NURSE PRACTITIONERS:
THE TIME IS NOW

A Solution to Improving Access and Reducing Wait Times in Canada
Notes to Reader:
This report provides an overview of the work of the Canadian Nurse Practitioner Initiative.
For further information, please review the Technical Report on the CNPI website: www.cnpi.ca.
Throughout this report you will find photos and testimonials from nurse practitioners. In some instances, we have included testimonials from other health-care providers who work with nurse practitioners.

Cover photos
Large photo:
Shirley Hiebert, PhD, Northern Medical Unit, Manitoba.

Bottom photos (left to right):
Frank MacDonald, Calgary Health Region; Dr. Mary Gordon and Sandy Hooper, City of Ottawa Public Health Clinic; Karol Ghuman, student, University of British Columbia; and Beth Wood, Royal Ottawa Hospital.

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Message from Marian Knock
Executive Director, CNPI

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

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

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

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

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

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

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

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

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

Lucille Auffrey
CEO, Canadian Nurses Association
RN, MN
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Recommended Definition: Nurse Practitioner

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

Nurse practitioners (NPs) are registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice.

Recommended Role Description: Nurse Practitioner

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

Nurse practitioners are experienced registered nurses with additional education who possess and demonstrate the competencies required for nurse practitioner registration or licensure in a province or territory. Using an evidence-based, holistic approach that emphasizes health promotion and partnership development, nurse practitioners complement, rather than replace, other health-care providers. Nurse practitioners, as advanced practice nurses, blend their in-depth knowledge of nursing theory and practice with their legal authority and autonomy to order and interpret diagnostic tests, prescribe pharmaceuticals, medical devices and other therapies, and perform procedures.
The CNPI wishes to express appreciation to all who have contributed to the development of the ideas and recommendations in this report. We particularly wish to thank the Nurse Practitioner Planning Network (NPPN), whose vision encouraged Health Canada to support this Initiative.

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

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

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

Canada’s publicly funded health system has been under scrutiny for at least 10 years. Governments at all levels have been studying the system to seek ways to improve efficiencies and reduce cost increases. The proportion of government budgets dedicated to health care continue to increase by more than seven per cent a year—a percentage far higher than Gross Domestic Product (GDP) increases over the same period. At the same time, Canada’s population is aging and governments and health-care providers are predicting that Canadians will need more health care, not less. The challenge is to find a way to use resources more efficiently.

The conclusions reached by federal, provincial and territorial governments have led to a focus on primary health care renewal and the need to address wait times and access to quality care for all Canadians. There has been a growing emphasis by all levels of government on: promoting the broader determinants of health; balancing institutional care with illness prevention and health promotion; funding early intervention strategies that focus on maintaining wellness; and examining ways and means to effectively utilize human resources, especially nurses and physicians.

To be effective, health services require the expertise of a range of health professionals, including nurse practitioners. The NP role is distinct from the roles of other health professionals. In many ways, the NP supplements and complements other roles. Thus the implementation of the NP role in Canada may be viewed as one means of improving access to health services.

NPs are registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice. Working as part of a collaborative team, NPs can alleviate pressures on the health system and provide patients with early interventions and wellness strategies; thereby contributing to improved access to health services and a reduction in wait times.
The Canadian Nurse Practitioner Initiative

On September 11, 2000, First Ministers agreed that “improvements to primary health care are crucial to the renewal of health services” and highlighted the importance of multidisciplinary teams. In response to this agreement, the Government of Canada established the $800M Primary Health Care Transition Fund (PHCTF). Further commitments were made in 2003 when First Ministers signed the Health Accord. Within this Health Accord, governments agreed to ensure that Canadians receive the most appropriate care, by the most appropriate providers, in the most appropriate settings. They established a goal that 50 per cent of Canadians would have access to primary care 24/7 by 2011.

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

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

The CNPI provided an opportunity for nurses to demonstrate to governments, stakeholders, and the general public their capacity to: make a significant contribution to primary health care renewal; improve system access; and reduce wait times through the sustained integration of the nurse practitioner role.

Vision, Goals and Objective of the CNPI

Vision
The Canadian Nurse Practitioner Initiative envisioned:
• A renewed and strengthened primary health care system that optimizes the contributions of nurse practitioners to the health of all Canadians; and
• A system in which nurse practitioners are recognized and utilized across Canada as essential providers of quality health care.

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

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

Consultation and Collaboration
Grounding the project in consultation and collaboration involved the engagement of all stakeholders, including health-care professionals, leaders of health-care professional organizations, regulators, educators, employers, unions, municipal leaders as well as federal, provincial and territorial officials.

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

An Advisory Committee was established to direct and guide the CNPI. Members were chosen from across Canada and represented a full range of health professionals and stakeholders. The Committee was chaired by Lucille Auffrey, Chief Executive Officer of the CNA. Marian Knock was hired in April 2004, to serve as the CNPI Executive Director.

The CNPI had six component areas which were led by managers hired to oversee their respective deliverables. They were:

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

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

“NPs can improve access to health care where it may have been limited, and NPs can work with Canadians to maintain and improve their health. That’s an ongoing investment.”

- Martha Vickers (left), Clinique Médicale Nepisiguit, Bathurst, New Brunswick
The component area managers were supported by Task Forces. Every province and territory was represented on at least one Task Force or on the Advisory Committee. Additionally, a separate Evaluation Steering Committee was established. The first meetings of the Advisory Committee and the Task Forces were held in January 2005.

The Approach

The CNPI's work was divided into four phases. Each phase provided the foundation for the next one.

The Four Phases:

Phase 1: Initial Consultations and Environmental Scan (July 2004 – March 2005)
Phase 2: Round Table Consultations (April – July 2005)
Phase 3: Development of Pan-Canadian Frameworks and Recommendations and Expert Consultations (June – December 2005)

Identification of Key Issues and Recommendations

The CNPI team consulted with more than 5,000 people including nurses, student nurses, representatives of professional organizations, other health-care professionals, regulators, employers of health-care providers, unions, federal, provincial and territorial officials as well as Aboriginal nurses. Component area managers visited settings such as community health centres, Aboriginal health access centres and Aboriginal community health centres, emergency departments and hospital outpatient clinics, fee-for-service physician practices, educational institutions, the Canadian military, Health Canada’s First Nations and Inuit Health Branch, plus health and education departments and regional health authorities.

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

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

Almost 200 people participated in a series of day-long round table consultations held in eight centres across Canada (Phase 2). Participants verified the key issues and provided component area managers with direction and ideas for the development of the component area frameworks and their recommendations.

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

Practice
The overall consensus was that successful practice models require an NP to be part of a collaborative team. Many felt that a community health model was the strongest model. Participants recommended service delivery models where most providers are salaried or on contract. They also recommended that mechanisms needed to be put in place to encourage team or interprofessional practice.
Consultation findings indicated the need for standardized pan-Canadian education exit credentials and identified common principles that should be part of a pan-Canadian NP educational framework. These included: interprofessional education; use of varied distance education delivery methods to ensure access to education for rural and remote communities; consistent core curriculum including clinical practice, continuing education, and prior learning assessment and recognition (PLAR) for nurses working in NP-like roles.

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

Strategic Communications
Throughout the consultations there was general agreement on the need for clear and simple messaging with an emphasis on the value-added role of the NP.

Participants also indicated that communications needed to be directed toward specific target groups including the general public, elected officials, health-care providers, registered nurses (RNs), physicians, pharmacists, etc.

