



Nurse Practitioner Education in Canada: National Framework of Guiding Principles and Essential Components



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Gender-neutral wording and inclusive writing are used wherever possible to avoid all forms of discrimination in our written content. This being said, the masculine gender may sometimes be used for the sake of conciseness and greater readability.

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Introduction

With growing and diverse populations in Canada, alongside emergent circumstances such as pandemics and climate-related emergencies, health care must become nimbler and more responsive to the health care needs of Canadians. Efforts have been made to align the core professional competencies and regulatory requirements for nurse practitioners (NPs) in Canada to increase mobility, foster flexibility to respond to changing demographics, and streamline inter-provincial and inter-territorial registration.

In 2024, the Canadian Association of Schools of Nursing (CASN) convened an NP advisory committee in response to updates made to the *National Entry-Level Competencies for Nurse Practitioners* (NP-ELCs) by the Canadian Council of Registered Nurse Regulators (CCRNRR). The NP advisory committee's mandate was to revise CASN's 2012 national consensus-based framework of guiding principles and essential components for NP education programs in Canada to reflect the updated NP-ELCs.

Beginning in 2026, all students in NP programs across Canada will receive education that supports competent NP practice with all people across the lifespan, with all clients—individuals, families, groups, communities, and populations—in all practice settings, and across all domains of practice.¹ This shift marks a notable change; historically, depending on the jurisdiction, NPs were educated in streams of practice, such as adult, neonatal,² pediatrics and primary care/family/all ages.

As part of CASN's commitment to advancing anti-racist and culturally humble care through excellence in nursing education, this update has also provided an important opportunity to integrate distinct language and actions to support an equity-oriented approach to NP education.

Development of Guiding Principles and Essential Components

CASN has an established record in developing competencies and guidelines for education through a national consensus-based approach. Because CASN is the national voice for nursing education, articulating principles and essential components for NP education falls within CASN's mandate.

In response to the changes adopted by CCRNR, CASN, in partnership with the NP advisory committee, convened a virtual national summit on October 8, 2024. This summit was intended to focus on specialty NP education. However, the need to update, clarify, and revise the national framework for NP education for broad populations and contexts of care became apparent before meaningful discussion related to specialization could occur.

A second national summit was convened on April 29, 2025, with the goal to inform changes to the 2012 framework to ensure relevance to and alignment with the new CCRNR (2023a) NP-ELCs. Participation in the summit reflected the breadth of key partners who are important to inform this realignment process.

1 At the time of publication, existing streams or categories of NP licensure are continuing until the new model is implemented in all jurisdictions.

2 At the time of publication, some Canadian jurisdictions are maintaining neonatal NP licensure.

Representatives from academia, provincial and territorial regulatory bodies, interest groups, various practice settings, and health authorities or equivalent organizations attended.

Following the two national summits, the advisory committee adopted a modified Delphi approach. This process entailed the following:

- 1) Revising, through an iterative process, the NP national framework of guiding principles and essential components within an NP working group;
- 2) Engaging with and integrating feedback from an NP advisory committee;
- 3) Validating and finalizing the resource through a national validation survey completed by NPs, NP educators, and representatives of relevant partner groups, from all CASN regions, in both English and French.

The updated guiding principles and essential components in this document aim to inform NP education programs in Canadian jurisdictions that have adopted the CCRNR NP-ELCs. To contextualize the updates, this document outlines the changes that have occurred within NP practice in Canada since the 2012 guidelines were published. This document also notes contemporary education considerations and draws attention to social factors that may affect the implementation of the guiding principles and essential components.

Background

This background section provides a synthesis of the literature and contextual factors related to the education of NPs in Canada.

A Brief History of NPs in Canada

NPs were formally introduced in Canada in the 1970s, though the origin of this role is much older and lies in the need for expanded practice for nurses working in rural and remote settings, where care was otherwise inaccessible (Canadian Nurses Association [CNA], 2019). Despite early barriers, attention and action aimed at advancing the role of NPs within the Canadian health care system increased in the 1990s (CNA, 2019). As the fastest-growing group of regulated health professionals, NPs have played and will continue to play an essential role in advocating for and responding to calls for health care reform to meet the needs of Canadians (Health Canada, 2025).

National and provincial regulatory frameworks now guide NP licensure, standards, and core competencies, and these frameworks have been increasingly harmonized across Canadian jurisdictions. The move to standardize NP-ELCs aims to improve public understanding of the NP role and its regulation, support collaboration and consistency across jurisdictions, reduce barriers to labour mobility, and showcase safe, knowledgeable, and competent NP practice (CCRNR, n.d.-a). These frameworks and competencies will continue to evolve in response to changing social, economic, and policy contexts.

