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Past Event: 2024 NCSBN APRN Roundtable - Canada's Future Model of Nurse Practitioner Regulation Video Transcript
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Event

2024 NCSBN APRN Roundtable

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Presenters

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>> Hello, everybody. We are delighted to be here today albeit virtual to share a little bit about Canada's future model of NP regulation. I will introduce the two of us. My name is Lynn Power. I am the executive lead for the project. This is a national project. We will talk to a little bit more later about that. Executive lead, Michelle Carpenter is one of the Subject Matter Experts to sit on their a steering committee. Both of us are from the College of registered nurses of Newfoundland and Labrador. We are pleased today to be bringing you this update outline, and look for your input as we show to you but we are looking at in Canada. So the highlights of what I'm going to be focusing on, I will just introduce as we get going. We will give you a little overview of our history where we came from, how it was developed. And we will walk a little bit more into the new regulatory model. We will talk about engaging key partners. We will identify some of the project deliverables and of course we will obviously end up with next steps and we will look to your question. Michelle and I will rotate back and forth on the presentation and hopefully you will find that engaging. So for the first part, the overview of the NP profession, we put this chart here so you can see various milestones. Obviously for those in the NP world, you know that there has been many bumps and successes and challenges throughout this process. To give you a little bit of background. NP profession was regulated in Canada, the very first program that ran an educational program launching the earliest 19 this 1967 in Ontario. A long gap of time before it actually became more formally recognized. It became almost like what we would say that clinical nurse specialist. Almost someone who wasn't regulated but they were recognized as having advanced education and had advanced roles. It wasn't until the 1990s that low role was formerly recognized. And we say in Newfoundland and Manitoba, we were first licensing NPs in 1998. It is relatively young history, long history, complicated story, but yet young in the regulatory world. We started licensing NPs and that period in 1998. The model we adopted was an eclectic model that had some commonalities across the country. But there were some differences. For example, there was a lot happening in the acute care, in the adult world. It was where there was anything. There was a gap in the health services

available. There were opportunities for partnerships within the collaborative team. So the role evolved into sort of groups. Adult, pediatric, neonatal, and primary health care being the main one. Family of all ages was a title on it now. It sort of developed a little bit organically got a little bit based on need like anything. Need to, opportunity, and funding. He was in the 1990s that this sort of develop. And nationally, there was an agenda that came forward with some federal funding that came out for around primary health care. How do we move the country as a whole to a more primary health care model in upstream or health prevention, promotion, there was a real agenda right across the country. There was lots of money that came with that. As a result of that, the Canadian nursing Association actually was given quite a chunk of money. \$800 million. And was over five or 6-year period to develop the components for how a nurse practitioner would fit in this model. This sort of period was called the Canadian nurse practitioner initiative through this period ran in the early 2000s up to 2010. And in that period of time, there was a set of national competencies, entry level competencies. What would be a baseline of an educational program. The programs being established for primary health care and obviously the regulatory components such exam. This period happened in the middle of our history. The next milestone that I really want to focus on is kind of window regulator -- I will explain that in the slide forward who we are, the Canadian Council of regulators. When we look at it Manan said, what is it that is happening? Where do we need to amalgamate a line? We had this pediatric and neonatal and the primary health care. Where is now regulators? Where do we need to revamp? Michelle will talk to some of the components of that. That was happening in the 2015-16 period no time in this project that we are talking about how he initiated around 2020. So we have roughly 8,000 NPs. I will move to the next line and give you a few more details on our process. About this point in time says in 2021, we had that number. If I look at now who we are, who is their profession and what do we look like, there's about 8,000 NPs working across the country. Canada is a huge geography, but we really only actually have 310,000 NPs across the country. I say there's more nurses in the state of California than there is all across Canada. We love engaging with you and learning from you and sharing. We are delighted to continue on this journey in relation to advanced practice nurses. You might hear bigger sailors closer to 9,000. That's people moving