As a result, LPNs found new opportunities to thrive in non-acute care environments. However, the onset of the COVID-19 pandemic in 2020 brought significant shifts in these practices.

To address widespread staffing shortages—not only among nurses but also in support roles like Certified Nursing Assistants—acute care organizations increasingly began recruiting LPNs. LPNs brought valuable nursing experience and a broad scope of practice to the bedside, helping to fill critical gaps in care delivery. However, this surge in demand also highlighted disparities and created new challenges within the LPN workforce.

Nationally, this trend is expected to persist. According to *The Future of Nursing* report, over the next 10 to 12 years, the supply of LPNs is projected to meet only 64% of the anticipated demand, underscoring a significant workforce shortage (Falubert, Menestrel, Williams, & Wakefield, 2021).

Background of the Problem

In light of the stagnant influx of new LPNs into the workforce, the critical role LPNs play in healthcare, and the increasing demand for LPNs in Massachusetts, the Student Pipeline Committee of the Nursing Council on Workforce Sustainability (NCWS) was tasked with reviewing the LPN pipeline and providing recommendations to enhance the supply of LPNs in the commonwealth.

Previously, the NCWS Policy and Practice Committee conducted a comprehensive review of the LPN scope of practice in Massachusetts, publishing detailed recommendations (Nursing Council on Workforce Sustainability, 2024). While that effort focused specifically on LPN practice, this new initiative required a broader examination of the LPN's role in patient care across the state.

The committee quickly identified several challenges and opportunities within the LPN pipeline. One key recommendation was to prioritize a targeted focus on strengthening the LPN workforce, building on previous work as a foundation for these efforts.

Early in the process, it became clear that the committee's findings would result in a comprehensive set of recommendations. The recommendations will be delivered in two parts to ensure clarity and focus.

This first set of recommendations addresses the structural changes necessary to enhance the LPN pipeline, focusing on education, funding, and recruitment strategies. The second set, to be released in late 2025, will detail the supportive services required to further strengthen and sustain the pipeline.

The Hidden Role of the LPN

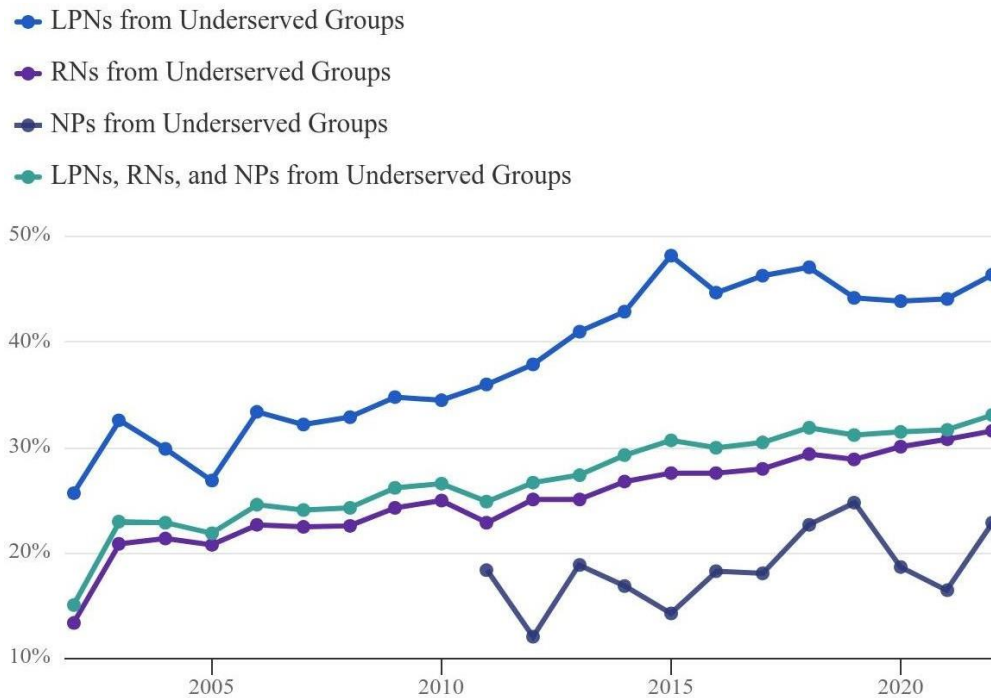
Examining the role of the LPN reveals a widespread lack of understanding about its significance and contributions to healthcare. This misunderstanding diminishes recognition of the LPN as not only a vital and legitimate profession in its own right but also as an accessible entry point into the nursing field for individuals currently serving in unlicensed assistive roles.

