



Building a New Future Together:

A Legislative Consultation Report for One Nursing Regulator in Nova Scotia
Fall 2017



As with any successful project, there is a core group of dedicated individuals leading the way forward. In the co-creation of one nursing regulator, we call this group the Formation Team.

Led by Ann Mann and Sue Smith, the Formation Team is responsible for accomplishing the operational work necessary to create one nursing regulator in Nova Scotia. No strangers to the world of regulation, the Formation Team is composed of staff from the College of Licensed Practical Nurses of Nova Scotia (CLPNNS) and the College of Registered Nurses of Nova Scotia (CRNNS) who are appointed to the team based on their knowledge and experience in nursing self-regulation, project management and policy governance.

The Formation Team also works in tandem with the Transition Governance Committee who is accountable to develop and implement a new governance framework for one nursing regulator. This committee includes members from both the CLPNNS and CRNNS Boards who, along with the Formation Team, are laying the groundwork necessary to build a strong and bright future for nursing self-regulation in Nova Scotia.

This report was produced by the Formation Team on behalf of the Transition Governance Committee, CLPNNS and its Board of Directors, CRNNS and its Council and the public of Nova Scotia whom we serve.



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Building a New Future Together

Building a new future requires the efforts of many. It calls on new and longstanding partners alike to work together to evaluate the current and imagine what's next. It means creating a vision built on trust and innovation – one where informed voices are celebrated and collaboration is key. In forging the new with others, the good becomes great and the future becomes focused.

Working with stakeholders to re-imagine a new future for nursing regulation in this province has been core to the work of the Formation Team since its inception. In this time, the team has focused its efforts on creating new enabling legislation for one nursing regulator in Nova Scotia.

Central to this legislative work has been our initial conversations with stakeholders this past spring about their vision of nursing self-regulation and how that might be created in new legislation. From nurses in rural Nova Scotia to internationally-acclaimed regulatory experts, some of the best and well-informed minds from around the globe shared with us their vision of the future. And without a doubt, the future of nursing self-regulation is bright here in Nova Scotia.

Join us in exploring our first consultation report, which summarizes significant themes from thousands of individuals whose voices have contributed to building an even better and safer health care community.

A handwritten signature in black ink, appearing to read "Ann Mann".

Ann Mann, RN, BN, MN
Executive Director and Registrar
College of Licensed Practical Nurses
of Nova Scotia

A handwritten signature in black ink, appearing to read "Sue Smith".

Sue Smith, RN, BN, MAOL
Chief Executive Officer and Registrar
College of Registered Nurses
of Nova Scotia



Our Approach

While there are many ways to seek ideas from others, the Formation Team chose an approach to legislative consultation rooted in openness, transparency and flexibility. This approach helped to guide our initial consultation process with stakeholders this past spring and will continue to guide our work as we engage with others in the future.

An Open Approach to Consultation

In keeping with our accountability to the public, the Formation Team is committed to an open and inclusive consultation process. This includes publishing summary consultation reports, such as this one, which highlight the transparent ways we engage with others. Through this approach, stakeholders will remain well-informed about the creation of one nursing regulator and will have an opportunity to play an active role in this process.

An Informed Approach to Consultation

Early in the co-creation of one nursing regulator, the joint CLPNNS and CRNNS Boards determined that the Nova Scotian public would be best served by using the principles of right-touch regulation from the *Professional Standards Authority*.

The Formation Team has used these principles of right-touch regulation as a benchmark to guide the development of new legislation. Through this work, these principles became central to our legislative consultation and helped us to organize and analyze the feedback gathered during this process.

A Coordinated Approach to Consultation

Part of playing an active role in our consultation process is knowing when and where to participate. While this report summarizes the findings from our spring legislative consultation that has since concluded, our legislative consultation will continue this fall when stakeholders will be provided with another opportunity to get involved in the creation of one nursing regulator in Nova Scotia.

right-touch regulation means that we neither under-regulate nor over-regulate. Instead, we evaluate the situation and apply, if necessary, the minimum amount of regulation to ensure public safety.

right-touch regulation principles: proportionate, accountable, consistent, transparent, targeted and agile.



Invited Stakeholders

Since the consultation process was open and inclusive, any individual from the Nova Scotian public was able to participate. In addition to the public's open invitation, over 14,200 individuals from the following stakeholder groups were asked to take part.