Advanced Practice Nursing

Advanced practice nursing, as applied to NPs, represents a highly skilled and autonomous role within health care that extends beyond traditional nursing practice. NPs are educated at the graduate level and provide comprehensive, person-centred care across the lifespan, including health promotion, disease prevention, diagnosis, treatment, and ongoing management of complex conditions. With a focus on accessibility and quality, NPs integrate advanced clinical knowledge, evidence-informed practice, and leadership to improve outcomes in diverse settings. Their scope of practice includes prescribing medications, ordering and interpreting diagnostic tests, and implementing individualized care plans. NPs are positioned as vital contributors to strengthening health care systems and advancing equitable access to care.

The Nature of the NP Role

The Canadian Nurse Practitioner Initiative (CNPI) was a major impetus for the articulation of the NP/advanced practice role in Canada. The CNPI grew out of the Nurse Practitioner Planning Network, a pan-Canadian group representing individual nursing partners, regulatory bodies, professional associations, and government. A 2006 report advanced 13 recommendations (with 84 actions) to support the sustainable integration of NPs into the Canadian health care system (CNA, 2016). A national consensus-based definition of the NP role emerged from the CNPI and has since evolved, reflecting the distinct professional identity of those holding the title. For the purposes of this document, NPs are defined as follows:

A highly educated healthcare professional with foundational training and education in nursing. NPs play a unique and complementary role in the healthcare system, practicing autonomously while integrating advanced clinical knowledge, diagnostic skills, and specialized expertise. They are qualified to diagnose, treat, and manage a wide range of health conditions, from minor ailments to complex illnesses.

Rooted in whole-person and patient-centered care, NPs consider the social determinants of health to provide comprehensive and individualized patient care. Their practice reflects both their nursing background and advanced medical knowledge, allowing them to effectively meet diverse patient needs. (Marchuk et al., 2024, paras. 9–10)

Though this definition is clinically oriented, many NPs engage in diverse roles, including leadership, education, and research, all of which are reflected in the roles outlined by CCRNR (2023a).

National core competencies for NPs have evolved since they were first introduced by the CNPI in 2005. In 2010, CNA responded to calls from regulatory bodies to update these competencies (CNA, 2010). Over a decade later, after an extensive consultative process with regulators, practitioners, educators, and key informants (CCRNR, 2022a), a new model for NP regulation in Canada was further advanced by CCRNR in 2022 (CCRNR, 2022b) and endorsed by nursing regulators in each province and territory affiliated with CCRNR (CCRNR, n.d.-b). NP education programs in Canada will need to align with these harmonized NP-ELCs.

Regulation

Provincial and territorial nursing regulatory bodies set entry-level competencies, standards of practice, standards for educational program approval, and licensure requirements for NPs. Since regulation began in the 1990s, the role, practice, and regulatory requirements of NPs in Canada have continued to evolve in response to a dynamic and increasingly complex Canadian health care landscape. All regulatory jurisdictions in Canada now offer licensure under the protected title of *nurse practitioner* (CNA, 2016).

NP education programs are available in 10 provincial jurisdictions in Canada. Until the recent change to NP-ELCs by CCRNR, upon completion of an NP education program, graduates moved towards qualifying for licensure within a stream of practice, such as adult, pediatrics, neonatal, or family/all ages. A specific licensing exam was required for each stream of practice.

While the established NP streams are reported to have addressed population needs and focused education efforts, many challenges existed. The limited numbers of NPs in certain streams created difficulty in sustaining specialized educational programs, ensuring valid licensure exams, or offering re-entry programs. Furthermore, health care employers are increasingly seeking NPs with broad yet specific practice skills to meet the diverse and changing needs of populations.

A pan-Canadian review of NP competencies by CCRNR in 2016 found significant commonalities in the fundamental, entry-level practice, and behavioural indicators across all streams of NP practice (family/all ages, adult, pediatric). This finding suggested that core NP practice is largely consistent nationwide, regardless of the specific practice area or location. This signalled an opportunity to harmonize entry-level requirements nationally (CCRNR, 2023a), ensure that competencies encompass the practice context of today and the near future, and provide clarity to Canadian NP education programs to prepare graduates for provincial and territorial service delivery needs as providers of care to diverse populations in diverse contexts of practice (CCRNR, 2023b).