across the country. Amy licensed in multiple jurisdictions. So that categories now, the streams where they are licensed as I said before, some of the developmental milestones, primary health care is the largest chunk. Also pediatric, neonatal. That is the buckets that NPs are licensed in. We do actually have 29 schools across faculties of nursing across Canada. University base that will offer one or more NP programs all at the graduate level and Masters level. That evolves over time. Started from diploma to Masters. We are at the Masters prepared graduate level prepared. And the programs will start and stop based upon demand and need. Annually, though, nurse practitioners grow probably the largest percent each leap in any of our populations of nursing professionals. About 10% every year. In our province, we see 5% or 6% increase. What we are talking about as we went from almost 100 nurses to about three or 400 now. Still small numbers by large growth. I will also tell you that where NPs work is quite diverse. This just points to that we do see the vast majority and primary care or community settings. The breakdown Michelle will show you in a future slide a bit more detail. That is a little bit about the overview of the history of the profession. As I said, I will tell you a little bit about our structure as a regulator. We have 12 jurisdictions representing the provinces and the territories as our core group. And each -- it is a separate purely about federated model that eats authority to regulate registered nurses are NPs falls within that jurisdiction. All NPs in Canada are registered nurses. That's a requirement. They fall under the regulator that looks after RNs. Unlike the U.S. model, there's three of us now. 3 jurisdictions now -- 4 actually. One of the territories just moved. That will regulate both groups, NP, LP, LPNs, and NPs. Newfoundland, as just nurse practitioner at the moment. That is our structure. Then we have three National federations one joint

Federation. Our joint Federation would be a little bit like NCSBN where we pull all the groups together that regulate site nurses, practical nurses are RNs and NPs. Our group is the Canadian Council of registered -- CCRNR. Our role is collaborative. It is to help work together to come up with what we would hope would be harmonized principles, practices so that we promote a national approach. It all has to be implemented in each jurisdiction. There's different regulatory schemes and processes in each jurisdiction. Sometimes we might set a national agenda. It might take a little while to get where we need to get. That is the oversight body. That is the group that I am forming the executive lead for as I indicated for this project. The next piece that we are going to talk to you a little bit about as may be some other challenges and problems that sort of lead to why this project has started. Michelle will break that down a little bit more in detail as we walk through. What we were seeing come of the environment and climate we were in, and we think about the regulator as primary target audience is the population. Population need and population interest. Public safety. What we think about the core role of the regulator. But we are finding is growth in the nurse practitioner role. This demand for the opportunity for them to be engaged. A model we had, the regulatory model, the streams, the categories, primary health care actually was very limiting. So we were starting to get demands from the system. Can nurse practitioners work anywhere? Can they do advanced airway management? Where are they in mental health? In the past, that was done depending where you work. It was a compliment of a work environment as well under the primary health care. So there was a foundational education that was similar, but certainly the diversity of what we might need in the evolving population, the program was not there for that intent. It was primary health care. We were starting to get a lot of pressure on us from the system and pressure we certainly support and validate. The opportunity for NPs role to expand and look after more complex here. This is what was all coming to the forefront. We also had some logistical concerns. They were smaller numbers of NPs as category. That would make it difficult to keep programs, educational programs running with small numbers just thinking about 29 programs. You only maybe have 10 applicants every second or third year. That also would impact the ability to keep robust reliable examinations or review processes in place. And the big one that was starting now, vacancies, shortages, pressures, all this movement and the desire and the different generation to see more of the world was the model we had where you are licensed in a particular jurisdiction actually limited your potential to move. If you are an adult stream, because you happen to be a Nightingala Research, and you love that area. You specialize on little bit of that area and then what happened was now later in life. You want to move to more of a clinic environment in primary care environment and you would have to do some formal transfer. Something with the regulatory body. Looking at a process to move us over. Given the small numbers, the diversity spread out, that wasn't feasible for us as regulators do have solid programs to be able to move people over. That is sort of the environment we found ourselves in. And lead to some of the thinking around this project. I will pass it to Michelle now. She's going to break down a little bit more on the project. >> Thanks. As mentioned in Canada, we currently licensed NPs and categories are streams of practice. As family all ages are primary health care, adult, pediatric or meet downright neonatal. I'm of the statistics in each category. Currently we have 80% of nurse practitioners licensed in family all ages or in primary health care. We have 14% of NPs licensed an adult category. 