



CANADIAN NURSE PRACTITIONER INITIATIVE

Competence Assessment Framework for Nurse Practitioners in Canada

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1. PREFACE

The Canadian Nurse Practitioner Initiative (CNPI) commissioned a Competence Assessment *Framework for Nurse Practitioners in Canada* as a companion document to its *Legislative and Regulatory Framework for Nurse Practitioners in Canada*. The ability to effectively assess nurse practitioner competence emerged early as a significant and critical issue relating to a number of the elements of that framework. As the work of CNPI progressed and the overall pan-Canadian framework for nurse practitioners began to take shape, a framework for competence assessment was recognized as a means to provide some consistency and support for the sustained integration of the NP role across Canada.

The national and international literature review done for the CNPI points to increasing government emphasis on accountability, fiscal responsibility and quality of practice (*Literature Review of Nurse Practitioner Legislation & Regulation*). The trend toward competence versus credentials for registration/licensure has been identified by many sources including Canadian Nurses Association (CNA, 2004). Quality of practice as measured by initial and continuing competence assessment is becoming a standard for regulation and there is continuing development of more sophisticated modalities for competence assessment.

Given the shortage of nurses in many countries of the world, there is growing concern about the ease of migration both between Canadian jurisdictions and from one country to another. Internationally educated nurses (IENs) face substantial challenges in their attempts to become licensed in another country (Jeans et al., 2005). The literature suggests that regulatory barriers may be reduced by improved approaches to competence assessment and prior learning assessment and recognition (PLAR) (Alboim et al., 2005; McGuire, 2004). Correspondingly, governments and employers are placing increased pressure on regulatory bodies to facilitate the integration of internationally educated nurses into the health system.

This paper describes a framework for competence assessment of nurse practitioners (NPs) for initial and ongoing practice, and includes the evaluation of NPs who are seeking registration/licensure from a different province or country.

2. BACKGROUND AND CONCEPTUAL OVERVIEW

The compelling interest in quality emerged in the industrial world in the 1980s with the search for manufacturing excellence and higher productivity at lower cost. As the continuous quality improvement movement permeated all sectors, interest in continuing competence and competence assessment grew steadily across Canada. In the 1990s, as the concepts and strategies that gained prominence in industry were embraced by the health care sector, achievement of excellence of services and facilities became a focus (Baker, 2003, Calhoun et al, 2002).

The health care environment in the 1990s was increasingly demanding of knowledge and skill to deal with rapidly evolving technologies, complex diagnostic and treatment modalities, and changing demographics. Federal transfer payments for health were reduced and provincial/territorial governments across the country moved to restructure their health care systems to deal with rising costs. The requirement for more rigorous measurement of both provider and facility competence became a primary concern as service cutbacks and provider shortages escalated, and public expectations and demands for accountability became more vocal.

Motivated by the quality movement, the changing health care environment, and high consumer expectations for competent practice, health professional regulatory legislation in the 1990s began to reflect a continuing competence requirement. Educational credentials alone, and/or past methods of assuring competence such as mandatory continuing education or practice hours, were no longer considered sufficiently rigorous to demonstrate practice competence.

Around the same time, the impact of globalization began to raise practical and ethical questions relating to labor mobility across international borders, including competence assessment. The introduction of multiple trade agreements stimulated interest in exploring harmonization of standards for practice and education. Of particular relevance in Canada was the *North American Free Trade Agreement* (NAFTA) in 1994 which specifically urged Canada, Mexico and the United States to develop mutually acceptable standards for licensing and certification of service providers. NAFTA assigned responsibility for this collaborative effort to the professions and their respective organizations. *The Trilateral Initiative for North American Nursing: An Assessment of North American Nursing* (1996) was a direct response to the NAFTA challenge, and was a first effort by the nursing profession in the three countries to systematically compare and contrast nursing standards across the continent, and to provide direction for the identification of mutually acceptable standards for practice, education and regulation.

