Canadian Nurse Practitioner Initiative

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Initiative canadienne sur les infirmières et infirmiers praticiens

APPENDIX A

Literature Review of Nurse Practitioner Legislation & Regulation

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EXECUTIVE SUMMARY

The Canadian Nurses Association (CNA) through the Canadian Nurse Practitioner Initiative (CNPI) is taking a leadership role in developing a national framework for nurse practitioners that facilitates a consistency of approaches to legislation and regulation, and positions nurse practitioners within primary health care reform. The CNPI envisions nurse practitioners as essential providers of health care across Canada.

One of the key strategies of this initiative is to develop "a legislative/regulatory framework to facilitate implementation of nurse practitioners and reduce barriers to nurse practitioner practice in each province and territory" (CNPI Executive Summary, 2004). In order to develop the legislative framework, the CNPI commissioned a literature review of existing legislation and regulation for nurse practitioners, family physicians and pharmacists in Canada, Australia, New Zealand, the United Kingdom (U.K.) and the United States (U.S.).

This document is organized to provide an overview of the methodology, provide a review of the activity in both Canadian and international jurisdictions and outline best practice and success factors for a legislative and regulatory framework. The literature review is focused only on the elements included in the existing legislation and regulation. It is in no way intended to be an analysis of the content and/or effectiveness of either the legislation and/or regulation.

The search was conducted to obtain literature on legislation and regulation relating to nurse practitioners, physicians and pharmacists in Canada, Australia, New Zealand, the U.K. and the U.S. The strategy included searches in MEDLINE, CINAHL and combinations of other health and standard search/meta-search engines and library data sources. The search included web sites of provincial/territorial, state/territorial, national and international professional/ regulatory organizations and their respective governments. Additional sources were also identified via citations offered in reference sections of documents.

From the review of the literature an analytical framework for examining the components of existing legislation and/or regulation in Canadian and designated international jurisdictions was developed. The Canadian and international nurse practitioner legislation was examined according to the proposed analytical framework (see Table 3). Each of the legislative acts was reviewed for the sole purpose of determining the presence and/or absence of the required elements and the respective components within each element. In addition, the available Canadian and international regulations were also examined in more detail for the three crucial elements of entry-to-practice requirements, scope of practice and continuing competence. It is important to note that an analysis of the substantive content of the elements and/or components is outside this review.

The findings from these examinations were then analyzed to extract the legislative/regulatory facilitators and barriers. The analysis identified a number of restrictors that were categorized as legislative enablers, legislative restrictors, regulatory

enablers or regulatory restrictors. Enabling legislative practices are found in both the Canadian and international legislation.

First, the U.S. Model Nursing Practice Act contained a large majority of the components identified in the literature as requisites for a legislative framework. Second, the health professions legislation within Ontario, the Capital Territory of Australia and New Zealand contained all the entry-to-practice requirements that were identified in the analytical framework. Third, the New Zealand legislation was found to be enabling for nurse practitioners in that it is the only legislation to recognize interdisciplinary issues and overlapping scopes of practice.

Fourth, the Capital Territory of Australia legislation was enabling with respect to assuring continuing professional competence in that it is the only legislation that includes all the components of continuing competence. Last but not least, the component of nurse compact in the U.S. Model Nursing Practice Act is a significant legislative enabler.

While the literature review and analysis identified many enabling legislative practices some were also identified as restrictive to nurse practitioners. In Canada the Manitoba Pharmacy Act is an example of a very significant legislative restrictor in that the act currently does not allow pharmacists to fill prescriptions ordered by a nurse practitioner. Throughout the Canadian and international legislation there were many gaps in the legislation and when it was examined against the analytical framework. There was inconsistency in title and title protection for nurse practitioners. There was a lack of

recognition of interdisciplinary issues. Initial and continuing competence in most jurisdictions is not addressed in the legislation but rather in regulation. As well, there are no requirements for public education except in Ontario.

When regulation was reviewed both enablers and restrictors were identified. Regulatory enablers were somewhat limited due to the lack of consistency in regulation and the lack of consistency across jurisdictions. Two major regulatory enablers are the Pew recommendations for regulatory improvement and the OECD model for regulatory reform. Pew's recommendations identified 10 crucial elements that were deemed necessary for effective health professional regulation and the OECD model can be used to facilitate the inclusion of these elements into future legislation/regulation. Another significant regulatory enabler is the National Council of State Boards of Nursing (NCSBN) regulatory evaluation framework. The NCSBN framework can be utilized during legislation/regulation development to ensure that reform is occurring in a manner that best supports the implementation of nurse practitioners while ensuring that the public interest is served.

When the regulations for the respective jurisdictions were analyzed based on the framework, the Newfoundland and Labrador regulations were deemed to have more enabling components, particularly with respect to the scope of practice for nurse practitioners. The Newfoundland and Labrador regulations were the only ones examined that contained all the required components for scope of practice. All other regulations were deficient in at least three of the seven components for the scope of practice element.

This analysis and conclusion is based solely on the presence and/or absence of elements and not their substantive content.

The regulations examined were also deficient in entry-to-practice requirements and continuing competence elements as well. This could potentially be a significant regulatory restrictor. The regulations revealed a lack of consistency with the entry-to-practice, the continuing competence and scope of practice components. A further regulatory restrictor was the inconsistent approach of regulatory bodies, in the use of by-laws and regulations across jurisdictions, to address entry-to-practice, continuing competence and scope of practice elements.

Based on the data collected and reviewed four best practices emerge in legislation and regulation. First, from a legislative perspective, there is the U.S. Model Nursing Practice Act with its associated administrative rules which provides a template for nurse practitioner legislation. The three remaining best practices emerge out of the regulations reviewed. The first one is the Pew task force recommendations for health professions regulation as previously identified in Table 1.The second was the Newfoundland and Labrador regulations pertaining to scope of practice. The third was the OECD regulatory reform model(See Figure 1).

The approach and methods used in this literature review were designed to provide detailed information on the elements and components contained in the legislation and regulation for nurse practitioners in Canada and the international arena. The review was

not intended to provide an analysis on the effectiveness of the legislation and regulation as it is currently written. As with integration of any new role for professionals there are a number of observations that can inform and would be helpful to the CNPI in the development of a legislative/ regulatory framework to support sustained integration of the nurse practitioner role in Canada. Those observations may be options to consider for the future and/or they may lead to recommendations that will better inform the initiative.

First is the option to consider a process that ensures the orderly development of a legislative/regulatory framework and supports the necessary legislative reform required to implement the framework. Second, this work should occur within the context of the regulatory framework development process model (See Figure 2).

INTRODUCTION

In Canada, introduction of the nurse practitioner can be traced back to the late 1960's. The literature indicates that the nurse practitioner movement resulted from changing roles of the nurse, perceived physician shortages, and movement towards specialization (Haines, 1993; IBM, 2003). In early 1971, The Boudreau Committee was commissioned to examine the role of the nurse practitioner in relation to Canadian health services. A fundamental recommendation from this report identified the need to develop the nurse practitioner role to support primary health care needs.

While there was recognition of the requirement for the nurse practitioner role, there was little or no movement to legitimize the role in legislation and regulation at that point in time. During the 1970's, nurse practitioners were graduating from several

approved education programs in Canada and working in nurse practitioner roles on a limited basis but without the support of legislation and regulation. Their role was primarily dependent upon physician collaboration and supervision in urban areas and was protocol driven in rural and remote areas.

As a result of a perceived physician oversupply, insufficient remuneration mechanisms for nurse practitioners, lack of legislation, poor public awareness regarding the nurse practitioner role and inadequate support from both medicine and nursing (International Business Machines [IBM], 2003), the nurse practitioner initiative subsequently stalled in the early 1980's. This also resulted in the closure of the nurse practitioner education programs in Canada leaving only two Outpost Nursing Programs at Memorial University and Dalhousie University for the education and training of nurses to work in remote areas of Canada.

In the early 1990's there was renewed interest in the nurse practitioner role for many of the same reasons dating back to the 1960's. This resulted in some provinces (Ontario and Newfoundland & Labrador) being successful in implementing nurse practitioner legislation and regulation. Today, most of the other provinces have successfully implemented legislation and regulation and others are at varying levels of the implementation process. The nurse practitioner role has been able to sustain a high profile in the Canadian health system as the system continues to be plagued with decreased funding, health human resource shortages, and poor access to health care services. Advancing the role of the nurse practitioner into the health system provides a practical and feasible option for addressing many of these current challenges.

Currently both federal/provincial/territorial governments are increasingly interested in addressing the issues that continue to plague our health care system. Both the Kirby and Romanow Reports were supportive of the key role that nurse practitioners can play in helping to address some of these issues. The establishment of the PHCTF and the renewed interest at both the federal and provincial level in primary health care reform has served as an impetus for and given renewed momentum to the nurse practitioner movement.

The CNPI has taken advantage of this renewed momentum and new funding source to move the nurse practitioner initiative forward in the Canadian health care system. The CNA, in response to the call for proposals from the PHCTF, developed the CNPI proposal and received funding to carry out the project. The CNPI is taking a leadership role in developing a national framework for nurse practitioners that supports consistency in legislative and regulatory approaches and positions nurse practitioners within primary health care reform. The CNPI envisions nurse practitioners as essential providers of health care across Canada.

The CNPI's mandate includes developing recommendations and strategies in the areas of nurse practitioner practice and evaluation; legislation and regulation; education; health human resource planning; and change management, social marketing and strategic communications (CNPI Executive Summary, 2004).

This includes the development of:

- a standard definition for the nurse practitioner role;
- recommendations for collaborative practice models;

- educational recommendations, as well as human resource recruitment, retention and deployment strategies;
- nurse practitioner core competencies; and,
- a national licensure examination.

One of the key strategies of this initiative is to develop "a legislative/regulatory framework to facilitate implementation of nurse practitioners and reduce barriers to nurse practitioner practice in each province and territory" (CNPI Executive Summary, 2004). In order to develop the legislative/regulatory framework, the CNPI commissioned a literature review of existing legislation and regulation for nurse practitioners, family physicians and pharmacists in Canada, Australia, New Zealand, the UK and the US.

Specifically, the review includes:

- an analysis and synthesis of existing legislation and regulations for nurse practitioners, family physicians and pharmacists;
- identification of best practices in legislative and regulatory frameworks;
- detailed conclusions regarding the strengths and weaknesses of the approaches used across multiple jurisdictions;
- identification of gaps in legislative and regulatory processes;
- detailed critical success factors for development of a consistent approach to legislation and regulation of nurse practitioners in Canada; and,
- the current status of nurse practitioner legislation and regulation in all Canadian jurisdictions.

This document is organized to provide an overview of the methodology, provide a review of the activity in the international jurisdictions, offer a Canadian perspective and

outline best practices and success factors for achieving consistency in nurse practitioner legislation and regulation. An annotated listing of existing/pending legislation and regulation for nurse practitioners within Canada and the international arena is also included. (see Appendices A & B)

PURPOSE

To clearly define the parameters of this literature review a definition of legislation and regulation is required. It is also important to make note of the roles that legislation and regulation play in ensuring the legitimacy of and in enabling the practice of health professionals. Professional self-regulation which is enabled through legislation is an integral part of the Canadian health care system and ensures that patient interest and public protection is first and foremost.

Legislation, also known as “statutes” or “Acts”, are laws that are enacted by the legislature which, in the case of most Canadian provinces, consists of the Lieutenant Governor and the House of Assembly. Regulations are also considered to be laws. According to the Government of Nova Scotia (n.d.) “they outline rights, and create duties, obligations and responsibilities for the persons that are affected by them.” For health practitioners, legislation is the law or statute that delegates responsibility to the respective health professional regulatory body to stipulate the terms and conditions and standards of practice for their members.

Regulations are sometimes referred to as "delegated" or "subordinate" legislation meaning “they have the same binding legal effect as statutes, but are made by persons or bodies to whom the legislature has delegated its law-making power - such as the

Governor in Council (the Lieutenant Governor acting on the advice of cabinet), a Minister, or an administrative body or agency", such as a regulatory body (Government of Nova Scotia, n.d.). For health practitioners, regulations are supportive of the legislation and identify in greater detail how the legislation is to be enacted in practice.

The purpose of this literature review is to identify the legislative and regulatory approaches used for nurse practitioners in Canada and in the international jurisdictions of Australia, New Zealand, the UK and the US. The document will present the relevant legislation for family physicians and pharmacists in the same jurisdictions for a twofold purpose. First, the legislation/regulation for medicine and pharmacy will be examined to identify enabling concepts that maybe appropriate for nurse practitioner legislation/regulation. Secondly, the legislation/regulation will be examined for concepts that may be barriers to nurse practitioner practice. The information gathered will be analyzed so that it can be used to inform the development of a legislative/regulatory framework for nurse practitioners in Canada.

METHODOLOGY

The search was conducted to obtain literature on legislation and regulation related to nurse practitioners, physicians and pharmacists in Canada, Australia, New Zealand, the UK and the US. The strategy included searches in Medline, CINAHL and combinations of other health and standard search/meta-search engines and library data sources. A breakdown of search hits by keyword and database is provided in Appendix C. The search included web sites of provincial/territorial, state/territorial, national and international professional/ regulatory organizations and their respective governments.

Additional sources were also identified via citations offered in reference sections of documents.

The scope of the search included documents from 1995 to the present, using the following search terms: nurse practitioners, pharmacists, and family physicians. This core part of the search was combined with the following key words and phrases: regulation, legislation, self-regulation, professional regulation, licensing, registration, certification, testing, and examination, continuing competency, title / terminology, and entry level requirements.

All references were reviewed by title and abstract to determine their potential relevance to the subject matter. Those not considered relevant to the topic area were immediately discarded. References that related directly to subject matter in either the title or the abstract were selected for a more in-depth review. These articles were then screened for inclusion or exclusion.

To be included, references had to be related to the specified jurisdictions and meet the following criteria:

- nurse practitioner legislative and/or regulatory framework;
- family physician legislative and/or regulatory framework;
- pharmacist legislative and/or regulatory framework;
- existing or proposed legislation and/or regulation specific to those professionals; and,
- best practices and/or success factors as well as barriers & impediments related to legislation and/or regulation of the specified professionals.

Due to the large volume of information obtained from the searches, information was organized as follows:

- legislative and regulatory frameworks by professional category across national and specified international jurisdictions;
- existing or proposed legislation across the specified international jurisdictions;
- existing or proposed legislation by jurisdiction within Canada; and,
- core competencies for advance practice nurses within provincial and territorial jurisdictions.

FINDINGS

This literature review is being carried out to examine the literature for legislative and regulatory frameworks for nurse practitioners, family physicians and pharmacists in Canada and in the international jurisdictions of Australia, New Zealand, the UK and the US. The findings from this review will be presented with a more detailed analysis to follow later.

The literature review will also examine legislation and regulation (s) for nurse practitioners, family physicians and pharmacists in Canada and in the international jurisdictions of Australia, New Zealand, the UK and the US. The findings from this review will be presented by profession and country beginning with Canada.

Legislative / Regulatory Frameworks

The fundamental purpose of health professions legislation/regulation is to protect the public (Pew, 1997; CNA, 2001). For licensed health professions, it is customary for legislation/regulation to be jurisdiction-specific (province/territory, state, etc.) and to have those jurisdictions delegate authority for self-regulation to the profession.

The literature review revealed three model legislative frameworks, one each for nurse practitioners, physicians and pharmacists. These acts are:

- Model Nursing Practice Act, May 19, 2004;
- A Guide to the Essentials of a Modern Medical Practice Act, 10th Edition, April 2003; and,
- *Model State Pharmacy Act* and Model Rules of the National Association of Boards of Pharmacy, June 2003.

The model acts available within the search parameters for nursing and medicine were developed in the US by the respective national professional bodies within the last two years. The model act for pharmacy was developed by the National Association of Boards of Pharmacy (NABP) where jurisdictions within Canada, Australia and New Zealand are associate members.

Pew is an independent nonprofit charitable trust based in Philadelphia with an office in Washington, D.C. The Pew Charitable Trusts were set up by the four children of Sun Oil Company founder Joseph N. Pew and his wife, Mary Anderson Pew, between 1948 and 1979. The funds as set up by Pew are designed to provide fact-based research and practical solutions for challenging issues. They work in three areas: informing the public; advancing policy solutions; and, supporting civic life. One of the trusts set up was the Pew Health Professions Commission which existed from 1989 – 1999.

During its tenure the Pew Health Professions Commission "developed recommendations for change in health professions education and advocated the development of policies which respond to the nation's health care workforce needs. The commission has initiated and sustained what many believe to be a national movement for change in health professions education and workforce policy." (http://futurehealth.ucsf.edu/pewcomm.html).

In 1994, the Pew Health Professions Commission assembled a task force on health care workforce regulation in response to the "changing health care system" (Pew, 1997). The task force identified the following issues as "crucial elements… needed to serve the public's interest:

- regulatory terms and language;
- entry-to-practice requirements;
- professional titles and scopes of practice;
- professional boards and their functions;
- information for the public about practitioners and regulation;
- collecting data on the health care workforce;
- assuring continuing professional competence;
- filing complaints against practitioners and the disciplinary system;
- evaluating regulatory effectiveness in protecting the public; and,
- the various organizations and context impacting professional regulation." (Pew, 1997. p. 4)

These crucial elements were proposed by Pew as "ten recommendations for regulatory improvement" (1997). The Pew framework was developed by matching the

crucial elements with the recommendations. Table 1 identifies these crucial elements with their associated recommendations, with non-substantive adjustments, for the Canadian context.

The Pew task force further established a vision for these improvements, one "that is S.A.F.E.:

- *S**tandardized*** where appropriate;
- *A**ccountable*** to the public;
- *F**lexible*** to support optimal access to a safe and competent healthcare workforce; and
- ***Effective*** and ***Efficient*** in protecting and promoting the public's health, safety and welfare." (Pew, 1997, p.4)

***Table 1* – Crucial Elements with Associated Recommendations**

Crucial Element	*Explanation*
Regulatory terms and language	• Use of standardized and understandable language for health professions regulation and its functions to clearly describe them for consumers, employers, and the professions. This facilitates geographic mobility.
Entry-to-practice requirements	• Standardize entry-to-practice requirements and limit them to competence assessments for health professions to facilitate the physical and professional mobility of the health professions.
Professional titles and scopes of practice	• Practice acts should be based on demonstrated initial and continuing competence. This process must allow and expect different professions to share overlapping scopes of practice. The acts should also explore pathways to allow all professionals to provide services to the full extent of their current knowledge, training, expertise and skills. It should also acknowledge changes in technology and models of health service delivery.
Professional boards and their functions	• Redesign health professional boards and their functions to reflect the interdisciplinary and public accountability demands of the changing health care delivery system.
Information for the public about practitioners and regulation	• Educate consumers to assist them in obtaining the information necessary to make decisions about practitioners, and to improve the board's public accountability.
Collecting data on the health care workforce	• Cooperate with other organizations in collecting data on regulated health professions to support effective workforce planning.
Assuring continuing professional competence	• Require each board to develop, implement and evaluate continuing competency requirements to assure continuing competence of regulated health care professionals.
Filing complaints against practitioners and the disciplinary system	• Maintain a fair, cost-effective and uniform disciplinary process to exclude incompetent practitioners to protect and promote the public's health.
Evaluating regulatory effectiveness in protecting the public	• Develop evaluation tools that assess the objectives, successes and shortcomings of their regulatory systems and bodies, to best protect and promote the public's health.
The various organizations and context impacting professional regulation.	• Understand the links, overlaps and conflicts between their health care workforce regulatory systems and other systems which affect the education, regulation and practice of health care practitioners, and work to develop partnerships to streamline regulatory structures and processes.

Each of the model legislative frameworks was examined using the Pew Framework and the individual components were identified for their correlation to Pew's crucial elements. The components of each act are listed with their associated crucial element in Table 2 and identified as being present or not present within the three respective model legislative frameworks.

Given the findings from Pew and the model legislative frameworks, the crucial elements along with the components of the model legislation were combined to form the analytical framework for examining existing legislation and/or regulation in Canadian and designated international jurisdictions.

Table 2 – **Comparison of Model Regulatory Frameworks**

Crucial Elements	*Components Within the Acts*	*Model Nursing Practice Act*	*Modern Medical Practice Act*	*Model State Pharmacy Act*
Regulatory terms and language	Title & Purpose of Act	✓	✓	✓
	Definitions	✓	✓	✓[a]
Entry-to-practice requirements	Educational requirements	✓	✓	✓
	Examination	✓	✓	✓
	Licensure	✓	✓	✓
	Competence assessment	×	×	×
	Practice hour requirements (internship)	✓	✓	✓
	Temporary and/or restricted permits	✓	✓	✓
Professional titles and scopes of practice	Title Protection	✓	✓	×[b]
	Scope of Practice	✓	✓	✓
Professional boards and their functions	Membership, nominations, qualifications, appointment & term of office	✓	×	✓
	Vacancies, removal & immunity	✓	×	✓
	Powers & Duties	✓	✓	✓
	Executive Officer	✓	×	✓
	Approval of education programs	✓	✓	✓
	Interdisciplinary requirements	×	×	✓[a]
	Accountability	✓[c]	×	×
Information for the public about practitioners and regulation		×	×	×
Collecting data on the health care workforce		×	×	×

Crucial Elements	*Components Within the Acts*	*Model Nursing Practice Act*	*Modern Medical Practice Act*	*Model State Pharmacy Act*
Assuring continuing professional competence	Continuing education	✗ [d]	✗	✓
	Re-certification	✓ [d]	✗	✗
	Clinical practice hours	✓	✗	✗
Filing complaints against practitioners and the disciplinary system	Violations by employers	✓	✓	✓
	Disciplinary violations of licensees	✓	✓	✓
	Mandatory reporting	✓	✓	✗
Evaluating regulatory effectiveness in protecting the public		✗ [e]	✗	✗
The various organizations and context impacting professional regulation.	Application of other statutes	✓	✗	✗
	Compact	✓ [f]	✗	✓ [g]

a. Definition for collaborative pharmacy practice agreement (pg 3), electronic signature (pg 6), practice of telepharmacy (pg11).

b. The title of pharmacist is already protected in existing legislation.

c. Specifies the requirement for an annual report which is one form of accountability

d. The model act defers to the certifying bodies for the requirements for recertification. The certification bodies also have specific requirements for clinical practice hours.

