

# The Regulation and Supply of Nurse Practitioners in Canada



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**CANADIAN NURSES ASSOCIATION**  
**ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA**



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## Introduction

The Canadian Institute for Health Information (CIHI) and the Canadian Nurses Association (CNA) are pleased to present *The Regulation and Supply of Nurse Practitioners in Canada*. This is the first report to provide contextual information on the history, roles and regulation of the nurse practitioner (NP) profession in Canada with a statistical profile of the licensed NP workforce.

Specifically, this report includes:

- A definition and history of NPs in Canada;
- A current summary of provincial and territorial legislation and regulation of the NP profession (updated May 2005); and
- First-time national statistics on the supply, education and employment patterns of the 2003 and 2004 licensed NP workforces.

The information and statistics presented here were compiled and analyzed by CIHI and the CNA, with significant contributions from the provincial and territorial regulatory authorities for registered nursing in Canada. CIHI and the CNA thank all regulatory authorities for their cooperation in the development of this report.

With this collaborative work, CIHI and the CNA seek to improve understanding of the NP profession in Canada. This work helps to fill existing knowledge gaps about the NP workforce, which can contribute to improved health human resource planning and policy-making in Canada.

## Highlights

- A nurse practitioner (NP) is a registered nurse (RN) with additional education in health assessment, diagnosis and management of illnesses and injuries, including prescribing drugs.
- Eleven Canadian provinces and territories have NP legislation and regulations in place or in progress as of May 2005.
- NPs in each of the 11 jurisdictions can autonomously perform the following three functions:
  1. Diagnose a disease, disorder or condition;
  2. Order and interpret diagnostic and screening tests; and
  3. Prescribe medication.

Legislation in many jurisdictions enables NPs to perform other functions as well.

- There were a total of 878 licensed NPs registered in the jurisdictions of Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario, Saskatchewan, Alberta, the Northwest Territories and Nunavut in 2004.
- Rates of full-time employment are substantially higher for NPs than for other RNs. In 2004, almost 70% (68.9%) of licensed NPs with employment worked full-time; that compares to rates of 51 to 54% for the RN workforce. Rates of part-time and casual employment were both lower for NPs in 2004.
- When self-identifying their current position at the time of registration, more than 70% (71.3%) of licensed NPs indicated *nurse practitioner*. The remaining 28% self-identified their primary role as *manager* (3.1%), *staff nurse/community health nurse* (8.6%), *instructor/professor/educator* (4.2%) and *other positions/not stated* (12.8%).
- The eldest NPs, on average, were the *instructors/professors/educators*, at 47.6 years. The average age of all licensed NPs was 44.8 years in 2004.

# The Nurse Practitioner Profession

## Definition

A nurse practitioner (NP) is a registered nurse (RN) with additional education in health assessment, diagnosis and management of illnesses and injuries, including ordering tests and prescribing drugs.<sup>1</sup>

NPs provide a range of health services to individuals of all ages, families, communities and groups. Their practice emphasizes health promotion and illness prevention. They are legislated and regulated to perform comprehensive health assessments, to diagnose and treat health problems, to order and interpret the results of diagnostic and screening tests such as ultrasound and mammography, and to prescribe drugs and medication. NPs provide care in diverse health settings, from community clinics and health centres to hospitals, medical practices, nursing homes and home care settings.

Grounded in the nursing profession's values, knowledge, theories and practice, NPs work both autonomously—from initiating the care process to monitoring health outcomes—and in collaboration with other health care providers including RNs, practical nurses, therapists, nutritionists, social workers, pharmacists and particularly family physicians.

## History in Canada

The introduction of the NP can be traced to the late 1960s in Canada, resulting from the changing roles of the nurse, perceived physician shortages and movement towards specialization. While there was general recognition of the need for the nurse practitioner role at that time, there was little or no movement to formalize the role in legislation and regulation. In the 1970s, several approved education programs began graduating NPs in Canada, but without the support of legislation and regulation, most of these nurses operated in a "nurse practitioner-like" role, but were licensed as RNs and worked under delegated medical functions. The NP role was primarily dependent upon physician collaboration and supervision, particularly in urban areas.

By the 1980s, most of the NP initiatives underway in Canada had disappeared. Some of the reasons for this include a perceived oversupply of physicians; lack of remuneration mechanisms; the absence of provincial/territorial legislation; little public awareness of the role; and weak support from policy-makers and other health professionals. The health system renewal of the 1990s, combined with limited resources and a desired shift to primary health care, led to a renewed interest in the role of the nurse practitioner. This led many provinces and territories to pursue formal regulation and education of the NP profession, including defined scopes of practice.

