



APPENDIX B

Legislation and Regulation Component

Initial Consultation Report

Stakeholders' Perceptions of Key Factors Influencing Legislation and Regulatory Processes for Nurse Practitioners in Primary Health Care

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Executive Summary

The impetus for the current project came from the Canadian Nurse Practitioner Planning Network in collaboration with the Canadian Nurses Association (CNA). In February of 2004, the CNA received funding from Health Canada's Primary Health Care Transition Fund for its proposal, "Helping to Sustain Canada's Health System: Nurse Practitioners in Primary Health Care". The CNA established and mandated the Canadian Nurse Practitioner Initiative (CNPI) to develop and implement an action plan to achieve the proposal's objectives. The overall objective of the project was to identify the most effective mechanisms/strategies for integrating and sustaining the nurse practitioner (NP) role in primary health care in Canada. As a framework for reviewing a broad range of separate and interactive considerations, project objectives were focused on five areas: 1) educational preparation; 2) practice; 3) government legislation and professional self-regulation; 4) health human resource planning; and 5) change management, social marketing, and strategic communication. The following report is focused on the legislation and regulation component.

Consultations were held with approximately 139 representatives of different stakeholder groups across Canada over a five-month period (i.e., August through December 2004). Based on reports and discussions with experts in the field, an interview schedule was developed to highlight the perceived strengths and weaknesses of current legislative/regulatory approaches to planning for the NP role in primary health care. Consideration was also given to perceptions of what legislative/ regulatory changes were needed to support sustainable integration of the NP role in Canada's health system. Finally, ideas were sought on the key elements that should be contained in a national legislative/regulatory framework for NPs that would facilitate a more equitable legislative/regulatory approach at the provincial/ territorial levels. Interview notes were analyzed using qualitative methods to identify key themes related to the research questions. Although a broad range of issues was identified during the analysis, it was possible to use a limited set of meaningful categories in which to present them.

Overall, the findings indicate that there are significant legislative/regulatory barriers in each province/territory that are impeding sustainable integration of the NP role into Canada's health care system. Most stakeholders were of the opinion that greater clarity and consistency were needed in defining the NP role, delineating its scope of practice and associated core competencies, specifying the level of education needed to prepare registered nurses for the role, and identifying appropriate mechanisms for evaluating initial and continuing competency. Many stakeholders also thought that it was imperative to establish formal mechanisms for evaluating the effectiveness of the NP role in different settings. Equally important for stakeholders was the presence of an evaluation framework to assess the effectiveness of the processes implemented to monitor the adherence of regulations with the legislative intent.

It is important to note that all the stakeholders also supported, in principle, the usefulness of having a national framework to facilitate greater consistency in the legislative/regulatory requirements for the NP role across the provinces and territories. A

noteworthy proviso was that such a framework should be broad and non-prescriptive, as well as sensitive to the needs of each province/territory.

1. Introduction

A multiphase project was designed to investigate the implementation and integration of the nurse practitioner (NP) role in primary health care in Canada. The overall project was organized into five key areas – educational preparation; practice; government legislation and professional practice self regulation; change management, strategic communication, and social marketing; and health human resource planning in primary health care. The current report is focused on the legislation and regulation component.

The following discussion summarizes the methodology approach and the key findings obtained from a qualitative study of representatives from select stakeholder groups at the federal and provincial/territorial levels. Because of the limited experience with implementing and integrating the NP role into the new and evolving primary health care system, qualitative methods were identified as the best approach to increase our understanding of the issues. The purpose of this report is to describe how various stakeholders from the same and different provinces/ territories perceived the legislation and regulatory requirements for sustainable integration of the NP role into primary health care (PHC).

2. Methodology

Data were collected as part of a longitudinal, multiphase study on the implications of the NP role in primary health care for helping to sustain the Canadian health care system. This section presents a brief overview of the activities used to meet the objectives of the legislative and regulatory component.