Thought Leaders

Our thought leaders included local, national and international subject matter experts representing health care, law, regulation, education and media (Appendix A: Introductions to Thought Leaders). These individuals were invited to participate based on their extensive knowledge of self-regulation and their ability to stay ahead of the curve on regulatory trends and issues that are impacting regulation both now and in the future.

Public of Nova Scotia

As regulators, CLPNNS and CRNNS make decisions that are in the best interest of the Nova Scotian public. The public must have a means to share their opinions with those making regulatory decisions and a formal consultation process is one of the ways to ensure the views of Nova Scotians are being heard.

Industry Partners

Given the complexity of the health care sector, we work alongside a diverse group of industry partners who fulfill different roles within the sector including those in labour, regulation, education, employment and advocacy (Appendix B: Introduction to Partners). While many of these partners are not regulators, they are knowledgeable about the opportunities and challenges within the nursing profession.

By the Numbers:

19 Thought Leaders

14,010 Nurses

78 Industry Partners

Nursing Members

As self-regulated professionals, nurses are best positioned to understand the opportunities and issues facing the nursing profession. Their input and engagement in regulatory processes such as this consultation process assist licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) to maintain the public's trust in the profession and in their ability to regulate themselves in the public's interest (Appendix C: Introduction to Nursing Members).

CLPNNS and CRNNS Staff

The staff at CLPNNS and CRNNS are accountable to carry out the operational functions mandated by legislation (Appendix C: Introduction to Staff Participants). To fulfill this responsibility, staff are required to conduct environmental scans, consult with stakeholders and keep their finger on the pulse of nursing regulation provincially, nationally and internationally. As a result, they are well-informed to evaluate the current and future state of self-regulation in Nova Scotia.



Our Consultation Process

The Formation team began engaging with stakeholders in the spring of 2017 with the following objectives in mind:

1. Highlight the strengths in nursing self-regulation today
2. Better understand the challenges in nursing self-regulation today
3. Identify opportunities for successful and effective nursing self-regulation in the future

While most of our stakeholders provided feedback on the state of *nursing self-regulation in Nova Scotia*, our thought leaders were asked and provided a more global perspective of the state of *self-regulation* overall. Combined, this provided us with varied and well-rounded feedback to help inform our path to the future.

This process also included determining the best consultation recruitment strategy, feedback channels and list of stakeholders who would be best positioned to inform these objectives.

Consultation Recruitment Strategy

During the consultation process, the Formation Team expanded its recruitment efforts to maximize visibility, reach and participation from stakeholders. This work included using print and digital advertisements, membership newsletters, social media, websites and targeted emails. Future consultation recruitment efforts may include continuing to collaborate with our stakeholders and using community newspapers, health boards and hospital-based print and digital channels.

Feedback Channels

The consultation process included a combination of feedback channels designed to match the characteristics of each stakeholder group. For example, CLPNNS and CRNNS members participated through an online survey – a channel chosen for them due to the volume of data that might be generated from 14,000 members. Overall, this consultation process included the following feedback channels:

- Third-Party Online Survey
- Face-to-Face Focus Groups
- Telephone Interviews

Did you know the best way to stay informed about consultation opportunities is by visiting the CLPNNS and CRNNS websites.



Summary of Findings

Over the course of consultation, more than 2,000 individuals representing all stakeholder groups participated in our consultation process. What we found was that although the positions and perspectives of participants was varied, the feedback overall was consistent across stakeholders and best reflected the regulatory principles of accountability, consistency and transparency.

Accountability

By far the biggest theme to emerge from stakeholders was the role of accountability in self-regulation and the ability for regulators to clearly explain processes and decisions and to be open to public scrutiny. While stakeholders said that there was already a strong and sound level of accountability for regulators today, they also expressed a need for performance standards for regulators and apprehension over an election-based governance model that may be perceived to represent the profession rather than the public.

In the future, stakeholders described a regulator who is not only accountable to the public but who also places protection of the public ahead of advancement of the profession.

Consistency

Stakeholders applauded the current state of self-regulation and the ability for regulators to apply consistent and fair regulatory rules and standards. Stakeholders also acknowledged the strong tradition of collaboration between regulators and other stakeholders and hoped that in the future, a collaborative approach to self-regulation would continue at an individual and system level.