4% in pediatrics and. 5% in neonatal. It is really important to note that in the pediatric category, this number may not be completely accurate. Some jurisdictions in Canada, they don't licensed neonatal NPs. They license them in the pediatric category and has a subspecialty of neonatal NPs. I just wanted to note that. We're gonna talk a little bit more about the new regulatory model. The impetus for the new model was that there was support of a national approach for nurse practitioner at licensure and registration. We in March 2014, the Canadian Council of registered nurse regulators as Lynn has said, CCRNR, embarked a project to analyze NP practice across Canada and 3 practice streams. And so the

goal was to create 3 practice streams for these categories. We wanted to get 3 national registration exams where the practice analysis study of the nurse practitioners that eventually was completed in May 2015 in the creation of national nurse practitioner entry level competencies that were completed and approved in 2016 collectively showed that NPs across practice categories have common competencies and behavior indicators. Both projects show that foundational entry level NP practice across Canada does not differ greatly regardless of where the NP practice or in what category of practice that the NP was licensed. Also the regulator assessments of the NP nursing program curricula have shown that NPs across categories are very similar or the same. NP categories are distinguished on the completion of a particular course. In the golf course and/or specific clinical experiences. There was evidence of an opportunity to streamline entry to practice requirements and set the stage for a national conversation for a new model of NP regulation. In 2020, CCRNR initiated the NP regulation plan project. As we commonly refer to it as NPR-FIPP. Regulation across Canada and it involved several deliverables. We wanted to move towards a graduate level education program based on core in PEO Cs are entry level competencies. We wanted nurse practitioners to complete a single NP entry level exam for the ultimate goal was that NP entry level education programs in Canada I would prepare students for general practice across the life span of clients in all practice settings as beginning practitioners. We also wanted nurse practitioners to use one consistent protected title. In Canada currently, family all ages NPs complete the Canadian nurse practitioner exam and regulators recognize certification exams as entry level registration exams for adult and pediatric and neonatal. In particular, we recognize that you have certification exams for the adult pediatric and neonatal categories. The proposed outcomes of the NPR-FIPP project included we wanted to and can public prayer session -- regulated consistency. We wanted the appropriate level of regulation in the public's interest. We wanted to facilitate collaboration and resource sharing, building evidence and standardization across jurisdictions. We wanted to reduce unnecessary barriers and advanced labor mobility across the country. We wanted to enhance the public's understanding of the NP role in practice. The new NP regulatory model will enable the appropriate level of NP regulation in the public's interest. Regulators will no longer regulate different categories of NP practice. They will regulate the general NP practice, but we will no longer regulate specialties. Regulators will require NPs to practice within their individual competence and scope of practice. NPs will continue to develop knowledge and expertise over time. If desired, pursue additional voluntary post entry to practice specialization. It is hoped that we will foster a more mobile and responsive nurse practitioner workforce. Currently as Lynn has mentioned, some NPs have experienced difficulty with labor mobility. Many employers across Canada are advertising job ads per family all ages nurse practitioners, particularly in areas like emergency departments that they are able to care for clients across the life span. An adult NP are limited to clients that are 18 or older. This would prevent them to be eligible to apply for this particular job. Throughout the project, NPR-FIPP has engaged with many key partners in our journey to meet the deliverables of our project. Their project engaged with nurse practitioners across the country from coast-to-coast. In the territories. Nurse practitioners participated in a comprehensive national and provincial stakeholder consultation process. reconnected with nurse practitioners and other practice consultants and regulatory consultants within the regulatory bodies to ask for feedback on different aspects of the project. Nurse practitioners and nurse practitioner educators from across the country have participated in focus groups, particularly with the creation of the national revised NP ELCs. Charged with creating and delivering a final draft of the NP ELCs. We conducted a NP validation survey. This was distributed to over 7600 nurse practitioners. We achieved a 12% response rate. Throughout the creation of the nurse practitioner entry level competencies, we conducted surveys, key informant interviews and focus groups. These were also used by the individual regulators to receive feedback from nurse practitioners. Reconnected with the provincial nurse practitioner