1994 also brought the adoption of the Canadian *Federal/Provincial Agreement on Internal Trade* (AIT). Its purpose was to remove or reduce inter-jurisdictional barriers to the movement of workers, goods, services and capital across the country. In recognition of the need to facilitate mobility of nurses between Canadian jurisdictions, the provincial and territorial nursing regulatory organizations began working towards common competencies for entry and ongoing practice. They used as their foundation the competencies developed by the *National Nursing Competency Project* (1997) and competency development initiatives in the individual provinces and territories. In 2000, A *National Framework for Continuing Competence Programs for Registered Nurses* was accepted by all jurisdictions and a *Mutual Recognition Agreement* supported in principle. Full compliance is yet to be achieved.

Health professions throughout the world are addressing the issue of credentialing, a key component of which is assessment of practitioner competence. Pharmacists, for example, as they have gained experience with credentialing, have recognized the need for more specific competence assessment of individual practitioners. Credentials that ensure competence in one healthcare organization or region may not be adequate to ensure competence in a different location. (Galt, 2004)

The European Union (EU) is developing policy in the area of transferability based on the conviction that assuring quality and improving transferability are essential to the flow of knowledge and human capital, it drives economic gains. While the EU does not support full harmonization of systems, it is promoting quality, transparency and mobility of credentials. One significant European initiative to improve transfers of credentials through accreditation and equivalency is the European Credit Transfer System (ECTS) which supports a broad approach to academic recognition over equivalency of credentials and credits. (Watt & Bloom, 2001)

In 2005, the *Canadian Nurse Practitioner Core Competency Framework* was supported by all nursing jurisdictions. The document outlines the common core competencies essential to the practice of all nurse practitioners. The competencies build on those expected of registered nurses and describe the expectations for beginning nurse practitioners after completion of a nurse practitioner education program, a program equivalency review, or a prior learning assessment and recognition process. As well as providing the basis for registration/licensure of NPs, the core competencies are fundamental to a competence assessment framework for practice and for educational credential equivalency review.

3. PURPOSE OF THE FRAMEWORK

The intent of the framework is to act as a guide to regulatory bodies in developing, refining and/or revising competence assessment approaches for NPs for beginning and ongoing practice, and when applying for registration/licensure in another jurisdiction.

Practice competencies and standards of acceptable performance for nurse practitioners are defined by regulatory and professional authorities. The public holds regulatory bodies, employers and individual NPs accountable for competent and relevant performance. A common approach to assessing the full range of competencies across Canadian jurisdictions will afford the public consistent protection regardless of location and facilitate mobility of NPs.

Ultimately, the purpose of the framework is to:

- protect the public interest through the assurance of competence of practicing NPs;
- monitor and facilitate professional competent practice by NPs;
- facilitate a consistent approach to legislation and/or regulatory policy relating to competence assessment of NPs across Canada; and
- Facilitate the mobility of NPs across national and international borders.

4. DEVELOPMENT OF THE FRAMEWORK

The Framework was developed as a stand-alone document for CNPI. An extensive review of the literature and materials relating to the assessment of initial and continuing competence for health professionals, and for those crossing jurisdictional borders, was done. In addition, the feedback from the CNPI consultations relating to the subject of competence assessment was considered.

4.1 CURRENT APPROACHES TO NURSE PRACTITIONER INITIAL COMPETENCE AND CREDENTIAL ASSESSMENT

4.1.1 Initial Registration/Licensure

Assessment of competence for initial registration/licensure as an NP usually consists of proof of completion of an approved NP educational program, and other requirements (e.g., an examination) as determined by the jurisdiction. At present, NP programs are approved by the regulatory body at the jurisdictional level.

Based on the Canadian Nurse Practitioner Core Competency Framework (2005), the Canadian Nurse Practitioner Examination (CNPE) was developed. The examination assesses nurse practitioner competencies in the context of family/all ages.

Provinces/territories have developed the NP role in different ways which challenges the applicability of the CNPE. A national examination, particularly a high stakes examination, if used by all jurisdictions, would assure the public of consistent practice standards and expectations for nurse practitioners across Canada. It would also support mobility of nurse practitioners from one province/territory to another.