Today, NPs in either acute care or primary health care are an important resource that can contribute to improved access to health care for Canadians. Decision-makers at all levels recognize the contribution that NPs can offer in providing timely access to quality care.

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1. Canadian Nurses Association, *The Nurse Practitioner* (Ottawa: CNA, 2003), [online], cited June 15, 2005, from <[cna-aicc.ca/CNA/documents/pdf/publications/PS68\\_Nurse\\_Practitioner\\_June\\_2003\\_e.pdf](http://cna-aicc.ca/CNA/documents/pdf/publications/PS68_Nurse_Practitioner_June_2003_e.pdf)>.

## Legislation and Regulation

Examination of the Canadian legislation and regulation for NPs reveals that all provinces and territories have or are moving toward the enactment of legislation to support the regulation of NPs. Provinces and territories that led the way with the first NP legislation are now undertaking reviews and revisions of legislation and regulation to reflect and support the evolving and autonomous nature of the nurse practitioner role.

As of May 2005, those provinces and territories that have legislation and regulations in place or in progress include Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, the Northwest Territories and Nunavut. The province of British Columbia and the Yukon Territory are currently without legislation governing NPs. For those provinces and territories with existing NP legislation and regulation, there exists a high degree of congruence between the competency frameworks developed by each jurisdiction.

The following is a summary of the legislation and regulation in place governing the NP profession across the country. For the purposes of this summary, *legislation* refers to those laws regulating NPs, *scope of practice* refers to those areas of practice outlined by the legislation, *title protection* refers to the existence of legislation which prevents the use of the title of “nurse practitioner” by unauthorized individuals and *licensure and registry information* refer to the record of licensed professionals by provincial and territorial regulatory authorities.

### Newfoundland and Labrador

#### *Legislation*

In 1997, the *Registered Nurses Act* was amended to provide for NPs. It was further amended in 2001 to provide for practice protocols. Practice protocols for specialties are developed by employing agencies and approved by a committee established under the *Registered Nurses Act* using the approval process established and approved by the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) Council and the Minister of Health and Community Services.

#### *Scope of Practice*

Under the *Registered Nurses Act*, NPs are authorized to:

- refer to a physician, including specialists;
- make and communicate a diagnosis;
- order laboratory or other diagnostic tests;
- prescribe a drug (as prescribed in regulation or a practice protocol issued to him or her); and
- provide emergency care.



### *Title Protection, Licensure and Registry Information*

“Nurse practitioner” is a protected title and the regulation defines “NP—primary health care” and “NP—specialist.” ARNNL designates on the licence whether the NP is licensed to work in primary health care or in a specialty area.

## **Prince Edward Island**

### *Legislation*

At present, P.E.I.’s *Nurses Act* (1988) makes no mention of NPs. The draft Registered Nurses Act (2004) has received royal assent and will be proclaimed when all regulations under the Act have been completed.

### *Scope of Practice*

P.E.I. has developed schedules approved by the Diagnostic and Therapeutic Committee, which authorizes NP authority to:

- make and communicate a diagnosis under certain conditions;
- order laboratory or other diagnostic tests and X-rays;
- prescribe drugs (as authorized in regulation or a practice protocol issued to him or her); and
- provide emergency care.

### *Title Protection, Licensure and Registry Information*

The new Act will provide title protection for NPs. It also authorizes NPs to practise within their defined scope.

## **Nova Scotia**

### *Legislation*

The *Registered Nurses Act*, effective January 2, 2002, includes both RNs and NPs.

### *Scope of Practice*

The *Registered Nurses Act* authorizes NPs (both primary care and specialty NPs) to:

- make diagnoses of diseases, disorders or conditions and communicate those diagnoses to clients;
- order and interpret selected screening and diagnostic tests; and
- select, recommend, prescribe and monitor the effectiveness of certain drugs and treatments.

### *Title Protection, Licensure and Registry Information*

In Nova Scotia, title protection exists for:

- Registered Nurse, Nurse, nurse, R.N., RN, Reg.N;
- Nurse Practitioner, NP, N.P.;
- Specialty Nurse Practitioner, Primary Health Care Nurse Practitioner.

The requirements are set out in the regulations for licensing of primary health care nurse practitioners and specialty nurse practitioners.