association in each of the provinces and territories. The project activities also was informed by a stakeholder advisory panel of key national stakeholder representatives who had an interest and stake in NP regulation in Canada. The panel has provided significant and invaluable feedback and insight into the project deliverables. We have also engaged with the Canadian nurses Association who has initiated a national task force to explore whether the national certification program for RNs can be expanded to NP certification as well. Participants involved in this task force involve the Canadian Association of schools and nursing, those Canadian nurses Association. There are representatives from the regulators and other key stakeholders across Canada. We have also engaged with the faculty of nursing. Because we have revised NP entry level competencies, the faculties of nursing are updating the curriculum to incorporate the revised national NP ELCs. Adjusting their curriculum and courses to move to a general nurse practitioner practice of care for clients across the life span in all practice settings through the nurse practitioner family all ages or primary health care education program currently is the most closely aligned with the new model of NP practice. These programs will still need to reflect the revised NP-ELCs including preparing the future NPs with foundational competencies needed to practice across the life span and in all practice settings. We have also engaged with their employers. The employers were consulted to determine what role they might play in this new model. Through our discussions, they are considering creating a residency program in specific specialty practice settings. For example, around emergency department. Just to name a few. They are also looking and in exploring what would an orientation program be required of a nurse practitioner who graduates from this new general practice? And they are also considering an extended orientation for those NPs moving into specialty areas. For example, dialysis or EMT. We have also engaged with the international regulators and partners, particularly through the support of participation in the Canadian center for advanced practice nursing research who is currently conducting global research on the Advanced Practice advanced nursing practice. We have also connected with international regulators by conducting global literature reviews and environmental scans. We have also attended global advanced talking about this project just to name a few. I just want to tell you a little bit more about the NP project deliverables. We have a number of key deliverables from the NPR-FIPP project. Add one of those is the national entry level competencies for nurse practitioners. The revised the 19 where informed an extensive global literature review and environmental scan. Comprehensive stakeholder consultation process. And national NP validation survey which was completed by nurse practitioners across the country. We have a 12% response rate for that. This work was led by an education subcommittee which was derived from the steering committee for NPR-FIPP. This was comprised of representatives from jurisdictions across Canada. We also wanted the NP education programs to be based on the new revised NP entry level competencies where the regulators have proved an entry level programs. The regulators would approve the NP nursing program. The schools of nursing -- we have had discussions with the faculties of nursing. Now they are updating their curriculum to align with these revised NP ELCs which were approved by all regulators in 2023. This forms the basis of the education approval process. Curriculum must repair the new graduates to meet the entry level competencies. The next deliverable is a nurse practitioner practice analysis. And also, one NP entry level registration examination by 2026. The first step was an exam vendor, measured learning, has been procured due to begin development of the single entry level registration exam. So the first step in this process is that we needed an updated practice analysis. Practice analysis process was started by reviewing and revising the 2015 nurse practitioner practice analysis. Members of the nurse practitioner practice analysis project advisory committee are recruited by the NPR-FIPP program. And represents nurse practitioners from across Canadian jurisdictions. They're actually 10 nurse practitioners participating in this committee. This committee will serve as Subject Matter Experts related to Canadian nurse practitioner practice. They will provide oversight on data-gathering and processes to perform the