The value and demand for LPNs are well-documented. LPNs deliver high-quality care, often to diverse populations, and play a critical role in the operation of skilled nursing facilities and community-based care across Massachusetts.

Diversity within the nursing workforce has been a persistent challenge. While progress is being made, particularly in improving minority representation in RN roles, the nursing workforce still does not fully reflect the diversity of the population it serves.

The LPN role, however, has consistently been one of the most diverse segments within the healthcare workforce. Figure 5 illustrates the percentage of underserved groups within nursing.

Figure 5: Total Percentage of Underserved Groups in Nursing



Source: Bureau of Labor Statistics

The LPN role significantly outpaces all other major nursing categories regarding diversity. Achieving this level of diversity is no small feat, and with this proven track record, the LPN role warrants targeted investment in recruiting and training new, diverse cohorts. Given that the LPN role often serves as a stepping stone to RN and advanced practice nursing positions, it provides a key pathway to increasing the representation of diverse populations within the nursing profession.

Furthermore, any college education or training program requires both time and financial investment. An important consideration for such an investment is its potential return on investment (ROI). A report from the California Futures Foundation, released in fall 2024, examined several popular degree and training programs, evaluating their ROI and highlighting those with the highest yield.

Vocational Nursing (LPN) programs are ranked among the top professions for return on investment (ROI). Graduates of these programs often achieve a full ROI within their first year of practice, with 100% reporting complete ROI within two years of entering the workforce (Whissemore, 2024).

This strong ROI, coupled with the LPN role's proven track record of diversity, highlights the significant value and opportunity within the LPN pipeline.

Creating A True LPN Pipeline

The committee recommends targeted investment in innovative strategies that promote the LPN as a viable career path. This includes creating clear pathways for individuals seeking their first

career and opportunities for those in supportive roles, such as Certified Nursing Assistants and Medical Assistants, to advance into the LPN role.

Securing the High School Pipeline

In Fairfax County, Virginia, the Fairfax County Public Schools have developed a cohort program that begins in students' junior year of high school. Over the course of two years (their junior and senior years), students take courses that prepare them to sit for the national LPN certification exam upon high school graduation (Fairfax County Public Schools, 2024). As a result, these students have the opportunity to begin practicing as LPNs immediately after graduation, provided they successfully complete the coursework and pass the exam.

Given the strong job outlook and above-average salaries for LPNs, this program could be life-changing for many students, particularly those from disadvantaged backgrounds with limited career and educational opportunities after high school.

To develop such a program, collaboration with Massachusetts Community Colleges and the Massachusetts Board of Registration in Nursing would be needed. The committee recommends forming a workgroup to review and design a program that could be implemented across the commonwealth.

Improving the LPN Pipeline for Unlicensed Assistive Personnel Roles

Roles such as CNAs and medical assistants are essential to the efficient functioning of the healthcare system. While these are just two examples of unlicensed assistive personnel (UAP) roles, they underscore a critical opportunity within the LPN pipeline.

Creating clear pathways for advancement is crucial for individuals in UAP positions. CNAs, for instance, play a key role in providing direct patient care and are well-suited for recruitment into LPN programs. However, many CNAs face significant challenges in pursuing LPN careers, as they cannot afford to step away from work or family responsibilities, even when education, books, and fees are fully subsidized.

Innovative initiatives across the commonwealth empower and support individuals in roles like CNAs to advance into LPN positions. For example, the NCWS is developing nurse apprenticeship programs for both RN and LPN tracks, allowing participants to continue working while attending school and gaining valuable clinical experience. Similarly, programs like the Massachusetts Career Ladder Program leverage public-private partnerships to sponsor CNAs transitioning to LPN roles.

