

NURSING: THE FUTURE

ACTIONS NEEDED TO ACHIEVE FUTURE NURSING ROLES

On March 25-26, 2007 the Office of Nursing Policy, Health Canada hosted a meeting entitled *Nursing: the Future*, which brought together a wide range of Canadian nurse leaders representing nursing stakeholders from across Canada. At the meeting, participants also formulated a number of recommended actions for stakeholder organizations to undertake in order that the future roles might be achieved.

In the working session, six areas of focus were considered: Practicing Nurses, Government, Employers, Educators, Unions, Regulators, Researchers, and Professional Associations.

Because there was some overlap and duplication in the recommendations generated at the meeting, in the summary below, the recommendations have been edited and re-grouped in such a way that they can more easily be referred to particular stakeholder groups for consideration.

| Action | When (year) |
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| PROFESSIONAL ASSOCIATIONS | |
| Canadian Nurses Association (CNA) | |
| Bring nurses and other key stakeholders together to help understand nurses' future contributions to the system, get clarity around roles, and discuss overlap of roles <ul style="list-style-type: none"> - Assist people in thinking through overlap and value-added | Immediately (Begin in 2007-8) |
| After nurses have established role clarity and value of contributions, bring other professionals groups together to do the same thing | TBD |
| Challenge the status quo around the traditional nurse/physician relationship. Review and revise policies that limit the full extent of nursing practice | Immediately (Begin in 2007-8) |
| Examine opportunities for use of assistive personnel to free up nurses for what they really should be doing <ul style="list-style-type: none"> - Consider scope of practice, education (including development of a common/ curriculum that will be complementary to the roles of nurses) | CNA has already started this; continue |
| Create one merged national association for the nursing community of practice with representation from the 3 regulated nursing bodies based on the following principles: <ul style="list-style-type: none"> - Each member of the merged nursing association is valued and respected (true partnership) - Diversity within membership is celebrated - Patient care is at the centre of the decisions - Structure of this association is equitable (e.g. equal representation by jurisdiction - 1 vote per regulating bodies) - Reflects the diversity of the Canadian population including student and consumers of health care | Within 3 years (by 2010) |
| Support & assist practicing nurses to participate in leadership development activities | Immediately & Ongoing |

| Action | When (year) |
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| Canadian Practical Nurses' Association (CPNA) | |
| Bring nurses and other key stakeholders together to help understand nurses' future contributions to the system, get clarity around roles, and discuss overlap of roles <ul style="list-style-type: none"> - Look at what is being done internationally (e.g. UK and Australia) - Assist people in thinking through overlap and value-added | Immediately (Begin in 2007-8) |
| After nurses have established role clarity and value of contributions, bring other professionals groups together to do the same thing | TBD |
| Create one merged national association for the nursing community of practice with representation from the 3 regulated nursing bodies based on the following principles: <ul style="list-style-type: none"> - Each member of the merged nursing association is valued and respected (true partnership) - Diversity within membership is celebrated - Patient care is at the centre of the decisions - Structure of this association is equitable (e.g. equal representation by jurisdiction - 1 vote per regulating bodies) - Reflects the diversity of the Canadian population including student and consumers of health care | Within 3 years (by 2010) |
| Support & assist practicing nurses to participate in leadership development activities | Immediately & Ongoing |
| Registered Psychiatric Nurses of Canada (RPNC) | |
| Bring nurses and other key stakeholders together to help understand nurses' future contributions to the system, get clarity around roles, and discuss overlap of roles <ul style="list-style-type: none"> - Look at what is being done internationally (e.g. UK and Australia) - Assist people in thinking through overlap and value-added | Immediately (Begin in 2007-8) |
| After nurses have established role clarity and value of contributions, bring other professionals groups together to do the same thing. | TBD |
| Create one merged national association for the nursing community of practice with representation from the 3 regulated nursing bodies based on the following principles: <ul style="list-style-type: none"> - Each member of the merged nursing association is valued and respected (true partnership) - Diversity within membership is celebrated - Patient care is at the centre of the decisions - Structure of this association is equitable (e.g. equal representation by jurisdiction - 1 vote per regulating bodies) - Reflects the diversity of the Canadian population including student and consumers of health care | Within 3 years (by 2010) |
| Support & assist practicing nurses to participate in leadership development activities | Immediately & Ongoing |
| Canadian Interprofessional Health Collaborative (CIHC) | |
| Bring health professionals groups together to establish role clarity and value of contributions | TBD |
| Ensure that inter- and intra-professional education are the norm: <ul style="list-style-type: none"> - Common core curriculum between professional programs - Shared classes with most appropriate professional being instructor/professor, - Shared clinical placements, shared clinical mentors - Clinical mentorship models which foster cross professional learning through innovative team learning experiences. | Within 3 years (by 2010) |

