

Nurse Practitioner  
Regulation

**NPR-FIPP**

Framework Implementation  
Plan Project

Cadre de réglementation  
de l'infirmière praticienne

**CRIP-PPMO**

Projet de plan de mise  
en œuvre

## Nurse Practitioner Entry-Level Competencies Development Report

### Background

In February 2020, the CCRNR Board agreed *“to implement the recommendations endorsed by CCRNR regarding six basic elements of a Model for Nurse Practitioner Regulation in Canada – entry-level education and examination; standards of practice; registration and renewal; and continuing competence.”*

A Steering Committee comprised of representatives from jurisdictions across Canada was commissioned to oversee the national initiative entitled Nurse Practitioner Regulation Framework Implementation Plan Project (NPR-FIPP). A key priority was to update the NP entry-level competencies to drive future NP entry-level education – and, along with an NP practice analysis, inform the national NP examination.

### Refreshing the NP Entry-Level Competencies

The NP entry-level competencies refresh process was initiated in January 2021 and was carried out by the five-person Education Sub-Committee (Co-Chaired by two members of the NPR-FIPP Steering Committee with two additional regulators and one NP / NP educator). The process was overseen by the NPR-FIPP Steering Committee with additional direction provided by the CCRNR Board. A competency consultant was hired to provide support and advice to the Education Sub-Committee on key activities.

The previous (2016) NP entry-level competencies underwent a significant transformation to reflect a role-based framework and three-tiered structure that included performance indicators. The recommended NP Entry-Level Competencies now include five roles, 29 competencies, and 159 performance indicators.

Stakeholders were informed about the NP entry-level competencies via [online project updates](#).

Refreshing of the NP entry-level competencies was informed by multiple activities and processes, including:

- An environmental scan and targeted literature searches
- Multiple consultations with nursing regulatory bodies involved in the project



- Focused consultations with nursing regulators, NPs and NP educators, members of the public, subject matter experts, the Advisory Stakeholder Panel, and National NP stakeholder organizations
- Jurisdiction-specific consultations with NP stakeholder groups
- National online bilingual survey of all registered / licensed NPs in jurisdictions involved in the project (with over 900 responses)

The recommended NP entry-level competencies were thoughtfully drafted and guided by decision-making criteria developed by the Education Sub-Committee; they encompass the collective input from all consultation sources. The NP entry-level competencies are believed to reflect the autonomous, independent, and advanced practice of NPs, and are realistic for entry-level NPs. They capture roles and competencies relevant to today's environment while positioning NPs for the immediate future. They are broad enough yet provide sufficient detail to guide NP entry-level curricula and education programs in Canada.

### **Consultation Activities**

A multi-pronged consultation strategy, endorsed by the Steering Committee and CCRNR Board, was implemented and supplemented with national, bilingual communication and consultation support materials. All consultations took place from March to the end of July 2022. A brief overview of the consultation activities and findings from each stakeholder group is outlined in the [NPR-FIPP project update #8](#).

### **Assessment of Consultation Findings**

The Education Sub-Committee used a multi-step process in assessing the consultation findings. Comments from all consultation sources were carefully reviewed and considered in the NP entry-level competencies revision using the following steps:

- Reviewed and discussed common themes arising across stakeholder groups.
- Analyzed all consultation findings, beginning with the NP Survey findings, followed by the Jurisdictional Stakeholder comments. The Subject Matter Expert, Stakeholder Advisory Panel, and National Organizations' comments were then layered into the discussion to ensure a comprehensive review of all inputs.
- Developed criteria to guide decision-making regarding NP entry-level competencies changes.
- Reviewed and discussed each NP entry-level competency's role to identify where changes were needed - role description, competencies, and indicators. This also included a review of the action verb for each indicator against Bloom's six-level taxonomy to ensure that level three verbs (or higher) were utilized to reflect the advanced practice of an NP.
- Re-examined consultation findings to ensure key issues and concerns had been addressed.
- Assessed the existing RN entry-level competencies against the proposed NP entry-level competencies content to ensure redundancies had been removed or expectations changed to reflect the advanced practice of an NP.



- Revised the overall NP entry-level competencies document to ensure competencies were in the most appropriate role and that competencies and indicators were effectively sequenced.