With the change to the NP-ELCs, all graduates of NP programs will be eligible for provincial and territorial licensing and enter the workforce with “the foundational knowledge, skills, and judgement required ... to provide safe, competent, ethical, and compassionate care ... across the life span in all practice settings” (CCRNR, 2023a, p. 2). Licensed NPs may continue their training within a specialized or sub-specialized area and are required to uphold professional responsibilities and accountabilities to provide competent NP care in accordance with provincial scope and standards of practice (CCRNR, 2024a).

Specialized Practice

Specialized practice for health care practitioners refers to the process of developing advanced expertise within a defined area of practice through additional education, focused didactic and clinical training, and ongoing professional experience. This progression extends beyond foundational competencies set out in the new NP-ELCs to include deeper knowledge, refined clinical judgement, and advanced technical skills that support practice within a focused and specialized scope of care. Specialties may be organized around various dimensions, such as population (e.g., pediatrics, geriatrics), body system (e.g., cardiovascular, endocrine), or health condition/disease focus (e.g., oncology, diabetes, mental health).

For nurse practitioners in particular, the pathway to specialization is shifting. While licensure establishes broad, foundational competencies for entry into practice, the acquisition of specialized knowledge, skills, and capabilities is now expected to occur primarily in the post-licensure period. This shift in curriculum requires ongoing work to guide and structure post-licensure education programs in specialty areas, ensuring quality of programming across emerging programs.

Education of Nurse Practitioners in Canada

Concerted and strategic efforts have been in place since the early 2000s to elevate the standing of advanced practice nurses, including NPs, in Canada. Action by pan-Canadian nurse regulators, through CCRNR, using a consensus-based approach, has addressed some of the noted concerns about variability of the role, education, and licensure for NPs working in the Canadian health care system. Many of the 84 actions set out by the CNPI in 2006 have been advanced or achieved (CNA, 2016). Of significance to NP education is the development of CASN's national framework for NP education, originally published in 2012 and updated here. CASN's national framework for NP education has been harmonized with the NP-ELCs (CCRNR, 2023a), and strives to satisfy or exceed recommendations for minimum clinical practice hours, standardized training at the master's or post-master's level, health human resources tracking, expanded access to NP training, and NP program accreditation (CASN, n.d.; CNA, 2016; Bryant-Lukosius et al., 2022).

These efforts are reflected in the growth of training opportunities for NPs in Canada. Educational programs for NPs have increased in the last 2 decades (CNA, 2016), with all provinces offering NP education programs; 32 programs graduated 859 new NPs in 2024 (CASN, 2025). Over 95% of NPs practising in Canada in 2024 had completed their NP training in Canada (Canadian Institute for Health Information [CIHI], 2026). Increased training and funding for NP education reflect a recognition of the vital role NPs play within Canadian health care delivery and support the rapid rate of growth of this group of nurses (Health Canada, 2025).

NPs add significant value within Canadian health care, predicated upon robust graduate education, continued professional development, recognized certifications, and a commitment to upholding professional standards (Savard et al., 2025). Provincial and territorial regulatory bodies will continue to be responsible for ensuring that NP programs demonstrate the minimum requirements for learners to be competent to meet and adhere to the NP scope and standards of practice as outlined within their respective mandates. Such rigour regarding education, certification, and accountability to standards can be further supported through national frameworks outlining standards of excellence, as well as accreditation processes (Bryant-Lukosius et al., 2022), which go beyond minimum regulatory requirements to establish standards of excellence in NP education. These standards specify the necessity of advanced, direct-care clinical learning opportunities and leadership development grounded in the principles of collaborative, team-based care (Savard et al., 2025).

The Canadian Nurse Practitioner Licensure Exam (CNPLE) has been developed by CCRNR through consultations over several years with diverse groups of vested parties to ensure a comprehensive, nationally representative, and practice-focused exam (CCRNR, 2024b, 2025). The CNPLE will gradually

replace existing licensure exams, including the Canadian Nurse Practitioner Exam (CNPE) and specialty licensure exams ³ (CCRN, n.d.-c).

Guided by the NP-ELCs and provincial or territorial program approval processes, NP education programs must collaborate with local communities to ensure that learning experiences and modalities are experienced as culturally safe and reflective of local needs and the structural circumstances of their service delivery area. Each educational program will be responsible for providing learners with the depth and breadth of practice needed to develop, integrate, and work towards mastery of ELCs in direct and virtual care contexts. Programs are urged to demonstrate leadership in challenging existing power structures and integrating evolving understandings of what constitutes evidence in health care, as guided by diverse knowledge systems and cultural practices, in alignment with ethical, equitable, and sustainable standards of practice (CNA, 2025).

