

LITERATURE REVIEW: MERGERS IN CANADIAN NURSING REGULATORY ORGANIZATIONS

Prepared for the Joint
CLPNNS/CRNNS
Working Group
Examining the
Feasibility of a Merger
to One Nursing
Regulator in
Nova Scotia

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1. PURPOSE

Evidence-based regulation is a strategy for making quality decisions related to regulation (Spector, 2009). Citing Ridenour (2009), Spector explained that the raw ingredient of evidence-based nursing regulation is high quality information derived from a variety of sources (e.g., domestic and international research, statistics, expert knowledge, stakeholder consultation, evaluation of previous policies). Evidence-based regulation also can include analysis of the outcomes of board functions and cost of policy options. Although findings from high-quality, methodologically appropriate regulatory research are the most accurate evidence, other kinds of regulatory information are necessary to supplement or replace absent research because the fund of research in nursing regulation, especially in Canada, is very limited. Thus, the evidence base for nursing regulatory policy decisions must be a combination of multiple forms of evidence.

The purpose of this review was to provide an overview of the literature as one source of evidence to support the planning of the Joint CLPNNS/CRNNS Working Group (JWG). This JWG was tasked with examining the feasibility of a merger between CLPNNS and CRNNS as the two nursing regulatory organizations in Nova Scotia. The primary question before the JWG is: *What is the feasibility of a merger between CLPNNS and CRNNS?* This review focused on literature addressing mergers of nursing regulatory organizations, joint nursing regulation, and related contextual issues of policy relevance for the JWG primary question. The review took place between November 2015 and March 2016.

2. METHODOLOGY

This review included peer reviewed as well as significant grey literature from credible sources (e.g., ICN, CNA, government agencies). The search strategy was designed with the assistance of a health sciences librarian. An online search of the databases CINHALL, PUBMED, ProQuest, and Medline was conducted. Google Scholar search engine was used. Key search terms and logical operators were used. The search strategy used four main sets of terms: *regulation OR regulatory, nurse OR nursing, profession OR professional, mergers*. These four groups were then combined using the logical operator AND.

A manual search was completed for all issues of the *Journal of Nursing Regulation*. The reference lists of relevant sources were also searched and examined. A number of inclusion and exclusion criteria were applied. Specifically, papers in English and less than 15 years old were included, and nonreferenced papers were excluded. Studies of non-Canadian nursing regulatory organizations were excluded due to lack of transferability/comparability; non-Canadian papers that examined nursing regulatory issues broadly were included. Germinal/frequently cited papers older than the inclusion criteria were included. Additionally, the consultants hired to support the JWG were asked to provide relevant information (e.g., literature reviews, reports), which they collected during their consultation phase with other Canadian jurisdictions. The literature was reviewed for the nature of the evidence and themes that may support the JWG planning.

3. FINDINGS

Very little is known about health profession regulation (Conference Board of Canada, 2007). There is a clear publication gap for research regarding regulation of the nursing profession (Benton, Pérez-Raya, González-Jurado, & Rodríguez-López, 2015; Cooper, Betts, Trotter, Butler, & Gentry, 2009; Spector, 2009), and the research that does exist is often incomplete and sometimes contradictory (Ridenour, 2009), or lacks statistical power or international comparative perspectives (Benton et al.). There is a gap in the nursing regulatory literature addressing intra-professional nursing issues. Significantly, there is an almost complete publication void in terms of LPN regulation, with much of the identified nursing regulatory literature focusing exclusively on RNs or RN combined with LPN regulation. This is likely strongly related to the membership and mandates of key national and international nursing associations focusing on RN practice.

This literature review resulted in no identifiable research studies as per the search criteria examining joint nursing regulation or regulatory organizational merger issues or impacts in Canada. The published academic peer-reviewed evidence for the field is primarily expert opinion. Although not ideal, this type of evidence, coupled with domestic and local expert evidence and stakeholder consultation, is still seen by experts and regulatory practitioners as credible for nursing regulatory decision making (Spector, 2009).