| Action | When (year) |
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| Provincial/Territorial Nursing Associations (RN, LPN & RPN) | |
| Bring nurses and other key stakeholders together to help understand nurses' future contributions to the system, get clarity around roles, and discuss overlap of roles <ul style="list-style-type: none"> - Look at what is being done internationally (e.g. UK and Australia) - Assist people in thinking through overlap and value-added | Immediately (Begin in 2007-8) |
| Convince government that we need to look at the legislated scopes of health professional practice and how health care is delivered in Canada | Immediately (Begin in 2007-8) |
| Engage practicing nurses in networks/meetings/ forums to discuss the future role of nurses. | Within 3 years (by 2010) |
| Examine opportunities for use of assistive personnel to free up nurses for what they really should be doing. | TBD |
| Single professional association for all nurses in each P/T | Start 2007, Complete by 2012 |
| Support & assist practicing nurses to participate in leadership development activities | Immediately & Ongoing |

| Action | When (year) |
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| REGULATORS | |
| Provincial/Territorial Nursing Colleges (Regulating bodies) | |
| Review/revise standards/competencies of practice to ensure that nursing graduates are prepared for future roles | Immediately (Begin in 2007) |
| Initiate discussion with government to examine legislated scopes of health professional practice in light of how health care will be delivered in Canada in the future <ul style="list-style-type: none"> - Challenge the status quo around the traditional nurse/physician relationship - Review and revise regulations that limit the full extent of nursing practice - Look at what is being done internationally (e.g. UK and Australia) - Revisit/revise nursing/health professional practice acts | Immediately (Begin in 2007) |
| Assist nurses to understand their role in promoting client self-care | Immediately (Begin in 2007) |
| Develop guidelines for use of assistive personnel <ul style="list-style-type: none"> - Consider scope of practice, education - Ensure consistency across jurisdictions | Immediately (Begin in 2007) Coordinate with efforts of CNA |
| Develop a national unique identifier for nurse registrants | Start 2007 Complete 2010 |
| Single regulator for all nurses in each P/T | Start 2007, Complete by 2012 |
| Initiate discussions regarding a pan-Canadian system of nurse registration/regulation (building on agreed upon competencies) <ul style="list-style-type: none"> - Examine other professional models of national licensing and regulation | Within 3 years (by 2010) |
| Facilitate pan-Canadian labour mobility for nurses (and other health professionals) | Within 2 years (by 2009) |
| Support development of innovative education program delivery methods which support more flexible individualized learning approaches (24/7, 365, global) | Within 5 years (by 2012) |
| Develop a national assessment centre for internationally educated nurses from all three nursing groups | By 2008 |
| Develop a common pan-Canadian process for accreditation/approval of schools of nursing | Within 9 years (by 2015) |