The changes to NP education to align with the NP-ELCs are important and will require effort and time to stabilize. Many contextual factors will inform and affect how such efforts will proceed, as outlined in the next section.

Key Social, Political, Economic, and Education Considerations

With the revisions to these guiding principles and essential components, the advisory committee identified key contextual factors, drawn from the literature synthesis and their own substantial expertise, that will continue to influence how NP education in Canada is shaped in the years to come. These contextual factors include:

Establishment of a National Regulatory Framework

The impacts of CCRNR changes will continue to unfold with time, requiring NP educators and academic leaders to collaborate, innovate, and advocate to ensure that quality education of future NPs remains a priority.

Commitment to Truth and Reconciliation

Nurses of all designations are called upon to uphold an ethical practice that recognizes the dignity, rights, and humanity of all people they serve (CNA, 2025). Indigenous Peoples in Canada have been disproportionately affected by dominant knowledges that have sought to suppress or eliminate Indigenous ways of knowing and being, which has had negative impacts on Indigenous health outcomes. NP education must ensure that curriculum continues to foster a lifelong development of cultural humility and inclusive, relational approaches to care.

Equity, Social Justice, and Anti-Racism

NPs are guided by a moral and ethical imperative that pursues equity, social justice, and anti-racism, which orients NP practice towards meaningful action on the social and structural determinants of health and

³ Exceptions exist for neonatal NP applicants in some jurisdictions.

wellness. NP education programs facilitate this action by ensuring opportunities for critical dialogue about systems of power and oppression, including the implicit prioritizing of dominant biomedical perspectives. Learners benefit through role-modelling and guidance by informed educators, mentors, and preceptors to practise in a manner that is inclusive and collaborative and that honours the expertise of all members of the health care team, including the person receiving care.

Shortage of Qualified Faculty

As the NP role continues to evolve in Canada, with expanded educational programming across the country, the supply of doctoral-prepared faculty teaching in NP programs remains a concern. CASN accreditation standards for NP education recognize the importance of ensuring that a portion of faculty teaching in NP education hold doctoral degrees (CASN, 2022). Similarly, in 2006, the CNPI highlighted that doctoral-prepared faculty who are actively engaged in clinical practice are best able to teach NP learners. However, doctoral-prepared NP faculty may be challenged in maintaining regulatory mandates regarding clinical practice as securing and maintaining clinical employment while meeting the teaching, research, and service criteria for tenure and promotion is daunting (Orton et al., 2019).

Data are limited with respect to doctoral-prepared nursing faculty. CNA (2016) reported that CIHI currently does not collect data on doctoral-prepared NPs, which would provide both a baseline and a forecast for how many NPs are positioned to become faculty and support NP program expansion in the future. Current data collected annually by CASN reflect the collective body of nursing faculty in Canada (CASN, 2025), with limited data on equity-deserving groups of nurse faculty and learners. This limited information hinders the ability to determine specific representation of NPs in Canada. However, extensive literature from North America (Iheduru-Anderson et al., 2022; Murray & Noone, 2022) and within specific contexts in Canada affirms that greater faculty representation from equity-deserving groups is needed (Beagan et al., 2024; Hamzavi & Brown, 2023). This gap may affect the profession's ability to meet Truth and Reconciliation Commission (TRC) Call to Action #23 to increase the number of Indigenous professionals working within health care (TRC, 2015), in addition to the broader ethical mandate of centring anti-racism and social justice within education and practice (CNA, 2025).

Structural Barriers

The optimization of the role of the NP has implications within the health care delivery context as well as within academia. Structural barriers may impede creative solutions to interprofessional faculty supply in both the classroom and the clinical context. Institutions are encouraged to seek solutions to improve collaborative and equitable educational environments in pursuit of NP excellence. Doing so requires an equity-oriented approach that seeks to dismantle hierarchical structures within and across health professions within health care delivery. Such equity-focused changes should be reflected in how we educate and employ educators across health professions.

Technological Impacts on Knowledge Development, Models of Care Delivery, and Education

Advancements in technology, including generative artificial intelligence and related tools, are occurring rapidly, requiring educators and educational institutions to stay attuned to professional, regulatory, legislative, and ethical requirements associated with the use of technology in NP practice. Additionally, educators must adopt mechanisms to mitigate technology-related risks while not limiting accessible education and/or clinical learning experiences. NP programs will ensure that curricula are resourced to remain technologically relevant and reflective of practice contexts, thus educating learners with the most current information to meet standards of practice in the application of technology.