There is a very limited literature that discusses nursing regulatory issues explicitly, and what does exist is primarily focused on the **global nursing regulation context** and the need for countries to ensure appropriate regulation to ensure safe nursing human resource movement globally (Benton, 2011; Benton, González-Jurado, & Beneit-Montesinos, 2013, 2013b, 2014; Benton, et al., 2015; Morrison & Benton, 2010). There is a developing discussion of the **regulatory implications of globalization** and licensing internationally educated nurses in North America (Barry & Ghebrehiwet, 2012; Blythe & Baumann, 2009; Shaffer, & Dutka, 2013; Yu, 2011). Some authors focused on issues that had implications for **inter-jurisdictional collaboration** among Canadian nursing regulatory organizations (Black et al., 2014), and others that were related to calls for nursing regulatory organizational changes in some way to support **nursing political power, interprofessional collaborative care, and efficient use of resources** (Boblin, Baxter, Alvarado, Baumann, & Akhtar-Danesh, 2008; Conference Board of Canada, 2007; Schalk, Bijl, Halfens, Hollanda, & Cummings, 2010). There were very few papers that addressed **particular nursing regulatory issues** in North America and even fewer focused in Canada (see Duncan, Thorne, & Rodney, 2012; 2015 and Garrett & MacPhee, 2014 for notable Canadian exceptions). Most of the literature that does exist particular to nursing regulation is in the form of policy discussion papers and advisory reports domestically (Canadian Nurses Association, 2015; Casey, 2008; Conference Board of Canada, 2007) and globally (International Council of Nurses, 2009a, 2009b, 2013; WHO, 2006).

The substantive findings are grouped under Canadian Context and Global Context sections. There are four key themes arising from the literature regarding the Canadian Context:

- 1 Key recent nursing regulatory trends in Canada
- 2 Intra- and inter-professional collaboration
- 3 Domestic regulatory implications of globalization
- 4 Calls for a pan-Canadian approach

3.1 Canadian Context

In Canada, unlike other health professions, the regulation of nursing is separated among three regulated nursing groups: registered nurses (RNs), licensed practical nurses (LPNs) (or registered practical nurses (RPNs) in Ontario), and registered psychiatric nurses, in addition to two categories of advanced practice nurses: NPs and CNSs, who are also RNs (Canadian Nurses Association, 2015). These professional categories of nurses are separately identified with individual provincial/territorial legislation. This legislative context results in many different regulatory bodies governing professional nursing practice across Canada, some representing relatively small numbers of nurses who are siloed from each other.

At this point in time, Ontario is the only jurisdiction that regulates RNs and RPNs under the same regulatory body, The College of Nurses of Ontario. British Columbia is the only known jurisdiction other than Nova Scotia currently considering a single nursing regulatory organization. Garrett and MacPhee (2014) offer a table outlining the various nursing governance organizations in Canada by group. In terms of the legislative landmarks and milestones in the overall history of regulatory changes in Canada for health professionals, the greatest changes have occurred in the last 20 years (Conference Board of Canada, 2007).

3.1.1 Key Recent Nursing Regulatory Trends in Canada

Casey (2008), outlined what he thought to be key professional regulatory trends in Canada from his legal perspective. Although a bit dated, several of these trends continue in 2016 and are of relevance for nursing:

- Increased skepticism of the societal value of professional self-regulation,
- Meta-regulation (regulating the regulators – arising from the increased skepticism of the societal value of self-regulation),
- Internationally educated graduates and government pressure to facilitate the registration,
- Mobility mutual recognition agreements – accommodation of registration differences to standardization of entrance standards,
- Movement away from exclusive scopes of practice, and
- Mandatory continuing competence programs.