The committee recommends a comprehensive evaluation of the UAP-to-LPN pipeline, emphasizing the integration of apprenticeship models and exploring the potential for UAPs who provide direct patient care to receive credit for their experience. These pathways must be clearly defined and designed for consistent implementation across the commonwealth.

Furthermore, funding of innovative pathways must be examined. The ROI on current funding mechanisms must be evaluated. With the dynamic change in the workforce since 2020, new approaches are essential in developing a stable workforce for the future. Hence, previous methods may have expired in their ability to produce tangible and sustainable results.

The NCWS will be this vehicle for exploration. The pipeline will be thoroughly vetted and formalized into a recommendation to be presented to the larger NCWS.

Licensed Practical Nurse Education

LPNs complete a certificate program and then sit for the National Council Licensure Exam (NCLEX) for Practical Nurses (NCLEX-PN). Once a student successfully completes a certificate program and sits for the NCLEX-PN, they are then licensed in their state of residence and can begin practicing as an LPN.

In Massachusetts, students have two primary pathways to earn a practical nursing certificate. One option is through Vocational Technical Schools, which offer practical nursing programs that can be completed in 10 months. These schools operate on the principle of equipping students with marketable occupational skills to prepare them for the workforce (Assabet, 2024). Currently, 12 Vocational Technical School locations across the state offer practical nursing programs.

The vocational-technical schools' practical nursing programs currently enroll approximately 585 students annually, with consistent yearly enrollment ranging between 585 and 600 students. In comparison, the nine community college practical nursing programs across the commonwealth enroll approximately 300 students for the current fall term. One of the community college programs is newly established and lacks sufficient data for analysis.

This indicates that 66% of the commonwealth's currently enrolled practical nursing students attend vocational-technical schools.

Another pathway for practical nursing education is through the Massachusetts Community College system. Like the vocational-technical pathway, community college programs allow students to complete a 10-month program and earn a certificate upon successful completion. However, community college programs also require students to complete prerequisite academic courses before enrolling in the practical nursing program.

Nine community colleges offer practical nursing programs in the commonwealth. Once students complete the prerequisites, they apply to the programs. Depending on demand and capacity, this may involve a waiting period.

Finally, Massachusetts has previously been home to private occupational training centers. These institutions also offer practical nursing pathways. The last private center is slated to close in early 2025. However, this concept could be utilized by a healthcare organization seeking to train LPNs. A current healthcare organization is considering becoming an occupational training center to offer its employees a clearer pathway to an LPN career. Hence, this avenue of education must also be considered.