Identification of Challenges
Participants identified challenges that included the need for:

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

“Canadians need to ask to see a nurse practitioner. There are many research studies that prove that nurse practitioners have a positive impact on people’s health. Canadians also should have the opportunity to have NPs on their health-care team.”

- Fran Gillingham, Eastern Kings Memorial Community Health Centre, Nova Scotia
The first two consultation initiatives provided four of the component area managers and their Task Forces with the information they needed to develop their respective frameworks and/or recommendations. During, and in some cases after, draft frameworks and recommendations were completed, managers undertook a series of expert consultations and workshops to verify findings and recommendations and identify persistent challenges. Overlap and duplication among the components were identified.

For the Change Management, Social Marketing and Strategic Communications component, deliverables focused on developing and implementing activities to support the Initiative and the communications objectives. Comments received in both consultations and expert workshops were factored into the work.

A combined meeting of the component Task Forces, the Evaluation Steering Committee and the Advisory Committee was held in November 2005, as a final check on the Frameworks’ contents and recommendations.

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

The list of deliverables included:

- Legislative and Regulatory Framework for Nurse Practitioners in Canada;
- Practice Framework for Nurse Practitioners in Canada;
- Education Framework for Nurse Practitioners in Canada;
- Health Human Resources Planning recommendations;
- Change Management, Social Marketing and Strategic Communications recommendations;
- Canadian Nurse Practitioner Core Competency Framework;
- Competence Assessment Framework for Nurse Practitioners in Canada;
- Prior Learning Assessment and Recognition Framework for Nurse Practitioner Education and Regulation in Canada;
- National NP Education Database;
- Directory of Educational Programs;
- Implementation and Evaluation Toolkit for Nurse Practitioners in Canada; and
- Health Human Resources Planning Simulation Model for Nurse Practitioners in Primary Health Care.™

™ Trademark of the Canadian Nurses Association

“There’s a shortage of doctors in the region, hospitals are overcrowded and an aging population is putting pressure on the health-care system. Primary and preventive health-care services are one of the keys to addressing those problems, and nurse practitioners are ideally positioned to provide those services.”

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

To this end, the CNPI has developed a document called, *The Way Forward*, which proposes recommended actions that stakeholders can take in order to implement the Frameworks and recommendations developed by the CNPI.

The sustained integration of the NP role into the health system can help improve Canadians’ access to care and reduce wait times—two key issues in health-system renewal. NPs can also help to contribute to wellness strategies and population health.

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

Collectively, the work of the Canadian Nurse Practitioner Initiative (CNPI) resulted in a comprehensive set of recommendations and suggested actions to enable the sustained integration of the nurse practitioner (NP) in Canada’s health system. The recommendations outlined here need to be seen as a continuum of recommendations that, when implemented together, will achieve the CNPI’s goals.

As part of its work, the CNPI developed a number of tools to facilitate this integration. The tools are project legacies to be used by governments at all levels as well as regulatory authorities, educators, employers, health-care providers and their organizations, plus collaborative care teams and NPs themselves.

The most pressing need identified throughout the CNPI was for consistency throughout all elements, including: language; legislation and regulations; practice and evaluation; competencies and education requirements; health human resources planning; as well as change management, social marketing and strategic communications.

Stakeholders were clear that the CNPI would be successful if it provided a comprehensive framework for the sustained integration of the NP role and the tools to facilitate change.
Legislation and Regulation of Nurse Practitioners: The Building Blocks to Sustained Integration

Legislation and regulation of health professionals has historically been put in place to protect the public. Since nurse practitioners are members of the nursing profession, the Legislative and Regulatory Framework for NPs in Canada, being proposed by the CNPI, recognizes and builds upon the registered nurse regulatory framework.

The Legislative and Regulatory Framework for NPs in Canada is designed to facilitate a consistent approach to legislation and regulations across Canada. This has important implications for the nursing community, the expectations of the public regarding NP services, and NPs themselves in establishing and maintaining a practice. At the same time, a consistent approach has the desired impact on professional mobility and facilitates governments’ planning access to health services for Canadians. The Framework is broad to allow for jurisdictional flexibility, changing health-care needs, and the evolution of the nurse practitioner role. It includes principles and elements that together provide the basis for protecting the public interest and supporting effective role integration by broadly defining standards for initial and continuing competence.

The Framework also includes actions to address issues related to the licensure/registration of internationally educated NPs as well as regulatory processes to support the extended/expanded role of registered nurses. It is a tool intended for jurisdictions to use on a go-forward basis to facilitate enhanced role clarity, understanding, implementation and mobility. Bringing consistency to legislation and regulation across Canada will contribute to NP mobility, as well as public and health provider understanding of the NP role.

The following tools identified and created by the CNPI provide the foundation for this consistency in NP legislative and regulatory approaches:

- The Canadian Nurse Practitioner Core Competency Framework;
- The Canadian Nurse Practitioner Exam: Family/All Ages (CNPE: F/AA) and supporting tools and documentation; and
- The Competence Assessment Framework for Nurse Practitioners in Canada.

Core Competency Framework

Work on this Framework was initiated by the CNA and its member jurisdictions as well as the College of Nurses of Ontario prior to the launch of the CNPI. In December 2004, the Framework was ratified by the CNA and its member jurisdictions following an extensive validation survey. This Framework provides the basis for the design and content of educational programs and licensure/registration examinations and guided the design and content of the Canadian Nurse Practitioner Exam: Family/All Ages (CNPE: F/AA). It also supports greater role clarity and understanding within and outside the nursing profession.

"Nurse practitioner care is perfectly suited to primary health care. The care is very comprehensive and because we are nurses first and foremost, health teaching, preventive care, family and community assessments are included in our practice."

- Roberta Heale, Shkagamik-kwe Health Centre, Ontario
Canadian Nurse Practitioner Exam: Family/All Ages

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

The development of the Canadian Nurse Practitioner Exam: Family/All Ages (CNPE: F/AA) was one of the first major products developed by the CNPI. The following supporting materials were also developed: CNPE: F/AA Blueprint; CNPE: F/AA Prep Guide; and the CNPE: F/AA Guidelines, Policies and Procedures Manual. The first writing of the exam occurred in November 2005.

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

Competence Assessment Framework

Provincial and territorial approaches to initial and continuing competence assessments for the NP to be able to maintain his or her licensure/registration have been as diverse as the overall regulatory approaches. The Competence Assessment Framework for Nurse Practitioners in Canada was developed to encourage and assist jurisdictional regulators to move to consistent requirements. It recognizes the wide variety of settings in which NPs practise, the complexity of competence assessment, and the need for multiple approaches to it. The Framework provides an in-depth review and analysis of current approaches and provides a template for initial and continuing competence assessments.

“Coordination of care from admission and rehabilitation to discharge and follow-up care helps us provide ‘the right care at the right time’.”

- Faith Forster, Orthopaedic Unit, St. Paul’s Hospital, Vancouver
“In my role as a nurse practitioner, I am a member of the primary care team. I integrate my acute-care experience into the primary care focus. The emphasis on health promotion that nurse practitioners bring to the mix lends itself well not only to preventing disease, but also to managing chronic conditions to promote health overall.”

- Carol Galte, St. Paul’s Hospital, Vancouver

Language Consistency: Definition and Role Description

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

Through its consultation processes, the CNPI developed a definition of the NP role as well as a role description. Using common language will strengthen awareness and understanding by collaborative health providers, stakeholders, patients and the public at large.

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

“Nurse practitioners are registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice.”