Written examinations, however, have limitations. The most relevant to NPs is their questionable ability to assess clinical competence and communication skills which are essential to beginning practice. Throughout the consultations on the Nurse Practitioner Legislative and Regulatory Framework, stakeholders recommended that in addition to the written examination, there be an assessment of clinical competence using such methods as an Observed Structured Clinical Examination (OSCE) or some other form of clinical observation. At present only some jurisdictions are using the CNPE and very few include assessment of clinical practice competence for initial licensure.

Despite increasing activity in areas of competence identification, the major challenge facing those working in the field remains how to assess or measure competence. Lack of standardized tools to measure clinical competence (initial or continuing) that stand up to the rigors of validity and reliability, and are cost effective and conceptually sound, are

some of the inherent problems related to assessing competence (De Vera Barredo, 2001; Miller, 1990). Livingood and Auld (2001) underscored the importance of the psychometric properties of the tools used to be defensible both legally and psychometrically.

4.1.2 Mobility Across Canadian Jurisdictions

Health professionals moving from one jurisdiction to another, whether it be across provincial/territorial or international borders, are required to meet the registration/licensure requirements of the local regulatory authority. For most RNs holding Canadian registration, movement is relatively easy. There are minimal differences in nursing education programs, and with the exception of nurses from Quebec, all RNs have passed the Canadian Registered Nurse Examination (CRNE). Most regulatory bodies have common requirements to determine a candidate's eligibility for registration/licensure.

The nursing jurisdictional regulatory bodies have endorsed a mutual recognition agreement required by the Agreement on Internal Trade. This means, in theory, that each province/territory accepts registered nurses from other provinces/territories as equivalent to their own graduates. In practice, however, barriers to mobility do remain within Canada for registered nurses. Although the general approach to assessment may be somewhat similar across jurisdictions, practices may differ and the results of an assessment may lead to quite different conclusions.

For nurse practitioners wishing to move from one province to another the situation is more challenging. The NP role has evolved in different ways in each province/territory and requirements for registration/licensure vary. NP education programs differ markedly and lead to different credentials. In some jurisdictions a diploma is the accepted level of education while in others an NP must successfully complete a postgraduate degree (Masters Degree) (CNPI, 2005). A few jurisdictions have accepted NP education programs from other provinces as equivalent to their own but much remains to be accomplished to support mobility of NPs across Canada. Furthermore, not all jurisdictions accept the CNPE as a requirement for licensure/registration. In jurisdictions where several domains of NP practice exist (e.g., Acute Care NP; Primary Health Care NP), it is not clear how NPs move from one domain to another within that jurisdiction or how an NP from another jurisdiction with only one domain of practice would qualify for licensure/registration.

During the consultations for the CNPI, the majority of stakeholders supported a common approach to NP practice and requirements for registration/licensure across Canada.

Although opinions varied on NP role, there was a high level of agreement on primary health care/family/all ages. Even in jurisdictions which have more than one domain of NP practice, acceptance of a common approach to the primary health care/family/all ages domain was seen to facilitate mobility. It was suggested that consideration of a title change for Acute Care NPs to some other designation reflecting the advanced practice role might promote public understanding of the NP role. Until such time as common standards within a pan Canadian framework for the regulation of NPs is achieved, even a mutual recognition agreement to support mobility is unlikely to be possible.

4.1.3 Internationally Educated Nurse Practitioners (IENP)

Credential assessment and assessment of the equivalence of education programs generally present huge challenges to regulatory bodies and to an individual trying to become a member of her/his designated profession. For internationally educated NPs, this is even more challenging. To date Canadian jurisdictions have had considerable experience with internationally educated nurses (IENs) but not with internationally educated nurse practitioners. However, some of the issues related to the assessment of competence are likely to be similar.

In many jurisdictions around the world, the title “nurse” may refer to a person with little or no formal education or to someone who has completed several years of post graduate study. The credential, therefore, is not a reliable or valid indicator of a person’s knowledge and competence to practice. In a similar vein, nursing education programs range from on-the-job training to post secondary college level to several years of university undergraduate and graduate education. The exact understanding of program level is often difficult. For example, nurses from the Philippines are designated to have a bachelor’s degree in nursing. However, they enter the nursing program before completion of secondary school so have fewer years of study than a Canadian baccalaureate graduate (Jeans et al., 2005). Further, the education programs in the Philippines (in excess of 350) vary widely in curriculum content and clinical skills development. For example a rural nursing program may have a more limited range of clinical content than a more comprehensive urban nursing education program. Schools of nursing in many countries are not accredited and therefore standards are impossible to discern from written documents describing the courses and program content. In summary, credential and educational program assessment do not serve as a proxy for the assessment of competence. Yet in many countries this is the primary approach used to assess internationally educated nurses wishing to be registered/licensed in a new country.

