



CANADIAN NURSE PRACTITIONER INITIATIVE TECHNICAL REPORT

LEGISLATIVE AND REGULATORY FRAMEWORK

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1. PREFACE

The Canadian Nurse Practitioner Initiative (CNPI) is pleased to present this *Pan-Canadian Legislative and Regulatory Framework for Nurse Practitioners in Canada*. This framework represents one component of the larger CNPI effort to develop an overall framework to promote the sustained integration of the nurse practitioner (NP) role in Canada. This Legislative and Regulatory Framework is the product of extensive research and a comprehensive consultative process and builds on a number of significant projects and activities carried out over the past year.

Legislation and regulation of health professionals is a provincial/territorial responsibility. The development of this pan-Canadian legislative and regulatory framework represents an important step in promoting consistency of approach across jurisdictions. This consistency, in turn, supports better public understanding and utilization of nurse practitioners and their roles in health care. Furthermore, it supports the mobility of nurse practitioners from one jurisdiction to another. The framework is not meant to replace the work of jurisdictions but to support legislators and regulators in their efforts to ensure that nurse practitioners have the competencies required to practise safely in the delivery of health-care services. To this end, the framework is purposefully based on broad principles and elements that enable jurisdictional flexibility in their legislative/regulatory approaches while maintaining congruence with the pan-Canadian framework.

CNPI's mandate was to develop mechanisms and processes to address the varying approaches to integrating and sustaining the role of nurse practitioners in primary health care. However, early in the life of the CNPI it was determined that the diversity of settings in which nurse practitioners provide services was broad and the initiative heard from stakeholders that it was necessary to develop a legislative and regulatory framework that addressed the needs of nurse practitioners across all practice settings.

To ensure continuing relevance, the framework should be subjected to periodic stakeholder review.

2. INTRODUCTION AND CONCEPTUAL OVERVIEW

Historically, professional regulation was based on the assumption of consumer vulnerability and that patients lacked the knowledge necessary to protect their own interests in dealing with professional practitioners. While the media periodically brings forward examples of situations where a health professional has abused a patient/provider relationship, these instances are in fact infrequent. In today's information environment patients are often well-informed about their own health problems and health issues in general and the relationship between providers and patients is more of a partnership. Nevertheless, the public interest continues to be the fundamental basis for professional regulation (CNA 2001; Pew 1997).

Over the past two decades in Canada, there has been extensive examination of legislation and regulation governing health professions, with most provinces undertaking significant reform. The forces behind the reform have been many and have reflected general trends that have occurred in health care and society. One of the most significant has been a public that has challenged the inaccessibility and paternalism of self-regulatory processes and the inability of governing bodies to ensure the competence of practitioners. This has suggested the beginning of a transition from protection-based on the assumption of consumer vulnerability to regulation emphasizing consumer rights and needs (Davies 2004).

At the same time, approaches to delivery of health-care services began to change. Practice, regardless of setting, was becoming increasingly interprofessional with specific role delineations less clear. Interest in primary health care reform accelerated and many of the provinces and territories began testing alternative models. Categories of health providers, previously with relatively low profiles, began to gain prominence such as midwives, chiropractors, chiropractors, and others. Consumers were increasingly demanding access to their choice of provider and, in many instances, were turning to alternatives to the traditional health providers, some regulated and some not. Superimposed on these changes was a shifting demographic as the population aged and the cultural mosaic expanded.

Another significant influence has been globalization. Nurses historically have been highly mobile and migration increased with the shortages of nursing positions in the 90s followed by growing shortages of nurses themselves (Buchan 2001; Hawthorne 2001; Van Eyck 2004). The emergence of trade agreements that hold to the principle of non-discriminatory treatment for service providers stimulated interest in exploring harmonization of standards for practice, education and regulation. Incumbent on the regulatory bodies was avoidance of barriers that unnecessarily restricted the educational preparation necessary for an NP for reasons that were more in the profession's interest

than the public's. For both Canadian and internationally educated applicants for registration/licensure, respect of their rights to equal opportunity and to equal treatment without unreasonable discrimination, became a fundamental premise in the assessment of practice qualifications (Association Strategy Group 2005). The critical component of moving across jurisdictions, both within and between nations, is competence.

In the 1990s, motivated by the quality movement that was prevalent in the industrial world, and high consumer expectations for competent professional practice, regulatory legislation began to reflect continuing competency requirements. Consistent with the principles of continuous improvement, many jurisdictions began to move away from a sole concern with mechanisms focusing on substandard practice and conduct, and to develop approaches that promoted individual practitioner responsibility for continuing quality practice.

Looking to the future, the Pew Commission as early as 1995 commented that, health-care regulation is out of step with today's health-care needs and expectations (Finocchio et al. 1995). More recently, in both Canada and the United States, concern is increasingly expressed that as practice in all health-care sectors becomes interprofessional, profession-specific scopes of practice present a barrier to practice. While there is no definitive conclusion that interdisciplinary practice is incompatible with existing regulatory systems, there is a need to acknowledge that reducing the restrictiveness of individual scopes of practice needs to be seriously addressed. Transformation in regulatory culture comparable to the change in practice culture is needed to make interprofessional practice possible (Lahey & Currie 2005).

All of these trends have influenced developments in provincial/territorial health professional regulation and have underscored the need for the formulation of the legislative and regulatory framework for nurse practitioners. The influence of the new developments is reflected in the elements that provide the basis for the framework and in the actions that more specifically spell-out priorities for the implementation of a pan-Canadian approach.

Further, the framework is built on the belief that nurse practitioners are members of the nursing profession and appropriately fall within the overarching regulatory framework for registered nurses. However, given the particular requirements for nurse practitioner practice, it is in the public interest to develop a legislative and regulatory framework that builds on the general nursing regulatory framework and adds rigor to assure Canadians of safe, accessible and sustainable nurse practitioner practice.

3. DEVELOPMENT OF THE CANADIAN NURSE PRACTITIONER EXAMINATION (CNPE)

An important component of the pan-Canadian framework for nurse practitioners was the construction of the Canadian Nurse Practitioner Examination: Family/All Ages (CNPE: F/AA). A licensure examination is one approach to the assessment of competence to practise a profession and as such is firmly grounded in a competency framework. Development of a competency framework, therefore, represented the first step in the development of the examination. This process consisted of four distinct activities.

The first activity involved a comparative review and analysis of nurse practitioner competency documents developed by different jurisdictional regulatory bodies in Canada. The primary components of this activity were the construction of a master list of competencies, analyses of similarities and differences, the degree of concordance between jurisdictions and the generation of a report. The conclusion of the review and analysis was that there was strong evidence of a set of common core competencies for nurse practitioners across Canada.

