



NURSE PRACTITIONERS: THE TIME IS NOW

**A Solution to Improving Access and
Reducing Wait Times in Canada**



Technical Report

Nurse Practitioners: The Time is Now

*A solution to improving access and
reducing wait times in Canada*

June 2006

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Recommended Definition: Nurse Practitioner

(The following recommendation was developed through CNPI's consultation process)

Nurse practitioners (NPs) 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.

Recommended Role Description: Nurse Practitioner

(The following recommendation was developed through CNPI's consultation process)

Nurse practitioners are experienced registered nurses with additional education who possess and demonstrate 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.

Message from Marian Knock
Executive Director, Canadian Nurse Practitioner Initiative



It has been my pleasure to lead the Canadian Nurse Practitioner Initiative (CNPI) and to work with so many dedicated and committed people from the health community. I will always regard this Initiative as one of the highlights of my career.

The task was to develop a pan-Canadian framework that supports the sustained integration of the nurse practitioner role in Canada's health system. The CNPI team sought advice from more than 5,000 people. Their views as well as the results of research and focus group exercises are reflected in the *Framework for Nurse Practitioners in Canada*. The process achieved consensus in many areas.

The *Framework* provides the roadmap for governments, regulatory bodies, employers, educators, unions, and professional organizations to move the agenda forward. It identifies the interdependent building blocks necessary to sustain the nurse practitioner role. The *Framework* should be seen as an integrated whole to be used in its entirety.

Moving forward, however, will require political will, professional commitment and interprofessional collaboration. But we are optimistic about the future and believe that the time for action has never been better.

Finally, we extend a sincere thank you to everyone who contributed to the successful completion of the CNPI.

Marian Knock, RN, BSN, MHA
Executive Director, Canadian Nurse Practitioner Initiative

Message from Lucille Auffrey, Chair of the Advisory Committee for the CNPI



In my capacity as chair of the Advisory Committee for the Canadian Nurse Practitioner Initiative (CNPI), I had the opportunity to work with representatives of governments, nursing organizations, regulators, employers, educators, and other health professions. Our collective advice to the CNPI team revolved around the importance of inclusiveness and transparency in delivering the task assigned to us by Health Canada: identify the infrastructure necessary to support the role of nurse practitioner in the health system.

The Advisory Committee reviewed the work plan and deliverables of the Initiative and provided feedback and input to the scholarly papers, frameworks, tools and recommendations put forward by the Task Forces and the Evaluation Steering Committee. Our task was made easy because of the energy and commitment of the CNPI team.

As the sponsoring organization for the CNPI, the Canadian Nurses Association (CNA) is proud of the work that has been done to bring together nurses, nurse practitioners, regulators, other health-care providers, regulators, employers, educators and governments to explore the nurse practitioner opportunity for Canada's health system.

On behalf of the other members of the Advisory Committee, I would like to express our appreciation to all those who worked on this Initiative and in particular, to Marian Knock and her team.

Lucille Auffrey, RN, MN
CEO, Canadian Nurses Association

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Acknowledgements

The CNPI wishes to express appreciation to all who have contributed to the development of the ideas and recommendations in this report. We particularly wish to thank the Nurse Practitioner Planning Network (NPPN), whose vision encouraged Health Canada to support this Initiative.

Gratitude is extended to the members of the CNPI Advisory Committee who were committed to the vision of this Initiative and whose ideas, directions and dedication helped ensure the development of a series of tools that are truly relevant to the health-care community.

The CNPI managers also wish to thank members of the Task Forces and the Evaluation Steering Committee who supported them in their work. Without their dedication and commitment over the past two years, this *CNPI Framework* could not have been developed.

Special thanks also go to the hundreds of stakeholders who participated in consultation processes throughout the Initiative. The time these stakeholders committed to participate in the various consultation initiatives has proven invaluable in terms of the wealth of information and direction that was provided.

Nurse Practitioner Planning Network (NPPN)

The impetus for the Canadian Nurses Practitioner Initiative came from the Nurse Practitioner Planning Network, which started in 2002 as an informal partnership representing nursing regulatory bodies, professional associations, provincial and territorial governments, and educators.

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Section 1: Canadian Nurse Practitioner Framework



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Section 1: Canadian Nurse Practitioner Framework

Introduction

Today, Canada's publicly funded health system has been increasingly challenged with respect to its ability to deliver timely and accessible health care. The lack of funding, the shortage of health professionals in key areas, and the need to maximize resources, efficacy and quality assurance have all influenced the reassessment of how Canada should deliver health services.

Renewal of primary care has been an important government priority. There has been an increasing recognition of primary care as the foundation of the health system. Renewal has had various objectives, the most common of which is improving the efficiency and effectiveness of health services in order to better meet and respond to the health needs of Canadians. As such, governments have invested in: promoting the broader determinants of health; balancing institutional care with illness prevention and health promotion; early intervention strategies that focus on maintaining wellness; and examining ways and means to effectively utilize human resources. Most recently, national debate on the health system has focused on the issue of timely access to quality care.

In Canada there is increasing recognition that the delivery of health services requires the expertise of a range of health professionals and agreement that the work of *all* providers will be enhanced through the development of collaborative approaches and teamwork. As health planners, practitioners and policy makers search for improved and more efficient forms of health service delivery, attention has been focused on the role of the nurse practitioner (NP). The NP role is distinct from the roles of other health professionals. In many ways, the NP supplements and complements other roles. Thus, the implementation of the NP role in Canada may be viewed as one means of improving access to health services.

Chapter 1 - Background

On September 11, 2000, First Ministers agreed that “improvements to primary health care are crucial to the renewal of health services” and highlighted the importance of multidisciplinary teams. In response to this agreement, the Government of Canada established the \$800-million Primary Health Care Transition Fund (PHCTF).

Over a six-year period (2000 – 2006), the PHCTF supported governments in the provinces and territories in their efforts to reform the primary health care system. Specifically, it provided support for the transitional costs associated with introducing new approaches to primary health care delivery. In addition to direct support to individual provincial and territorial governments, the PHCTF also funded various pan-Canadian initiatives to address common barriers to improving primary health care, and offered participation opportunities to health-care system stakeholders. Although time-limited, the PHCTF initiatives are intended to spark sustainable changes in the delivery of primary care.

In the *2003 Health Accord*, governments agreed to ensure that Canadians receive the most appropriate care, by the most appropriate providers, in the most appropriate settings. The goal they established was that 50 per cent of Canadians would have access to primary care 24/7 by 2011.

In support of the intergovernmental priorities defined in the 2000 and 2003 accords, Health Canada provided \$8.9 million to develop a framework for the integration and sustainability of the nurse practitioner role in Canada’s health system. The Canadian Nurse Practitioner Initiative (CNPI) was one of five initiatives under the National Strategies Envelope aimed at furthering the goals of collaborative practice in the renewal of primary care.

The Proposal

The CNPI grew out of the visionary proposal of the Nurse Practitioner Planning Network (NPPN), a pan-Canadian group representing individual nursing stakeholders, regulatory bodies, professional associations and governments. The NPPN envisioned a renewed health system that optimizes the contributions of NPs to the health of all Canadians.

NPPN submitted a proposal to Health Canada in August 2002 in a Letter of Intent to Health Canada’s Primary Health Care Transition Fund for a project then titled *A National Framework for Implementation of the Nurse Practitioner Role in Primary Health Care*. With encouragement and proposal development funding from Health Canada, the NPPN

developed the final proposal entitled *Helping to Sustain Canada's Health Care System: Nurse Practitioners in Primary Health Care*.

The NPPN proposal identified the issue of a lack of consistency in approaches to the role of nurse practitioners. The NPPN project addressed that issue and proposed development of the elements necessary to implement a shared, pan-Canadian understanding of the role of nurse practitioners in primary care.

The CNPI Opportunity

The CNPI provided an opportunity for nurses to demonstrate to governments, stakeholders, and the general public their capacity to make a significant contribution to primary health care renewal. The Initiative was established to facilitate sustained integration of the nurse practitioner role in the health system and to develop mechanisms and processes to support it.

Approach and Methodology

Consultation and Collaboration

Early on, and based on the NPPN experience, the CNPI team determined that the Initiative would be built on a foundation of consultation and collaboration. It determined that the task required input from stakeholders, including health-care professionals, leaders of health-care professional organizations, regulators, educators, employers, unions, municipal leaders as well as federal, provincial and territorial officials. Work was needed to demonstrate that the NP was a viable and desirable option for dealing with health system renewal, addressing access and wait times as well as developing healthy communities.

The Governance Structure

Based on the PHCTF eligibility criteria established by Health Canada, NPPN agreed that the Canadian Nurses Association (CNA) would be the transfer payment agency for the funds allocated to the CNPI.

An Advisory Committee was established to guide the approach to elements of the Initiative's work plan. Nominees were solicited from national and provincial/territorial stakeholder organizations (a total of 225 nominees were submitted). As well, every member of the Nurse Practitioner Planning Network was given the opportunity to be a member of a task force. Advisory Committee members were chosen from across Canada

and represented a full range of stakeholder groups: nurse practitioners, registered nurses, physicians, educators, employers, unions, pharmacists, regulators, federal, provincial and territorial officials, as well as Health Canada and National Defence. In addition, for each of the six components of the Initiative, a task force (in the case of evaluation an Evaluation Steering Committee was created) was established to advise on the scope of the work plan relevant to that component and review deliverables.

The Advisory Committee was chaired by Lucille Auffrey, Chief Executive Officer of the Canadian Nurses Association. Marian Knock was hired in April 2004 to serve as the CNPI Executive Director. The first meetings of the Advisory Committee and the Task Forces were held in January 2005.

Project Organization

The CNPI had six component areas for which managers were hired to oversee the respective deliverables. The managers were:

- Madge Applin – Legislation and Regulation;
- Robert Calnan – Practice and Evaluation (two separate components);
- Gail Shandro – Education;
- Lisa Little – Health Human Resources Planning; and
- Karen McCarthy – Change Management, Social Marketing and Strategic Communications.