Internationally educated nurses, themselves, are confronted with challenges when they apply for licensure as a registered nurse in Canada. The process through which they go

likely entails a credential assessment and determination of the equivalence of their program. As well, the candidate needs to show proof of citizenship, pass the CRNE, pass a language test if English or French is not their first language (i.e., English in most provinces, English or French in Ontario and New Brunswick, French in Quebec), and have no current outstanding disciplinary ruling. In a recent study, Jeans et al. (2005) found the assessment of internationally educated nurses (IENs) by RN, LPN and RPN regulatory bodies in Canada to be fraught with inconsistencies, duplication of effort and incredible challenges to the IENs and the regulatory bodies.

It is anticipated that as the number of NPs grow and the role develops, there will be increasing movement both across Canadian jurisdictions and international borders. Within Canada, the CNPI will provide a framework and specific recommendations for consistency of education, practice and regulation for NPs, including agreement on competence assessment approaches and criteria. For NPs entering Canada from other countries competence assessment will be a daunting task for regulatory bodies which often lack the required infrastructure and expertise to carry out a fair evaluation.

The complexity and cost of assessing internationally educated nurse practitioners, jurisdiction by jurisdiction, is extremely high. Adding to the cost is that the NP may apply to more than one jurisdiction meaning that the assessment of credentials and educational equivalency may be repeated in several provinces and territories simultaneously. This situation supports the need for a centralized national assessment service particularly in light of the fact that all Canadian jurisdictions have approved the core competencies for nurse practitioners.

4.2 CURRENT APPROACHES TO CONTINUING COMPETENCE ASSESSMENT

All Canadian nursing regulatory bodies have continuing competence requirements for their members in place and all practising RNs, including nurse practitioners, are expected to comply. Programs are in the most part based on a professional accountability model and require reflective practice (self-assessment), frequently with a peer review component, the development and evaluation of a learning (development) plan, and/or continuing education. Some jurisdictions include an additional component of random practice review.

Nurse practitioners expand the boundaries of nursing's scope of practice and in the current climate of public accountability their clients, governments, employers and co-workers assume and expect that NPs are subject to continuing competence requirements relevant to their advanced skills and their particular areas of practice.

At present, continuing competence assessment requirements for NPs are at varying stages of development across jurisdictions and include a range of the methods listed above. Fundamental to most are the processes applicable to RNs and include self-assessment (reflective practice) and peer feedback, and creating and evaluating a learning plan. British Columbia is currently planning a quality assurance program that will require NPs to undergo a mandatory practice review, including review of their drug prescribing practices within the first two years of practice and then at least once every five years. In Ontario, NPs are subject to a practice review after the first 1800 hours or three years (whichever comes first) of practice. In addition, they are subject to the random practice review applicable to all members of the nursing regulatory body.

As stated earlier, the *Canadian Nurse Practitioner Core Competency Framework (2005)* was supported by all regulatory jurisdictions. Because the core competencies are common to all nurse practitioner practice and apply across all contexts of practice, they provide the obvious basis for NP continuing competence assessment. As NPs gain experience and develop additional knowledge and skills to meet the unique requirements of the populations and settings in which they work, a continuing competence framework accordingly will need to be flexible and responsive to the special knowledge and skills required in different practice scenarios.

CNA's *A National Framework for Continuing Competence Programs for Registered Nurses (2000)* describes nine methods/tools that are currently used by nursing and other health professional regulatory bodies across Canada, including their advantages, limitations and regulatory considerations.

The following table describes the continuing competence assessment methods used in Canadian jurisdictions. It has been adapted from the *National Framework for Continuing Competence programs for Registered Nurses (2000)* and Assessment Strategies Incorporated's *Clinical Evaluation Review: Issues relating to use with Nurse Practitioner licensing and continuing competency (2005)*.