practice analysis. They will participate in the review of assisting and relevant documentation which includes the most recent practice analysis from 2015. In the recently updated entry level competencies. And the practice analysis group is helping to ensure that the practice analysis being created at this present time is an accurate reflection of NP practice in Canada. It is expected that the practice analysis process will take about 6 months. Some subsequent steps that evolve from that practice analysis is that it will lead to the development of the entry level exam. And will also involve the development of a test blueprint and item writing as well. It's expected that the new exam will be ready by 2026. In addition, we are also expected to create a legacy plan for those NPs currently licensed in Canada. There will be little or no issue with transitioning from the family all ages to general nurse practitioner practice. We must address what is required for adult pediatric or neonatal NPs who wish to transition in this new model. These NPs are expressing a little bit of concern and stress of what is happening for their practice in the future. I just want to draw your attention to the diagram that we have and the slide which illustrates the timeline of initiatives underway that will lead to the completion of the current deliverables of the NPR-FIPP project and a new NP regulatory model. Over the last number of years, 22, 23. It led to the revised NP ELCs. They are now in place. All regulators have reviewed and approved of the revised B19. There is current jurisdictional integration of NP ELCs into education programs to our discussions with these faculties of nursing when the ELCs were approved in each of the jurisdictions. We met with the faculty of nursing, and they are beginning to adjust their and making plans for this new general NP practice and updating their curriculum. The ELCs were completed by 2023. In 2023, some of the faculty started in 2023. Leading up to the new exam, the NP education programs will be adjusted. Psalm as I said have already started updating their curriculum based on the revised B19 and students will begin, some as soon as fall 2024 with the new curriculum. We have some jurisdictions that because they only offer a family all ages programs are primary health care programs, that they will only have to do minor tweaks with their curricula to be able to address these new entry level competencies. We will continue to have existing education programs based on the current categories of practice, the family all ages, the adult pediatric neonatal. As I said, these entry level competency category education programs will begin being phased out. This is already starting in 2023 and will lead to continuing up to 2025 or probably by the by the end of 2025, because they are currently in these programs. They will graduate in these categories of practice. As I said, we are currently conducting the NP practice analysis. That validation survey was provided and distributed to a nurse practitioner in mid-March. And by mid-2024, the practice analysis will be completed. And from 2024 leading up to 2026, we will have a new NP single entry level exam developed. The practice analysis will inform such activities such as the blueprint, test blueprint and the NP item writing. We hope by 2026, we don't have a definite date when in 2026 the exam will be ready. But it is hoped by the middle or end of 2026, our new NP regulatory model will be in place. NPs will begin to graduate from education programs that prepare students across the life span in all practice settings will have one NP entry level or registration exam for NP licensure processes. Of those NPs will begin to be licensed in the new regulatory model. It is key to note that those already NPs already licensed will continue to practice as they do. The only change that will occur when they want to change their category of practice to a new model, to the new model. During the time from 2023 and earlier to 2022, there have been approaches being taken to address the NP voluntary post injury to practice specialization. Lynn will talk a little bit more about this in her slides to come. Some of our approaches being explored is one of the research that is being conducted which started in 22. The Canadian center for advanced practicing research on NP civilization. External partners such as see in they are looking at approaches where the health care systems support nurse practitioners with voluntary post injury to practice specialization for that part of the project hasn't been all ironed out or stents put in place. We are exploring this and working with key partners on that. Now, I'm going to turn it over to

Lynn to discuss further about the project means by is legacy planning. I will turn that now over to Lynn. & Thank you, Michelle. As you can tell, it has been very, very busy. It has spanned over. Of time. It has success stories. It has milestones, and it has some bumps and things to still figure out. One of the key pieces has been talking to people, trying to determine the impact it has upon various stakeholders as Michelle listed all the people we have consulted and talk to. Right now besides the development of the new exam, getting the components ready, and the schools working through the processes, their regulator now is trying to focus is really looking at, what does it mean to me? As you well know, this is not simple. This can be very significant change do something people are excited about, something people are scared about or whatever. We use the word legacy planning. It is kind of where the discussion is now with all goals consulted with our Subject Matter Experts, our stakeholder committees, are NPs in each jurisdiction. We do things at national level and local level, professional level, et cetera. What does it mean for