Nurse Practitioners Association of Canada

Association des infirmières et infirmiers praticiens du Canada

NPAC-AIIPC
1205-1033 Marinaside Crescent
Vancouver, BC
V6Z 3A3

Executive Summary

Independent Review of the Pan-Canadian Nurse Practitioner Entry-Level Competencies

In 2025, the Nurse Practitioner Association of Canada (NPAC) commissioned an independent review of the Pan-Canadian Nurse Practitioner Entry-Level Competencies (NP ELCs) following widespread concern from Nurse Practitioners (NPs), educators, and regulators regarding their authenticity, inclusivity, and transparency. This comprehensive review applied a multi-phase case study methodology to examine how the new competencies were developed, whether they accurately reflect NP practice, and how they align with international standards. This executive summary provides a detailed synthesis of the findings, organized around the review's four core phases and supported by direct evidence and participant quotations.

Background

The review arose from concerns expressed by NPAC members that the revised 2023–2024 NP ELCs did not accurately reflect the complex and specialized realities of contemporary NP practice in Canada. Particular attention was paid to the process led by the Canadian Council of Registered Nurse Regulators (CCRNR) through its Nurse Practitioner Regulation Framework Implementation Plan Project (NPR-FIPP), which introduced a "generalist" model and single national licensing examination. The decision eliminated population-specific practice streams (Family/All Ages, Adult, Pediatric) and was justified by regulators on the grounds of improving inter-jurisdictional mobility.

However, NP associations, educators, and many frontline practitioners reported that they were not meaningfully consulted and that the decision-making processes lacked transparency. NPAC shared these concerns with the CCRNR and formally

NPAC-AIIPC
1205-1033 Marinaside Crescent
Vancouver, BC
V6Z 3A3

requested that the CCRNR undertake an independent review. This request was declined. As a result, NPAC commissioned an independent, evidence-based review to support professional confidence, assess alignment with international best practices, and identify governance, educational, and clinical implications.

Methodology

The independent review followed a four-phase case study design integrating multiple data sources for triangulation and validity:

1. **Document Review** – A comprehensive analysis of documentation from CCRNR, provincial Colleges, NP associations, and educational institutions to reconstruct the development timeline and evaluate the transparency, accuracy, and inclusivity of processes.
2. **Stakeholder Interviews** – Key informant interviews with NPs, regulators, educators, and employers to capture lived perspectives on the process and implications of the generalist model.
3. **International and Cross-Professional Comparison** – Benchmarking Canada's NP ELC development against comparable processes in jurisdictions including Australia, New Zealand, Ireland, Singapore, the United States, and the United Kingdom, as well as other Canadian professions such as medicine, occupational therapy, and midwifery.
4. **Critical Review of the Final NP ELC Document** – Assessment of the authenticity, clinical alignment, and internal validity of the 2024 NP ELCs.

The methodology emphasized integration and synthesis rather than isolated analysis. Although not formally classified as research, the review met recognized standards for rigour, transparency, and triangulated analysis.

Key Findings

The review identified concerns across three overarching domains: Transparency, Inclusivity, and Authenticity. Together, these findings raise questions about the

NPAC-AIIPC
1205-1033 Marinaside Crescent
Vancouver, BC
V6Z 3A3

governance of NP regulation in Canada, the legitimacy of the competency development process, and the readiness of the new framework to ensure safe, effective, and evidence-based NP practice.

1. Transparency

The review found that the CCRNR's decision-making processes were opaque, lacking publicly available minutes, rationale for decisions, or stakeholder validation. Documentation showed that the Stakeholder Advisory Panel "did not have decision-making authority and was not required to reach consensus." As one participant stated: "The process was very flawed… it felt like a done deal." (Participant 06). Another remarked, "I've never yet been able to pin down the agenda. Can somebody please tell me why you are doing this?" (Participant 01).

The elimination of NP practice streams and introduction of a single generalist exam were not supported by a clearly articulated evidence base. No record exists explaining why the Family All Ages/Primary Care stream was treated as the foundation for a generalist model, nor how specialty practice knowledge would be preserved. Key meeting minutes from CCRNR between 2016 and 2020 were requested but not released.