METHOD	ADVANTAGES	LIMITATIONS	REGULATORY CONSIDERATIONS
<p>Self-Assessment</p> <p><i>A form of learning (reflective practice) in which individual learners assume the responsibility to assess their own educational needs, set objectives, plan and identify and implement appropriate educational activities and evaluate the outcomes.</i></p>	<p>Economic and affordable</p> <p>Readily accessible and may be completed at own pace</p> <p>Reflects context of practice environment</p>	<p>Seen by some as too time consuming</p> <p>Not valuable for those who lack insight and do not identify areas for development</p>	<p>Voluntary or mandatory?</p> <p>Submit to regulatory body for review or confidential to practitioner?</p> <p>Consider mechanisms to monitor compliance?</p> <p>Consider other mechanisms to overcome limitations?</p>
<p>Peer/Colleague Feedback</p> <p><i>May include performance appraisals by peers, clients and/or co-workers; chart audits; clinical case reviews; feedback on documentation, group discussion.</i></p>	<p>Can be done in most practice settings</p> <p>Provides information and awareness of practice</p>	<p>May be perceived as negative</p> <p>May be subjective</p> <p>Peer may find it difficult to be critical</p>	<p>Needs to be approached as continuous quality improvement</p> <p>Identify how feedback will be used</p> <p>Confidential?</p>
<p>Continuing Education</p> <p><i>Voluntary or mandatory, as a way to acquire and maintain competence</i></p>	<p>Based on premise that professionals:</p> <ul style="list-style-type: none"> ▪ know what they need ▪ participate fully ▪ Apply what they learn 	<p>Inequities in opportunities depending on offerings/location</p> <p>Does not in itself guarantee learning.</p>	<p>Integrate voluntary CE with self assessment</p> <p>Strengthen areas of weakness</p> <p>Develop strategies for accessible alternatives</p>

METHOD	ADVANTAGES	LIMITATIONS	REGULATORY CONSIDERATIONS
<p>Professional Portfolio</p> <p><i>Personal collection of evidence of learning, achievement and competence and accomplishments. May include a summary of education, employment, professional development, a self-assessment and learning plan.</i></p>	<p>Self-directed</p> <p>Assists with identifying learning needs</p> <p>Provides permanent record of career</p>	<p>Some view as too time-consuming</p> <p>Relies on ability to assess own performance which may or may not happen</p>	<p>Decide whether voluntary or mandatory?</p> <p>Need to submit to regulatory body for review or confidential to practitioner?</p> <p>Requires agreement on criteria and standards</p>
<p>Certification</p> <p><i>Voluntary program to earn a credential in an area of specialty. Contingent on maintaining registration/licensure, and meeting certification eligibility criteria.</i></p>	<p>Opportunity to build on competencies</p> <p>Demonstrates commitment to continually maintaining and acquiring competence</p> <p>Recognizes specialties</p>	<p>Costly and time-consuming</p> <p>May not be recognized by employer</p>	<p>Determine criteria for certification program</p>
<p>Written Examination</p> <p><i>Assesses competencies for beginning and ongoing practice. Have well-established psychometric properties and are cost effective.</i></p>	<p>Good reliability and validity possible</p> <p>Can assess large numbers</p> <p>Cost-effective</p> <p>Well-suited to assessing knowledge and its application</p>	<p>Skepticism about ability to test clinical competence</p> <p>Does not assess communication skills</p>	<p>Need to determine who should be tested and how often</p> <p>Need to refine computerized technology for easier access</p>