The identified competencies established in the comparative review and analysis were submitted to a CNPE Core Competency Review Committee. The committee members were representatives of jurisdictional nursing regulatory authorities. Among other things, the committee expanded the definition of ‘patient’ to include the family and community and recommended a four-category framework to organize the competencies into like groups reflecting the four aspects of nurse practitioner practice. These categories include: Health Assessment and Diagnosis; Health-Care Management and Therapeutic Interventions; Health Promotion and Prevention of Illness, Injury and Complications; and Professional Role and Responsibilities. The Committee also developed the competency statements. The work of the Review Committee resulted in an initial draft of the CNPE Core Competency Framework.

The draft competency framework was then evaluated by the regulatory authorities in conjunction with designated content experts in each jurisdiction. The draft framework was provisionally approved by all jurisdictions in June 2004, pending the outcome of a national validation survey.

The *CNPE Validation Survey of Competencies* (July 2004) was distributed to 830 Canadian nurses including registered nurses, nurse practitioners, clinical nurse specialists and other advanced practice nurses. The survey sample also included individuals who were familiar with the nurse practitioner role e.g., educators, physicians, pharmacists, professional regulators, administrators and managers. Based on the results of the survey the CNPE core competencies were validated and the jurisdictions gave final approval to

the *Canadian Nurse Practitioner Core Competency Framework* in December 2004 (see Section 1, Chapter 5: Tools).

The next step in the examination developmental process was managed by a Blueprint Committee, members of which were nurse practitioner content experts in the field of primary health care from across Canada. Based on the analysis of the survey results, this committee dealt with matters such as the number of questions to be developed for each competency, structural variables e.g., length of the examination, format as well as contextual variables. Following an extensive review, the *Canadian Nurse Practitioner Examination: Family/All Ages Blueprint* received final approval by all jurisdictions.

Following the work of the Blueprint Committee, content experts participated in the formulation of the examination questions. Experts in test construction provided oversight and consultation. The resulting examination was then subjected to content review, revision and ultimate approval by the Canadian Nurse Practitioner Family/All Ages Examination Committee.

The examination development process concluded with the production of supporting documents such as the *Guidelines, Policies and Procedures Manual* which includes all material related to the development, maintenance and administration of the CNPE: F/AA. As well, a *Canadian Nurse Practitioner Examination: Family/All Ages Prep Guide* was developed to assist candidates to prepare for the examination. All of this work was successfully completed in the fall of 2005. The examination represents an important step in establishing an overall national framework to support the sustainability and integration of the nurse practitioner role in health care.

4. PURPOSE OF THE FRAMEWORK

Of significant concern to Canadians is access to timely and appropriate health care. A consistent approach to the legislation and regulation of nurse practitioners across Canada would be a major step toward maximizing the contribution and sustained integration of the nurse practitioner role in the Canadian health system. In addition, it would promote broad public understanding of the role and enable expanded utilization of nurse practitioner services in meeting Canadians' needs for timely access to health services. In times of significant relocation of both health-care providers and those receiving health services, common regulatory approaches would facilitate geographic mobility of nurse practitioners.

The provincial/territorial nursing regulatory bodies have worked together successfully over many years to standardize eligibility criteria for entry to general registered nurse practice. The primary motivating factor has been the need to facilitate mobility between provinces and territories. In 1994, the *Federal/Provincial Agreement on Internal Trade* added impetus to the requirement to remove unnecessary barriers to mobility. Building on the competencies developed within the National Nursing Competency Project (CNA 1997) and competency initiatives in the individual jurisdictions, the provincial and territorial regulatory bodies approved a competency framework and a *Mutual Recognition Agreement for Registered Nurses* in 2001. The explicit purpose was to facilitate movement of registered nurses across Canada.

Over the past decade, educational programs and regulatory mechanisms have emerged across the country to meet the need to prepare registered nurses to work in nurse practitioner roles. With the exception of the Yukon, all provinces and territories currently have, or have pending, legislation for nurse practitioners. The jurisdictions have already reached consensus on core competencies for nurse practitioner practice, but there remain differing jurisdictional priorities for the introduction of the role as it relates to setting (e.g., primary and/or acute care) and fields of practice. Legislative requirements also differ. More specifically, inconsistencies exist on title and title protection, educational preparation, scope of practice including overlapping scopes, competency assessment and definition of the role.

The ultimate authority for the regulation of nurse practitioners is at the provincial/territorial level. However, a fragmented approach to the development and regulation of the role has led to inconsistent implementation, restraints on mobility, and caused confusion that is not in the public interest. A national legislative and regulatory framework provides a means to advance uniformity and congruency across jurisdictions. The collective identification and agreement of the essential principles and elements to be included in the framework offers an opportunity to consider new ideas and approaches

and to promote public and professional understanding of the issues that encompass the nurse practitioner implementation, regulation and sustainability.

The intent of the framework is to act as a guide to regulatory bodies and governments in considering implementation of and/or revisions to existing nurse practitioner legislation and regulatory policy, regulations and bylaws.

The framework is dynamic to be responsive to evolving professional practice, changing health-care needs, and a changing legislative and regulatory landscape. Ultimately its purpose is to:

- protect the public interest;
- facilitate access to health care;
- facilitate a consistent approach to legislation and regulation of the nurse practitioner role across Canada;
- maximize the contribution and support the sustained integration of the nurse practitioner role in the Canadian health system; and
- facilitate the mobility of nurse practitioners across Canada.

5. DEVELOPMENT OF THE FRAMEWORK

The framework was developed over a period of 18 months. In the summer of 2004, the *Literature Review of Nurse Practitioner Legislation and Regulation* was completed (see Appendix A). Concurrently there were extensive consultations conducted across the country to gather insight into the issues related to nurse practitioners from a wide variety of stakeholders. The consultations resulted in a document entitled *Stakeholders' Perceptions of Key Factors Influencing Legislation and Regulatory Processes for Nurse Practitioners in Primary Health Care* (see Appendix B). Based on these documents, a draft of the legislative and regulatory framework was developed. The draft framework formed the basis of a series of round table discussions held in seven Canadian cities in the spring of 2005. One hundred and eighty-two stakeholders participated. The framework was amended based on the results of these consultations. The Legislative and Regulatory Task Force, established as an expert group and part of the CNPI governance structure, also vetted the framework and recommended changes that were incorporated. Finally, the framework was the subject of a one-day workshop attended by legislative and regulatory authorities from across Canada. The framework presented in this report represents the feedback from all venues. Two other documents contributed to the approach taken to the framework. The first was a comprehensive report which detailed the current status of nurse practitioner legislation and regulation in Canada (*Report of the Provincial and Territorial Nurse Practitioner Scope of Practice*). The second was a discussion and critique of the comprehensive report (*Discussion Paper on the Provincial and Territorial Nurse Practitioner Scope of Practice*).