As long as the term NP means different things to different people, misunderstandings that produce barriers to practice will continue to occur. Therefore, the CNPI is urging that the following role description be adopted by all stakeholders to facilitate understanding, guide the practice of NPs, and enable planning for NPs in a variety of settings:

“Nurse practitioners are experienced registered nurses with additional education who possess and demonstrate the competencies required for nurse practitioner registration or licensure in a province or territory. Using an evidence-based, holistic approach that emphasizes health promotion and partnership development, nurse practitioners complement, rather than replace, other health-care providers. Nurse practitioners, as advanced practice nurses, blend their in-depth knowledge of nursing theory and practice with their legal authority and autonomy to order and interpret diagnostic tests, prescribe pharmaceuticals, medical devices and other therapies, and perform procedures.”
**Title Protection**

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

**Liability Coverage**

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

However, studies show that there are very few gaps in liability protection for NPs. In fact, at times there is duplication in liability protection which suggests there may be inefficiencies in the system (Mayne, 2005).

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

**Recommendation:**

Adopt the *Legislative and Regulatory Framework for NPs in Canada* to facilitate consistency in federal, provincial/territorial and regulatory approaches.

This Framework features elements and a series of actions to achieve this recommendation which include principles; scope of practice; definition of the NP role; title protection; core competencies; standard requirements for registration and licensure of NPs; a consistent approach to assessing competence and maintaining continued competence; a mandatory minimum requirement for $5 million liability protection for NPs; amendments to existing federal/provincial/territorial statutes to accommodate NP practice; professional conduct review; an expansion of the registered nurse (RN) database to include information on NPs to facilitate planning and human resources management; mobility; and evaluation of regulatory effectiveness. To build public trust and awareness, the Framework includes elements addressing public involvement on nursing regulatory boards and councils, engagement of the public in legislative and regulatory processes and the provision of information about the role of the NP.
Supporting the Practice of Nurse Practitioners

The Practice Framework for NPs in Canada proposed by the CNPI supports the diversity and complexity of the NP role within the health system. It presents and promotes the key factors that contribute to an NP practice and reflects the principles and structures on which an effective practice is built.

The NP is an advanced practice nursing role that requires competencies in change management, research, leadership, collaboration and clinical competence. In their primary health care roles, NPs work in partnership with their patients and other health providers for the management of health. Their work includes health promotion and disease prevention as well as health care.

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

To be effective, competent, and provide high-quality care, the NP needs access to a variety of health information sources such as broad population health data, evidence-based guidelines, laboratory data, diagnostic information, as well as e-pharmaceutical support.

Most experts agree that fully utilizing available resources in Canada’s health system is critical to system sustainability. It must involve the efficient use of interprofessional teams and collaborative practices. While the competencies provide NPs with the skills and abilities to work well within a team environment, one of the biggest challenges for NPs is to be able to practise to their full scope within those teams.

The NP is most effective when positioned as part of an interprofessional collaborative team. Well-functioning collaborative teams require the identification of the roles of each of the team members and a management framework that supports effective working relationships. The NP does not replace other health providers, but complements them. The relationship between NPs and physicians is critical to the successful integration of NPs.
Collaborative Practice

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

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

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

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

Using NPs to their full scope of practice with their full range of competencies in multiple diverse settings will benefit Canadians, improve access to care and help to address wait times.
The CNPI created a Conceptual Model for NP Practice in Canada (see Figure 1) based on review of the literature and consultations. This drove the development of the Practice Framework for NPs in Canada and is a tool that can be used to support NP practice.

A number of aspects of NP practice were considered and incorporated into the model and framework that follow. The model and framework incorporate an understanding of the NP role and its relationship to advanced practice nursing; the client – the individuals, communities and/or populations served by the NP; and the context – the places and nature of those places where NPs practise. An NP makes a commitment to lifelong learning and continued professional development. The work undertaken in any given setting contributes to the NP’s knowledge, understanding of the patient and the context.

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

Figure 1: Conceptual Model for Nurse Practitioner Practice in Canada
Recommendation:

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

Contained within this *Framework* is a series of actions that the CNPI proposes as necessary to implement this recommendation. These include: revisions to the CNA advanced practice framework to reflect and clarify the specific role of the NP; establishment of a database to track liability claims; a suggestion that provincial/territorial governments cover the costs of liability protection; incorporation of the seven elements to effective collaborative practice in all present and future practice agreements; and the development and implementation of a clear policy direction for models of interprofessional primary health care service delivery and supportive change management strategies.
Integrating NPs through Health Human Resources Planning

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

One of the tasks of the CNPI was to support health human resources planning (HHRP) for NPs by developing:

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

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

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

There are many factors that have to be considered to conduct effective NP human resources planning. It is not just about numbers but includes components such as population health, demographics, technology, health needs, wait lists, and the practice environments that are being used. However, limited data are available to do this planning.

Historically, health human resources planning has been dominated by supply-side thinking and based on the past use of professionals. In today’s rapidly changing health context, consideration must be given to the competencies across the spectrum of health professionals as well as the actual health needs in communities. Examining health human resources in terms of community needs and interprofessional collaborative teams will overcome many of the barriers to effective HHRP.
The planning process involves three major and interrelated steps: planning, production and management. Looking at each of these steps separately, or in terms of one type of health provider, leads to incomplete and often inefficient solutions. Health human resource planning needs to be closely linked to health outcomes if the system is to become more responsive, effective and efficient.

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

**National Data on NPs**

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

The first report entitled, *The Regulation and Supply of Nurse Practitioners in Canada* was published in 2005. This report was the first pan-Canadian profile of the demographics, employment characteristics, and education characteristics of the licensed NP workforce. A subsequent report was published in May 2006.

National data on the education of NPs were also created. Data elements were identified through a multistakeholder workshop hosted by the CNPI. Subsequent changes were made to the CNA/CASN student faculty survey and the corresponding database to produce reports on NP programs, admissions, enrollment and graduates.

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

The CNPI developed a simulation model for health human resources (HHR) planning for NPs in primary health care. The model was a collaborative effort and designed to help the federal, provincial and territorial governments determine present and future requirements for NPs in the context of Canada’s renewed primary health care system. The model is a legacy tool that can be used by HHR planners to gauge the future need for NPs within their planning environments.

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

“There are many exciting opportunities for nurses today and even more opportunities for those interested in advanced nursing practice like nurse practitioners. If you truly want to build on your expertise as a registered nurse and tie together components of medicine and pharmacy and play a more comprehensive role in health promotion and illness prevention, being an NP is it.”

- Joanne Simms, Janeway Children’s Health & Rehabilitation Centre, St. John’s
The model was applied in three provinces (Alberta, Newfoundland and Labrador, and Ontario) to test its value and ease of use. The results show that current plans for the education of NPs will be insufficient to meet the needs of Canadians if NPs are to assume their appropriate role in Canada’s health system.

For government planners the simulation model provides not only a method for estimating shortfalls in the system, but also a method for testing new policy approaches and the results they would obtain for the health of Canadians.

**Key Themes of Health Human Resources Planning for NPs**

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

**Health Human Resources Planning**

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

**Funding**

Consistent long-term funding policies for NPs do not exist. Until the funding issue is resolved, NPs will not be deployed effectively and the benefits of the implementation of the role will not be realized by Canada’s health system. Four funding models were identified for NP practice, based on the varied responsibilities and legal liabilities of the role (as cited in IBM Consulting Services, 2003):

1. Budget/request-based funding (based on costs of services);
2. Utilization-based funding (based on allocation of resources dependent on past use);
3. Capitation/population-based funding (based on population demographics); and
4. Needs-based funding (based on health status and health outcomes of populations).
Whichever funding model is chosen it must: support the autonomous practice of NPs practising to their full scope; recognize the unique contribution NPs bring to health care and illness prevention; support interprofessional collaboration; and encourage federal, provincial and territorial governments to recruit NPs in difficult-to-recruit areas. NPs can fulfil important roles in Canada’s health system, but their sustained integration depends on developing a funding model that supports the role.