| Action | When (year) |
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| EDUCATORS | |
| Association of Universities & Colleges of Canada (AUCC) Association of Canadian Community Colleges (ACCC) | |
| Review/revise curricula to ensure that nursing graduates are prepared for future roles | Within 2 years (by 2009) |
| Ensure that inter- and intra-professional education are the norm: <ul style="list-style-type: none"> - Common core curriculum between professional programs - Shared classes with most appropriate professional being instructor/professor, - Shared clinical placements, shared clinical mentors - Clinical mentorship models which foster cross professional learning through innovative team learning experiences. | Within 3 years (by 2010) |
| Design/revise programs to ensure nursing graduates are ready to assume leadership roles within the health system <ul style="list-style-type: none"> - Courses to be included would be leadership, globalization, ethics, health economics, policy, emergency preparedness, it, citizen and professional engagement, community development | 2009 - course development 2010/11- faculty development |
| Support development of innovative education program delivery methods which support more flexible individualized learning approaches (24/7, 365, global) | Within 5 years (by 2012) |
| Encourage nursing programs to have laddering/bridging between three regulated nursing programs; <ul style="list-style-type: none"> - Fast track at least 1 centre of excellence | Within 4 years (by 2011) |
| Encourage health professionals curricula to facilitate laddering/bridging between professions; end result being maximized credit of prior learning <ul style="list-style-type: none"> - Fast track 1 centre of excellence | Within 7 years (by 2012) |
| Explore potential for education accreditation to be conducted collaboratively with CCHSA health system accreditation, which ensures focus on self-care and demonstration of results by evaluating outcomes | Within 9 years (by 2015) |
| Canadian Association of Schools of Nursing (CASN) | |
| Review/revise curricula to ensure that nursing graduates are prepared for future roles | Within 2 years (by 2009) |
| Maximize educational resources that are currently available <ul style="list-style-type: none"> - Unique identifier - Application system that manages educational seats across the country (National system for nursing school application (like medical residency registry), which includes all nursing education institutions | Within 2 years (by 2009) |
| Ensure that inter- and intra-professional education are the norm: <ul style="list-style-type: none"> - Common core curriculum between professional programs - Shared classes with most appropriate professional being instructor/professor, - Shared clinical placements, shared clinical mentors - Clinical mentorship models which foster cross professional learning through innovative team learning experiences. - | Within 3 years (by 2010) |

| Action | When (year) |
|--|---|
| Design/revise programs to ensure nursing graduates are ready to assume leadership roles within the health system <ul style="list-style-type: none"> - Courses to be included would be leadership, globalization, ethics, health economics, policy, emergency preparedness, it, citizen and professional engagement, community development | 2009 - course development 2010/11- faculty development |
| Encourage nursing programs to have laddering/bridging between three regulated nursing programs <ul style="list-style-type: none"> - Fast track at least 1 centre of excellence | Within 4 years (by 2011) |
| Support development of innovative education program delivery methods which support more flexible individualized learning approaches (24/7, 365, global) | Within 5 years (by 2012) |
| Explore potential for education accreditation to be conducted collaboratively with CCHSA health system accreditation, which ensures focus on self-care and demonstration of results by evaluating outcomes | Within 9 years (by 2015) |
| Support the development of curricula which are principles-based as opposed to course specific prescriptive requirements, thus facilitating mobility and transferability | Within 10 years (by 2016) |
| Canadian Association of Practical Nurse Educators | |
| Review/revise curricula to ensure that nursing graduates are prepared for future roles | Within 2 years (by 2009) |
| Design/revise programs to ensure nursing graduates are ready to assume leadership roles within the health system <ul style="list-style-type: none"> - Courses to be included would be leadership, globalization, ethics, health economics, policy, emergency preparedness, it, citizen and professional engagement, community development | 2009 - course development 2010/11- faculty development |
| Encourage nursing programs to have laddering/bridging between three regulated nursing programs <ul style="list-style-type: none"> - Fast track at least 1 centre of excellence | Within 4 years (by 2011) |
| Support the development of curricula which are principles-based as opposed to course specific prescriptive requirements, thus facilitating mobility and transferability | Within 10 years (by 2016) |
| Psychiatric Nurse Educators (collectively) | |
| Review/revise curricula to ensure that nursing graduates are prepared for future roles | Within 2 years (by 2009) |
| Design/revise programs to ensure nursing graduates are ready to assume leadership roles within the health system <ul style="list-style-type: none"> - Courses to be included would be leadership, globalization, ethics, health economics, policy, emergency preparedness, it, citizen and professional engagement, community development | 2009 - course development 2010/11- faculty development |
| Encourage nursing programs to have laddering/bridging between three regulated nursing programs <ul style="list-style-type: none"> - Fast track at least 1 centre of excellence | Within 4 years (by 2011) |
| Support the development of curricula which are principles-based as opposed to course specific prescriptive requirements, thus facilitating mobility and transferability | Within 10 years (by 2016) |
| Canadian Nursing Students Association (CNSA) | |
| Provide input into curriculum design, to ensure that nursing graduates are prepared for future roles | Within 2 years (by 2009) |
| Provide input into curriculum changes that promote laddering/bridging between three regulated nursing programs | Within 4 years (by 2011) |