Additionally, the CNPI team included Andrew Elderfield who was the project manager responsible for overseeing the flow of work (process, sequencing) as well as the quality and integrity of deliverables. He worked with the managers to plan and schedule activities, and balance competing demands on CNPI.

The component area managers were supported by Task Forces. Additionally, a separate committee, the Evaluation Steering Committee, was also established. Members of this committee were specifically chosen for their expertise and experience both with the NP role and evaluation.

(Biographies for the managers can be found in Appendix A.)

Project Management Approach

The CNPI adhered to the standard project management approach to ensure that the required deliverables were completed on schedule, within budget and in accordance with the requirements specified in the Health Canada Grants and Contributions Agreement.

The CNPI also followed a risk assessment process consistent with standard project management principles. Risks were identified and assessed as follows:

- Through regular team brainstorming sessions as well as by team members on an ad hoc basis;
- For probability and severity and ranked accordingly via regular risk assessment sessions;
- Identifying mitigation strategies;
- Developing contingency strategies for high ranked risks; and
- Reporting high-ranked risks to Health Canada.

Reporting Progress

Quarterly budget reports were provided to Health Canada. As well, the CNPI executive director provided the Advisory Committee, the CNA CEO and Health Canada with monthly progress reports including the risk assessment report outlined above.

Vision, Goals and Objectives of CNPI

Vision

The Canadian Nurse Practitioner Initiative envisioned:

- A renewed and strengthened primary health-care system that optimizes the contributions of nurse practitioners to the health of all Canadians; and
- A system in which nurse practitioners are recognized and utilized across Canada as essential providers of quality health care.

Goals

- To facilitate sustained integration of the NP role in the health system.
- To develop mechanisms and processes to support the integration and sustainability of the NP role.

Objectives

The overall objective of the CNPI was to identify the most effective mechanisms and strategies for integrating and sustaining NP role in primary health care in Canada. These mechanisms and strategies were to be examined through six component areas and were grounded in the principles of consultation and collaboration.

The Approach

CNPI's work was divided into four phases. Each phase provided the foundation for the next one. (See the Canadian Nurse Practitioner Initiative - Road Map in Appendix B.)

Phase One:

Initial Consultations and Environmental Scan (July 2004 – March 2005)

During this phase, the managers of four of the component areas, (excluding Change Management, Social Marketing and Strategic Communications) as well as the Executive Director met individually with a wide range of stakeholders in all jurisdictions for an initial round of consultations. The idea was to gain insight into issues, approaches and experiences across Canada. Each of the managers focused interactions on his/her particular mandate.

Prior to these consultations, the CNPI team agreed to work from already established reviews and reports as the “go forward” point for their initial consultation process. The *Report on the Integration of Primary Health Care Nurse Practitioners in the Province of Ontario* (Alba DiCenso/IBM Consulting Services, 2003). This report was the most recent and extensive study completed in Canada about NP integration. During this phase, the CNPI team commissioned literature reviews; the reviews are available as appendices in each of the component chapters in Section 2.

The CNPI team visited settings such as community health centres, aboriginal health access centres and aboriginal community health centres, emergency departments and hospital outpatient clinics, physician practices, educational institutions, the Canadian military and the First Nations and Inuit Health Branch of Health Canada, health and education ministries and regional health authorities.

During these initial consultations, team members also collected intelligence regarding the communications challenges and opportunities that should be addressed both during the CNPI and the framework implementation period. At the same time, the manager of the Change Management, Social Marketing, and Strategic Communications component conducted a communications audit and media scan. Based on this work, the CNPI Communications Action Plan began in Phase 1. Activities included the development of a stakeholder database, development and launch of a bilingual comprehensive website (www.cnpi.ca and www.iciip.ca), and development of a wide variety of promotional materials including fact sheets and NP profiles.

Key Recommendations Flowing from Phase One Consultations

The consultations identified a majority of stakeholders in support of the need for a pan-Canadian framework to support the sustained integration of NPs. In addition, a majority of stakeholders were clearly committed to the inclusion of the role of NPs in Canada's primary health care system. At the same time, some questioned the focus of the initiative being on the role of the NP in primary care; some thought the focus should be broader. Indeed, the CNPI team and the Advisory Committee did agree to broaden the mandate to include nurse practitioners from a variety of settings.

A number of challenges were identified and areas for study were recommended. These included the need to:

- Develop a common definition and description of the role of the nurse practitioner as well as to relate the NP role to the roles of other health-care providers;
- Articulate and seek agreement on a common and protected title;
- Educate both the public and other health-care professionals about NPs, where they fit in the health system, and the contribution they can make to the health of Canadians;
- Accommodate jurisdictional diversity and recognize that provinces and territories are at different stages of development in terms of the integration of NPs;
- Establish the foundation for, and definition of collaborative practice which is so important to both the integration of the role of the NP as well as the renewal of Canada's primary health system;
- Have a thorough discussion about competencies, and carefully consider the need for three streams of practice (family/all ages, adult and pediatric) and national exam(s);
- Examine funding mechanisms that respond to the relationship between nurse practitioners and physicians;
- Recognize and suggest remedies for attracting fully educated NPs to the North where they are needed;
- Determine whether nurse practitioners will or will not be unionized;
- Examine the number of clinical hours associated with education programs across Canada and assess competencies, preceptors, distance education, and the ability of different programs to accommodate the needs of NPs; and
- Recognize that change management, strategic communications and social marketing are critical to the Initiative's long-term success and that communications with the public as well as all stakeholders was needed so that the role would be understood.

The findings from these initial consultations were used to develop a workbook to facilitate discussions in the round table consultations in Phase Two.

Phase Two

Round Table Consultations (April – July 2005)

Almost 200 people participated in a series of day-long round table consultations. Every province and territory was represented with participants reflecting stakeholders that included health professionals, administrators, educators, unions and employers. Participants worked in groups of six to eight and discussed the challenges and opportunities associated with the CNPI component areas. The thoughts, ideas and recommendations of participants contributed to the development of the frameworks, recommendations and suggested actions outlined in this report.

The round table consultations were held in the following cities:

- Vancouver, British Columbia (April 21, 2005)
- Edmonton, Alberta (April 19, 2005)
- Winnipeg, Manitoba (April 26, 2005)
- Toronto, Ontario (April 28, 2005)
- Montreal, Quebec (May 6, 2005)
- Quebec City, Quebec (July 4, 2005)
- St. John's, Newfoundland (May 2, 2005)
- Fredericton, New Brunswick (May 4, 2005)

What We Heard

Participants identified and agreed on many principles and elements of a pan-Canadian legislative and regulatory framework for the role of nurse practitioner. To protect the public, the participants agreed that a broad national approach should be adopted. There was general consensus on the need for six elements: a standardized and protected title; clearly defined scope of practice; recognition of the autonomy of the role; accountability (responsibility); standard educational requirements; and national accreditation for entry to practice.

In terms of practice, the overall consensus was that, to be successful, the NP role should be part of a collaborative team. Many felt that a community health model was the strongest model. Participants recommended service delivery models where most providers are salaried or on contract.

Consultation findings indicated the need for standardized, pan-Canadian education exit credentials and identified common principles that should be part of a pan-Canadian NP educational framework. These included: interprofessional education; use of varied distance education delivery methods to ensure access to education for rural and remote communities; consistent core curriculum including clinical practice, continuing education; and prior learning assessment and recognition (PLAR) for nurses working in NP-like roles.

In the area of health human resources (HHR) planning, and in order to help determine the appropriate staffing mix, participants identified the need for a clear definition of the NP role in order to help determine the planning factors. Participants urged governments to invest in health human resources planning as a whole and not focus solely on HHR issues related to nurse practitioners. Common factors to consider in the HHR planning model were put forward. These included: wait times, access to care, current and future population health needs, funding models, workload, and NP development (research and continuing education).

There was general agreement on the need for clear and simple messaging and an emphasis on the value-added role of the NP. Participants also indicated that communications needed to be directed toward specific target groups including general public, elected officials, health-care providers, RNs, physicians, pharmacists, etc.

Suggestions included the following:

- Using champions;

- Producing tools to help spread the messages by word-of-mouth such as toolkits that included NP success stories, NP profiles, brochures;
- Implementing media relations and advertising activities (print, TV, radio);
- Establishing a website;
- Participating in events and conferences;
- Creating a photo bank;
- Working with existing organizations to promote NPs;
- Producing an NP documentary – “A day in the life of an NP”;
- Conducting an NP “road show” to parliamentarians, in shopping malls and at schools to explain the role of the NP in primary health care.

Participants identified the need for:

- Transition plans for any increase in educational requirements to allow time for nurses practising in NP roles, who do not have the required credentials, to access training and examinations;
- A definition of collaboration and collaborative practice (some felt collaboration should be legislated, others did not);
- Dedicated funding for NPs as this would be critical if the role of NPs is to be sustained. Incentive/benefit pay should be considered for those working in isolated settings and compensation should be provided for continuing education;
- Differentiation between the role of a specialized NP and the primary care NP; and
- A core NP curriculum plus specialty streams such as family, neonatal and cardiac streams.

Phase Three:

Development of pan-Canadian Frameworks and Recommendations and Expert Consultations (June – December 2005)

Following the round table consultations, component area managers and their Task Forces began work on the development of their respective frameworks and/or recommendations. After draft frameworks and recommendations were completed, managers undertook a series of expert consultations and workshops to verify findings and recommendations and identify persistent challenges. Areas of overlap and duplication among the components were identified.

During this phase, the manager of Change Management, Social Marketing and Strategic Communications focused on implementing communications activities to support the Initiative.

In November 2005, a combined meeting of the Advisory Committee and component Task Forces was held to review the draft frameworks and recommendations. The component area frameworks for legislation and regulation, practice, evaluation and education, and the recommendations for health human resources planning and change management, social marketing and strategic communications that follow in Section 2, reflect the overall findings and recommendations of the CNPI.

Phase Four:

Report preparation and release (January – June 2006)

In the final phase of the Initiative, the preparation of two reports was completed. A technical report provided an overview as well as the complete details on the component specific frameworks and recommendations and a public report released at the CNA Biennial in June 2006.