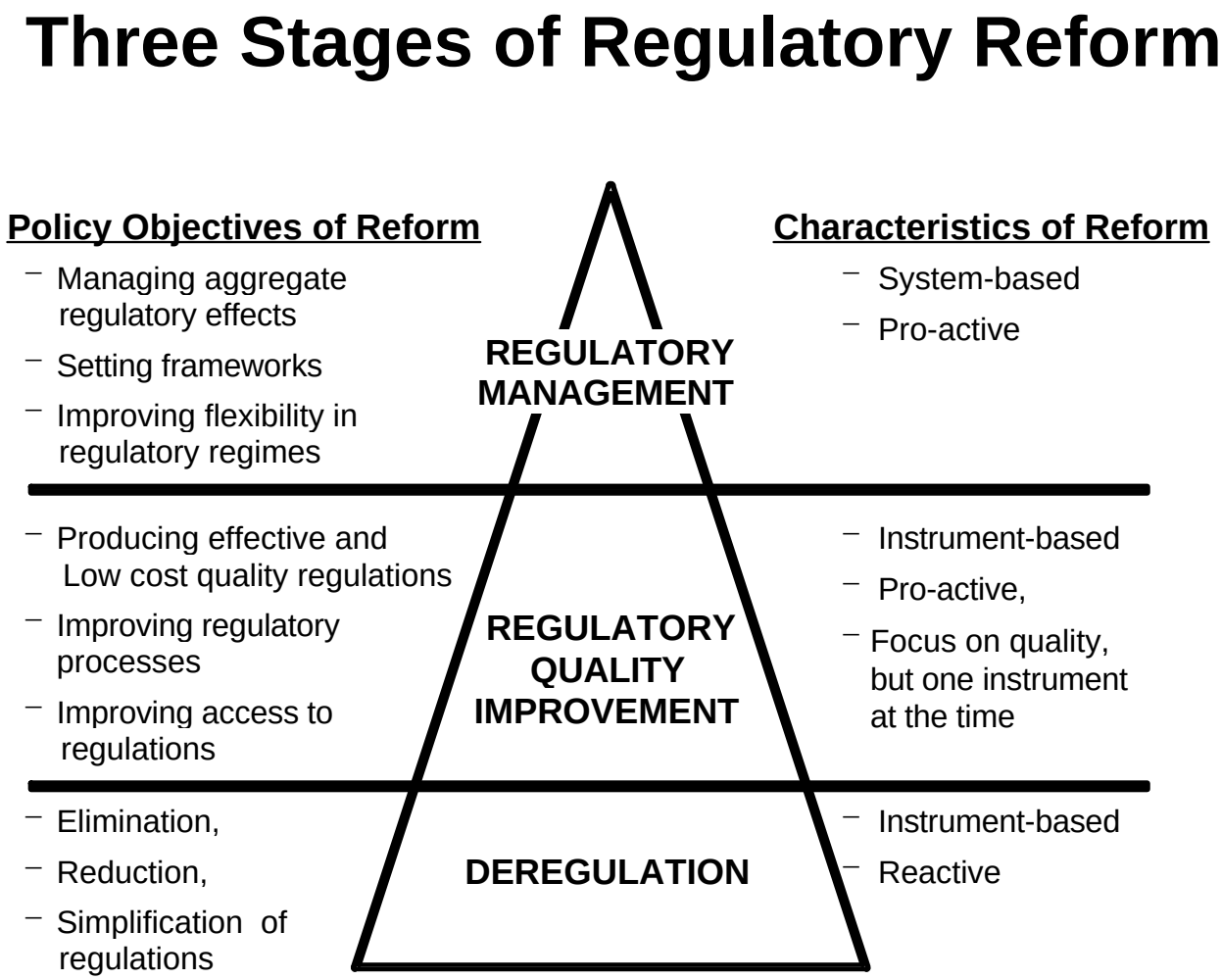
e. National Council of State Boards of Nursing Inc. (NCSBN) has developed a regulatory performance measurement system.

f. Mutual recognition model of nurse licensure allowing for practice across jurisdictions

g. Provides for a special registration for the practice of telepharmacy across jurisdictions

The Organization for Economic Co-operation and Development (OECD) has developed a model (see Figure 1) for regulatory reform which ensures high quality regulation and improved regulatory coordination across its' member jurisdictions (http://www.oecd.org).

Figure 1 **OECD Regulatory Reform Model**



The first step proposed within the OECD model is to deregulate by eliminating, reducing and simplifying existing legislation. In the second phase of their model, the OECD proposes that regulatory processes are improved one regulation at a time. In the third and final phase the model proposes that regulatory reform is ongoing and requires management of its effects. The OECD, in their model, proposes policy objectives for and characteristics of regulatory reform.

Canadian Legislation / Regulation

The Canadian legislation and regulation for nurse practitioners in all provinces and territories was examined using the proposed analytical framework. Within Canada, one province and one territory currently do not have legislation for nurse practitioners. For this reason, the legislation for Yukon Territory was not examined against the analytical framework. While Quebec does not have legislation specific to nurse practitioners, changes have been made to both the medical and nursing acts to accommodate nurse practitioner-like activities, and for this reason, were included in the analysis.

There are variations in legislation, with some jurisdictions having developed and implemented health professions legislation, while others use single discipline legislation, such as Nurses Acts. Three provinces, Ontario (1991), British Columbia (1996) and Alberta (2000) have enacted health professions legislation under which nurses and nurse practitioners are legislated and regulated. It is important to note that in Ontario and Alberta the respective professional practice acts remain in effect, while B.C. has an amendment to the *Health Professions Act* pending that will repeal all related professional

practice acts. Quebec, by virtue of its' different legal structure, has a *Professional Code* enacted in law under which individual health disciplines (medicine, pharmacy and nursing) have their respective legislation. The respective legislation for each area was identified and examined according to the analytical framework with the results displayed in Table 3.

In Canada, some jurisdictions defer some of the components normally found in legislation to regulation and/or by-laws. While legislation and regulation are different mechanisms and intended to serve different purposes, in many instances the jurisdictions use those mechanisms differently. For example, in some jurisdictions title is protected in legislation while in others it is protected in regulation. The literature review reveals a wide variation across the jurisdictions relative to components that are included in legislation and those deferred to subordinate regulation.

Table 3 identifies those items that are most commonly deferred to regulation and/or by-laws by jurisdiction as entry to practice requirements, scope of practice and continuing competence. These three crucial elements and their respective components were further examined in the regulations for the respective Canadian jurisdictions and the results are shown in Table 4.

Table 3 **– Canadian Nurse Practitioner Legislation**

Crucial Elements	***Components Within the Acts***	***AB***	***BC***	***MB***	***NB***	***NL***	***NT/NU***	***NS***	***ON***	***PEI***	***QU***	***SK***	***YK***
Regulatory terms and language	Title & Purpose of Act	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ [a]	✓	× [a]
	Definitions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×
Entry-to-practice requirements	Educational requirements	× [b]	×	× [b]	× [b]	✓	✓	✓	× [b]	✓	✓	× [c]	×
	Examination	×	×	×	×	×	×	×	× [b]	×	×	×	×
	Licensure	×	×	✓	×	✓	✓	✓	× [b]	✓	×	×	×
	Competence assessment	×	×	× [b]	×	×	×	×	× [b]	×	×	× [c]	×
	Practice hour requirements (internship)	× [b]	×	×	×	×	×	×	× [b]	×	×	× [c]	×
	Temporary and/or restricted permits	×	×	×	✓	×	✓	✓	× [b]	×	×	✓	×
Professional titles and scopes of practice	Title Protection	×	×	× [b]	✓	✓	✓	✓	×	✓	×	×	×
	Scope of Practice	×	× [b]	× [b]	✓	× [b]	✓	✓	✓	×	✓	× [c]	×
Professional boards and their functions	Membership, nominations, qualifications, appointment & term of office	×	×	✓	✓	× [d]	× [d]	× [d]	✓	✓	✓	× [c]	×
	Vacancies, removal & immunity	×	✓	×	✓	× [d]	× [d]	× [d]	×	✓	✓	✓	×

Crucial Elements	*Components Within the Acts*	*AB*	*BC*	*MB*	*NB*	*NL*	*NT/NU*	*NS*	*ON*	*PEI*	*QU*	*SK*	*YK*
Professional boards and their functions (cont'd)	Powers & Duties	×	×	✓	✓	× [d]	× [d]	× [d]	✓	✓	✓	× [c]	×
	Executive Officer	×	×	✓	✓	✓	×	✓	×	✓	✓	✓	×
	Approval of education programs	×	×	×	✓	× [d]	✓	×	×	✓	×	× [c]	×
	Interdisciplinary requirements	✓	✓	×	×	×	×	×	✓	×	×	×	×
	Accountability	✓	×	×	×	×	×	×	✓	×	×	×	×
Information for the public about practitioners and regulation		×	×	×	×	×	×	×	✓	×	×	×	×
Collecting data on the health care workforce		×	×	×	×	×	×	×	×	×	×	×	×
Assuring continuing professional competence	Continuing education	× [b]	×	×	×	×	×	×	×	×	×	×	×
	Re-certification	× [b]	×	×	×	×	×	×	×	×	×	×	×
	Clinical practice hours	× [b]	×	×	×	×	×	×	×	×	×	× [c]	×
Filing complaints against practitioners and the disciplinary system	Violations by employers	×	×	×	×	×	×	×	✓	×	×	×	×
	Disciplinary violations of licensees	✓	✓	✓	✓	✓	✓	✓	✓	✓	× [d]	✓	×
	Mandatory reporting	×	✓	✓	×	×	×	×	✓	× [b]	×	×	×

Crucial Elements	*Components Within the Acts*	*AB*	*BC*	*MB*	*NB*	*NL*	*NT/NU*	*NS*	*ON*	*PEI*	*QU*	*SK*	*YK*
Evaluating regulatory effectiveness in protecting the public		×	×	×	×	×	×	×	×	×	×	×	×
The various organizations and context impacting professional regulation.	Application of other statutes	×	×	×	✓	✓	✓	✓	✓	×	✓	×	×
	Compact	×	×	×	×	×	×	×	×	×	×	×	×

Table Headings Represent:

AB – Health Professions Act, 2000

BC – Health Professions Act, 1996, Amendment pending enactment

MB – Registered Nurses Act, 1999

NB – Registered Nurses Act, 1985, Amended 2002

NL – Registered Nurses Act, 1990, Amended 2001

NS – Registered Nurses Act, 2001

NT/NU – Nursing Profession Act, 2003

ON – Regulated Health Professions Act, 1991

PEI – Registered Nurses Act, 2004

QU – Nurses Act, 1973, Amended 2003

SK – Registered Nurses Act, 1988, Amended 2003

YK – Registered Nurses Profession Act, 1992

a. The Yukon does not currently have legislation or regulations that specifically govern nurse practitioners. Quebec has included a clause in its' Medical Act that requires approval of an expanded scope of practice for nurses from both the Medical and Nursing regulatory bodies.

b. These components are found within regulations and not the legislation.

c. These components are found in the by-laws of the regulatory body

d. This component is found in the Professional Code of Quebec

Table 4 **– Canadian Nurse Practitioner Regulation**

Crucial Elements	***Components Within the Regulations***	***AB***	***BC***	***MB***	***NB***	***NL***	***NT/NU***	***NS***	***ON***	***PEI***	***QU***	***SK***	***YK***
Entry-to-practice requirements	Educational requirement	✓ [a]	×	✓	× [b]	× [b]	× [c]	✓	✓	× [c]	× [c]	× [b]	× [c]
	Examination	×	×	×	×	×	×	×	✓	×	×	×	×
	Licensure	×	×	✓	× [b]	× [b]	×	✓	✓	×	×	× [b]	×
	Competence assessment	✓ [a]	×	✓	×	× [b]	×	✓ [d]	✓	×	×	× [b]	×
	Practice hour requirement	✓ [a]	×	×	× [b]	×	×	✓ [d]	✓	×	×	× [b]	×
	Temporary and/or restricted permits	×	×	×	×	× [b]	×	✓	×	×	×	×	×
Scope of practice	Collaborative Relationship	×	×	×	×	✓	×	✓	×	×	×	×	×
	Referral to Specialist	×	×	×	×	✓	×	×	×	×	×	×	×
	Communicate a diagnosis	×	✓	✓	× [b]	✓	×	× [e]	✓	×	×	× [b]	×
	Order diagnostic tests	×	✓	✓	× [b]	✓	×	× [e]	✓	×	×	× [b]	×
	Prescriptive authority	×	✓	✓	× [b]	✓	×	× [e]	✓	×	×	× [b]	×
	Emergency care	×	×	×	×	✓	×	×	×	×	×	×	×
	Order the application of energy	×	✓	✓	× [b]	✓	×	× [e]	✓	×	×	× [b]	×
Assuring continuing professional competence	Continuing education	×	×	×	×	×	×	×	×	×	×	×	×
	Re-certification	✓ [a]	×	×	×	× [b]	×	×	×	×	×	×	×
	Clinical practice hours	×	×	×	×	× [b]	×	×	×	×	×	× [b]	×

a. *These components are identified in the regulations but the parameters are determined at the discretion of the Registration Committee*

b. *These components are found in the by-laws of the regulatory body*

c. *These jurisdictions have no regulations governing Nurse Practitioner. PEI has just passed new legislation but the regulations are not yet available for analysis.*

d. *Nurse Practitioners who graduate from a program that is not recognized as an equivalent program must also demonstrate competency and maybe required to provide proof of practice hours prior to receiving licensure as a Nurse Practitioner*

e. *These items are not specified in the regulations and in Nova Scotia they are referred to the Diagnostics and Therapeutics Committee for determination*

The Canadian legislation for physicians and pharmacists was examined for elements that would inform, enable or impede nurse practitioner practice. With respect to impediments within the legislation for physicians and pharmacists, each piece of legislation was examined for any reference to nurse practitioners and the context of the reference in the specific act.

The Canadian physician legislation is very specific to physicians in most jurisdictions and made no reference to nurse practitioners. The exception is Alberta, British Columbia and Ontario that have broad, overarching health professions legislation. These acts identify the specific practitioners such as veterinarians, dentists, etc., who have always had prescriptive authority. They also include the classification of other health practitioner. There were no restrictors limiting scope of practice or prescriptive authority to physicians only.

The Canadian pharmacy legislation was more specific in terms of prescriptive authorities and in most jurisdictions was enabling. Legislation in New Brunswick, Newfoundland and Labrador and Northwest Territories/Nunavut referenced nurse practitioners specifically as one of the disciplines with prescriptive authority. Alberta, British Columbia, Nova Scotia, Ontario, Prince Edward Island, Saskatchewan and Yukon Territory use a generic health practitioner clause which can include nurse practitioners.

Those acts using a generic health practitioner clause qualified the section in the act with a stipulation that the health practitioner must have legislated prescriptive authority under its own discipline-specific legislation or regulation. In Manitoba, the *Pharmaceutical Act* identifies three specific practitioners, (medical, dental and veterinary), that are recognized. There was no reference to nurse practitioners nor was there a generic practitioner term included. This could be a significant impediment for nurse practitioner practice. In Quebec, pharmacists are subject to the same professional code as physicians and nurses and no specific pharmacy act was located.

International Legislation / Regulation

The International legislation and regulation for Australia, New Zealand, the UK and the US was examined using the proposed analytical framework. The US is the only international jurisdiction with a national legislative and regulatory model framework for nurse practitioners (2004). The analysis of legislation and regulation across the fifty-one jurisdictions within the US was beyond the scope of this review. For that reason, the Model Practice Act was used as the designated framework for the analysis of the US legislation and regulation. This will be supplemented by a national overview of the legislation and regulation in relation to key elements that pertain to nurse practitioners.

Australia is moving toward developing a national legislative and regulatory model framework for nurse practitioners. Australia operates within a similar legislative environment as Canada in that professionals are legislated and regulated through state mandated regulatory bodies. In Australia there are eight states, including Tasmania, that have state specific professional regulatory bodies. At the time of this review, the states of the Northern Territory, Queensland and Tasmania had no legislation or regulations for nurse practitioners. For the

purposes of this review, these three states were excluded from further analysis of their legislation and regulation.

The Capital Territory of Australia recently passed a new Health Professions Act (November 2004). Similar to the health professions legislation in Canada, the Capital Territory legislation defers some responsibility for the components as they were identified in the analytical framework to the respective professional board to be put into regulations. New South Wales, Victoria and Western Australia all include nurse practitioners in their respective Nurses Acts.

The state of South Australia does not reference nurse practitioners within their legislation but the legislation does allow for special practice areas. In addition, the South Australia Board of Nursing has developed a professional standards statement that identifies the nurse practitioner as a protected title. This may potentially indicate a move to introduce legislation; however no reference to any pending legislation is identified at this point.

New Zealand has implemented a national *Health Practitioners' Competence Assurance Act* (2003) that includes nurse practitioners as one of the regulated professions. The UK has adopted the core competencies for advanced nursing practice as defined by the ICN and has begun the development of a proposed legislative and regulatory framework. At the time of this review documents relating to the proposed UK framework were not available and therefore, were not included in this analysis.

For the purposes of a detailed analysis of the international nurse practitioner legislation and regulation, the included countries and/or states were the Australian States of Capital Territory, New South Wales, South Australia, Victoria and Western Australia, New Zealand and the US. The respective legislation for these areas is identified and analyzed according to the analytical framework and the results are displayed in Table 5.

In the reviewed international jurisdictions the practice was to defer some of the components normally found in legislation to be dealt with in regulation and/or regulatory body by-laws. Table 5 identifies those items that were most commonly deferred to regulation as entry to practice requirements, scope of practice and continuing competence. The practice in the international jurisdictions seems to be consistent with what occurs in Canada. These three crucial elements and their respective components were examined in the regulations for the respective international jurisdictions and the results are displayed in Table 6.

While the international legislation defers components to regulation the search revealed no such regulations. The regulations that were available for these jurisdictions were either for registered nurses and midwives or they were rules and regulations governing the application process for nurse practitioner registration. As indicated in Table 6 none of the regulations examined contained what the legislation indicated should be in regulations in the specific jurisdictions.

The international legislation for physicians and pharmacists was also examined for elements that could inform, enable or impede nurse practitioner practice. With respect to impediments within the legislation of these two disciplines, each piece of legislation was examined for any reference to nurse practitioner and the context within which they were referenced in the specific act.

The international physician legislation was very specific to physicians and made no reference to nurse practitioners with the exception of the jurisdictions that have broad overarching health professions legislation. There was nothing in the medical acts that might potentially impede nurse practitioner practice. There were no restrictors identified that would limit scope of practice or prescriptive authority to physicians only.

The international pharmacy legislation was more specific in terms of prescriptive authorities and is very enabling. Some legislation referenced nurse practitioners specifically as one of the disciplines with prescriptive authority. Others use a generic health practitioner clause which could include nurse practitioners. In acts using a generic health practitioner clause, the section in the act is qualified with a stipulation that the health practitioner must have legislated prescriptive authority under its own discipline specific legislation or regulation.

***Table 5* – International Nurse Practitioner Legislation**

Crucial Elements	*Components Within the Acts*	*Capital Territory (Health professions Act 2004)*	*New South Wales (Nurses Amendment [nurse practitioner] Act 1998)*	*South Australia (Nurse Act 1999)*	*Victoria (Nurses Act 1993)*	*Western Australia (Nurses Act 1992)*	*New Zealand (Health Practitioners Competence Assurance Act 2003)*	*US Model Nursing Practice Act*
Regulatory terms and language	Title & Purpose of Act	✓	✓	× [a]	✓	✓	✓	✓
	Definitions	✓	✓	×	✓	✓	✓	✓
Entry-to-practice requirements	Educational requirements	× [b]	×	×	✓ [c]	✓	✓ [b]	✓
	Examination	× [b]	×	×	×	×	✓ [b]	✓
	Licensure	× [b]	✓	×	✓	✓	✓ [b]	✓
	Competence assessment	× [b]	×	×	×	×	✓ [b]	×
	Practice hour requirements (internship)	× [b]	×	×	×	×	✓ [b]	✓
	Temporary and/or restricted permits	× [b]	✓	×	✓	✓	✓ [b]	✓
Professional titles and scopes of practice	Title Protection	× [b]	✓	× [d]	✓	×	✓	✓
	Scope of Practice	× [b]	×	×	×	✓	✓ [b]	✓
Professional boards and their functions	Membership, nominations, qualifications, appointment & term of office	✓	✓	×	×	✓	✓	✓
	Vacancies, removal & immunity	✓ [e]	×	×	×	×	✓	✓
	Powers & Duties	✓	✓	×	✓	✓	✓	✓
	Executive Officer	×	×	×	✓	✓	×	✓
	Approval of education programs	×	✓	×	×	×	✓	✓
	Interdisciplinary requirements	×	×	×	×	×	✓ [f]	×
	Accountability	×	×	×	×	✓	✓	✓

Crucial Elements	*Components Within the Acts*	*Capital Territory (Health professions Act 2004)*	*New South Wales (Nurses Amendment [nurse practitioner] Act 1998)*	*South Australia (Nurse Act 1999)*	*Victoria (Nurses Act 1993)*	*Western Australia (Nurses Act 1992)*	*New Zealand (Health Practitioners Competence Assurance Act 2003)*	*US Model Nursing Practice Act*
Information for the public about practitioners and regulation		×	×	×	×	✓	×	×
Collecting data on the health care workforce		×	×	×	×	×	×	×
Assuring continuing professional competence	Continuing education	× [b]	×	×	×	×	×	✓ [b]
	Re-certification	× [b]	×	×	×	×	×	✓ [b]
	Clinical practice hours	× [b]	×	×	×	×	×	✓
Filing complaints against practitioners and the disciplinary system	Violations by employers	×	×	×	×	×	×	✓
	Disciplinary violations of licensees	✓	✓	×	✓	✓	✓	✓
	Mandatory reporting	×	×	×	×	×	✓	✓

Crucial Elements	*Components Within the Acts*	*Capital Territory (Health professions Act 2004)*	*New South Wales (Nurses Amendment [nurse practitioner] Act 1998)*	*South Australia (Nurse Act 1999)*	*Victoria (Nurses Act 1993)*	*Western Australia (Nurses Act 1992)*	*New Zealand (Health Practitioners Competence Assurance Act 2003)*	*US Model Nursing Practice Act*
Evaluating regulatory effectiveness in protecting the public		×	×	×	×	×	×	×
The various organizations and context impacting professional regulation.	Application of other statutes	×	×	×	×	×	✓	✓
	Compact	×	×	×	×	×	×	✓

a. The Northern Territory, Queensland and Tasmania have no legislation for nurse practitioners.

b. In the legislation for the Capital Territory these areas are identified as the responsibility of the specific health professions board. In New Zealand all specific requirements concerning entry to practice and scope of practice are functions of regulation under the nursing council and not included in the legislation. In the US these areas are deferred to the certification bodies

c. The educational requirements for nurse practitioners are acknowledged in the legislation but not specified.

d. The South Australia Board of Nursing has developed a Professional Standards Statement that identifies nurse practitioner as a protected title but there is no reference in the legislation other than referral to special practice areas.

e. The minister has the power to discharge a health professions board and appoint an interim board.

f. Provides dispute resolution for overlapping scopes of practice

***Table 6* – International Nurse Practitioner Regulation**

Crucial Elements	*Components Within the Regulations*	*Capital Territory (Health professions Act 2004)*	*New South Wales (Nurses Amendment [nurse practitioner] Act 1998)*	*South Australia (Nurse Act 1999)*	*Victoria (Nurses Act 1993)*	*Western Australia (Nurses Act 1992)*	*New Zealand (Health Practitioners Competence Assurance Act 2003)*	*US Model Nursing Practice Act*
Entry-to-practice requirements	Educational requirements	x [a]	x [b]	x [b]	x [c]	x [d]	x [b]	x [e]
	Examination	x	x	x	x	x	x	x
	Licensure	x	x	x	x	x	x	x
	Competence assessment	x	x	x	x	x	x	x
	Practice hour requirement	x	x	x	x	x	x	x
	Temporary and/or restricted permits	x	x	x	x	x	x	x
Scope of practice	Collaborative Relationship	x	x	x	x	x	x	x
	Referral to Specialist	x	x	x	x	x	x	x
	Communicate a diagnosis	x	x	x	x	x	x	x
	Order diagnostic tests	x	x	x	x	x	x	x
	Prescriptive authority	x	x	x	x	x	x	x
	Emergency care	x	x	x	x	x	x	x
	Order the application of energy	x	x	x	x	x	x	x
Assuring continuing professional competence	Continuing education	x	x	x	x	x	x	x
	Re-certification	x	x	x	x	x	x	x
	Clinical practice hours	x	x	x	x	x	x	x

a. In the Capital Territory the legislation and regulation are integrated into one document which was examined in the previous section.

b. The Northern Territory, Queensland and Tasmania have no legislation for nurse practitioners therefore regulations were also not found. New South Wales has nursing and midwifery regulations but none were found for nurse practitioners. South Australia has standards for nurse practitioners but no regulations were found. No regulations were found for New Zealand.

c. The regulations are merely the required application forms for applying for registration as a Nurse Practitioner

d. The regulations are the rules for applying for registration as a Nurse practitioner

e. The United States has a model nursing practice act with administrative rules but regulations would be the purview of the individual boards of nursing and are not included in this analysis.

