

# College and Association of Nurses of the Northwest Territories and Nunavut



Category: Quality Assurance

<b>POLICY NAME</b>	Quality Assurance Program		<b>POLICY NO.</b>	Q1	
<b>EFFECTIVE DATE</b>	June 28 <sup>th</sup> , 2025	<b>DATE OF LAST REVISION</b>	February 13, 2025	<b>VERSION NO.</b>	5
<b>APPLIES TO</b> Apply group names to define applicable areas of staff.					
All active registrants of CANNN					

VERSION HISTORY				
VERSION	APPROVED BY	REVISION DATE	DESCRIPTION OF CHANGE	AUTHOR
1	Board of Directors	May, 2010	Updated; New Format	Executive Director
2	Board of Directors	January, 2021	Updated	Executive Director
3	Board of Directors	January, 2022	Updated	Director of Regulatory Services and Policy
4	Board of Directors	December, 2024	Updated; New Format	Director Of Quality Practice
5	Board of Directors	June, 2025	Updated; New Format	Director Of Quality Practice

## PURPOSE

Describe to what and to whom this policy applies.

The *Nursing Profession Act (2023)* of the Northwest Territories, *The Nursing Professions Act (2023)* of Nunavut (The Acts) and CANNN Bylaws require registrants to participate in a Continuing Competence Program. This policy describes CANNN's Continuing Competence Program, henceforth referred to as the Quality Assurance Program, and what constitutes a Professional Development Plan (PDP) acceptable to CANNN as part of its Quality Assurance Program requirements. It applies to all active registrants: Registered Nurses (RN), Registered Psychiatric Nurses (RPN), Licensed Practical Nurses (LPN) and Nurse Practitioners (NP) regardless of employment status during the registration year.

## POLICY

Competence is defined as the combined knowledge, skills and judgment necessary to meet acceptable standards in the practice of Nursing (Nursing Profession Act, 2023). CANNN's Quality Assurance Program is grounded in the understanding that all registrants are competent and committed to lifelong learning. Registrants are required to complete an annual Self-Assessment Questionnaire as part of registration renewal. Additionally, registrants are required to develop a PDP as part of their annual renewal application. Registrants must demonstrate that they have completed these activities in the previous year. Once registrants have renewed their registration, they can begin their QAP activities for the upcoming year.

## PROCEDURES

The Goals of the Quality Assurance Program are to:

1. Provide a process that supports quality nursing care to the public.
2. Support registrants in their professional commitment to lifelong learning and excellence in their nursing practice.
3. Provide an annual demonstration of the nursing profession's accountability to the public.

At registration renewal, registrants will be required to complete the following in CANNN's regulatory member management software:

1. A Self-Assessment Questionnaire using CANNN's Code of Conduct, Standards of Practice and Scope of Practice Documents
2. A Professional Development Plan (PDP) based on their self-assessment

The Self-Assessment Questionnaire:

All active CANNN registrants must complete an annual Self-Assessment Questionnaire as part of registration renewal.

The Self-Assessment Questionnaire is based on the professional standards relevant to their designation and is an opportunity to complete a thorough assessment of their practice.

The Self-Assessment Questionnaire encourages registrants to think about how effectively they are meeting their professional standards.

Registrants who work more than 50% of the time in clinical areas should select the clinical questionnaire; those who don't should choose the non-clinical questionnaire.

Registrants continue this reflection throughout the year by focusing on the standards that have specific relevance to their practice.

The Professional Development Plan (PDP) must include:

- a) Identification of Two Learning Goals: the two identified learning goals should be grounded in the professional expectations found in the Code of Conduct (CANNN, 2025) and CANNN's Standards of Practice. The two learning goals should demonstrate specific, measurable, achievable, relevant and time bound actions that will assist the registrant in maintaining competence through further learning and development of their nursing practice.

- b) Specific Activities: describe two or more specific activities that have been undertaken to meet the learning goals. The document “Continuous Learning Activities Examples” is available on the website and may aid the registrant in developing their PDP. This document is not a complete list of acceptable activities. Other activities may be accepted in consultation with the Director of Quality Practice.
- c) Evidence of Evaluation: the registrant must identify how the learning activity improved, modified and has been implemented into their practice using detailed examples.

If a registrant does not meet these minimum expectations or the Self-Assessment Questionnaire and/or PDP does not meet the requirements set by the Director of Quality Practice, registrants will be required to revise their PDP in CANNN’s regulatory member management software. The revised Self-Assessment Questionnaire and/or PDP must comply with any remedial requirements directed by the Director of Quality Practice and evidence of having undertaken additional continuing competence activities must be submitted.

Remedial requirements must be completed within the period of time specified by the Director of Quality Practice and at the registrant’s own cost. Remedial requirements may include:

- a. Completing specific PDP requirements
- b. Completing additional learning activities
- c. Providing evidence of continued learning and competence
- d. Answering questions regarding continued learning and competence
- e. Submitting to a periodic review and evaluation by the Director of Quality Practice
- f. Reporting to the Director of Quality Practice on specified matters related to the PDP
- g. Any other remedial requirements the Director of Quality Practice considers appropriate.

If a PDP remains below set requirements or is not completed at all, the Registrar may impose the following conditions on a practice permit:

- a. The registrant practice under supervision
- b. The registrant’s practice be limited to specified professional services or to specified areas of the practice
- c. The registrant refrain from performing specified restricted activities
- d. The registrant refrain from engaging in independent practice
- e. The registrant submits to additional practice visits or other assessments
- f. The registrant report to the Registrar and/or Director of Quality Practice on specified matters on specified dates
- g. The registrant’s practice permit is valid for a specified purpose and time
- h. The registrant be prohibited from supervising students or other health professionals
- i. The registrant may be assessed a violation fee equal to half of their registration fee
- j. The registrant will be unable to renew for the next practicing year
- k. A flag will appear on the registrants file in ‘find a nurse’ which will appear on any verification requests
- l. The registrant’s employer may be notified of the policy violation
- m. The registrants name will be added to the non-compliance public page

## CONDITIONS AND EXCEPTIONS

Describe exceptions here.

None
------

## AUTHORITY AND ACCOUNTABILITY

List the job titles and business offices directly responsible for the policy.

ROLE	RESPONSIBILITY
CANN Board of Directors	Governed by NT Nursing Profession Act (2023) S.22.(2), NU Nursing Professions Act (2023) S.18, Bylaw 5.2, 5.3. The Board of Directors has the authority to revise this Policy as required.
Director of Quality Practice	The Director of Quality Practice is accountable to the Board for the implementation of this policy and