Transparency

Stakeholders echoed the importance of transparency in self-regulation, including regulations that are simple and user-friendly and regulators who demonstrate openness. Stakeholders shared that there may be opportunities for regulators to grow in this area, especially in helping the public understand their role and mandate as well as involving the public in regulatory decisions. According to stakeholders, the future of self-regulation includes enhanced visibility of regulators and uncomplicated rules and regulations.

The following pages provide an in-depth look at the findings based on the three exploratory questions posed to stakeholders during this process (see page 6).



Today's Strengths

As we move to create one nursing regulator, we recognized the importance of highlighting the elements that have been successful in regulating the nursing profession in the public's interest. Doing so helps us to focus our attention on what should remain as we develop new legislation.

Through our consultation process, we learned that stakeholders believe that self-regulation is a time-tested system and that regulators continue to be effective in meeting their mandate of public protection. In particular, stakeholders thought that regulators have succeeded in being consistent and accountable in their work for the public.

Overall, stakeholders expressed a respect and appreciation for self-regulation and the ability for its members to determine the standards of the profession on behalf of the public. This high degree of confidence and trust in self-regulation demonstrates that regulators have been successful in meeting their mandate of public protection. In fact, over 75% of the public agree that one of the greatest strengths of nursing self-regulation in Nova Scotia is the ability for CLPNNS and CRNNS to meet their accountabilities as regulators.

"A traditional and basic premise of self-regulation is that professionals themselves, as the exclusive keepers of specialist knowledge, can best determine and apply the standards of professional practice that will protect the public from unsafe practices by their peers. On balance, my view is that this argument continues to hold true as a general rule – particularly for professions operating in areas that are vital to the health, liberty and safety of the public. Provided that there are clear limits to the scope of monopoly practice, evidence of an established culture of professional responsibility, and appropriate external assurance of performance by professions of key regulatory duties, self-regulation generally remains a suitable model"

– Fred Crooks

These sentiments were echoed during our consultation with thought leader and member of the public Reid Harrison who said, when referring to a professional conduct matter, *"I was involved in one hearing where there was a concern. The focus was on protecting the public and the process was a very fair one"*.

Similarly, there continues to be trust in the conduct of regulators and in their ability to apply fair and consistent rules for all. In our consultation with nurses for example, approximately 68% of LPNs and 66% of RNs and NPs agreed that one of the greatest strengths of CLPNNS and CRNNS is their ability to implement consistent rules, such as through the registration and licensing process of nurses.

Stakeholders also acknowledged the progressive nature of regulators to collaborate with others to achieve consistency across professions and provinces. Where health care is moving towards a collaborative approach to health, so too are nursing regulators both in Nova Scotia and abroad as a way to remain reflective and relevant in today's healthcare system.



Today's Opportunities

As we move to create one nursing regulator, this presents an exciting opportunity to better understand opportunities to advance and to develop new and innovative ways to regulate in the public's interest. What we found was that feedback from stakeholders helped to validate regulatory opportunities that the Formation Team had previously identified, including enhanced transparency, accountability and consistency.

“The biggest failing of self-regulation is a lack of transparency. Self-regulation can only work if it is transparent about everything.”

– Kevin Donovan

The ability for regulators to be transparent in all that they do has become the gold standard in self-regulation today. This was validated by many stakeholders, all of whom indicated that regulators need to continue improving what and how they communicate with the public in order to be as open and transparent as possible.

Stakeholders shared many different ways to accomplish this, such as: publishing professional conduct decisions, actively seeking the public's feedback on all major decisions and being fully open about regulatory processes that impact stakeholders. This was echoed by 40% of nurses and 43% of our industry partners who suggested that CLPNNS and CRNNS continue to explore the ability to be more transparent in their disciplinary and professional conduct processes of nurses in Nova Scotia.

At the same time, stakeholders also expressed a need for regulators to continue exploring opportunities to better meet their accountabilities to the public. In particular, feedback focused on the governance structure of regulators and the ability for the Board and committees to meet their mandate of public protection using the current governance processes in place.

For example, stakeholders shared that they would like to see regulators embrace a governance model that places the public and not the profession at the center of its processes. This includes moving to a competency-based model where Board members are chosen based on their suitability to the role and creating an appropriate balance between members of the public and members of the profession.