ANALYSIS

Legislative / Regulatory Frameworks

The rationale for the development of a Canadian nurse practitioner legislative/regulatory framework is to facilitate a consistent approach to legislation and regulation to maximize the contribution and support sustained integration of the nurse practitioner role in the health system. Evidence from the literature suggests that a systematic process should be used to develop a legislative/regulatory framework. This process includes extensive consultation with practitioners to define terms such as nurse practitioners, to specify educational requirements and to identify domains of practice and core competencies (CNA, 2002; RCN, Competencies, n.d.)

These consultations would assist in the identification of strategies that are specific to the legislation and regulation of nurse practitioners. This literature review was intended to be a supporting document for planned consultations and subsequent development of strategic recommendations related to the legislation and regulation of nurse practitioners and the development of a national legislative/regulatory framework.

There is a view internationally and nationally that a legislative and regulatory framework is necessary to establish consistency with regard to title, education, entry and continuing competency requirements, scope of practice and consistency of regulations (Jardali, 2003 & YRNA, 2004). Further, such a framework is believed to facilitate mobility of practitioners and protect and assist the public in understanding the role. The United States is the only jurisdiction that has developed a model legislative/regulatory framework for nurse practitioners. Australia, New Zealand, the UK and Canada are working towards developing national frameworks.

The literature revealed "ten recommendations for regulatory improvement" as identified by the Pew Health Commission's task force on health care workforce regulation (1997). The Pew recommendations are relevant to the current health professional environment within Canada. For example:

- different professionals sharing overlapping scopes of practice;
- increasing emphasis on public protection and accountability in self-regulation;
- changes in provincial legislation to cover multiple health professionals under one health professions act;
- public awareness campaigns highlighting the accountability of health professionals; and,
- the importance of having information on health professionals for health human resource planning.

In addition, the Pew framework is flexible enough to take into consideration other changes in the environment, such as changing technology and models of health service delivery, and the requirements for geographic mobility.

The Pew crucial elements along with the components from the model frameworks were combined to form the analytical framework. This framework was applied to test each crucial element for its applicability to the evolution of a legislative/regulatory framework by examining available model regulatory frameworks for nursing; medicine and pharmacy (see Table 2).

The elements within the model frameworks had a high degree of consistency with those identified by Pew, particularly in the domains that are customary to legislation/regulation (i.e. title, scope of practice, licensure, board responsibilities, and disciplinary processes). The areas where there was minimal consistency are those which are not routinely included in legislation/regulation (i.e. competence assessment, the requirement for informing the public, and the requirement to support and participate in data collection for health human resource planning).

Further, all acts were deficient in addressing the issues of accountability and legislative/regulatory evaluation. The domains where there was minimal consistency between the crucial elements and model should not be dismissed as these maybe important elements for consideration in future legislation/regulation, given the changing health care environment. Finally, the *US Model Nursing Practice Act* appeared to have more features that directly correlated with the crucial elements. There are also features, namely interdisciplinary and continuing education requirements, in the *Model Pharmacy Act* that have value for informing future legislation (see Table 2).

Another regulatory framework that is identified in the literature review is that of the OECD regulatory reform model (see Figure 1). The OECD model is a three stage model which proposes that deregulation must first occur before regulatory reform can be

achieved. The OECD model also proposes that regulatory processes are improved one regulation at a time and that regulatory reform is ongoing.

Given the nature of health professional regulation in Canada, CNPI is not directly involved in regulatory reform. However, it is within the mandate of the CNPI and this project to identify the regulatory requirements for nurse practitioner legislation and regulation as the initial step in a well-defined process of regulatory reform.

The OECD model (see Figure 1) can be adapted to meet the needs of the CNPI process using the three stages of regulatory reform along with the policy objectives and the characteristics of regulatory reform. The model, as adapted for this process, (see Figure 2) poses questions which need to be answered in each stage of the process. These questions would be facilitators to enable the CNPI to identify the processes to undertake the development of a legislative/regulatory framework for nurse practitioners in Canada.

The core questions are identified for each phase of the model. In the first phase the questions that need to be asked are as follows:

- What are the regulatory requirements?
- What is the environmental assessment of the state of legislative reform by the provincial/territorial jurisdictions?
- What is the environmental assessment of the appetite for legislative reform by the provincial/territorial jurisdictions?
- Who are the stakeholders that must support the process?
- How are stakeholders engaged in the adoption of a regulatory framework?
- What is the final regulatory framework?
- What is the role of CNPI in the process?

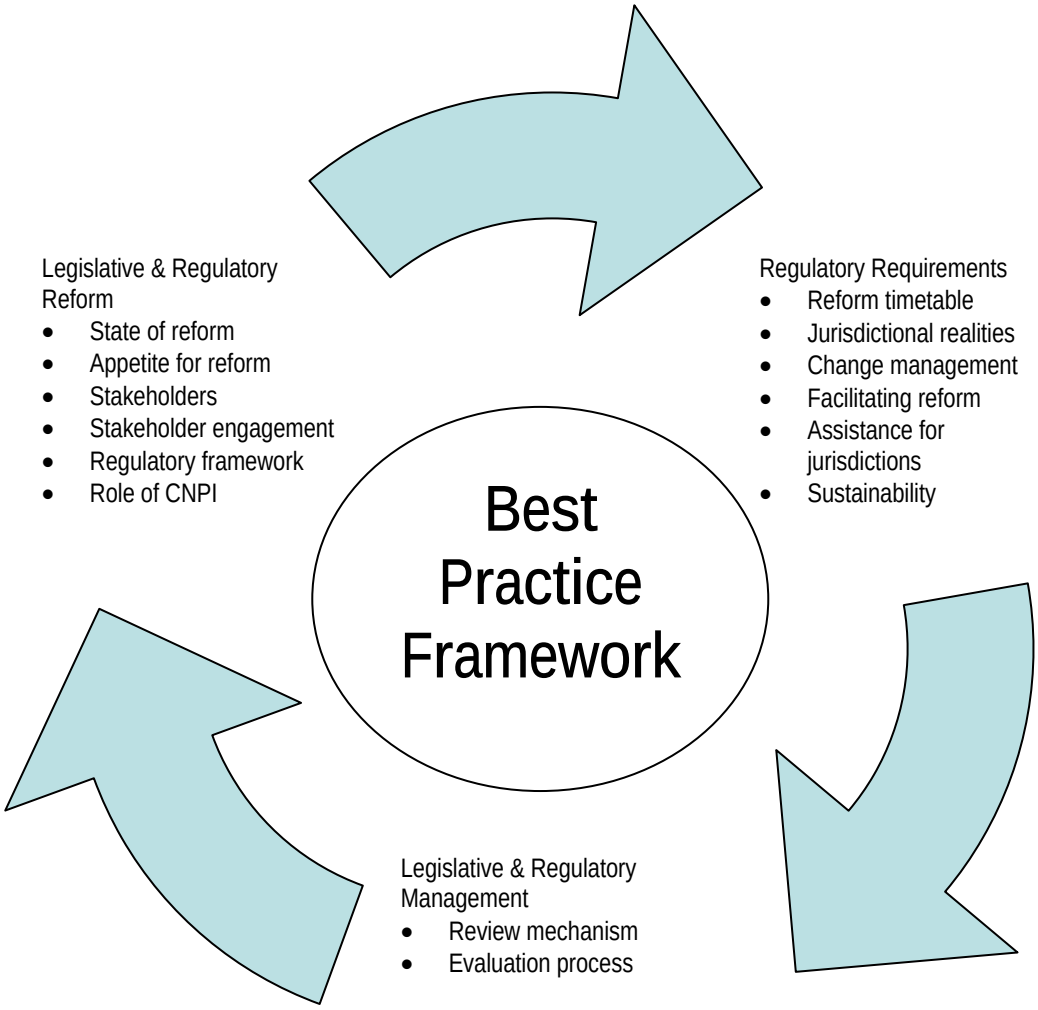
In phase two, questions are centered on legislative and regulatory reform issues:

- What is the timetable for reform?
- What is realistic for each jurisdiction?
- What changes can be made and when is the opportune time to make them?
- How is reform facilitated at the provincial/territorial jurisdictional level?
- How is the provincial/territorial jurisdictions assisted with reform efforts?
- How is the reform process sustained?

In the third phase of the cycle, ongoing legislative and regulatory management is required with the following questions:

- What is the mechanism for review?
- What is the mechanism for evaluation of progress?

***Figure 2* – Regulatory Framework Development Process Model**



The analytical framework and the regulatory framework development process model are complementary to each other. The analytical framework comprised of the Pew crucial elements and the model legislation provides the basis for identifying the required elements within a legislative/regulatory framework. The regulatory framework development process model will provide a "how to" guide for developing and implementing the legislative/regulatory framework within the context of regulatory reform.

Canadian Legislation / Regulation

The Canadian nurse practitioner legislation was analyzed according to the proposed analytical framework (see Table 3). Each of the acts was reviewed for regulatory terms and language, including the title and purpose of legislation, and the inclusion of definitions. While all the acts have a clearly defined title, it is noteworthy that the majority give very little explanation in the way of a purpose, other than to state the objective of the act. Alberta, British Columbia, Quebec and Ontario have health professions legislation, whereas the remaining provinces and territories have separate nursing acts.

The enactment of health professions legislation as an umbrella statute with profession specific regulations, bylaws and codes of practice is a developing trend internationally (Lahey & Currie, n.d.). Canada now has health professions legislation in four jurisdictions. One of the benefits attributed to health professions legislation is its' ability to define principles of self-regulation that are consistent across disciplines (Lahey et al, n.d.). Another benefit of health professions legislation is thought to be its' statutory ability to enable and support the development of interdisciplinary practice. Health professions legislation is also thought to promote greater flexibility in legislation and regulation. While the literature is generally supportive of health professions legislation, there is a view that health profession legislation/regulation is a means of regulating the regulators (Lahey et. al, n.d.).

All of the acts reviewed included definitions but only Nova Scotia, Newfoundland and Labrador, New Brunswick, the Northwest Territories/ Nunavut and Prince Edward Island include a definition of nurse practitioner in the legislation. British Columbia has a

definition for “nurse practitioner” in its regulations and the other jurisdictions (Alberta, Saskatchewan, Manitoba, Ontario and Quebec) have no definition in either legislation or regulation.

The analytical framework specifies entry-to-practice requirements that include education, examination, licensure, practice hours and temporary or restricted permits. There is no piece of legislation that includes all the requirements but Ontario does refer all the requirements to regulation. The majority of provincial and/or territorial legislation do not address the entry-to-practice requirements in their entirety. For example, the Northwest Territories/Nunavut includes educational requirements, licensure and temporary permits in legislation, but does not address examination, competence assessment or practice hour requirements. Saskatchewan similarly addresses those same elements but also addresses competence assessment and practice hours. Ontario addresses these elements in regulation while Saskatchewan addresses these in association by-laws. Table 3 shows the varying distribution of inclusion of these components into legislation.

The inclusion of title protection in legislation for nurse practitioners in Canada varies. Title protection in the legislation occurs in five jurisdictions in Canada: New Brunswick, Northwest Territories/Nunavut, Nova Scotia, Newfoundland and Labrador and Prince Edward Island. Manitoba protects title in regulation while the remaining jurisdictions, at the time of the review, do not include title protection in their legislation.

The analytical framework addresses scope of practice as a component of legislation. In Canada, this is the case in five jurisdictions, while in four others; the scope of practice is in regulations and by-laws. Alberta is presently the only jurisdiction not

addressing scope of practice, but has draft regulations pending under the *Health Professions Act*.

The analytical framework requires the applicable board(s) to approve education programs. New Brunswick, the Northwest Territories/Nunavut and Prince Edward Island are the only jurisdictions that have addressed this in legislation. It is also interesting to note that legislation for Newfoundland and Labrador and Saskatchewan allows for this area to be addressed in board by-laws rather than regulations. The analytical framework also identifies other functions and responsibilities of the board that should be included in legislation such as the determination of membership and powers and duties, as well as others. In five jurisdictions the respective legislation allows for these areas to be covered by board by-laws. The legislation for each of the provinces and territories included in this analysis was examined for those specific components, and their presence or absence is indicated in Table 4.

Two other components included in the analytical framework under the responsibility of the board are a requirement to reflect an interdisciplinary focus, and a requirement for the board to be accountable to the public. An important finding is that the only jurisdictions that address interdisciplinary issues are those which have health professions legislation. As well none of the current legislation substantively addresses accountability as proposed by Pew (1997). Accountability is currently limited to annual reports and other briefing reports as specified by the applicable minister. Only Alberta and Ontario include this reporting in legislation.

The next two components examined relate to public education about health practitioner regulation and the collection of work force data. It is noteworthy that none of

the respective pieces of legislation with the exception of the *Regulated Health Professions Act* of 1991 (Ontario) identifies a requirement for public education. The Pew task force believed that the collection of information was important for health and human resource planning. The existing legislation in Canada does not specifically address any requirement for this purpose.

The crucial element of continuing competence includes the requirements for continuing education, recertification and practice hours. These were included in the analytical framework as key components for inclusion in legislation. Alberta, through its health professions legislation is the only jurisdiction that currently addresses all three and requires these components be included in regulations. The Saskatchewan legislation addresses one component, clinical practice hour requirements, in by-laws

Pew identifies the filing of complaints against practitioners and the existence of a disciplinary system as a crucial element, inclusive of three components which are violations by employers, disciplinary violations of licensees and mandatory reporting. The analytical framework supports the inclusion of all three components within legislation. With the exception of Ontario, none of the legislation reviewed included language to address all three. All jurisdictions include language to address disciplinary violations of licensees. British Columbia and Manitoba are the only other jurisdictions (besides Ontario) that require mandatory reporting. Prince Edward Island includes the requirement for mandatory reporting in legislation but defers to regulation for the identification of the parameters.

The requirement to evaluate regulatory effectiveness to ensure protection and promotion of the public's health is identified by Pew as a crucial element. An

examination of the legislation in Canada revealed that none of the jurisdictions include this component within legislation.

The final crucial element identified by Pew is that of various regulatory organizations and the contexts which impact on regulation. Within that crucial element are the components of application of other statutes and compact. The analytical framework supports the inclusion of both components. Of the existing legislation examined, six include the application of other statutes in their legislation and the remaining five do not. None of the legislation in Canada includes language that relates to the compact component. This component may be very worthwhile to examine further and consider for inclusion into a regulatory framework.

The nurse compact, also referred to as "the mutual recognition model of nurse licensure allows a nurse to have one license (in his or her state of residency) and to practice in other states (both physical and electronic), subject to each state's practice law and regulation" (NCSBN, n.d.). In order for the nurse compact to be implemented both the registering state of the nurse as well as the preferred practicing state must have a valid compact in place.

The concept of nurse compact was developed in 1997 by the NCSBN in the US for registered nurses and licensed practical/vocational nurses (NCSBN, n.d.). A model nurse licensure compact was developed and approved by the NCSBN in 1998. The nurse compact is a statute that must be enacted by the state legislature. The first nurse compacts were enacted in January 2000 in four states (Maryland, Texas, Utah and Wisconsin). In August 2002 the NCSBN approved model language for the Advanced Practice Registered Nurse (APRN) compact and the first APRN compact was enacted in Utah in March 2004.

The nurse compact agreement can be considered similar to the mutual recognition agreements (MRA) developed by regulatory bodies in Canada. These were developed as requirement of the Agreement on Internal Trade. The MRAs as developed in Canada allow for the recognition of credentials across jurisdictions but do not allow for practice to occur until the candidate has completed the registration process in the new jurisdiction and received licensure. The nurse compact in the US does not require this and is a mutual recognition model that allows practice to occur with no requirement for the candidate to undergo a second licensure process. It may be beneficial for Canada to consider expanding the MRA process to include all the features of the compact model. According to the NCSBN (n.d.) the nurse compact in the US contributed significantly towards increasing the access to qualified nurses and it is expected to do the same for APRNs.

In the analysis of the Canadian legislation it is apparent that the three crucial elements of entry-to-practice requirements, scope of practice and continuing competence are often referred to regulations. This necessitated a further analysis of the regulations to determine the presence or absence of these elements and their respective components (see Table 4). For the purposes of the regulations analysis, the entry-to-practice and continuing competence components were included as identified in the analytical framework. The scope of practice element was expanded to include seven specific components that are associated with the nurse practitioner scope of practice. They are:

- the requirements for a collaborative relationship;
- the ability to refer to a specialist;
- the ability to communicate a diagnosis;
- the ability to order diagnostic tests;

- prescriptive authority;
- the ability to provide emergency care; and
- the ability to order the application of a form of energy.

The jurisdictions of Northwest Territories/Nunavut, Prince Edward Island, Quebec and Yukon Territory are excluded from the regulatory analysis as these jurisdictions currently have no regulations in place for nurse practitioners.

There is no jurisdiction that includes all the required components for the three crucial elements in their respective regulation. The majority of provincial and/or territorial regulations do not address the entry-to-practice requirements in their entirety. For example, Nova Scotia includes educational requirements, licensure, competence assessment, practice hour requirements and temporary permits in legislation, but does not address examination.

Saskatchewan similarly addresses those elements that Nova Scotia does with the exception of temporary permits. Saskatchewan does not address these elements in regulation but in by-laws. Like Saskatchewan, New Brunswick and Newfoundland and Labrador address the majority of these components in by-laws rather than regulations. Ontario is the only jurisdiction that addresses all the components except temporary permits in regulation. The advantage to including these components in by-laws is that changes and/or amendments can be made much easier than if the items are contained in regulation. The draw back is that by-laws only require the approval of the regulatory body and they may not be recognized by other professions if they are not enacted in regulations. Table 4 shows the varying distribution of inclusion of these components into regulation.

The crucial element of scope of practice followed a similar pattern to that of the entry-to-practice requirements. New Brunswick and Saskatchewan address the majority of the scope of practice components in by-laws rather than in regulations. Newfoundland and Labrador is the only jurisdiction that identifies all seven components in regulation. Of interest is the observation that Newfoundland and Labrador is the only jurisdiction that includes referral to a specialist and the provision for emergency care in the scope of practice for a nurse practitioner. Table 4 shows the varying distribution of inclusion of these components into regulation.

The final element analyzed within the regulations is continuing competence. It is interesting to note that this crucial element and its respective components are not found in any regulations with one exception and that is re-certification which is identified in the Alberta regulations. Newfoundland and Labrador and Saskatchewan stipulate a requirement for clinical practice hours in by-laws. Newfoundland and Labrador also identifies a requirement for re-certification in its by-laws.

International Legislation / Regulation

In the international jurisdictions, each act was reviewed for its regulatory terms and language, including the title and purpose of legislation and the inclusion of definitions. While all the acts have a clearly defined title, it is noteworthy that the majority of them give very little explanation in the way of a purpose, other than to state the objective of the act. New Zealand and the Capital Territory in Australia have all-encompassing legislation for health professionals, whereas the US and remaining Australian states have nursing acts.

In Australia, all of the states with the exception of South Australia have included definitions in their acts. However, only New South Wales, Western Australia and Victoria have a definition for "nurse practitioner".

The analytical framework specifies entry-to-practice requirements that include education, examination, licensure, practice hours and temporary or restricted permits. Where a health professions act was in effect, the entry-to-practice requirements were identified in the legislation. The specific requirements were deferred to regulation as in the Capital Territory. However, the majority of the Australian legislation that includes nurse practitioners does not address the entry-to-practice requirements. (see Table 5). For example, the state of Victoria within Australia, through its *Nurses Act* of 1993, establishes nursing regulations for the registration of nurse practitioners. This legislation also acknowledges, but does not specify, the educational requirements for nurse practitioners. While the Victoria legislation addresses education in a generalized statement with no specific requirements and addresses licensure and temporary permits, it does not address examination, competence or practice hour requirements. The Capital Territory was the only jurisdiction that specified competence assessment within the legislation. Table 5 identifies which components are addressed by which piece of legislation.

Jurisdictions that have protected the title are doing so using the term 'nurse practitioner'. Some jurisdictions protect the title in legislation (such as New South Wales), while others protect it through regulations, and Western Australia does not offer any form of title protection.

In keeping with what appears to be standard practice with health professions legislation the Capital Territory of Australia defers the defining of scope of practice to the respective professional body through regulations. In all other jurisdictions, except Western Australia, the scope of practice is not defined in the legislation.

The analytical framework requires the applicable board(s) to approve education programs. New South Wales is the only Australian jurisdiction that has addressed this in legislation. The analytical framework also identifies other functions and responsibilities of the board that should be included in legislation, such as the determination of membership and powers and duties, as well as others. These are identified in more detail in Table 5. The legislation for each of the Territories included in this analysis was examined for the functions and responsibilities of the applicable board. (see. Table 5)

Two other components included in the analytical framework under the responsibility of the board we re a requirement to reflect an interdisciplinary focus, as well as a requirement for the board to be accountable to the public. Of note is that none of the current Australian legislation substantively addresses accountability as proposed by Pew. Accountability is currently limited to annual reports and/or other briefing reports. Only Western Australia includes annual reporting in legislation.

The next two components to be examined relate to public education about health practitioner regulation and the collection of work force data, two crucial elements identified by Pew. It is noteworthy that neither the analytical framework, nor any of the respective pieces of legislation (with the exception of the *Western Australia Nurses Act* of 1992) identifies a requirement for public education. The Pew Task Force recommended the collection of information for health and human resource planning. The

current model acts and existing legislation do not specifically address any requirements related to this.

The crucial element of continuing competence includes the requirements for continuing education, recertification and practice hours. The Capital Territory in Australia is the only jurisdiction currently addressing all three in their legislation and defers responsibility to the respective professional boards.