2.1 Population and Study Sample

The population of interest was key stakeholders involved in shaping the legislation and regulatory frameworks for integrating the NP role in primary health care settings. A non-probability, purposive sample was selected from stakeholders at the federal and provincial/territorial levels. The final sample consisted of representatives from several stakeholder groups:

- Department of National Defence and the First Nations and Inuit Health Branch (FNIHB) of the federal government;
- provincial/territorial government health departments;
- nursing associations and colleges, and nursing unions;
- nurse practitioner associations;
- nurse practitioner students and faculty;
- nurse practitioners working in the role;

- pharmaceutical associations and colleges; and
- medical colleges and boards

Consultations were held with approximately 139 representatives from the various stakeholder groups from August 2004 to January 2005.

2.2 Data Collection

Following identification of the primary stakeholder groups, personal contact was made via e-mail or telephone with key individuals who had some level of involvement with NP policy and legislation in their respective federal/ provincial/territorial jurisdictions. The overall objective of the Canadian Nurse Practitioner Initiative (CNPI) was explained to potential participants at the initial contact. Individuals agreeing to participate in the formal interviewing process were forwarded an information sheet summarizing relevant background material on the CNPI, as well as broad interview questions (see Appendix). This gave participants an opportunity to reflect upon relevant issues prior to the scheduled meeting at a later date.

Face-to-face interviews, averaging 90 minutes to two hours in length, were conducted with all participants, with one exception. Prior to the commencement of the interviews, participants were presented with a brief overview of the interview process and expected outcomes. Opportunities were also provided for participants to raise any questions or express any concerns about confidentiality/anonymity of any information shared.

The interviews were guided by questions developed to stimulate discussion on legislation and regulatory trends specifically related to the NP role in primary health care in the respective provincial/territorial jurisdiction. Question content focused on important factors for developing a national legislative and regulatory framework for NPs (i.e., strengths and weaknesses of current legislative/regulatory approaches; legislative/regulatory changes that are being, or should be, considered; legislative/regulatory approaches that would best support sustainable integration of the NP role; and elements that should be included in a legislative/regulatory framework for this purpose). The open-ended questions used to explore stakeholders' perceptions are presented in the Appendix.

Although helpful in facilitating discussion, it was evident that not all of the questions were equally pertinent for every stakeholder group. As well, other important issues relevant for pharmacy and medical legislative/regulatory processes generated additional questions that were restricted to representatives from these groups. Adjustments were also made to the questions posed depending on stakeholder role, responsibility, and knowledge about the various issues.

2.3 Analysis

Qualitative analysis was completed on the interview notes. All the written notes were first read in their entirety by the province, territory, and federal branch. The reviewer

transcribed the interview notes for each stakeholder person or group as close to the original text as possible, according to the relevant thematic categories.

The reviewer then became immersed in the data by reading and rereading the notes and assigning thematic meanings to the words and sentences according to the key content areas of the interview schedule.

The next phase of analysis proceeded in three steps. The first two steps were intended to refine and differentiate the original themes, and identify commonalities and differences within and between the various provincial/territorial and federal jurisdictions. The final steps were attempts to confirm the themes, as well as their relevance and import for NPs working in primary health care. First, a cross-comparison was completed on all interview notes and identified themes within each province, territory, or federal branch. Second, interview notes and accompanying themes were compared and contrasted for individuals belonging to the same or similar stakeholder group regardless of provincial/territorial or federal jurisdiction. In keeping with the method selected for thematic analysis, at the final step, the reviewer re-read the preliminary relevant literature reports provided on legislation and regulation with a special focus on NPs.

During the final phase of the analysis, an attempt was made to forge a meaning context for the identified themes by examining how they interacted to shape stakeholder perceptions of legislative/regulatory approaches that would best support sustainable integration of the NP role in the health care system. As a result of this analysis, some themes were subsumed under others in order to maximize the differences between them, and their perceived importance in legislative/regulatory approaches.

3. Results

Several factors were identified as critical components of legislative/ regulatory approaches that were perceived to either facilitate or impede successful implementation of the NP role in each provincial/territorial jurisdiction. It was apparent from the data analyses that there are many inconsistencies, both within and across jurisdictions, in stakeholder perceptions of the need for certain key elements to be included either in legislation, regulation, or both. As well, there was an obvious lack of consistency in how similar and different stakeholders perceived the restrictive or enabling features of current legislation/regulations for the NP role. The following discussion is a brief synopsis of the most important issues and how they interact to exert an important influence on the possibilities for legislative/regulatory reform.