In addition, managers met with stakeholders as part of the dissemination and change management plan. The purpose of these meetings was to share and discuss high level information on the elements of the frameworks and recommendations. To support these discussions, a standard presentation package was developed.

Key Deliverables

CNPI was responsible for presenting policy recommendations in each of the component areas as well as developing supporting tools and processes to support the sustained integration of the NP role.

The list of deliverables included:

- *Legislative and Regulatory Framework for Nurse Practitioners in Canada;*
- *Practice Framework for Nurse Practitioners in Canada;*
- *Education Framework for Nurse Practitioners in Canada;*
- Health Human Resources Planning recommendations;
- Change Management, Social Marketing and Strategic Communication recommendations;
- *Canadian Nurse Practitioner Core Competency Framework;*
- *Canadian Nurse Practitioner Examination: Family/All Ages (CNPE: F/AA) including the CNPE: F/AA Blueprint, CNPE: F/AA Prep Guide, and CNPE: F/AA Guidelines, Policies and Procedures Manual;*
- *Competence Assessment Framework for Nurse Practitioners in Canada;*
- *Prior Learning Assessment and Recognition Framework for Nurse Practitioner Education and Regulation in Canada;*
- National NP Education Database;
- Directory of Educational Programs;
- *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada;* and
- *Health Human Resources Planning Simulation Model for Nurse Practitioners in Primary Health Care*TM.

TM Trademark of the Canadian Nurses Association

The Way Forward

During the CNPI a significant amount of work was accomplished; however, more effort is required to make the sustained integration of the role of the NP in Canada's health system a reality.

To this end, the CNPI has developed a document called *The Way Forward*, which includes recommendations for actions that stakeholders can take in order to implement the Frameworks and recommendations developed by the CNPI. (Please refer to Section 4 of this report.)

It is important to note that the sustained integration of the NP role in Canada's health system requires the implementation of all elements and actions identified in each of the Frameworks. Selecting and implementing only parts of the Frameworks will not achieve the results the health system needs.

Chapter 2: The Frameworks and Recommendations

Overview

Collectively, the work of the Canadian Nurse Practitioner Initiative (CNPI) resulted in a comprehensive set of recommendations and suggested actions to facilitate the sustained integration of the nurse practitioner role (NP) in Canada's health system. This chapter represents the major highlights of this work and the CNPI recommendations and suggested actions are summarized in Chapter 3.

For complete details, the reader should examine Section 2 of this report. In Section 2, there are frameworks for legislation and regulation, practice and education. There are also two chapters that provide recommendations on health human resources planning and change management, social marketing and strategic communications.

Legislation and Regulation of Nurse Practitioners: The Building Blocks to Sustained Integration

Legislation and regulation of health professionals has historically been put in place to protect the public. The framework for the NP role is no different. Hence, recommendations and suggested actions related to the legislative framework for the role of NP must ensure that Canadians receive safe, accessible and sustainable health services from nurse practitioners.

The focus of the work in the legislation and regulation component of the CNPI was to develop methods to create consistency in federal/provincial/territorial approaches on a go forward basis (legislation and regulation of nurse practitioners is a provincial and territorial responsibility). The tools identified and developed by CNPI provide the foundation for consistency in NP legislative and regulatory approaches. The specific tools are: *Legislative and Regulatory Framework for Nurse Practitioners in Canada*; the *Canadian Nurse Practitioner Core Competency Framework*; the *Canadian Nurse Practitioner Examination: Family/All Ages*; and the *Competence Assessment Framework for Nurse Practitioners in Canada*.

The *Legislative and Regulatory Framework for NPs in Canada* has been developed to promote a consistent approach to legislation and regulation in all Canadian jurisdictions. It is based on widely accepted principles. At the same time, the *Framework* allows for jurisdictional flexibility, changing health care needs, and the evolution of the nurse

practitioner role. The *Framework* includes principles and elements that together provide the basis to protect the public interest and support effective role integration by broadly defining standards for initial and continuing competence. The *Framework* also includes actions to address issues related to the licensure/registration of internationally-educated nurse practitioners, as well as regulatory processes to support the extended/expanded role of registered nurses.

It is a tool intended for jurisdictions to use on a go forward basis to facilitate enhanced role clarity, understanding, implementation and mobility. Bringing consistency to legislation and regulation across Canada will contribute to NP mobility, as well as public and health provider understanding of the NP role.

Core Competency Framework

The *Canadian Nurse Practitioner Core Competency Framework* was developed to achieve pan-Canadian agreement on the core competencies NPs need to have to practise in Canada. It provides the basis for the design and content of educational programs and licensure/registration examinations. It also supports greater role clarity and understanding within and outside the nursing profession.

Work on this *Framework* was initiated by CNA and its member jurisdictions as well as the College of Nurses of Ontario prior to the launch of the CNPI. In December 2004, the *Framework* was ratified by CNA and its member jurisdictions following an extensive validation survey that affirmed the relevance and appropriateness of the core competencies.

Canadian Nurse Practitioner Exam (CNPE)

Nursing regulatory bodies, associations and senior nursing leaders recognize the need for a pan-Canadian examination for NPs. Research shows that a national licensing examination assists with role clarity, facilitates sustainability of the role, and supports mobility. Discussions about the most appropriate exam(s) for the role of NP began prior to the establishment of the CNPI under the leadership of the CNA and included its member jurisdictions and the College of Nurses of Ontario. Pending the outcome of CNPI research and consultations, in January 2005, CNA and its member jurisdictions agreed to proceed with the development of an exam for the family/all ages field of practice.

The development of the *Canadian Nurse Practitioner Exam: Family/All Ages* (CNPE: F/AA) was one of the first major deliverables undertaken by CNPI. The *Canadian Nurse Practitioner Core Competency Framework* guided the design and content development of this exam. The *CNPE: F/AA* including the supporting materials (*CNPE: F/AA Blueprint*, *CNPE: F/AA Prep Guide* and the *CNPE: F/AA Guidelines, Policies and Procedures Manual*) were completed by September 2005 and the first writing of the exam occurred in November 2005.

In January 2006, CNA staff, educators and nursing regulators from all provinces and territories across Canada participated in a forum with the CNPI team to discuss the NP exam and licensure. This forum concluded with consensus on the preferred examination approach for the regulation of NPs: one licensing examination with four sections or parts. Part 1 would test core knowledge relevant to all NPs regardless of where they practise and would be written by all NPs. Parts 2, 3, 4 would test practice-specific knowledge in the family/all ages, adult, or pediatric fields or foci of practice. NPs, in consultation with their respective regulatory body, would have to choose which practice-specific knowledge exam to write in addition to Part 1.

Competence Assessment Framework

Provincial and territorial approaches to initial and continuing competence assessment for the NP to be able to maintain his or her licensure/registration has also been as diverse as the overall regulatory approaches. In some jurisdictions, continuing competence assessment involves simply having the employer confirm the number of hours of practice in an NP role. In other jurisdictions, it involves varying combinations of self-assessment, peer review, continuing education and practice reviews or audits.

The *Competence Assessment Framework for Nurse Practitioners in Canada* was developed to encourage and assist jurisdictional regulators to move to consistent requirements. The framework recognizes the wide variety of settings in which NPs practise, the complexity of competence assessment, and the need for multiple approaches to competence assessment. The framework provides an in-depth review and analysis of current approaches and provides a template for initial and continuing competence assessment. It can be used by nurse practitioners, educators, regulators, and employers to design and implement processes to support and evaluate initial and continuing NP competence.

Language Consistency: Definition of Nurse Practitioner

Currently, there is no consistency in the language defining NPs, the legislation and regulation governing the work of NPs, the practice settings, education programs, education entry and exit requirements, and health human resources planning.

During the CNPI consultations, a majority of stakeholders agreed that there was a need for consistency if integration and NP mobility were to be addressed. Thus, through the various research and workshops the CNPI produced the following definition of the NP role:

“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.”

The CNPI urges all stakeholders to adopt this definition and incorporate it into job descriptions, legislation and regulation, practice guidelines, health human resources planning, education strategies and communications materials.

Using both the role definition and the role description (please refer to the section, Supporting the Practice of Nurse Practitioners on role description) stakeholders will be to use this language to describe the role and work of NPs. Use of a common language will strengthen awareness and understanding by collaborative health providers, stakeholders, patients and the public at large.

Title Protection

Restricting the use of professional titles allows the public to distinguish between regulated professionals and unregulated professionals. In many settings today, NPs are in fact the public’s first point of contact with the health system. In this environment, protection of the NP title is increasingly important. By protecting the title, only qualified NPs would be able to call themselves NPs. This provides both patients and other health professionals with the assurance that every NP has the credentials necessary to practise safe, competent and ethical care. Only those that have the defined qualifications and credentials would be allowed to practise under the NP title.

Liability Coverage

One of the concerns expressed by other health providers is that NPs will not have adequate liability protection which may, in turn, affect the liability of other members of the interprofessional collaborative team. This concern is affecting the integration of NPs.

However, studies show that there are very few gaps in liability protection for NPs. In fact, at times there is duplication in liability protection which suggests there may be inefficiencies in the system.¹

In Canada today, NPs in good standing with their regulatory bodies at the time of an incident are eligible for personal, occurrence-based professional liability protection in the amount of \$5 million per incident with an annual aggregate of \$5 million (as cited in Mayne, 2005).

Mutual Recognition Agreement

As mentioned above, the diverse approaches to the legislation, regulation and education of nurse practitioners have created barriers to the employment mobility of NPs. The Agreement on Internal Trade (AIT) requires that professions remove or reduce barriers to allow professional to easily move across Canada to seek work. In Canada, the accommodating mechanism generally used to remove the barriers is a Mutual Recognition Agreement.

During the course of this initiative, CNPI working with CNA staff, facilitated a meeting of the regulatory bodies from across Canada to begin the discussions toward the development of a Mutual Recognition Agreement for nurse practitioners. The meeting included a review of the requirements under the Agreement on Internal Trade as well as a discussion of international trends in mutual recognition.

