

### Background

Nurse Practitioners (NPs) are autonomous, highly skilled professionals who provide comprehensive, evidence-based care across diverse healthcare settings. Ongoing professional development is essential to maintaining competence, advancing clinical expertise, and ensuring high-quality patient care. Access to continuing professional development (CPD) and education funds supports NPs in fulfilling their regulatory and ethical responsibilities to maintain competence and engage in lifelong learning.

### Issue

Recent restrictions imposed by health authorities on the use of CPD and education funds for NPs, including travel and accommodation required to enable accessing education where it is available, undermine professional autonomy and hinder access to essential learning opportunities. These limitations contradict the principle that NPs, as regulated professionals, are best positioned to determine their educational needs and allocate resources accordingly. Of particular concern is the emerging trend of blocking Canadian NPs from accessing virtual education in the United States, a restriction that significantly limits access to high-quality, specialized learning opportunities that are not available in Canada. Additionally, there is a troubling disparity among health authorities in how these policy decisions are being implemented, leading to inconsistencies in access to CPD funds across the healthcare system.

Justifications for these restrictions have included government-driven fiscal restraint, impending health authority efficiency reviews, and the US/Canada political climate. We recognize that this is a unique moment in time with significant implications for industries across the province, including health care. We are aware and supportive of a 'Team Canada' approach, including BC economic counter measures regarding procurement where Canadian goods and services are purchased first. However, it is our position that NP CPD and education cannot and should not become an unintended casualty of policy directed toward administrative inefficiency or political response.

There are a range of examples of restrictions currently and inconsistently being applied across BC, including:

- When health authority leadership directs the freezing of funds for travel, education, and continuing professional development for all non-contract employees, Nurse Practitioners are inadvertently impacted due to the workaround employment model of housing NPs under the HEABC Compensation Reference Plan (CRP), which was not designed for clinicians. This administrative malalignment of NPs under the CRP means that when non-contract fiscal restraints are imposed, NPs lose access to their contract guaranteed funds for maintaining competence for safe patient care.
- Nurse Practitioners in specialized areas of care may require access to education and continuous professional development that is not available in Canada. While NPs operate from a BC and Canada first approach, there are real world limitations to what is accessible within Canada. Currently, in some health authorities NPs are being denied necessary continuing education for their practice areas when such education occurs outside of Canada. This includes denial of even *virtual* education, where no travel is required on the part of the NP. Such a restriction is not uniformly being applied to all autonomous care providers, creating inequities of access for NPs and reducing the broader care team's ability to ensure patient care quality.

- As health authorities respond to the provincial efficiency reviews initiated by the Ministry of Health, some health authority senior leadership have begun escalating approval policies and processes for NP CPD and education, including but not limited to requiring approves on a case-by-case basis and/or at the VP/CEO level. These process changes increase health system waste and impact the morale of NPs, at a time when administrative burden is significantly impacting care provider retention and bureaucratic barriers are being seriously examined as a hinderance to quality patient care delivery.
- While NPs employed in health authorities have their CPD and education funds frozen in the name of efficiency, NPs employed under other models continue to have full access to CPD and education funds. This inequity exacerbates retention challenges for health authority employed NPs and has the potential to compromise public safety as NPs employed in different models are either supported or hindered from maintaining their skills depending on their model of employment.

### NNPBC Position

The right of NPs to direct their professional development is fundamental to their role as autonomous practitioners. We strongly assert that:

- 1. NPs Are Autonomous in Decision-Making.** NPs must retain full discretion over how CPD and education funds are utilized to support their continuing competence, aligning with regulatory requirements and best practices. This autonomy supersedes and is not subject to the model through which NP contracts are administered. Restrictions by those administering NP contracts that prevent NPs from accessing CPD and education in any form and wherever it is most appropriate, including virtual education in the United States, represent an unjustifiable barrier to continuing competence and maintaining safety in patient care provision.
- 2. Equitable Access to Education is Essential.** Restrictions on the use of these funds create inequities and impede professional growth, ultimately impacting patient care and system sustainability. The inconsistency in policies across health authorities exacerbates these disparities, creating indefensible and arbitrary limitations on NPs' ability to access essential education that is fully within their professional authority to direct.
- 3. Regulatory and Ethical Obligations Are Not Optional.** NPs are accountable for their continuing competence, as mandated by the BC College of Nurses and Midwives. Health authority restrictions on access to CPD funds may be in direct conflict with these professional obligations and constitutes a significant administrative overreach on the part of health authorities. Policy decisions that do not respect NPs' professional responsibility to maintain competence put both regulatory compliance and patient care at risk.
- 4. Support for Advanced Practice Nursing is a Provincial Priority.** Investment in NP education and development strengthens healthcare systems, improves patient outcomes, and enhances workforce retention. The failure to support NPs in accessing necessary education—particularly when recruitment and retention challenges persist—risks exacerbating workforce shortages and reducing system stability.
- 5. Safe Patient Care Comes First.** Limiting access to CPD and education funds restricts NPs from acquiring up-to-date knowledge and skills, which directly affects the quality and safety of patient care. Ensuring unrestricted access to education is critical to maintaining high standards of practice and responding effectively to the evolving healthcare needs of patients.