A separate project to develop a national nurse practitioner licensure examination proceeded over a similar time frame and has been described in “3. Development of the Canadian Nurse Practitioner Examination (CNPE)” of this report. As in the Legislative and Regulatory Framework, the *Canadian Nurse Practitioner Core Competency Framework* (CNA 2005) was considered fundamental to nurse practitioners beginning practice and to continuing competence assessment. The core competencies were central to several elements in the Legislative and Regulatory Framework and were considered a third methodological approach to its development.

5.1 Review of the Literature

National and international literature was reviewed, as were published and unpublished reports relevant to nurse practitioner legislation and regulation. Literature was also included that addressed scope of practice, and challenges and opportunities from the perspective of nurse practitioners themselves and other stakeholders. The literature guided the conceptual development of the framework and informed it of principles and elements which should be included.

The review of the literature raised a number of issues about professional self-regulation in general (Davies 2004). Legislation and regulation is normally enacted at a state or provincial level or some equivalent sub-national geographical area. This has led to vast diversity in the regulatory landscape. Taken together with the proliferation of professions which require regulation, there has developed a vast and sometimes excessive infrastructure supporting the regulatory process. In nursing, in Canada, there are 25 regulatory bodies which independently regulate registered nurses (RNs), licensed practical nurses (LPNs)¹, and registered psychiatric nurses (RPNs). Where jurisdictional regulation differs significantly it may confuse the public (in whose interest the jurisdictions regulate) and other stakeholders as to service expectations, and it serves as a barrier to nurse practitioner mobility from one jurisdiction to another.

Professional self-regulation has come under increased public scrutiny in some parts of the world such as the United Kingdom and in California. While in some instances this has been an immediate response to an adverse event, in others it has been a more fundamental concern regarding the philosophical underpinnings of self-regulation. Whatever the impetus, it has caused governments to re-examine the entire regulatory process and structure (Davies 2004).

In both national and international literature, many inconsistencies were identified in the regulation and legislation governing nurse practitioners. There were variations in the title, title protection and definition of nurse practitioners. There were differences reported in scope of practice but general recognition of overlapping scopes of practice among health professionals. There were differing approaches taken to several elements of legislation and regulation including preparation requirements such as education, examination, competence assessment, practice hours and temporary permits. There were also variations in the approach to continuing competence assessment (*Literature Review of Nurse Practitioner Legislation & Regulation*, see Appendix A).

The literature also noted variations in the legislative structures used by jurisdictions. Some took a comprehensive approach often called umbrella legislation which encompasses several health professions. Others took a profession-specific approach. Finally there was wide variation in the location of regulatory components from the legislation itself to regulations and in some cases, bylaws.

¹ In Ontario practical nurses are registered practical nurses (RPNs).

The Canadian jurisdictions differ in the restrictiveness of the regulatory powers that are granted to each profession. There is a basic dichotomy between jurisdictions that use the traditional models of licensure or certification (in most cases, a mix of the two) and those that have adopted the ‘controlled acts’ model that was first developed in Ontario starting in the 1980s. Quebec, the four Atlantic Provinces, Manitoba, Saskatchewan and the three territories are in the former category. Like Ontario, Alberta has adopted and British Columbia is in the process of adopting versions of the controlled acts model (Lahey & Currie 2005).

Under all three models, each regulated profession has a scope of practice, but the legal effect is different depending on the model of regulation. Under licensure, the legislation prohibits all who are not licensed from providing the services that fall within the scope of practice. Under certification, the legislation only prohibits others from using the title of the regulated profession. Where licensure gives a legislated monopoly to members of a regulated profession, certification is limited to giving them a competitive advantage. The controlled acts model is similar to certification, in that the function of each scope of practice is to enable the services of the regulated profession, not restrict delivery of the same services by others. Overlap between scopes of practice is an accepted part of the model. The model differs from certification in that the legislation prohibits anyone from performing any of a list of controlled acts (reserved acts in Alberta, restricted acts in British Columbia) unless they are members of a regulated profession that has been authorized to perform that act.

There are increasing options suggested for the nature and structure of health professional regulation in the future ranging from the continuation of current state (provincial/territorial) systems to more institutional control. As professional regulation transforms to meet the changing environment, several tensions will shape the various regulatory elements. For example, a move in the direction of national standards and control, led by federal/provincial/territorial agreements and/or national professional associations, could significantly affect standard scopes of practice and continuing competence requirements for each profession. Driven by expanding professional expertise, innovations and new technologies, traditional boundaries for scopes of practice have blurred, putting pressure on regulatory systems to accommodate flexibility and recognize overlapping scopes of practice while, at the same time, ensuring public safety is protected. As well, concerns over provider shortages and market forces have illuminated the need for increased regulatory focus on quality of care and competence assurance (Finocchio et al. 1998).

In examining the literature more broadly, several emerging issues were identified that have the potential to influence regulation/legislation of nurse practitioners. There is mounting pressure to accelerate the development of legislation and regulation to address

wait times and access to primary health care. Nurse practitioners are seen as a powerful solution to extend primary health care services to populations (Boudreau 1972; Kirby 2002; Romanow 2002). There appears to be evidence that there is growing acceptance of the nurse practitioner role by the public and other health-care professionals.

There are a number of challenges facing nurse practitioners. Some of these include restricted acts, drug lists and the need for formal collaborative practice agreements. The literature supports a less specific, broader approach to legislation in order to support evolving practice (Pew 1997). Nurses working in a nurse practitioner role in remote and under-serviced areas face unique challenges. Many do not have the recommended graduate education and are concerned that they may be disenfranchised as a result of new legislation and regulation.

The literature also points to increasing government emphasis on accountability, fiscal responsibility and quality of practice. There is a trend toward competence versus credentials for registration/licensure (CNA 2001). Quality of practice as measured by continuing competence assessment is becoming a standard for regulation and there is a recent development of more sophisticated modalities for competence assessment.

Given the global shortage of nurses in many countries of the world, there is growing concern about the ease of migration from one country to another. Internationally educated nurses (IENs) face enormous challenges in their attempts to become licensed in another country (Association Strategy Group 2005). The literature suggests that regulatory barriers may be reduced by improved approaches to competence assessment and prior learning assessment and recognition known as PLAR (Alboim et al. 2005; McGuire 2004). Governments and employers are placing increased pressure on regulatory bodies to facilitate the integration of internationally educated nurses into the health-care system. This will equally influence the mobility of nurse practitioners.

5.2 Summary of Consultations

There were three rounds of consultation related to the legislation and regulation of nurse practitioners. The initial consultations took place between August and December 2004. Approximately 140 representatives of different stakeholder groups participated. The purposes of the consultations were to describe the perceived strengths and weaknesses of current legislative/regulatory approaches to the nurse practitioner role and to determine what changes were needed to support sustainable integration of the nurse practitioner role in the Canadian health-care system. Finally, suggestions were sought on the key elements that should be contained in a national legislative/regulatory framework for nurse practitioners. The results of this round of consultations are published in a stand-alone

document entitled, *Stakeholders' Perceptions of Key Factors Influencing Legislation and Regulatory Processes for Nurse Practitioners in Primary Health Care* (see Appendix B). The highlights of the consultations are presented here.

