

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)
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)
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)
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)
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)
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)
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