## **New Brunswick**

### *Legislation*

In July 2002, amendments to the *Nurses Act* (1984—amended in 1997 and 2002) provided the NP definition and practice and the creation of the NP Therapeutics Committee. Amendments to other acts allowed NPs to do their work under the authority of other acts (*Pharmacy Act, Hospital Act, Radiological Health Protection Act, etc.*).

### *Scope of Practice*

According to the *Nurses Act*, an NP may:

- diagnose or assess a disease, disorder or condition and communicate the diagnosis or assessment to the patient;
- order and interpret screening and diagnostic tests;
- select, prescribe and monitor the effectiveness of drugs; and
- order the application of forms of energy.

### *Title Protection, Licensure and Registry Information*

The “nurse practitioner” title is protected. At the present time, only primary health care NPs are eligible for registration.

## **Quebec**

### *Legislation*

An Act to amend the Professional Code and other legislative provisions as regards the health sector (Bill 90) is a new law in effect since January 30, 2003, which modifies Article 36 of the *Nurses Act* and creates a new article, Article 36.1, to regulate specialized NPs practice in Quebec. In essence, Quebec’s *Nurses Act* includes a clause that requires adoption of regulations from both the medical and nursing regulatory bodies to define the expanded scope of practice for specialized NPs.

Regulations will be developed collaboratively between the Ordre des infirmières et infirmiers du Québec (OIIQ) and the Collège des médecins du Québec. The regulations for three specialties (neonatology, cardiology and nephrology) are planned for September 2005 while primary health care is being considered.

### *Scope of Practice*

The new law gives NPs the right to engage in five additional activities according to conditions and terms set out by regulations and for each specialty:

- prescribing diagnostic examinations;
- using diagnostic techniques that are invasive or entail risks of injury;
- prescribing medications and other substances;
- prescribing medical treatment; and
- using techniques or applying medical treatments that are invasive or entail risks of injury.

### *Title Protection, Licensure and Registry Information*

In Quebec, only nurses who hold a certificate of specialization can use the title of “specialized nurse practitioner.” The OIIQ keeps a register indicating the nurses who hold a certificate of specialization. It is the responsibility of the hospitals and facilities concerned to keep an updated register for these nurses.

## **Ontario**

### *Legislation*

In Ontario, RNs in the Extended Class (RN[EC]) are regulated under the *Regulated Health Professions Act*, 1991 and the *Nursing Act*, 1991.

### *Scope of Practice*

The *Nursing Act* authorizes RN(EC)s to carry out three additional controlled acts:

- communicate a diagnosis;
- order the application of energy, e.g. ultrasound and some X-rays (may also order laboratory or other diagnostic tests, as specified in regulation); and
- prescribe and administer certain drugs as listed in regulation.

The legislation requires RN(EC)s to adhere to consultation standards that include developing a consultation network with other health care providers, including physicians.

### *Title Protection, Licensure and Registry Information*

Currently there is no title protection in Ontario for “nurse practitioner.” There is title protection for “registered nurse Extended Class” (RN[EC]). The College of Nurses of Ontario’s intent is to request title protection for “nurse practitioner” for all RN(EC)s functioning in the nurse practitioner role.

## **Manitoba**

### *Legislation*

Manitoba's *Registered Nurses Act* was proclaimed in 2001 as new legislation. The new Extended Practice Regulation was approved on March 22, 2005 and came into force on June 15, 2005.

### *Scope of Practice*

RNs who meet the requirements in the Extended Practice Regulation will have the authority to include the following services in their scope of practice:

- assessment and diagnosis of client health/illness status;
- ordering and receiving results of screening and diagnostic tests;
- prescribing drugs; and
- performing minor surgical and invasive procedures.

### *Title Protection, Licensure and Registry Information*

Only those RNs registered on the extended practice register can use the RN(EP) designation.

## **Saskatchewan**

### *Legislation*

Amendments to the Saskatchewan *Registered Nurses Act* were proclaimed on May 1, 2003 to include NPs.

### *Scope of Practice*

These amendments now allow those licensed as a registered nurse (nurse practitioner) (RN[NP]) to:

- order, perform, receive and interpret reports of screening and diagnostic tests that are designated in the bylaws;
- prescribe and dispense drugs in accordance with the bylaws;
- perform minor surgical and invasive procedures that are designated in the bylaws; and
- diagnose and treat common medical disorders.