There is very little peer reviewed nursing literature that explores contemporary issues associated with nursing regulation in Canada, let alone the particular subconcept of regulatory organizational mergers (Duncan et al., 2012, 2015; Garrett & MacPhee, 2014). The discussion that is taking place in the literature stresses that there are issues with the current structure of nursing regulation and its impact on scope of practice, efficiencies, and nursing advocacy in Canada. Acknowledging that the current nursing regulatory structure was established in far different health system and nursing contexts with Confederation in the late 1800s, Garrett and MacPhee (2014) argue that this “disjointed nursing regulation” (p. 55) weakens the nursing voice. This is the situation even though nurses make up the majority of healthcare practitioners by far in Canada. They contend that the current regulatory set up confounds a systematic unified voice for nursing, weakens nurses’ political influence in healthcare delivery and regulation, and

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results in an inefficient use of resources. Citing unpublished research from Alberta, Saskatchewan (Besner et al., 2005) and Ontario (Oelke et al, 2008; White et al., 2008), Garrett and MacPhee argue that the separation or siloing of nurse education programs (i.e., RNs, LPN/RPNs) and lack of interprofessional training between nursing groups has resulted in different nursing groups lacking appreciation for each other's scopes of practice. This then translates into role confusion and potentially conflict, among other issues.

Despite the lack of academic evidence, nurses and nursing are increasingly being challenged by governments to make changes in their models of regulation, even in contexts where self-regulation (or self-administration of provincial regulation) has long been established. The recent separation of registered nurse professional associations from regulatory bodies in some Canadian jurisdictions, although not the main focus of this current review, offers lessons that may be added to our growing evidentiary base regarding nursing regulation and its place within the nursing profession alongside professional associations and nursing unions. For example, while association functions have traditionally been the focus and strength of provincial-territorial regulators in Canada in partnership with the Canada Nurses Association, this pillar is in danger of being lost as nurses grapple with changes in regulatory legislation and mandate (Zilm, 2008).

The changes in the organization and governance of nursing regulatory and association functions in British Columbia and the impact on nurses and nursing were examined in an Association of Registered Nurses of British Columbia report (Duncan et al., 2012). The authors warn that nursing is at a paradoxical juncture and that “it is crucial for Canadian nurses to critically reflect upon the BC situation so that they can better appreciate the forces at play that will influence their profession into the future” (p. 2).

A critical policy analysis of the impact of recent regulatory trends on what the International Council of Nurses considers nursing's three ‘pillars’ (i.e., nursing associations, regulatory bodies, and unions) was conducted (Duncan, Thorne, & Rodney, 2015). Duncan and colleagues considered the recent British Columbia experience of the separation of the regulatory and professional association pillars. They suggested that we are at a historic juncture where nurses must clearly understand the implications of legislative and organizational regulatory changes to ensure the profession contributes to its full capacity. They believed that the Canadian nursing organizational landscape mirrors trends in the wider international context, arguing that the commonalities reveal some salient policy messages for nursing nationally and internationally. They talked about the benefits of working collaboratively across nursing organizations to harness the profession's power while navigating political, economic and legislative trends. Duncan and colleagues warned of a “regulatory function discontinuity” (p. 33) – a disconnection of regulation from the advancement of the profession itself, as being central to the current policy challenge. They recommended further research and analysis to mitigate against the implications of increasing governmental oversight in matters of professional regulation. They also recommended advocating for and implementing principle-based professional regulation.

3.1.2 *Intra- and Inter-professional Collaboration*

Nursing regulatory bodies struggle to define their similarities and differences. Nursing legislation and regulation in Canada has become focused on differentiation through functionality and different tasks performed by the different groups of nurses (Boblin, Baxter, Alvarado, Baumann,

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& Akhtar-Danesh, 2008). Besner and colleagues (2005) observed that focus on task performance serves to increase role confusion. A systematic review was conducted of the effectiveness of interventions aimed at improving the nursing work environment (NWE), including between RNs and LPNs, in Canada and other Western countries (Schalk, Bijl, Halfens, Hollanda, & Cummings, 2010). They concluded that little is known about the effectiveness of interventions aimed at improving the NWE. They were silent on the impact of the nursing regulatory and professional environments on the NWE.

Interprofessional collaboration in health care has been a focus of attention for at least 20 years. The nursing profession is often referred to generically in interprofessional discussions, which does not adequately address the intra-professional collaboration that goes on among the nursing groups within the broader interprofessional context. In 2007 the Conference Board of Canada released a report that was funded by Health Canada's Interprofessional Education for Collaborative Patient-Centred Practice Pan-Canadian Health Human Resource Strategy. The Conference Board of Canada is a non-partisan, not-for-profit Canadian organization that takes a business-like approach to its operations. They are specialists in economic trends, as well as organizational performance and public policy issues. The purpose of the report was to provide advice to regulators and policy-makers as to the future role that legislation and regulation could play in enhancing collaborative practice and improving health human resource management. This report was intended to shed light on the legislative and regulatory environment, and how it acts as a barrier—or as a facilitator—to interdisciplinary collaboration.