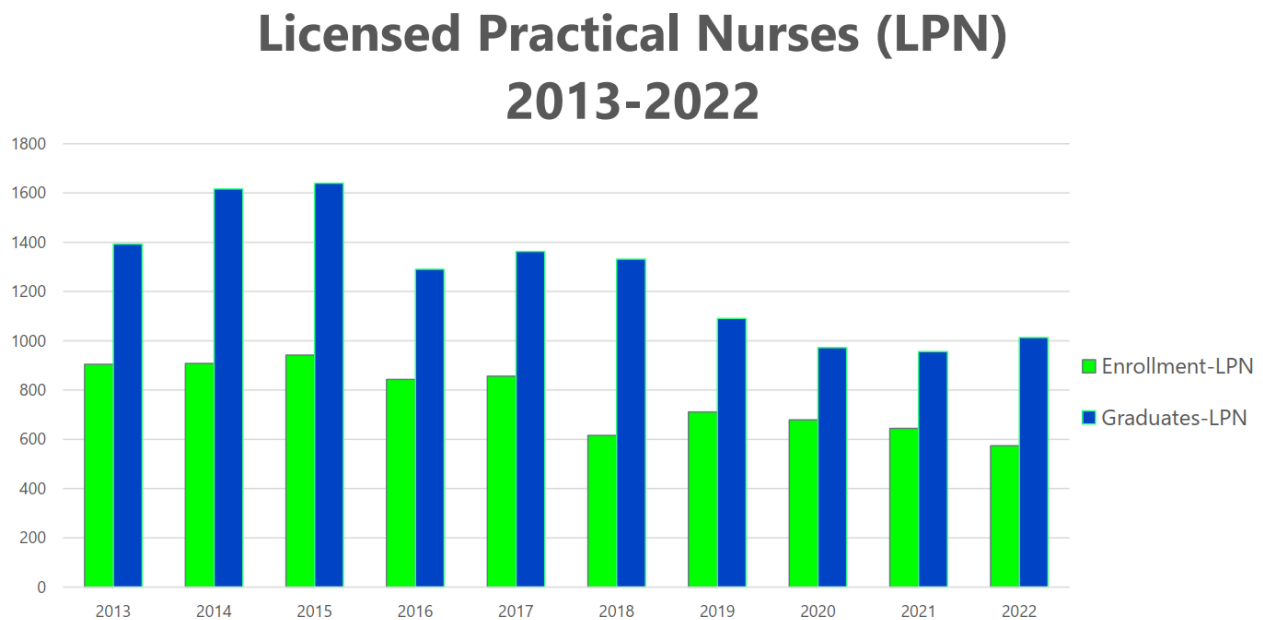
Capacity Restrictions in LPN Education

A significant challenge facing many community college practical nursing programs is limited capacity. Students often complete the required prerequisite courses only to find themselves on a waiting list for a spot in the program.

The Student Pipeline Committee conducted an informal survey of these schools to understand capacity constraints better. Five of the eight established programs reported being at or near full capacity. The remaining three programs operated at 77%, 50%, and 65% capacity, respectively.

Given the limited number of schools and available seats, these capacity percentages significantly impact. The more pressing question, however, is how to expand capacity effectively within these programs. Massachusetts needs an adequate workforce, but an average of 200 practical nursing graduates per year is far below what it needs. Figure 6 highlights the number of LPN graduates in Massachusetts since 2013, emphasizing the gap between current output and workforce demand.

Figure 6: LPN Enrollment and Graduates in Massachusetts



Source: Massachusetts Board of Registration in Nursing, 2023

As shown in Figure 6, Massachusetts is experiencing a nearly ten-year low in LPN graduates. This low volume has remained relatively stable since 2020. To address this, schools must not only operate at full capacity but also explore opportunities to expand enrollment in practical nursing programs.

Another challenge is the number of students waiting to enter these programs due to limited capacity. When asked about the number of students on waitlists, schools often provided elusive data, making it difficult to determine the exact number of students waiting. This issue needs to be resolved.

Creating a dashboard that tracks the number of practical nursing students enrolled, the percentage of capacity, and the number of students on waiting lists would be highly beneficial. Given the small number of state-operated schools, this goal seems very achievable. Such a dashboard could also be expanded to include registered nursing students, providing valuable

insights for managing the nursing workforce. The committee recommends developing this real-time reporting system to offer detailed information to interested parties.

Capacity issues in practical nursing programs are multifaceted, with faculty shortages being a significant concern. To address this, it is worth considering a tax credit for individuals who teach didactic or clinical nursing at the practical nursing level. This tax credit should be proportional to their employment status, whether full-time, part-time or per diem. While such a tax credit may not drastically change the faculty situation, it could provide some improvement. The committee recommends further exploring this tax credit and measuring its impact on instructor recruitment and retention.

Additionally, the structure of practical nursing education should be reevaluated. Traditionally, many schools offer program entry only once per year. A more effective approach might be to provide entry points every semester and teach courses on a rotational basis throughout the year rather than adhering to a shortened nine—or ten-month academic calendar.

An innovative approach is being implemented at a community college in Massachusetts, where all nursing students (RNs and LPNs) start in the same cohort. At a certain point, RN students move on to more advanced training, while all students have the opportunity to become LPNs during their education. This creates a safety net for RN students; if they cannot continue in the RN program due to personal or academic reasons, they can still work as LPNs. This approach helps retain students within the healthcare workforce.

The committee recommends further exploration of these innovative approaches to LPN education. The NCWS is willing to form a workgroup to evaluate these recommendations for their benefits and reproducibility.

Unique Challenges in Vocational Technical Programs

Vocational technical PN programs face many of the same challenges as community college programs, but they also encounter unique issues. Many of these programs report physical space constraints and difficulties in securing time for facility use—challenges not commonly echoed at the community college level.