### *Title Protection, Licensure and Registry Information*

The title "RN(NP)" is protected in a bylaw in Saskatchewan.

## Alberta

### *Legislation*

In 1996, Alberta's *Public Health Act* was created with a section entitled "extended health services." In 1999, the province's *Nursing Profession Act* Extended Practice Roster Regulation provided for the capacity to regulate RNs—extended practice (EP) on a separate (subset) roster through the professional association, the Alberta Association of Registered Nurses (AARN). In 2002, the *Public Health Act*, Nurse Practitioner Regulation added the words "nurse practitioner" and describes what NPs can do. The Alberta government is introducing omnibus legislation—the proposed Health Professions Act; however, nursing is yet to be fully proclaimed.

### *Scope of Practice*

The *Public Health Act*, Nurse Practitioner Regulation, 2002, specifies that people should not be employed as an NP unless on a roster and describes what duties NPs can perform, including:

- diagnose and treat;
- order and perform lab and diagnostic work and interpret tests; and
- prescribe drugs as defined under the Pharmaceutical Profession Act.

### *Title Protection, Licensure and Registry Information*

In Alberta, title protection currently does not exist, except in one regional health authority. However, the possibility of having protection of the NP title in the Health Professions Act is expected. Also, NPs will be considered within the RN legislation, rather than as a separate class.

## British Columbia

### *Legislation*

In British Columbia, the current *Nurses (Registered) Act* legislates RNs. All but six health professions, including RNs, are under the *Health Professions Act* (HPA). The government amended the HPA (Bill 62) in October of 2003 to include the repeal of these six statutes, and enable them to be brought under the Act. It also enables the establishment in the HPA Regulation for the shared scope/reserved actions model for all professions. RNs will be the first of these six professions whose statutes are repealed to be brought under the HPA.

### *Scope of Practice*

Bringing RNs under the HPA will allow the new College (RNABC will become the new College of Registered Nurses of British Columbia in late August 2005) to use the HPA bylaw-making powers to establish a new registration category of nurse practitioner (NP). The Ministry of Health Services has worked closely for many months with the RNABC to develop a regulation that includes appropriate reserved actions for RNs and NPs, and redrafting is currently under way.

Under the *Health Professions Act*, NPs will be authorized to:

- make and communicate diagnoses identifying disease, disorder or condition;
- apply X-ray for diagnostic or imaging purposes, except CT (upon certification);
- order X-ray and ultrasound (defined by standards, limits, conditions);
- prescribe drugs (defined by standards, limits, conditions); and
- set and cast closed simple fractures or reduce dislocated joint (upon certification).

### *Title Protection, Licensure and Registry Information*

Under the *Health Professions Act*, the titles of “nurse practitioner” and “registered nurse practitioner” will be protected.

## **Yukon Territory**

In the Yukon Territory, the *Registered Nurses Profession Act* of 1992 has broad language to cover the work of RNs in both conventional and expanded roles. Separate regulation of NPs has not yet been introduced, and currently title protection exists only for RNs.

RNs working in rural and remote areas work according to the policies of the employer in regards to diagnosing and prescribing.

## **Northwest Territories and Nunavut**

### *Legislation*

The *Nursing Profession Act* of the Northwest Territories and amendments to the *Nunavut Nursing Profession Act* were proclaimed January 1, 2004. Language to include NPs was established through subsequent amendments to the *Pharmacy Act* and the *Public Health Act*, and an amendment is also planned for the *Hospitals Act* regulations.

### *Scope of Practice*

The *Nursing Profession Act* (Northwest Territories) provides the following:

- to make a diagnosis identifying a disease, disorder or condition;
- to communicate a diagnosis to a patient;
- to order and interpret screening and diagnostic tests;
- to prescribe a drug (as prescribed in regulation or a practice protocol issued to him or her); and
- to perform other procedures that are authorized in guidelines approved by the minister.

### *Title Protection, Licensure and Registry Information*

“Nurse practitioner” is a protected title in both the Northwest Territories and Nunavut. NPs are registered in the RN Register as well as in the NP Register.

## **Summary**

NPs in each of the 11 jurisdictions can or will perform the following three functions:

1. Diagnose a disease, disorder or condition;
2. Order and interpret diagnostic and screening tests; and
3. Prescribe medication.

Legislation in many jurisdictions enables NPs to perform other functions as well.