| Action | When (year) |
|---|------------------------------|
| Ensure that inter- and intra-professional education are the norm: <ul style="list-style-type: none"> - Common core curriculum between professional programs - Shared classes with most appropriate professional being instructor/professor, - Shared clinical placements, shared clinical mentors - Clinical mentorship models which foster cross professional learning through innovative team learning experiences. | Within 3 years (by 2010) |
| National Health Science Students Association (NAHSSA) | |
| Bring health professionals groups together to establish role clarity and value of contributions | TBD |
| Ensure that inter- and intra-professional education are the norm: <ul style="list-style-type: none"> - Common core curriculum between professional programs - Shared classes with most appropriate professional being instructor/professor, - Shared clinical placements, shared clinical mentors - Clinical mentorship models which foster cross professional learning through innovative team learning experiences. | Within 3 years (by 2010) |
| Individual Schools of Nursing | |
| Assist nurses to understand their role in promoting client self-care | Immediately |
| Assist nurses to develop leadership knowledge and skills | Immediately |
| Implement curriculum changes that support future roles of nurses, as recommended by national associations | Within 3 years (by 2010) |
| Nursing programs to have laddering/bridging between three regulated nursing programs <ul style="list-style-type: none"> - Fast track at least 1 centre of excellence | Within 4 years (by 2011) |
| Assist nurses to increase their cultural competence | Within 5 years (by 2012) |
| Support the development of curricula which are principles-based as opposed to course specific prescriptive requirements, thus facilitating mobility and transferability | Within 10 years (by 2016) |

| Action | When (year) |
|--|----------------------------|
| UNIONS | |
| Canadian Federation of Nurses' Unions (CFNU) | |
| Be at the table with all of the other healthcare stakeholders/decision-makers to contribute to the vision of healthcare for 2020 and agree on key messages; <ul style="list-style-type: none"> - Examine barriers and enablers to achieving the shared vision - Look at ways to build in flexibility within collective agreements to support the shared vision - Re-think and transform employer/employee relationships - Identify the roles of different stakeholder groups to achieve the common vision including unions, employers and employees - Utilize communication networks to champion the agreed upon messages | Immediately & Ongoing |
| Support & assist practicing nurses to participate in leadership development activities | Immediately & Ongoing |
| Examine opportunities for use of assistive personnel to free up nurses for what they really should be doing | TBD |
| Engage practicing nurses in networks/meetings/ forums to discuss the future role of nurses | Within 2-3 years (by 2010) |
| Provincial/Territorial Nurses' Unions | |
| Be at the table with all of the other healthcare stakeholders/decision-makers to contribute to the vision of healthcare for 2020 and agree on key messages; <ul style="list-style-type: none"> - Examine barriers and enablers to achieving the shared vision - Look at ways to build in flexibility within collective agreements to support the shared vision - Re-think and transform employer/employee relationships - Identify the roles of different stakeholder groups to achieve the common vision including unions, employers and employees - Utilize communication networks to champion the agreed upon message | Immediately & Ongoing |
| Support & assist practicing nurses to participate in leadership development activities | Immediately & Ongoing |
| Examine opportunities for use of assistive personnel to free up nurses for what they really should be doing | TBD |
| Engage practicing nurses in networks/meetings/ forums to discuss the future role of nurses | Within 3 years (by 2010) |