3.1 Critical Elements for NP Legislation/Regulation

3.1.1 Entry to Practice Requirements

This was a variable concept that seemed to have limitless interpretations within and across stakeholder groups. The educational requirements for entry into NP practice were not specified in the legislation of most provinces and territories. An important point highlighted by many stakeholders was the need to establish consistent content and

standards for NP programs across provincial/territories jurisdictions. As well, despite the disparate views, the one common denominator was the need to establish uniformity with regard to beginning competency levels. The general consensus was that it was very important to first achieve consensus on expected core competencies for the NP role and then engage in discussions to identify the best educational program for preparing NPs for competent practice.

Currently, educational programs vary from post-RN to master's degrees across the various jurisdictions. Although many viewed master's level preparation as the goal for the future, there were a few individuals who expressed concern with the idea of linking credentials too closely with competency levels. The argument was that the presence of higher educational qualifications does not automatically lead to greater competence to practice. In fact, some argued that the opposite could be true, especially if insufficient attention was given to the hours and nature of clinical instruction in master's programs for NPs.

Besides the differing education routes (i.e., certificate, baccalaureate, and graduate) for NP practice, there was the question of generalist or specialty NPs. What seemed to be most troublesome for some stakeholders was the absence of a clear definition of the NP role. Most stakeholders were of the opinion that role clarity, especially at the entry point into practice, was paramount. There were a number of potential problems identified with the nursing profession's ability to clearly specify the core competency for variant and overlapping specialty bases with a new and evolving role. In certain quarters, concerns were expressed about the need to be attentive to the problems that could surface from a proliferation of specialist NPs. The general consensus across stakeholder groups was that the primary focus should be on identifying core competencies for the generalist as an entry point into NP practice. Once greater clarity was achieved with defining the generalist role, more attention could be given to the specialized knowledge and skills needed for specialty NP practice.

Reaching agreement on the core competencies for the NP role was paramount to all stakeholder groups. Everyone also recognized the importance of ensuring clinical competency prior to assuming the role. There were, however, disagreements on how initial clinical competency ought to be achieved. Although the majority of stakeholders across all provincial/territorial jurisdictions supported the idea of a national licensure exam, certain factions, especially within the nursing profession, were divided over the need to include a clinical evaluation component in such an exam. All stakeholders agreed that decisions made about the core competencies and licensure requirements for NPs would have far-reaching implications for ease of mobility across provincial/territorial jurisdictions. One important point raised by several representatives from different stakeholder groups was the need to avoid issuing a separate licence for every possible NP specialty. The generic approach was perceived as being much more manageable.

The legislation in several provinces/territories also accounted for the equivalency requirement for RNs practising in the role but without the necessary educational qualifications. All stakeholders stressed the need for some kind of mechanism to assess and recognize relevant prior learning, like the Prior Learning Assessment and

Recognition (PLAR) process. The greatest dissent on this issue seemed to come from within the nursing profession, although the majority did support some kind of grandfathering clause. There was, however, no agreement on the time line for completion of this process, hours of practice required, or the need for equivalency with regard to degree requirements. There were also variations in the importance of having the necessary supports in place to help RNs working in extended/expanded roles to access and complete the required process. It was also clear that the majority of stakeholders supported the idea that licensure should be based on competency not credentials.

3.1.2 Continuing Professional Competency

Periodic validation of licensure was perceived to be important by most stakeholders. Nevertheless, there was no agreement on the specifics for maintaining continuing competency in the NP role. Stakeholders, in general, expressed disparate views on the need for, as well as the extent of, continuing competency assessment beyond self-reflective reviews. One aspect that all stakeholders agreed with was that professional competency matters was the responsibility of the relevant regulatory body and, therefore, should not be enshrined in legislation.

Details on the best approach for achieving continuing competency for NPs were scant, especially from nursing representatives. In some provincial/territorial jurisdictions there were bylaws for continuing competency. Although the requirement for minimal hours of clinical practice to maintain licensure was the norm for all provincial/territorial jurisdictions, there was no consensus on either the number of hours or the nature of the practice. All stakeholder groups, especially medicine and pharmacy, viewed clinical hour requirements as an inadequate way to evaluate clinical competency.