## Data Analysis

This data analysis uses the term *licensed NP* to indicate an RN meeting the education, training and/or experience requirements necessary for nurse practitioner (NP) licensure in her or his province or territory of registration. Jurisdictions that did not license NPs separately from other registered nurses in the 2003 and/or 2004 registration years are excluded from this data analysis.

### Supply of Licensed Nurse Practitioners

The number of jurisdictions licensing NPs increased from seven in 2003 (Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario, Alberta, the Northwest Territories and Nunavut) to eight in 2004 (with the addition of Saskatchewan).

**Table 1. Types of NP Licensure Offered by Province/Territory of Registration, Canada, 2004**

	Acute Care (or Specialty)	Primary Health Care
N.L.	✓	✓
N.S.	✓	✓
N.B.		✓
Ont.		✓
Sask.		✓
Alta.	No designation	
N.W.T./Nun.	No designation	

Source: Canadian Nurses Association.

The type of licensure offered to NPs varies, with some jurisdictions recognizing both acute care (or specialty) and primary health care NPs. Other jurisdictions do not offer separate types of licensure for NPs. A summary of this information is presented in Table 1.

The number of licensed NPs in Canada<sup>2</sup> is very small in comparison to the RN workforce: the 878 licensed NPs in 2004 were less than 0.4% of the 240,000 nurses in the overall RN workforce.

2. In this analysis, "Canada" totals include only provinces and territories in which nurse practitioners are licensed separately from other registered nurses.



Between 2003 and 2004, the number of licensed NPs increased by at least 8% in each jurisdiction (where 2003 data are available). The number of licensed NPs in Alberta increased by 47.4% (from 76 to 112).

**Table 2. Number of Licensed NPs by Province or Territory of Registration, Canada, 2003–2004**

	2003	2004	Percent Change
N.L.	57	62	8.8%
N.S.	29	34	17.2%
N.B.	6	14	133.3%
Ont.	552	598	8.3%
Sask.	–	42	n/a
Alta.	76	112	47.4%
N.W.T./Nun.	5	16	220.0%
<b>Total</b>	<b>725</b>	<b>878</b>	<b>21.1%</b>

Sources: CIHI/RNDB and provincial and territorial RN regulatory authorities.

**Notes**

– NP licensure began in Saskatchewan in the 2004 registration year.

n/a Data not applicable.

Table 2 includes only provinces and territories licensing nurse practitioners separately from other registered nurses.

Totals in Table 2 include all licensed NPs, regardless of employment status.

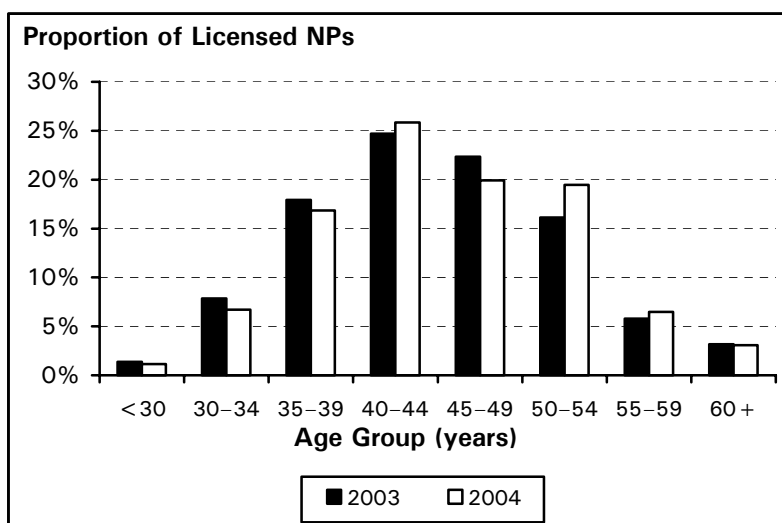
Please refer to Appendix A for more information regarding the collection, comparability and reporting of licensed NP data.

## Demographic Characteristics

### Age Distribution and Average Age

The age distribution of licensed NPs in Canada is illustrated in Figure 1. In 2004, more than one-quarter (29.0%) of licensed NPs were aged 50 years old or older. This compares to approximately 35% of the 2004 RN workforce that were 50 years old or older.

The average age of licensed NPs increased by 0.5 years between 2003 and 2004, from 44.3 years to 44.8 years.



**Figure 1. Proportion of Licensed NPs by Age Group, Canada, 2003–2004**

Sources: CIHI/RNDB and provincial and territorial RN regulatory authorities.