The emergence of virtual care as a standard and enduring approach to health care delivery since the beginning of the COVID-19 pandemic has affected the ways in which clinical learning opportunities are offered to learners. The integration of virtual care competencies within health professions education is an area that requires sustained scholarly attention to inform appropriate, effective, and safe use of technology, particularly within entry-level NP education. Synthesizing early guidance from frameworks, guidelines, and curricula within other health sciences disciplines may help to inform guardrails and guidance within NP education (Anawati, 2022; Anvari et al., 2023; Arends et al., 2021; Chike-Harris et al., 2021; Federation of Medical Regulatory Authorities of Canada, 2022; Liu et al., 2021; Palesy et al., 2023; Rutledge et al., 2021; Sharma et al., 2019; Uthappa et al., 2023).

Genomics

While genomics is not named in recent updates to the CCRNR NP-ELCs, the optimization of the health care provider role within the Canadian health care system will be needed to meet the excess demand for genomic services (Acorn et al., 2024). NPs are positioned to incorporate comprehensive, interprofessional care to individuals and families requiring genomic assessment, diagnosis, and treatment. NPs are well equipped to ensure that genomic services are equitably integrated through advocacy, leadership, and policy work. Acorn et al. (2024) articulate opportunities for the optimization of genomics-informed health care.

Private Practice and Entrepreneurial Considerations

In several jurisdictions, funding and regulatory models permit NPs to establish independent contractor arrangements and operate private practices, with remuneration available through both publicly funded systems and the private sector. As private sector remuneration is distinct from the compensation framework for most RNs, NP learners must be prepared with foundational knowledge of health care business management, including practice set-up, financial planning, billing and coding, contract negotiation, and regulatory compliance, to support successful entry into independent practice across diverse settings.

Designation as Most Responsible Providers

In many jurisdictions, NPs are formally recognized as most responsible providers (MRPs), a designation that affirms their authority to assume the primary responsibility and accountability for directing and coordinating client care across diverse health care settings, including hospitals, community practices, long-term care, and independent NP-led clinics. As MRPs, NPs are accountable not only for clinical decision-making and continuity of care but also for navigation of the legal, regulatory, and ethical frameworks that define health care delivery. This role underscores their responsibility in leading interprofessional teams, managing transitions of care, and ensuring that client needs are met holistically and in a timely manner. Accordingly, NP educational programs must prepare graduates to enter practice with a strong understanding of the scope and implications of being designated MRPs, incorporating curriculum on health law, documentation standards, risk management, and systems-level accountability. This preparation ensures that NPs are well positioned to deliver safe, effective, and equitable care while upholding their responsibilities as the primary accountable provider within the health care system.

Variability in Preceptor Experience

Variability in preceptor experience can significantly influence the quality of NP clinical education. While some preceptors are NPs who bring direct experience and insight into the role, others may be physicians or professionals from related disciplines who contribute valuable clinical expertise but may have less familiarity with the unique scope, responsibilities, and regulatory frameworks that define NP practice. This variability highlights the importance of ensuring that all preceptors, regardless of background, are oriented to the NP role and prepared to centre NP-specific competencies, decision-making authority, and models of care in their teaching. Standardized orientation, mentorship resources, and ongoing support can help mitigate inconsistencies in preceptorship, foster alignment with NP professional standards, and strengthen the development of competent, confident NP graduates.

Variability in NP Course Requirements

Although pathophysiology, pharmacology, and health assessment are common content in NP education programs, the clinical requirements⁴ and non-core courses vary within NP programs. The effect of this variability on the competency development of new NPs is unknown. This gap in knowledge presents an opportunity for future collaboration across NP programs in Canada to explore variations in program requirements and the implications for competency development and portability.

Interprofessional Collaboration

Interprofessional collaboration in the service of person-centred care is foundational to meeting the complex health care needs of service users in Canada. NP education must continue to build and nurture meaningful relationships and partnerships to enhance learning experiences within programs. Educators must role-model collaborative partnerships with people receiving care, their families, and the diverse

⁴ An unpublished survey by CASN in 2025 of Canadian NP programs found clinical hours ranged from 700 to 970, with a mean of 781 and a median of 750.

service providers involved in care delivery. They must also demonstrate systems-level engagement to support and advance equity-focused initiatives.