“There needs to be equal balance between the public and the profession on the Board and they need to be appointed on the basis of skills and competencies, not on the basis of their occupation or interests.” – Harry Cayton

Stakeholders also expressed a desire for regulators to be granted the ability to influence health system issues or to be involved in quality assurances at the health system level that may be impacting public safety. For example, 48% of the public indicated the regulators could be more consistent in developing and providing quality assurance programs. This was reiterated by thought leader James Casey who said: *“There is a challenge for regulators to influence the system. When there is a failure, it is often because of a system failure and yet professional regulators are focused primarily on one individual and are unable to impact the whole system. Regulators are only one part of the overall quality assurance system in our society.”*



Framing the Future

“In the future, there should be clarity and alignment in scope of practice within the profession and in consultation with other professions”

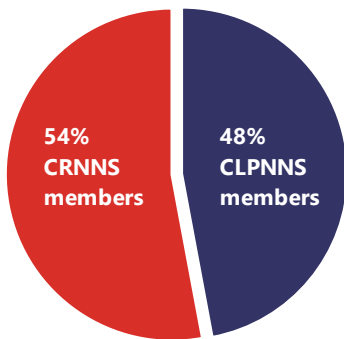
– Nursing Member

With a new opportunity on the horizon, stakeholders were asked to envision what self-regulation might resemble in the future. While building a future includes leveraging our strengths and improving areas of opportunity, it also includes adding new aspects that may never have been considered in the past.

For CLPNNS and CRNNS staff and thought leaders in particular, the future of self-regulation includes a risk-based approach to regulation that focuses our efforts in strategic ways. This includes becoming focused on areas of real risk and putting efforts where they are most effective. This includes continuing with our approach to right-touch regulation where the use of regulation is only applied when other alternatives are not sufficient.

According to stakeholders, successful self-regulation in the future also includes an ability for regulators to be visible and transparent in all that they do. For regulators, this means evolving regulatory policies and practices to be open and clear for stakeholders. It also means developing a leadership presence that is recognizable and accessible to the public to help to increase the likelihood that the public may participate in regulatory decisions in the future.

More than anything else however, the future of self-regulation is one that continues to place the public first. This includes having a sophisticated system for measuring regulatory performance and a strong governance structure based on skills and competencies. This rang true for all stakeholders including our thought leader Kim Turner who said, *“In the future, the process of regulation is one that is fair, transparent and expeditious and one that is defensible to the public.”*



rated accountability as #1 goal for the future.

“Successful self-regulation in the future is self-regulation that has the confidence of the public, government and the profession.”
– Julie Maciura



Introduction to Thought Leaders

The following 19 thought leaders participated in our legislative consultation process.

DAVID BENTON

Chief Executive Officer, National Council of State Boards of Nursing

David Benton has held senior leadership roles within health care for over 25 years and has focused his work in nursing and health policy, regulation, licensing and education. He was previously appointed Chief Executive Officer of the International Council of Nurses and Executive Director of Nursing for the Health Authority in the United Kingdom. In his current role, he provides executive leadership and management focused on supporting regulators to protect the public through contemporary approaches to evidence-based nursing regulation.

JAMES CASEY

Law Partner, Field Law

James Casey serves as legal counsel to professional regulatory organizations. He founded the firm's Professional Regulatory Group and serves as counsel to many professional regulatory organizations seeking experience and solution-focused advice in legislation, professional conduct, registration, mobility, policy and governance. He is the author of *The Regulation of Professions in Canada* which is considered one of the leading textbooks on professional regulation and has been cited many times by the Supreme Court of Canada.

HARRY CAYTON

Chief Executive Officer at the Professional Standards Authority

Harry Cayton is the Chief Executive Officer for the Professional Standards Authority located in the United Kingdom. He was formally the National Director of Patients & the Public at the Department of Health and has served on many public committees and chaired independent reviews of the Department of Health in the United Kingdom. In 2014, he was awarded the Commander of the Order of the British Empire for services to healthcare and regulation reform.

FRED CROOKS

Chief Regulatory Officer, Government of Nova Scotia

Fred Crooks is Nova Scotia's first Chief Regulatory Officer and leads the Office in its mandate to reduce the regulatory burden on citizens and businesses while protecting the environment, public health and safety and employee and consumer interests. In his previous role, he was Executive Vice-President of Corporate Services at Bell Aliant where he oversaw human resources, labour relations, communications and public affairs, legal services and regulatory affairs.