CNPI commissioned a review and discussion paper of the legislative and regulatory approaches across Canada. In October 2005, representatives of nursing regulatory bodies met to discuss a pan-Canadian regulatory approach. Although there was expressed support for a pan-Canadian regulatory approach, consensus was not achieved and the nursing regulatory bodies recommended a follow-up meeting. This meeting was convened in January 2006 when nursing regulators committed to continuing discussions to achieve a Mutual Recognition Agreement for NPs and RNs.

¹*Nurse Practitioner Professional Practice and Liability Issues*, March 2005
Report of Donald C. Mayne, Barrister and Solicitor, Canadian Nurse Practitioner Initiative,
Canadian Nurses Association

For more information, please review the *Legislative and Regulatory Framework for NPs in Canada* in Section 2 of this report.

Supporting the Practice of Nurse Practitioners

The role of NP is most effective when positioned as part of an interprofessional collaborative team. Well-functioning collaborative teams require the identification of the roles of each of the team members and a management framework that supports effective working relationships. The role of NP does not replace that of other health providers, but complements them.

Most experts agree that full utilization of available resources in Canada's health system is critical to sustaining the system. This approach must involve the efficient use of inter-professional teams and collaborative practices. While the NP competencies provide the NPs with the skills and abilities to work well within a team environment, their biggest challenge is to be able to practice to their full scope within those teams.

“Collaborative practice is an interprofessional process for communication and decision making that enables the separate and shared knowledge and skills of care providers to synergistically influence the client/patient care provided.”

(Interprofessional Education for Collaborative Patient-Centred Practice, Health Canada).

Seven elements have been identified as essential for optimum collaboration: cooperation; assertiveness; responsibility and accountability; autonomy; communication; coordination; and mutual trust and respect. The CNPI recommends that these seven elements be incorporated into all practice arrangements. This will maximize the use of each health-care provider and help to provide Canadians the services they need, when and where they need them.

There is a need to develop and implement clear policy direction for models of interprofessional primary health care service delivery and a supportive change management strategy to support them. Provinces and territories, with the support of the federal government, are moving forward on primary health care reform and health system renewal. All health-care providers should be required to change their practice behaviour to accommodate the interprofessional team.

The relationship between NPs and physicians is critical to the successful integration of the role of NP.

Role Description

During the initiative, consensus on the following role description was achieved. If adopted, this description will facilitate understanding of, and planning for, the NP:

“Nurse practitioners are experienced registered nurses with additional education who possess and demonstrate 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.”

The NP Practice

The rationale for implementing the role of the NP into Canada’s health system is directly related to the health needs of the population and communities. The NP is an advanced practice nursing role that requires competencies in change management, research, leadership, collaboration and, of course, clinical competence.

In today’s knowledge society, people expect to be treated as knowledgeable partners in their own health care. In this environment NPs have to be both accessible and able to assure clients of their competence. Research studies have shown that NPs’ clients have given them high ratings in terms of the time the NP spends with them and how well the NPs interact.

NP practice also involves health promotion and disease prevention activities; for this reason NPs need access to a variety of health information sources that includes broad population health data, evidence-based guidelines, laboratory data, and diagnostic information as well as e-pharmaceutical support. These tools support decision-making so that the NP can provide safe, competent, high quality care.

NPs are a part of the community in which they work and are often seen as a source of population health information. Their practices can involve groups of people from diverse backgrounds in a variety of settings. The NP is often the first point of access to health care.

Using NPs to their full scope of practice with their full range of competencies in multiple diverse settings will benefit Canadians, improve access to care and help to address the problem of wait times for health-care services.

Conceptual Model for NP Practice in Canada

A conceptual model of NP practice was created for CNPI (see Figure 1) based on review of the literature and consultations. This conceptual model drove the development of the *Practice Framework for Nurse Practitioners in Canada*.

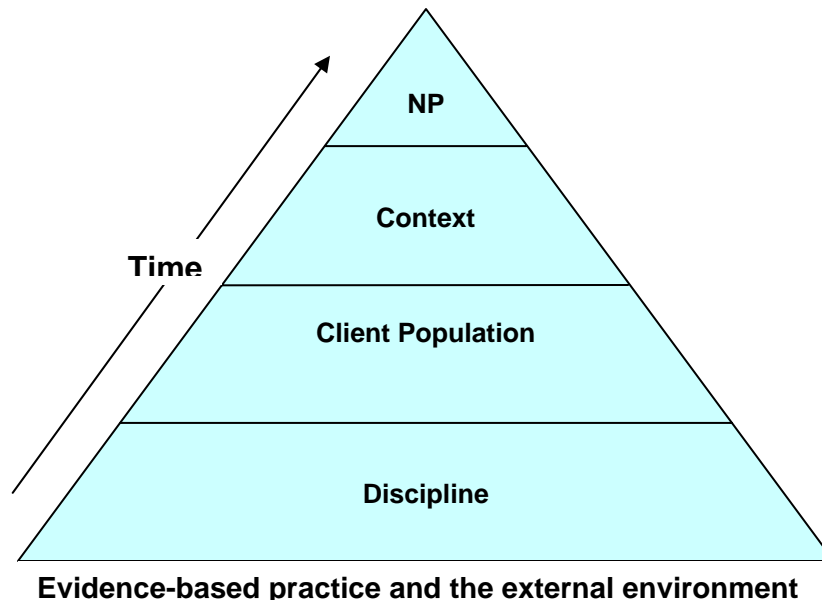
When thinking about NP practice, it is important to consider and examine a number of elements such as the NP's unique knowledge base (advanced practice nursing); the individuals, communities and/or populations served by the NP (the client); and the places, and nature of those places, where NP practice occurs (context). Over time and with continued commitment to professional development the NP expands his or her, knowledge regarding the client and clients' needs, the discipline of the NP practice, and the complex factors that affect where the NP practises.

Health, the outcome of nurse practitioner practice, is at the centre of the model. The *discipline* is the foundation of practice and contains the body of knowledge and the self-regulatory processes for the profession of nursing. *Clients* are the collaborators and recipients of care. *Context* refers to the immediate setting in which NP practice occurs, and *nurse practitioner* describes the NP as a member of a professional group. Permeable lines that comprise “society” and “evidence-based professional practice and inquiry” as well as the “Canadian health-care system” encircle the core of the model.

Figure 1: Conceptual Model for Nurse Practitioner Practice in Canada



Figure 2: Practice Framework for Nurse Practitioners in Canada



Elements of the Practice Framework for NPs

Discipline identifies the nursing profession. The arrow represents the element of *time* as the NP moves from novice to expert, the context from micro- to multi-system, the client from individuals to families and communities, and the discipline from a narrow focus to a wider breadth of focus. The *client population* determines the focus of practice of the NP while the *context* determines the practice pattern arrangement within which the NP works (see Figure 2). At the top of the pyramid is the *NP*, illustrating the dependence on each of the other elements.

Integrating NPs Through Health Human Resources Planning

Efficient and effective health human resources planning (HHRP) is critical to sound management of the health system and to effecting positive change in access and wait times. Despite a commitment to integrating NPs in Canada's health system, progress has been slow. Research and consultations indicate that there is a lack of coordination related to NP integration and that NP recruitment strategies are not consistent across the country. The NP role needs to be proactively positioned and planned for across all jurisdictions.

Health human resources planning is challenging as there are so many factors that have to be considered. It is not just about numbers but includes components such as population health, demographics, health needs, use of technology, wait lists, productivity, migration and the type of practice environments. In addition, there are limited data, particularly related to NPs.

CNPI was to support health human resources planning for NPs by developing:

- national data on NPs;
- planning models that provinces and territories can use to determine the current and future requirements for NPs in primary health care; and
- NP recruitment, retention and deployment recommendations.

CNPI was able to make progress on all three fronts and has developed a number of recommendations to move this agenda forward. These recommendations and supporting rationale have been developed to support planners at all levels as they work to renew the health system for Canadians.

Putting the right provider, in the right place, at the right time is an essential component of renewal and timely access is the measure of success that Canadians will use to determine how successful governments have been. Effective health human resources planning is one of the means of getting the results Canadians are seeking.

What is clear from the work that CNPI has done is that effective health human resources planning in the health sector cannot be managed in isolation by each health provider group. It will take an integrated approach in which health human resources are seen as an asset that needs to be managed based on the health needs of Canadians. Since health decisions and asset management in health care are made at the federal/provincial/territorial level, HHRP will have to be done at that level. National numbers can be generated once that work is completed. Ensuring that each health

provider in the system is working to her/his full scope of practice is essential to this process. This is especially true for the NP role.

Historically, health human resources planning has been dominated by supply-side thinking and based on the past use of professionals. In today's rapidly changing health context, consideration must be given to the competencies across the spectrum of health professionals as well as the actual health needs in communities. Examining health human resources in terms of community needs and interprofessional collaborative teams will overcome many of the barriers to effective HHRP.

The planning process involves three major and interrelated steps: planning, production and management. Looking at each of these steps separately, or only in terms of one type of health provider, leads to incomplete and often inefficient solutions. Health human resources planning needs to be closely linked to health outcomes if the system is to become more responsive, effective and efficient.

Aboriginal communities have a unique situation, given the health and social issues and the general shortage of health providers faced by these communities. The need for strategies to educate and support more aboriginal RNs and NPs is critical.

Gathering NP-Specific Workforce Data

Comprehensive data on the NP workforce were not available on a national basis. To begin the process of collecting this data, the CNPI met with the Canadian Institute for Health Information (CIHI) to plan for the development of information and data specific to NPs. The CIHI collects data for other health provider groups including RNs. Regulatory authorities have agreed to work with the CNA and CIHI to collect the information specifically related to NPs.

The first report entitled *The Regulation and Supply of Nurse Practitioners in Canada* was published in 2005. This report was the first pan-Canadian profile of demographics, employment characteristics, and education characteristics of the licensed NP workforce. A subsequent report was published in May 2006. Efforts continue with CNA, CIHI and regulatory bodies to collect and report on national NP workforce data within the Registered Nurses Database.

National data on the education of NPs was also produced. Data elements were identified through a multi-stakeholder workshop hosted by the CNPI. Subsequent changes were made to the CNA/Canadian Association of Schools of Nursing student faculty survey and

corresponding database to produce reports on NP programs, admissions, enrolment and graduates.