Different stakeholder groups discussed possible viable alternatives to hours of practice for maintaining clinical competency. A set number of continuing education credits was identified by representatives from medicine and pharmacy as being the norm for their professions. Medicine and pharmacy representatives also identified such additional measures as periodic peer reviews, chart audits, and/or on-site performance checks. One thing that was clear from the discussions of both medicine and pharmacy representatives was the need to maintain the same level of rigor for continuing competency as initial competency. Representatives from nursing did not seem to be as clear or as adamant about instituting additional requirements beyond minimal clinical hours and continuing education opportunities for the continuing competency of NPs. It was apparent that part of the reason for their concerns was the absence of reliable and valid measures for assessing clinical competency in an objective manner across diverse clinical practice settings. Another important objection to having too stringent requirements in place was the ability of the health-care system to provide the necessary supports to facilitate NPs' access to continuing education opportunities, and giving NPs the time to complete them.

3.1.3 Scope of Practice

With the definition of NP practice quite broad and varying in scope, many stakeholders were of the opinion that greater clarity was needed on scope of practice boundaries,

especially at the operational level. It was evident from the consultations with nursing and government representatives that the relevant provincial/territorial body is not only responsible for interpretation of the NP role as defined in the legislation but also establishes the standards for practice in accordance with this definition. What seemed to be important for many nursing representatives was the presence of a broad, non-restrictive definition that gave the profession greater flexibility in specifying the parameters of the NP role as a form of advanced nursing practice. As such, the general consensus was that professional nursing bodies should use an enabling, as opposed to a task-oriented, approach in developing scopes of practice for NPs. There were concerns about needing to specify the parameters of the role, identifying suitable indicators to assess how well NP practice adheres to set parameters, and determining whether those entitled to engage in NP practice have the required competencies.

Another important consideration was the need to clarify the parameters of reserved actions or exclusive scopes from shared scopes with other health professions. It was evident from the discussions that the broad scope of practice characteristic of the NP role in diverse settings was seen as somewhat prohibitive in clearly delineating the activities unique to the NP role and those shared with other registered nurses, as well as other health-care providers. The increased attention given to shared or overlapping scopes was identified as key strengths of such health-care legislation as the health professional acts in British Columbia, Alberta, and Ontario. It was also argued that use of the “controlled acts” model facilitates role clarity by specifically highlighting what functions are unique to each provider group and what functions are shared among provider groups.

Regardless of the approach taken in particular jurisdictions in framing the legislation/regulations governing NP practice, most stakeholders supported a broad and flexible scope versus a restrictive and prescriptive one. The greatest criticism of most legislative/regulatory approaches was the list or schedule of diagnostic tests and drugs. Many of the representatives from pharmacy, nursing, and government believed that restrictive lists not only compromise NPs’ ability to work independently according to their full scope but also could jeopardize patient safety.

Besides the restricted lists, NPs require identification (ID) numbers to order diagnostic tests in many jurisdictions. The whole process has been impeded because of government’s reluctance to issue ID numbers to NPs due to strong opposition from physicians. Representatives from the nursing stakeholder group perceived such inactivity as restricting NPs from practising to the full scope allowed under the law.

The majority of stakeholders also identified problems associated with the inclusion in provincial/territorial legislation/regulations of any expectation regarding the need for NPs to engage in collaborative practice. It is important that most nursing representatives and, to a lesser extent, government representatives viewed collaboration requirements as being contradictory to what is normally entailed in independent professional practice. Although other stakeholder groups like medicine and pharmacy supported, in principle, the right to independent professional practice for all health providers, emphasis was also placed on the importance of collaborating, especially on matters that fell under the umbrella of shared scope. In contrast, those representatives from various stakeholder groups who

supported reference to collaborative practice relationships in legislation and regulation did so because of its perceived import for facilitating team-based and/or interdisciplinary practice. Information sharing among various health providers providing services to the same group of patients was viewed as necessary for ensuring optimal levels of quality and safety.