KEVIN DONOVAN

Investigative Reporter and Editor, Toronto Star

Kevin Donovan is one of Canada's top investigative reporters. He has won three *National Newspaper Awards*, two *Michener Awards* and three *Canadian Association of Journalists Awards*. As a 30-year veteran at the *Toronto Star*, his work has led to numerous national media stories and he has been open about the challenges he has faced in accessing public information within the health care system. As an Editor, he also leads a team that frequently reports on the activities of health regulators in Ontario.



REID HARRISON

Member of the Community

Reid Harrison has dedicated his career to education and the community. He began his career as a teacher and over the years, has held many leadership positions including as Superintendent of Schools for the Dartmouth District School Board. He previously served on the Board of Regents for Mount Allison University and as a public representative on the Council of the College of Registered Nurses of Nova Scotia.

BRUCE HOLMES

Executive Director of the Nova Scotia Regulated Health Professions Network

Bruce Holmes has been involved in education and healthcare for over 30 years. He was instrumental in establishing the province’s first regulated health professions network enabling health profession regulators to voluntarily collaborate in regulatory processes. He facilitates collaboration between regulators and is well-versed in self-regulatory matters in Nova Scotia.

WILLIAM LAHEY

Associate Professor of Law at Dalhousie University; President and Vice-Chancellor at the University of King’s College

William Lahey is a scholar who works at the boundaries between law and other disciplines and is frequently called upon to help sort some of this region’s most difficult and interesting public policy challenges. Through his roles in public administration and policy, he has contributed to legislative reform in many fields in Nova Scotia including health care governance and administration, environmental law and governance, public health and safety and professional regulation.

FLEUR-ANGE LEFEBVRE

Executive Director and Chief Executive Officer of the Federation of Medical Regulatory Authorities of Canada

After holding various positions at the Canadian Medical Association, Fleur-Ange Lefebvre became CEO of the Federation of Medical Regulatory Authorities of Canada where she represents the 13 Canadian medical regulatory authorities on the national and international scene. She has served on many committees, including the Canadians for Health Research, the Royal College of Physicians and Surgeons of Canada CanMEDS 2015 National Advisory Committee and was Chair of the International Association of Medical Regulatory Authorities.

STEVEN LEWIS

President of Access Consulting Limited and Adjunct Professor at Simon Fraser University

Steven Lewis is a health policy analyst and research consultant. Prior to transitioning full-time into his consulting practice, he was Chief Executive Officer of the Health Services Utilization and Research Commission in Saskatchewan. His published work covers topics on strengthening and reforming the health system, improving healthcare quality, regionalization and integration, primary health care and professional regulation.



JULIE MACIURA

Managing Partner at Steinecke, Maciura and Leblanc

Julie Maciura has practised administrative law with an emphasis on professional regulation for over 20 years. She acts as general counsel, prosecutor and independent legal counsel for a number of Ontario regulators. Her work includes delivering training for statutory committees, registration and quality assurance matters as well as drafting regulation, by-laws, standards and policies.

DANIEL F. MUZYKA

President and Chief Executive Officer of the Conference Board of Canada

As President and CEO of The Conference Board of Canada, Dr. Daniel Muzyka is responsible for leading Canada's largest applied-research organization. He has extensive experience in academics, business and public policy and has earned accolades by building the world-class Saunderson School of Business at the University of British Columbia. Prior to this role, he taught and held senior administrative positions at universities and institutions in both the United States and France.

DARREL PINK

Executive Director of the Nova Scotia Barristers' Society

Darrel Pink is a leader in Nova Scotia and beyond. He is a regular lecturer at Dalhousie University on professional responsibility and has spent time in East Africa assisting in its efforts to strengthen their capacity in governance and regulation. Currently, he is leading the initiative to transform the regulation and governance of the legal profession in Nova Scotia for which he was recognized in 2017 by *Canadian Lawyer* as one of the *Top 25 Most Influential in the Justice System and Legal Profession in Canada*.

CAROLYN REED

Chief Executive and Registrar for the Nursing Council of New Zealand

Carolyn Reed has dedicated her career to nursing practice and education. She began her career as a nurse and moved into nursing education where she worked in a number of teaching and management roles until she became Dean of Health and Social Sciences at the Nelson-Marlborough Institute of Technology. In her current role, she leads the Nursing Council in its efforts to protect the public by setting standards for nurses in New Zealand.