Development of the Health Human Resources Simulation Model for NPs in Primary Health Care

The CNPI developed a simulation model for health human resources planning for NPs in primary health care. The model was a collaborative effort and designed to help the federal, provincial and territorial governments determine present and future requirements for NPs in the context of Canada's renewed primary health care system. The model is a legacy tool and can be found, along with its guide, in Chapter 5 of this report.

The simulation model considers population demographics and health needs, the level of services required to meet those needs and the role of the NP in fulfilling those needs. It also integrates key drivers such as educational programs and equivalency reviews, 'in-and-out' migration, retirements and deaths, as well as levels of provider activity and productivity. This model incorporates national planning assumptions in order to estimate the supply of NPs required to meet primary health care needs from 2005 to 2015.

The model was applied in three provinces (Alberta, Newfoundland and Labrador, Ontario) to test its value and ease of use. The results show that current plans for the education of NPs will be insufficient to meet the needs of Canadians if NPs are to practice to their full scope and assume their appropriate role in Canada's health system.

The pilot relied upon a set of planning assumptions based on CNPI's consultations about the role and contribution of primary health care NPs at this time. These assumptions depend upon a range of other policies being in place to support the NP role and contributions (e.g., funding, licensure, etc).

The planning therefore, included assumptions about the proportions of client populations that would be served and the levels of productivity as the NP was integrated into the health system.

Because the total number of NPs in the system remains low, data on the current use of primary health care NPs were not easy to find. NPs are employed in small numbers and in a variety of settings so that centralized data were not readily available on factors like rates of net migration, participation, activity and productivity. Improvements in data collection are needed in these areas.

For government planners the simulation model provides not only a method for estimating shortfalls in the system, but also a method for testing new policy approaches and the results that could be achieved related to the health of Canadians.

For details on the results of the application scenarios and the simulation model itself, please refer to the Health Human Resources Planning Chapter in Section 2 and the Tools Chapter in Section 1, Chapter 5 – *Development of Health Human Resources Planning Simulation Model for Nurse Practitioners in Primary Health Care*.

Key Themes of Health Human Resources Planning for NPs

Five major themes provide the basis for the CNPI recommendations on health human resources planning. These are: health human resources planning; funding; remuneration; resource deployment and utilization; and healthy workplace environments.

HHRP

As stated earlier, health human resources planning is a complex undertaking. There are less than 1,000 NPs in Canada. Working with so few individual providers makes data utilization difficult when it is applied to a system that includes thousands of other service providers. In addition, many NPs are not being fully utilized and are unable, for a variety of reasons, to practice to their full scope. This makes it challenging to thoroughly understand the impact they could make on population health and disease prevention. The CNPI recommends that governments conduct needs-based health human resources planning for NPs using a pan-Canadian, interprofessional approach that is based on a conceptual framework. The *Health Human Resources Planning Simulation Model for Nurse Practitioners in Primary Health Care* can be used to support this planning.

Funding

Consistent long-term funding policies for NPs do not exist. This poses a number of problems for the deployment of NPs. Their use and effectiveness is acknowledged and communities that have found ways to include NPs in collaborative team-based initiatives. However, until the funding issue is resolved, NPs will not be used effectively to the benefit of either the health system or Canadians.

Four funding models have been identified for NP practice², based on the varied responsibilities and legal liabilities of the role:

² IBM Business Consulting Services (June 2003). *Report on the integration of primary health care nurse practitioners into the province of Ontario*. Retrieved November 4, 2004, from

1. Budget/request based funding (based on costs of services);
2. Utilization-based funding (based on allocation of resources dependent on past use);
3. Capitation/population-based funding (based on population demographics); and
4. Needs-based funding (based on health status and health outcomes of populations).

The CNPI contends that governments should adopt funding models for primary health care services that reflect a needs-based system (including health status), support interprofessional collaborative practice, and incorporate population health outcomes in decision-making.

Whatever funding model is chosen it must: support autonomous practice of NPs practising to their full scope; recognize the unique contribution NPs bring to health care and illness prevention; support interprofessional collaboration; and encourage federal, provincial and territorial governments to recruit NPs in difficult to recruit areas. NPs can fulfil important roles in Canada's health system, but their sustained integration depends on developing a funding model that supports the role.

Remuneration

Historically, NPs have been paid based on the role that they have been assigned in any given situation. NPs complement the work of physicians and other health providers and should be paid according to their defined role and scope of practice.

Salaries, benefits and working conditions can vary significantly within provinces/territories and from province to province/territory. This leads to a competition for scarce resources and is not productive within a pan-Canadian system. A variety of remuneration models do exist and stakeholders agree that no one model would work for all situations. They do agree, however, that NPs in any one jurisdiction should be paid at the same level.

The CNPI recommends that NPs be remunerated to reflect their scope of practice, responsibility and accountability, and that remuneration be standardized to address:

- Salary/benefit discrepancies (within provinces and territories);
- Yearly cost of living expenses;
- Incentives and supports to recruit NPs to difficult to recruit areas; and
- Additional overhead/operating/infrastructure expenses.

http://www.health.gov.on.ca/english/public/pub/ministry_reports/nurseprac03/np_report.pdf

NP Deployment and Utilization

There has not been a consistent approach on the use and deployment of NPs. The sustained integration of NPs in the health system depends on the understanding of the role in all its aspects.

The full role of the NP includes direct clinical care as well as population health and other advanced nursing practice roles such as research, leadership, collaboration and change agent. Although NPs have traditionally been deployed in community health settings, their expertise is now being used in other environments such as long-term care, emergency departments, and hospitals.

The CNPI encourages jurisdictions to use NPs across all health-care settings in urban and rural/remote/isolated areas. Furthermore, NP practice should be a blend of individual and family visits, population health initiatives, and other advanced practice activities.

Healthy Workplace Environments

Deployment and retention of NPs depends on healthy workplace environments. Job satisfaction is driven by the NP's ability to practise to full scope. The elements cited by NPs as important include: autonomy, opportunities for professional development, participation in decision-making, flexible work hours and opportunities for career advancement. Healthy work environments involve supportive organizational and practice environments, appropriate infrastructure supports, as well as the availability of information, communications and computer technologies.

The Role of Education in the Sustained Integration of NPs

There are many NP educational programs established right across Canada. While most are similar in content, the variations amongst them lead to perceived inconsistencies in the education and competencies of graduating NPs. While education has led to the growth of the NP role, a more consistent approach is needed so that other health providers and Canadians can be confident that an NP is qualified wherever he or she practises.

The *Education Framework for Nurse Practitioners in Canada* can be found in Section 2 of this report and includes recommendations on six aspects of pan-Canadian NP education. Five are listed below.

1. Guiding Philosophy, Assumptions and Values

All NP educational programs are guided by values, assumptions and philosophies of the nursing profession in general and the nurse practitioner profession in particular. These professional values, assumptions and philosophies are reflected in all elements of NP education, guide curriculum design and will be internalized by NP students and carried with them throughout their professional lives.

CNPI believes that all education programs must reflect the guiding philosophy, assumptions and values found in the *Education Framework for Nurse Practitioners in Canada*. (See Section 2: Education Chapter and Framework.)

2. Entry to Nurse Practitioner Educational Programs

Standardized entry requirements are needed across Canada. Consistency is important for NP credibility and mobility. Admission criteria should include a requirement for an active RN designation as well as a minimum of two years of full-time clinical nursing experience.

Flexibility is required in the educational system to ensure that internationally-educated nurses or those with previous NP or nursing experience and no formal NP education can access further education as required. It is suggested that prior learning assessment and recognition (PLAR) processes be used by educational institutions to grant exemptions or equivalencies to certain learning programs or courses. PLAR is consistent with competency-based approaches and best practices in NP education. To facilitate consistency and the use of PLAR by NP education institutions, CNPI developed a guiding framework: *Prior Learning Assessment and Recognition Framework for Nurse*

Practitioner Education and Regulation in Canada. This can be found in Chapter 5, Tools, in this report.

Also critical to NP mobility is a process for the transfer of credits between learning institutions across Canada. While these decisions are ultimately made by the learning institutions, CNPI is recommending that institutions establish a pan-Canadian approach to the transfer of credits and allow for the transfer of credits between institutions, subject to maximums established by the institutions.

3. Curriculum Alignment and Linkages

Because the health system is evolving so rapidly and the NP role is shifting to meet changing needs, alignment of educational program philosophy, mission and goal statements with pan-Canadian frameworks governing NP education will become increasingly important.

In Canada, program approval is mandatory, but accreditation is voluntary. The CNPI believes that there is a need for a pan-Canadian coordinated educational standards framework for accreditation of NP educational programs to the master's level, and that linkages should be made between accreditation and approval processes.

NP practice demands a responsive approach to stakeholder needs. The stakeholders in NP education are many and varied. Many programs already undertake continuous monitoring and evaluation involving stakeholder research and consultation. Their goal is to ensure that NP education programs reflect the changing needs of society. CNPI recommends a pan-Canadian approach so that NP education is responsive to broadly defined, evidence-based stakeholder needs. Centres of excellence are a way to respond to the needs of specific stakeholder groups such as aboriginal peoples, and aboriginal nurses.

CNPI is proposing that the exit credential for NP education should be at the master's level ideally by 2010 but no later than 2015. This is due to the fact that the core competencies expected of NPs are consistent with advanced nursing practice, which is at the graduate level. In fact, graduate level education for NPs is quickly becoming the norm in Canada and internationally. Graduate level education for NPs is supported by the CNA and the Canadian Association of Schools of Nursing (CASN).

The CNPI recognizes that bridging mechanisms will have to be established to help NP educational programs still at the diploma or baccalaureate level facilitate the transition to being master's level programs and to help certain individuals attain their graduate degree.

These individuals are first expected to apply for licensure to their regulatory bodies, which have a key role in establishing ground rules for bridging. Possible approaches by regulatory bodies could include PLAR processes, challenge exams, structured oral exams and/or grandparenting.