The report authors examined orders of regulation (describing who regulates); modes (describing the how); and regulatory instruments (scope of practice, delegation, codes of ethics and consent to release information) through the lens of collaborative care. Although the focus of the 2007 report was on interdisciplinary collaboration, they treated RNs and LPNs as separate disciplines in their analysis. Thus, one could argue that the findings and recommendations are relevant for this current review and the arguments could likely be transferred to intra-professional collaboration for the nursing context.

The report authors reviewed the provincial/territorial and national legislation and regulation related to health professionals in Canada and identified international regulatory trends. Their analysis revealed that current legislation and regulation do not prohibit collaborative practice, but neither do they encourage or require it. They recommended that legislation and regulations be updated and amended to expressly support collaboration.

As stakeholders in the report development, regulators voiced consistent concerns about the sustainability of the self-regulatory environment in many jurisdictions and professions in Canada. The report authors argued that regulators have an important role to play in supporting collaborative practice. They suggested that leadership and infrastructure support on the part of regulators and governments will ensure that public safety issues around collaborative care are dealt with most effectively and efficiently. In calling for change leadership, they encouraged regulators to work together in the areas of quality assurance, complaints and discipline. They noted that there are interesting examples in Canada and abroad whereby regulators have collectively joined forces to deal with various issues of self-regulation, suggesting that Quebec and the United Kingdom serve as examples of better practices to emulate. As a local exemplar,

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we see some evidence of this nursing collaboration in the efforts between CRNNS and the CLPNNS in developing joint collaborative practice guidelines (2012).

The Conference Board of Canada (2007) report authors noted that regulatory reform to support collaboration could improve recruitment and retention of healthcare providers. Reform could also support efficient and effective employment of health human resources throughout the healthcare system, and increase satisfaction among patients/clients and health care providers.

The report highlighted several success indicators for regulatory reform that would better support collaborative care (again, read RN-LPN collaboration as ‘interdisciplinary’ in the context of this Conference Board report):

- greater interdisciplinary cooperation in the development of collaborative regulatory instruments;
- changes to legislation and ancillary legislation with clear language that supports collaboration;
- greater interdisciplinary collaboration of regulators in the area of quality assurance, complaints, and discipline; and
- inclusion of education and training in effective collaboration and team function as part of regulatory standards for licensure team-based practice that provides high patient/client safety and fosters communication among health-care providers.

As part of their analysis, the Conference Board (2007) examined the fundamental principles underlying self-regulation. They recommended ending the “legislative silence or neutrality” (p. 43) surrounding collaboration, suggesting that the law should do more than simply “not prohibit” collaborative practice; it must encourage it. They encourage governments to update the multiple items of health profession legislation to allow the various health professionals and their regulators to work together. They suggest that, without a clear legislative mandate to undertake a specific program, regulators are reluctant to spend limited time and resources on something that is not *legally* required of them. They called for clear government policy indicating support for collaboration that is directed towards regulators to reinforce its importance.

3.1.3 Domestic Regulatory Implications of Globalization

Canadian nursing regulatory bodies have been under pressure to meet challenges associated with global nurse migration, which has been accelerating partially due to international trade agreements. There is a developing discussion of the regulatory and associated ethical implications of globalization and licensing internationally educated nurses in North America (Barry & Ghebrehwet, 2012; Blythe & Baumann, 2009; Shaffer, & Dutka, 2013; Yu, 2011).