VICTORIA REES

Director of Professional Responsibility at the Nova Scotia Barristers' Society

Since 2001, Victoria Rees has served as Director of Professional Responsibility responsible for management of complaints from investigation to prosecution, and ethics education. Her paper titled *Transforming Regulation and Governance in the Public Interest* has been foundational to the work of Nova Scotia Barristers' Society as they transform legal regulation in Nova Scotia. She served as Co-Chair of the International Bar Association's Professional Ethics Committee and is a current member of the Federation of Law Societies' National Model Code of Conduct Committee, and the National Discipline Standards Committee.



RICHARD STEINECKE

Lawyer at Steinecke Maciura LeBlanc Law

Richard Steinecke is a leader in regulation and spends most of his professional life teaching, writing, speaking, training and consulting on issues within professional regulation. He is the Editor of *Grey Areas*, a newsletter that showcases recent developments in professional regulation and his book titled *A Complete Guide to the Regulated Health Professions Act* is cited in courts and tribunals. In 2015, he received the *Regulatory Excellence Award* from the Council of Licensure, Enforcement and Regulation.

PATRICIA TOWLER

President and Chief Executive Officer and Chief Legal Officer for the Chartered Professional Accountants of Nova Scotia

Over the last decade, Patricia Towler has held executive roles in the post-secondary sector and is experienced in change management, marketing and organizational leadership. As part of a nationwide initiative across Canada, she helped to facilitate the creation of the Chartered Professional Accountants of Nova Scotia which serves as one organization regulating all professional accountants in Nova Scotia.

KIM TURNER

Law Partner at Pink Larkin

Kim Turner is an expert in labour law and professional regulation who is often sought after to speak on these topics. She has been selected by her peers for inclusion in the *Best Lawyer in Canada® in 2018* in the areas of labour and employment law and legal malpractice law. She serves on the Professional Responsibility and Professional Practice Committee, the Ethics Advisory Committee for the Nova Scotia Barristers' Society and is on the roster for the Nova Scotia Human Rights Board of Inquiry Chairs.

TANYA VOGT

Executive Officer of Nursing and Midwifery Board of Australia (NMBA) at the Australian Health Practitioner Regulation Agency (AHPRA)

In her role, Tanya supports the NMBA on matters of policy, governance, regulation, standards development and accreditation. With her strong background in health regulation she works with AHPRA, who is responsible for supporting the 14 National Boards to regulate the health professions in Australia.

DEANNA WILLIAMS

President of Dundee Consulting Group Limited

Deanna Williams is a consultant and advisor to regulators of health and other professions in Canada and internationally. She currently also serves as the Risk Officer for the Retirement Homes Regulatory Authority in Toronto, Canada. Previously Deanna served as Registrar for the Ontario College of Pharmacists and as Minister-appointed Supervisor to the College of Denturists of Ontario. In 2010, she was recognized as the first recipient of the Council on Licensure, Enforcement and Regulation (CLEAR) *International Award for Regulatory Excellence*.



Introduction to Industry Partners

Industry partners from the following 78 organizations were invited to participate in our legislative consultation process.

Assessment Strategies Inc.	College of Licensed Practical Nurses of Newfoundland and Labrador
Association of New Brunswick Licensed Practical Nurses	College of Nurses of Ontario
Association of Registered Nurses of Newfoundland and Labrador	College of Occupational Therapists of Nova Scotia
Association of Registered Nurses of Prince Edward Island	College of Paramedics of Nova Scotia
Bayshore HealthCare	College of Physicians and Surgeons of Nova Scotia
Canadian Association of Schools of Nursing	College of Registered Nurses of British Columbia
Canadian Council for Practical Nurse Regulators	College of Registered Nurses of Manitoba
Canadian Council of Registered Nurse Regulators	Dalhousie University Nursing Society
Canadian Federation of Nurses Unions	Dalhousie University School of Nursing
Canadian Nurses Association	Denturist Licensing Board of Nova Scotia
Canadian Nurses Protective Society	Doctors Nova Scotia
Canadian Union of Public Employees	Government of Yukon's Professional Licensing and Regulatory Affairs
Cape Breton University Nursing Society	Health Association of Nova Scotia
Cape Breton University School of Nursing	Information and Privacy Commissioner of Nova Scotia
College and Association of Registered Nurses of Alberta	IWK Health Centre
College of Dental Hygienists of Nova Scotia	Lloyd Sadd Insurance Brokers
College of Licensed Practical Nurses of Alberta	Midwifery Regulatory Council of Nova Scotia
College of Licensed Practical Nurses of British Columbia	National Council of State Boards of Nursing
	National Nursing Assessment Service