4. Nurse Practitioner Education Delivery

The effectiveness of education programs is directly proportional to the quality of the faculty delivering the courses. Research has found that faculty members who also carry a clinical practice are best able to teach NPs as they can use practical examples and case histories in their teaching. Faculty members for NP-specific courses are expected to also have PhD preparation and a thorough understanding of the NP role. However, at the current time there is a limited supply of faculty with the appropriate credentials so some flexibility is required. CNPI also recommends that clinical hours be recognized as teaching hours for the faculty teaching NPs.

Since faculty/student ratios have an impact on the quality of NP education, the CNPI recommends that guidelines governing NP educational program faculty/student ratios be established and monitored.

NP education includes supervised clinical practice. This is imperative because NP students must have the opportunity to translate theory into practice and, gain workplace competencies and experiences. At the present time there is little consistency across the country in regard to the number of clinical hours students need before they graduate. Students and alumni agree that the more clinical hours they have the better prepared they are for practice. To establish consistency and provide sufficient clinical hours for students to feel confident, the CNPI recommends 700 hours as the minimum number of clinical practice hours.

Clinical preceptors play a major role in the education of NPs. Their experience and knowledge help guide the NP and contribute to clinical learning experiences. Preceptors must have the knowledge base and teaching skills required to facilitate the NP's learning.

CNPI recommends that clinical preceptors should have a solid understanding of the NP role and that they should be NPs, advanced practice nurses or equivalent subject matter experts in a relevant professional discipline. Suitable preceptors are, however, difficult to find. CNPI recommends that a coordinated effort to sustain and increase the supply of available preceptors be established and that preceptor preparation programs should be developed.

Distance education can provide greater access to NP education and facilitate collaborative learning and foster partnerships between academic institutions. This is especially true for rural, remote and isolated communities. The CNPI recommends that pan-Canadian standards for NP distance education be developed and that distance education courses be delivered to NPs who want to take advantage of them.

Collaborative programming among educational institutions and programs is an opportunity for teaching and learning partnerships and consortia. Providers who learn together will find it easier to work together in collaborative practice teams. Collaborative programming can also maximize the use of scarce faculty and promote greater content consistency. The CNPI recommends that innovative approaches to support collaborative programming be developed and that institutions should pursue and implement funding for collaborative program approaches.

Governments have been suggesting that primary health care renewal needs to be based on interprofessional collaborative teams that will give Canadians better access to health care. Increasingly, NP practice models use this interprofessional approach. Teams include physicians, NPs, pharmacists, social workers and others who work together to the benefit of the patient. The CNPI recommends that institutions develop and offer interprofessional courses to prepare professionals to work together collaboratively.

Evaluation of NP students varies from institution to institution. Evaluation of both theoretical and clinical competence is driven by pan-Canadian core competencies, local and provincial standards, and licensing requirements. The CNPI recommends that institutions implement evidence-based student evaluation and testing methodologies and establish a pan-Canadian resource bank for testing materials.

5. Transition to the Workplace

When NPs graduate from their learning programs, they are still novice NPs and require support. Transition approaches are usually left to employers and therefore, novice NPs can find themselves with few supports. Transition approaches could include forms of internship, team practice, orientation and mentoring. NPs also need support as they progress along the learning and development continuum from novice to expert. Educators and regulatory bodies are well positioned to track the progress of NPs' transition to the workplace. The CNPI suggests that processes and structures to facilitate the transition of NPs from educational programs to the workplace and from novice to expert are developed and implemented.

Mentoring relationships for novice NPs strengthens NP confidence and contributes to retention and success in the workplace. NP education programs can promote mentorship

as an NP value that helps to support reciprocity, mutual respect, inclusiveness and creativity. The CNPI suggests that mentorship and a mentorship culture be established as a feature of NP education. At the same time, the CNPI recommends pan-Canadian mentorship tools be developed and promoted for use across all educational programs and in workplaces.

Continuous learning and competency development are critical in all health provider occupations. Keeping abreast of changes in the field of medicine is one of the responsibilities of practising NPs. The CNPI recommends the creation of and support for a culture of continuous learning, and that potential barriers to continuing education be removed by implementing initiatives like funding for continuous education, time-off for further study and providing access to learning opportunities.

NPs sometimes leave the profession for a period of time. Re-entry to practice involves refreshing and updating competency so that NPs regain their practice-ready status. Also, in some circumstances, practising NPs are unable to work to their full scope and may find that they lose their competence in some areas of NP practice. In these situations, refresher training is also required. Re-entry to practice is a regulatory issue and requirements are set by each jurisdiction within their legislative framework. The CNPI recommends that refresher training programs be developed to facilitate re-entry to practice.

The complete copy of the *Education Framework for Nurse Practitioners in Canada*, is available in Section 2.

Evaluation of the Nurse Practitioner Role

In examining the need for methodologies to support the evaluation of the integration of the role of the NP in Canada's health system, the CNPI discovered that there was a lack of tools and mechanisms to conduct a needs-assessment for the NP role in any given setting. There was also a need for an effective evaluation framework to determine how well the NP role was integrated into the work place once the decision to employ an NP had been made.

To assist administrators, employers, government officials and health service professionals in primary health care settings who were thinking of hiring, or had hired an NP, CNPI developed an *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada*, which is available in Chapter 5: Tools.

The toolkit, which was developed in consultation with stakeholders, provides the context and framework to assess the need for the NP role in a given health-care setting; recommends steps to support sustainable NP implementation; and establishes mechanisms for the ongoing monitoring and evaluation of the NP contribution to health outcomes, patients and communities.

National Pilot-Testing of the Toolkit

The toolkit was pilot-tested in 13 health-care sites across Canada including primary care in rural, urban and northern settings (including one located in a francophone community), emergency departments and long-term care facilities. The sites were located in jurisdictions such as British Columbia where NP legislation had just been passed; jurisdictions where NPs had been implemented with limited success and were now in the process of re-integration; as well as larger organizations interested in developing a standardized NP implementation process.

The pilot took place over a three-month period and participants were provided with electronic and hard copies of the toolkit and technical support. The test-pilot exercise gave the CNPI the information it needed to finalize the toolkit so that it would be a practical tool for users.

Purpose of the Toolkit

The toolkit provides a framework for effective and sustainable integration of the NP role in organizations, communities etc. It is a practical tool that can support the planning, implementation and monitoring of NP role integration.

The toolkit and its supporting logic models will not address every issue in every setting or situation across Canada. It should, however, provide guidance to any group and facilitate decision-making before and after the integration of the NP role. The document will be useful to educators, regulators, employers, government, and members of collaborative health-care teams as well as NPs themselves.

The toolkit will only remain relevant and useful to stakeholders if it is updated and maintained on a regular basis. It cannot be a static document, but must evolve along with the health system and the changing roles and needs of patients, NPs, and the communities in which they work. Therefore, linkages should be developed with universities, governments, employers, practitioners and health-care networks to continuously update the tools and resource sections of the toolkit.

It should also be promoted to researchers in order to encourage a standardized approach to role development and evaluation, and to allow for the comparison of results over time.

Change Management, Social Marketing and Strategic Communications

Background

Change management and social marketing initiatives usually take five to 10 years to reach their goals. Clearly, the process could only be started during the life of the CNPI. The goals during the life of the CNPI were to:

- Develop communications materials that would foster awareness and understanding of the role of the NP, build momentum for the integration of the role of the NP in Canada's health system, support the work of the CNPI component areas and the various consultation initiatives associated with the work of the CNPI; and
- Take a forward look at next steps and recommend an ongoing approach for the continuing integration and sustainability of the nurse practitioner role in Canada's health system post-CNPI.

Critical to social marketing success is:

- Understanding the needs and perceptions of all the various audiences and stakeholders;
- Developing audience understanding through communications and marketing; and
- Recognizing that services and structures may have to change to accommodate the new thinking and behaviours that are being promoted.

To this end the Change Management, Strategic Communications and Social Marketing team conducted an environmental scan to gain insight into the public environment and context in which CNPI communications would occur. The environmental scan provided the information necessary to make informed, economical decisions about communications objectives, key audiences, messaging, strategies, tactics and tools. It also pointed to a number of opportunities and challenges that were considered in developing strategies and tactics during the initiative.

Overarching Communications Objectives

- To support the work of each of the component areas of the CNPI;
- To inform stakeholders, including federal/provincial/territorial governments about the CNPI and its progress;
- To engage stakeholders in the development of frameworks for each of the component areas of the CNPI;
- To broaden awareness, understanding and acceptance of the NP in primary health care; and

- To generate awareness and understanding of the role of the NP and encourage stakeholders to support the integration of the NP role in primary health care.

Target Audiences

To facilitate communications and ensure that the unique needs of each audience were addressed, audiences were grouped into two clusters: a) stakeholders and partners; and b) the media and general public. This division recognized the need to first engage health professionals, governments, employers and educators so that they would help to create the many conditions – from legislation and regulation through new education, practice and employment opportunities – that would lead to a critical mass of nurse practitioners working in communities across Canada.

These audiences were key to the first stage of change management. The media also represented a cost-effective intermediary to reach the public and could have significant influence on elected and senior government officials.

Even though the public was considered a secondary audience, some communications activities were targeted to this group for two main reasons. First, public opinion is often a key catalyst for change in public policy and program delivery. Second, these efforts would mark the beginning or “awareness phase” of a future multi-year social marketing campaign required to support the sustained integration of the NP role in Canada’s health system.

The Communications Approach

From November 2004 to April 2005, work was completed on the development of a *Communications Strategic Framework* and *Communications Action Plan*, including the development of core communications products and tools and benchmark research.

This component leveraged the consultation and consensus-building process from May to December 2005 to support media relations activities, extensive outreach activities and information sharing across all component areas and synthesis of what was learned for publishing on the website.

From January to May 2006, work was completed on follow up benchmark research and media scan as well as the preparation of the technical and public reports as well as support for the change management/dissemination strategy.

The Communications Action Plan

Communications for CNPI employed a number of tactics and tools. The intent was to reach key audiences with a limited number of key messages to build awareness of the NP and the role of the NP in Canada's health system.

Public Opinion Research

At an early stage in the communications program, benchmark research was undertaken. This research was carried out by Decima Research Inc. Phase 1 occurred in April 2005 and Phase Two took place in February 2006. Each survey consisted of telephone interviews with 1,554 Canadians.