Pew identifies the filing of complaints against practitioners and the existence of a disciplinary system as crucial elements inclusive of three components which are: violations by employers, disciplinary violations of licensees and mandatory reporting. None of the legislation reviewed included language to address violation by employers. The Australian states of Capital Territory, New South Wales, Victoria and Western Australia include language to address disciplinary violations of licensees. The requirement to evaluate regulatory effectiveness to ensure protection and promotion of public health is identified by Pew as a crucial element. The examination of the legislation revealed that none of the jurisdictions include this component within their legislation.

The final crucial element identified by Pew is that of various organizations and contexts which impact on regulation including the application of other statutes. It also includes the compact which is a legislated agreement between jurisdictions to allow for geographic mobility of licensed professionals. As Australia operates within a legislative environment that has multiple jurisdictions, it is noteworthy that a.mechanism such as the nurse compact, to facilitate the mobility of nurse practitioners across jurisdiction, has not been addressed.

In New Zealand the Health Practitioners Competence Assurance Act includes definitions. New Zealand has an overarching definition for health practitioner rather than a definition for nurse practitioner. The analytical framework specifies entry-to-practice requirements that include education, examination, licensure, practice hours and temporary or restricted permits. In other jurisdictions where a health professions act is in effect, the entry-to-practice requirements are identified in the legislation but the specific requirements are deferred to regulation. This is also the case for New Zealand.

New Zealand has protected the title for nurse practitioner in legislation. In keeping with what appears to be standard practice with health professions legislation, New Zealand also defers the defining of scope of practice to the respective professional body for inclusion in regulations.

The analytical framework requires the applicable board(s) to approve education programs. New Zealand has addressed this in legislation. The analytical framework also identifies other functions and responsibilities of the board that should be included in legislation, such as the determination of membership and powers and duties, as well as others. Two other components included in the analytical framework under the responsibility of the board are a requirement to reflect an interdisciplinary focus, as well as a requirement for the board to be accountable to the public.

An important finding is that New Zealand is the only international jurisdiction that recognized interdisciplinary issues and overlapping scopes of practice, and subsequently identified a dispute resolution mechanism through legislation. Of note is that the legislation does not substantively address accountability as proposed by Pew.

Accountability is currently limited to annual reports and/or other briefing reports. New Zealand includes annual reporting in legislation.

Pew identifies the filing of complaints against practitioners and the existence of a disciplinary system as crucial elements inclusive of three components which are: violations by employers, disciplinary violations of licensees and mandatory reporting. The analytical framework contains all three components. New Zealand does not include language to address violation by employers but includes language to address disciplinary violations of licensees and it is the only international jurisdiction that requires mandatory reporting.

The US *Model Nursing Practice Act* addresses entry-to-practice requirements with the exception of competence assessment. This is purposeful as the applicable certification bodies are responsible for certifying competence within the US. The U.S. *Model Nursing Practice Act* is the only legislative/regulatory framework that includes the element of assuring continuing professional competence in its entirety. It is noteworthy that the element of assuring continuing professional competence is not consistently identified in either the Canadian or international legislation/regulation.

Licensure or registration is the process by which health professionals are permitted to practice their profession. The licensure process usually specifies the required qualifications and scope of practice, offers title protection, ensures public safety and allows for disciplinary action against those in violation of the license (NCSBN, n.d.).

Certification is another process that may offer title protection to health professionals and specify the qualifications required by certain practitioners (NCSBN, n.d.). Certification is also referred to as a credentialing process. In the US, state boards of

nursing use the certification process to determine whether to grant licensure to APRNs. The certifying agencies determine:

- the certification process;
- the fees associated with applying for and receiving certification;
- the initial qualifications to receive certification;
- the practice requirements for initial as well as maintenance of certification; and,
- the recertification regulations and time frames.

The process that is used by the U.S. for assessing continuing competence and granting certification is part of an extensive network of certification bodies and organizations. The certification requirements for nurse practitioners and clinical nurse specialists by certifying organization are identified in Appendix D. As can be seen from Appendix D the certification of APRNs in the US is a complex process that involves numerous certifying bodies. It is noteworthy that the U.S. has much higher numbers of nurse practitioners within the different specialty areas, and that volume and economies of scale would be required to support this type of certification process. Given the population of Canada and the numbers within the nursing profession as a whole it is unlikely that a critical mass, required for the support of such an elaborate network of certifying bodies and certification processes, would ever be reached.

When reviewing the status of title protection for nurse practitioners, the US model legislation recommends protection of the title of advanced practice nurse to encompass nurse practitioners and clinical nurse specialists (*Model Nursing Practice Act, 2004*). The scope of practice is defined within the model framework.

The *US Model Nursing Practice Act* requires the applicable board(s) to approve education programs. The model acts also identify other functions and responsibilities of the board that should be included in legislation, such as the determination of membership and powers and duties, as well as others. These are identified in more detail in Table 5.

Two other components included in the analytical framework under the responsibility of the board are requirements to reflect an interdisciplinary focus and board accountability to the public. The *US Model Nursing Practice Act* does not address interdisciplinary requirements but it does identify accountability.

The requirement to evaluate regulatory effectiveness to ensure protection and promotion of public health is identified by Pew as a crucial element. The *US Model Nursing Practice Act* does not address mechanisms to evaluate regulatory effectiveness. However, the NCSBN has developed a regulatory performance system which is separate from legislation and regulation.

The final crucial element identified by Pew is that of various organizations and contexts which impact on regulation including the application of other statutes. It also includes a compact which is a legislated agreement between jurisdictions to allow for geographic mobility of licensed professionals. The US *Model Nursing Practice Act* is the only framework that includes both components. The US is the only jurisdiction that discusses the nurse compact, and uses it to support geographic mobility across regulatory jurisdictions.

Within the US, all fifty states and the District of Columbia have legislation that covers advanced practice nursing inclusive of nurse practitioners in some form (Pearson, 2004). All fifty-one jurisdictions offer title protection for “nurse practitioner” and all

have legal authority for the scope of practice of nurse practitioners. However, the range of that scope varies across the jurisdictions. Twenty-six of the fifty-one jurisdictions offer an independent scope of practice with no requirement for physician collaboration or supervision. An additional fourteen require a physician-nurse practitioner collaborative relationship; while six stipulate physician supervision as a requirement, and the remaining five require that the board of medicine authorize the scope of practice of nurse practitioners.

Within the scope of practice for nurse practitioners in the US, prescriptive authority also varies from jurisdiction to jurisdiction. Of the twenty-six jurisdictions supporting independent practice to nurse practitioners, only thirteen have independent prescriptive authority which includes controlled drugs (Pearson, 2004). Two of these states (namely Utah and South Carolina) limit the controlled drugs to two categories. An additional thirty-four states allow for prescriptive authority including controlled substances, but require some type of physician involvement in the act of prescribing, such as delegation. The remaining four jurisdictions allow for nurse practitioner prescriptions under physician delegation and/or some form of oversight, not inclusive of controlled substances. Of the fifty-one jurisdictions there is still one (Georgia) that will only allow nurse practitioners to prescribe under delegation from physicians. While a complete analysis of the individual jurisdictions within the US was outside the purview of this review, these aspects were included to illustrate variations in legislation and regulation across the US, even with a model framework in place to guide the process.

In the analysis of the international legislation it is apparent that the three crucial elements of entry-to-practice requirements, scope of practice and continuing competence

are sometimes referred to regulations but not as consistently as they are in Canada. This necessitated a further analysis of the regulations to determine the presence or absence of these elements and their respective components (see Table 6). For the purposes of the regulations analysis, the entry-to-practice and continuing competence components are included as identified in the analytical framework. The scope of practice element is expanded to include seven specific components that are associated with the nurse practitioner scope of practice. They are:

- the requirements for a collaborative relationship;
- the ability to refer to a specialist;
- the ability to communicate a diagnosis;
- the ability to order diagnostic tests;
- prescriptive authority;
- the ability to provide emergency care; and
- the ability to order the application of a form of energy.

There is no international jurisdiction that includes all the required components for the three crucial elements in the respective regulation. The majority of state and/or territorial regulations do not address the crucial elements and their respective components in regulation. In Australia, the Capital Territory has a Health Professions Act which is a legislative and regulatory document integrated into one statute. As this Act is very recent (Nov. 18, 2004) there are no specific regulations available for nurse practitioners from the nursing regulatory body. New South Wales has nursing and midwifery regulations but none are found for nurse practitioners. South Australia has standards for nurse practitioners but no regulations were found. Victoria has regulations and rules for nurse

practitioner registration. These documents identify the process that an applicant must undertake and the forms that must be completed in order to apply for nurse practitioner registration. The regulations and rules do not identify the specific components as outlined in the analytical framework.

New Zealand passed its *Health Practitioners Competence Assurance Act in 2003* but regulations for nurse practitioner practice from the nursing council were not available. The US has the *Model Nursing Practice Act* with administrative rules but any regulations would be within the purview of the individual state boards of nursing and are not included in this analysis.

While outside the parameters of this review the literature revealed that consultations leading up to the development of a legislative/regulatory framework were initially centered around specifying educational requirements, identifying core competencies and defining the term advanced practice nursing (CNA, 2002; RCN, Competencies, n.d.).

The core competencies for advanced practice nursing are identified by CNA (2002) in their advanced nursing practice national framework document. To better inform the CNPI legislative/regulatory framework development process, Appendix E provides an analysis of those core competencies by provincial/territorial jurisdiction (CNA, 2002). In 2004 the CNA developed national core competencies for nurse practitioners. These have since received approval from the provincial/territorial regulatory jurisdictions.

The CNA Advanced Practice Nursing Framework (2002) defines the nurse practitioner role and identifies it as one role within the broader domain of advanced nursing practice. As in Canada, international jurisdictions view the nurse practitioner role

within advanced nursing practice. For that reason the definitions of advanced practice nursing should be considered in the development of a legislative/regulatory framework to support the sustained integration of the nurse practitioner role. Given that the definition of advanced practice nursing is crucial to the development of a legislative/regulatory framework these are provided for each provincial/territorial and international jurisdiction in Appendices F and G.

Legislation/regulation of professional practice is developed to assure processes and mechanisms to protect the public. Key elements in legislation are required to ensure that the public's interest is protected. Governments use legislative processes to enable regulatory bodies to ensure that only qualified individuals can practice nursing. As one component of its data collection process, the CNPI commissioned this literature review of nurse practitioner legislation and regulation. The literature review and analysis has identified a number of enablers and restrictors that are categorized as legislative enablers, legislative restrictors, regulatory enablers and regulatory restrictors.

Enabling legislative practices were found in both the Canadian and international legislation. First the US *Model Nursing Practice Act* contained a majority of the components identified in the literature as requisites for a legislative framework. Secondly, the health professions legislation in Ontario, the Capital Territory of Australia and New Zealand addressed all the entry-to-practice requirements that were identified in the analytical framework.

Thirdly, the New Zealand legislation is enabling for nurse practitioners in that it is the only legislation to recognize interdisciplinary issues and overlapping scopes of practice. Nurse practitioners are one of many providers in the primary health care model

which is based on care provided by interdisciplinary teams. Recognition of interdisciplinary issues and the overlapping scopes of practice for the members of the primary health care team are essential to the functioning of the team. Formal recognition lends support to all the team members to practice to full scope of practice without having to deal with issues related to encroaching on the scope of practice of another profession.

Fourthly, the legislation of the Capital Territory of Australia legislation is enabling in that it is the only legislation that includes all the components of continuing competence. Finally, the component of nurse compact in the US *Model Nursing Practice Act* is a significant legislative enabler. The nurse compact requires consistency in licensure requirements across jurisdictions so that nurse practitioners may practice in other states without requiring additional licensure.

While the literature review and analysis identifies many enabling legislative practices there were also some identified that were restrictive to nurse practitioners. In Canada, the *Manitoba Pharmaceutical Act* is an example of a very significant legislative restrictor in that the act currently does not allow pharmacists to fill prescriptions ordered by a nurse practitioner. Throughout the Canadian and international legislation there were many gaps in the legislation when it was examined against the analytical framework. There was inconsistency in title and title protection for nurse practitioners. There was a lack of recognition of interdisciplinary issues. Initial and continuing competence in most jurisdictions is not addressed in the legislation but rather in regulation. As well, there are no requirements for public education except in Ontario.

When regulatory practices are reviewed both enablers and restrictors were identified. Regulatory enablers were somewhat limited due to the lack of consistency in

regulation and the lack of consistency across jurisdictions. Two major regulatory enablers are the Pew recommendations for regulatory improvement and the OECD model for regulatory reform. Pew's recommendations identified ten crucial elements that were deemed necessary for effective health professional regulation and the OECD model can be used to facilitate the inclusion of these elements into future legislation/regulation. Another significant regulatory enabler is the NCSBN regulatory evaluation framework. The NCSBN framework can be utilized during legislation/regulation development to ensure that reform is occurring in a manner which best supports the implementation of nurse practitioners while ensuring that the public's interests are served.

When the regulations for the respective jurisdictions were analyzed based on the framework, the Newfoundland and Labrador regulations were deemed to have more enabling features and particularly with respect to the scope of practice for nurse practitioners. The Newfoundland and Labrador regulations were the only ones examined that contained all the required components for scope of practice. All other regulations were deficient in at least three of the seven components for the scope of practice element.

The regulations examined were also deficient in the entry-to-practice and continuing competence elements as well. This could potentially be a significant regulatory restrictor. The regulations revealed a lack of consistency with the entry-to-practice, continuing competence and scope of practice components. A further regulatory restrictor was the inconsistent approach of regulatory bodies across jurisdictions in the use by-laws and regulations to address entry-to-practice, continuing competence and scope of practice elements.

Based on the data collected and reviewed, four best practices emerge in legislation and regulation. First, from a legislative perspective, there is the US *Model Nursing Practice Act,* with its associated administrative rules, provides a template for nurse practitioner legislation. The three remaining best practices emerge out of the regulations review. The first one is the Pew Task Force recommendations for health professions regulation as previously identified in Table 1.The second was the Newfoundland and Labrador regulations pertaining to scope of practice. The third was the OECD regulatory reform model. (see Figure 1)

RECOMMENDATIONS

The approach and methods used in this literature review were designed to provide detailed information on the legislation and regulation of nurse practitioners in Canada and the international arena. The literature revealed a number of learning's that could be used to inform the development of a legislative/regulatory framework to support the sustained integration of the nurse practitioner role. Those observations may be options to consider for the future and/or they may lead to recommendations that will better inform the initiative.

The first option to consider is a comprehensive approach to the development of a legislative/regulatory framework that will support the necessary legislative reform required to implement the framework. Consideration should be given to using the U.S. *Model Nursing Practice Act* and its associated administrative rules as a model for a legislative/regulatory framework for the nurse practitioner role in Canada. There is value in using the Pew analytical framework to inform the development of a nurse practitioner

legislative/regulatory framework for Canada. The CNPI should consider the inclusion of the identified legislative and regulatory enablers in a nurse practitioner legislative/regulatory framework.

The second option to consider in the development of a legislative/regulatory framework is to use the legislative/regulatory framework development process model. The OECD model as adapted (see Figure 2) is one the CNPI could use as it proceeds with the legislative/regulatory development process.

The US *Model Nursing Practice Act* combined with the Pew Framework provides a template for the development of a legislative/regulatory framework for nurse practitioners in Canada. The adoption of Pew's ten crucial elements as key elements to include in a legislative/regulatory framework, supported by the components of the US *Model Nursing Practice Act*, serves as a best practice for a legislative and regulatory framework for nurse practitioners in Canada. To further inform the development of a legislative/regulatory framework, ten essential elements from the analytical framework are identified with a brief rationale for the inclusion of each element (see Table 7).

The Canadian legislation and regulation is examined in detail for each of these ten elements and a summary of the results for each provincial/territorial jurisdiction is provided in Appendix H. The data is organized in table format by element with a comparison across all jurisdictions. The intent of this format is to enable further analysis and identification of best practices by element, to inform the development of the legislative/regulatory framework to support the sustained integration of the nurse practitioner role in Canada's health system.

Table 7 – **Regulatory Framework Elements**

Nurse Practitioner Framework Elements	
Element	Rationale
Title & purpose of Legislation	Specifies the actual name and purview of the legislation, i.e., Nurse Practice Act or Health Professions Act.
Definitions	"Description of a thing by its properties; explanation of the exact meaning of a word or term; distinctiveness" (Webster's, 1987).
Licensure	Specifies the process and conditions to confirm that the individual has met the requirements of the legislation.
Titles & Abbreviations	"Title protection is another regulatory safeguard that is needed when protection of the public is required. When a title is protected, the only persons who can call themselves by a particular title are those properly authorized to use the title" (CNA, 2002, pg11).
Scope of Nursing practice	The scope of nursing practice specifies "the activities nurses are educated and authorized to perform. It is established through legislated definitions of nursing practice complemented by standards, guidelines and policy positions issued by nursing regulatory bodies" (CNA, 2002, pg5).
Board of Nursing	Specifies who has the authority to regulate nursing consistent with the practice act. It includes identifying the regulatory body, its structure, membership, nominations, qualifications, appointments, powers and duties and terms of office. (http://www.ncsbn.org/regulation/index.asp)
Approval of Nursing Education Programs	Authorizes the regulatory body to "set standards for the establishment and outcomes of nursing education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act "(Model Nursing Practice Act, pg 59, 2004).
Violations & Penalties	Specifies the repercussions for employing agencies that fail to determine the practitioner's qualifications and licensure.
Discipline & Proceedings	Specifies breaches in professional conduct and the processes and guidelines by which disciplinary action is taken against a licensed practitioner.
Mandatory Reporting	Specifies the requirements for licensed practitioners and others such as employers to report violations of professional practice.
Application of other statutes	Specifies those statutes that impact the practice of the advanced practice nurse.
Nurse Compact	Specifies the conditions under which a licensed practitioner can practice in another jurisdiction.

Given the current Canadian context with each jurisdiction at varying stages of legislative reform, and some having just completed major legislative changes, the regulatory framework development process model is best practice for managing regulatory reform.

In their third and final stage, the OECD model proposes that regulatory management occur as an ongoing process that seeks to improve the regulatory environment and manage the effects of regulation. This too should be considered in that the achievement of coordination of legislation and regulation across the Canadian jurisdictions will require a well thought-out regulatory management process. Given that health care is ever-changing and that the coordination of legislation and regulation may take a long time, the model from the OECD has been adapted to show a circular, ongoing process (see Figure 2).

CONCLUSION

In Canada, the introduction of the nurse practitioner has been ongoing for over forty years. While there has been recognition of the requirement for the nurse practitioner role there has been minimal progress legitimizing the role both in practice and in legislation/regulation.

The establishment of the PHCTF and the renewed interest at both the federal and provincial level in primary health care reform has served as an impetus for and given renewed momentum to the nurse practitioner movement. To date, many provinces have successfully enacted legislation and regulation for nurse practitioners and most others are currently in the implementation process.

The current political environment allows for a high profile of nurse practitioners in the Canadian health system. Currently both provincial and federal governments are increasingly interested in addressing the issues that continue to plague our health care system such as decreased funding, health human resource shortages, and poor access to health care services. Both the Kirby and Romanow reports are supportive of the key role that nurse practitioners can play in helping to address some of these issues.

The CNPI is taking advantage of this renewed momentum and new funding source to move the nurse practitioner initiative forward in the Canadian health care system. One of the key strategies of this initiative is to develop "a legislative/regulatory framework to facilitate implementation of nurse practitioners and reduce barriers to nurse practitioner practice in each province and territory" (CNPI Executive Summary, 2004).

In order to inform the development of the legislative/regulatory framework, the CNPI commissioned this literature review of existing legislation and regulation for nurse practitioners, family physicians and pharmacists in Canada, Australia, New Zealand, the UK and the US. This review provides an examination and analysis of the activity in the international jurisdictions related to nurse practitioner legislation and regulation. This review is one component of the overall effort to position the CNPI to aggressively facilitate the integration of nurse practitioners within primary health care.