**Note**

The 2003 data include seven jurisdictions; the 2004 data include eight jurisdictions.

The eldest licensed nurse practitioners, on average, were in the Northwest Territories/Nunavut and in Saskatchewan, each with an average age of 45.9 years. The youngest licensed NPs, on average, were in Newfoundland and Labrador, with an average age of 42.5 years.

## Education Characteristics

A substantial proportion of licensed NPs have obtained a master's or doctorate in nursing, in part reflecting the requirements for NP licensure in many provinces.

**Table 3. Educational Attainment of Licensed NPs in Canada, 2004**

	Initial Education in Nursing	Highest Education in Nursing
Diploma	65.3%	17.7%
Baccalaureate	29.6%	60.5%
Master's/Doctorate	0.1%	21.6%

Sources: CIHI/RNDB and provincial and territorial RN regulatory authorities.

### Notes

*Highest education in nursing* includes both RN programs and NP programs.

Please refer to Appendix A for more information regarding the collection, comparability and reporting of licensed NP data.

While less than one-third of licensed NPs initially graduated from a baccalaureate program in registered nursing, more than one-fifth (21.6%) now have at least a master's in nursing. Please note, however, that the totals presented in Table 3 cannot be separated between RN programs and NP programs.

More than one-third (33.9%) of those currently licensed as NPs first graduated from nursing school before 1980; almost 40% (37.0%) first graduated in the 1980s, with one-quarter (24.0%) beginning their nursing career since 1990.

At present, we don't know when these RNs first obtained their NP licensure.

## Employment Characteristics

### Employment Status

**Table 4. Employment Status of Licensed NPs, Canada, 2003–2004**

	2003	2004
Full-time	67.4%	68.9%
Part-time	16.6%	15.5%
Casual	4.2%	3.5%
Employed—Status unknown	11.8%	12.1%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

Sources: CIHI/RNDB and provincial and territorial RN regulatory authorities.

### Notes

Totals include only licensed NPs employed in nursing at the time of registration ( $n = 694$  in 2003 and  $n = 832$  in 2004). Please refer to Appendix A for more information regarding the collection, comparability and reporting of licensed NP data.

In comparison to the overall RN workforce, rates of full-time employment are substantially higher for licensed NPs, while rates of casual employment are substantially lower.

Over the past several years, the proportion of the RN workforce employed full-time has varied between 51 and 54%; in contrast, more than two-thirds (68.9%) of licensed NPs with employment were employed on a full-time basis in 2004. Approximately 3% (3.5%) of licensed NPs with employment worked on a casual basis, compared to approximately 8–10% of the RN workforce.

Those licensed NPs with full-time employment were, on average, 44.7 years of age in 2004, compared to 44.2 years for those working part-time, and 46.8 years for those employed on a casual basis.

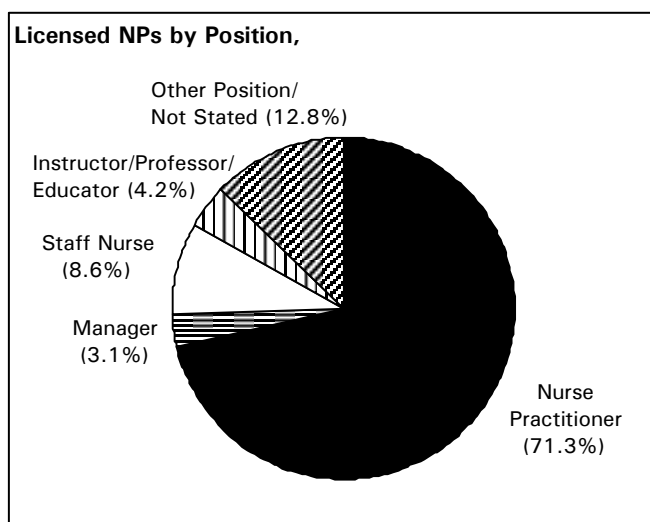
The unemployment rate for licensed NPs—calculated as the proportion of NPs with a valid license but not employed at the time of registration—was 4.2% in 2004, an increase from 3.2% in 2003.

Overall, approximately 95% of licensed NPs were employed in nursing in each of 2003 and 2004. These rates are slightly higher than the overall RN workforce, where typically 91 to 94% of licensed RNs are employed in registered nursing.

