

# NP Regulatory Framework Implementation Plan Project

## Background Information

July 2020

## BACKGROUND INFORMATION

*The NP Regulatory Framework Implementation Plan Project builds on the work of two other NP initiatives –*

1. **The Practice Analysis Study of Nurse Practitioners** (May 2015). *This study identified behavioural indicators common to all practice streams and set the stage for moving towards common entry-level competencies in each jurisdiction while providing a unique and timely opportunity to explore the development of a vision for NP regulation across the country.*
2. **The NP Regulation Practices Project** (January 2018 – June 2019). *This project articulated a vision for NP regulation and developed recommendations regarding six basic elements of a Model for NP Regulation for CCRNR's consideration.*

*The NP Regulatory Framework Implementation Plan Project is commissioned by CCRNR to plan and oversee the implementation of the six approved recommendations. This document outlines the vision for NP regulation, and highlights information relevant to the development of the recommendations that are to be implemented.*

### Mandate & Impetus for the NP Regulation Practices Project

The NP Regulation Practices Project (NPRPP) was commissioned by the CCRNR Board with a mandate to **develop recommendations regarding the six basic elements of a Model for NP Regulation endorsed by the CCRNR Board** in January 2018

The vision for NP regulation was to --

- Improve the public and profession's perception of NP regulation consistency
- Enable the appropriate level of regulation in the public's interest
- Facilitate collaboration in resource sharing, building evidence and standardization across jurisdictions
- Reduce unnecessary barriers and advance labour mobility across the country
- Enhance public understanding of the NP's role and practice - safe, knowledgeable, and competent

The Model for NP Regulation's six basic elements included:

1. Entry level education programs
2. Entry level examination
3. Standards of Practice
4. Continuing competence requirements
5. Registration renewal
6. Re-entry to practice

## Steering Committee

The NPRPP Steering Committee, chaired by Katherine Stansfield, CEO & Registrar of the College of Registered Nurses of Manitoba, was commissioned to develop recommendations for CCRNR's consideration. The NPRPP Steering Committee held its first meeting in August 2018 and its last meeting in June 2019. Steering Committee members met eight times over ten-months.

## Project Activities

- Jurisdictional Scan of the current state relative to the six basic elements
- Internal Consultation (within regulatory bodies) on early recommendations
- External Consultation on the direction of recommendations with select stakeholders both nationally and within each jurisdiction
- Additional environmental scan information
- Consolidation of findings and final recommendations

## Additional Direction

During the project, the CCRNR Board was kept abreast of the Steering Committee's work via the Chairperson and provided additional direction. In December 2018, the CCRNR Board supported the Steering Committee's use of a principled approach to the development of recommendations; an entry level education program based on core competencies and the move to one national examination for NPs. CCRNR also reaffirmed that domains and hours of practice were out of scope for this project.

## JURISDICTIONAL & ENVIRONMENTAL SCANS

The first jurisdictional scan captured the current state across the country for each of the six elements. The purpose was to identify the extent to which current practice varied across jurisdictions. In brief, there were many similarities across the jurisdictions, however, differences were equally apparent. **Select** examples of key findings are noted below:

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Entry Level Programs	<ul style="list-style-type: none"><li>• All programs were at the graduate level; however, programs were based on NP streams of practice</li><li>• Not all NP program approval processes were similar - standards / criteria / indicators / timelines varied</li></ul>
Entry Level Examinations	<ul style="list-style-type: none"><li>• There were similarities in <i>acceptable</i> examinations by NP practice streams although the dates associated with acceptability varied dramatically</li><li>• Several jurisdictions required more than an examination for entry-level (e.g. OSCE, PLAR, etc.)</li></ul>

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Registration / Renewal	<ul style="list-style-type: none"> <li>• There were many common registration and renewal requirements, but some jurisdictions required additional information such as hospital privileges; relationship with physician(s); release of home address to 3<sup>rd</sup> parties; etc.</li> <li>• Practice hours and currency of practice requirements varied across jurisdictions</li> </ul>
Re-Entry to Practice	<ul style="list-style-type: none"> <li>• There was considerable overlap between what was required for Registration / Renewal and Re-Entry</li> <li>• Some jurisdictions require NPs who have not met practice hours' requirements to participate in a re-entry or refresher program, bridging program; or a PLAR to determine entry-to-practice competencies</li> </ul>
Standards	<ul style="list-style-type: none"> <li>• All jurisdictions had standards of practice; not all jurisdictions had NP standards of practice</li> <li>• Some NP standards focused on professional accountability while others included expectations addressing the NP's expanded scope of practice</li> </ul>
Continuing Competence	<ul style="list-style-type: none"> <li>• There were many common elements (regulatory governance, annual process, self-assessment, learning plan, etc.) but variation as to how the elements were operationalized</li> <li>• Several jurisdictions had unique elements such as peer review; multiple choice tests; specific professional development plans, etc.</li> </ul>

Additional environmental scan information was also captured to help inform Steering Committee deliberations:

- Quick Scan of Regulatory Health Professions with Masters' Preparation at ETP
- Summary of Info re Hours of Practice from Jurisdictional Scans
- Information about Police Checks
- Information about Best Practices in Continuing Competence Programs
- Quick Scan of How other Professions address Re-Entry / Re-Instatement
- Information about Legitimate Objections in the Canada Free Trade Act
- Information about the Objective Structured Clinical Examination (OSCE) utilized in British Columbia
- Information about Temporary / Interim Registration (from web sites)

### INITIAL RECOMMENDATIONS

The Steering Committee elected to use a principled approach in the development of the *initial* recommendations. A common set of principles for all elements and each element was identified to advance a coordinated and consistent model of NP regulation while offering regulators flexibility in how they meet the principles and/or requirements. The principled-approach sought to create a level of regulation that was proportionate to the level of public risk – using regulation only when necessary and keeping it simple. The CCRNR Board supported a principled approach, as well as the movement towards graduate level entry to practice education program based on core competencies and a single entry-level exam. Hours of practice, currency and domains of practice were deemed out-of-scope for this project.