Established frameworks, such as the *Competency Framework for Advancing Collaboration* (Canadian Interprofessional Health Collaborative, 2024), can align the varied health professions in Canada to optimally respond to the complex challenges faced in health care and social services. Collaborations among care/service partners work to ensure optimal resource utilization, workforce resiliency, and comprehensive health care while simultaneously working towards health equity and care that is experienced as culturally safe.

Looking Towards the Future

The work to grow and strengthen the NP workforce starts with education, grounded in strong partnerships between health care and academia. CASN will continue to engage with NP faculties and programs in Canada to provide guidance on excellence in NP education. In addition to guidance on NP specialized education, several topics are of such importance that all levels of health professions education must continue to centre them throughout their education programs. These topics include planetary health, post-truth in health care (such as misinformation and disinformation), and the pursuit of human rights reflected within the social justice mandate of nursing.

Summary and Conclusion

Nurse practitioners were introduced in Canada in the 1970s, though the formal articulation and regulation occurred many years later and continues to evolve in response to challenges within the Canadian health care system. Recent regulatory changes are fundamentally reshaping NP education in Canada. These changes move away from education within streams of practice towards a broader scope of competencies that will inform NP care in more diverse contexts with more diverse populations. Programs offering NP education programs must adapt their programs to meet this new set of outcomes. This will be achieved best through a collaborative approach, led by NP educators to navigate the many social challenges affecting not only health care education but also local communities. As such, efforts to update NP education should be done in collaboration with local communities and with a diverse group of partners to achieve a sustainable and equitable NP workforce for the future.

The Guiding Principles and Essential Components that follow provide guidance for NP programs to set and achieve standards of excellence as they undertake the work to revise NP programming for entry-level competencies.

Guiding Principle 1

Nurse practitioner (NP) education programs meet the program approval/recognition requirements as outlined by the jurisdictional ⁵ nursing regulatory body and academic institution at which the program is offered.

Essential Components Related to Educational Program

- The program introduces learners to the established and emerging body of NP knowledge and skills required for safe, high-quality, and ethical care.
- The program integrates graduate-level education in research, theory, and experiential learning as the foundation for NPs trained in advanced medical science, diagnostic skills, and pharmacology, enabling them to offer autonomous person-centred care.
- The curriculum integrates diverse knowledge and learning experiences at the depth and breadth necessary for learners to meet the NP entry-level competencies for all ages and all settings and demonstrate practice readiness with particular attention to local contextual needs in health service delivery.
- The program leverages diverse evaluation methods and criteria to assess learner competence. Learners receive well-timed, formative, and summative feedback throughout the program.
- The program evaluates learner progress towards the achievement of NP entry-level competencies.
- NP program evaluation is ongoing, using a variety of metrics to ensure it demonstrates responsiveness to changing health delivery contexts and maintains its responsibility to support learners' achievement of NP entry-level competencies and practice readiness. Clearly defined, appropriate, and transparent policies and processes guide learner progression within the program.

Essential Components Related to Educational Unit

- Successful completion of the program leads to a graduate (master's) degree in nursing or a post-master's NP diploma.
- The program complies with requirements of the jurisdiction's regulatory body.
- The program provides sufficient resources (e.g., fiscal, academic, material, human, physical) and clinical learning opportunities to ensure that the necessary infrastructure to deliver a high-quality NP education program is in place and is reflective of current practice context requirements.

⁵ The term *jurisdiction* is used throughout these guidelines. CASN acknowledges the importance of developing a pan-Canadian NP education framework to ensure confidence in the transferrable knowledge and skills among NPs in Canada. However, at the time of publication, program approval for NP education and licensure of NPs remains a process established by provincial regulators.

Guiding Principle 2

NP education programs have clear and specific admission requirements.

Essential Components Related to **Educational Program**

- Not applicable.

Essential Components Related to **Educational Unit**

- Clearly defined, appropriate, and transparent policies and processes guide learner admission to the program.
- Minimum admission prerequisites include the following:
 - a minimum of 2 years of relevant full-time ⁶ (or equivalent to full-time) registered nursing practice within the last 5 years;
 - a bachelor of science in nursing (BScN) and a registered nurse (RN) designation;
 - **good standing** in a Canadian jurisdiction;
 - eligibility for RN registration/licensure in a province or territory in which NP clinical placements will take place; and
 - the meeting of institutional requirements for admission to graduate studies and/or a post-master's NP diploma.