Adaptation programs or bridging programs have been in place in Canada for internationally educated nurses (IEN), and scholars have been calling for a national, pan-disciplinary approach to and standardization of these programs with sustained government funding. Experts recommend that these standardized programs should be mandatory (Baumann et al., 2006; Jeans et al., 2005). Developing programs using a collaborative approach with educators, regulators, and employers serves to increase their relevance and effectiveness (Jeans et al.). This is difficult to achieve given the different regulatory requirements among provinces/territories in a decentralized nursing regulatory system such as Canada. These differences present barriers to

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registration/licensure and have led to unnecessary confusion, frustration, and delays for IENs. Although nursing regulatory bodies in Canada have some differences in specific regulatory requirements and procedures, their general approach to IEN assessment is similar, which is promising for national level collaboration on the issue.

3.1.4 *Calls for a Pan-Canadian Approach*

Twenty years ago Cutshall (1996) called for a closer examination of the Canadian nursing regulatory landscape. In 2007 the Canadian Nurses Association called for a national policy that ensures a coordinated regulatory approach that enhances accountability to the public and promotes the mobility of RNs within Canada. The National Expert Commission (2012) led by the Canadian Nurses Association identified several strong priorities, particularly for nursing. They argued that, if we are to accelerate the transition from acute care to community-based care, we need to promote greater integration amongst health service providers, which includes the various nursing groups, particularly through primary health care.

Authors have focused on issues that have implications for inter-jurisdictional collaboration among Canadian nursing regulatory organizations (Black et al., 2014), and others that were related to calls for nursing regulatory organizational changes in some way to support nursing political power, interprofessional collaborative care, and efficient use of resources (Boblin, Baxter, Alvarado, Baumann, & Akhtar-Danesh, 2008; Conference Board of Canada, 2007; Schalk, Bijl, Halfens, Hollanda, & Cummings, 2010). Most of the literature that does exist particular to nursing regulation is in the form of policy discussion papers and advisory reports domestically (Canadian Nurses Association, 2015; Casey, 2008; Conference Board of Canada, 2007).

There continue to be calls for increased consistency and collaboration (and some argue standardization) in nursing regulation across Canada (Blythe & Bauman, 2009; Jeans et al., 2005; Yu, 2011) to support mobility, equity, transparency, and consistency as well as the credentialing of internationally educated nurses (IEN). Increased consistency and collaboration would recognize the pressing needs of today's healthcare systems and of society.

In a literature review on IEN that included regulation issues, Jeans and colleagues (2005) described the regulatory climate as "cumbersome." Our current structure was set out in the constitution of 1867 when there was only one category of nurse (RN) – what made sense in the 19th century no longer fits our 21st century context. They acknowledged that governments and the profession expend enormous resources trying to enforce standardization of policies and practices to protect the public and support mobility. Others argue that scope of practice and educational preparation are linked to regulation, suggesting that there is a case for making a national regulatory framework for the regulated nursing groups (Garrett & MacPhee, 2014). There is a clearly identified need for an in-depth study on the feasibility of a pan-Canadian approach to nursing regulation (Blythe & Bauman, 2009; Jeans et al., 2005; Yu, 2011). Recognizing that there are no ongoing mechanisms in place to allow communications across the three nursing groups in Canada, it was recommended that a mechanism, such as a council, be established with representation from all three nursing professional groups (Pringle, Green, & Johnson, 2004) to establish intra-professional communication and collaboration for nursing in Canada. Since that time we have seen the development of two separate pan-Canadian associations – the Canadian

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Council for Practical Nurse Regulators (2016) (CCPNR) in 2004 and the Canadian Council for Registered Nurse Regulators (2016) (CCRNR) in 2011 – yet this does not address the nursing intra-professional communication issue highlighted over 10 years ago.

3.2 Global Context

Much of the nursing regulatory literature is primarily focused on the global nursing regulation context, including an increased focus over the past 5 years on the need for countries to ensure appropriate regulation for safe nursing human resource movement globally (Benton, 2011; Benton, González-Jurado, & Beneit-Montesinos, 2013, 2013b, 2014; Benton, et al., 2015; Morrison & Benton, 2010). Most of the global literature that does exist particular to nursing regulation is in the form of grey literature as policy discussion papers and advisory reports by global agencies (International Council of Nurses, 2009a, 2009b, 2013; WHO, 2006). A central theme is that nursing is facing many issues (e.g., migration, primary health care, scopes of practice, skill mix, interprofessional collaboration, lack of high quality nursing regulation evidence); this requires future-oriented thinking of regulators to meet the needs of contemporary society. The strategic challenge is to shape the policy agenda while simultaneously changing regulatory systems and laws to meet the new reality (Benton, Pérez-Raya, et al., 2015).