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APPENDICES

APPENDIX A

Annotated Listing for Provincial/ Territorial Nurse Practitioner Legislation and Regulation

Province/ Territory	ALBERTA
Legislation: Title and Summary	Health Professions Act, R.S.A. 2000, c. H-7 The Health Professions Act (HPA) came into effect between 2002 and 2003 (HPA Section 157) to regulate all health professions in the province. This legislation requires all health professional colleges to follow common rules to investigate complaints and set educational and practice standards for registered members. The HPA will also increase public representation on college boards and in disciplinary processes.
Scope of Practice	The College & Association of Registered Nurses of Alberta's Provincial Council (2003) has *proposed* that a nurse practitioner "may perform all the restricted activities that registered nurses may perform" (College & Association of Registered Nurses of Alberta's Provincial Council, 2003,p.5). In addition they may: • Prescribe a Schedule 1 drug within the meaning of the Pharmaceutical Profession Act; • Prescribe parenteral nutrition; • Prescribe blood or blood products; • Order or apply any form of radiation in medical radiology; • Order non-ionizing radiation in magnetic resonance imaging; and, • Order or apply non-ionizing radiation in ultrasound imaging, including any application or ultrasound to a fetus.
Definitions	Not specified
Title Protection	Not specified
Registry Information and Licensure	Not specified
Continuing Competency	Delegated to the respective health professions board for inclusion in regulation
Education	No requirement Nurse Practitioner programs are currently available at the University of Alberta, University of Calgary, and University of Athabasca
Contact Information	Alberta Association of Registered Nurses http://nurses.ab.ca Alberta Queens Printer http://www.qp.gov.ab.ca/index.cfm

Appendix A – Annotated Listing for Provincial/ Territorial Nurse Practitioner Legislation and Regulation (cont'd)

Province/ Territory	BRITISH COLUMBIA
Legislation: Title and Summary	Health Professions Act, 1996, Chapter 183, Amended 2003, Amendment pending at the time of this Report. The Health Professions Act regulates the health professions within the province.
Scope of Practice	
Definitions	
Title Protection	
Registry Information and Licensure	
Continuing Competency	
Education	
Contact Information	Registered Nurses Association of British Columbia http://www.rnabc.bc.ca/index.htm British Columbia Queens Printer http://www.qp.gov.bc.ca/statreg/

Appendix A – Annotated Listing for Provincial/ Territorial Nurse Practitioner Legislation and Regulation (cont'd)

Province/ Territory	MANITOBA
Legislation: Title and Summary	Registered Nurses Act, 1999 C.C.S.M. c. R40 The Registered Nurses Act came into force in 2001 and details all the elements necessary to ensure the governance and regulation of those offering nursing care.
Scope of Practice	In the *proposed* Registered Nurses Act Extended Practice Regulation, (April 2004) the scope of practice for a registered nurse extended practice involves: • Ordering x-rays, ultrasounds and other forms of energy and laboratory tests except those specifically excluded by policy established by the board; • Prescribing drugs; and, • Performing minor surgical and invasive procedures.
Definitions	Not specified
Title Protection	In the *proposed* Registered Nurses Act Extended Practice Regulation (April, 2004), the title is protected. This *proposed* regulation states "no one other than "a registered nurse who is on the Extended Practice register shall be entitled to use the designation Registered Nurse (Extended Practice (p.1)."
Registry Information and Licensure	In the *proposed* Registered Nurses Act Extended Practice Regulation (April 2004), the initial eligibility requirements as an applicant for registered nurse extended practice includes: • Being on the register of practicing registered nurses; • Completing a nursing education program at an advanced level approved by the board or equivalent; and, • Completed a demonstration of competencies for registered nurse extended practice register.
Continuing Competency	Not specified
Education	Not specified A nurse practitioner program currently exists at the University of Manitoba.
Contact Information	College of Registered Nurses of Manitoba http://www.crnm.mb.ca/ Laws of Manitoba http://web2.gov.mb.ca/laws/statutes/index.php

Appendix A – Annotated Listing for Provincial/ Territorial Nurse Practitioner Legislation and Regulation (cont'd)

Province/ Territory	NEW BRUNSWICK
Legislation: Title and Summary	Registered Nurses Act, 1985 Amended 2002 The Nurses Act details all the elements necessary to ensure the governance and regulation of those offering nursing care. The act was amended in 2002 to include nurse practitioner. The act includes establishment, governance and role of a nurse practitioner therapeutics committee.
Scope of Practice	"A nurse practitioner is authorized to engage in all practices specified in the rules made by the Board and approved by the Minister of Health and Wellness under this section and may diagnose or assess a disease, disorder or condition, and communicate the diagnosis or assessment to the patient (Registered Nurses Act, 1985, Amended 2002, p.13).
Definitions	"Nurse practitioner means a nurse whose name is endorsed in the registrar as a nurse practitioner" (Nurses Act, 1985, Amended 2002, p.3).
Title Protection	Under this act, the title is protected. The Registered Nurses Act states "a nurse practitioner is entitled to engage in the practice of a nurse practitioner and… is entitled to hold herself out as a nurse practitioner and use the designation nurse practitioner" (Nurses Act, 1985, Amended 2002, p.16).
Registry Information and Licensure	A person who meets the qualification for registration as a nurse practitioner will be endorsed in the registrar.
Continuing Competency	Not specified
Education	Specified in the legislation for inclusion in regulation A nurse practitioner program currently exists at the University of New Brunswick
Contact Information	Nurses Association of New Brunswick http://www.nanb.nb.ca

Appendix A – Annotated Listing for Provincial/ Territorial Nurse Practitioner Legislation and Regulation (cont'd)

Province/ Territory	NEWFOUNDLAND and LABRADOR
Legislation: Title and Summary	Registered Nurses Act, R.S.N.L., 1990, C-9, Amended 2001 The Registered Nurses Act details all the elements necessary to ensure the governance and regulation of those offering nursing care. The act was amended in 2001 to include nurse practitioner.
Scope of Practice	The Registered Nurses Act states a nurse practitioner may: • Communicate a diagnosis identifying a disease or disorder to the patient; • Order the application of a form of energy; • Order laboratory or other tests; and, • Prescribe a drug.
Definitions	"Nurse practitioner is defined as "a registered nurse who has successfully completed a course of study prescribed by the council and is licensed to practice as a nurse practitioner under this Act or a nurse who in the opinion of the council has the knowledge and skills sufficient as prescribed by the regulations to be licensed to practice as a nurse practitioner under this Act" (Registered Nurses Act 2001).
Title Protection	The title "nurse practitioner" is protected under the Registered Nurses Act.
Registry Information and Licensure	The council keeps a register of nurse practitioners. As outlined in the Registered Nurses Act, a nurse practitioner may be issued a license to practice if she or he has successfully completed a course of study approved by the council; or has sufficient knowledge and skills as prescribed by the regulations. The specifics are prescribed in standards under the Association.
Continuing Competency	Not specified
Education	The act provides the council with powers to approve schools of nursing that meet requirements adopted by the council for educational programs and other programs necessary to acquire specific licensure. Nurse practitioner programs are provided at the Centre for Nursing Studies and Memorial University
Contact Information	Association of Registered Nurses of Newfoundland and Labrador http://www.arnnl.nf.ca/ Newfoundland and Labrador House of Assembly http://www.gov.nf.ca/hoa/sr/

Appendix A – Annotated Listing for Provincial/ Territorial Nurse Practitioner Legislation and Regulation (cont'd)

Province/ Territory	NORTHWEST TERRITORIES and NUNAVUT
Legislation: Title and Summary	Nursing Profession Act S.N.W.T. 2003,C.15 The Nursing Profession Act details all the elements necessary to ensure the governance and regulation of those offering nursing care. The act was created in 2003.
Scope of Practice	As outlined in the Nursing Profession Act the nurse practitioner is able to: • Perform the functions of a registered nurse; • Make a diagnosis identifying disease, disorder, or condition; • Communicate a diagnosis to a patient; • Order and interpret screening and diagnostic tests; • Select, recommend, supply, prescribe and monitor effectiveness of drugs; and, • Perform other procedures that are authorized in guidelines approved by the Minister.
Definitions	Nurse Practitioner means "a person who is registered in the Nurse Practitioner register under section 24." (Nursing Profession Act, 2003, section 1)
Title Protection	The title "nurse practitioner" is protected under the act.
Registry Information and Licensure	"The registrar shall maintain a record called the Nurse Practitioner Register, in which shall be entered the information that is prescribed by the bylaws pertaining to each nurse practitioner" (Nursing Profession Act, 2003, section 20). "The applicant is qualified to be a nurse practitioner if: • Is a registered nurse; • Is of good character, competent and fit to engage in the practice of a nurse practitioner and has a satisfactory professional reputation; • Has satisfactorily completed an approved nursing education program that prepares people to engage in the practice of nurse practitioners; and, • Has fulfilled any other requirements prescribed in the bylaws" (Nursing Profession Act, 2003, section 24.2).
Continuing Competency	In part 6 of the act under continuing competency, the act provides the association with powers to make bylaws to establish or adopt a continuing competency program and the authority to ensure if required by the association that nurse practitioners comply with the program.
Education	Under part 4 of the act the association establishes an education advisory committee. One of the requirements is to make recommendations to the board at least once every 5 years on standards for nursing education, nursing education programs and the process for approval of nursing education programs. A nurse practitioner program is available at Aurora College
Contact Information	Registered Nursing Association of the Northwest Territories and Nunavut http://www.rnantnu.ca/ Department of Justice http://www.justice.gov.nt.ca/Legislation/SearchLeg&Reg.htm

Appendix A – Annotated Listing for Provincial/ Territorial Nurse Practitioner Legislation and Regulation (cont'd)

Province/ Territory	NOVA SCOTIA
Legislation: Title and Summary	Registered Nurses Act, S.N.S. 2001, c. 10 The Registered Nurses Act details all the elements necessary to ensure the governance and regulation of those offering nursing care. The act was created in 2001 to include nurse practitioner.
Scope of Practice	"The practice of a nurse practitioner may in subject to a collaborative practice agreement and in accordance with the standards of practice of nurse practitioners: • Make diagnosis identifying a disease, disorder or condition; • Communicate the diagnosis to the client; • Order and interpret screening and diagnostic tests through the process set out in the regulations; • Select, recommend, prescribe and monitor the effectiveness of drugs and interventions through the process set out in the regulations; and, • Perform procedures approved through the process set out in the regulations" (Registered Nurses Act, 2001).
Definitions	The definition of nurse practitioner is " a registered nurse whose name appears in the specialty nurse practitioner class or the primary care nurse practitioner class pursuant to the regulations"(Registered Nurses Act, 2001).
Title Protection	The title "nurse practitioner is protected in the act.
Registry Information and Licensure	Licensing requirements are set out in the active practicing class as set out in the regulations. Although the requirements are tailored to either specialty nurse practitioner or primary health care nurse practitioner in general the following requirements must be met: • Is licensed in the active practicing class or holds a conditional license; • Applies for entry; • Not subject to any disciplinary findings that would prohibit the applicant from practicing; • Has graduated from a specialty nurse practitioner type program; nursing program deemed equivalent or from a nursing program with relevant experience; and, • Provides evidence if required of completion of the hours of practice.
Continuing Competency	No requirement. Under the Registered Nurses Regulations under section 8 of the Registered Nurses Act, as amended in 2003, a competency assessment process is outlined identifying methods and tools which could be used.
Education	The educational requirements as identified in the Registered Nurses Act, states a licensee can practice as a nurse practitioner if the person "meets the criteria for entry in either class as set out in the regulations" (Registered Nurses Act 13.2). Under the act, an education advisory committee is established which establishes standards, approves education programs, deny or withdraw approval of education programs, and deny, approve new programs. Dalhousie University offers a nurse practitioner program.

Province/ Territory	NOVA SCOTIA
Contact Information	College of Registered Nurses of Nova Scotia http://www.crnns.ca Nova Scotia House of Assembly http://www.gov.ns.ca/legislature/legc/

Province/ Territory	ONTARIO
Legislation: Title and Summary	Regulated Health Professions Act, S.O. 1991, c.18, Amended 2004 Nursing Act, 1991, S.O. 1991, c 32, amended 1998 The Regulated Health Professions Act regulates health professions and establishes regulatory bodies to govern and hold professionals accountable.
Scope of Practice	Under the Nursing Act, 1991, S.O. 1991, c 32, amended 1998, the registered nurse (Extended Practice) is permitted to: • Acts performed by a registered nurse; • Communicate to a client a diagnosis made by the member; • Order the application of a form of energy prescribed in the regulations; • Prescribe a drug as designated in the regulations; and, • Administer a drug prescribed by injection or inhalation.
Definitions	"Registered nurse in the extended class means a member who holds an extended certificate of registration as a registered nurse" (Nursing Act 1991 Ontario Regulation 275/94 Amended to O. Reg 264/04)
Title Protection	Not identified
Registry Information and Licensure	As outlined in the Nursing Act 1991 Ontario Regulation 275/94 Amended to O. Reg 264/04, an applicant for licensure: • Must hold or have held a general certificate of registration as a registered nurse issued by the college or satisfy the registration committee; • Graduated from an approved university program for preparing registered nurses in the extended class or equivalent; • Undergo an assessment of the applicant's competence in a form provided by the Registration Committee; successful completion of an examination and evaluation; and practiced nursing for at least 2 years, nursing practice performed safely and for at least one of those years practiced using advanced knowledge and decision making skills in assessment, diagnosis and health care management.
Continuing Competency	Permits the council to undergo a competency assessment, provides the procedure and remedial measures. This is outlined in the Nursing Act 1991 Ontario Regulation 275/94 Amended to O. Reg 264/04.
Education	Delegated to the respective health professions board for inclusion in regulation The following universities offer nurse practitioner programs: University of Ottawa, University of Toronto, University of Waterloo, University of Windsor, York University, Lakehead University, Laurentian University, McMaster University, Queen's University, and Ryerson University.
Contact Information	College of Nurses of Ontario http://www.cno.org/ Government of Ontario http://www.e-laws.gov.on.ca/tocBrowseCL_E.asp?lang=en

Appendix A – Annotated Listing for Provincial/ Territorial Nurse Practitioner Legislation and Regulation (cont'd)

Province/ Territory	PRINCE EDWARD ISLAND
Legislation: *Title and Summary*	Registered Nurse Act, 2004 c.15 The Registered Nurses Act came into effect December 2004 and details all elements necessary to ensure the governance and regulation of those offering nursing care.
Scope of Practice	"Practice of a nurse practitioner means the practice in which a nurse practitioner may, in accordance with any standards of practice for nurse practitioners established or adopted in the bylaws, practice of a nurse practitioner (i) diagnose or assess a disease, disorder or condition, and communicate the diagnosis or assessment to the client, (ii) order and interpret screening and diagnostic tests, (iii) select, prescribe and monitor the effectiveness of drugs, subject to authorization by the Minister under the Pharmacy Act, and (iv) order the application of forms of energy" (Registered Nurses Act , 2004 p.2)
Definitions	"Nurse practitioner means a registered nurse who holds a license that is endorsed with a nurse practitioner's endorsement" (Registered Nurses Act , 2004 p.2)
Title Protection	The title "Nurse Practitioner", "NP", "RNNP", "RN(NP)" is protected under the Registered Nurses Act 2004.
Registry Information and Licensure	"The Registrar shall keep, or cause to be kept, a record of all nurse practitioner endorsements made " (Registered Nurses Act , 2004 p.8) "The Registrar shall, on application, endorse a license with a nurse practitioner's endorsement if the applicant: (a) is registered as a member; (b) has successfully completed a recognized nurse practitioner education program; and (c) satisfies any endorsement requirements set out in the regulations" (Registered Nurses Act , 2004 p.8)
Continuing Competency	Not specified
Education	Under the act the Council shall appoint an Education Committee to advise and make recommendation to the council with respect to such components as standards, education regulations and curricula. The Council may "recognize a nurse practitioner education program offered by an approved school of nursing" (Registered Nurses Act , 2004 p.9) .
Contact Information	Prince Edward Island Legislative Council Office http://www.gov.pe.ca/law/index.php3 Association of Registered Nurses of Prince Edward Island Phone: 902-368-3764

Province/ Territory	QUEBEC
Legislation: *Title and Summary*	Nurses Act, R.S.Q.1973, c1-8, Amended 2003 The Nurse Act details the elements required for governance and regulation of the nursing profession.
Scope of Practice	As identified in the Nurses Act, nurses may if authorized by regulations under the Medical Act and the Nursing Act: • Prescribe diagnostic exams; • Use diagnostic techniques that are invasive or entail risks of injury; • Prescribe medications and other substances; • Prescribe medical treatment; and, • Use techniques or apply medical treatments that are invasive or entail risks of injury.
Definitions	Not specified
Title Protection	Not specified
Registry Information and Licensure	Not specified
Continuing Competency	Not specified
Education	Not specified
Contact Information	Ordre des infirmières et infirmiers du Québec http://www.oiiq.org/ Publications Quebec http://www2.publicationsduquebec.gouv.qc.ca/home.php# l

Appendix A – Annotated Listing for Provincial/ Territorial Nurse Practitioner Legislation and Regulation (cont'd)

Province/ Territory	SASKATCHEWAN
Legislation: *Title and Summary*	Registered Nurses Act, S.S. 1988, c. R-12.2, Amended 2003 The Registered Nurses Act outlines the elements necessary for governing and regulating registered nurses. It does not specifically address nurse practitioner or advanced practice nurse.
Scope of Practice	The Registered Nurses Act provides powers to the council to develop bylaws including for purposes of ordering, performing, receiving and interpreting reports of screening and diagnostic tests in certain areas: prescribing and dispensing drugs, and performing minor and surgical invasive procedures. The scope of practice for a nurse practitioner is defined under Bylaw V1 categories of practice and in the act under section 15.2.f and 24.3. The scope of practice includes: • Diagnose, and treat common medical disorders; • Order, perform, receive and interpret reports of screening and diagnostic tests in certain areas; • Prescribe and dispense drugs, • Irrigation, incision, drainage, excisions, intubations and insertion; and, • Perform minor surgical and invasive procedures.
Definitions	Not specified
Title Protection	Not specified
Registry Information and Licensure	An applicant for initial licensure of nurse practitioner as outlined in Bylaw VI shall: • Be a member in good standing; • Be currently licensed as a registered nurse; • Have practiced 4500 hours as a registered nurse; • Have successfully completed a nurse practitioner category registered nursing program; and, • Have satisfactorily completed a demonstration of nurse practitioner competencies.
Continuing Competency	The bylaws outline the requirements for nurse practitioners to participate in the continuing competency process as identified in the act.
Education	Not specified The Wareviewa Institute, Saskatchewan Institute of Applied Science & Technology, and the University of Saskatchewan provide nurse practitioner programs.
Contact Information	Saskatchewan Registered Nurses Association http://www.srna.org/ Saskatchewan Queens Printer http://www.qp.gov.sk.ca/

Appendix A – Annotated Listing for Provincial/ Territorial Nurse Practitioner Legislation and Regulation (cont'd)

Province/ Territory	YUKON
Legislation: Title and Summary	Registered Nurses Profession Act, 1992
Scope of Practice	Not specified
Definitions	Not specified
Title Protection	Not specified
Registry Information and Licensure	Not specified
Continuing Competency	Not specified
Education	Not specified
Contact Information	Yukon Legislative Assembly http://www.gov.yk.ca/leg%2Dassembly/ Yukon Registered Nurses Association Phone: 867-667-4062

APPENDIX B

Annotated Listing for Nurse Practitioner International Legislation and Regulation

Country/ State or Territory	AUSTRALIA – Capitol Territory
Legislation: Title and Summary	Health Professions Act, 2004 A2004-38; Republication No 2 Effective: 22 November 2004 "An Act to protect the public from risk of harm by ensuring that the people who provide health services regulated by this Act are competent to provide health services, and for other purposes."
Scope of Practice	As defined in the act, the health professions board for a profession is responsible for setting the "required standard of practice for the profession" (Health Professions Act, 2004, p.4).
Definitions	Not specified
Title Protection	Delegated to the respective health professions board for inclusion in regulation
Registry Information and Licensure	As defined in the act, the health professions board for a profession is responsible for "registering health professions in their profession" (Health Professions Act, 2004, p.4). The act identifies that each regulated health profession under the suitability to practice requirements "must state the requirements to be satisfied for a person to be unconditionally registered to practice in the health profession" (Health Professions Act, 2004, p.14) including qualifications, maintenance and demonstration of continuing competence. Licensure is also prescribed under the regulation section.
Continuing Competency	This is found under the suitability to practice requirement
Education	The board has the authority to approve educational and training courses related to professional qualifications but the requirements are not specified.
Contact Information	Nurses Board of the Australian Capital Territory www.nursesboard.act.gov.au Australian Capital Territory Legislation Registrar http://www.legislation.act.gov.au/a/2004-38/default.asp
Country/ State or Territory	Australia – New South Wales
Legislation: Title and Summary	Nurses and Midwives Act 1991 The Nurses Amendment (Nurse Practitioner) Act 2003. The main purpose is to amend the Nurses Act 1991 to make provision for the registration and enrolment of nurse practitioners.
Scope of Practice	The Director General may make or revise guidelines relating to the functions of nurse practitioners including possession, use, supply or prescription or any drug.
Definitions	As identified in the act a "nurse practitioner means a person authorized by the Board under this act to practice as a nurse practitioner".
Title Protection	Nurse practitioner is title protected under both acts.

Country/ State or Territory	AUSTRALIA – Capitol Territory
Registry Information and Licensure	As outlined in the act any person who is a registered nurse or entitled to be a registered nurse may apply to the board for authorization to practice as a nurse practitioner. The board must be satisfied the person has sufficient qualifications and experience.
Continuing Competency	Not specified
Education	The board has the authority to grant recognition of courses for the training of nurse practitioners.
Contact Information	Nurses and Midwives Board of New South Wales http://www.nursesreg.nsw.gov.au/ Parliamentary Council's Office http://www.legislation.nsw.gov.au/maintop/reviewact/inforce/NONE/0

Country/ State or Territory	AUSTRALIA – Northern Territory
Legislation: *Title and Summary*	Health Practitioners Act 2004; May 2004 "An Act to provide for the registration and enrolment of persons practicing health care and the regulation of those persons, and for related purposes."
Scope of Practice	Not specified
Definitions	Not specified
Title Protection	Nurse Practitioner is a protected title under this act.
Registry Information and Licensure	Not specified
Continuing Competency	Not specified
Education	Not specified
Contact Information	Nursing and Midwifery Board of the Northern Territory http://www.nt.gov.au/ Northern Territory Legislative Assembly http://www.nt.gov.au/lant/hansard/hansard.shtml
Country/ State or Territory	Australia - Queensland
Legislation: *Title and Summary*	Nursing Act 1992, Reprint No 3E, Amended October 2004 "An Act to provide for the registration and enrolment of nurses, the practice of nursing and the education of nurses, and related purposes."
Scope of Practice	Not specified
Definitions	Not specified
Title Protection	Not specified
Registry Information and Licensure	Not specified

Country/ State or Territory	AUSTRALIA – Northern Territory
Continuing Competency	Not specified
Education	Not specified
Contact Information	Queensland Nursing Council http://www.qnc.qld.gov.au Queensland Government http://www.legislation.qld.gov.au/Legislation.htm

Country/ State or Territory	AUSTRALIA – South Australia
Legislation: Title and Summary	Nurses Act 1999, Amended 2003 "An Act to provide for the registration and enrolment of nurses; to regulate nursing for the purpose of maintaining high standards of competence and conduct by nurses in South Australia."
Scope of Practice	Not specified
Definitions	Not specified
Title Protection	Not specified
Registry Information and Licensure	Not specified
Continuing Competency	Not specified
Education	Not specified
Contact Information	Nurses Board of South Australia www.nursesboard.sa.gov.au Parliament of South Australia http://www.parliament.sa.gov.au/dbsearch/legislation-list.asp?doctype=an
Country/ State or Territory	Australia - Tasmania
Legislation: Title and Summary	Nursing Act 1995 "An Act to provide for the registration and enrolment of nurses, the regulation of the practice of nursing."
Scope of Practice	Not specified
Definitions	Not specified
Title Protection	Not specified
Registry Information and Licensure	Not specified
Continuing Competency	Not specified
Education	Not specified

Country/ State or Territory	AUSTRALIA – South Australia
Contact Information	Nursing Board of Tasmania www.nursingboardtas.org.au Tasmania Legislation http://www.thelaw.tas.gov.au/browse/index.w3p;a=;aa=;as=;berr=;endI=;fltr=;fltr_on=;s=;startI=?filter=all&filter_on=nursing

Country/ State or Territory	AUSTRALIA – Victoria
Legislation: Title and Summary	Nurse Act 1993, Amended June 2004 This act is established to protect the "public by providing for the registration of nurses and the investigation into the professional conduct and fitness to practice of registered nurses; and to establish the Nurses Board of Victoria and the Nurses Board Fund of Victoria".
Scope of Practice	Not specified
Definitions	Nurse practitioner means a nurse whose registration has been endorsed in accordance with the requirements for registration.
Title Protection	Nurse practitioner is protected under the act
Registry Information and Licensure	The board must be satisfied that a nurse registered in another division has satisfactorily completed a course of study and has clinical experience that qualifies them to be a nurse practitioner. The nurse must also have completed a course of study that qualifies the nurse to possess and prescribe drugs and controlled substances.
Continuing Competency	Not specified
Education	Education requirements are acknowledged but not specified in the act. The board establishes a nurse practitioner advisory committee which establishes the curriculum, content and standard of courses of study for nurse practitioners.
Contact Information	Nurses Board of Victoria www.nbv.org.au Victorian Legislation and Parliamentary Documents http://www.dms.dpc.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf?OpenDatabase

Appendix B – Annotated Listing for Nurse Practitioner International Legislation and Regulation (cont'd)