However, it must be noted that vocational technical schools admit 100% of applicants each year. This means that these schools do not place students on waiting lists and have a direct admit process.

Vocational technical education is valuable and unique. The committee recommends a thorough review of vocational-technical education in Massachusetts to better understand its offerings, challenges, and opportunities. This review should aim to enhance the impact of vocational-technical programs on the healthcare workforce beyond practical nursing. It should also identify tangible recommendations and opportunities for financial and resource investment. The NCWS is willing to undertake this work and provide recommendations.

Threats to LPN Education

In addition to the challenges of capacity and expansion, practical nursing education in the commonwealth faces other threats. Since 2019, two LPN programs in Massachusetts have permanently closed, with another scheduled to close in early 2025. For a detailed explanation of

these closures, see Figure 7.

Figure 7: Massachusetts Practical Nursing Program Closures

| Program | Program Type | Date Closed | Enrollment | Annual Report |
|---|-------------------------------|------------------|------------|---------------|
| Blue Hills Regional Technical Practical Nursing Program | Vocational Tech | 2024 | 23 | 2023 |
| Mildred Elley Practical Nursing Program | Private Occupational Training | Planned for 2025 | 99/63 | 2023/2024 |
| Roxbury Community College | Community College | 2019 | 250 | 2018 |

Source: Massachusetts Board of Registration in Nursing, 2024

Due to internal issues, another program has suspended its practical nursing course, affecting approximately 50 students. The future of this program remains uncertain. During discussions with the Student Pipeline Committee, several programs voiced concerns about the program's sustainability due to financial constraints. One program revealed it is currently under a financial action plan because it has not been able to demonstrate profitability in its practical nursing course.

Stabilizing practical nursing education within the commonwealth is crucial. The numerous challenges require a coordinated, multi-disciplinary, and multi-agency effort to achieve effective results.

The Inadvertent Disparity Created by the Mass Reconnect Program Affecting LPN Preparation

Another challenge that creates inequity in practical nursing education is implementing the Mass Reconnect program. Mass Reconnect provides free community college education (including tuition, books, and fees) to Massachusetts residents who meet certain criteria (Office of Student Financial Assistance, 2024). While this program offers significant opportunities to those who previously lacked access, it inadvertently creates disparities for others.

Mass Reconnect covers practical nursing education at the community college level but does not extend this coverage to vocational-technical schools. Community colleges fall under the Department of Higher Education, whereas vocational-technical programs are governed by the Department of Secondary Education. As a result, vocational-technical schools are excluded from Mass Reconnect funding.

As a result, 66% of practical nursing students in the commonwealth—nearly 600 future nurses—have been unintentionally excluded from funding, effectively marginalizing a significant portion of the workforce pipeline.

Students attend vocational-technical schools for various reasons. In practical nursing, these students receive the same training, earn the same certificate, and sit for the same national exam as those at community colleges. Vocational technical programs do not require college courses or prerequisites, which is crucial for some students. Not all students transitioning to the

LPN role are ready or comfortable with the formalized U.S. education system.

The LPN population is the most diverse subset of the nursing workforce. Many individuals from these diverse backgrounds have English as their second language and are not as familiar with the highly technological U.S. education system. The vocational-technical pathway provides access to these marginalized students in an environment where they can succeed and enter the nursing workforce. The education provided by vocational-technical schools is valuable and should be funded equally with community college practical nursing education.

The tuition for practical nursing programs at community colleges and vocational-technical schools is comparable, averaging around \$12,000 with associated fees. Additional costs for books and lab fees range from \$1,600 to \$2,500 on average. Investing in vocational-technical programs does not represent a new expense but rather a reallocation of funds to a viable program.

The need for practical nurses is urgent. Collectively, community colleges and vocational-technical programs can enroll more than 900 practical nursing students yearly. If practical nursing education is free at the community college level (44% of enrolled students), it must also be free at the vocational-technical level (66% of enrolled students). This is the most equitable solution and a necessary investment into the LPN workforce in Massachusetts.