## Call to Action

As the professional voice of Nurse Practitioners in British Columbia, we urge all employers, leaders, public servants, and policymakers to uphold the professional autonomy of NPs by ensuring unrestricted access to CPD and education funds, regardless of model of contract or employment. Policies and funding mechanisms should align with NP-led decision-making to support lifelong learning and excellence in patient care, respecting that NPs' professional responsibilities extend beyond the agency within which their contract is held. In particular, we call for the immediate removal of barriers preventing health authority contracted NPs from accessing in person and virtual education, including education only available outside of Canada, as well as a standardized approach across health authorities to ensure fairness and equity in CPD funding implementation for NPs.

## Conclusion

NPs are best positioned to determine their continuing education needs. Limiting their ability to allocate CPD and education funds undermines their professional autonomy, impacts patient care, and contradicts regulatory mandates. Unequal and arbitrary restrictions are an administrative overreach on the part of agencies holding NP contracts and further exacerbate inequities, hinder recruitment and retention efforts, and threaten the sustainability of high-quality healthcare. We call for immediate policy revisions that recognize and respect the right of NPs to guide their professional development and remove existing barriers to accessing education.

## Resources

To support NPs in BC in advocating for access to their education and CPD funding, NNPBC has created the attached one-pager *NP CPD and Education Funding is Non-Negotiable: Key Message for Advocacy 2025* (below). These key messages align with the NNPBC position on this issue and provide tools for NPs to advocate individually and together. NPs are also encouraged to connect with NNPBC on this and any other issue through the *NP Concerns Form* (<https://www.nnpbc.com/np-portal/np-concerns-form/>).

## Issue Summary

Nurse Practitioners (NPs) are highly trained, autonomous healthcare providers who deliver essential care across British Columbia. To maintain clinical excellence and uphold their professional responsibilities, NPs must have reliable access to continuing professional development (CPD) and education. However, new restrictions from some health authorities are limiting access to CPD funding—especially for education outside Canada or that requires travel—undermining NP autonomy and reducing access to critical learning. These inconsistent and restrictive policies threaten patient care quality, workplace equity, and professional standards, and must be addressed to ensure NPs can continue to deliver safe, evidence-based care.

## Key Messages

- 6. NPs Are Autonomous in Decision-Making.** NPs must retain full discretion over how CPD and education funds are utilized to support their continuing competence, aligning with regulatory requirements and best practices. Restrictions by those administering NP contracts represent an unjustifiable barrier to continuing competence and safe patient care.
- 7. Equitable Access to Education is Essential.** Inconsistent and variable policies on the use of NP CPD and education funds create inequities across employment models within the NP profession. Additionally, isolating one group of providers with restrictions while other types of providers continue to have full access to CPD and education signals that NPs are second class providers in BC.
- 8. Regulatory and Ethical Obligations Are Not Optional.** NPs are accountable for their continuing competence, as mandated by the BC College of Nurses and Midwives. Health authority restrictions on access to CPD funds constitute a significant administrative overreach on the part of health authorities, putting both regulatory compliance and patient care at risk.
- 9. Support for Advanced Practice Nursing is a Provincial Priority.** Investment in NP education and development strengthens healthcare systems, improves patient outcomes, and enhances workforce retention. The failure to support NPs in accessing necessary education—particularly when recruitment and retention challenges persist—risks exacerbating workforce shortages and reducing system stability.
- 10. Safe Patient Care Comes First.** Limiting access to CPD and education funds restricts NPs from acquiring up-to-date knowledge and skills, which directly affects the quality and safety of patient care. Ensuring unrestricted access to education is critical to maintaining high standards of practice and responding effectively to the evolving healthcare needs of patients.

## Call to Action

- All employers, leaders, public servants, and policymakers must uphold the professional autonomy of NPs by ensuring equitable and unrestricted access to CPD and education funds, regardless of model of contract or employment.
- Policies and funding mechanisms should align with NP-led decision-making, respecting that NPs' professional responsibilities extend beyond the agency within which their contract is held and that NPs lead NPs.
- Policy barriers preventing health authority contracted NPs from accessing CPD and education funds must be removed, and such funds must be identified as standalone budget lines, not amalgamated with operational funds or attached to non-contract compensation models.
- All policies related to NP employment must recognize and respect NPs as a core part of the BC healthcare system, not second-class providers or a policy afterthought.