## Guiding Principles

Eight principles surfaced early in the recommendation development process:

1. Public interest is paramount
2. The regulatory role in each of the six elements is clear and requirements are proportionate to the level of public risk
3. All NPs are RNs -- NP regulation is considered within the broader regulatory lens of registered nursing regulation
4. All Information about NP regulations is transparent and publicly accessible by all interested persons
5. The model of NP regulations is built on a foundation of entry-level competencies for NPs
6. A 'principled' approach advances a coordinated and consistent model of NP regulation while offering regulators flexibility in how they meet the recommended principles and/or requirements
7. The NP, at entry to practice, has knowledge and skill that is dispersed over a wide range of competencies common to all NP practice. Similar to registered nurses, NP specialization takes place post entry to practice
8. The recommendations are rational and informed by current evidence

## INTERNAL CONSULTATION

The Steering Committee's first consultation sought internal input from member organizations of The Canadian Council of Registered Nurse Regulators (CCRNR). A consultation document and on-line feedback form facilitated a consistent approach to the consultation and how results were captured. The Consultation Document outlined initial recommendations regarding an early vision for Nurse Practitioner (NP) regulation across the country. It was used by Steering Committee members in January / February 2019 to engage with staff and functional leaders within their organizations. Each member decided how they would engage with their counterparts and leaders to secure feedback.

## EXTERNAL CONSULTATION

In late February 2019 the CCRNR Board endorsed a simple, targeted, high-level, high-touch, low-profile consultation approach that introduced key stakeholders to the concept of adopting a 'principled' approach to the Model of NP regulation; a graduate level entry-to-practice education program based on core competencies; and one national examination for NPs at entry to practice. The primary consultation objective was to gain a solid understanding, from the stakeholders' perspective, of the implications of moving forward over time with these concepts and directions. The timeframe for external consultation activities was approximately eight weeks (March to May 2019).

## Consultation Highlights

Overall, **reactions to the proposed recommendations were generally positive** however some concerns and implications were noted. The most important implications in moving forward with proposed directions generally fell into one of six categories:

1. Change management & communications
2. Finding the right balance between harmonization and standardization to ensure barrier-free mobility and consistency across jurisdictions without being prescriptive (standards of practice, continuing competence, titles, registration requirements)
3. Understanding how NP specialties are to be addressed – if not regulators, then who fills the void and how?
4. Time for the education system to adapt and an exam to be developed
5. Providing clear direction for existing NPs
6. Addressing hours of practice and domains

## FINAL RECOMMENDATIONS – DEVELOPMENT

The development of the final recommendations considered all the information gathered throughout the project including jurisdiction and environmental scans and internal / external consultation findings while staying true to the vision for NP regulation --

- Improve the public and profession's perception of NP regulation consistency
- Enable the appropriate level of regulation in the public's interest
- Facilitate collaboration in resource sharing, building evidence and standardization across jurisdictions
- Reduce unnecessary barriers and advance labour mobility across the country
- Enhance public understanding of the NP's role and practice - safe, knowledgeable, and competent

## FINAL APPROVED RECOMMENDATIONS

<b>Education</b>	<p>NP entry-level education programs -</p> <ul style="list-style-type: none"><li>• Are formal graduate level programs in nursing</li><li>• Prepares RNs to meet NP entry-level competencies across the life span and diverse practice settings</li><li>• Are approved / accepted by regulatory colleges</li></ul>
<b>Examination</b>	<p>One national entry-level examination for all NPs that is -</p> <ul style="list-style-type: none"><li>• Driven by public safety interest</li><li>• Based on entry-level competencies across the life span and diverse practice settings</li><li>• Psychometrically sound</li><li>• Legally defensible</li><li>• Accessible</li><li>• Recognized as one component of NP registration</li></ul>
<b>Registration &amp; Renewal</b>	<ol style="list-style-type: none"><li>1. One NP registration category based on entry-level competencies</li><li>2. Initial NP registration includes RN registration requirements and evidence of the following<sup>1</sup> –<ol style="list-style-type: none"><li>a. Graduate of approved /accepted / recognized NP educational program</li><li>b. Pass an approved /accepted / recognized NP examination</li></ol></li><li>3. NP registration renewal is annual and includes evidence of currency of practice requirements<sup>2</sup> and QA / continuing competence requirements</li></ol>
<b>Re-entry</b>	<ol style="list-style-type: none"><li>1. NPs meet re-entry requirements whenever there is a lapse in NP registration status</li><li>2. Re-entry requirements<ol style="list-style-type: none"><li>a. are based on an assessment of NP competencies</li><li>b. identify areas of deficiencies to be addressed prior to re-entry</li></ol></li></ol>

<sup>1</sup> There may be other registration requirements that are jurisdiction specific driven by local legislation, needs and/or evidence

<sup>2</sup> Consistency in hours of practice / domains for currency were out of scope for the project but will be included in the new project

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**Standards  
of Practice**

NP / RN standards of practice -

- set clear expectations of practice
- are defensible
- congruent with relevant legislation
- address, at a minimum, professional accountability and ethics / code of conduct
- apply to all NPs (across life span, domains, and diverse practice settings)
- are based on principles

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**Continuing  
Competence**

1. Continuing competence requirements are to be met annually
  2. Continuing competence requirements / programs are:
    - a. driven by public safety
    - b. defensible
    - c. require evidence of completion
    - d. based on competencies, standards of practice and NP scope of practice
    - e. evaluated regularly
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