3.1.4 Title Protection

The protection of the title “NP” in legislation was perceived as an important step because it legitimized the role. The majority of the representatives from all stakeholders stressed the importance of title protection as a way to communicate a clear message about what the NP role represents to the public and the health-care system. For other stakeholders, consistency in titling within and across provincial/territorial jurisdictions was seen as a mechanism for ensuring that certain standards for practice were established and followed by practitioners who earned the title. The obvious challenge identified was the need to achieve consistency in the use of the NP title when a few representatives from nursing and the related provincial/territorial government perceive the role as an extension/expansion of the RN role. In this regard, those representatives favored a title that was an extension of the RN title (i.e., RN – EP[extended practice] or RN – EC [extended class]). Stakeholders mentioned that select stakeholders in Ontario and Alberta have moved to protect the title of NP in an effort to reduce confusion about what is entailed in the role for the public and the health-care system, especially employers.

3.1.5 Organizational/Environmental Impact on Professional Regulation

Most of the discussion on the organizational/environmental impact was focused on the related legislation/regulations of other health professionals and/or the health-care system that required modification to remove barriers to NP practice. Because legislative change can be quite time-consuming, several stakeholders emphasized the importance of identifying acts that have a direct impact on others early in the planning stages for new legislation. In many instances, NPs were not working to their full scope of practice as specified in relevant provincial/territorial legislation and regulations because of the failure to either recognize or impress upon government the need for changes in related legislation.

One important piece of legislation that required amendment was the pharmacy act in each province/territory. Without this change, NPs were not recognized as a legitimate prescriber by the relevant pharmacy regulatory authority. This not only impeded NPs ability to work to their full scope but also posed barriers to the development and implementation of a comprehensive health-care plan for patients.

Several additional acts were identified as posing problems for effective and efficient NP practice. The hospital act in each provincial/territorial jurisdiction, as well as the vital statistics act and medicare act, were identified as system barriers to NP practice. A couple of issues surfaced in relation to hospital acts. First, there are the restrictions imposed by institutions on provider access to diagnostic testing for their patients. The second issue identified was the restrictions on admitting privileges for all health care

providers besides physicians. In addition to restrictions on admitting privileges, hospitals may also limit community-based health professionals access to patients for the purpose of providing care during hospitalization.

Besides hospital acts, additional concerns were related to legislative/ regulatory barriers to referrals to specialists and after-death care. For instance, specialists who accept referrals from NPs may incur a financial loss. In jurisdictions that identified this issue, the provincial/territorial fee for specialists who receive referrals from NPs was substantially less than fees for referrals received from general practitioners. Stakeholders recommended that provisions need to be made in relevant legislation and regulations to recognize NPs' ability to seek consultations from specialists for their patients. As well, some stakeholders emphasized that the necessary revisions should be made in the fee schedule at the provincial/territorial level to ensure pay equity regardless of whether the referral source is from nursing or medicine. Finally, without amending the vital statistics act or introducing some other enabling mechanism, NPs are not authorized to provide after-death care. Again this reality was perceived as posing an unnecessary barrier to full enactment of the NP role.

3.1.6 Evaluating Regulatory and NP Role Effectiveness

It was apparent from the commentary of various stakeholders that there are no formalized mechanisms in the legislation/regulations to monitor the effectiveness of the processes themselves. For example, some representatives did identify problems with the Diagnostic and Therapeutics Committee in Nova Scotia, the NP Therapeutics Committee in New Brunswick, and the Consultations and Approvals Committee in Newfoundland and Labrador. Facilitating consensus among the three principal stakeholders (i.e., nursing, medicine, and pharmacy) on major issues was viewed as an impediment to timely decision-making. The expectation of several stakeholders was that this type of committee structure should have a limited life span and, eventually, the professional nursing body would assume full responsibility for regulating NPs.

A second concern identified by several stakeholders was the limited attention given to possible mechanisms for evaluating the effectiveness of the NP role and the system's ability to sustain it in an evolving primary health care system. Special reference was made to the importance of establishing a formalized mechanism in NP legislation to evaluate the impact of the role in facilitating the delivery of quality and timely health-care services to individuals, groups, and communities. Without an evaluation plan that incorporates indicators sensitive to NP practice, there will be no evidence to document the best practice scenarios.