Country/ State or Territory	AUSTRALIA – Western Australia
Legislation: Title and Summary	Nurses Act 1992, Amended February 2004 This act provides "for the regulation of the practice of nursing", and "the registration of persons as nurses".
Scope of Practice	As defined in the act the functions of nurse practitioners, include: • "the possession, use, supply or prescription of poisons, as defined in the Poisons Act 1964, by a nurse practitioner; • the requesting, or undertaking, of diagnostic testing or therapies; • the undertaking of treatments by a nurse practitioner; and • such other functions as are necessary or convenient with respect to the practice of nursing as a nurse practitioner and the conduct of nurse practitioners" (Nurses Act, 1992, p.8).
Definitions	Nurse practitioner means a nurse who is registered according to the requirements set out in the act as a nurse practitioner.
Title Protection	Not specified
Registry Information and Licensure	For registration as a nurse practitioner the person is registered or entitled to be registered as a nurse and holds an approved educational qualification as identified by the board.
Continuing Competency	Not specified
Education	The act identifies that board has the authority to monitor and provide advice on nursing education and determine acceptable educational qualifications.
Contact Information	Nurses Board of Western Australia www.nbwa.org.au State Law Publisher Western Australian Legislation http://www.slp.wa.gov.au/statutes/swans.nsf

Appendix B – Annotated Listing for Nurse Practitioner International Legislation and Regulation (cont'd)

Country	NEW ZEALAND
Legislation: Title and Summary	Health Practitioner's Competence Assurance Act 2003 The act provides a framework for the regulation of health practitioners in order to protect the public where there is a risk of harm from the practice of the profession. The act applies to all registered health practitioners including nurses and nurse practitioners. Each practitioner is registered with the relevant authority. That authority holds a register of all the practitioners registered under it.
Scope of Practice	The scope of a nurse practitioner includes a wide range of assessment and treatment interventions, including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests and administering therapies for the management of potential or actual health needs (Nursing Council of New Zealand).
Definitions	``Health practitioner or practitioner' means a person who is, or is deemed to be, registered with an authority as a practitioner of a particular health profession" (Health Practitioner's Competency Act 2003). Nurse Practitioners are "expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practice both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people's health needs" (Nursing Council of New Zealand).
Title Protection	Delegated to the respective health professions board for inclusion in regulation
Registry Information and Licensure	An applicant for initial licensure as a nurse practitioner shall: • "Registration with the Nursing Council of New Zealand in the Registered Nurse Scope of Practice; • A minimum of four years of experience in a specific area of practice; • Successful completion of a clinically focused Masters Degree program approved by the Nursing Council of New Zealand, or equivalent qualification; and, • A pass in a Nursing Council assessment of Nurse Practitioner competencies and criteria. Nurse Practitioners seeking registration with prescribing rights are required to have an additional qualification. Successful completion of an approved prescribing component of the clinically-focused Masters program relevant to their specific area of practice" (Nursing Council of New Zealand).
Continuing Competency	Delegated to the respective health professions board for inclusion in regulation
Education	Delegated to the respective health professions board for inclusion in regulation
Contact Information	Nursing Council of New Zealand http://www.nursingcouncil.org.nz/ Public Access to Legislation Project http://www.legislation.govt.nz/

Appendix B – Annotated Listing for Nurse Practitioner International Legislation and Regulation (cont'd)

Country	UNITED KINGDOM
Legislation: Title and Summary	Nurses, Midwives and Health Visitors Act 1992
Scope of Practice	Not specified
Definitions	Not specified
Title Protection	Not specified
Registry Information and Licensure	Not specified
Continuing Competency	Not specified
Education	Not specified
Contact Information	Nursing and Midwifery Council http://www.nmc-uk.org/nmc/main/splash.html Her Majesty's Stationary Office http://www.legislation.hmso.gov.uk/legislation/uk.htm

Country	UNITED STATES
Legislation: Title and Summary	Model Nurse Practice Act May 19, 2004 This model framework specifies the elements that should be included in legislation as well as the associated regulatory requirements. Provides a harmonized language for the development of state legislation for advanced practice nursing.
Scope of Practice	"The scope of an advanced practice registered nurse includes but is not limited to performing acts of advanced assessment, diagnosing, prescribing, selecting, administering and dispensing therapeutic measures, including over-the-counter drugs, legend drugs and controlled substances, within the advanced practice registered nurse's role and specialty appropriate education and certification" (Model Nursing Practice Act, 2004, p.12).
Definitions	"Advanced practice registered nursing by nurse practitioners, nurse anesthetists, nurse midwives or clinical nurse specialists is based on knowledge and skills acquired in basic nursing education; licensure as a registered nurse; graduation from or completion of a graduate level APRN program accredited by a national accrediting body and current certification by a national certifying body in the appropriate APRN role and specialty" (Model Nursing Practice Act, 2004, p.12).
Title Protection	Protects the title advanced practice registered nurse and associated abbreviation

Country	UNITED STATES
Registry Information and Licensure	"An applicant for initial licensure as an advanced practice registered nurse shall: • Submit a completed written application and appropriate fees as established by the board; • Hold an unencumbered license as a registered nurse; • Have completed an accredited graduate level APRN program or completed an approved ARPN certificate program prior to 2003; and, • Be currently certified by a national certifying body recognized by the board in the APRN role and specialty appropriate to educational preparation" (Model Nursing Practice Act, 2004, p.36).
Competency	No requirement
Education	Provides the board with the authority to set standards and outcomes of nursing education programs.
Contact Information	National Council of State Boards of Nursing www.ncsbn.org

APPENDIX C

Search Hits by Key Word and Database

Keyword Search	Pubmed/ Medline	CINAHL	Google
Nurse Practitioner and registration	13 hits 1 rel	39 hits 0 hits	169 000 hits 20 / 50 rel
Nurse Practitioner and legislation	122 hits 0 rel	811 hits 0 rel	56,600 hits 19/50 rel
Nurse Practitioner and certification	79 hits 1 rel	221 hits 2 rel	211,000 4/50 rel
Nurse Practitioner and continuing competency	0 hits 0 rel	0 hits	455 hits 9/50 rel
Nurse Practitioner and entry level requirements	1 hits 0 rel	0 hits	83 hits 2/50 rel
Nurse Practitioner and examination	132 hits 2 rel	675 hits 0 rel	171,000 hits 1 rel
Nurse Practitioner and licensing	2 hits 0 rel	9 hits 2 rel	101,000 hits 1/50 rel
Nurse Practitioner and professional regulation	1 hits 0 rel	28 hits 0 rel	542 hits 7/50 rel
Nurse Practitioner and self regulation	0 rel 0 rel	5 hits 0 rel	105000 hits 16 rel
Nurse Practitioner and testing	45 hits 1 rel	185 hits 0 rel	157,000 hits 4/50 rel
Nurse Practitioner and title	19 hits 2 rel	71 hits 2 rel	217,00 hits 10/50 rel
Nurse Practitioner and terminology	19 hits	41 hits 1 rel	268,000 hit 6/50 rel
Nurse Practitioner and regulation	16 hits 1 hit	226 hits 2 rel	105.000 hits 29/50 rel
Family physician and registration	10 hits 0 rel	3 hits 0 rel	80,000 hits 2/50 rel
Family physician and legislation	37 hits 1 rel	46 hits 0 rel	34,200 hits 4/50 rel
Family physician and certification	16 0	14 hits 0 rel	52,500 hits 2/50 rel
Family physician and continuing competency	0 hits	0 hits	37 hits 1 rel
Family physician and entry level requirements	0 hits	0 hits	11 hits 0 rel

Keyword Search	Pubmed/ Medline	CINAHL	Google
Family physician and examination	167 hits 0 rel	362 hits 0 rel	125,000 hits 0 rel
Family physician and licensing	1 hit 0 rel	4 hits 0 rel	35,600 hits 7/50 hits
Family physician and professional regulation	0 hits	0 hits	152 hits 1/ rel
Family physician and self regulation	0 hits	1 hits 0 rel	736 hits 4/ 50 rel
Family physician and testing	48 hits 0 rel	157 hits 0 rel	94,800 hits 0/50 rel
Family physician and title	1 hit 0 rel	1 hits 0 rel	57,300 hits 0/50 rel
Family physician and terminology	10 hits 0 rel	7 hits 0 rel	224,000 hits 0/50 rel
Family physician and regulation	111 hits 1 rel	15 hits 1 rel	61,800 hits 1/50 rel
Pharmacist and registration	17 hits 1 rel	5 hits 0 rel	456,00 hits 4/50 rel
Pharmacist and legislation	268 hits 1 rel	74 hits 1 rel	163,000 hits 1/50 rel
Pharmacist and certification	36 hits 0 rel	14 hits 0 rel	251,000 hits 2/50 rel
Pharmacist and continuing competency	0 hits	0 hits	504 rel 6/50 hits
Pharmacist and entry level requirements	2 hits 0 rel	0 hits	61 hits 0 rel
Pharmacist and examination	56 hits 0 rel	19 hits 0 rel	306,000 3/50 rel
Pharmacist and licensing	8 hits 0 rel	6 hits 0 rel	198,00 hits 2/50 rel
Pharmacist and professional regulation	0 hits	3 hits 0 rel	4,090 hits 1/50 rel
Pharmacist and self regulation	0 hits	0 hits	5,280 hits 4/50 rel
Pharmacist and testing	59 hits 0 rel	14 hits 0 rel	312,000 hits 1/50 rel
Pharmacist and title	9 hits 0 rel	3 hits 0 rel	504,000 hits 1/50 rel
Pharmacist and terminology	18 hits 0 rel	0 hits	1,190,000 hits 1/50 rel
Pharmacist and regulation	24 hits 0 rel	34 hits 0 rel	257,000 hits 2/50 rel

APPENDIX D

United States Certification Requirements for Nurse Practitioners and Clinical Nurse Specialists by Organization

***Table 8* – American Academy of Nurse Practitioners**

http://www.aanp.org/default.asp

Specialty	*Certification Process*	*Recertification Regulation and Timeframe*	*Practice Requirements (hours, clinical exp)*	*Initial Fees*	*Initial Qualifications*
Adult NP	Application Testing Fees Computer based test	Every 5 years. Sit for required examination or meet clinical practice and continuing education requirements.	1000 hours clinical practice. 75 contact hours of continuing education.	Testing Fees: Member: $240 Non member: $315 Recertification: Member: $99 Non member: $195	Graduates of masters or post masters level.
Family NP	Application Testing Fees Computer based test	Every 5 years. Sit for required examination or meet clinical practice and continuing education requirements.	1000 hours clinical practice. 75 contact hours of continuing education.	Testing Fees: Member: $240 Non member: $315 Recertification: Member: $99 Non member: $195	Graduates of masters or post masters level.

***Table 9* – American Nurses Credentialing Centre and American Association of Critical Care Nurses Certification Corp**

http://www.nursingworld.org/ancc/

Specialty	*Certification Process*	*Recertification Regulation and Timeframe*	*Practice Requirements (hours, clinical exp)*	*Initial Fees*	*Initial Qualifications*
Acute Care NP	Completed and signed application; official transcript, certification verification forum; nurse practitioner educational preparation Fees Computer based or pen and pencil test	5-year certification period. Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of 75 contact hours of continuing education and one of the 5 continuing education categories • Category 1--Continuing Education Credits: 75 Contact Hours • Category 2--Academic Credits: 5 Semester Hour Credits (or 6 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	Have a minimum of 500 hours supervised clinical practice in specialty area and role.	Testing Fees: Member: $230 Discount rate: $300 Non member: $370 Recertification Fees: By practice hours and continuing education Member: $160 Discount rate: $230 Non member: $290 By continuing education and exam: Computer-based exam Member: $230 Discount rate: $300 Non member: $370	Hold an active unrestricted license in the US. Hold a Masters of high degree in nursing. Completed formal training in same specialty area of practice in which applying through masters or post graduate program. Have graduated from a program offered by an accredited institution granting graduate-level academic credit for all course work that includes both didactic areas.

Specialty	*Certification Process*	*Recertification Regulation and Timeframe*	*Practice Requirements (hours, clinical exp)*	*Initial Fees*	*Initial Qualifications*
Adult NP	Completed and signed application; official transcript, certification verification forum; nurse practitioner educational preparation. Fees Computer based or pen and pencil test.	5-year certification period Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of 75 contact hours or 5 academic semester hours and one of the 5 continuing education categories • Category 1--Continuing Education Credits: 25 Contact Hours • Category 2--Academic Credits: 2 Semester Hour Credits (or 3 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	Have a minimum of 500 hours supervised clinical practice in specialty area and role.	Testing Fees: Member: $230 Discount rate: $300 Non member: $370 Recertification Fees: By practice hours and continuing education Member: $160 Discount rate: $230 Non member: $290 By continuing education and exam: Computer-based exam Member: $230 Discount rate: $300 Non member: $370	Hold an active unrestricted license in the US. Hold a Masters of high degree in nursing. Completed formal training in same specialty area of practice in which applying through masters or post graduate program. Have graduated from a program offered by an accredited institution granting graduate-level academic credit for all course work that includes both didactic areas.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Adult Psychiatric and Mental Health CNS	A completed and signed application for ANCC Certification; Copy of membership card (if applicable); Official transcript with date of degree conferral; Certification verification request form (if requested); Clinical Nurse Specialist Educational Preparation Verification; Supervised Clinical Practice Verification. Fees Examination	5-year certification period. Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of two of the 5 continuing education categories. Any one of the categories may be double. • Category 1--Continuing Education Credits: 75 Contact Hours • Category 2--Academic Credits: 5 Semester Hour Credits (or 6 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	A minimum of 500 hours of supervised clinical practice in the specialty area and role. (Must have 500 hours of faculty supervised clinical practicum beginning January 1, 2006)	Testing Fees Member: $230 Discount rate: $300 Non member: $370 Recertification Fees: By practice hours and continuing education Member: $160 Discount rate: $230 Non member: $290 By continuing education and exam: Computer-based exam Member: $230 Discount rate: $300 Non member: $370	Hold a currently active registered nurse license. Hold a Master's or higher degree in psychiatric and mental health nursing or meet the following: A Master's or higher degree in nursing; Completed a minimum of 18 graduate or post-graduate level academic credits in psychiatric and mental health theory; and Nursing clinical training at the graduate or post-graduate level in at least two psychotherapeutic treatment modalities. Have been prepared in the area of practice for which they have applied for certification through a master's program or a formal postgraduate master's program in nursing.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Adult Psychiatric and Mental Health CNS (cont'd)		All Psychiatric and Mental Health Clinical Nurse Specialist recertification candidates who took their initial certification exam in 2000 or in subsequent years must complete 100 hours of individual or group clinical supervision/consultation in their specialty during the five-year certification period, if not previously submitted with the initial application.			Have graduated from a program offered by an accredited institution granting graduate-level academic credit for all of the course work that includes both didactic and clinical components.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Adult Psychiatric and Mental Health NP	Completed and signed application; official transcript, certification verification forum; nurse practitioner educational preparation Fees Computer based or pen and pencil test	5-year certification period. Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of two of the 5 continuing education categories. Any one of the categories may be double. • Category 1--Continuing Education Credits: 75 Contact Hours • Category 2--Academic Credits: 5 Semester Hour Credits (or 6 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	Have a minimum of 500 hours supervised clinical practice in specialty area and role.	Testing Fees: Member: $230 Discount rate: $300 Non member: $370 Recertification Fees: By practice hours and continuing education Member: $160 Discount rate: $230 Non member: $290 By continuing education and exam: Computer-based exam Member: $230 Discount rate: $300 Non member: $370	Have graduated from of an accredited masters or post-masters program prepared to practice as either an Adult Psychiatric and Mental Health Nurse Practitioner (PMHNP), an Adult Advanced Practice Psychiatric and Mental Health Nurse, a Family Psychiatric and Mental Health Nurse Practitioner, or a Family Advanced Practice Psychiatric and Mental Health Nurse, * Clinical training at the graduate or post-graduate level in at least two psychotherapeutic treatment modalities. All PMHNP candidates are expected to have a broad understanding of basic pharmacologic principles, along with a strong background in psychopharmacological agents.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Advanced Practice Palliative Care (NP of CS)	A completed and signed application for initial certification; Copy of RN license; Copy of membership card; Copy of official graduate transcript with date of advanced degree conferral; A completed and signed Practice Verification Form Advanced Practice Palliative Care Educational Preparation Fees Test	5-year certification period. Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,500 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of two of the 5 continuing education categories. Any one of the categories may be double. • Category 1--Continuing Education Credits: 75 Contact Hours • Category 2--Academic Credits: 5 Semester Hour Credits (or 6 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	A minimum of 500 hours of supervised clinical practice.	Test Fees Member: $180 Collaborative Rate: $250 Non member: $320	Hold a currently active registered nurse license. Have graduated from a program: • offered by an accredited institution granting graduate-level academic credit for all of the course work, and • which includes both didactic and clinical components? Hold one of the following: • Master's or higher degree in nursing from an Advanced Practice, Palliative Care master's or post-master's certificate program with a minimum of 500 hours of supervised clinical practice in palliative care.

Specialty	*Certification Process*	*Recertification Regulation and Timeframe*	*Practice Requirements (hours, clinical exp)*	*Initial Fees*	*Initial Qualifications*
Advanced Practice Palliative Care (NP of CS) (cont'd)					• Master's, post-master's, or higher degree in nursing from an advanced practice program (APRN) as a Clinical Nurse Specialist (CNS) or Nurse Practitioner (NP) with 500 hours of post-master's practice in providing palliative care in the year prior to applying to take the examination.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Child and Adolescent Psychiatric and Mental Health CNS	A completed and signed application for ANCC Certification; Copy of membership card (if applicable); Official transcript with date of degree conferral; Certification verification request form (if requested); Clinical Nurse Specialist Educational Preparation Verification; Supervised Clinical Practice Verification Fees Examination	5-year certification period. Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of two of the 5 continuing education categories. Any one of the categories may be double. • Category 1--Continuing Education Credits: 75 Contact Hours • Category 2--Academic Credits: 5 Semester Hour Credits (or 6 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	A minimum of 500 hours of supervised clinical practice in the specialty area and role. (Must have 500 hours of faculty supervised clinical practicum beginning January 1, 2006).	Testing fees Member: $230 Discount rate: $300 Non member: $370 Recertification fees: By practice hours and continuing education Member: $160 Discount rate: $230 Non member: $290 By continuing education and exam: Computer-based exam Member: $230 Discount rate: $300 Non member: $370	Hold a currently active registered nurse license in the United States or its territories. Hold a Master's or higher degree in psychiatric and mental health nursing or meet the following: • A master’s or higher degree in nursing; Completed a minimum of 18 graduate or post-graduate level academic credits in psychiatric and mental health theory; and • Nursing clinical training at the graduate or post-graduate level in at least two psychotherapeutic treatment modalities.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Child and Adolescent Psychiatric and Mental Health CNS (cont'd)		All Psychiatric and Mental Health Clinical Nurse Specialist recertification candidates who took their initial certification exam in 2000 or in subsequent years must complete 100 hours of individual or group clinical supervision/consultation in their specialty during the five-year certification period, if not previously submitted with the initial application			Have been prepared in the area of practice for which they have applied for certification through a master's program or a formal postgraduate master's program in nursing; Have graduated from a program offered by an accredited institution granting graduate-level academic credit for all of the course work that includes both didactic and clinical components.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Child and Family Psychiatric and Mental Health NP	Completed and signed application; official transcript, certification verification forum; nurse practitioner educational preparation Fees Computer based or pen and pencil test	5-year certification period Hold a current active registered nurse license Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of two of the 5 continuing education categories. Any one of the categories may be double. • Category 1--Continuing Education Credits: 75 Contact Hours • Category 2--Academic Credits: 5 Semester Hour Credits (or 6 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	Have a minimum of 500 hours supervised clinical practice in specialty area and role	Testing Fees: Member: $230 Discount rate: $300 Non member: $370 Recertification Fees: By practice hours and continuing education Member: $160 Discount rate: $230 Non member: $290 By continuing education and exam: Computer-based exam Member: $230 Discount rate: $300 Non member: $370	Have graduated from of an accredited masters or post-masters program prepared to practice as either an Adult Psychiatric and Mental Health Nurse Practitioner (PMHNP), an Adult Advanced Practice Psychiatric and Mental Health Nurse, a Family Psychiatric and Mental Health Nurse Practitioner, or a Family Advanced Practice Psychiatric and Mental Health Nurse, * Clinical training at the graduate or post-graduate level in at least two psychotherapeutic treatment modalities. All PMHNP candidates are expected to have a broad understanding of basic pharmacologic principles, along with a strong background in psychopharmacological agents.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Community Health CNS	Completed and signed application; Copy of membership card; master's transcript, letter or statement verifying community /public health nursing specialization; Certification verification request form.; Clinical Nurse Specialist educational Preparation Verification; Supervised Clinical Practice Verification. Fees Pen and Pencil test	5-year certification period. Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of two of the 5 continuing education categories. Any one of the categories may be double. • Category 1--Continuing Education Credits: 75 Contact Hours • Category 2--Academic Credits: 5 Semester Hour Credits (or 6 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	A minimum of 500 hours of supervised clinical practice in the specialty area and role. (Must have 500 hours of faculty supervised clinical practicum beginning January 1, 2006).	Testing fees Member: $180 Discount rate: $250 Non member: $320 Recertification fees By practice hours and continuing education Member: $160 Discount rate: $230 Non member: $290 Written (paper-and-pencil) exam Member:$160 Discount rate:$230 Non member: $290	Hold a currently active registered nurse license. Hold either a Master's or higher degree in community nursing or Baccalaureate degree in nursing and a master's or higher degree in public health with a specialization in community and/or public health nursing. Have been prepared in the area of practice for which they have applied for certification through a master's program or a formal postgraduate master's program in nursing. Have graduated from a program offered by an accredited institution granting graduate-level academic credit for all of the course work that includes both didactic and clinical components