Nova Scotia Association of Medical Radiation Technologists	Nova Scotia Regulated Health Professions Network
Nova Scotia Board of Examiners in Psychology	Nurse Next Door
Nova Scotia College of Chiropractors	Nurse Practitioner Association of Nova Scotia
Nova Scotia College of Counselling Therapists	Nurses Association of New Brunswick
Nova Scotia College of Dispensing Opticians	Ordre des Infirmières et Infirmiers du Quebec
Nova Scotia College of Medical Laboratory Technologists	Pharmacy Association of Nova Scotia
Nova Scotia College of Optometrists	Prince Edward Island Practical Nurse Registration Board
Nova Scotia College of Pharmacists	Provincial Dental Board of Nova Scotia
Nova Scotia College of Physiotherapists	Registered Nurses Association of the Northwest Territories and Nunavut
Nova Scotia College of Respiratory Therapists	Registered Nurses Professional Development Centre
Nova Scotia Community College’s Health and Human Services	Saskatchewan Association of Licensed Practical Nurses
Nova Scotia Dental Technicians Association	Saskatchewan Registered Nurses’ Association
Nova Scotia Department of Community Services	Shannex
Nova Scotia Department of Health and Wellness	St. Francis Xavier University Student Nursing Society
Nova Scotia Department of Labour and Advanced Education	St. Francis Xavier University School of Nursing
Nova Scotia Dietetic Association	Unifor
Nova Scotia Government and General Employees Union	Université Sainte Anne Soins Infirmiers Auxiliaires
Nova Scotia Health Authority	VON Canada
Nova Scotia Nurses Union	We Care Home Health Services
Nova Scotia Prescription Monitoring Program	Yukon Registered Nurses Association



Introduction to Nursing Members and Staff Participants

Staff from CLPNNS and CRNNS with experience and knowledge of nursing self-regulation in Nova Scotia were invited to participate in our legislative consultation process.

Karen Archibald
Professional Practice Consultant, CLPNNS

Jennifer Best
Practice Consultant, CRNNS

Clare Brown
Practice Consultant, CRNNS

Doug Bungay
Director of Professional Practice and Policy, CLPNNS
Acting Director Practice, Policy and Legislative Services, CRNNS

Kristina Koller
Professional Conduct Consultant, CRNNS

Matthew LaFond
Professional Conduct Consultant, CRNNS

Ethel Landry
Registration Consultant, CLPNNS

Trent MacIsaac
Practice Consultant, CRNNS

Lynn Miller
Policy Consultant, CRNNS

Darlene Mott
Professional Conduct Consultant, CRNNS

Elizabeth Parenteau
Acting Manager for Professional Conduct Services, CRNNS

Paula Prendergast
Acting Manager for Registration Services, CRNNS

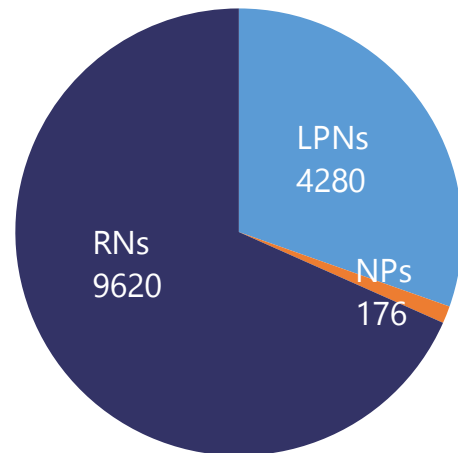
Cathy Rose
Policy Consultant, CRNNS

Karen Sigouin
Director of Registration and Professional Conduct Services, CLPNNS

Jylene Simmons
Professional Practice Consultant, CLPNNS

Haley Young
Registration Consultant, CRNNS

All CLPNNS and CRNNS nursing members were invited to participate





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