3.2.1 ICN and Other Global Analyses

The 2013 ICN Quadrennial Congress saw, for the first time, a dedicated program theme around regulation. According to Duncan et al. (2015), a review of the book of abstracts for the 2013 ICN Congress revealed a trend wherein nurse regulation was located within umbrella health professional legislation, moving away from legislation designated as specific to nursing. These contexts of enacting regulatory frameworks were explored during the network meeting and in a series of articles presented over the three days of the Congress – the first time ICN had dedicated a program theme to issues in regulation, according to Duncan and colleagues. The call for abstracts for the 2017 ICN quadrennial congress includes regulation as one of the 11 conference themes (International Council of Nurses, 2016), although only one of the key areas under the regulation theme explicitly addresses nursing regulation. Abstract submissions addressing the following regulatory issues are invited:

- What is the role of professional regulation in ensuring patient safety and quality?
- How can accreditation systems benefit the patient?
- What will be the impact of national/regional/international dialogue on regulation?
- What has been the impact of globalisation and trade agreements on regulation?
- What are some examples of best practices in regulation with respect to fulfilling regulatory authorities' core functions including self-regulation?
- What are the implications of evolving regulatory models around the world for the nurse and for nursing regulators?

Nursing regulatory models reflect great diversity in approach globally. A report entitled *Regulation 2020: Exploration of the Present; Vision for the Future* was prepared by the International Council of Nurses (2009a) to examine global trends and to create a framework for a future vision. Consistent with our experience here in Canada, the ICN report noted that model

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characteristics are dependent upon and reflective of the cultural context, jurisdictional model, role of government, the influence of the profession involved, and the impact of historic negotiations. Professional nursing regulation is seen as a central component of how the health and wellbeing of our societies can be achieved and the practice of the nursing profession assured. The ICN suggests that the time has come “to view nursing regulation as part of a system that is seeking to find the right balance between the quality of services, access to those services and the costs of providing them” (p, 58). They provide a framework for the design and development of regulatory systems which will continue to meet the objectives of patient safety and public protection.

To support the aforementioned global nursing migration issue, the ICN Observatory on Licensure and Registration completed a study in 2009 (International Council of Nurses, 2009b) with the primary aim of comparing and contrasting the powers of regulators in a systematic way so as to facilitate dialogue between jurisdictions in managing the risk associated with increasing nurse migration. The project objectives included the development of a number of publically available online databases. A database or publication is associated with each project objective listed here:

- To develop a global database of nurse regulators and their contact details;
- To create an archive of nursing legislation that relates to the role, function and powers of the regulators in each country;
- To conduct a comparative analysis across key regulatory dimensions of governance, discipline and education;
- To identify examples of best practice associated with each of the key dimensions and a means of sharing it; and
- To provide a lexicon of key terms.

In 2013 the ICN released a position statement on nursing regulation, expanding upon the key factors that influence professional regulation, and recognizing the impact of international trade agreements and nurse migration:

...systems of professional regulation are influenced and shaped by the legislative, political, environmental, social and professional context in which they are developed. Regulatory models evolve over time and are impacted by changing demographics, patterns of disease, socio-political issues, education, workforce dynamics, technology and economics. Globalization and international trade agreements are also impacting regulation at the local, national, regional and international level. (p. 3)

An integrative review using open systems theory was conducted to examine the changing global nursing regulatory landscape. The purpose of the review was to identify the wide range of issues, trends, and factors impacting nursing regulation as well as the range of diverse solutions (Benton, González-Jurado, Beneit-Montesinos, & Fernández-Fernández, 2013). The literature came from a variety of (mainly high-income) countries, differing legal and cultural traditions, and operational and strategic perspectives, which added to the richness and diversity of the material. There was a lack of material from low-income countries and other regions of the world, such as Asia, Africa, the former Soviet Union, and Central and Latin America. Benton and colleagues noted that, while some of the routine horizon-scanning activity published by nurse regulators is starting to look at international developments, the majority of such work comes

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from the United States, Canada, and Australia and tends to focus predominantly on local jurisdictional or country-based issues. A key drawback of the literature is that researchers and authors have failed to use an established organizing analytical framework for the critique of factors affecting the regulatory landscape (Benton et al.).