3.2 Legislative/Regulatory Approaches for Sustainable Integration of the NP Role in Canada's Health-Care System

The broadness and diversity of stakeholder perspectives on the legislative/regulatory approach that would best support sustainable integration of the NP role suggest that there is still much work to be done on reaching some level of consensus across the various provincial/territorial jurisdictions. Despite obvious variations in how stakeholders

perceived an overall approach to NP legislation/ regulation, there were some critical elements that were consistently identified by the majority of representatives. These common elements were viewed as being integral components of any legislative/regulatory framework governing NP practice.

The most basic consideration was having a clear set of principles outlining achievable outcomes from integration of the NP role into the Canadian health-care system. Equally important was having clarity and precision in the definition of the NP role, but at the same time ensuring that it was broad enough to allow for an enabling role. It was the predominant view that the whole regulatory process was contingent upon having a clear, enabling definition of the NP role in the professional legislation of all provinces/territories. In short, the emphasis was placed on ensuring that NP legislation/regulations contain clear, unambiguous language about the role and has sufficient broadness and flexibility to accommodate evolving NP practice.

A very contentious issue among the different stakeholders was whether there should be a reference in legislation to collaborative practice arrangements with other principal providers. The opponents of a collaborative relationship proviso were of the opinion that such action would not only impose limits on independent NP practice but also make NPs subservient to another professional group. The collaborative practice requirement was also viewed as having negative implications for each provincial/territorial professional nursing body (i.e., not giving it full regulatory control over its NP members). The proponents of a legislative requirement for collaborative practice viewed it as essential for promoting interdisciplinary care and keeping the focus of achievable outcomes on public welfare as opposed to professional goals.

Without clear definition and consistent legislation, the consensus was that it would be very difficult to achieve meaningful agreement on acceptable parameters for NP scope of practice across provincial/territorial jurisdictions. A second critical element influencing the scope of NP practice was the fact that it overlaps those of other health-care providers. The majority of representatives from different stakeholder groups highlighted the importance of participating in a responsible consultation process that focused on quality outcomes and not territorial or professional issues.

Entry to practice requirements was identified as another important area that required a high level of consistency across the provinces/territories. It was apparent that a major impediment to reaching agreement on NP educational programs was the absence of a clear definition of the role and lack of agreement on the scope of practice parameters and core competencies for the role. Although most representatives from all stakeholders participating in the consultation process recognized the importance of standardizing and accrediting NP educational programs across Canada, it was also apparent that establishing standards for competency-based practice should take precedence over any credential-based ones. All stakeholders believed that mechanisms should be in place to ensure that NPs had the required competency upon entry to practice. As such, the majority supported a generalist-based Canadian examination for initial NP licensure. Importantly, most stakeholders did not perceive the generalist approach to licensure as precluding the development of specialty areas for NP practice. In fact, the generalist base

was seen as a foundation for specialty areas. Finally, although the representatives from medicine and pharmacy stressed the importance of having a clinical evaluation component in the exam, nursing representatives were more divided on this issue.

What seemed to surface as being very important for both entry to practice and continuing competency requirements was the need to achieve a meaningful balance between individual jurisdictional health care needs and the reality of differing credentials and knowledge/skill bases of nurses working in a new and evolving role. Central to the discussions of many stakeholders was the presence of a system (i.e., legislative/regulatory) that was flexible enough in the early stages to facilitate ease of NP mobility across the various jurisdictions. The one caveat was the need for quality assurance programs in all provinces/territories to ensure that NPs were meeting continuing competency requirements. A high level of flexibility coupled with minimal requirements for continuing competency was viewed as paramount in successfully sustaining the NP role in the health care system.

Although title protection in professional legislation was viewed as an important way to legitimize the role, most stakeholders were of the opinion that successful integration and sustainability of NPs in the health system was contingent on evidence of competent practice and enhanced accessibility to quality services. Evidence of competent practice was also seen as an important facilitator of NPs' ability to operate to their full scope of practice across all settings. In short, the onus is placed on the nursing profession not only to identify appropriate educational methods to prepare NPs with the appropriate knowledge and skills, but also to select evaluative mechanisms to document continuing competency over time.