Overall, the findings suggested that significant legislative/regulatory barriers exist that impede sustainable integration of the nurse practitioner role into the Canadian health-care system. Most stakeholders were of the opinion that greater clarity and consistency were required in defining the nurse practitioner role, delineating the scope of practice and associated care, competencies, specifying the level of education, and identifying appropriate mechanisms for evaluating initial and continuing competence. Many stakeholders also believed that it was imperative to have mechanisms to evaluate the effectiveness of the nurse practitioner role and to evaluate/monitor the adherence of regulations with the legislative intent.

All stakeholders supported, in principle, the value of having a national framework to facilitate greater consistency in the legislative/regulatory requirements for the nurse practitioner role across all jurisdictions. It was recommended that such a framework be broad, non-prescriptive, enabling and sensitive to the needs of each province/territory.

The second round of consultations was comprised of seven round table discussions held in cities across Canada between April 19 and May 6, 2005. One hundred and eighty-two participants were selected through a referral process to achieve balanced representation from national/provincial professional organizations, educators, nurse practitioners, physicians, other health professionals, and government stakeholder groups (see Appendix C).

A workbook containing draft frameworks for the five components of the CNPI was prepared. Participants worked in small groups to discuss the issues presented for each component. The issues were derived from the literature review and the results of the first round of consultations. This was summarized in the workbook and two questions were posed for the participants. In this component the questions were: What principles should underlie a legislative and regulatory framework for nurse practitioners and, further, what elements should be contained in that framework?

Generally there was a high level of agreement on several principles that should underscore a legislative and regulatory framework for nurse practitioners. There was consensus that the framework for nurse practitioners should build on the existing legislative/regulatory processes for registered nurses, and that it should be broad in scope, as well as non-restrictive to allow for evolving practice. Several participants recommended that the framework include quality assurance as a principle. Support for

nurse practitioner mobility was also considered important and should address interprovincial/territorial and international mobility, and mobility across domains of nurse practitioner practice. Participants recommended consistency in legislation and regulation across jurisdictions. They also recognized that other legislation pertaining to other health professions and some federal legislation would require changes to support the nurse practitioner role in Canada.

The following elements were identified as integral to the framework:

- title and title protection;
- scope of practice;
- autonomy;
- accountability/responsibility;
- standard education for preparation to practise as a nurse practitioner;
- national accreditation of nurse practitioner educational programs;
- continuing competence assessment; and
- collaboration with other health professionals.

Based on the feedback from the Round Table Consultations a draft legislative and regulatory framework was developed. The framework was vetted by the Legislative and Regulatory Task Force with minor revisions.

The draft Framework was subjected to two more rounds of consultation. From October 3-5, 2005, three workshops were held in Ottawa. The first was a day sponsored by the Canadian Nurses Association on Advanced Nursing Practice with presentations and discussions about nurse practitioners and other advanced practice roles. One hundred and three stakeholders participated and some of the issues raised were pertinent to the legislation and regulation of nurse practitioners.

The second workshop which was attended by many of the same people was dedicated to an in-depth discussion of domains of nurse practitioner practice that should be regulated. There were 112 participants representing a broad range of stakeholders. Many of the participants held senior leadership positions in health care in Canada. The CNPI initially recommended a single regulated role for nurse practitioners as a basis for initial licensure/registration. However, some jurisdictions had already approved the regulation of more than one role for nurse practitioners. To add to the complexity, the provinces with more than one regulated role had adopted different titles and designated different domains or fields of practice.

In the second workshop the history of the development of the approaches to regulated nurse practitioner roles and the pros and cons of one versus multiple regulated roles were highlighted. The presentations included one from CRNBC on the evolution of nurse practitioner fields of practice in British Columbia which was presented by Jo Wearing. Another presentation given by Sue Galloway addressed the fields of nurse practitioner practice in Ontario and Betty Lundrigan and Heather Hawkins described the Newfoundland and Labrador approach to nurse practitioner practice. Finally, a presentation by Vicki Sheets from the National State Boards of Nursing in the United States described the evolution of nurse practitioner practice in that country to be a “crazy quilt.” Following the presentations, participants had an opportunity for questions and general discussion. The latter part of the morning examined the implications and strategies associated with a single regulated role using ‘mixed’ stakeholder discussion groups and pre-determined topics. The afternoon consisted of ‘like’ stakeholder discussion groups related to a single regulated role.

In general, there was considerable support for a pan-Canadian approach to nurse practitioner education and accreditation of nurse practitioner educational programs, one licensure/registration examination, one title, core principles and a single licensure. However, there continued to be divergent views with respect to the CNPI’s single regulated role recommendation, particularly among those stakeholders who had already approved a multiple regulated role approach. The day concluded with agreement that more dialogue was needed as well as further evidence in order to embrace the recommendation for a single regulated role.

This workshop was followed by a one day Legislation and Regulation Workshop. The overall purpose of this Workshop was to present the most recent draft Legislative and Regulatory Framework and determine the level of consensus regarding its principles and elements. This meeting was attended by a group of 40 legislators and regulators from across Canada.

There was overwhelming support for the majority of the principles and elements of the framework. As expected from the previous day’s discussions, the most contentious element related to a single regulated role. Similarly, where the notion of a single regulated role was inferred or assumed in a principle or element, reservations and/or lack of support was evident. Based on the three workshop days, minor changes made to the framework were primarily to clarify language. As well, two new principles were added to strengthen the rigor of the framework and support safe practice by autonomous nurse practitioners with a broad scope of practice while facilitating nurse practitioner movement across the continuum of care.

A final consultation on the framework took place on November 9 and 10, 2005 at a Forum of CNPI Advisory Committee and Task Force members. In all, 65 individuals from across the country participated. The purpose of the Forum was to examine the proposed CNPI Framework and discuss and recommend strategies for implementation. For the Legislative and Regulatory Framework, the objectives of the Forum were:

1. To present the Task Force recommendations and provide an opportunity to clarify concepts and language;
2. To identify the recommendations where stakeholder endorsement was apparent and those where further discussion was required;
3. To understand what would be required to secure support for the recommendations;
4. To develop possible implementation strategies; and
5. To encourage participants to describe the role(s) they would assume in moving forward with implementation.

The overall Framework and its principles received the overwhelming support of the majority of participants. Recommendations related to initial and ongoing competence were also supported by the vast majority of participants. Recommendations supporting a broad scope of practice and those related to employment mobility were endorsed by more than 85 per cent of participants. Consensus was not achieved on those recommendations related to standardized licensure/registration requirements, primarily the recommendation for a single regulated nurse practitioner role and one pan-Canadian licensure/registration examination.