⁶ A minimum of 2 years of full-time nursing experience is required. However, individuals with broader and more varied experience over a period exceeding 2 years may find the transition into NP education and practice more manageable, often demonstrating stronger clinical competence.

Guiding Principle 3

NP education programs provide educational opportunities to collaborate with diverse parties in the interest of safe, quality, equitable, and person-centred care.

Essential Components Related to Educational Program

- The curriculum provides educational opportunities to enhance competencies related to intraprofessional and interprofessional practice, research, and scholarship.
- The curriculum is informed by the Truth and Reconciliation Commission of Canada (2015) Calls to Action, the United Nations Declarations on the Rights of Indigenous Peoples (2007), and the Missing and Murdered Indigenous Women and Girls Calls for Justice (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019) to foster reflection, lifelong learning, and action towards reconciliation with Indigenous Peoples in Canada, through cultural humility, allyship, and respectful integration of Indigenous knowledges and traditional wellness practices. Graduates will build on this reflection in their delivery of quality, equitable NP care.

Essential Components Related to Educational Unit

- Partnerships are established within and across professional programs and clinical placement locations to support collaborative intraprofessional and interprofessional education.
- Program faculty, leadership, and affiliated partners role-model professional self-awareness and **reflexivity** related to social position, power, and the role of humility (cultural, intellectual, situational) in the delivery of quality, equitable NP care.
- Program faculty, leadership, and affiliated partners role-model leadership to advance reconciliation with Indigenous Peoples in Canada, as informed by the TRC Calls to Action, the United Nations Declarations on the Rights of Indigenous Peoples, and the Missing and Murdered Indigenous Women and Girls Calls for Justice.

Guiding Principle 4

NP education programs include clinical experiences that are in a range of practice settings and contexts, across the lifespan, and with diverse populations (e.g., cultures, ethnicities, health or social conditions).

Essential Components Related to Educational Program

- The curriculum includes a minimum of 800 hours of clinical learning.
 - The program prioritizes **in-person care** of individuals, families, communities, and populations over virtual care of individuals, families, communities, and populations, such that a minimum of 700 hours occur through in-person clinical learning.
- As the provision of virtual care involves advanced assessment skills and knowledge, clinical learning experiences that include the provision of virtual care services are integrated intentionally, allowing learners to build upon prior NP clinical learning opportunities within a direct-care context.
 - NP education programs consider the following, in addition to Guiding Principle 6, when making curricular decisions related to learning opportunities in a virtual care context:
 - requirements of jurisdictional regulatory bodies
 - clinical and pedagogical experience of clinical instructor/mentor/preceptor
 - clinical learning experiences and needs of learners
 - availability of clinical placements
 - data from external sources that inform the success of NP education programs (e.g., Canadian NP Licensure Exam results, feedback from alumni and health care partners)
- Integration of evidence-informed simulation to prepare for, augment, and/or remediate direct clinical practice is locally determined to support safe, quality clinical competency and is supplementary to direct clinical practice.
- Clinical learning provides practice experience across the lifespan, with diverse populations, in all settings, and in collaboration with an interprofessional team as appropriate.
- The curriculum provides a sequence of learning opportunities and a logical flow for learners to mature towards acquiring NP-ELCs.

Essential Components Related to Educational Unit

- Collaborative partnerships between the school and practice sites are based on a written agreement that specifies the delivery model, the responsibilities of all parties, a shared decision-making process, and lines of communication.
- Health professions preceptors are oriented and supported by NP program units to facilitate supervision, support, and feedback of learner progress.
- The program has a process for recognition and learner evaluation of preceptors.
- Preceptors are regularly engaged about the program components and preceptor responsibilities.

- Preceptors are licensed/registered and in good standing with their provincial or territorial professional regulatory body.
- Evaluations of placements with/by clinical partners (preceptors, instructors, learners) are conducted in a manner that supports quality improvement and reciprocity in the partnership.

Guiding Principle 5

NP education programs have the necessary complement of qualified human resources, with relevant and current knowledge and competence, for the educational unit to effectively achieve its mission, goals, and outcomes.

Essential Components Related to **Educational Program**

- Not applicable.

Essential Components Related to **Educational Unit**

- Health professions faculty in the program possess the academic, professional, and/or experiential qualifications for the areas in which they teach.
- Health professions faculty are licensed/registered and in good standing with their applicable regulatory body.
- The program has sufficient regular and contractual faculty to accomplish the mission, goals, and expected outcomes of the program. All contractual faculty have access to full-time faculty for support and guidance as needed.
- The nursing leader/academic head possesses and/or has access to a situated understanding of the NP profession, and/or has access to resources to advise on program-level impacts to successfully achieve the program's mission, goals, and outcomes.