Specialty	*Certification Process*	*Recertification Regulation and Timeframe*	*Practice Requirements (hours, clinical exp)*	*Initial Fees*	*Initial Qualifications*
Family NP	Completed and signed application; official transcript, certification verification forum; nurse practitioner educational preparation Fees Computer based or pen and pencil test	5-year certification period. Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of 75 contact hours or 5 academic semester hours and one of the 5 continuing education categories • Category 1--Continuing Education Credits: 25 Contact Hours • Category 2--Academic Credits: 2 Semester Hour Credits (or 3 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	Have a minimum of 500 hours supervised clinical practice in specialty area and role.	Testing Fees: Member: $230 Discount rate: $300 Non member: $370 Recertification Fees: By practice hours and continuing education Member: $160 Discount rate: $230 Non member: $290 By continuing education and exam: Computer-based exam Member: $230 Discount rate: $300 Non member: $370	Hold an active unrestricted license. Hold a Masters of high degree in nursing. Completed formal training in same specialty area of practice in which applying through masters or post graduate program. Have graduated from a program offered by an accredited institution granting graduate-level academic credit for all course work that includes both didactic areas.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Gerontological CNS	A completed and signed application for ANCC Certification; Copy of membership card; Official transcript with date of degree conferral; Certification verification request form; Clinical Nurse Specialist Educational Preparation Verification; Supervised Clinical Practice Verification. Fees Computer test	5-year certification period. Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of two of the 5 continuing education categories or double any category except 3 • Category 1--Continuing Education Credits: 75 Contact Hours • Category 2--Academic Credits: 5 Semester Hour Credits (or 6 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	A minimum of 500 hours of supervised clinical practice in the specialty area and role (Must have 500 hours of faculty supervised clinical practicum beginning January 1, 2006)	Testing fees Member: $230 Discount rate: $300 Non member: $370 Recertification fees: By practice hours and continuing education Member: $160 Discount rate $230 Non member: $290 By continuing education and exam: Computer-based exam Member: $230 Discount rate $300 Non member: $370	Hold a currently active registered nurse license in the United States or its territories. Hold a Master's or higher degree in nursing. Have been prepared in the area of practice for which they have applied for certification through a master's program or a formal postgraduate master's program in nursing. Have graduated from a program offered by an accredited institution granting graduate-level academic credit for all of the course work that includes both didactic and clinical components.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Gerontological NP	Completed and signed application; official transcript, certification verification forum; nurse practitioner educational preparation. Fees Computer based or pen and pencil test	5-year certification period. Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of two of the 5 continuing education categories or double any category except category 3. • Category 1--Continuing Education Credits: 75 Contact Hours • Category 2--Academic Credits: 5 Semester Hour Credits (or 6 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	Have a minimum of 500 hours supervised clinical practice in specialty area and role.	Testing Fees: Member: $230 Discount rate: $300 Non member: $370 Recertification Fees: By practice hours and continuing education Member: $160 Discount rate: $230 Non member: $290 By continuing education and exam: Computer-based exam Member: $230 Discount rate: $300 Non member: $370	Hold an active unrestricted license. Hold a Masters of high degree in nursing. Completed formal training in same specialty area of practice in which applying through masters or post graduate program. Have graduated from a program offered by an accredited institution granting graduate-level academic credit for all course work that includes both didactic areas.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Home Health CNS	A completed and signed application for ANCC Certification; Copy of membership card; Official transcript with date of degree conferral; Certification verification request form; Clinical Nurse Specialist Educational Preparation Verification; Supervised Clinical Practice Verification. Fees Computer test	5-year certification period. Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of two of the 5 continuing education categories. Any one of the categories may be double. • Category 1--Continuing Education Credits: 75 Contact Hours • Category 2--Academic Credits: 5 Semester Hour Credits (or 6 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	A minimum of 500 hours of supervised clinical practice in the specialty area and role. (Must have 500 hours of faculty supervised clinical practicum beginning January 1, 2006).	Testing fees Member: $180 Discount rate: $250 Non member: $320 Recertification fees: Written (paper-and-pencil) exam Member: $160 Discount rate $230 Non member: $290	Hold a currently active registered nurse license in the United States or its territories. Hold a Master's or higher degree in nursing. Have been prepared in the area of practice for which they have applied for certification through a master's program or a formal postgraduate master's program in nursing. Have graduated from a program offered by an accredited institution granting graduate-level academic credit for all of the course work that includes both didactic and clinical components.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Medical Surgical CNS	A completed and signed application for ANCC Certification; Copy of membership card; Official transcript with date of degree conferral; Certification verification request form; Clinical Nurse Specialist Educational Preparation Verification; Supervised Clinical Practice Verification. Fees Computer test	5-year certification period. Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of two of the 5 continuing education categories or double any single category except 3 • Category 1--Continuing Education Credits: 75 Contact Hours • Category 2--Academic Credits: 5 Semester Hour Credits (or 6 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	A minimum of 500 hours of supervised clinical practice in the specialty area and role. (Must have 500 hours of faculty supervised clinical practicum beginning January 1, 2006).	Testing fees Member: $230 Discount rate: $300 Non member: $370 Recertification fees: By practice hours and continuing education Member: $160 Discount rate: $230 Non member: $290 By continuing education and exam: Computer-based exam Member: $230 Discount rate: $300 Non member: $370	Hold a currently active registered nurse license in the United States or its territories. Hold a Master's or higher degree in nursing. Have been prepared in the area of practice for which they have applied for certification through a master's program or a formal postgraduate master's program in nursing. Have graduated from a program offered by an accredited institution granting graduate-level academic credit for all of the course work that includes both didactic and clinical components.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Paediatric CNS	A completed and signed application for ANCC Certification; Copy of membership card; Official transcript with date of degree conferral; Certification verification request form; Clinical Nurse Specialist Educational Preparation Verification; Supervised Clinical Practice Verification. Fees Computer test	5-year certification period. Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of two of the 5 continuing education categories. Any one of the categories may be double. • Category 1--Continuing Education Credits: 75 Contact Hours • Category 2--Academic Credits: 5 Semester Hour Credits (or 6 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	A minimum of 500 hours of supervised clinical practice in the specialty area and role. (Must have 500 hours of faculty supervised clinical practicum beginning January 1, 2006). If the candidate graduated three or more years ago, must have worked 2,000 hours in a pediatric clinical position three years prior to application.	Testing fees Member: $230 Discount rate: $300 Non member: $370 Recertification: By practice hours and continuing education Member: $160 Discount rate: $230 Non member: $290 By continuing education and exam: Computer-based exam Member: $230 Discount rate: $300 Non member: $370	Hold a currently active registered nurse license in the United States or its territories. Hold a Master's or higher degree in nursing. Have been prepared in the area of practice for which they have applied for certification through a master's program or a formal postgraduate master's program in nursing. Have graduated from a program offered by an accredited institution granting graduate-level academic credit for all of the course work that includes both didactic and clinical components. Must have graduated from a program that provides course work that addresses children's unique physiological, psychological, and developmental needs from birth through age 21.

Specialty	Certification Process	Recertification Regulation and Timeframe	Practice Requirements (hours, clinical exp)	Initial Fees	Initial Qualifications
Paediatric NP	Completed and signed application official transcript, certification verification forum; nurse practitioner educational preparation. Fees Computer based or pen and pencil test	5-year certification period. Hold a current active registered nurse license. Fulfill the specified number of continuing education credits or other acceptable credits and either: Retake and pass the examination - or - Have 1,000 hours of nursing practice in the area of certification specialty. All candidates must fulfill a minimum of two of the 5 continuing education categories. Any one of the categories may be double. • Category 1--Continuing Education Credits: 75 Contact Hours • Category 2--Academic Credits: 5 Semester Hour Credits (or 6 Quarter Hour Credits) • Category 3--Presenter/Lecturer Credits: 5 Different Presentations • Category 4--One published article or book chapter, or one research project, or one "Other Educational Media" project, or Completion of a doctoral dissertation, or master's thesis in the specialty area • Category 5--Preceptorships: 120 hours	Have a minimum of 500 hours supervised clinical practice in specialty area and role.	Testing Fees: Member: $230 Discount rate: $300 Non member: $370 Recertification Fees: By practice hours and continuing education Member: $160 Discount rate: $230 Non member: $290 By continuing education and exam: Computer-based exam Member: $230 Discount rate: $300 Non member: $370	Hold an active unrestricted license. Hold a Masters of high degree in nursing. Completed formal training in same specialty area of practice in which applying through masters or post graduate program. Have graduated from a program offered by an accredited institution granting graduate-level academic credit for all course work that includes both didactic areas.

Note: *http://www.nursingworld.org/ancc/certification/cert/certs/advprac/cns.html*

***Table 10* – American College of Nurse Midwives**

http://www.accmidwife.org/

Specialty	*Certification Process*	*Recertification Regulation and Timeframe*	*Practice Requirements (hours, clinical exp)*	*Initial Fees*	*Initial Qualifications*
Certified Nurse Midwife	Candidates must sign a paper/printout of the application, Secure the signature of the Program Director, Mail a notarized copy of RN license Test	Not available	Must include hospital experience and adequate management experiences to demonstrate mastery of ACNM Core Competencies Site visit of clinical sites required as part of the accreditation process.[a]	The first year of your certification, there is no fee. However, the Certificate Maintenance Program application must be received by the deadline or a late fee of $50.00 will be assessed. The annual activity fee for the Certificate Maintenance Program is $90.00	Must graduate from an ACNM DOA accredited nurse-midwifery or midwifery education program. Must pass the ACC certification exam

According to the ACNM, current memberships are more than 6,700 of which approximately 5,700 are in clinical practice

http://www.allnursingschools.com/faqs/cnm.php

a. http://www.acnm.org/legis/licensure-cnmcpmcm.cfm

***Table 11* – American Association of Nurse Anesthetists**

http://www.aana.com/

Specialty	*Certification Process*	*Recertification Regulation and Timeframe*	*Practice Requirements (hours, clinical exp)*	*Initial Fees*	*Initial Qualifications*
Certified Registered Nurse Anesthetists	A complete and accurate examination application form; An official notarized transcript of the candidate's record of performance in an accredited program; A photocopy of the candidate's valid license to practice as a registered professional nurse.	Two years Receipt of initial certification by the Council on Certification of Nurse Anesthetists or its predecessor. Licensure: a. Documentation of compliance with all state requirements for licensure as a registered nurse performing nurse anesthesia, b. Certification by the applicant that his or her license has never been revoked, restricted, suspended or limited by any state. Continuing Education Documentation of completion of 40 hours of approved continuing education, within the two-year period. Practice Certification by the applicant that he or she has been or will have been substantially engaged in the practice of nurse anesthesia during the two-year period.	A minimum of 850 hours of practice for recertification	Application fee: 625.00	Comply with all state requirements for current and unrestricted licensure as a registered professional nurse. Complete a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs ("accredited program").

Specialty	*Certification Process*	*Recertification Regulation and Timeframe*	*Practice Requirements (hours, clinical exp)*	*Initial Fees*	*Initial Qualifications*
Certified Registered Nurse Anesthetists (cont'd)	Documentation of completion of 20 hours of approved continuing education within the last calendar year if the candidate's graduation date is more than two years before the date of the examination he or she plans to take; and Fees	Certifications by Applicant			

***Table 12* – National Certification Association for the Obstetric, Gynecological and Neonatal NP Nursing Specialists**

http://www.nccnet.org/public/pages/index.cfm?pageid=1

Specialty	*Certification Process*	*Recertification Regulation and Timeframe*	*Practice Requirements (hours, clinical exp)*	*Initial Fees*	*Initial Qualifications*
Gynecologic Reproductive Health for the primary care NP	Completed and signed application Documentation of Current Certification Documentation of Competencies	Three-year certification period. Those maintaining a certification (RNCs) must either successfully retest or earn 45 contact hours of continuing education. 30 hours must be in the certification specialty area. Those maintaining certificates of added qualification must either successfully retest or earn 15 contact hours of continuing education in the specific specialty practice.	Not available	Test Paper/Pencil $135 Computer $185	Current RN licensure in the U.S. or Canada Current Certification Practitioner Competency Validation All applicants must be currently employed in a practice setting where Gynecologic Reproductive Health competencies are expected. Written validation by the current employer.

Specialty	*Certification Process*	*Recertification Regulation and Timeframe*	*Practice Requirements (hours, clinical exp)*	*Initial Fees*	*Initial Qualifications*
Neonatal NP	Completed and signed application Completed Documentation of NNP Educational Preparation Master's Prepared Applicants Submit a copy of graduate degree/diploma* Submit an official transcript Fees Test	Three-year certification period. Those maintaining a certification (RNCs) must either successfully retest or earn 45 contact hours of continuing education. 30 hours must be in the certification specialty area. Those maintaining certificates of added qualification must either successfully retest or earn 15 contact hours of continuing education in the specific specialty practice.	at least 200 clock hours must be didactic and 600 clock hours must be clinical.	Test Paper/Pencil $250 Computer $300	Current licensure as an RN. Successful completion of a formal nurse practitioner program that prepares neonatal nurse practitioners and awards either a Master's degree in the specialty or a post-Master's in the specialty.

Specialty	*Certification Process*	*Recertification Regulation and Timeframe*	*Practice Requirements (hours, clinical exp)*	*Initial Fees*	*Initial Qualifications*
Women's Health	Completed and signed application Completed documentation of WHNP Educational Preparation Submit a copy of certificate of graduation Master's Prepared Applicants Submit a copy of graduate degree/diploma* Submit an official transcript Fees Test	3-year certification period. Those maintaining a certification (RNCs) must either successfully retest or earn 45 contact hours of continuing education. 30 hours must be in the certification specialty area. Those maintaining certificates of added qualification must either successfully retest or earn 15 contact hours of continuing education in the specific specialty practice.	At least 200 clock hours must be didactic and 600 clock hours must be clinical.	Test Paper/Pencil $250 Computer $300	Current licensure as an RN. Successful completion of a formal nurse practitioner program that prepares women's health care nurse practitioners and awards either a certificate in the specialty, a Master's degree in the specialty or a post-Master's in the specialty.

Table 13 **– Oncology Nursing Certification Corporation**

http://www.oncc.org

Specialty	*Certification Process*	*Recertification Regulation and Timeframe*	*Practice Requirements (hours, clinical exp)*	*Initial Fees*	*Initial Qualifications*
Advanced Oncology Nursing for NP	Competed application forms including: proof of Master's or higher degree in nursing earned; completion of an accredited Nurse Practitioner Program; Transcript Candidate Practice Verification Form. Fees Test	Not available	A minimum of 500 hours of supervised clinical practice in an advanced practice role in oncology nursing. These hours may be obtained within the nurse practitioner program or following graduation from the program.	Test: Member: $260 Non Member: $380 Renewal Member: $210 Non Member: $330	Current, unrestricted RN license. A master's or higher degree in nursing from an accredited institution. Successful completion of a nurse practitioner program.
Advanced Oncology Nursing for CNS	Completed application form with proof of Master's or higher degree in nursing earned; Transcript; Candidate Practice Verification Form. Fees Test		A minimum of 500 hours of supervised clinical practice in an advanced practice role in oncology nursing. These hours may be obtained within the nurse practitioner program or following graduation from the program.	Test: Member: $260 Non Member: $380 Renewal: Member: $210 Non Member: $330	Current, unrestricted RN license. A master's or higher degree in nursing from an accredited institution.

***Table 14* – National Certification Board of Pediatric Nurse Practitioner's and Nurses**

http://www.people.virginia.edu/~sep3y/certification.htm

Specialty	*Certification Process*	*Recertification Regulation and Timeframe*	*Practice Requirements (hours, clinical exp)*	*Initial Fees*	*Initial Qualifications*
Pediatric NP	Not available	Not available	Not available	Not available	Not available

Note: Web links not accessible

APPENDIX E

Advanced Practice Nursing Core Competencies

CLINICAL Competencies	AB	BC	MB	NB	NL	NT/ NU	NS	ON	PEI	QU	SK	YU
1. Develops and uses multiple assessment strategies within a holistic (client-centered) nursing framework for individual clients and the client population;	✓	✓	✓	✓	✓	×	✓	✓	n/a	n/a	✓	n/a
2. Discriminates and makes qualitative/quantitative distinctions from multiple sources of data, often in ambiguous and complex situations, when making clinical decisions;	✓	✓	✓	✓	✓	×	✓	✓	n/a	n/a	✓	n/a
3. Demonstrates an in-depth understanding and analysis of the complex interaction of presenting sociological and biophysiological processes, determinants of health and clients' lived experience;	✓	✓	✓	✓	✓	×	✓	×	n/a	n/a	×	n/a
4. Draws on experiential knowledge and a body of current knowledge about the client population to predict, anticipate and explain the wide range of client responses to actual or potential health problems	✓	✓	✓	✓	✓	✓	✓	×	n/a	n/a	×	n/a
5. Uses critical thinking and synthesis skills to guide decision-making in complicated, unpredictable and dynamic situations;	✓	✓	✓	✓	✓	✓	✓	✓	n/a	n/a	✓	n/a
6. Engages clients and other team members in anticipating, discussing and resolving moral, ethical and legal issues relevant to client care at individual and organizational levels;	✓	✓	×	×	×	×	x	×	n/a	n/a	×	n/a
7. Uses multiple interventions (e.g., interpersonal, teaching, coaching, counseling, technological, pharmaceutical) to influence client health status and quality of life;	✓	✓	✓	✓	✓	×	✓	✓	n/a	n/a	✓	n/a
8. Coordinates the plan of care and mobilizes client and other resources to achieve integrated and comprehensive health care;	✓	✓	✓	✓	✓	×	✓	✓	n/a	n/a	✓	n/a
9. Advocates with or on behalf of clients, nurses and other team members to improve and enhance health care for individuals and the client population in the practice area;	✓	✓	✓	✓	✓	×	✓	×	n/a	n/a	✓	n/a
10. Monitors, evaluates and documents outcomes of decisions and interventions;	✓	✓	✓	✓	✓	×	✓	✓	n/a	n/a	✓	n/a
11. Uses clinical exemplars to generate new knowledge and develop new standards of care, programs, and policies in the practice area;	×	×	×	×	×	×	✓	×	n/a	n/a		n/a
12. Educates other nurses, health professionals and clients about the link between nursing interventions and outcomes in order to effect health care changes.	×	×	✓	×	✓	×	×	×	n/a	n/a	✓	n/a

Appendix E – Advanced Practice Nursing Core Competencies (cont'd)

RESEARCH Competencies	AB	BC	MB	NB	NL	NT/ NU	NS	ON	PEI	QU	SK	YU
1. Identifies and initiates research relevant to practice as the primary investigator or as a collaborator with other members of the health care team or community;	✓	×	×	×	×	×	✓	×	n/a	n/a	✓	n/a
2. Disseminates and facilitates the implementation of recent innovations and research findings relevant to nursing practice and client outcomes;	✓	×	×	×	✓	×	×	×	n/a	n/a	×	n/a
3. Applies a broad range of theories and relevant research to clinical practice;	✓	✓	✓	✓	✓	✓	✓	✓	n/a	n/a	✓	n/a
4. Evaluates present practice at the individual and system levels in light of current research findings;	✓	×	×	×	×	×	×	×	n/a	n/a	×	n/a
5. Interprets research findings and shares relevance to clinical practice.	✓	×	×	×	×	×	✓	×	n/a	n/a	×	n/a
LEADERSHIP Competencies	AB	BC	MB	NB	NL	NT/ NU	NS	ON	PEI	QU	SK	YU
1. Develops innovative approaches for complex practice issues and evaluates programs;	✓	-	✓	-	×	×	✓	×	n/a	n/a	✓	n/a
2. Demonstrates an understanding of the legislative and socio-political issues that influence decision-making and develops strategies to influence health outcomes and health policies;	✓	✓	✓	✓	×	×	✓	×	n/a	n/a	✓	n/a
3. Participates and provides leadership on intra- and interdisciplinary committees related to the development of policies and procedures, education or research in the practice area;	✓	×	×	×	×	✓	✓	×	n/a	n/a	×	n/a
4. Provides leadership in professional activities and professional development;	✓	✓	✓	✓	✓	✓	✓	×	n/a	n/a	✓	n/a
5. Has a vision for nursing practice within the context of the health care system;	×	×	×	×	×	×	×	×	n/a	n/a	×	n/a
6. Provides consultation to both colleagues and clients;	✓	✓	✓	✓	✓	✓	✓	×	n/a	n/a	✓	n/a
7. Acts as a mentor to nursing colleagues and others to improve and support nursing practice;	✓	×	×	×	×	✓	×	×	n/a	n/a	✓	n/a
8. Interprets and organizes data obtained through information and communication technologies into information to affect nursing practice and combines information to contribute to knowledge development in nursing.	✓	✓	×	×	×	×	✓	×	n/a	n/a	×	n/a

Appendix E – Advanced Practice Nursing Core Competencies (cont'd)

COLLABORATION Competencies	AB	BC	MB	NB	NL	NT/ NU	NS	ON	PEI	QU	SK	YU
1. Communicates effectively with the client and members of the health care team;	✓	✓	✓	✓	✓	×	✓	✓	n/a	n/a	✓	n/a
2. Respects the practice and knowledge of other members of the health care team;	✓	✓	✓	✓	✓	×	✓	×	n/a	n/a	✓	n/a
3. Shares decision-making with clients and health care team members;	✓	✓	✓	✓	✓	×	✓	✓	n/a	n/a	✓	n/a
4. Demonstrates knowledge and skill in conflict resolution including the ability to analyze, manage and negotiate conflict;	✓	✓	×	×	×	×	✓	×	n/a	n/a	×	n/a
5. Understands and applies theories related to group dynamics, role and organizational theory;	×	×	×	×	×	×	✓	×	n/a	n/a	×	n/a
6. Contributes to and participates in quality improvement processes.	✓	✓	✓	✓	×	×	✓	×	n/a	n/a	✓	n/a
CHANGE AGENT Competencies	AB	BC	MB	NB	NL	NT/ NU	NS	ON	PEI	QU	SK	YU
1. Manages change effectively, demonstrating knowledge of the change process;	✓	✓	×	×	×	×	×	×	n/a	n/a	×	n/a
2. Demonstrates knowledge and skill in coalition building;	✓	✓	×	×	✓	×	✓	×	n/a	n/a	✓	n/a
3. Demonstrates attributes such as assertiveness and enhanced listening and conflict resolution skills.	✓	✓	×	×	×	×	✓	×	n/a	n/a	×	n/a

Note: The competencies are directly taken from advanced nursing practice a national framework April 2002

a. Quebec and Yukon not applicable as they do not currently have NP legislation. PEI has just introduced new legislation.

b. North West Territories/ Nunavut has generic competencies for all classes of nurses

APPENDIX F

Definitions of Advanced Practice Nursing within Canadian Jurisdictions

Jurisdiction	APN Definition
British Columbia	ANP is an umbrella term. It describes an advanced level of nursing practice that maximizes the use of in-depth nursing knowledge and skill in meeting the health needs of clients1. In this way, ANP extends the boundaries of nursling's scope of practice and contributes to nursing knowledge and the development and advancement of the profession. (Registered Nurses Association of British Columbia, August 2001)
Alberta	Registered nurses (RNs) in advanced nursing practice provide a full range of primary health care services to address the identified community health and acute care needs of a defined population. "extended practice" means the practice of a registered nurse that is authorized under an enactment and has been recommended by the Registration Committee as extended practice and approved by the Council. (Alberta Association of registered Nurses, February 2000)
Saskatchewan	Refers to the CNA position statement. Only recognizes RN (NP)
Manitoba	
Ontario	"Advanced practice nursing is a global term used to describe the entire spectrum of advanced practice in which nurses apply maximum nursing knowledge and skill to meet the needs of clients. Their knowledge and skills represent an integration of information from the multiple domains of clinical practice, research, education, collaboration, change agency and leadership. Advanced practice may be focused solely within the scope of nursing practice, or it may extend to incorporate, with appropriate authorization, activities that fall within the traditional scope of medical practice, including functions such as diagnosing and prescribing as well as specific procedures or technical skills. APN includes roles such as the Clinical Nurse Specialist, Primary Health Care Nurse Practitioner, Acute Care/Specialty Nurse Practitioner, and will include other extended roles." (College of Nurses of Ontario, October 2003)
Quebec	No reference found for " advanced nursing practice"
New Brunswick	Nurses Association of New Brunswick refers to nurse practitioner only
Prince Edward Island	No reference found for " advanced nursing practice"

Jurisdiction	APN Definition
Nova Scotia	"Advanced nursing practice is an umbrella term that describes the maximum evolution and application of nursing knowledge and expertise in meeting complex, often specialized health needs of a population of clients along the continuum of health care. It is a deliberate, purposeful and integrated use of expanded nursing knowledge, research and clinical practice expertise. It is grounded in the professions values of holistic, client centered care and directed towards assisting clients to achieve heath outcomes and / or the best quality of life." (College of registered Nurses of Nova Scotia, August 1999, p.3)
Newfoundland & Labrador	Refers to Nurse Practitioner only
Yukon	No reference found for "advanced nursing practice"
Northwest Territories Nunavut	No reference found for "advanced nursing practice"
Canadian Association of Advanced Practice Nursing	Advanced Practice Nurses, also known as Clinical Nurse Specialists (CNSs), Acute Care Nurse Practitioners (ACNPs) and Primary Care Nurse Practitioners (PCNPs), work with patients and their families across the continuum of care (acute, family practice, rehabilitation, home, and long-term). (Canadian Association of Advanced Practice Nurses)

APPENDIX G

Definitions of Advanced Practice Nursing within International Jurisdictions

Jurisdiction	APN Definition
International Council of Nurses	"A Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level." (International nurse practitioner/Advanced Practice Nursing Network International Council of Nursing)
Canada	"ANP is an umbrella term. It describes an advanced level of nursing practice that maximizes the use of in-depth nursing knowledge and skill in meeting the health needs of clients (individuals, families, groups, populations or entire communities). In this way, ANP extends the boundaries of nursing's scope of practice and contributes to nursing knowledge as well as the development and advancement of the profession." (Canadian Nurses Association,p.1, June 2002)
United States	Advanced practice registered nursing by nurse practitioners, nurse anesthetists, nurse midwives or clinical nurse specialists is based on knowledge and skills acquired in basic nursing education; licensure as a registered nurse; graduation from or completion of a graduate level APRN program accredited by a national accrediting body and current certification by a national certifying body in the appropriate APRN role and specialty. (National Council of State Boards of Nursing, n.d.)
New Zealand	Advanced practice differs from expert practice or extended task roles in its scope and sphere of influence and its application of advanced nursing knowledge. Discriminative judgment is used in solving complex nursing problems. The nurse makes use of scientific theories drawn from nursing and other disciplines as well as current research which enables articulation of sound rationale for the selection of nursing actions. (New Zealand Nurses Organization, June 2000)
Australia	"Advanced practice nursing defines a level of nursing practice that utilizes extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of the care required. Nurses practicing at this level are educationally prepared at post-graduate level and may work in a specialist or generalist capacity. However, the basis of advanced practice is the high degree of knowledge, skill and experience that is applied within the nurse-patient/client relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision-making." (Royal College of Nursing Australia, n.d.)