METHOD	ADVANTAGES	LIMITATIONS	REGULATORY CONSIDERATIONS
<p>Practice Interview</p> <p><i>A pre-established set of questions and/or scenarios presented in a face-to-face interview.</i></p>	<p>Opportunity to assess practice restraints and context.</p> <p>Adaptable – can probe weaknesses, pinpoint issues</p> <p>Gets at competence assessment</p>	<p>Costly in terms of time and resources</p> <p>Often stressful for nurse</p>	<p>Interview must be structured to provide consistency</p> <p>Useful for nurses who have shown weaknesses</p> <p>Identify training/education needs for assessor</p>
<p>Observed Structured Clinical Examination (OSCE)</p> <p><i>Nurse demonstrates various clinical skills as she/he rotates through a series of stations. Examiner evaluates performance based on pre-established criteria.</i></p>	<p>Good reliability and validity possible</p> <p>Objective assessment of clinical competence</p>	<p>Administration complex and costly – needs numerous sites and stations</p> <p>Difficult to assess all competencies – requirement of too many stations</p>	<p>Determine who to be assessed and how often</p> <p>Identify competencies to be evaluated</p>
<p>Hours of Practice</p> <p><i>A prescribed number of hours of practice within a specific time period.</i></p>	<p>Economical – can be incorporated in annual renewal form</p> <p>Easy to track and to report</p>	<p>Number of hours an arbitrary standard</p> <p>May have difficulty meeting requirement if employment opportunities not available</p>	<p>Establish criteria for type of practice hours</p> <p>Develop process to verify if type and setting of practice is appropriate.</p>

4.3 PRIOR LEARNING ASSESSMENT AND RECOGNITION (PLAR)

There are many instances where individuals either do not have an equivalent educational background or have no recognized documents/credentials to make them eligible for educational programs, occupations, professional licensure etc. PLAR is a process that helps adults demonstrate and obtain recognition for learning that they acquire outside of formal education settings. PLAR gives recognition for the skills and knowledge gained through work experience, community work and on-the-job training.

PLAR is used to assess an individual's knowledge and skills in relation to specific criteria. The establishment of clear, measurable criteria is the key to a high quality PLAR process. A variety of methods can be used to assess prior learning. These include but are not limited to demonstrations, structured interviews, presentations, and written tests. Depending on the purpose of the assessment and the criteria there is a broad range of creative approaches to PLAR. Importantly, though, there need to be formal policies to support PLAR standards for establishing criteria and rigorous assessment practices. The assessment process may occur in graded stages. This can help to determine if individuals require additional training/education by identifying learning needs more accurately. In turn, this can reduce the time and cost of a more formal education program.

In the case of nurse practitioner applicants, the PLAR process is an appropriate approach to the assessment of internationally educated nurse practitioners and/or nurse practitioners from other Canadian jurisdictions until such time as the pan Canadian framework is implemented in all jurisdictions or a mutual recognition agreement is endorsed. It may also be appropriate for the assessment of currently practicing nurse practitioners who have not completed a formal nurse practitioner education program at the post graduate level

The application of PLAR processes has not been extensive in Canada although there has been a steadily developing PLAR methodology in Canada and elsewhere over the past 30 years. Nursing has recently become interested in developing a PLAR process to address the assessment of IENs applying for licensure /registration in a Canadian jurisdiction (McGuire, 2004).

Although there is growing acceptance of the benefits of PLAR, there is considerable variation in its use in the education and regulation of NPs across Canada. Not all NP education programs use a PLAR process and those that do have very different approaches to PLAR. Regulatory bodies also vary considerably in their use of PLAR for NP licensure/registration. Again the lack of consistency from jurisdiction to jurisdiction

promotes barriers to NP's and other nurses wishing to become NPs across Canada. (CNPI, 2006).

There is certainly potential for the use of PLAR by NP educators and regulators. The criteria could be based on the already developed and endorsed Canadian Nurse Practitioner Core Competency Framework (2005). The advantages are obvious for the nurse practitioner applicant who may avoid having to undertake a full two years of study, and an advantage for employers in increasing the supply of nurse practitioners. The caveat is that when some further learning is identified as necessary to meet the standards for eligibility to be licensed, educational opportunities need to be available. For nurse applicants (RNs) these programs are not readily available in Canada and for nurse practitioner applicants, they would have to be developed. As the CNPI becomes implemented serious attention should be given to the establishment of a national assessment centre, the development of a high quality PLAR process, and a flexible standard education program that can be delivered virtually and/or at different campuses across Canada. Education programs should support the transition to a graduate degree for those nurse practitioners prepared at the diploma or undergraduate level.