Guiding Principle 6

NP education programs include relevant learning opportunities that reflect the evolving application of technology in the service of person-centred care.

Essential Components Related to **Educational Program**

- The curriculum provides foundational knowledge and clinical opportunities to demonstrate ethical use of technology (e.g., devices, artificial intelligence software, electronic health/medical records) that protects the privacy, confidentiality, and safety of people receiving care.
- The curriculum embeds current and relevant education content throughout the learning experiences related to legislative, professional, regulatory, and employer-specific requirements for the use of technology, including its ethical, novel, interjurisdictional, and evolving implications.
 - The curriculum includes opportunities to develop competencies in digital technologies and virtual health care delivery, recognizing that use of such tools across practice settings will vary.
 - Learning experiences support the learner's ability to evaluate when virtual care is suitable, identify factors that influence its effectiveness and security, and determine contingency plans when in-person assessment is required.

Essential Components Related to **Educational Unit**

- Faculty are supported by educational institutions to develop and maintain current and relevant understanding of ethical requirements for and thoughtful application of technology within diverse contexts of practice.
- Educational units make available the necessary materials, guidance, and structured learning opportunities to support faculty, clinical instructors, and preceptors in maintaining relevance and currency within program-specific educational activities.
- Institutional and program policies are clearly outlined, accessible, and reviewed regularly regarding the use of artificial intelligence and other emerging technologies within academic and clinical learning.

Glossary

Clinical learning – Learning activities focused on the care of a person or people within a clinical context, either directly (i.e., face to face) or virtually. This learning does not include education in a lab or simulation.

Direct care – The face-to-face provision of care to a person or people.

Educational program – “A course of study that has a single and unique university degree conferred on the student by a single degree-granting institution; a single curriculum framework; and a single sequence of defined courses with single course descriptions and specified options to meet a single and specific set of program outcomes. A program also has a set of specified admission requirements” (CASN, 2020, p. 108).

Educational unit – “The faculty, school, or department of a post-secondary institution delivering part or all of a baccalaureate program of nursing, and/or an entry-to-practice master’s program” (CASN, 2020, p. 112).

Essential components – Best practices that are fundamental to quality education for NPs related to either an educational unit delivering an NP program or the educational program itself (CASN, 2012).

Experiential learning – An umbrella term that describes opportunities to develop nursing competencies through authentic, context-specific, and relevant activities that engage the learner in doing, experiencing, and reflecting (Hill, 2017; Nagel et al., 2024; Yardley et al., 2012). It is an applied approach to learning that situates the learner within an environment that reflects nursing practice, and which supports the development of critical thinking, clinical judgement, dexterity and applied skills, communication, relational inquiry, interprofessional collaboration, and other elements of professional practice. The authenticity of the activities, the physical environment, and/or the social interactions are core features of experiential learning (Duchatelet et al., 2024).

Good standing – The status of a person who is currently registered or eligible for registration in a jurisdiction and, more specifically, is not subject to a discipline finding or ongoing agreement.

Guiding principle – A generalized value statement that directs behaviour, decision-making, and action about NP education (CASN, 2012).

Most responsible provider (MRP) – A designation that affirms a health care provider’s authority to assume the primary responsibility and accountability for directing and coordinating client care across diverse health care settings, including hospitals, community practices, long-term care, and independent NP-led clinics.

Reflexivity – A practice requiring “observation, critical scrutiny, and conscious participation. It involves paying attention to who, how and what you are being/doing/feeling/thinking in the moment (intrapersonal inquiry), being aware of and critically scrutinizing how you are relating to and with other people, and how they are relating to you (interpersonal inquiry) while considering the contextual elements you are in the midst of and that are sharing what is happening in the situation (contextual inquiry)” (Doane & Varcoe, 2021, p. 74).

Virtual care – “Any interaction between [client] and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of [client] care” (Jamieson et al., 2015, p. 4). “Virtual care technologies are those forms of technology that [allow] ‘virtual’ interactions with health care professionals to occur in real time, from virtually any location. Services provided using virtual care technologies range from simple to complex. Examples of simple technologies may include telephone, text, messenger, or email, etc. Examples of complex technologies may include, but are not limited to, live, two-way audio/video conferencing or virtual visits, teleradiology, telerobotics, remote control surgical instrumentation” (CCRN, 2023a, p. 17).

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