me? What will a new NP look like you can come to employment? What role will be out? Michelle indicated that the specialization, may be orientation involved an employer. That is sort of that conundrum we are in at the moment. There is a lot of discussion on the go. We are excited to hear your feedback as we go a little bit further. I will dive a little bit more deeply into this concept of legacy planning just to show you some of the discussions we are having and how we are trying to analyze it. Even though we talk about the impetus before being around, you know, the public, and the public having access to qualified services involving the NP role to meet population needs, labor mobility, viability of programs. These are all the impetus and are a part of the background for developing this program. It is multifaceted and multiple layers into it. But right now, like I said, what does it mean to me? One of the things we are being really serious on as a regulator is really looking at -- what is the amount of regulatory oversight that is necessary in order to ensure that we are licensing, licensing cabinet people and maintain their competency and we are not being a barrier or burden. We are trying to find, what's that right touch regulation language in the professional standards Authority language. It is important that we look at what we had before, was evolutionary as I gave you that chart to show you how we grew and how he changed and how there was national and local and federal money. Different drivers happening. Where are we now in trying to find that right sort of swing balance? The overall, most of our NPs are pleased with this. They like the concept. They see it as less rigorous for where we would need to go if I wanted to change or move. We are seeing a much more mobile population and career generational groups of people that we are having others that are feeling more challenged with it. As Michelle indicated, if you want to stay in they feel, if you want to stay in that area that you are currently licensed in the government there's going to be no mandatory move. Everybody doesn't have to shift. It's only the people that might want elegant moving. Our current model to the move is similar across the country, but not a standardized process. It really would embody go back to school. finding an educational program to get those bridging courses. We all have some guidelines around that process. It would involve university education, cost, time, money and taking an exam in the right field. That is the way it currently exists. What we are looking at is that the right model from a legacy planning. Is that the right way that is structured by the regulator. There is a formal academic component, varied processes. That would be certainly a high standard and really maybe on the side of the spectrum of public protection at its finest. Looking at the right touch regulation and the principles that every NP is a registered nurse. Our standards of practice talking about accountability for your own continuing education and own continuing development and identifying your own competencies, working with a new employer. No one expects a RN working for 20 years in mental health and go into an environment and be able to do it without an orientation and personal development and learning in some kind of a valuation of the that's what we're saying, is that the right model? RNs graduates as generalists. Everyone hates that title too. RNs graduate with an exposure to foundational knowledge. NPs will graduate with

an exposure to foundational knowledge contextually with clinical experiences might vary a bit. When they go to an employment setting, they obviously have to look at what do they need to learn anyway? What is new about this environment and setting in policies and procedures and protocols in clinical guidelines et cetera. And we thank the model that we currently have -- which is attend a structured program if you want to change or stream or can we build on that accountability model that is foundational to regulation, standards of practice, the RN world that you are accountable to yourself or your continuing learning. We have an option one and option 2. We have diverse views on both options. Now we are looking at a hybrid. One might be somewhere in between? Maybe individual accountability with attestation to the regulator that you have completed self-determined continuing education that was developed with your employer and yourself. Maybe there's something about do we put in a mentoring component? The biggest gap that we have heard from some NPs as we are doing our consultation, the application in an environment would be different. I would need a mentor to help me. Do we assist the NP is transitioning and making it mandatory that there is some identification of a mentor so that it facilitates that within an environment. Not being heavy-handed but yet facilitating it. Is it a hybrid sort of approach? That is the kind of deep dive of how we broke down every one of these components. That is where we are at now. We wanted to illustrate that to you. And as the pros and cons and pushes and pulls of every piece of this. This is the one that we are in. We will be looking at this over the next year or so. We do have time with 2026 being the goal across the country as Michelle said. It will rollout depending on the universities and their programs. The pressure is on us now to come up with something on this