2. Inclusivity

Stakeholder engagement was limited and inconsistent. NPs were underrepresented in key working and advisory groups—comprising roughly 20–22% of members in the Practice Analysis and Research Advisory Committees. The education subcommittee responsible for drafting the ELCs included four regulators and only one NP. Participants reported that "decisions were happening somewhere else," and that when NP expertise was offered, it was "unheard." (Participants 05, 01).

NPAC-AIIPC
1205-1033 Marinaside Crescent
Vancouver, BC
V6Z 3A3

Educators reported that they received little to no guidance on implementing the new competencies. Programs were "expected to turn on a dime," with limited direction or transition support. Employers expressed uncertainty about their new responsibilities to provide post-licensure training, with one interviewee warning that "the employer becomes the regulator." (Participant 05).

3. Authenticity

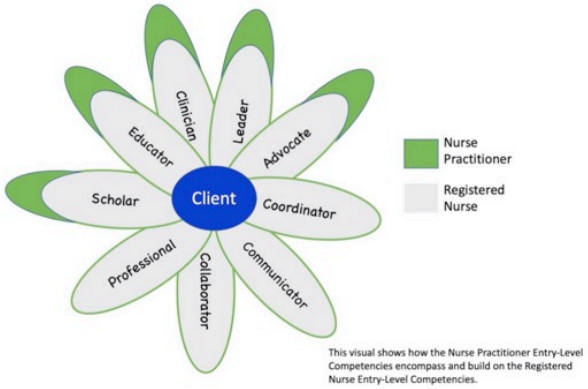
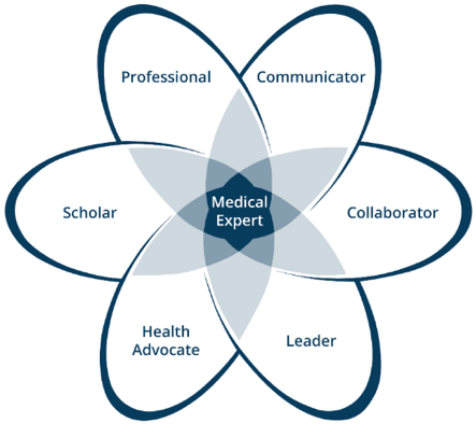
Authenticity of the final NP ELCs was questioned on several fronts. First, sections of the document were found to be directly copied or closely paraphrased from other professional frameworks. The Association of Canadian Occupational Therapy Regulatory Organizations confirmed that numerous competency statements were taken verbatim from their national framework. Likewise, components of the British Columbia College of Nurses & Midwives' Indigenous Cultural Safety Standards appeared replicated.

Participants described this as "plagiarized," and criticized the lack of NP authorship: "The actual competencies development were contracted to people who aren't even NPs. They don't understand NP practice." (Participant 06). The final "wheel" diagram *(Nurse Practitioner Role-based competency framework)* mirrored the CANMEDS physician model, which "was never discussed or approved by the advisory committee." (Participant 06) see diagram 1. Furthermore, it is not transparent if the Royal College of Physicians and Surgeons were consulted in the development of the CCRNR NP Competency Framework.

Content validity concerns included competencies beyond an entry-level NP's scope, such as designing education curricula, conducting original research, and providing psychotherapy. Several competencies (e.g., "Develop and provide education to build capacity" and "Conduct research using valid methodologies") were deemed unrealistic or unrelated to NP clinical roles.

NPAC-AIIPC
1205-1033 Marinaside Crescent
Vancouver, BC
V6Z 3A3

Diagram 1:

CCRNRs Nurse Practitioner Role-based competency Framework	CANMEDS: Diagram and Framework
	

NOTE: As per the Royal College, the CanMEDS diagram and framework are trademarked and can only be reproduced or adapted with permission from the Royal College.

Stakeholder Perspectives and Implications

Interviewed stakeholders repeatedly emphasized the misalignment between the generalist model and the realities of NP practice. They highlighted that while regulatory intentions centered on mobility, “none of the positions people get will be generalists.” (Participant 03). Another noted, “You can’t cover neonatal to hospice in one program.” (Participant 01).