Jurisdiction	APN Definition
	"The Advanced Nurse Practitioner (ANP) possesses advanced assessment, diagnostic, prescriptive and technological skills with a hospital-based acute health/illness perspective and transitional points of health/illness management focus or a community based primary care focus. The ANP provides comprehensive health/illness management, consultancy and primary care in a variety of clinical settings." (Nurse Teacher, n.d., p.1)
United Kingdom	"Advanced Nursing practice as defined by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting in 1995 is " adjusting the boundaries, pioneering and developing new roles which are responsive; advancing clinical practice, research on education to enrich nursing practice as a whole, contributing to health policy and management and the determination of health needs and continue the development of the professions in the interest of participants, clients and health services." (Wilson, Barnette, 2001, p.6)

APPENDIX H

Summary of Elements by Canadian Jurisdiction

***Table 15* – Summary of Title and Purpose of Legislation by Jurisdiction**

Jurisdiction	TITLE and PURPOSE OF ACT
Alberta	• Health Professionals Act Chapter H7 • Alberta Regulation 126/2002 Public Health Act Nurse Practitioner Regulation • AR 16/99 Nursing Profession Extended Practice Roster (Consolidated up to 370/2003)
British Columbia	• Health Professions Act 1996 Chapter 183 • Nurses (Registered) Act RSBC 1996 Chapter 335 • Health Professions Act Nurses (Registered) and Nurse Practitioners Regulation Draft November 2, 2004
Manitoba	• The Registered Nurses Act c R40 • The Registered Nurses Act C.C.S.M.c.R40 Extended Practice Regulation – draft April 2004
New Brunswick	• Nurses Act June 2002
Newfoundland & Labrador	• Registered Nurses Act Chapter R-9 • Newfoundland and Labrador Regulation 65/98 Nurse Practitioner Regulations under the Registered Nurses Act amended 6/04
Northwest Territories & Nunavut	• Nursing Profession Act S.N.W.T. 2003,c.15
Nova Scotia	• Registered Nurses Act Chapter 10 2001 • Registered Nurses Regulation under Section 8 of the Registered Nurses Act S.N.S. 2001, c.10
Ontario	• Nursing Act 1991 Ontario Regulation 275/94 – draft June 2004 amended to O.Reg. 264/04 • Regulated Health Professions Act – 1991
Prince Edward Island	• Registered Nurses Act 2004 c.15
Quebec	• Nurse Act Chapter I-8 • Professional Code Chapter C-26
Saskatchewan	• The Registered Nurses Act 1988 • Bylaw IV Categories of Practice
Yukon	• Registered Nurses Profession Act 2002 – does not make specific mention to the NP but as detailed in a position paper August 2004 by the Yukon RNA the act is broad enough to allow NP to practice to full scope of practice • Registered Nurses Profession Act regulations O.I.C.93/185

Note: The table format is from "Final Report: The Nature of the Extended/Expanded Nursing Role in Canada" by The Centre for Nursing Studies in collaboration with The Institute for the Advancement of Public Policy, Inc., 2001, p.18

***Table 16* – Summary of Definitions by Jurisdiction**

Jurisdiction	DEFINITIONS
Alberta	"Nurse practitioner means a registered nurse within the meaning of the Nursing Profession Act who provides health services in accordance with the regulations" (Public Health Act P37). "Extended practice means the practice of a registered nurse that is authorized under an enactment and has been recommended by the Registration Committee as extended practice and approved by the Council" (Nursing Profession Extended Practice Roster, 2003).
British Columbia	"Nurse practitioner means a registrant who is authorized under the bylaws to practice nursing as a nurse practitioner" (HPA Nurses (Registered) and Nurse Practitioners Regulation, 2004, p.2).
Manitoba	"Nurse practitioners (NPs) provide a full range of primary health care services to individuals, families and communities. NPs are registered nurses who have obtained additional education and experience. They work in partnership with physicians and other health care professionals to provide care in a variety of health care settings" (Nurse Practitioner Association of Manitoba June 2004).
New Brunswick	"Nurse practitioner means a nurse whose name is endorsed in the registrar as a nurse practitioner" (Nurses Act, 2002, p.3).
Newfoundland & Labrador	"Nurse practitioner is defined as "a registered nurse who has successfully completed a course of study prescribed by the council and is licensed to practice as a nurse practitioner under this Act or A nurse who in the opinion of the council has the knowledge and skills sufficient as prescribed by the regulations to be licensed to practice as a nurse practitioner under this Act" (Registered Nurses Act 2001).
Northwest Territories & Nunavut	Nurse Practitioner means "a person who is registered in the Nurse Practitioner register under section 24" (Nursing Profession Act, 2003, p. 8).
Nova Scotia	Although this act has three definitions for different types of nurse practitioners (nurse practitioner, primary health care nurse practitioner and specialty nurse practitioner) the definition of nurse practitioner is " a registered nurse whose name appears in the specialty nurse practitioner class or the primary care nurse practitioner class pursuant to the regulations" (Registered Nurses Act, 2001).
Ontario	"Registered nurse in the extended class means a member who holds an extended certificate of registration as a registered nurse" (Nursing Act 1991 Ontario regulation 275/94 Amended to O. Reg 264/04, 2004, 01).
Quebec	Not applicable
Prince Edward Island	Nurse practitioner means "a registered nurse who holds a license that is endorsed with a nurse practitioner's endorsement" (Registered Nurses Act , 2004 p.2)
Saskatchewan	Not applicable
Yukon	Not applicable

Note: The table format is from "Final Report: The Nature of the Extended/Expanded Nursing Role in Canada" by The Centre for Nursing Studies in collaboration with The Institute for the Advancement of Public Policy, Inc., 2001, p.18

***Table 17* – Summary of Licensure by Jurisdiction**

Jurisdiction	LICENSURE
Alberta	An applicant for licensure shall be entered on the nursing profession extended practice roaster under the Nursing Profession Act. A registered nurse providing health services as a nurse practitioner shall provide only those health services that the nurse practitioner is competent to perform and that are appropriate to the nurse practitioner's area of practice.
British Columbia	The licensure requirements for a nurse practitioner do not appear in the legislation Health Professions act. In March 2004 a regulatory framework was approved by the Board of Directors for registration by nurse practitioners in BC. "To be eligible to register as a nurse practitioner, an applicant must: • Hold a current practicing registration as a registered nurse in BC; • Have graduated from an Registered Nurses Association of British Columbia (RNABC) approved nurse practitioner program or equivalent; and, • Have successfully completed nurse practitioner examinations- including a written examination and an objective structured clinical examination" (Nursing BC, 2004, p. 5).
Manitoba	Initial eligibility as an applicant for registered nurse extended practice includes: • Being on the register of practicing registered nurses; • Completing a nursing education program at an advanced level approved by the board or equivalent; and, • Completion a demonstration of competencies for registered nurse extended practice register.
New Brunswick	An applicant applying for nurse practitioner status must: • Be a practicing nurse member whose name is entered in the registrar; and, • Completed a nursing education program for preparation of nurse practitioners or equivalent experience and education.
Newfoundland & Labrador	An annual license is issued to a nurse practitioner who: • Graduated from an approved school of nursing in the province; • Meet all requirements set out for licensing and renewal of licensing set out by the Act and by-laws; • Does not have a suspended or revoked license; • Successfully completed a course of study approved by the council; and, • Has sufficient knowledge and skill as prescribed by the regulations.

Jurisdiction	LICENSURE
Northwest Territories & Nunavut	"The applicant is qualified to be a nurse practitioner if: • Is a registered nurse; • Is of good character, competent and fit to engage in the practice of a nurse practitioner and has a satisfactory professional reputation; • Has satisfactorily completed an approved nursing education program that prepares people to engage in the practice of nurse practitioners; and, • Has fulfilled any other requirements prescribed in the bylaws" (Nursing Profession Act, 2003, p. 23).
Nova Scotia	Licensing requirements are set out in the active practicing class as set out in the regulations. Although the requirements are tailored to either specialty nurse practitioner or primary health care nurse practitioner in general the following requirements must be met: • Is licensed in the active practicing class or holds a conditional license; • Applies for entry; • Not subject to any disciplinary findings that would prohibit the applicant from practicing; • Has graduated from a specialty nurse practitioner type program; nursing program deemed equivalent or from a nursing program with relevant experience; and, • Provides evidence if required of completion of the hours of practice.
Ontario	An applicant for licensure: • Must hold or have held a general certificate of registration as a registered nurse issued by the college or satisfy the registration committee; • Graduated from an approved university program for preparing registered nurses in the extended class or equivalent; and, • Undergo an assessment of the applicant's competence in a form provided by the Registration Committee; successful completion of an examination and evaluation; and practiced nursing for at least 2 years, nursing practice performed safely and for at least one of those years practiced using advanced knowledge and decision making skills in assessment, diagnosis and health care management.
Prince Edward Island	"The Registrar shall, on application, endorse a license with a nurse practitioner's endorsement if the applicant: • Is registered as a member; • Has successfully completed a recognized nurse practitioner education program; and • Satisfies any endorsement requirements set out in the regulations" (Registered Nurses Act , 2004 p.8)
Quebec	Not applicable
Saskatchewan	An applicant for initial licensure of nurse practitioner as outlined in Bylaw VI shall: • Be a member in good standing; • Be currently licensed as a registered nurse; • Have practiced 4500 hours as a registered nurse; • Have successfully completed a nurse practitioner category registered nursing program; and, • Have satisfactorily completed a demonstration of nurse practitioner competencies.
Yukon	Not applicable

Note: The table format is from "Final Report: The Nature of the Extended/Expanded Nursing Role in Canada" by The Centre for Nursing Studies in collaboration with The Institute for the Advancement of Public Policy, Inc., 2001, p.18

***Table 18* – Summary of Titles and Abbreviations by Jurisdiction**

Jurisdiction	TITLE
Alberta	Not protected
British Columbia	Nurse Practitioner, Registered Nurse Practitioner will be protected under proposed regulation
Manitoba	Registered Nurse (Extended Practice) - Regulation (The regulations allow for the use of "a variation or abbreviation of that designation, or an equivalent in another language"
New Brunswick	Nurse Practitioner – "NP" or "N.P." - Legislation
Newfoundland & Labrador	Nurse Practitioner or N.P - Legislation
Northwest Territories & Nunavut	Nurse Practitioner, N.P., R.N. (N.P.) - Legislation
Nova Scotia	Nurse Practitioner, N.P. or NP , Specialty Nurse Practitioner , Primary Health -care Nurse Practitioner - Legislation
Ontario	Not Protected
Prince Edward Island	Nurse Practitioner, NP, RNNP , or RN(NP)
Quebec	Not protected
Saskatchewan	RN (NP) – in bylaws not in the act
Yukon	Not applicable

Note: The table format is from "Final Report: The Nature of the Extended/Expanded Nursing Role in Canada" by The Centre for Nursing Studies in collaboration with The Institute for the Advancement of Public Policy, Inc., 2001, p.18

***Table 19* – Summary of Scope of Practice by Jurisdiction**

Jurisdiction	SCOPE of PRACTICE
Alberta	A nurse practitioner scope of practice includes: • Diagnosing and treating; • Ordering and performing laboratory, radiological and other diagnostic tests and interpretation of those tests; and, • Prescribing drugs as defined under the Pharmaceutical Profession Act.
British Columbia	A nurse practitioner in the course of practicing nursing may: • Provide or perform an activity allowed by a registrant; • Provide or perform an activity reserved for specialized practice; • Make a diagnosis identifying a disease, disorder, or condition; • Set or cast a closed simple fracture; • Apply x-ray for diagnostic or imaging purposes; • Give an order to apply an ultra sound, and a x-ray for computerized axial tomography; and, • Prescribe, administer or give an order to dispense a drug.
Manitoba	The scope of practice for a registered nurse extended practice involves: • Ordering x-rays, ultrasounds and other forms of energy and laboratory tests except those specifically excluded by policy established by the board; • Prescribing drugs; and, • Performing minor surgical and invasive procedures.
New Brunswick	The scope of practice of a nurse practitioner includes: • Diagnosing or accessing a disease, disorder or condition and communicating the assessment to the patient; • Ordering and interpreting screening and diagnostic tests; • Select prescribe and monitor the effectiveness of drugs; and, • Order the application of forms of energy.
Newfoundland & Labrador	A nurse practitioner may: • Communicate a diagnosis identifying a disease or disorder to the patient; • Order the application of a form of energy; • Order laboratory or other tests; and, • Prescribe a drug.
Northwest Territories & Nunavut	In addition to skills of a registered nurse as outlined in the act under section 2 (1) the nurse practitioner is able to: • Make a diagnosis identifying disease, disorder, or condition; • Communicate a diagnosis to a patient; • Order and interpret screening and diagnostic test; • Select, recommend, supply, prescribe and monitor effectiveness of drugs; and, • Perform other procedures that are authorized in guidelines approved by the Minister.

Jurisdiction	SCOPE of PRACTICE
Nova Scotia	The practice of a nurse practitioner may in subject to a collaborative practice agreement and in accordance with the standards of practice of nurse practitioners: • Make diagnosis identifying a disease, disorder or condition; • Communicate the diagnosis to the client; • Order and interpret screening and diagnostic tests through the process set out in the regulations; • Select, recommend, prescribe and monitor the effectiveness of drugs and interventions through the process set out in the regulations; and, • Perform procedures approved through the process set out in the regulations.
Ontario	The registered Nurse (Extended Practice) is permitted to: • Performing a procedure below the dermis or mucous membrane; • Administering a substance by injection or inhalation; • Putting instruments into certain body parts; • Communicate to a client a diagnosis the RN(EC) made; • Order application of a form of energy prescribed in the regulations; • Prescribe a drug as designated in the regulations; and, • Administer a drug prescribed by injection or inhalation.
Prince Edward Island	"Practice of a nurse practitioner means the practice in which a nurse practitioner may, in accordance with any standards of practice for nurse practitioners established or adopted in the bylaws, practice of a nurse practitioner • Diagnose or assess a disease, disorder or condition, and communicate the diagnosis or assessment to the client, • Order and interpret screening and diagnostic tests, • Select, prescribe and monitor the effectiveness of drugs, subject to authorization by the Minister under the Pharmacy Act, and • Order the application of forms of energy" (Registered Nurses Act , 2004 p.2)
Quebec	Nurses may if authorized by regulations under the Medical Act and the Nurses Act: • Prescribe diagnostic exams; • Use diagnostic techniques that are invasive or entail risks of injury; • Prescribe medications and other substances; • Prescribe medical treatment; and, • Use techniques or apply medical treatments that are invasive or entail risks of injury.

Jurisdiction	SCOPE of PRACTICE
Saskatchewan	A nurse practitioner in the course of practicing nursing may: • Diagnose, and treat common medical disorders; • Order, perform, receive and interpret reports of screening and diagnostic tests in certain areas; • Prescribe and dispense drugs; • Perform minor surgical and invasive procedures; • Suturing; • Irrigation; incision and drainage; • Excisions; • Intubations; and, • Insertion.
Yukon	Not applicable

Note: The table format is from "Final Report: The Nature of the Extended/Expanded Nursing Role in Canada" by The Centre for Nursing Studies in collaboration with The Institute for the Advancement of Public Policy, Inc., 2001, p.18

***Table 20* – Summary of Board of Nursing by Jurisdiction**

Jurisdiction	BOARD of NURSING
Alberta	Not applicable
British Columbia	The Board oversees a nurse practitioner registration committee under the Board. This is not mandated regulatory framework.
Manitoba	The act outlines an extended practice advisory committee which identifies membership (EP register, 2 from physicians and surgeons, 2 from pharmaceutical association, 1 from faculty of nursing), terms, duties including requirements of procedures which can be performed.
New Brunswick	The act establishes a nurse practitioner therapeutics committee under the board. The responsibilities include recommendations with respect to screening and diagnostic tests that can be performed, drugs prescribed and selected; forms of energy used.
Newfoundland & Labrador	The act provides the council, subject to the approval of the minister and following consultation, to make regulations regarding the scope of practice and standards for a nurse practitioner.
Nova Scotia	As defined in the act the council may make by-laws for nurse practitioners; The council appoints a nurse practitioner committee who perform functions detailed in the act. The council also appoints a diagnostics and therapeutics committee). This council may initiate and approve the scope of practice for the nurse practitioner. This council has equal representation from the nurses, physicians and pharmacists.
Ontario	The quality assurance committee outlines the requirements for assessment of his or her knowledge skills and judgment to ensure competence to practice as a registered nurse in the extended class and general provisions of the quality assurance committee are found under.
Northwest Territories & Nunavut	Not applicable
Prince Edward Island	The council may recognize a nurse practitioner education program offered by an approved school of nursing, and establish a review committee who has the authority to suspend the nurse practitioner's endorsement.
Quebec	Not applicable
Saskatchewan	The act outlines the authority of the board to govern the prescribing and dispensing rights; the screening and diagnostic tests permitted to perform; and determine the minor surgical and invasive procedures allowed.
Yukon	Not applicable

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***Table 21*– Summary of Approval of Nursing Education Programs by Jurisdiction**

Jurisdiction	APPROVAL of NURSING EDUCATION PROGRAMS
Alberta	The college may approve programs of study and education courses for the purposes of registration requirements. However, changes must occur in consultation with the Minister of Health and Wellness and Minister of Learning.
British Columbia	The college is responsible for establishing standards of academic or technical achievement. The board may provide that an academic or technical program meets a certain standard.
Manitoba	Not applicable
New Brunswick	The act outlines that the board may by resolution make, amend, or repeal any bylaws including approving schools of nursing, and establishing terms and conditions for approval or continued approval, including basic standards of curricula.
Newfoundland & Labrador	The council shall approve nursing education programs, those programs that lead to an initial license and those necessary for specific licensure. The council also may appoint a nursing school advisor.
Northwest Territories & Nunavut	An education advisory committee is established and the act outlines the duties and authorities of the committee.
Nova Scotia	The education advisory committee oversees both nursing education and nurse practitioner programs. Specific to the nurse practitioner the committee shall ensure the curriculum provides for the necessary learning, program activities and resources support the goals, program prepares graduate to practice. Under the act the governor in council develops, establishes and maintains standards for education.
Ontario	Not applicable
Prince Edward Island	Under the act the Council shall appoint an Education Committee to advise and make recommendation to the council with respect to such components as standards, education regulations and curricula. The Council may "recognize a nurse practitioner education program offered by an approved school of nursing" (Registered Nurses Act, 2004 p.9).
Quebec	The office provides advice to the government regarding diplomas issues, development and review of programs of study.
Saskatchewan	The act outlines that the council may make bylaws for governing the approval of registered nursing education programs for purposes of registration and prescribing terms and conditions for initial or continued approval for those programs.
Yukon	Not applicable

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***Table 22* – Summary of Violations and Penalties and Discipline and Proceedings by Jurisdiction**

Jurisdiction	VIOLATIONS and PENALTIES	DISCIPLINE and PROCEEDINGS
British Columbia	Yes	Yes
Alberta	Yes	Yes
Saskatchewan	Yes	Yes
Manitoba	Yes	Yes
Ontario	Yes	Yes
Quebec	Yes	Yes
New Brunswick	Yes	Yes
Prince Edward Island	Yes	Yes
Nova Scotia	Yes	Yes
Newfoundland & Labrador	Yes	Yes
Yukon	Yes	Yes
Northwest Territories & Nunavut	Not applicable	Not applicable

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***Table 23* – Summary of Mandatory Reporting by Jurisdiction**

Jurisdiction	REPORTING
Alberta	Employer must provide information to the complaints director if the professional is terminated, suspended of resigns. If complaints director has reasonable grounds to believe the conduct of a member is unprofessional, the complaints director may act on it.
British Columbia	Not applicable
Manitoba	Members have a duty to report if another member suffers from a physical or mental condition making him or her unfit to practice. Employer must report a termination and the employer has a duty to report if nurse terminated for misconduct.
New Brunswick	Employer has a duty to report if termination because of incompetence or incapacity. A nurse who believes another nurse is unable to function safely must report.
Newfoundland & Labrador	Not applicable
Northwest Territories & Nunavut	Not applicable
Nova Scotia	Not applicable
Ontario	Under the RHPA, the Health Professions Procedural Code requires the employer to report termination if terminated for misconduct, incompetence or incapacity). Members also have a duty to report if there are reasonable grounds to believe another member committed sexual abuse of a patient. Also addresses same requirements for facilities.
Prince Edward Island	Not applicable
Quebec	Not applicable
Saskatchewan	The employer is required to notify if terminates nurse on grounds of professional incompetence.
Yukon	Not applicable

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