Summary of Recommendations

The Student Pipeline Committee thoroughly reviewed and researched multiple ways to improve the LPN pipeline within Massachusetts. Multiple structural issues were identified that the committee felt could be improved, significantly impacting the supply of practical nursing and creating new pathways for students to pursue practical nursing as a career or a first step on a larger healthcare career pathway.

These recommendations are discussed in depth within the body of this work. However, the recommendations have been summarized below for convenience and ease of explanation.

1. Fix the Disparity Inadvertently Created by Mass Reconnect and Fund Practical Nursing Education at the Vocational Technical Level as well as the Community College Level

Mass Reconnect funds practical nursing students at the community college level, but no funding has been allocated for those pursuing a practical nursing certificate at vocational-technical schools.

The current structure of the Mass Reconnect program has marginalized approximately 600 potential practical nursing candidates every year. This not only negatively impacts the practical nursing pipeline, but it also negatively impacts diversity within the healthcare workforce.

The current supply of LPNs in Massachusetts is woefully insufficient to meet market demand. This aligns with a national trend predicting that within the next 10 years, there will only be enough LPNs to meet 64% of the demand.

The insufficient number of LPNs directly threatens patient populations in long-term care, community settings, and diverse patient groups. The commonwealth must invest in practical nursing education.

We must have practical nurses in the workforce. The commonwealth should fund all candidates seeking their certificate in practical nursing, whether at the vocational-technical level or community college levels. There is no increase in tuition, and the vocational-technical programs offer a pathway to practical nursing for non-traditional students who may not yet be ready for a formal educational setting.

Vocational technical schools offer numerous advantages, including training for those who may not be ready to enter a formal education program. The role of the LPN reflects this diversity. Everyone deserves an opportunity to further their education and career; for many, the vocational-technical pathway is ideal.

Additionally, there is no significant difference in cost and vocational technical programs do not operate a student waiting list. Hence, if a student applies to a program and is accepted, they are offered a seat.

The Student Pipeline Committee recommends investing Mass Reconnect funds in practical nursing students attending vocational-technical programs in Massachusetts. As with community colleges, these funds should cover all tuition, books, and fees. Also the potential for future non-profit occupational training centers housed in healthcare organizations should also be considered for funding.

2. Establish Opportunities for Practical Nursing Education at the High School Level

Enhancing the K-12 pipeline is essential to improving practical nursing over the long term. Currently, these pipelines are almost non-existent in many healthcare fields, especially practical nursing.

Some high schools offer CNA training, but the typical four-year high school timeline far exceeds the time needed to complete CNA training. This creates a valuable opportunity to advance these students further. The emerging advanced healthcare aide pathway could provide a meaningful next step, while some students may also be well-suited to transition into practical nurse training programs.

Enhancing the K-12 pipeline offers numerous benefits, such as creating greater opportunities for disadvantaged populations and establishing solid pathways for other healthcare fields, including RNs and advanced practice registered nurses, as many LPNs often continue their nursing education.

Fairfax County, Virginia, has a K-12 program that serves as a starting point, though it has room for improvement. This program can provide a foundation for further development.

The Student Pipeline Committee proposes that the NCWS undertake the research and development of a K-12 pipeline initiative. Upon completion, the findings will be presented to the larger council for consideration of implementation in a pilot program. The pilot program results will be publicly available for further consideration.

3. Create True Pipelines into the Practical Nursing Role from Unlicensed Supportive Healthcare Roles

Many unlicensed assistive personnel, particularly CNAs, are deeply involved in healthcare and should be given opportunities to enhance their skills and career pathways by advancing to the

LPN role. CNAs who provide extensive hands-on patient care have numerous opportunities to advance in their careers.

A healthcare organization is exploring the possibility of training its LPNs by establishing an independent occupational training center. These forward-thinking initiatives must be fully developed, implemented, and scaled across the commonwealth to strengthen the nursing workforce.

Recognizing the need for supportive mechanisms to be in place, the Student Pipeline Committee conducted extensive research on the supportive mechanisms necessary for individuals pursuing LPN education. This work will also expand to focus on roles such as CNAs. The committee will investigate impactful programs across the commonwealth as part of this research. The findings on supportive mechanisms will be released early in 2025, and the CNA and UAP pipeline will be released later in 2025.