In response to a recommendation by members of the Advisory Committee and Task Forces at the November meeting, representatives from provincial and territorial nursing regulatory bodies and nurse practitioner education programs were invited to attend a Forum on January 18, 2006 to further examine the recommendation for a single licensure/registration examination for nurse practitioners in Canada and establish consensus on the future approach to the regulation of nurse practitioners. The Forum concluded with consensus on the future approach to the regulation of nurse practitioners that includes protecting the NP title, one NP licence and one pan-Canadian licensure/registration examination with four components. One component of the examination would test core knowledge and be written by all nurse practitioners. The remaining three components would test competence in the Family/All Ages, Adult and

Pediatric fields of practice and nurse practitioners would write one of the three fields of practice components. The Summary Notes from the Forum presents a comprehensive description of the process, discussions and decisions (see Appendix D).

RECOMMENDATION: Adopt the *Legislative and Regulatory Framework for Nurse Practitioners in Canada* to facilitate consistency in federal, provincial/territorial legislative and regulatory approaches.

6. ELEMENTS OF THE FRAMEWORK

The elements form the basis of the pan-Canadian Legislative and Regulatory Framework and have emerged from a multitude of sources. The sources have included a review of the literature on legislative and regulatory practices and examination of existing jurisdictional legislation and regulation for nurse practitioners in Canada and abroad. Related topics such as the future of health care in Canada, trends in advanced nursing practice, liability implications, and globalization have been considered in its development with the intent of reflecting not only what is but what isn't feasible and fitting for the future. Of key importance has been the feedback and suggestions from a wide range of stakeholders including individual and round table consultations, the CNPI Legislation and Regulation Task Force, the registered nurse regulatory bodies from all Canadian jurisdictions, and the CNPI Team consisting of representatives from the four other components of the project (practice and evaluation; education, health human resources planning; and change management, social marketing and strategic communications).

The following pages describe the elements that make up the Legislative and Regulatory Framework. Congruence of the elements with provincial/territorial policy objectives and nursing legislation under which nurse practitioners are regulated is fundamental to the acceptance and implementation of a national framework. Alternatively, jurisdictional policy considerations that, to the extent possible, respect and reflect the underlying principles and elements are critical to the sustainability of a pan-Canadian framework that supports a coordinated approach to legislating and regulating nurse practitioners.

6.1 Principles

Ten principles form the foundation for the national legislative and regulatory framework for nurse practitioners. They are germane to the CNPI overall framework. As well, they inform and guide all other component frameworks of the CNPI.

1. The primary focus of the framework is the public interest, including protection from risk of harm.
2. The framework for nurse practitioners occurs within the overarching legislative regulatory framework for registered nurses.
3. The elements of the framework are feasible within the context of existing and pending provincial and territorial legislative and regulatory policy and respectful of unique jurisdictional needs.

4. The framework supports evolving professional practice in a changing health-care environment.
5. The framework recognizes the autonomous nature of the nurse practitioner role within a context of inter- and intraprofessional collaborative practice relationships.
6. The framework promotes sufficient rigor to ensure safe practice by autonomous nurse practitioners with a broad scope of practice.
7. The framework reflects the uniqueness of the nurse practitioner role and its accompanying professional responsibility and accountability.
8. The framework includes elements that facilitate nurse practitioner movement across the various areas of practice (family/all ages in community, acute and long-term care).
9. The framework promotes understanding of the nurse practitioner role and its regulation through the provision of standardized language and definitions.
10. The framework facilitates mobility between the provinces and territories and with other nations.

ACTION: Adopt 10 underlying principles as the basis for nurse practitioner legislative and regulatory processes.

6.2 Definition of Nurse Practitioner

To be useful in a regulatory or legislative context, the definition of nurse practitioner needs to clearly and succinctly describe what nurse practitioners do that is different from other registered nurses. Examples are the inclusion of nurse practitioners' legal authority and autonomy to order and interpret diagnostic tests, prescribe pharmaceuticals, medical devices and other therapies.

Definition:

Nurse practitioners are registered nurses with additional educational preparation and experience who possess and demonstrate the

competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice.

Role Description:

Nurse practitioners are experienced registered nurses with additional education that have achieved the competencies required for nurse practitioner registration or licensure in a province or territory. Using an evidence-based, holistic approach that emphasizes health promotion and partnership development, nurse practitioners complement, rather than replace other health-care providers. Nurse practitioners, as advanced practice nurses, blend their in-depth knowledge of nursing theory and practice with their legal authority and autonomy to order and interpret diagnostic tests, prescribe pharmaceuticals, medical devices and other therapies, and perform procedures. They carry-out these actions for the purposes of: 1) diagnosing and/or treating acute and chronic disease; 2) promoting, protecting, maintaining, rehabilitating or supporting health; 3) preventing illness or injury; and 4) supporting end-of-life care.

ACTION: Adopt the CNPI recommended nurse practitioner definition and role description.

6.3 Scope of Practice

First and foremost, nurse practitioners are registered nurses (RNs) who are registered/licensed to practice in the jurisdiction in which they work. Based on the principle that the purpose of legislation and regulation is to protect the public interest, the legislated scope of practice for nurse practitioners is built on the registered nurses' scope of practice and articulates additional regulatory authority.

Feedback from legislators, educators, and employers has indicated substantial support for a scope of practice that is broad and responsive to an evolving health system. The scope would reflect the application of core competencies in the Family/All Ages, Adult and Pediatric fields of practice. This model is responsive to the unique needs of provincial and territorial jurisdictions and supports the integration of the nurse practitioner role in diverse practice settings.

There is broad agreement that the scope of practice be flexible in its recognition of overlapping practice with other providers and in its ability to respond to changing population health and system needs.

ACTION: Enact and implement a broad scope of practice for nurse practitioners based on national core competencies.

6.4 Title Protection

Restricting the use of professional titles is the primary method of enabling the public to distinguish regulated professionals from unregulated health-care providers and to distinguish among regulated health professionals. Nurse practitioners in all settings are increasingly the public's first contact with the health-care system. Protection of the nurse practitioner title is, therefore, particularly significant in the context of the existing consumer choice environment.

In many settings 'NP' has been used as a job title, more to describe the role than specific qualifications. Members of the public have begun to know and understand what the nurse practitioner title stands for in terms of role and range of services, whether or not it is regulated. Regulated title protection, however, is tied to specific educational and practice qualifications and, while it will provide enhanced public protection, it will also leave registered nurses who do not meet the qualifications unable to use it. For those individuals, opportunities for obtaining the qualifications will need to be made available.

ACTION: Protect the NP title and designation in legislation in all Canadian jurisdictions.