Remuneration

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

Salaries, benefits and working conditions can vary significantly within provinces/territories and from province/territory to province/territory. This leads to a competition for scarce resources and is not productive within a pan-Canadian system. A variety of remuneration models do exist and stakeholders agree that no one model would work for all situations.

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

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

NP Deployment and Utilization

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

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

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

“The presence of NPs in primary health care allows increased access to comprehensive services, especially health promotion and disease prevention as well as illness care. It gives individuals and families choice in providers and direct access to nursing knowledge, skills, and approach to caring, as well as expertise in team work, care co-ordination and ensuring that patients and families are involved as partners in their care decisions.”

- Linda Jones, Ontario
Healthy Workplace Environments

Deployment and retention of NPs depends on healthy workplace environments. The elements cited by NPs as important for job satisfaction include: autonomy; opportunities for professional development; participation in decision-making; flexible work hours; and opportunities for career advancement. Healthy work environments involve supportive organizational and practice environments, appropriate infrastructure supports, as well as the availability of information, communications and computer technologies.

Recommendations:

A consistent approach to health human resources planning for NPs is critical. To this end, the CNPI has produced the following recommendations as the basis for effective health human resources planning:

- Conduct needs-based HHRP for NPs using a pan-Canadian, interprofessional approach that is based on a conceptual framework. To support this planning, use the Health Human Resources Simulation Model for NPs in Primary Health Care.

- Develop and implement clear policy direction for models of interprofessional primary health care service delivery and a supportive change management strategy.

- Adopt funding models for primary health care services that reflect a needs-based system (including health status) which supports interprofessional practice and incorporates population health outcomes.

- Remunerate NPs to reflect their scope of practice, responsibility and accountability and standardize remuneration to address:
  - Salary/benefit discrepancies (within provinces/territories);
  - Yearly cost-of-living expenses;
  - Incentives and supports to recruit NPs to difficult-to-recruit areas; and
  - Additional overhead/operating/infrastructure expenses.

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

- Create healthy work environments for NPs that support positive client, provider and system outcomes.

“Through an expanded scope of practice, the nurse practitioner is contributing to health-system renewal and improving health outcomes. An NP complements rather than replaces other health-care providers, bridges the gap in service delivery for patients, expands care options, and supports a shift to wellness-based care.”

- Mary Nugent, Rural Medical Centre, Alberta
The Role of Education in the Sustained Integration of NPs

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

The Education Framework for Nurse Practitioners in Canada, developed by the CNPI, presents the key components necessary for consistent educational programming across Canada. Standardization is needed to promote consistency in entry requirements, exit credentials and clinical experience. Consistency promotes confidence in the role and qualifications of the NP both within the health sector and among the public at large, and is also important to NP credibility and mobility.

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

Flexibility is required in the educational system to ensure that internationally trained nurses or those with previous NP or nursing experience but no formal NP education can access further education as required.

Recommendation:

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

The CNPI is proposing a series of actions to achieve this recommendation. These include: the adoption of the guiding philosophy, assumptions and values; the establishment of standardized entry requirements; the adoption and application of the Prior Learning Assessment and Recognition Framework for Nurse Practitioner Education and Regulation in Canada; a pan-Canadian approach to the transfer of educational credits across jurisdictions and between institutions; curriculum alignment and linkages; the use of experienced faculty with a full understanding of NP practice; standardized exit credentials; and facilitation of transitions to the workplace, encouragement of mentoring and supports for continuous learning.

“Nurse practitioners have a wealth of knowledge and skill. Brenda Dawydkuk (pictured here) understands my scope of practice as an RN and views me as a partner. We work together to make sure the patient receives the best care possible.”

- Robi-Lynn Cooper, RN, Northern Consultation Centre, Thompson General Hospital, Manitoba
Entry to NP Educational Programs
The standardized admission criteria include a requirement for an active RN designation as well as a minimum of two years of full-time clinical nursing experience.

A process for the transfer of credits between learning institutions across Canada is essential not only for the mobility of NPs but also for their licensure to practise. While these decisions are ultimately made by the learning institutions, the CNPI is recommending that institutions establish a pan-Canadian approach to the transfer of credits and allow for the transfer of credits between institutions, subject to maximums established by the institutions.

Curriculum Alignment and Linkages
Since the health system is evolving so rapidly and the NP role is shifting to meet changing needs, alignment of educational program philosophy, mission and goal statements with pan-Canadian frameworks governing NP education will become increasingly important. In Canada, program approval is mandatory, but accreditation is voluntary. The CNPI believes that there is a need for a pan-Canadian coordinated educational standards framework for accreditation of NP educational programs to the master’s level, and that linkages should be made between accreditation and approval processes.

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

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

The CNPI recognizes that bridging mechanisms will have to be established to help NP educational programs still at the diploma or baccalaureate level make the transition to master’s level programs. As well, bridging mechanisms will be needed to help individuals attain their graduate degrees. These nurses are expected to apply for licensure to their regulatory bodies, which have a key role in establishing ground rules for bridging. Possible approaches by regulatory bodies could include PLAR processes, challenge exams, structured oral exams and/or grandparenting.
Nurse Practitioner Education Delivery
The effectiveness of education programs is directly proportional to the quality of the faculty delivering the courses. Research has found that faculty members who also carry a clinical practice are best able to teach NPs as they can use practical examples and case histories in their teaching.

Faculty members for NP-specific courses are expected to also have PhD preparation and a thorough understanding of the NP role. However, at the current time there is a limited supply of faculty with the appropriate credentials so some flexibility is required. The CNPI also recommends that clinical hours be recognized as teaching hours for the faculty teaching NPs.

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

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

Clinical preceptors play a major role in the education of NPs. Their experience and knowledge help guide the NP and contribute to clinical learning experiences. Preceptors must have the knowledge and teaching skills to facilitate the NP’s learning. The CNPI recommends that clinical preceptors should have a solid understanding of the NP role and that they should be NPs, advanced practice nurses or equivalent subject matter experts in a relevant professional discipline. Suitable preceptors are, however, difficult to find. The CNPI recommends that a coordinated effort to sustain and increase the supply of available preceptors be established and that preceptor preparation programs should be developed.

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

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

Student Evaluation

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

Re-Entry to Practice and Continuing Education

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

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

To assist administrators, employers, government officials and health service professionals in primary health care settings who were thinking of or had hired an NP, the CNPI developed the Implementation and Evaluation Toolkit for Nurse Practitioners in Canada.

The toolkit provides the context and framework to assess the need for the NP role in a given health-care setting; recommends steps to support sustainable NP implementation; and establishes mechanisms for the ongoing monitoring and evaluation of the NP contribution to health outcomes, patients and communities. The toolkit was tested in 13 sites across Canada. It provides a framework for the effective and sustainable integration of the NP role in organizations, communities, and so on. It provides users with a practical tool that can support the planning, implementation and monitoring of NP role integration.

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

Updating and Maintenance Essential
The toolkit will only remain relevant and useful to stakeholders if it is updated and maintained on a regular basis. It cannot be a static resource, but must evolve along with the health system and the changing roles and needs of patients, NPs, and the communities in which they work.