NPAC-AIIPC
1205-1033 Marinaside Crescent
Vancouver, BC
V6Z 3A3

Concerns were widespread regarding the transfer of responsibility for specialized preparation to employers, with participants warning that "rushing in without knowledge for that setting is unsafe." (Participant 07). The absence of a structured post-graduate transition framework—akin to medical residencies—was described as a significant public safety risk. Regulators, participants noted, "missed a change-management strategy" (Participant 10).

International and Cross-Professional Comparisons

The international review revealed that Canada's generalist licensing model diverges markedly from global best practices. In jurisdictions such as Australia, New Zealand, Ireland, Singapore, Taiwan, the Netherlands, the UK, and the US, NP competencies are developed and governed by NP-led processes, and licensure or endorsement is specialty-specific or includes a mandatory supervised practice phase.

For example, Australian NPs complete a master's degree aligned to their specialty and must document 5,000 hours of advanced practice. In New Zealand, applicants undergo an assessment against competencies specific to their area of practice. In Ireland, NPs cannot practice autonomously until completing a master's program in their specialty and meeting a seven-year experience threshold. Singapore and Taiwan require post-graduate clinical residencies before independent certification.

By contrast, Canadian NPs receive immediate, unrestricted licensure upon graduation, without any standardized transition period. The CCRNR's decision to assign employers responsibility for specialized training is unprecedented internationally and raises concerns about consistency, accountability, and equity (CCRNR, 2024, "Future Nurse Practitioner Practice: FAQs,").

Comparison with other Canadian professions—such as medicine, occupational therapy, and midwifery—showed that competency frameworks are developed by the professions themselves, not by regulators or consultants external to the

NPAC-AIIPC
1205-1033 Marinaside Crescent
Vancouver, BC
V6Z 3A3

practice. Physicians' CANMEDS competencies, for instance, are revised through transparent, expert-driven national consultations. In contrast, the NP ELCs were regulator-driven, with minimal NP authorship or decision-making.

Analysis and Synthesis

Across all four phases, evidence pointed to a regulatory reform process that was procedurally opaque, substantively disconnected from NP practice, and inconsistent with international standards. The lack of NP leadership in decision-making, the questionable originality of the final ELCs, and the absence of implementation frameworks collectively risk undermining public trust, educational coherence, and workforce stability.

As summarized by one educator: "These competencies are putting huge pressure on education programs—to teach everything to everybody." (Participant 01). Similarly, regulators' expectation that employers will fill educational gaps was described as "a structural transfer of regulatory accountability." The resulting uncertainty has implications for NP role clarity, patient safety, and interprofessional collaboration.

Recommendations

The independent review concluded with four evidence-informed recommendations for NPAC and its members:

1. **Advocate for Transparent and Inclusive Governance**
   NPAC should press for the establishment of a transparent national governance framework that embeds NP representation at all stages of competency and licensure development, ensuring future revisions are evidence-based, collaborative, and accountable.
2. **Champion a Standardized Transition-to-Practice Framework**

NPAC-AIIPC
1205-1033 Marinaside Crescent
Vancouver, BC
V6Z 3A3

NPAC should lead national dialogue on a structured, postgraduate NP transition-to-practice model potentially including residencies or mentored fellowships to bridge the gap between entry-level education and specialized practice.

3. **Call for Reassessment of the Licensing Examination Model**
   NPAC should advocate for an external review of the new licensing exam to evaluate its validity, psychometric rigour, and alignment with the competencies it purports to assess. Consideration should be given to reinstating stream-specific exam options reflecting population foci.
4. **Develop a Vision for Competency Reform**
   NPAC should spearhead a collaborative, pan-Canadian task force to re-envision NP competencies that clearly distinguish NP from RN practice, emphasize advanced clinical reasoning, incorporate digital health leadership, and align with global models of specialty licensure.

Conclusion

This independent review affirms that while the intent to harmonize NP regulation across Canada is laudable, the process used to create the new Pan-Canadian NP Entry-Level Competencies was marred by deficiencies in transparency, inclusivity, and authenticity. For NPAC members, these findings reinforce the need for sustained advocacy and professional leadership to ensure future competency frameworks genuinely reflect the realities of advanced nursing practice, safeguard public safety, and sustain the integrity of the NP role across Canada.