available. There was 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

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 in3(7(ove)2t0 0 1 195. (

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

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

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 co

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

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.