Another important requirement for sustainable integration was ongoing communication with the various stakeholders within and across provincial/ territorial jurisdictions. The presence of an adequate information flow mechanism was perceived as essential for effective and timely communication of issues and trends related to legislation/regulation, practice facilitators and barriers in all types of settings, patient and system understanding and acceptance of the NP role, and the promotion of quality outcomes. Finally, the importance of having ongoing assessment of the impact of the NP was viewed as paramount in keeping each jurisdiction adequately informed about what was or was not working well in a particular province/territory. An evaluation mandate was also seen as an important facilitator of evidence-based practice.

3.3 Crucial Elements for a National Legislative/Regulatory Framework

For the most part, the content of this section and the previous section tended to overlap with each other. The major feature differentiating the two sections was the particular stakeholder perspective (i.e., in general, provincial/ territorial, and/or national) when commenting upon identified elements. The discussion will be limited to a consideration of stakeholders' positions on the importance and overall usefulness of a national framework, and the critical elements that should be incorporated into such a framework.

Most stakeholders supported the idea of a national legislative/regulatory framework. One important proviso identified by several stakeholder representatives was that any national framework should be restricted to principles and recommendations. As such, it should be used to inform the process and not be prescriptive. A second important qualifier was that the national framework should have sufficient breadth to be respectful of individual provincial/territorial legislation and regulations and sensitive to individual jurisdictional needs.

The vast majority of stakeholders agreed that provincial/territorial consensus should be reached on the critical elements to be included in a national-based legislative/regulatory framework for the NP role. Several stakeholders also emphasized that the specifics of each element should be left to the discretion of the nursing regulatory body in the particular province/territory. The important critical elements that were consistently identified by most stakeholder representatives included the following.

- Clear, enabling definition of the NP role for both the generalist and specialist
- Protection of the NP title
- Clearly delineated scope of practice boundaries
- Core set of competencies
- Entry level and continuing competency
- National exam for initial licensure
- Entry level educational requirements
- Collaborative and independent practice
- Evaluation mechanisms for ongoing assessment of the impact of the role across diverse practice settings

4. Conclusion

The consultation process revealed several legislative and regulatory barriers to successful integration and sustainability of the NP role in Canada's health-care system. The most important barrier identified by all stakeholders was the absence of a clear and consistent definition of the NP role in legislation. This reality was perceived as creating additional problems for professional nursing regulatory bodies and employers in particular, and other health-care providers in general. Predominant among these was achieving consistency on the scope of practice parameters, entry to practice and continuing competency requirements. All stakeholders across the various provincial/territorial jurisdictions emphasized the need not only to reach an acceptable level of consensus in these areas but also to identify appropriate evaluation methods to assess initial and ongoing competency levels. Without this, NPs' ability to move between the

provinces/territories would be impeded to a lesser or greater degree depending on the requirements of particular jurisdictions.

The diversity of educational approaches used by different provinces/ territories to prepare NPs for practice was also viewed as a definite problem area that requires consensus building. All stakeholders noted that NPs should graduate from standardized and accredited programs. A rather common issue was the generalist versus specialist NP role. Although there was no consensus on this particular issue, the majority of stakeholder groups were leaning toward the generalist route. This approach was seen as being the most effective for achieving consistency on the role definition, scope of practice, and core competencies. It is important to note that proponents of the generalist approach for entry into NP practice did not oppose specialty practice. In fact, this type of practice was viewed as important and useful for the health-care system, but also something that should build upon a generalist base.

An equally important barrier highlighted by many representatives from all stakeholder groups was the limited attention given to the legislation of other principal health professional groups. Several stakeholders noted that the necessary amendments were not made to relevant legislation to enable NPs to work to their full scope of practice. This reality was identified as a serious flaw in the legislative/regulatory approach, and one that if not corrected would continue to interfere with sustainable integration of the NP role into the health care system.

Most stakeholders also supported the need for ongoing evaluation of the effectiveness of the NP role in all types of settings. Although not specifically stated by all stakeholders, the underling tenor of the commentary suggested that many believed that some type of evaluation plan should be accounted for in the legislation/regulations. The supporters of evaluative research viewed this as an important strategy to help sustain the role in health care. By ensuring evidence-based practice, the role would not only have greater credibility but also enhance the quality of services and promote positive health outcomes.