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

To support this recommendation, the CNPI proposes that linkages are needed between universities, government, practitioners and health-care networks to continually update the contents of the toolkit to keep it current. Promotion of the toolkit to researchers is also needed to encourage a standardized approach to role development and evaluation as well as a comparison of results over time.
Change Management, Social Marketing and Strategic Communications

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

The strategic communication goals during the life of the CNPI were to:

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

A communications framework and action plan were developed to fulfil the goals of the Change Management, Social Marketing and Strategic Communications component of the CNPI. These products were based on research (including a communications audit, benchmark public opinion research, literature reviews and media content analysis). Each activity undertaken involved some aspect of change management, social marketing and/or strategic communications.

Target Audiences

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

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

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

At an early stage in the communications program, benchmark research was undertaken. This research was carried out by Decima Research Inc. Phase 1 occurred in April 2005, and Phase 2 occurred in February 2006. Each survey consisted of telephone interviews with 1,554 Canadians.

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

From a communications perspective, the results of the surveys suggested that increasing awareness of NPs and their role was and is the key communications challenge. At the same time, the surveys also pointed out that what the CNPI had to ‘sell’ to the public, stakeholders and the system is both improved access and timely, quality care.

Communications Activities

Communications for the CNPI employed a number of key activities. The intent was to reach target audiences with a limited number of key messages to build awareness and generate acceptance of the NP role in Canada’s health system.

Key communications activities included:

- Creation and adoption of a visual identity and tag line (Nurse Practitioners: Your Partners in Health);
- Development and maintenance of a stakeholder database to facilitate dissemination of communication (now includes over 5,000 entries);
- Creation of a bilingual website (www.cnpi.ca) which recorded 60,811 individual visits/sessions as of March 31, 2006;
- Production of a series of fact sheets and NP profiles answering the key question, “What is an NP?”;
- E-bulletins and information kits for stakeholders, the media, politicians and community leaders;
- A ‘be healthy’ wristband campaign (more than 10,000 wristbands were distributed);
- Pro-active media relations and advertising initiatives; and
- Stakeholder outreach efforts through representation and presentations at stakeholder forums and conferences across Canada.
Media relations played an ongoing role in supporting the initiative and in building awareness of the role of the NP. In total, more than 665 articles on nurse practitioners appeared in newspapers across Canada from April to December 2005. This represented a significant increase in media coverage about nurse practitioners in comparison to the years immediately preceding the CNPI. One of the major initiatives was an advertorial supplement in major newspapers reaching a readership of over 53 million Canadians. The supplement answered the question, “What is an NP?” with pictures and quotes from NPs across Canada.

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

Communications with Aboriginal organizations that are working with the Government of Canada to improve health care for Aboriginal Peoples was also undertaken. Nurse practitioners, already well-established in remote Aboriginal communities, have a key role to play in meeting the health goals of Aboriginal Peoples.

Rural and remote communities were also targeted through communications due to the ever-increasing shortage of family physicians in those communities and the important role that NPs are playing in meeting the health needs of these Canadians.

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

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

Maintaining the Momentum is Key

While communications activities over the past year have increased the profile of NPs especially at the community level, the communications work is not over. Without continued resources dedicated to communications to support awareness, understanding and acceptance of the role of NPs, the full integration of NPs will move slowly. Not only must communications continue to build awareness, it must also work toward changing attitudes and behaviours within the health sector. Generating support for interprofessional teams and the NP role within these teams needs to be an important component of future communications on primary care.

“In Yellowknife, we have a diverse group of First Nations, Inuit and Métis communities which have many long-standing traditions. As care providers, we need to be in tune with and respectful of the cultural factors around us so that we can provide quality health care tailored to individual needs.”

- Elizabeth Cook, Yellowknife Outreach Clinic at the Centre for Northern Families, Northwest Territories

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The social marketing and change management work regarding nurse practitioners remains in the ‘awareness-building’ stage. In subsequent years, the social marketing campaign will have to continue to demonstrate that the integration and sustainability of the role of the NP in Canada’s health system is a major benefit to Canadians. Public acceptance of this premise is needed to encourage governments to fund and support NPs in Canada’s health system. Evidence that NPs help to alleviate access and wait-time issues will be critical. Communications on this subject hinges on having the data available. There will be a strong need for high-level advocacy work to entrench the notion of sustained integration of the NP role in all areas of the health system across Canada.

Dedicated resources for communications and social marketing are needed at federal, provincial and territorial levels for at least the next five years. As part of the communications thrust, communications must continue to focus on creating support among nurses for this evolution in the profession. Communications must also continue to pursue, build-upon and showcase the tangible support for nurse practitioners that exist within the physician community.

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

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

“Nurse practitioners are a vital component of the primary health care team when given the ability to work within their full scope of practice. NPs complement the services currently provided at the community level and they have the ability to enhance the health-care services of any community or organization.”

Ada Benoit, Conne River Wellness Centre, Newfoundland and Labrador
Recommendation:

CNPI recommends that over the next five years, the following activities be undertaken:

• **Change Management:**
  Disseminate and promote understanding, acceptance and utilization of the *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada* and the *Health Human Resources Planning Simulation Model for Nurse Practitioners in Primary Health Care*. This would involve:
  - Developing and implementing a communications/marketing plan to generate understanding and utilization of the *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada*;
  - Adapting the *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada* to reflect the needs of the First Nations/Inuit/Métis communities; and
  - Developing and implementing a communications/marketing plan to generate understanding, acceptance and utilization of the *HHRP Simulation Model for NPs in Primary Health Care*.

• **Social Marketing:**
  Continue to develop and implement a five-year pan-Canadian social marketing campaign to promote interprofessional collaborative care and practice and the NP role as part of the solution to the issues of access and wait times.
  This would involve building a consortium/coalition to seek funding for a sustained social marketing program and implementing a five-year social marketing campaign.

• **Strategic Communications:**
  Develop and implement a pan-Canadian coordinating mechanism to facilitate the ongoing dissemination of existing and new nurse practitioner research and evidence.
  This would involve:
  - Maintaining the existing database of stakeholders;
  - Maintaining and populating the existing CNPI website;
  - Providing an information link to salaries for unionized NPs;
  - Encouraging stakeholders and partners to use the existing promotion tools/materials developed during the CNPI;
  - Seeking partnerships with stakeholders to disseminate information to their members/stakeholder groups; and
  - Developing and disseminating new and relevant information and tools (e.g., NP profiles, fact sheets, etc).
## Chapter 3