because the 8,000 NPs want to know what about me. Employers want to know what about this. Other stakeholders or physician groups are weighing in. Why does that mean in my collaborative team? We are actively working on this too, with a model, public protection, public safety, understanding individual accountability. But yet, what is the best facilitative way? So next steps. We have touched on some of these up here as a slide. Working through their practice analysis in order to get the exam developed clearly. That will take all of this year, '24 and '25 to get that done. There's groups working on that. We are still talking with these external partners. The researchers. About is there some other voluntary continuing education process that really recognized that continuing education especially certification really has values. Loads of research to show that nurses who seek certification definitely are better practitioners, more engaged and more involved and certainly are learning practices. It's not that we as regulators devalue that. It doesn't need to be regulated. It doesn't become a part of your ongoing professional development. May be linked to your quality assurance or continuing competence. It is recognized that way. We are talking to those partners and international work as indicated on the go. That's not going to be fast. That should be rich when it is developed. There are some things that may be in a phase 4 of this project if I live through it. Michelle will smile on that one. That might be around, do a look at common standards of practice across the country? Do we look at, and quality assurance, continuing competence he competency, professional development. Across the country. We have different language wording that recognizes Canada as a federated model. I will say, this last one is about communication, communication, communication. Change management. It fades into this communication, but we have websites. We have information that's out there in stakeholder groups. Are we reaching everybody? No. Are we trying to reach everybody? Yes. There's lots more work to be done especially as it gets closer and stars that mean something to people. I really think this is going to hype up and you have expressed an interest in learning a little bit about our project. We really are looking forward to getting your questions, your commentary. Like I said, the more voices we have into this, the stronger we will be. We do think we are on a journey that makes sense for the public protection. Right touch regulation where we are. There are some things like what you do within neonatal role which is considered unique in some ways. So there's lots of discussion still have an angry lots of commentary

from different groups of people. Thank you for participating. The next slide just shows our website where you can actually see some of our project updates and subscribe to our newsletter and see copies of the entry level competencies and see the 2015 practice analysis. As product gets delivered to, we post them up here when they are fine-tuned or done. A lot of newsletters and things like that. You're certainly welcome to subscribe to them. That is our project in Canada. We really are delighted on behalf of the whole country. Everyone is active and engaged in as we have given you examples of our many volunteers and NPs' stakeholders. We are really pleased that we had this opportunity. We look forward to your questions. Thank you very much for this opportunity. Thank you, everyone. >> Hi your thank you so much, Lynn and Michelle. That was just terrific. You asked for questions, and we've got them. We're just gonna jump right in if you don't mind. Thank you so much for your terrific presentation. Question 1, is there a call for the same approach to the other APRN role so these can also be mobile? >> We don't regulate anything else than the nurse practitioner in Canada. Clinical nurse specialist is a title that is recognized by employers but is not regulated. That is the only category we regulate. It doesn't apply, because it's not a regulatory project. >> Thank you. Next question, like the model you proposed, the U.S. APRN Consensus Model does not regulate by setting. If a NP or prospective NP student in Canada wanted to work in an ICU or critical care setting, with a generalist program cover both primary and acute care competencies for both adults and pediatrics? Michelle, do you want to take this one? >> Things, sure. The new curriculum that will, as of '25 men '26, it is preparing the nurse practitioner for general practice in all practice settings. Even though the family all ages curriculum, you know, is very similar, will be very aligned with the new curriculum, there will need to be some adjustments by the faculties or schools of nursing to give experiences in these different areas. Right now, there is some acute -- even in the family all ages program, there some acute settings. But these will need to be adjusted so that they are able to acquire the entry level competencies are knowledge skills and judgment to be able to provide care across the life span. So they will be able to go into an intensive care. With any practitioner who graduates with their entry level competencies, and are employed in a specialty area, they will need may be an extensive orientation and more continuing education to gain those competencies in the specialty areas. >> Thank you. Next question, kind of a follow-up to