Overall, the results of both surveys indicated that a significant majority of Canadians are willing to accept the role of the nurse practitioner in the health system once they understand the concept. Findings also confirmed that there is no significant difference between opinions in urban and rural communities.

(For a copy of the full reports, please see Appendices C and D.)

Communications Activities

A visual identity and tag line were created for the CNPI and incorporated in all communications materials in English and in French: *Nurse Practitioners: Your Partners in Health* and *Les infirmières et infirmiers praticiens: Des partenaires pour votre santé*.

The CNPI developed a bilingual website (www.cnpi.ca) to serve as the primary communications vehicle. The site was publicized on all communications products throughout the life of the CNPI. As of March 2006, the CNPI had recorded 60,811 individual visits/sessions.

A series of fact sheets were developed for distribution to stakeholders and the media as well as posting on the website. The series aimed to answer the most commonly asked questions about nurse practitioners and meet the information needs of a variety of stakeholders from health professionals and employers to the media and general public.

CNPI also developed a database of stakeholders that served as the distribution list for e-bulletins and information kits. This database now contains more than 5,500 names of people interested in nurse practitioners.

Another key tactic was the development of *NPs in Action* profiles which were developed to answer the question "What is a nurse practitioner?" Through these profiles, the CNPI was able to: illustrate the breadth of primary care settings in which nurse practitioners

work, nation-wide; to showcase NP/physician collaboration; and to illustrate NP/patient partnerships. A total of 26 profiles were produced and posted on the website.

Other key communications tactics included: a “Be Healthy” wristband campaign to promote awareness of nurse practitioners and the work NPs do in health promotion (approximately 10,000 wristbands were distributed); a significant stakeholder relations campaign building on the positive contribution NPs make to collaborative teams and the health of Canadians; a multi-faceted media relations campaign including both national and regional media focused on the contributions that NPs could make to health-care renewal, their impact on access to quality care and wait times, and that their role in primary health care was underway.

In total, more than 665 articles on nurse practitioners appeared in newspapers across Canada from April to December 2005. This represented a significant increase in media coverage about nurse practitioners in comparison to the years immediately preceding the CNPI. One of the major initiatives was an advertorial supplement in major newspapers reaching a readership of 53 million across Canada. The supplement answered the question “What is an NP” with pictures and quotes from NPs throughout Canada.

Another key tactic was government relations at both the federal, provincial/territorial and municipal levels. The objective of the government relations program was to secure political understanding of both the NP role, and the contribution of NPs to Canada’s health system. Messaging to politicians and officials included positioning the value of interprofessional teams with NPs as part of those teams.

Another tactic involved communications with aboriginal organizations working with the Government of Canada to improve health care for aboriginal peoples. Nurse practitioners, already well established in remote aboriginal communities, have a key role to play in meeting their goals. Aboriginal organizations were most supportive of the nurse practitioner role and objectives of the CNPI. Several groups requested additional information kits for distribution to their members.

Communications to rural and remote communities was also taken into consideration during the CNPI Communications Program in recognition of the fact that nearly one-third of Canadians live in rural and remote areas.

Data collected by the CNPI suggests that the integration of the nurse practitioner role in the health system is an idea whose time has come. There has been a shift in the awareness and acceptance of the NP role and momentum has been generated to integrate the role as part of health system renewal.

A review of the media coverage over the past year indicates that the question is shifting from “why” to integrate the NP role to “when” and “how” this is going to happen. Throughout the CNPI, local, regional and stakeholder-specific communications have worked well. There is now a better understanding of the role that NPs can play in communities across Canada.

The public opinion research conducted for CNPI by Decima (2005/6) indicated that Canadians are willing to accept the NP role as long as they understand what nurse practitioners do. There seems to be little public resistance to accepting the services provided by NPs, particularly if NPs can improve access to health services and reduce wait times.

During the last year, the CNPI’s communications program has used the opportunities created by the public and political attention on health-care access crisis and wait times, new legislation and regulations in parts of the country, the debates in specific provinces, to profile the NP role.

As more research on the role of NP accumulates, there will be opportunities to improve the policy and decision-making of governments, and employers about the integration of NPs. The dissemination of this evidence needs to be given priority.

Two major tools were developed during the course of the CNPI to facilitate the full and integration of the of the NP role: *Implementation and Evaluation Toolkit for NPs in Canada* and the *Health Human Resources Planning Simulation Model for Nurse Practitioners in Primary Health Care*. These two products will assist governments, communities and organizations with their planning for the sustained integration of NPs. Further work could be undertaken to adapt these tool kits to meet the needs of First Nations, Inuit and Métis communities.

The CNPI recommends the following activities to be enacted over the next five years.

Change Management – Disseminate and promote understanding, acceptance and utilization of the *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada* and the *Health Human Resources Planning Simulation Model for Nurse Practitioners in Primary Health Care*. This would involve:

- Developing and implementing a communications/marketing plan to generate understanding and utilization of the *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada*;
- Adapting the *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada* to reflect the needs of the First Nations/Inuit/Métis communities; and
- Developing a communications/marketing plan to generate understanding, acceptance and utilization of the *HHRP Simulation Model for NPs in Primary Health Care*.

Social Marketing – Continue to develop and implement a five-year, pan-Canadian, social marketing campaign to promote interprofessional collaborative care and practice and the NP role as part of the solution to access and wait times. This would involve:

- Building a consortium/coalition to seek funding for a sustained social marketing program; and
- Implementing a five-year social marketing campaign.

Strategic Communications – Develop and implement a pan-Canadian coordinating mechanism to facilitate the ongoing dissemination of existing and new research and evidence. This would involve:

- Maintaining the existing database of stakeholders;
- Maintaining and populating the existing CNPI website including:
 - *Implementation and Evaluation Toolkit for NPs in Canada*;
 - *HHRP Simulation Model for NPs in Primary Health Care*;
 - Centralized location for posting of available NP positions;
- Providing an information link to salaries for unionized NPs on CNPI website or CNA portal;
- Encouraging stakeholders and partners to use the existing promotion tools/materials developed during the CNPI;
- Seeking partnerships with stakeholders to disseminate information to their members/stakeholder groups; and
- Developing and disseminating new and relevant information and tools (e.g., NP profiles, fact sheets, etc).

Chapter 3: Summary of Recommendations and Actions

Legislation and Regulation	
Recommendation	
Adopt the <i>Legislative and Regulatory Framework for NPs in Canada</i> to facilitate consistency in federal, provincial/territorial legislative and regulatory approaches.	
Elements	Actions
Principles	Adopt the 10 underlying principles as the basis for nurse practitioner legislative and regulatory processes.
Scope of Practice	Enact and implement a broad scope of practice for nurse practitioners based on pan-Canadian core competencies.
Definition of the NP role	Adopt the CNPI nurse practitioner definition.
Title Protection	Protect the NP title and designation in legislation in all Canadian jurisdictions.
Core Competencies	Adopt the <i>Canadian Nurse Practitioner Core Competency Framework</i> .
Registration/Licensure	Develop and implement a framework to facilitate the practice of extended/expanded role registered nurses. Adopt standardized requirements for registration/licensure of NPs. Adopt the <i>Canadian Nurse Practitioner Examination, Family/All Ages</i> . Establish consensus on standardized mechanisms to support the practice of RNs in the extended/expanded role.
Quality Assurance	Adopt the <i>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 NPs in Canada.
Application to Other Statutes	Amend existing federal/provincial/territorial statutes to be consistent with NP practice.
Data Systems	Expand the national RN database (CIHI) to include relevant information on NPs.
Public Involvement	Include public membership/participation on all nursing regulatory boards/councils and their statutory committees. Engage the public and other stakeholders in the development of legislative and regulatory processes for NPs. Provide information about the role of the NP to consumers.
Mobility	Develop and implement a mutual recognition agreement for NPs. Reduce unnecessary barriers to Canadian and internationally educated NPs applying for registration/licensure.
Evaluation of Regulatory Effectiveness	Develop and adopt a pan-Canadian evaluation framework to assess the effectiveness of NP regulatory mechanisms and processes.

Practice	
Recommendation	
Adopt the <i>Practice Framework for NPs in Canada</i> to facilitate consistency in federal, provincial/territorial approaches to practice.	
Elements	Actions
Advanced Nursing Practice	Revise the Canadian Nurses Association advanced nursing practice framework to reflect and clarify the role of the NP.
Role Description	Adopt the CNPI nurse practitioner role description.
Liability	Establish a national voluntary database to track claims and payments made against health-care providers, including NPs. Provincial/territorial governments cover the costs of professional practice and liability protection.
Collaboration and Consultation	Incorporate the seven elements deemed essential for optimum collaboration into all practice arrangements, including existing agreements.
Interprofessional Practice	Develop and implement clear policy direction for models of interprofessional primary health care service delivery and a supportive change management strategy.

Health Human Resources Planning
Recommendations
Conduct needs-based HHRP for NPs using a pan-Canadian, interprofessional approach that is based on a conceptual framework. To support this planning, use the <i>Health Human Resources Planning Simulation Model for Nurse Practitioners in Primary Health Care</i> .
Develop and implement clear policy direction for models of interprofessional primary health care service delivery and a supportive change management strategy.
Adopt funding models for primary health care services that reflect a needs-based system (including health status) that supports interprofessional practice and incorporates population health outcomes.
Remunerate NPs to reflect their scope of practice, responsibility and accountability, and standardize the remuneration to address: <ul style="list-style-type: none"> - Salary/benefit discrepancies (within provinces and territories); - Yearly cost of living expenses; - Incentives and supports to recruit NPs to difficult to recruit areas; and - Additional overhead/operating/infrastructure expenses.
Utilize NPs across all health care settings in urban, and rural/remote/isolated areas. NP practice should be a blend of individual and family visits, population health activities, and other advanced practice activities (research, leadership, collaboration and change agent).
Create healthy work environments for NPs that support positive client, provider and system outcomes.