### Summary of Recommendations and Actions

#### Legislation and Regulation

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<td><strong>Principles</strong></td>
<td>Adopt the 10 underlying principles as the basis for nurse practitioner (NP) legislative and regulatory processes.</td>
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<td><strong>Scope of Practice</strong></td>
<td>Enact and implement a broad scope of practice for nurse practitioners based on pan-Canadian core competencies.</td>
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<td><strong>Definition of the NP Role</strong></td>
<td>Adopt the Canadian Nurse Practitioner Initiative (CNPI) nurse practitioner definition.</td>
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<td><strong>Title Protection</strong></td>
<td>Protect the NP title and designation in legislation in all Canadian jurisdictions.</td>
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<td><strong>Core Competencies</strong></td>
<td>Adopt the Canadian Nurse Practitioner Core Competency Framework.</td>
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<td><strong>Registration/Licensure</strong></td>
<td>Develop and implement a framework to facilitate the practice of extended/expanded role registered nurses. Adopt standardized requirements for registration/licensure of NPs. Adopt the Canadian Nurse Practitioner Examination, Family/All Ages. Establish consensus on standardized mechanisms to support the practice of registered nurses (RNs) in the extended/expanded role.</td>
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<td><strong>Quality Assurance</strong></td>
<td>Adopt the Competency Assessment Framework for Nurse Practitioners in Canada.</td>
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<td><strong>Liability</strong></td>
<td>Adopt a mandatory requirement for a minimum of $5 million of professional liability protection for NPs in Canada.</td>
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<td><strong>Application to Other Statutes</strong></td>
<td>Amend existing federal/provincial/territorial statutes to be consistent with NP practice.</td>
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<tr>
<td><strong>Professional Conduct Review</strong></td>
<td>Apply the professional conduct mechanisms and processes of RN legislation and regulation to NPs.</td>
</tr>
<tr>
<td><strong>Data Systems</strong></td>
<td>Expand the national RN database (CIHI) to include relevant information on NPs.</td>
</tr>
<tr>
<td><strong>Public Involvement</strong></td>
<td>Include public membership/participation on all nursing regulatory boards/councils and their statutory committees. Engage the public and other stakeholders in the development of legislative and regulatory processes for NPs. Provide information about the role of the NP to consumers.</td>
</tr>
<tr>
<td><strong>Mobility</strong></td>
<td>Develop and implement a mutual recognition agreement for NPs. Reduce unnecessary barriers to Canadian and internationally educated NPs applying for registration/licensure.</td>
</tr>
<tr>
<td><strong>Evaluation of Regulatory Effectiveness</strong></td>
<td>Develop and adopt a pan-Canadian evaluation framework to assess the effectiveness of NP regulatory mechanisms and processes.</td>
</tr>
</tbody>
</table>
Practice

Recommendation

Adopt the *Practice Framework for Nurse Practitioners in Canada* to facilitate consistency in federal, provincial/territorial approaches to practice.

<table>
<thead>
<tr>
<th>Elements</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Nursing Practice</td>
<td>Revise the Canadian Nurses Association (CNA) advanced nursing practice framework to reflect and clarify the role of the NP.</td>
</tr>
<tr>
<td>Role Description</td>
<td>Adopt the CNPI nurse practitioner role description.</td>
</tr>
<tr>
<td>Liability</td>
<td>Establish a national voluntary database to track claims and payments made against NPs.</td>
</tr>
<tr>
<td></td>
<td>Ensure provincial/territorial governments cover the costs of liability protection.</td>
</tr>
<tr>
<td>Collaboration and Consultation</td>
<td>Incorporate the seven elements deemed essential for optimum collaboration into all practice arrangements, including existing agreements.</td>
</tr>
<tr>
<td>Interprofessional Practice</td>
<td>Develop and implement clear policy direction for models of interprofessional primary health care service delivery and a supportive change management strategy.</td>
</tr>
</tbody>
</table>
### Health Human Resources Planning

<table>
<thead>
<tr>
<th>Recommendations</th>
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</thead>
<tbody>
<tr>
<td>Con​duct needs-based Health Human Resources Planning (HHRP) for NPs using a pan-Canadian, interprofessional approach that is based on a conceptual framework. To support this planning, use the <em>Health Human Resources Planning Simulation Model for Nurse Practitioners in Primary Health Care</em>.</td>
</tr>
<tr>
<td>Develop and implement clear policy direction for models of interprofessional primary health care service delivery and a supportive change management strategy.</td>
</tr>
<tr>
<td>Adopt funding models for primary health care services that reflect a needs-based system (including health status) that supports interprofessional practice and incorporates population health outcomes.</td>
</tr>
</tbody>
</table>
| Remunerate NPs to reflect their scope of practice, responsibility and accountability, and standardize the remuneration to address:  
  - Salary/benefit discrepancies (within provinces and territories);  
  - Yearly cost-of-living expenses;  
  - Incentives and supports to recruit NPs to difficult-to-recruit areas; and  
  - Additional overhead/operating/infrastructure expenses. |
| Utilize NPs across all health-care settings in urban and rural/remote/isolated areas. NP practice should be a blend of individual and family visits, population health activities, and other advanced practice activities (research, leadership, collaboration and change agent). |
| Create healthy work environments for NPs that support positive client, provider and system outcomes. |
## Education

**Recommendation**

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

<table>
<thead>
<tr>
<th>Elements</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guiding Philosophy, Assumptions and Values</td>
<td>Reflect the guiding philosophy, assumptions, and values found in the <em>Education Framework for Nurse Practitioners in Canada</em>.</td>
</tr>
<tr>
<td>Entry to Nurse Practitioner Educational Programs</td>
<td>Establish admission criteria that include an active RN designation and a minimum of two years of full-time equivalent clinical nursing experience.</td>
</tr>
<tr>
<td>Entry Requirements</td>
<td>Adopt and apply the principles found in the <em>Prior Learning Assessment and Recognition for Nurse Practitioner Education and Regulation in Canada</em>.</td>
</tr>
<tr>
<td>Prior Learning Assessment and Recognition (PLAR)</td>
<td>Establish a pan-Canadian approach to transfer of credits.</td>
</tr>
<tr>
<td>Transfer of Credits</td>
<td>Allow for the transfer of credits between educational institutions subject to maximums established by the institutions.</td>
</tr>
<tr>
<td>Curriculum Alignment and Linkages</td>
<td></td>
</tr>
<tr>
<td>Program Philosophy</td>
<td>Develop philosophy, mission and goal statements that are aligned with pan-Canadian frameworks governing NP education and periodically assess and review them.</td>
</tr>
<tr>
<td>Program Accreditation</td>
<td>Establish and promote participation in a pan-Canadian accreditation process or NP educational programs. Develop linkages between accreditation and approval processes.</td>
</tr>
<tr>
<td>Stakeholder Needs</td>
<td>Be responsive to broadly defined, evidence-based stakeholder needs.</td>
</tr>
<tr>
<td>Nurse Practitioner Core Competencies and Curriculum Design</td>
<td>Be consistent with the <em>Canadian Nurse Practitioner Core Competency Framework</em> and the standards inherent in the NP program approval process.</td>
</tr>
<tr>
<td>Exit Credential Standardization</td>
<td>Adopt the master’s degree (MN/MScN) as the required exit credential—ideally by 2010, but no later than 2015.</td>
</tr>
<tr>
<td>Bridging Mechanisms for NP Educational Programs</td>
<td>Develop and institute bridging mechanisms to support program transition to a graduate degree (MN/MScN) as the standardized exit credential.</td>
</tr>
<tr>
<td>Bridging Mechanisms for Individuals</td>
<td>Develop and institute bridging mechanisms to support an individual’s transition to a graduate degree.</td>
</tr>
<tr>
<td>Nurse Practitioner Education Delivery</td>
<td></td>
</tr>
<tr>
<td>Faculty</td>
<td>Where practical, designate PhD-prepared practising NPs to teach NP-specific courses. Where limited: facilitate access to PhD preparation; engage qualified master’s prepared NPs or non-NPs; and/or use team teaching or shared resource models.</td>
</tr>
<tr>
<td>Elements</td>
<td>Actions</td>
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</tr>
<tr>
<td>Faculty/Student Ratios</td>
<td>Recognize NP faculty clinical hours as teaching hours. Establish and monitor guidelines governing NP educational program faculty/student ratios.</td>
</tr>
<tr>
<td>Clinical Practice Hours</td>
<td>Establish 700 hours as the standard minimum number of clinical practice hours.</td>
</tr>
<tr>
<td>Clinical Preceptors</td>
<td>Require clinical preceptors to be either an NP, an advanced practice nurse, or equivalent subject matter expert in a relevant professional discipline with a sound understanding of the NP role. Initiate a coordinated effort to sustain and increase the supply of available preceptors. Develop preceptor preparation programs.</td>
</tr>
<tr>
<td>Distance Education</td>
<td>Develop pan-Canadian standards for NP distance education. Develop and deliver distance education courses for NPs.</td>
</tr>
<tr>
<td>Collaborative Programming</td>
<td>Develop innovative approaches to support collaborative programming and pursue and implement funding for collaborative programming approaches.</td>
</tr>
<tr>
<td>Interprofessional Teaching and Learning</td>
<td></td>
</tr>
<tr>
<td>Evaluation and Testing of Nurse Practitioner Students</td>
<td>Implement evidence-based student evaluation and testing methodologies. Establish a pan-Canadian resource bank, including approaches and tools.</td>
</tr>
<tr>
<td>Licensure to Practice</td>
<td>Implement cross-jurisdictional collaboration among schools and regulatory bodies to ensure that the licensure to practice process for NP students is supported by NP educational program content and teaching and learning processes.</td>
</tr>
<tr>
<td>Transition to the Workplace</td>
<td>Develop and implement processes and structures to facilitate the transition of NPs from their educational program to the workplace and from novice to expert. Establish mentorship and a mentorship culture as standard features of the NP learning experience. Develop pan-Canadian mentorship tools and promote their use across all NP educational programs and in the workplace. Create and support a culture of continuous learning among students and practising NPs. Remove potential barriers to continuing education, including funding, time off, and access to learning opportunities. Develop refresher training programs as required for re-entry to practice.</td>
</tr>
</tbody>
</table>
## Evaluation