| Action | When (year) |
|---|---|
| EMPLOYERS | |
| Canadian Healthcare Association (CHA) | |
| Be at the table with all of the other healthcare stakeholders/decision-makers to contribute to the vision of healthcare for 2020 and agree on key messages <ul style="list-style-type: none"> - Examine barriers and enablers to achieving the shared vision - Look at ways to build in flexibility within collective agreements to support the shared vision - Re-think and transform employer/employee relationships - Identify the roles of different stakeholder groups to achieve the common vision including unions, employers and employees - Utilize communication networks to champion the agreed upon messages | Immediately & Ongoing |
| Challenge the status quo around the traditional nurse/physician relationship. Review and revise policies that limit the full extent of nursing practice | Immediately (Begin in 2007-8) |
| Establish a central repository for best practices and system change. Ensure that all employers contribute to the repository on a regular basis | Immediately (Begin in 2007-8) |
| Develop new models of care delivery (in/for all health sectors) <ul style="list-style-type: none"> - Engage all key players in the process. | Begin discussion 2007; Implement new models by 2010 |
| Association of Chief Executive Nurses (ACEN) | |
| Fund some nurse navigator positions and fund the research/evaluation of such positions (fund innovation) | Within 2 years (by 2009) |
| Support & assist practicing nurses to participate in leadership development activities | Immediately & Ongoing |
| Challenge the status quo around the traditional nurse/physician relationship. Review and revise policies that limit the full extent of nursing practice | Immediately (Begin in 2007-8) |
| Develop new models of care delivery (in/for all health sectors) <ul style="list-style-type: none"> - Engage all key players in the process | |
| Provincial/Territorial Hospital/Healthcare Organizations | |
| Be at the table with all of the other healthcare stakeholders/decision-makers to contribute to the vision of healthcare for 2020 and agree on key messages <ul style="list-style-type: none"> - Examine barriers and enablers to achieving the shared vision - Look at ways to build in flexibility within collective agreements to support the shared vision - Re-think and transform employer/employee relationships - Identify the roles of different stakeholder groups to achieve the common vision including unions, employers and employees - Utilize communication networks to champion the agreed upon messages | Immediately & Ongoing |
| Support & assist practicing nurses to participate in leadership development activities | Immediately & Ongoing |
| Establish a central repository for best practices and system change <ul style="list-style-type: none"> - Ensure that all employers contribute to the repository on a regular basis | Immediately (Begin in 2007-8) |
| Develop new models of care delivery (in/for all health sectors) <ul style="list-style-type: none"> - Engage all key players in the process | Begin discussion 2007; Implement new models by 2010 |

| Action | When (year) |
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| Individual Employers | |
| Assist practicing nurses to shift their assumptions about self-care - Revise policies to facilitate self care and care by families | Immediately |
| Support & assist practicing nurses to participate in leadership development activities Place more nurses at decision making levels, and mentor them when they get there | Immediately & Ongoing |
| Provide mentorship and internship programs for new graduates and nurses transferring to new areas, as well as leadership succession | Immediately & Ongoing |
| Challenge the status quo around the traditional nurse/physician relationship. Review and revise policies that limit the full extent of nursing practice | Immediately (Begin in 2007-8) |
| Develop new models of care delivery (in/for all health sectors) - Engage all key players in the process. | Begin discussion 2007; Start implementation of new models by 2010 |
| Bring nurses and other key stakeholders together within own organization to help understand nurses' future contributions to the system, get clarity around roles, and discuss overlap of roles - Assist people in thinking through overlap and value-added | Immediately (Begin in 2007-8) |
| Provide support (financial, time, personnel) for inter-professional team meetings, e.g. - Increase staffing by 20% in base budget to allow for staff education team meetings, IP team meetings, etc. (Ferguson-Pare study) | Within 2 years (by 2009) |
| Assist practicing nurses to increase their understanding and competence in IT, and to be involved in designing applications [Note: New Millennium nurses should be encouraged take a lead in mentoring their Boomer colleagues (intergenerational exchange) in Information Technology] | Within 3 years (by 2010) |
| Assist practicing nurses to increase their cultural competence | Within 5 years (by 2012) |
| Redesign work units to facilitate both hospital and community care | TBD |

| Action | When (year) |
|--|--------------------------|
| RESEARCHERS | |
| Canadian Health Services Research Foundation (CHSRF) | |
| Fund some nurse navigator positions and fund the research/evaluation of such positions (fund innovation) | Within 2 years (by 2009) |
| Create a number of 'lighthouse' projects to show the value and commitment given by employers to nurses | Within 2 years (by 2009) |
| Conduct outcomes research to collect data in support of system changes | TBD |
| Provincial/Territorial Research Organizations | |
| Fund some nurse navigator positions and fund the research/evaluation of such positions (fund innovation) | Within 2 years (by 2009) |
| Create a number of 'lighthouse' projects to show the value and commitment given by employers to nurses | Within 2 years (by 2009) |
| Conduct outcomes research to collect data in support of system changes | TBD |