**Position, Place of Work and Area of Responsibility**

The type of employment and the roles identified by licensed NPs varies. When asked to self-identify their position at the time of registration in 2004, more than 70% (71.3%) indicated “Nurse Practitioner”.

The remaining licensed NPs self-identified their primary role as *manager* (3.1%), *staff nurse/community health nurse* (8.6%), *instructor/professor/educator* (4.2%) and *other positions/not stated* (12.8%). These statistics exclude Saskatchewan data, as the regulatory body considers all licensed NPs with employment to be working in a nurse practitioner role.



**Figure 2. Self-Identified Positions of Licensed NPs With Employment, Canada, 2004**

Sources: CIHI/RNDB and provincial and territorial RN regulatory authorities.

**Notes**  
Data in Figure 2 exclude Saskatchewan data. In Saskatchewan, all licensed NPs are considered employed in nurse practitioner roles.

Licensed NPs self-identifying their position as *instructor/professor/educator* in 2004 were the eldest, on average, at 47.6 years. Those in *nurse practitioner* roles were 44.6 years, on average, in 2004.

Almost half (45.1%) of licensed NPs employed in 2004 worked in the community health sector, with more than one-fifth (22.8%) in the hospital sector and 3.8% in the nursing home/long-term care sector. The remaining licensed NPs worked in other types of facilities or failed to state their place of employment.

**Table 5. Licensed NP Workforce by Area of Responsibility, Canada, 2004**

	Counts	%
<b>DIRECT CARE</b>		
Medicine/Surgery	21	2.5%
Psychiatry/Mental Health	14	1.7%
Paediatrics	8	1.0%
Maternity/Newborn	10	1.2%
Geriatrics/Long-term Care	30	3.6%
Critical Care	23	2.8%
Community Health	82	9.9%
Ambulatory Care	39	4.7%
Occupational Health	< 5	–
Operating Room/Recovery Room	< 5	–
Emergency Care	37	4.4%
Several Clinical Areas	28	3.4%
Oncology	< 5	–
Rehabilitation	< 5	–
Other Direct Care	388	46.6%
<b>ADMINISTRATION</b>		
Nursing Service	13	1.6%
Other Administration	19	2.3%
<b>EDUCATION</b>		
Teaching Students	19	2.3%
Teaching Employees	< 5	–
Teaching Patients/Clients	< 5	–
Other Education	19	2.3%
<b>RESEARCH</b>		
Nursing Research Only	< 5	–
<b>NOT STATED</b>	65	7.8%
<b>Total</b>	<b>832</b>	<b>100.0%</b>

Sources: CIHI/RNDB and provincial and territorial RN regulatory authorities.

**Notes**

– Figure less than 0.6%

Totals include only licensed NPs employed in nursing at the time of registration (n = 694 in 2003 and n = 832 in 2004).

Please refer to Appendix A for more information regarding the collection, comparability and reporting of licensed NP data.

More than 80% (82.9%) of licensed NPs worked in direct care in 2004, with 3.8% in administration, 5.2% in education and less than 0.5% in research.

Approximately 10% (9.9%) of licensed NPs identified *community health* as their primary area of responsibility.

Almost half (46.6%) of all licensed NPs indicated their primary area of responsibility as *other direct care* in 2004. This was consistent across all jurisdictions, as *other direct care* was the most frequent response in four jurisdictions, ranking no lower than third in any province or territory.

That so many licensed NPs selected *other direct care* as their area of responsibility signals that further work is required to better understand licensed NP practice.

CIHI and the CNA will continue to work with provincial and territorial regulatory bodies to develop the data elements needed to provide more comprehensive practice information for the licensed NP workforce.

# **Appendix A**

## **Methodological Notes**



## Methodological Notes

The following information should be used to ensure a clear understanding of the basic concepts that define the licensed nurse practitioner (NP) data provided in this report, of the underlying methodology of the data collection and of key aspects of the data quality.

The Methodological Notes included here are an abbreviated version; readers are encouraged to review the complete Methodological Notes from the Canadian Institute for Health Information publication *Workforce Trends of Registered Nurses in Canada, 2003*, available from the CIHI's Web site (at [www.cihi.ca](http://www.cihi.ca)).

### Overview

The NP statistical profile was developed by supplementing existing data from the Registered Nurses Database (RNDB) at CIHI with data from provincial and territorial regulatory authorities.