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

<table>
<thead>
<tr>
<th>Elements</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain and Update the Toolkit</td>
<td>Develop linkages to universities, government, practitioners and health-care networks to continually update the tools and resources section of the toolkit.</td>
</tr>
<tr>
<td>Standardized Approach to Role Development and Evaluation</td>
<td>Promote the use of the toolkit to researchers to encourage standardized approach and comparison of results over time.</td>
</tr>
</tbody>
</table>

## Change Management

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

<table>
<thead>
<tr>
<th>Actions</th>
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<tbody>
<tr>
<td>• Develop and implement a communications/marketing plan to generate understanding and utilization of the <em>Implementation and Evaluation Toolkit for Nurse Practitioners in Canada</em>.</td>
</tr>
<tr>
<td>• Adapt the <em>Implementation and Evaluation Toolkit for Nurse Practitioners in Canada</em> to reflect the needs of the First Nations, Inuit and Métis communities.</td>
</tr>
<tr>
<td>• Develop a communications/marketing plan to generate understanding, acceptance and utilization of the <em>HHRP Simulation Model for NPs in Primary Health Care</em>.</td>
</tr>
</tbody>
</table>

## Social Marketing

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

<table>
<thead>
<tr>
<th>Actions</th>
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<tbody>
<tr>
<td>• Build a consortium/coalition to seek funding for a sustained social marketing program.</td>
</tr>
<tr>
<td>• Implement a five-year social marketing campaign.</td>
</tr>
<tr>
<td><strong>Strategic Communications</strong></td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>Develop and implement a pan-Canadian coordinating mechanism to facilitate the ongoing dissemination of existing and new NP research and evidence.</td>
</tr>
<tr>
<td><strong>Actions</strong></td>
</tr>
<tr>
<td>• Maintain the existing database of stakeholders.</td>
</tr>
<tr>
<td>• Maintain and populate the existing CNPI website, including:</td>
</tr>
<tr>
<td>– <em>Implementation and Evaluation Toolkit for NPs in Canada</em>;</td>
</tr>
<tr>
<td>– <em>HHRP Simulation Model for NPs in Primary Health Care</em>; and</td>
</tr>
<tr>
<td>– Centralized location for posting of available NP positions.</td>
</tr>
<tr>
<td>• Provide information link to salaries for unionized NPs.</td>
</tr>
<tr>
<td>• Encourage stakeholders and partners to use the existing promotion tools/materials developed during the CNPI.</td>
</tr>
<tr>
<td>• Seek partnerships with stakeholders to disseminate information to their members/stakeholder groups.</td>
</tr>
<tr>
<td>• Develop and disseminate new and relevant information and tools (e.g., NP profiles, fact sheets, etc.).</td>
</tr>
</tbody>
</table>
Appendix A

Nurse Practitioner Planning Network (NPPN)*

Juanita Barrett, Department of Health and Community Services, Newfoundland and Labrador Health
Sharon Chow, Saskatchewan Registered Nurses’ Association
Heather Davidson, British Columbia Ministry of Health
Janet Davies, Canadian Nurses Association
Manon Fabi, Santé et Services sociaux Québec
Linda Hamilton, College of Registered Nurses of Nova Scotia
Gaye Hanson, Aboriginal Nurses Association of Canada, Northwest Territories
Heather Hawkins, Association of Registered Nurses of Newfoundland and Labrador
Jan Horton, Yukon Health and Social Services
Jean Johnson, Aboriginal Nurses Association of Canada
Linda Jones, Nurse Practitioner, Ontario
Maureen Klenk, Saskatchewan Registered Nurses’ Association
Vivian Krakowski, Saskatchewan Health
Elizabeth Lundrigan, Association of Registered Nurses of Newfoundland and Labrador
Donna MacAusland, Ministry of Health and Social Services, Prince Edward Island Health
Barbara Oke, Nova Scotia Department of Health
Roberta Parker, Alberta Health
Debbie Phillipchuk, College and Association of Registered Nurses of Alberta
Sue Rothwell, British Columbia Ministry of Health
Alice Thériault, Department of Health and Wellness, New Brunswick
Cheri Vigar, College of Nurses of Ontario
Roberta Vyse, Manitoba Health
Jo Wearing, College of Registered Nurses of British Columbia
Mary Woodman, Ontario Ministry of Health and Long-Term Care

*Note: This list of members includes their respective affiliation at the time they were members of NPPN.
Appendix B

The CNPI Advisory Committee
(January 2005-December 2006)*

Lucille Auffrey, Chair, Canadian Nurses Association
Theresa Agnew, Nurse Practitioner Association of Ontario
Diane Bewick, Canadian Public Health Association
Michel Brazeau, Royal College of Physicians and Surgeons of Canada
CJ Côté, Canadian Forces Health Services Group Headquarters
Fran Gillingham, Nurse Practitioner, Nova Scotia
Rosemary Graham, Nurse Practitioner, Yukon
Louise Hagan, Faculté des sciences infirmières, Université Laval
Margaret Horn, Aboriginal Nurses Association of Canada
Donna Hutton, Representative, CNA jurisdictional members
Marian Knock, Canadian Nurse Practitioner Initiative
Kathleen MacMillan, Humber Institute of Technology & Advanced Learning
John Maxted, The College of Family Physicians of Canada
Barbara Oke, Office of Nursing Services, First Nations and Inuit Health Branch, Health Canada
Dale Quest, Pharmacist, Saskatchewan
Anne Sutherland Boal, British Columbia Ministry of Health

*Note:
This list features members and their respective affiliations at the time they served on the Advisory Committee. We wish to acknowledge the following people who also served as members: Dawn Bruyere, Aboriginal Nurses Association of Canada and Brenda Canitz, Office of Nursing Services, First Nations and Inuit Health Branch.
Appendix C
The CNPI Task Forces and Evaluation Steering Committee