Finally, some type of master plan at the national level was perceived as a way to achieve greater consistency in legislative/regulatory approaches across the various provinces/territories. Most stakeholders believed that a national framework that was sensitive to the needs of each jurisdiction would facilitate consensus building on many of the divisive issues.

Appendix
CANADIAN NURSE PRACTITIONER INITIATIVE LEGISLATIVE AND
REGULATORY COMPONENT
INITIAL CONSULTATION QUESTIONS

The Canadian Nurses Association (CNA) is a federation of 11 provincial and territorial nursing associations representing more than 120,000 registered nurses. CNA's mission is to advance the quality of nursing in the interest of the public.

In February 2004, the CNA's proposal, "Helping to Sustain Canada's Health System: Nurse Practitioners in Primary Health Care" was funded by the Primary Health Care Transition Fund (PHCTF). The CNA established the Canadian Nurse Practitioner Initiative (CNPI) to develop and implement an action plan to achieve the proposal's objectives.

The CNPI will address the lack of consistency in provincial and territorial approaches to the implementation of the nurse practitioner role by developing the foundation for a shared Canada-wide understanding of the nurse practitioner in primary health care. This will involve strategic activities in five areas:

1. educational preparation;
2. practice;
3. government legislation and professional self regulation;
4. health human resource planning; and
5. change management, social marketing and strategic communication

One of the deliverables of the Government Legislation and Professional Self Regulation Component of the CNPI is the development of a legislative and regulatory framework for nurse practitioners that will inform and facilitate an evidence-based harmonization of legislative and regulatory approaches at the provincial and territorial levels.

Thank you for agreeing to meet to provide your perspective on the following questions. Your perspective is very important and will help inform the work of the CNPI.

QUESTIONS

1. What are the strengths of your current legislative approach?
2. What are the weaknesses, if any, of your current legislative approach?
3. What are the strengths of your current regulatory approach?
4. What are the weaknesses, if any, of your current regulatory approach?
5. What legislative changes, if any, are being or should be considered?
6. What regulatory changes, if any, are being or should be considered?
7. What legislative approach would you recommend for nurse practitioners in Canada?
8. What regulatory approach would you recommend for nurse practitioners in Canada?



The Canadian Nurses Association (CNA) is a federation of 11 provincial and territorial Nursing associations representing more than 120,000 registered nurses. CNA's mission is to advance the quality of nursing in the interest of the public.

In February 2004, the CNA's Proposal "Helping to Sustain Canada's Health System:

Nurse Practitioners in Primary Health Care" was funded by Health Canada's Primary Health Care Transition Fund. The CNA established the Canadian Nurse Practitioner Initiative (CNPI) to develop and implement an Action Plan to achieve the Proposal's Objectives.

The CNPI will address the lack of consistency in provincial and territorial approaches to the implementation of the Nurse Practitioner role by developing the foundation for a shared Canada-wide understanding of the Nurse Practitioner role in Primary Health Care. This will involve strategic activities in five areas:

1. educational preparation
2. practice
3. government legislation and professional self regulation
4. health human resource planning
5. change management, social marketing, and strategic communication

One of the deliverables of the Government Legislation and Professional Self Regulation Component of the CNPI is the development of a Legislative and Regulatory Framework for Nurse Practitioners that will inform and facilitate an evidence-based harmonization of legislative and regulatory approaches at the provincial and territorial levels.

The purpose of these consultations is to provide an opportunity for relevant stakeholders to have input into the development of a Legislative and Regulatory Framework for Nurse Practitioners in Canada. Your perspective is very important and will help inform the work of the CNPI. Thank you for taking time from your busy schedule to meet with me. I will be focusing on the following questions in our meeting and I hope providing them in advance is helpful to you.

Questions

- 1. What are the strengths of your current legislative/regulatory approach?**
- 2. What are the weaknesses, if any, of your current legislative/regulatory approach?**
- 3. What legislative/regulatory changes, if any, are being or should be considered?**
- 4. What legislative/regulatory approach would best support sustainable integration of the Nurse Practitioner role in Canada's Health System?**
- 5. What elements should be included in a Legislative/Regulatory Framework that would best support sustainable integration of Nurse Practitioners in Canada's Health System?**