6.5 Core Competencies

The *Canadian Nurse Practitioner Core Competency Framework* (2005) (see Section 1, Chapter 5: Tools) has been endorsed by all jurisdictions. The document outlines the common core competencies essential to the practice of all nurse practitioners. The competencies build on those expected of a registered nurse and describe the expectations for beginning nurse practitioners after completion of a nurse practitioner education program, a program equivalency review, or a prior learning assessment and recognition (PLAR) process. The core competencies will also be used as a basis for continuing competence assessment and nurse practitioner educational program approval.

The core competencies are common to all nurse practitioner practice and apply across all contexts or fields of practice. As nurse practitioners gain experience, they develop

additional knowledge and skills to meet the unique requirements of the setting in which they work and the health needs of the population served.

ACTION: Adopt the *Canadian Nurse Practitioner Core Competency Framework*.

6.6 Nurse Practitioner Educational Program Approval Standards

There is currently wide variation in nurse practitioner educational programs across Canada. They follow different models and vary widely in content. For example, some programs start with a common core curriculum followed by specialty courses while others offer only a specialization stream. Entrance requirements and exit credentials also vary, making cross-jurisdiction and geographic mobility difficult.

National nurse practitioner program approval and/or accreditation standards, consistent with the core competencies would provide more uniformity in programming across the country and increase portability between the provinces and territories. Important to include are standards for entry and exit requirements, opportunities for transfer of credits, prior learning assessment and recognition (PLAR), faculty standards, curriculum, and bridging mechanisms for currently practising nurse practitioners who do not meet the required educational level for registration/licensure.

ACTION: Develop and adopt pan-Canadian standards for approval/accreditation of nurse practitioner education programs.

6.7 Registration/Licensure

With the exception of the Yukon, all Canadian provinces and territories have legislation in place or pending to regulate nurse practitioners. The regulation and education of nurse practitioners has progressed at different stages across Canada, and differences exist in initial and ongoing requirements for registration/licensure. There is, however, pan-Canadian agreement on core competencies and the development of a Canadian nurse practitioner licensure/registration examination which are significant steps in moving toward some uniformity.

There is a high level of agreement across jurisdictions on what constitutes registration/licensure requirements for nurse practitioners, the most fundamental being that nurse practitioners require current, or eligibility for, registration/licensure as a registered nurse and the ability to meet the additional requirements for nurse practitioners. Canadian-educated applicants require graduation from a nationally

approved/accredited nurse practitioner program or approved transition program. There is considerable support for, but not consensus, on the need for a clinical competence assessment (e.g., OSCE). Similarly, internationally educated applicants require graduation from a nurse practitioner educational program deemed to be equivalent to a Canadian nurse practitioner program, successful completion of the Canadian licensure/registration examination and a clinical competence assessment. The latter group also require demonstrated ability to communicate (oral and written) in English or French.

The CNPI has developed a Canadian Nurse Practitioner Examination focused on the Family/All Ages context or field of practice. There is consensus on the concept of one Canadian nurse practitioner examination that would provide a common assessment of nurse practitioner competence in the Family/All Ages, Adult and Pediatric fields of practice. The examination would include a core component that would be mandatory for all nurse practitioners and a choice of one of three fields of practice components (Family/All Ages, Adult and Pediatric).

For both Canadian and internationally educated applicants additional requirements may include proof of Canadian citizenship, permanent Canadian residency or authorization under the *Immigration Act* (Canada) to engage in the practice of nursing; provision of information about any criminal offence, previous or current proceedings with respect to professional misconduct or incompetence in nursing or another health profession; and any physical or mental condition/illness that may affect the ability to safely and competently practise nursing.

In a climate of enhanced public accountability, provincial governments are increasingly looking to regulatory mechanisms beyond general registration/licensure to assure the public of the competency of nurses practising in expanded roles. In rural and remote communities, registered nurses are often the only source of health care and frequently practise in expanded roles which include skills common to the nurse practitioner role. They are often referred to as nurse practitioners. Many, however, do not meet the standards/conditions for registration/licensure as a nurse practitioner.

The introduction of nurse practitioner legislation has presented an enormous challenge to these nurses, many of whom have practised for several years. The regulatory authorities recognize the essential services provided by these nurses and want to support them in their roles. At the same time, however, the regulators are obliged to uphold the standards of practice and legislative requirements for nurses working in expanded roles. Ideally these nurses would be required to meet the standards by a certain period of time. Given the remoteness of a practice location and shortage of back-up resources, however, practically this may be difficult.

A major effort is needed to resolve the practice and title issues for these nurses. Accessible educational programming needs to be available for those who wish to meet the legislative/regulatory requirements to practise within the legislated nurse practitioner scope of practice and to use the title 'NP'. Approaches to the assessment of these nurses for eligibility to be registered/licensed as nurse practitioners need to be developed including a systematic approach to prior learning assessment and recognition (PLAR) and objective assessment of clinical competence such as supervised practice and OSCE.

Opportunities for PLAR are important, and used in a number of jurisdictions to grant exemptions or equivalencies to applicants who have been practising in a nurse practitioner-like role prior to the new legislation/regulation requirements and for internationally educated nurse practitioners.

Temporary registration/licensure is an option in some jurisdictions and may be granted for a time-limited period to eligible applicants while awaiting examination results.

ACTION: Develop and implement a framework to facilitate the practice of extended/expanded role registered nurses.

ACTION: Adopt standardized requirements for registration/licensure of nurse practitioners including successful completion of the Canadian Nurse Practitioner Examination.

ACTION: Establish consensus on standardized mechanisms to support the practice of registered nurses in the extended/expanded role.

6.8 Quality Assurance

Nurse practitioners practice according to their provincial/territorial standards of practice and ethical guidelines and/or the CNA's *Code of Ethics for Registered Nurses*, and the CNA's *Canadian Nurse Practitioner Core Competency Framework*. All jurisdictions have continuing competence programs in place and nurse practitioners are expected to comply with these requirements. Programs are, in the most part, based on a professional accountability model and require nurses to engage in reflective practice (self-assessment), frequently with a peer review component, and/or continuing education. Some include an additional component of random practice review.

Nurse practitioners extend the boundaries of nursing's scope of practice and in the current climate of public accountability, their patients, governments, employers and co-

workers expect ongoing safe and competent care. They assume and expect that they are subject to continuing competence requirements relevant to their advanced skills and their particular areas of practice.

Nurse practitioners work in a wide variety of practice environments and a single competency model to fit all practice scenarios is neither feasible nor practical. Measuring competence is highly complex, whether it is for ongoing practice or for nurse practitioners moving across jurisdictions. To give the issue justice a companion document *The Competence Assessment Framework for Nurse Practitioners in Canada* has been developed. It provides an in-depth review and analysis of current approaches to competency assessment and proposes options for a national approach (see Section 1, Chapter 5: Tools).