There are many issues that regulatory bodies will face in the coming 15 years when three key global policy initiatives are considered: Health Workforce 2030 from the Global Health Workforce Alliance; the Twelfth General Programme of Work from the World Health Organization; and The Road to Dignity by 2030 from the United Nations (Benton, Pérez-Raya, González-Jurado, & Rodríguez-López, 2015). Benton and colleagues called for a paradigm shift, suggesting that, if we think about protecting the public, we need to think about who delivers nursing care rather than simply regulating RNs. They question if it is time to start developing regulatory models that focus on teams with shared competencies rather than a set of parallel regulatory processes structured on individual disciplines. They point out that we are looking at changes in the curriculum and the ways that care is delivered and potentially at how practitioners are prepared if the ambitions set out in *WHO Health Report 2008: Primary Health Care—Now More Than Ever* (World Health Organization, 2008) are to be achieved. They argue that scopes of practice, continuing competence, health worker mobility, and skill mix are key areas for debate and redesign.

Benton, Pérez-Raya, and colleagues (2015) argued that the professional issues nursing is facing are central to protecting the public and require the best and future-oriented thinking of regulators to meet the needs of contemporary society. They recommended that:

These strategic efforts must complement rather than replace the operational requirements placed on regulatory bodies to discharge the functions and responsibilities set in today's regulatory frameworks....which may further impinge on the work and roles of regulators. The good news is that, increasingly, both governments and intergovernmental agencies such as WHO require arguments to be supported by evidence [World Health Organization, 2012]. The bad news is that despite the efforts of researchers studying nursing regulation, the evidence base for regulation is still lacking volume, and much of the published work lacks statistical power or international comparative perspectives. (p. 23)

3.2.2 Principles for Professional Regulation

Principles offer a way to guide decision-making in different legal, cultural and developmental situations. They are a useful starting point in developing a regulatory system and could underpin advocacy work in professional nursing self-regulation (Benton, 2013a).

The College of Licensed Practical Nurses of Nova Scotia (2013) have principles implicitly embedded in their self-regulation professional development document, which was designed to assist licensed practical nurses understand self-regulation. The College of Registered Nurses of Nova Scotia developed an excellence framework that addresses the concepts of risk management, quality assurance, quality improvement, and the relationships existing among the concepts (Brennan, n.d.). CRNNS outlined their six principles of regulatory excellence under the

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broad umbrella structure using the components of risk management, quality assurance and quality improvement.

The principles are:

1. Focus on the public (owners) and customers;
2. Emphasis on achieving excellence in regulatory outcomes effectively, efficiently and sustainably;
3. Prioritize regulatory activities and resources on an evidence based assessment of risk;
4. Provide a supportive organizational culture;
5. Emphasize teamwork and effective collaboration across cross functional teams; and
6. Ensure effective use of resources including people, finances and IT.

Use of principles to frame regulatory planning, particularly internationally recognized regulatory principles, was referenced in several reports and papers. The Conference Board of Canada (2007) advocated for the use of principles by health regulatory bodies. Duncan and colleagues (2015) recommended advocating for and implementing principle-based professional regulation. The ICN *Regulation 2020* document (2009) identified 13 principles of professional nurse regulation, which were also highlighted in the ICN (2013) position statement and in the work of Benton and colleagues (2013a). Most of these principles are evidence-based and developed over 30 years ago. They were proposed as a fundamental code regarding regulation of the nursing profession. Policy objectives derived from these principles offer guidance in developing and evaluating regulatory systems and, as such, may be a key resource to the JWG as a guide for planning. Table 1 provides an overview of the primary principles and related definitions.

