Master's in nursing courses ensure that candidates have the theoretical and research foundations for NP practice. A blended learning model is used to deliver the different elements of the curriculum, including online courses, face-to-face tutorials, and labs offered at each university site and preceptored clinical placements within the home university region.

The University of Toronto is the one university that offers primary healthcare and also adult and pediatric NP programs. In Ontario, our council accepts a number of regulatory exams. We have a national exam called the Canadian Nurse Practitioner Exam. American exams are accepted for specialties, including adult and pediatrics.

And in some Canadian jurisdictions like Ontario, they accept the American Family/All Ages Exam. Now, a little bit more about how the Canadian exam was developed. A practice analysis was conducted to obtain a description of entry-level NP practice in Canada and to provide evidence to help regulators harmonize approaches in NP regulation.

We needed this description to write national competencies that would be the basis for the Canadian Nurse Practitioner Exam. In 2015, a practice analysis was completed that surveyed approximately 1,500 NPs from across Canada, from primary healthcare, adult, and pediatric specialties.

Findings concluded that patients differ in needs, context, age development, condition, and complexity. Yet no matter the stream of NP practice, practice setting, or patient population, NPs were found to be using the same competencies. The NP practice analysis led to the development of common entry-level NP competencies across all specialties that are currently in use by regulators across Canada.

These competencies are the basis of the NP exam and form the basis of the NP education programs. The purpose of the common entry-level NP competencies is to provide information about what is required practice for a new NP. At CNO, we use these competencies to approve NP education programs, assess the education of individuals applying to become registered as an NP, to approve entry-level exams for NP registration, assess the ongoing continuing competence of NPs, and to inform the development of standards of practice for NPS.

One of the registration requirements is to have graduated from an approved program. Two reasons why we do program approval. The first is with regards to registration regulation that requires all applicants to have graduated from a program approved by council. Making sure this regulatory accountability is consistently and effectively applied to all nursing education programs is fundamental to protecting the public.

Program approval ensures graduates are prepared to practice nursing safely, competently, and ethically for the nursing category in our class for which they want to register. A little bit more about program approval. This framework was developed to achieve standardized expectation of all entry-level nursing programs. The framework is based on three standards, program structure, program curriculum, and program outcomes.

Under each standard is a number of indicators. The triangle represents the review process. The principles listed on the right-hand side have provided an important foundation in this process and continue to be key in our decision-making processes. There are two types of review processes that programs undergo, an annual monitoring review and a comprehensive review.

Program approval status is determined yearly based on the results of these assessments. This scorecard is used by the assessors to evaluate and rate each program during a review process. You will note that each standard and indicator is weighted differently. This is due to the relative level of importance of each indicator. For example, the curriculum mapping indicator is weighted at 25% while the program governance indicator is weighted at 6%.

You will recall that the curriculum is centered around the entry-to-practice competencies. Two mandatory indicators are client and student safety and curriculum. The school must fully meet these requirements to be approved. So, now that we have had a level set about NP education and regulation in Ontario, we will move into discussing the impact of COVID-19 on NP education.

To state that it has been a difficult year would be an understatement. COVID-19 has impacted us all and in every aspect of our lives. It has stretched the healthcare system and educational system to its limits. While this adversity has been difficult, it has forced us to rethink the way we do things.

This challenge has brought about change and this change has brought about innovation. To put COVID in context, as of mid-February, Canada has had 835,000 cases with 22,000 deaths. Ontario has had 300,000 cases and 7,000 deaths.

As far as vaccines, 1.5 million vaccines have been administered and 520,000 in Ontario. To date, we have vaccinated 2.6% of the total population. We still have a long way to go. Let's talk about the impact on NP programs.

In preparation for this talk, we have followed up with our programs to understand what some impacts have been. Firstly, I will talk about the impact on the theoretical delivery of the programs then followed by the impact on clinical placements. Since the consortium delivers the courses online previous to COVID in a modular format, the programs noted there was no significant impact on theoretical learning as they already had this virtual format.

Schools reported to moving to asynchronous delivery format and they adapted well to this. The reason for this switch was due to the need to promote more face-to-face time with faculty and other students. They also stated they moved from an Adobe platform to Zoom, which streamlined and eliminated pre-existing tech

To deal with the disruption to placements in the spring, Year 1 clinical placements were held to accommodate integrated practicum placements. Those are the placements for the final practicum of a program. To make up for the first-year students' decreased placements in the spring, extra clinical hours were offered during the summer session.

Also, students were encouraged, if able, to videotape themselves doing skills, like a head-to-toe assessment on someone in their home. These sessions were viewed by an instructor and these students received real-time feedback. During the spring and fall, there were more acute care placements available. It was harder to get community placements, however.

Also, with reduced placement opportunities, schools allowed a decrease in clinical placement hours and increase in simulation and tutored learning as long as they were meeting competencies. Another interesting phenomenon that our border towns encountered was for their students that were working as RNs in both U.S. and Canada, they often had to do a two-week quarantine p7 Tme(e)7(t g0q(e)7(s)-6o do a(nd t)7(u

- Thanks so much, Michelle. And I'm so happy to be here this afternoon. So, as far as your question, there is no minimum standardized clinical hours that the programs have to meet. However, it really is up to each jurisdiction to set their parameters. I can tell you with Ontario, we don't have a finite number, but it is part of our program approval process.

So, I showed the nine indicators. One of the indicators is specific to clinical placements. So, we look at sort of the depth and breadth of the clinical placement, the settings, the areas, as well as we look at simulation and the quality of simulation. So, yes, it's really jurisdiction-specific.

- Thank you very much. We do have a question from Jennifer Whrite. She asks, "How did you determine the standards on the scorecard as well as identify the weight and percentages?"

- Thank you. That's a great question. So, the indicators were developed from a collaborative effort with stakeholders across the province, as well as across Ontario, as well as it was informed by, you know, the latest research at the time.

And we also piloted these, you know, indicators as well as our scoring rubrics, and through the pilot, we

- Thank you very much. Really appreciate your presentation today, Anne Marie. And now, I'd like to welcome our next speaker, John Stanley, who will begin speaking to us very shortly.

Thank you.