Legislation and Regulation Task Force
Madge Applin, Chair, Canadian Nurse Practitioner Initiative
Blair Barbour, Government of the Northwest Territories
Beverley Getzlaf, Athabasca University, Centre for Nursing & Health Studies
Lee Holliday, Yukon Community Nursing
Ray Joubert, Saskatchewan College of Pharmacists
Caroline Knight, Society of Rural Physicians of Canada
Elizabeth Lundrigan, Association of Registered Nurses of Newfoundland and Labrador
Barbara Millar, Manitoba Health
Cheri Vigar, College of Nurses of Ontario
Jo Wearing, College of Registered Nurses of British Columbia

Practice Task Force
Rob Calnan, Chair, Canadian Nurse Practitioner Initiative
Juanita Barrett, Department of Health and Community Services, Newfoundland and Labrador
Barb Harvey, Health and Social Services, Government of Nunavut
Shirley Hiebert, Department of Community Health Sciences, Faculty of Medicine, University of Manitoba
Derek Jorgenson, Quality Health Council of Saskatchewan/West Winds Primary Health Care Centre
Maureen Klenk, Saskatchewan Registered Nurses Association
Yves Langlois, Quebec Medical Association
Mary Ellen McColl, Society of Rural Physicians of Canada
Debbie Phillipchuk, College and Association of Registered Nurses of Alberta
Lynn Stevenson, Vancouver Island Health Authority

Education Task Force
Gail Shandro, Chair, Canadian Nurse Practitioner Initiative
Diane Clements, British Columbia Ministry of Health
Suzanne Doucette, Ontario Primary Health Care Nurse Practitioner Educational Program
Heather Hawkins, Association of Registered Nurses of Newfoundland and Labrador
Natalie Kennie, St. Michael’s Hospital/Canadian College of Clinical Pharmacy
Vivian Krakowski, Saskatchewan Health
Noreen Linton, Calgary Health Region
Dr. John McNab, Fall River Family Practice
Esther Sangster-Gormley, University of New Brunswick
Duana Wheatley, West Prince Health Authority
Health Human Resources Planning Task Force

Lisa Little, Chair, Canadian Nurse Practitioner Initiative
Liz Ambrose, Manitoba Health
Dorothy Bragg, Canadian Federation of Nurses Unions
Johanne Fort, British Columbia Ministry of Advanced Education/Ministry of Health Services
Arlene Gallant-Bernard, West Prince Health Authority
Wendy Hill, Capital Health
Linda Jones, Nurse Practitioner, Ontario
Barbara Oke, Nova Scotia Department of Health/First Nations and Inuit Health Branch, Health Canada
Alice Thériault, Department of Health and Wellness, New Brunswick
Cathy Ulrich, Northern Health Authority

Change Management, Social Marketing and Strategic Communications Task Force

Karen McCarthy, Chair, Canadian Nurse Practitioner Initiative
Hope Beanlands, Nova Scotia
Lynda Finley, Nurses Association of New Brunswick
Linda Hamilton, College of Registered Nurses of Nova Scotia
Gaye Hanson, Aboriginal Nurses Association of Canada
Roberta Heale, Nurse Practitioner, Ontario
Kathleen Matthews, Yellowknife Health and Social Services Authority
Sheila Turris, British Columbia Institute of Technology
Roberta Vyse, Manitoba Health
Todd Watkins, Canadian Medical Association

Evaluation Steering Committee

Rob Calnan, Chair, Canadian Nurse Practitioner Initiative
Alba DiCenso, McMaster University, Canadian Health Services Research Foundation/
Canadian Institutes of Health Research Nursing Chair in Advanced Practice Nursing
Bob Evans, Centre for Health Sciences and Policy Research
Wendy Goodine, Nurse Practitioner, Ontario
Brian Hutchinson, McMaster University, Centre for Health Economics and Policy Analysis
Diane Watson, Centre for Health Services and Policy Research and Canadian Institutes of Health Research
Appendix D

The Canadian Nurse Practitioner Initiative Management Team

Marian Knock, RN, BSN, MHA
Executive Director

Marian is an accomplished nurse and has played key roles in regional restructuring and reorganizations on Vancouver Island. She has worked for the British Columbia Ministry of Health both in the province’s integration services and the provincial Primary Health Care renewal program. She has an extensive network of worldwide contacts and has served and chaired a number of federal, provincial and territorial committees.

Madge Applin, RN, BN
Legislation and Regulation Component Area Manager

Madge’s experience in nursing spans three decades and includes practice, education, consultation, administration and research roles. Her nursing education includes RN and outpost nursing diplomas, a BN, and MN courses. Madge has been active in professional advocacy at the provincial and national levels throughout her career.

Madge has been the president of the Association of Registered Nurses of Newfoundland and Labrador and contributed to the development of the nurse practitioner role. She was a member of the Nurse Practitioner Planning Network that was instrumental in procuring funding from the PHCTF that enabled the establishment of the CNPI.
Rob Calnan, RN, BScN, MEd.

Practice and Evaluation Component Area Manager

Rob has been working in the nursing profession since 1974 in progressive positions. He has also gained a BScN and a MEd. His clinical practice has focused on critical care nursing working in intensive and coronary care units as well as cardiac rehabilitation and general surgery. He has also been the professional practice leader in the emergency department and manager for surgical services for the Vancouver Island Health Authority.

Rob has served as president for both the Registered Nurses Association of British Columbia (now the College of Registered Nurses of British Columbia) and the Canadian Nurses Association. He has also taught in nursing schools. In 2003, Rob received the Queen’s Golden Jubilee Medal for his contributions to health care. He was also one of four nurses selected to participate in the International Council of Nurses delegation to the World Health Assembly in Geneva.

Lisa Little, RN, BScN, MHS

Health Human Resources Planning Component Area Manager

Lisa is a recognized leader in health human resources policy. She has worked at leveraging both this expertise and her hospital-based practice to develop organized and effective procedures to advance the workforce planning aspect of nursing.

Lisa has a background in clinical practice, education, administration and informatics with a BScN and a MHS. Since joining the CNA in 2001, Lisa’s work has focused on public policy for health human resources planning including trend analysis and emerging issue identification, policy analysis and development. Lisa is co-chair of the national nursing sector study and represents nursing on the national physician sector study. Lisa has presented and represented CNA in forums nationally and internationally.
Gail Shandro, RN, MEd.
Education Component Area Manager

Gail has worked in a number of nursing areas in her varied career but primary health care reform remains her passion. She has worked in staff nursing positions in community health and management positions in the OR, the Edmonton Remand Centre and Calgary Health Link, a nursing telecare service. Gail taught community nursing at the University of Alberta and the University of Calgary and was a project manager for the Calgary-based Crowfoot Project—a primary care reform project that involved the integration of multidisciplinary team members within a private primary care practice. She also worked as the project manager for the Calgary Health Region’s primary care project where she was involved in the initial development of local primary care networks.

She has earned both a nursing degree and a Master’s of Education degree. She has presented at conferences and published on the subject of primary health care reform.

Karen McCarthy, BA
Change Management, Social Marketing and Strategic Communications Component Area Manager

Karen is a senior communications professional with over 20 years experience in strategic communications planning, media relations, public awareness campaigns and publication production. She graduated from Concordia University with a Bachelor of Arts in Communications Studies.

She has worked in the health-care, education and social work sectors in progressively senior communications positions including the Canadian Institute for Health Information where she managed national launches of the agency’s annual health reports and developed its pro-active media relations program. Karen has developed and implemented national awareness campaigns to educate the public on bilingual student exchanges, and the role of speech-language pathologists, audiologists and registered nurses. She is currently the Director of Strategic Communications for the Canadian Nurses Association.