4. Stabilize Practical Nursing Education Programs Throughout the Commonwealth

Practical nursing programs are closing and remain at risk of further closures. The Student Pipeline Committee recommends that the Department of Higher Education and the Department of Secondary Education evaluate these programs to identify the primary issues leading to their closure.

These issues must be addressed promptly to stabilize practical nursing education across Massachusetts. The NCWS is ready to assist in this effort as needed.

5. Focus on Eliminating Capacity Restraint Issues for Practical Nursing Programs and Create Opportunities for Capacity Expansion

The Student Pipeline Committee found that several practical nursing programs were operating below full capacity. Given the current shortage of practical nurses in the commonwealth, expanding these programs' capacity is essential.

The factors limiting capacity are multifaceted. One significant issue is the availability of qualified instructors, both didactic and clinical. Initiatives to improve the recruitment of instructors at the practical nursing level should be considered. One potential option is to offer a tax credit to these individuals on a yearly basis, adjusted based on the instructor's status (full-time, part-time, or per diem).

While a tax credit alone will not resolve all issues related to the shortage of instructors, it could be a helpful step. However, a more comprehensive review of capacity constraints is necessary to better understand how to address all issues.

Additionally, implementing 12-month academic calendars should be considered to allow for continuous admissions to practical nursing programs rather than on a limited basis. This change could help improve and grow capacity within these programs. Finally, innovative approaches such as incorporating LPN licensing into the RN program should also be considered.

6. Review the Vocational Technical Programs in Massachusetts Specifically Related to Practical Nursing and Certified Nursing Assistant Education to Enhance Opportunities to Improve the Nursing and the Nursing-Related Workforce

The significant contribution of vocational-technical schools to practical nursing has been well established in this recommendation. These schools also train certified nursing assistants and other healthcare professionals.

Additionally, vocational-technical schools face challenges similar to community colleges, such as space constraints and competition for classroom time.

Therefore, the Student Pipeline Committee recommends thoroughly evaluating vocational-technical programs in Massachusetts. This evaluation should aim to understand better their current contributions to healthcare, their student populations, and opportunities to improve and expand their work.

The NCWS is willing to be a vehicle of this review and put its findings forward in a recommendation.

7. Establish Improved Data and Data Streams for Practical Nursing Education

Obtaining data on program capacity, graduates, and waiting lists was challenging and impossible during this research. This lack of accessible information is both unfortunate and unacceptable. These data points are available and should be reported to ensure they are known and easily accessible.

The Massachusetts Board of Higher Education produces significant data regarding education at the community college level ([2024 Fall Enrollment / Data Center / Massachusetts Department of Higher Education](#)). The Student Pipeline Committee recommends enhancing current data collection and reporting to include all practical nursing programs as a specialized carve-out. These programs should report on current enrollment, the percentage of capacity, and the number of students on waiting lists.

This requirement should apply to both vocational-technical programs and community college programs. Given that the vocational-technical schools are in the Department of Secondary Education, combining these into a new nursing education dashboard may be necessary. As a note, this committee would also support including registered nurses within this data set, though this is not part of this current recommendation.

Such data will help make informed decisions and determine the future status of the practical nursing workforce in Massachusetts.

Conclusion

LPNs play a vital and irreplaceable role in the nursing workforce. As an essential part of the Massachusetts healthcare system, ensuring a steady supply of practical nurses each year is crucial. The closure of practical nursing programs must be halted, and each institution should be stabilized and supported to expand its capacity.

Additionally, innovative approaches to the LPN pipeline should be explored. These approaches can create pathways for unlicensed personnel to advance their healthcare careers while maintaining a robust K-12 pipeline that guides students toward healthcare careers early on.

Finally, Massachusetts should support all practical nursing students at both community colleges and vocational-technical schools. This support ensures equitable opportunities for all student populations.

The *LPN Structural Barriers Recommendation* proposed by the Student Pipeline Committee was presented at the NCWS meeting on January 09, 2025. The NCWS council members voted to support the recommendation, and it passed unanimously.

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