| Action | When (year) |
|--|----------------------------------|
| GOVERNMENT | |
| Health Canada/ACHDHR | |
| Bring jurisdictions together to examine legislated scopes of health professional practice in light of how health care will be delivered in Canada in the future <ul style="list-style-type: none"> - Challenge the status quo around the traditional nurse/physician relationship - Review and revise regulations that limit the full extent of nursing practice - Look at what is being done internationally (e.g. UK and Australia) - Revisit/revise nursing/health professional practice acts | Immediately (Begin in 2007-8) |
| ACHDHR strike a pan-Canadian task force to describe future competencies and categories of care providers <ul style="list-style-type: none"> - Consider also regulatory role in system transformation | Immediately (Begin in 2007-8) |
| Engage Canadians in discussions about their expectations of the health care system of the future | TBD |
| Develop a national assessment centre for internationally educated nurses from all three nursing groups | By 2008 |
| Develop and support best practices in recruitment and retention | TBD |
| Facilitate pan-Canadian labour mobility for nurses (and other health professionals) | Within 2 years (by 2009) |
| Fund some nurse navigator positions and fund the research/evaluation of such positions (fund innovation) | Within 2 years (by 2009) |
| Create a number of 'lighthouse' projects to show the value and commitment given by employers to nurses | Within 2 years (by 2009) |
| Bring jurisdictions together to develop a Pan-Canadian system of nurse registration/regulation (building on agreed upon competencies) | Within 3 years (by 2010) |
| Office of Nursing Policy | |
| Host a meeting of the three national professional nursing associations to articulate a shared vision for the future of the health care system and the profession of nursing, including possibility for a single professional nursing association | Within 1 year (by 2008) |
| Host a meeting of employers, regulators, educators and other stakeholders to discuss future national entry level competencies for nurses <ul style="list-style-type: none"> - Create a partnership among regulators, educators, employers and government to ensure the realization of the future competencies | Within 1 year (by 2008) |
| Host a meeting of nurse regulators to iron out the multiple silos of regulation, including possibilities for <ul style="list-style-type: none"> - Facilitating pan-Canadian labour mobility for nurses - Single regulator for all nurses in each P/T - Pan-Canadian nurse registration | Within 1 year (by 2008) |
| Support & assist practicing nurses to participate in leadership development activities | Immediately & Ongoing |
| Develop and support best practices in nurse recruitment and retention | TBD |
| Canada Health Infoway | |
| Establish a central repository for best practices and system change <ul style="list-style-type: none"> - Ensure that all employers contribute to the repository on a regular basis | Immediately (Begin in 2007-8) |
| Support employers to provide all nurses with PDA, tech support, and access to on-line charting, etc. | Within 2 years (by 2009) |

| Action | When (year) |
|--|----------------------------------|
| Provincial/Territorial Governments/ Health Departments | |
| Examine legislated scopes of health professional practice in light of how health care will be delivered in Canada in the future <ul style="list-style-type: none"> - Challenge the status quo around the traditional nurse/physician relationship - Review and revise regulations that limit the full extent of nursing practice - Look at what is being done internationally (e.g. UK and Australia) - Revisit/revise nursing/health professional practice acts | Immediately (Begin in 2007-8) |
| Support & assist practicing nurses to participate in leadership development activities | Immediately & Ongoing |
| Develop and support best practices in recruitment and retention | TBD |
| Facilitate pan-Canadian labour mobility for nurses (and other health professionals) | Within 2 years (by 2009) |
| Fund some nurse navigator positions and fund the research/evaluation of such positions (fund innovation) | Within 2 years (by 2009) |
| Develop funding alternatives to <ul style="list-style-type: none"> - optimize roles of nurses in health promotion, illness prevention and primary care - reward excellent performance (where performance includes the client's perception of quality of care, e.g. considers quality of life indicators) | Within 2 years (by 2009) |
| Provincial/Territorial Government Chief Nursing Offices | |
| Support & assist practicing nurses to participate in leadership development activities | Immediately & Ongoing |
| Engage P/T citizens in discussions about their expectations of the health care system of the future | TBD |