The number of NPs identified in this analysis, therefore, matches the number of NPs listed by provincial and territorial registers. This is different from previous analyses from CIHI, where only the number of registered nurses self-reporting their position as *nurse practitioner* were reported. The method used here is a more accurate representation of the NP workforce in Canada.

*An overview and analysis of the discrepancies between NP statistics previously published by CIHI and NP statistics published by provincial and territorial regulatory authorities is available in a companion document titled The Regulation and Supply of Nurse Practitioners in Canada: Technical Appendix, available from the CIHI's Web site (at [www.cihi.ca](http://www.cihi.ca)).*

## General Methodology

### Target Population

The target population for this analysis is all licensed (NPs)<sup>3</sup> registered in the jurisdictions of Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario, Saskatchewan, Alberta, Northwest Territories and Nunavut.

The analysis is restricted to these eight provinces and territories, because these are the only jurisdictions in Canada that licensed NPs separately from other registered nurses in the 2003 and/or 2004 registration years.

The remaining five jurisdictions in Canada—Prince Edward Island, Quebec, Manitoba, British Columbia and Yukon Territory—did not license NPs separately from other registered nurses in these registration years, and are therefore excluded from the analysis.

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3. In this analysis, a nurse practitioner is defined as a registered nurse with additional education in health assessment, diagnosis and management of illnesses and injuries, including prescribing drugs.

## Data Sources and Collection

The data used in this analysis are from CIHI's Registered Nurses Database (RNDB) and, where necessary, from provincial and territorial RN regulatory authorities.

A data agreement governs the collection of data for the RNDB. Under the current agreement, each regulatory authority submits 20 data elements collected from each registered nurse. These data were used in the analysis of the NP workforce.

For the jurisdictions of New Brunswick (2003 and 2004 data), Saskatchewan (2004 data) and Alberta (2003 and 2004 data), NP data were not submitted for inclusion in the Registered Nurses Database. For these jurisdictions, CIHI made a separate, one-time data request for record-level licensed NP data.

## Data Quality

CIHI assesses five dimensions of data quality: accuracy, comparability, timeliness, usability and relevance. The dimensions of greatest relevance to this analysis—accuracy and comparability—are discussed at greater length here. More information regarding the data quality of the Registered Nurses Database is available upon request, from [nursing@cihi.ca](mailto:nursing@cihi.ca).

### Accuracy

Accuracy is an assessment of how well the data reflect reality. For this analysis, this is an assessment of how closely the data presented here reflect the target population of all registered nurses with the additional education, training and/or experience required for licensure as an NP in their jurisdiction. Accuracy is presented in terms of under- and over-coverage.

#### *Under-Coverage*

Under-coverage results when data that should be included in this analysis are not included. At present, there are no known sources of under-coverage in this analysis.

#### *Over-Coverage*

Over-coverage is the inclusion of data beyond the target population. These are data that should not be included. At present, there are no known sources of under-coverage in this analysis.

### Comparability

Comparability measures how well the data compare to data from other sources. Because CIHI data were supplemented with provincial and territorial regulatory authority data, the total numbers presented in this analysis match published provincial and territorial statistics.



### *Six-Month Cut-off*

In an effort to produce timely statistics, CIHI collects registered nurse data at the 6-month mark of the 12-month registration year. Although CIHI analyses have found that typically 95 to 98 percent of all registrations occur within the first 6 months of the registration year, the data supplied by provincial and territorial regulatory bodies represents all 12 months. Due to the six-month cut-off, detailed information was not available for five licensed NPs: one registered in Newfoundland and Labrador (2003 data), two registered in Nova Scotia (2003 data) and two registered in the Northwest Territories/Nunavut (2004 data). The 2003 totals include three blank records, while the 2004 totals include two blank records.

## **Privacy and Confidentiality**

The Privacy Secretariat at CIHI has developed a set of guidelines to safeguard the privacy and confidentiality of data received by CIHI. The document *Privacy and Confidentiality of Health Information at CIHI: Principles and Policies for the Protection of Health Information and Policies for Institution-Identifiable Information* may be obtained from the CIHI's Web site. These policies govern the release of data in publications, media releases, the CIHI's Web site and through ad hoc requests and special studies.

In compliance with these guidelines, CIHI prevents residual disclosure by aggregating RNDB data for release in publications and ad hoc requests. Cells with counts from 1 to 4, for which further aggregation is either inappropriate or unfeasible, are suppressed before release. These policies ensure the confidentiality of all RNs (or in this case, NPs) regardless of province or territory size or place of work.