ACTION: Adopt *The Competence Assessment Framework for Nurse Practitioners in Canada*.

6.9 Liability

Adequate malpractice and liability insurance coverage is essential for all nurses involved in clinical practice regardless of the setting. The autonomous nature of nurse practitioner practice makes it even more critical that nurse practitioners have appropriate and adequate professional liability protection to protect themselves and the patients they treat.

Collaborative practice has been a significant factor in reinforcing the need for health-care professionals to be confident that they individually have adequate personal professional liability protection and that the other health-care professionals with whom they collaborate are also adequately protected.

The Canadian Nurses Protective Society (CNPS) offers coverage to members of the Alberta Association of Registered Nurses (AARN), the Saskatchewan Registered Nurses Association (SRNA), the College of Registered Nurses of Manitoba (CRNM), the Registered Nurses Association of Ontario (RNAO), The Nurses Association of New Brunswick (NANB), the College of Registered Nurses of Nova Scotia (CRNNS), the Association of Nurses of Prince Edward Island (ANPEI), the Association of Registered Nurses of Newfoundland and Labrador (ARNL), the Yukon Registered Nurses Association (YRNA) and the Registered Nurses Association of the Northwest Territories/Nunavut (RNANT/NU). Members of the Registered Nurses Association of British Columbia (RNABC) are eligible for coverage from the Captive Insurance Corporation. Quebec nurses automatically receive coverage on registration with the Ordre des infirmières et infirmiers du Québec (OIIQ). Nurses who work for Health

Canada's First Nations Inuit Health Branch (FNIHB) are covered under the *Treasury Board Indemnification Policy* (Mayne 2005c).

For most nursing associations and colleges, a nurse practitioner who is a member in good standing is eligible for personal, occurrence-based professional liability protection from the CNPS in the amount of \$5 million per incident with an annual aggregate of \$5 million. For nurse practitioners working in independent practice who may wish to augment the protection currently available, additional coverage is available from the CNPS.

ACTION: Adopt a mandatory requirement for a minimum of \$5 million of professional liability protection for nurse practitioners in Canada.

6.10 Application to Other Statutes

In a number of jurisdictions (federal, provincial and territorial) there are existing statutes that present a barrier to nurse practitioners working to their full scope of practice.

Some examples at the federal level include the *Controlled Drugs and Substances Act* 1996 (CDSA), under which nurse practitioners with prescriptive authority are currently unable to prescribe narcotics, and the *Canada Health Act* with its limitations to providers other than physicians. Some examples of provincial legislation that may affect nurse practitioners practising to their full scope include laws governing laboratories and health-care facilities (acute, long-term care), and vital statistics. As well, the regulation of pharmacists in some jurisdictions does not permit them to accept prescriptions from nurse practitioners.

ACTION: Amend existing federal/provincial/territorial statutes to be consistent with nurse practitioner practice.

6.11 Professional Conduct Review

The overarching registered nurses legislative and regulatory mechanisms in each jurisdiction include well-developed processes for investigation of complaints, hearings and/or adjudication, and enforcement of findings. They are applicable to all members of the regulating body including nurse practitioners.

The small numbers of nurse practitioners practising in Canada make it essential to incorporate conduct reviews within the overall registered nurses pool in order to assure

fairness and neutrality. Expert witnesses can be used as required where an in-depth knowledge of the nurse practitioner practice is required.

ACTION: Apply the professional conduct mechanisms and processes of RN legislation and regulation to nurse practitioners.

6.12 Data Systems

Nursing in Canada already has an extensive registered nurses database (CIHI). Collecting specific information on the nurse practitioner workforce such as education, place of work, area of practice and personal demographics is of value to the profession and policy-makers in addressing issues of supply, access, cost and barriers to service.

Initial and ongoing renewal data are collected by all jurisdictions on their membership. The development of a common nurse practitioner database will be important in building viable national information for research and human resources planning.

ACTION: Expand the national registered nurses database (CIHI) to include relevant information on nurse practitioners.

6.13 Public Involvement

Public membership on regulatory board/councils and statutory committees has been increasingly accepted over the past decade as necessary for improved accountability, and as a way to bring public perspective to regulatory policy formulation. Nurse practitioners, as part of the overarching governance model for registered nurses, will have the benefit of that public perspective and, in turn, the opportunity to educate public members about the nurse practitioner role.

On a somewhat different note, regulatory bodies and their members have an important role in educating consumers to the changing health-care delivery system and in assisting them to obtain the information necessary to make decisions about their choice of health-care provider. As the role grows and develops, it will be essential that information about nurse practitioners is readily accessible and understandable to the public.

ACTION: Include public membership/participation on all regulatory boards/councils and their statutory committees.

ACTION: Engage the public and other stakeholders in the development of legislative and regulatory processes for nurse practitioners.

ACTION: Provide information about the role of nurse practitioners to consumers.

6.14 Mobility

The nursing regulatory jurisdictions in Canada have a history of working together to facilitate mobility across the provinces and territories. Following the adoption of the *Federal/Provincial Agreement on Internal Trade (AIT)* in 1994, the provincial and territorial regulatory organizations worked conscientiously towards common competencies for entry and ongoing practice for registered nurses. They used as their foundation the competencies developed within the National Nursing Competency Project (1997) and competency development initiatives in the individual provinces/territories. In 2000 the registered nurses regulatory bodies approved a competency framework for registered nurses and shortly after became signatories to a *Mutual Recognition Agreement* to facilitate movement across Canada.

In keeping with internal and international trade agreements, and the reality of global nurse mobility, planned and existing assessment mechanisms for the educational preparation necessary for an NP for Canadian and internationally educated nurse practitioners are competency-based. Clinical competence assessment tools, however, are expensive to develop and administer and, with the exception of Quebec, have been slow to receive broad application to nursing in Canada. With the smaller cohort of nurse practitioners, their use becomes more attractive. A nationally developed process to determine educational equivalency and assess clinical competence for internationally educated nurse practitioner applicants would be welcomed by many of the jurisdictions.

ACTION: Develop and implement a mutual recognition agreement for nurse practitioners.

ACTION: Reduce unnecessary barriers to Canadian and internationally educated nurse practitioners applying for registration/licensure.

6.15 Evaluation of Regulatory Effectiveness

One of the ways to advance public accountability is to have an evaluation process that assesses the objectives, successes and shortcomings of the regulatory systems. Nurse practitioner legislation and regulatory processes should be subject to periodic review (not

more than every seven years) according to agreed-upon objective criteria. Some examples of criteria are:

- Degree of consistency in regulatory elements (education, scope of practice) across the country;
- Public perception of and satisfaction with the nurse practitioner role and accountability; and
- Legislative/regulatory barriers to interdisciplinary practice.