### Prominent Changes to the Consultation Version of the NP ELCs

The recommended NP entry-level competencies look different from the consultation version, reflecting the inordinate volume of stakeholder comments and thoughtful consideration of all consultation findings. While there were many changes made, the most prominent changes are outlined below. Highlights of changes to each role are noted in the next section.

- The Preamble better reflects appropriate content, is more aligned with the RN entry-level competencies document, and includes a profile of the entry-level NP along with key principles and assumptions
- The Counsellor role was eliminated, and the corresponding competencies/ indicators were broadened beyond mental health and moved into the Clinician role
- The Researcher role was changed to Scholar role to denote more effectively what is expected of entry-level NPs
- The action verbs used to describe performance indicators better reflect the advanced practice of NPs
- The term culturally 'safer' was replaced with culturally 'safe' as it is more consistent with the regulators' mandate for safe (not safer), competent, and ethical care
- The term 'co-create' was retained as it was seen as a more effective and current term in describing relationships
- The concept of functional and integrative medicine was removed and replaced with complementary and alternative medicine as this was more acceptable to most NP stakeholders
- New content was added to address missing concepts such as virtual care, environmental impact, health promotion and disease prevention, self-employment expectations, safety expectations, etc.
- The glossary was relabeled and revised
- The reference section was retitled and is more extensive, reflecting all the information used to inform the NP entry-level competencies refresh process

### Highlights of Key Changes in each NP Entry-Level Competencies Role and Document Sections

The chart below does not capture all the changes made to the NP entry-level competencies but rather **highlights** the more noticeable changes in each role and sections of the NP entry-level competencies document.

<b>Preamble</b>	<ul style="list-style-type: none"> <li>• Readjusted content to better align with RN entry-level competencies preamble content</li> <li>• Clarified that NP entry-level competencies encompass and build on RN entry-level competencies</li> <li>• Finalized assumptions and principles</li> <li>• Enhanced the profile of the entry-level NP and established the context for autonomous, independent, advanced practice, leadership, and collaboration at the onset (rather than in each) of the competencies</li> <li>• Deleted unnecessary information about the NP entry-level competencies development process</li> </ul>
<b>Clinician Role</b>	<ul style="list-style-type: none"> <li>• Added virtual care and self-employment expectations</li> <li>• Reordered competencies</li> <li>• Incorporated previous counsellor role expectations into clinician role</li> <li>• Removed reference to functional and integrative medicine</li> <li>• Enhanced indicators</li> </ul>
<b>Leader Role</b>	<ul style="list-style-type: none"> <li>• Enhanced role description</li> <li>• Addressed concerns that previous competencies were unrealistic for entry-level NPs</li> <li>• Enhanced safety expectations</li> <li>• Introduced health promotion and disease prevention expectations</li> <li>• Moved self-employment expectations to Clinician role</li> </ul>
<b>Advocate Role</b>	<ul style="list-style-type: none"> <li>• Changed role description</li> <li>• Added self-awareness expectations</li> <li>• Retained Indigenous-specific expectations and broadened equity, diversity, and inclusion to be more inclusive of all groups</li> </ul>
<b>Educator Role</b>	<ul style="list-style-type: none"> <li>• Broadened role description</li> <li>• Recognized that competencies went beyond person-specific education to include education of groups, communities, and populations</li> </ul>
<b>Scholar Role</b>	<ul style="list-style-type: none"> <li>• Changed role title from Researcher to Scholar</li> <li>• Modified competencies appropriately focus on participation and leadership in activities related to research rather than leading research</li> <li>• Included knowledge translation expectations</li> <li>• Added new indicators</li> </ul>
<b>Glossary</b>	<ul style="list-style-type: none"> <li>• Relabeled as <i>Description of Key Terms</i> to denote that they are not definitions but rather descriptions to help the reader understand what is meant by this term in the context of entry-level competencies</li> <li>• Added and removed key terms to reflect changes in document</li> </ul>

**References**

- Enhanced reference list to include all sources
  - Retitled as *Bibliography* to indicate all sources used to refresh the NP entry-level competencies even if not cited in the document itself
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