Greater consistency in the use of PLAR by NP educators and regulators could support mobility and sustained integration of the role of NPs in Canada's health care system by supporting timely access to NP education and licensure. It is incumbent on NP educators and regulators to cooperate in the development of a pan Canadian approach to competence assessment including the use of PLAR. A national framework for NP competence assessment would go a long way to support the evolution of the NP role. Consideration should also be given to the establishment of a pan-Canadian Center for Competence Assessment to facilitate RN and NP regulators in determining eligibility for licensure/registration in Canada.

5. COMPONENTS OF THE FRAMEWORK

5.1 PRINCIPLES

The following principles form the foundation of an approach to competence assessment. They are congruent with the underlying principles that have been accepted as part of CNPI's Legislative and Regulatory Framework and focus more specifically on the components relating to competence assessment.

- (1) **Accountability:** The ultimate responsibility for demonstrating and maintaining competence lies with the nurse practitioner as an accountable health professional. The NP is guided and supported by a code of ethics and standards of practice established by the regulatory jurisdiction in which the NP works.
- (2) **Ongoing commitment to excellence:** Maintaining competence is a commitment to lifelong learning and excellence that continues throughout an NP's career. In a climate of changing practice environments and requirements, NPs continually assess and adapt to changing demands.
- (3) **Clients' right to safe, quality care:** The primary beneficiaries of health care services are the clients. Clients have a right to assume that a registered/licensed NP is professionally competent. .
- (4) **Feasible and Affordable:** Methods/processes used for competence assessment are readily integrated with regular workplace requirements and professional roles, and describe what an NP must do to demonstrate competence. They are administratively affordable to the regulatory body and are of reasonable cost to applicants and NPs so to not present a barrier to access for assessment.
- (5) **Fair, equitable and flexible:** A range of activities for assessment are available and can vary according to the NP's learning style, special attributes and context. They reflect the NP's attitudes, values, beliefs, knowledge, skills, judgment and clinical competence. Assessment processes and mechanisms do not favour in-province or in-country NPs over those educated and/or with practice experience in another country.
- (6) **Evidence-Based:** Methods/processes used for competence assessment are valid and reliable, and incorporate evidence from research, clinical expertise, client perspective and other available resources.

ACTION: Adopt the six principles as the basis for nurse practitioner competence assessment.
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5.2 INITIAL REGISTRATION/LICENSURE

To date, the chosen tool of competence assessment for beginning practice is an examination. The benefit of written examinations is cost-effectiveness. The major drawback is their questionable validity in providing a true measure of clinical competence. Feedback to the CNPI consultations overwhelmingly supported clinical competence assessment as an important criterion for NP assessment for initial registration/licensure.

ACTION: Include successful completion of the Canadian Nurse Practitioner Examination and a clinical practice assessment as requirements for registration/licensure of NPs initial practice.

5.3 CONTINUING COMPETENCE ASSESSMENT

The complexity and variation in NP practice makes multiple approaches necessary to enable a comprehensive and valid assessment of knowledge, skills and applicability. These approaches are currently being used in most jurisdictions and can be easily implemented.

ACTION: Adopt a combination of approaches including an annual self assessment, peer review, the development and evaluation of a professional development plan, and a structured clinical evaluation assessment every 2-5 years as the minimum requirements for NP continuing competence assessment.

5.4 PRIOR LEARNING ASSESSMENT AND RECOGNITION (PLAR)

The challenges inherent in assessing the credentials and the equivalency of educational programs of NPs moving across Canadian jurisdictions and internationally educated nurse practitioner applicants lead to the conclusion that improved competency based approaches need to be implemented. An adult learning model upon which PLAR is based appears to be an appropriate alternative. In addition, for those NPs who require some additional education/skills development, bridging programs need to be accessible. Similarly, registered nurses who have been practicing as nurse practitioners without the now required graduate level education may benefit from PLAR and a bridging program that could enable them to satisfy the requirements for the graduate credential.

The current process of assessment carried out by each province/territory is cumbersome and expensive. A national assessment centre for NPs would be valuable resources with the ability to expedite a consistent initial assessment process.