ACTION: Develop and implement a pan-Canadian evaluation framework to assess the effectiveness of nurse practitioner regulatory mechanisms and processes.

7. SUMMARY OF RECOMMENDATION AND ACTIONS

Recommendation	
	Adopt the <i>Legislative and Regulatory Framework for Nurse Practitioners in Canada</i> to facilitate consistency in federal, provincial and territorial legislative and regulatory approaches.
Actions	
Elements	Actions
Principles	<p>Adopt the 10 underlying principles as the basis for nurse practitioner legislative and regulatory processes:</p> <ul style="list-style-type: none"> • Protects public interest; • Occurs within the RN regulatory framework; • Respects jurisdictional needs; • Supports evolving practice; • Recognizes role autonomy; • Supports safe practice; • Recognizes role responsibility and accountability; • Facilitates movement across fields of practice; • Promotes role clarity and understanding; and • Facilitates employment mobility between provinces/territories.
Nurse Practitioner Definition	Adopt the CNPI recommended nurse practitioner definition and role description.
Scope of Practice	Enact and implement a broad scope of practice for nurse practitioners based on pan-Canadian core competencies.
Title Protection	Protect the nurse practitioner title and designation in legislation in all Canadian jurisdictions.

Core Competencies	Adopt the <i>Canadian Nurse Practitioner Core Competency Framework</i> .
Nurse Practitioner Educational Program Approval Standards	Develop and adopt pan-Canadian standards for approval/accreditation of nurse practitioner education programs.
Registration/Licensure	<p>Develop and implement a framework to facilitate the practice of extended/expanded role registered nurses.</p> <p>Adopt standardized requirements for registration/licensure of nurse practitioners including successful completion of the Canadian Nurse Practitioner Examination.</p> <p>Establish consensus on standardized mechanisms to support the practice of registered nurses in the extended/expanded role.</p>
Quality Assurance	Adopt <i>The Competence Assessment Framework for Nurse Practitioners in Canada</i> .
Liability	Adopt a mandatory requirement for a minimum of \$5 million of professional liability protection for nurse practitioners in Canada.
Application to Other Statutes	Amend existing federal/provincial/territorial statutes to be consistent with nurse practitioner practice.
Professional Conduct Review	Apply the professional conduct mechanisms and processes of RN legislation and regulation to nurse practitioners.
Data Systems	Expand the national registered nurses database (CIHI) to include relevant information on nurse practitioners

Public Involvement	<p>Include public membership/participation on all nursing regulatory boards/councils and their statutory committees.</p> <p>Engage the public and other stakeholders in the development of legislative and regulatory processes for nurse practitioners.</p> <p>Provide information about the role of the nurse practitioner to consumers.</p>
Mobility	<p>Develop and implement a mutual recognition agreement for nurse practitioners.</p> <p>Reduce unnecessary barriers to Canadian and internationally educated nurse practitioners applying for registration/licensure</p>
Evaluation of Regulatory Effectiveness	<p>Develop and adopt a pan-Canadian evaluation framework to assess the effectiveness of nurse practitioner regulatory mechanisms and processes.</p>

8. CONCLUSION

The Legislative and Regulatory Framework presented here has incorporated, where appropriate, the feedback from many stakeholders and supports the other four components of the CNPI. These components include education, practice and evaluation, health human resources planning as well as change management, social marketing and strategic communications.

Together these components are intended to promote the sustained integration of the role of the nurse practitioner in primary health care across Canada. To this end, access to health care for Canadians will be substantially improved.

The Legislative and Regulatory Framework is intended to foster a consistent and uniform approach to legislation and regulatory mechanisms in all Canadian jurisdictions. It is familiar to nurses and other disciplines and is sustainable over time. The framework is built upon widely supported principles and contains the structured elements recommended by internationally respected legislative models. The proposed framework is broad to allow for jurisdictional flexibility, changing health-care needs and the evolution of the nurse practitioner role. At the same time, the framework offers direction which builds upon the core competencies of nurse practitioners, agreed to by the jurisdictions. It presents specific actions for each element which, if implemented, would remove the existing barriers to mobility and portability. It also supports portability, public understanding, affordability, and ease of implementation. The CNPI encourages legislators and regulators to adopt the recommended framework in the interest of all Canadians.

GLOSSARY

Accreditation of nursing programs

A voluntary review and assessment process whereby educational institutions and/or programs are recognized for quality when reviewed against predetermined standards or criteria established and measured by peers.

Approval of nursing program

A legal, mandatory process for the review of educational programs to ensure compliance with minimum nursing education standards.

Bylaws

The official rules that govern the conduct of an organization's business and affairs.

Certification

A voluntary and periodic process (recertification) by which an organized professional body confirms that a registered nurse has demonstrated competence in a nursing specialty by having met predetermined standards of the specialty (CNA 1992).

Collaboration

Patient care involving joint communication and decision-making processes between one or more members of a health-care team, each of whom makes a contribution within the limits of her or his scope of practice. The health-care team works with patients toward identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team.

Competence

The ability of a registered nurse to integrate and apply the knowledge, skills, judgment and personal attributes required to practise safely and ethically in a designated role and setting (CNA 2000).

Competencies for nurse practitioners

The integrated knowledge, skills, judgment and attributes required of a nurse practitioner to practice safely and ethically in a designated role and setting.

Continuing competence

The ongoing ability of a registered nurse to integrate and apply the knowledge, skills, judgment and personal attributes required to practise safely and ethically in a designated role and setting. Maintaining this ongoing ability involves a continual process linking the code of ethics, standards of practice and life-long learning. The registered nurse reflects

on his/her practice on an ongoing basis and takes action to continually improve that practice (CNA 2000).

Consultation

Seeking the advice of others who have the required expertise.

Element

A component part.

Legislation

Law enacted by a legislated body.

Mutual recognition agreement (MRA)

Bilateral or multilateral agreements between jurisdictions to establish mechanisms of equivalency.

Principle

A basic generalization that is accepted as true and can be used as a fundamental basis of reasoning.

Public accountability

Relates to the fundamental principle that those who make public policy decisions or provide services are accountable to those who are affected by the decision or receive the services.

Quality assurance

Formal or informal processes that support nurses to practise in accordance with accepted standards of practice and to continuously improve their practice.

Registration/licensure

The process by which a government agency, or non-governmental organization that has been authorized by the government, determines that an individual who meets minimum standards may engage in a given profession or use a particular title.

Regulation

A broad term that describes the forms and processes by which order, consistency, and control are brought to a practice or policy. The public interest provides the basis for health regulatory legislation.

Regulations

Rules designed to control the conduct of those to whom they apply. Regulations are official rules, and have to follow.

Scope of nursing practice

The activities nurses are educated and authorized to perform, as established through legislated definitions of nursing practice.

Title protection

A title protected by legislation and not to be used by others.

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