Education	
Recommendation	
Adopt the <i>Education Framework for NPs in Canada</i> to facilitate consistency in federal, provincial/territorial education approaches.	
Elements	Actions
Guiding Philosophy, Assumptions and Values	Reflect the Guiding Philosophy, Assumptions, and Values found in the <i>Education Framework for Nurse Practitioners in Canada</i> .
Entry to Nurse Practitioner Educational Programs	
Entry Requirements	Establish admission criteria that include an active RN designation and a minimum of two years of full-time equivalent clinical nursing experience.
Prior Learning Assessment and Recognition (PLAR)	Adopt and apply the principles found in <i>the Prior Learning Assessment and Recognition for Nurse Practitioner Education and Regulation in Canada</i> .
Transfer of Credits	Establish a pan-Canadian approach to transfer of credits. Allow for the transfer of credits between educational institutions subject to maximums established by the institutions.
Curriculum Alignment and Linkages	
Program Philosophy	Develop philosophy, mission and goal statements that are aligned with pan-Canadian frameworks governing NP education and periodically assess and review them.
Program Accreditation	Establish and promote participation in a pan-Canadian accreditation process for NP educational programs. Develop linkages between accreditation and approval processes.
Stakeholder Needs	Be responsive to broadly defined, evidence-based stakeholder needs.
Nurse Practitioner Core Competencies and Curriculum Design	Be consistent with the <i>Canadian Nurse Practitioner Core Competency Framework</i> and the standards inherent in the NP program approval process.
Exit Credential Standardization	Adopt the master's degree (MN/MScN) as the required exit credential ideally by 2010 but no later than 2015.
Bridging Mechanisms for NP Educational Programs	Develop and institute bridging mechanisms to support program transition to a graduate degree (MN/MScN) as the standardized exit credential.
Bridging Mechanisms for Individuals	Develop and institute bridging mechanisms to support an individual's transition to a graduate degree.

Education (continued)

Recommendation

Adopt the *Education Framework for NPs in Canada* to facilitate consistency in federal, provincial/territorial education approaches.

Elements	Actions
Nurse Practitioner Education Delivery	
Faculty	Where practical, designate PhD-prepared practising NPs to teach NP-specific courses. Where limited: facilitate access to PhD preparation; engage qualified master's-prepared NPs or non-NPs; and/or use team teaching or shared resource models.
Faculty/Student Ratios	Recognize NP faculty clinical hours as teaching hours. Establish and monitor guidelines governing NP educational program faculty/student ratios.
Clinical Practice Hours	Establish 700 hours as the standard minimum number of clinical practice hours.
Clinical Preceptors	Require clinical preceptors to be an NP, or an advanced practice nurse or equivalent subject matter expert in a relevant professional discipline with a sound understanding of the NP role. Initiate a coordinated effort to sustain and increase the supply of available preceptors. Develop preceptor preparation programs.
Distance Education	Develop pan-Canadian standards for NP distance education. Develop and deliver distance education courses for NPs.
Collaborative Programming	Develop innovative approaches to support collaborative programming and pursue and implement funding for collaborative programming approaches.
Interprofessional Teaching and Learning	Develop and offer interprofessional courses.
Evaluation and Testing of Nurse Practitioner Students	Implement evidence-based student evaluation and testing methodologies. Establish a pan-Canadian resource bank, including approaches and tools.
Licensure to Practice	Implement cross-jurisdictional collaboration among schools and regulatory bodies to ensure that the licensure to practice process for NP students is supported by NP educational program content and teaching and learning processes.

Education (continued)

Recommendation

Adopt the *Education Framework for NPs in Canada* to facilitate consistency in federal, provincial/territorial education approaches.

Elements	Actions
Transition to the Workplace	
Facilitating Transition	Develop and implement processes and structures to facilitate the transition of NPs from their educational program to the workplace and from novice to expert.
Mentorship	Establish mentorship and a mentorship culture as standard features of the NP learning experience. Develop pan-Canadian mentorship tools and promote their use across all NP educational programs and in the workplace.
Continuous Learning and Competency	Create and support a culture of continuous learning among students and practising NPs. Remove potential barriers to continuing education, including funding, time off, and access to learning opportunities.
Re-entry to Practice	Develop refresher training programs as required for re-entry to practice.

Evaluation

Recommendation

Adopt the *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada* as a national guide to support the ongoing implementation of NP roles in different settings.

Elements	Actions
Maintain and Update the Toolkit	Develop linkages to universities, government, practitioners and health-care networks to continually update the tools and resources section of the toolkit.
Standardized approach to role development and evaluation	Promote the use of the toolkit to researchers to encourage standardized approach and comparison of results over time.

Change Management

Recommendation

Disseminate and promote understanding, acceptance and utilization of the *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada* and the *Health Human Resources Planning Simulation Model for Nurse Practitioners in Primary Health Care*.

Actions

Develop and implement a communications/marketing plan to generate understanding and utilization of the *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada*.

Adapt the *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada* to reflect the needs of the First Nations, Inuit and Métis communities.

Develop a communications/marketing plan to generate understanding, acceptance and utilization of the *HHRP Simulation Model for Nurse Practitioners in Primary Health Care*.

Social Marketing

Recommendation

Continue to develop and implement a five-year pan-Canadian social marketing campaign to promote interprofessional collaborative care and practice and the NP role as part of the solution to access and wait times.

Actions

Build a consortium/coalition to seek funding for a sustained social marketing program.

Implement a five-year social marketing campaign.

Strategic Communications

Recommendation

Develop and implement a pan-Canadian coordinating mechanism to facilitate the ongoing dissemination of existing and new NP information.

Actions

Maintain the existing database of stakeholders.

Maintain and populate the existing CNPI website, including:

- *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada*
- *Health Human Resources Planning Simulation Model for Nurse Practitioners in Primary Health Care*
- Centralized location for posting of available nurse practitioner positions.

Provide information link to salaries for unionized NPs.

Encourage stakeholders and partners to use the existing promotion tools/materials developed during the CNPI.

Seek partnerships with stakeholders to disseminate information to their members/stakeholder groups.

Develop and disseminate new and relevant information and tools (e.g., NP profiles, fact sheets, etc.)

Chapter 4: The Way Forward: A Commitment to Action

Introduction

Integrating the NP role in Canada's health system can contribute significantly to health care renewal and its focus on the implementation of interprofessional teams. NPs can help to increase access to health services, decrease wait times and improve population health outcomes. However, the CNPI is not the end of a process, but a beginning.

History has taught us that NP integration will not occur in the absence of a strategic plan and a consistent effort on the part of governments, stakeholders, educators and employers. To achieve the CNPI vision of *a renewed and strengthened primary health care system that optimizes the contributions of the NP to the health of all Canadians* will require federal, provincial, territorial and regional commitment as well as the support of key stakeholders and professional groups.

The *Way Forward: A Commitment to Action* approach recommends the need for an oversight committee to monitor the implementation of the CNPI recommendations and actions. The CNPI endorses a pan-Canadian approach to integrating and sustaining the role of NPs into the Canada's health system. It also points to the negative impact of a piecemeal approach. A national oversight body, working with key federal, provincial and territorial partners would help to maintain the momentum generated by the CNPI. This body would oversee the implementation of the CNPI recommendations as well as continue to influence policy, tracking and communicating NP contributions to the health system.

The Way Forward: The Plan

The following principles for moving forward were generated at a forum of the CNPI Advisory Committee and the Task Force members in November 2005. These principles were intended to guide the implementation of the CNPI recommendations and were stated as follows: sustainable, accountable, innovative, collaborative and responsive.

Appointment of a Coordinating Committee

The CNPI recommends the appointment of a volunteer-based pan-Canadian NP Implementation Coordinating Committee comprised of representatives from the following groups: Provincial Nurse Advisers (PNAs); Office of Nursing Policy; Canadian Nurses Association; Canadian Association of Schools of Nursing; Canadian

Healthcare Association; large employers of NPs such as First Nations and Inuit Health Branch of Health Canada, Department of National Defence, and the Victorian Order of Nurses; Nurse Practitioners Council of Canada or the Canadian Association of Advanced Practice Nurses; key associations such as the College of Family Physicians of Canada or the Canadian Medical Association; practising nurse practitioners; and the Nurse Practitioner Planning Network. It would be expected that Committee Members would provide in-kind contributions, but that resources for travel would be needed.

This coordinating committee would work with existing federal/provincial territorial infrastructure such as the Provincial/Territorial NP Implementation Committees. In provinces and territories where these do not exist, the NP Implementation Coordinating Committee could advocate for their implementation as part of the Way Forward Plan.

A Governance Approach

It is suggested that the NP Implementation Coordinating Committee be based on a co-chair model and that co-chair leads be drawn from a renewed NPPN and the ONP. The role of the co-chairs would be to lead the establishment of the committee and facilitate the ongoing work of the group. The ONP would represent a public policy and pan-Canadian perspective. The federal government as primary funder of the PHCTF, may be able to provide the necessary resources to support any travel and logistics costs associated with the meetings.

Fostering a Political Commitment

In other countries and venues, success has required political will and support. It is, therefore recommended that the NP Implementation Coordinating Committee report, either formally or informally, to a group that has the political will to make the kind of systemic change that is required.

Next Steps

Moving from the CNPI recommendations to action will require political will, professional commitment and interprofessional collaboration. The sustained integration of the NP role will require a pan-Canadian approach and commitment. While NPs can help to provide a solution to health system access and wait times, this will only occur if full integration occurs across Canada.

The key actions needed to support the implementation of the CNPI recommendations include:

1. The appointment of a formal pan-Canadian oversight mechanism to work with federal, provincial, territorial representatives to implement systemic change; and
2. Ongoing work and energy by the coordinating committee to influence the change that is necessary.

Conclusion

The extensive work of the CNPI and its predecessors has demonstrated that a new approach is required to support the sustained integration of the NP role in Canada's health system. This approach must be based on interprofessional collaboration and be national in scope.

All health-care providers must become engaged in a new vision for health-care – one that is based on cooperation, interprofessional practice and patient-centred care. Health-care renewal cannot be the work of the nursing community on its own: it must involve all health-care providers working together to support a new way of thinking and working. The NP is a critical component of the new vision for health care in Canada.

Chapter 5: CNPI Tools



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