the one you just responded to. How long do you anticipate it would take a student to matriculate through graduation from entry into program until graduation? Lynn comedy want to take that one? >> Sure. As everyone is aware, the nurse practitioner is a registered nurse. They all, that foundational knowledge. They come without 4 or 5 years of whatever graduate-level education they have had and RN program -- everyone is a registered nurse. Everyone builds on the entry to the program requires maybe sometimes 2 or 4 years of experience before you actually get accepted into the NP program. Quite in a man to get in. You found your niche and maturing your education. There is a lot of years that lead up to it. That is what contributes to the question prior and that you have foundational knowledge in nursing and ICU or whatever if that is the area you are interested in for the program itself is two years in length by depends on which way is offered. A lot of people do it as obviously a graduate-level education and people have families and work. Some universities extended seven years and might have a 3-year cap on it. It's 2 years in duration with clinical both in there. >> Michelle, do you have anything else to add to that? >> I was gonna say thing. It depends on the nurse practitioner if they decide to roll and as a full-time programmer part-time program. I find with the demands of a practice and home life that many of our nurse practitioners tend to do it through part-time. It takes about 4 years for that. >> May I ask a follow-up? Are there numbers of years of practice is required for entry -- is that one of the entry criteria for programs in Canada? >> It is, but it set at the University. The University determines whether entry requirements are approved for the most part, it's 2 years. It might vary. Like neonatal, we have understood and might be up to 4 years of experience to get

into it. Maybe even three times as many eligible applicants as there are program seats. The University has their own screening criteria. >> Okay, thank you. Are there mechanisms to demonstrate specialty competencies? If a nurse practitioner wanted to get additional education and earn a specialty certificate in oncology, orthopedics, is there a process in place for that as well, Michelle? >> This is what Lynn and I have talked through. The process, we are looking at several mechanisms to develop that post entry specialization. The Canadian center for advanced nursing research is looking at the Advanced Practice role. But education would be required for specialization. There's also a task force that has been set up by the Canadian nurses Association to look at building upon the RN certification programs to develop NP certification programs. Currently when we moved to that generalist NP practice, there won't be coming out from, specialization specifically to the adult and pediatric as there is right now. Ask Lynn talk about, the legacy planning and all of those pieces are not solidified yet. That is the work that we are looking at right now for about specialization. As a regulator, we feel that we should regulate at the entry to practice. We would not regulate the specializations. We are looking at mechanisms for the future for NPs to get that specialization in those different areas. >> Thank you. We have time for one more question. There's a lot of them. This is a popular topic. Thanks again for presenting. How does Canadian regulation view National Council of State Boards of Nursing -- prepared at the population level here in the United States and successfully passed the appropriate certification exam in the U.S.? It does NPs need to take the Canadian exam if they wish to practice in Canada? Is there a process in place for that? >> That's a loaded question. Yes, no, I mean, first of all, you've got the license as a registered nurse in Canada. Step one as a NP, the after license as the RN. a month I come home are coming home. They've got to the U.S. remarries experience to get their education. Certainly more opportunities probably for education. there's a competition in our country to some extent. So when they come back in with a license as a RN. We validate that. The NP program gets looked at. Like you would an internationally educated nurse coming in. It is to be honest, we have had very few. So, we tended to check each other out. If Ontario has already looked at a particular program and approved a particular colleagues, we will say God, that helps us. We do have a template of a process to use. In a similar across the way. We are just starting on that. That is one of the next steps that we might look at. Our numbers are very small. In their research group doing their international work, and it really is the North American content that has the Advanced Practice role at the maturity that we certainly have. Canada may not have years like some countries might have years and years about the role has really advanced. We look at a case-by-case to be honest at this point. >> Terrific. Thank you so much both, Lynn and Michelle for your time and sharing these exciting times for you and NP regulation in Canada. We wish you the best as you go through this process over the next year or two. Thanks again, we really appreciate it. >> Thanks for the invitation. I am sure we will exchange more information certainly as time goes along. >> Thank you so much for the opportunity. >> You are welcome. Take care. >> Bye-bye.