Table 1: *Principles of Professional Regulation* (adapted from Benton et al., 2013a)

PRINCIPLE	DEFINITION
1. Purposefulness	Regulation should be directed toward an explicit purpose that reflects a focus on initial and on-going safe, competent and ethical practice.
2. Definition	Regulatory standards should be based upon clear definitions of professional scope and accountability.
3. Professional ultimacy	Regulatory definitions and standards should promote the fullest development of the profession commensurate with its potential social contribution.
4. Collaboration	Regulatory systems should recognize the legitimate roles and responsibilities of interested parties - public, profession and its members, government, employers and other professions - consult with these parties, and incorporate their perspectives in aspects of standard-setting and administration.
5. Representational balance	The design of the regulatory system should acknowledge and appropriately balance interdependent interests.
6. Optimacy	Regulatory systems should provide and be limited to those proportionate controls and restrictions necessary to achieve their objectives.
7. Flexibility	Standards and processes of regulation should be sufficiently broad, flexible and permissive to achieve their objectives while at the same time permitting freedom for innovation, growth, and change.

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8. Efficiency	Regulatory systems should operate in the most efficient manner ensuring coherence and coordination among their parts so as to be sustainable and optimize resources used to achieve the stated explicit purpose.
9. Universality	Regulatory systems should promote universal standards of performance and foster professional identity and mobility to the fullest extent compatible with local needs and circumstances.
10. Natural justice	Regulatory processes should provide just and honest treatment for all parties involved.
11. Transparency	Regulatory agencies must be open and transparent in their processes and communicate using clear language, support lay involvement and make the maximum amount of information publicly available so all interested parties can make informed choices.
12. Accountability	Regulatory agencies and those they regulate must be accountable for their actions and be open to scrutiny and challenge.
13. Effectiveness	In order to maintain public, governmental and professional trust regulatory systems must be effective

4. CONCLUSIONS

Nursing is at a historic juncture in Nova Scotia as the two nursing regulatory bodies take up the question of merging into a single regulatory organization. This is a shift that has also been discussed in British Columbia recently in an effort to meet the wider regulatory and practice demands of the profession. Although the peer-reviewed literature did not offer clear cut regulatory research evidence in terms of mergers of nursing regulatory organizations in Canada, there was a significant volume of highly expert evidence for the Joint Working Group to consider in its feasibility assessment. Canadian evidence clustered around themes related to domestic nursing regulatory organizations, intra- and inter-professional collaboration, impacts of globalization, and calls for a pan-Canadian regulatory approach. Global evidence pushed the envelope with a future vision of regulation more closely matching system and practice changes, such as interprofessional collaboration in primary health care. The call to use internationally accepted principles for setting nursing regulatory policy was also highlighted. Ultimately, the evidence base for nursing regulatory policy decisions must be a combination of multiple forms of evidence. Undertaking this literature review was an evidence-based regulation strategy in itself to support quality decisions related to the regulation question before CLPNNS and CRNNS.

Postface Although not the particular focus of this review, should the respective colleges proceed with a merger, there is a body of evidence that they can draw upon to continue with evidence-informed regulatory policy decisions. Benton and colleagues (2013b) offer a typology of nursing regulatory models. Table 2 (*Updated Matrix of Advantages and Disadvantages of Different Types of Regulatory Model*) and Table 4 (*Typology to Describe Administrative Approaches*) may be particularly helpful. There are literature streams that deal with nurse leadership during mergers (for example, see Ball, 2014), organizational mergers in the health sector in general (for example, see Langley et al., 2012; Piper & Sneider, 2015), and RN-LPN relations and identities (for example, Limoges & Jagos, 2015).

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**APPENDIX A:
ACRONYMS**

CCPNR	Canadian Council of Practical Nurse Regulators
CCRNR	Canadian Council of Registered Nurse Regulators
CLPNNS	College of Licensed Practical Nurses of Nova Scotia
CNA	Canadian Nurses Association
CNS	Clinical Nurse Specialist
CRNNS	College of Registered Nurses of Nova Scotia
ICN	International Council of Nurses
JWG	CLPNNS/CRNNS Joint Working Group
LPN	Licensed Practical Nurse
NP	Nurse Practitioner
RN	Registered Nurse
RPN*	Registered Practical Nurse (*Ontario)
RPN	Registered Psychiatric Nurse
WHO	World Health Organization