ACTION: Adopt the PLAR Framework for Nurse Practitioner Education and Regulation in Canada to support the assessment of nurse practitioner applicants whose credentials and/or education cannot be accurately assessed or are judged to be inadequate for licensure.

ACTION: Adopt a pan-Canadian approach to bridging programs for NPs who require additional education/skills development.

ACTION: Establish a pan-Canadian assessment center to pre-screen potential applicants' eligibility for NP registration/licensure prior to application to the individual provincial/territorial regulatory authorities.

5.5 PARTNERSHIPS WITH MAJOR STAKEHOLDERS

Escalating demands for competence, coupled with limited resources, highlight the need to address the gaps in expectations that frequently occur between the nursing sectors (practice, education and administration), and to develop shared accountability and collaborative partnerships. Over the next decade, assessment technology will be developed and refined to offer new and different approaches to competence assessment that will be affordable and accessible. Collaborative approaches are needed to design and implement flexible alternatives to fit diverse conditions.

ACTION: Collaborate with employers and educators to identify nurse practitioner competencies and assessment methods for practice and create structures/ methods to validate their success.

6. RECOMMENDATION

RECOMMENDATION: *Adopt the Competence Assessment Framework for Nurse Practitioners in Canada*

7. SUMMARY OF RECOMMENDATION AND ACTIONS

RECOMMENDATION	
	Adopt the Competence Assessment Framework for Nurse Practitioners in Canada

ACTIONS	
Principles	Adopt the 6 underlying principles as the basis for nurse practitioner competence assessment
Initial Registration/Licensure	Include successful completion of the Canadian Nurse Practitioner Examination and a clinical practice assessment as requirements for registration/licensure of NPs initial practice.
Continuing Competence Assessment	Adopt a combination of approaches including an annual self-assessment, peer review, and the development and evaluation of a professional development plan, and a structured clinical assessment every 3 to 5 years as the minimum requirements for NP continuing competence assessment.
Prior Learning Assessment And Recognition (PLAR)	<p>Adopt the PLAR Framework for Nurse Practitioner Education and Regulation in Canada to support the assessment of nurse practitioner applicants whose credentials and/or education cannot be accurately assessed or are judged to be inadequate for licensure/registration.</p> <p>Adopt a pan-Canadian approach to bridging programs for NPs who require additional education/skills development.</p> <p>Establish a pan-Canadian assessment centre to pre screen potential applicants for eligibility for NP registration/licensure prior to application to the individual provincial/territorial regulatory authorities.</p>
Partnerships With Major Stakeholders	Collaborate with employers and educators to identify NP practice competencies and assessment methods that are needed for practice and create structures/methods to validate their success

8. CONCLUSION

Continuing competence assessment within the regulatory framework for nurse practitioners is about public protection and patient safety. As the pace of technological and scientific development accelerates, one of the greatest challenges to all health care practitioners is the attainment, maintenance and advancement of professional competence. (NCSBN, 2005) Documented competence is becoming essential, not optional, and is likely to become mandatory in the near future for initial and continuing licensure/registration, and perhaps even for employment. (Lenburg, 1999)

Measuring competence is highly complex and for nurse practitioners (NPs) who work in a wide variety of practice environments, a single continuing competence model to fit all practice scenarios is neither feasible nor practical. Similarly, as NPs move across internal and international borders it is imperative in assessing competence equivalence to recognize differences in practice experience and develop approaches that are facilitative, flexible and reduce rather than construct barriers to mobility.

GLOSSARY

Certification

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

Competence

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

Competencies for NPs

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

Continuing competence

The ongoing ability of a registered nurse to integrate and apply the knowledge, skills, judgment and personal attributes required to practice safely and ethically in a designated role and setting. Maintaining this ongoing ability involves a continual process linking the code of ethics, standards of practice and life-long learning. The registered nurse reflects on his/her practice on an ongoing basis and takes action to continually improve that practice (CNA, 2000)

High-Stake Examination

An examination that is critical to the candidates' professional career.

Mutual Recognition Agreement

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

Principle

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

Public accountability

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

Quality Assurance

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

Registration/Licensure

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

Regulation

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

Scope of Nursing Practice

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

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