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The Regulatory Amalgamation for Nursing and Midwifery in British Columbia

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Abstract

On 1 September 2020, Canada's first combined nursing-midwifery regulator was created with the amalgamation of the separate nurse and midwife regulators in British Columbia (BC). The highly critical *Cayton Report* on health profession regulation, the previous experience of amalgamating nursing regulators in BC, and a broader call for more efficient and effective regulation were factors influencing this reform. The goals of the reform were to increase regulatory efficiency (by maximizing economies of scale) and effectiveness (by ensuring adequate resources to meet the public interest mandate) and, for the regulators, to control the pace and progress of the amalgamation ahead of impending government dictate. These goals of the regulators' proposal to amalgamate clearly fit with the BC government's vision for modernizing health profession regulation. To implement the amalgamation, the BC government released an Order in Council on 8 June 2020 that amended various regulations under BC's *Health Professions Act* and confirmed the September 1 date of amalgamation. There is currently no clearly articulated evaluation plan for this reform; however, evaluating regulatory efficiency and effectiveness in the interests of the public is likely to be a focus moving forward for both regulators and governments.

Le premier organisme de réglementation combiné des soins infirmiers et de la profession de sage-femme au Canada a été résulté le 1er septembre 2020 de la fusion des organismes distincts de réglementation des soins infirmiers et de la profession de sage-femme en Colombie-Britannique. Les facteurs ayant influencé cette réforme ont été le très critique rapport Cayton sur la réglementation des professions de santé, l'expérience antérieure de la fusion des organismes de réglementation des soins infirmiers en Colombie-Britannique et un courant général en faveur d'une réglementation plus efficiente et efficace. Les objectifs de la réforme étaient d'accroître l'efficacité réglementaire (en maximisant les économies d'échelle) et l'efficience (en garantissant des ressources adéquates pour répondre au mandat d'intérêt public) et, pour les régulateurs, de contrôler le rythme et la progression de la fusion avant l'imminence d'un diktat gouvernemental. Ces objectifs de la proposition de fusion des organismes de réglementation correspondent clairement à la vision du gouvernement de la Colombie-Britannique en matière de modernisation de la réglementation des professions de santé. Pour mettre en œuvre la fusion, le gouvernement de la Colombie-Britannique a publié le 8 juin 2020 un décret modifiant divers règlements en vertu de la Health Professions Act de la Colombie-Britannique et confirmant la date du 1er septembre pour la fusion. Il n'existe actuellement aucun plan d'évaluation clairement formulé pour cette réforme; toutefois, l'évaluation de l'efficacité et de l'efficience de la réglementation dans l'intérêt du public sera probablement un point central à l'avenir, tant pour les régulateurs que pour les gouvernements.

Key Messages

- On 1 September 2020, Canada’s first combined nursing-midwifery regulator was created with the amalgamation of the nursing and midwifery regulators in British Columbia.
- A critical report on health profession regulation and a broader call—both in Canada and internationally—for more efficient and effective regulation were factors in this innovative regulatory reform.
- Amalgamating with the nursing regulator prior to impending government mandated consolidation of regulators allowed the midwifery regulator to more proactively shape the amalgamation process.

Messages-clés

- *Le 1er septembre 2020, le premier organisme de réglementation combiné des soins infirmiers et de la profession de sage-femme au Canada a été créé par la fusion des organismes distincts de réglementation des soins infirmiers et de la profession de sage-femme en Colombie-Britannique.*
- *Un rapport critique sur la réglementation des professions de la santé et un appel plus large—tant au Canada qu’à l’étranger—en faveur d’une réglementation plus efficiente et plus efficace ont été des facteurs déterminants dans cette réforme réglementaire novatrice.*
- *La fusion avec l’organisme de réglementation des soins infirmiers avant la consolidation imminente des organismes de réglementation mandatée par le gouvernement a permis à l’organisme de réglementation de la profession de sage-femme de façonner le processus de fusion de manière plus proactive.*

1 BRIEF DESCRIPTION OF THE HEALTH POLICY REFORM

On 1 September 2020, Canada’s first nursing-midwifery regulator was created with the amalgamation of the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia (CMBC). The newly created regulator, the British Columbia College of Nurses and Midwives (BCCNM), now regulates the province’s 59,493 nurses (including 41,636 registered nurses, 552 nurse practitioners, 13,477 licensed practical nurses, 3,139 registered psychiatric nurses, and 689 graduate and employed students) and 379 midwives (BC Government 2020a). Described as building on the “strong foundations of collaboration and partnership” established by the former BCCNP and CMBC (Johansen and Calnan 2020), the creation of the BCCNM is in line with ongoing efforts by the provincial government to improve the efficiency (by maximizing economies of scale) and effectiveness (by ensuring adequate resources to meet the public interest mandate) of the health profession regulatory framework in British Columbia (BC).

2 HISTORY AND CONTEXT

Midwifery has had a long and difficult journey towards autonomy and regulation in Canada, and the integration of midwifery services in health systems still varies across Canadian provinces and territories (Neiterman, Lawford, Bourgeault 2021). A professional- and consumer-led social movement, as well as changes to public funding of maternity care, resulted in the gradual integration of midwifery across a number of provinces. This integration has been as a separate profession from nursing and other health professions (Bourgeault, Benoit, Davis-Floyd 2014).

In comparison, international jurisdictions have historically regulated the nursing and midwifery professions under a single umbrella, including the Nursing and Midwifery Council in the United Kingdom, the Nursing and Midwifery Board of Australia, and certain states in the United States. There is also a wider international trend moving away from regulating professions in silos and instead encouraging collaborative forms of regulation (Leslie et al. 2018).

In June 2018, a representative from the BC Ministry of Health highlighted these trends in a presentation to all BC health regulators and communicated the Ministry’s desire to create a new framework that would consolidate many of the health profession regulators (CMBC 2019). At the time, the three regulators for nursing in BC were undergoing amalgamation. In September 2018, the College of Registered Nurses of British Columbia (which regulated registered nurses and nurse practitioners), the College of Licensed Practical Nurses of British Columbia, and the College of Registered Psychiatric Nurses of British Columbia merged to become the BCCNP. The goals for the creation of the BCCNP included having a single point of contact and a unified voice for all nursing regulation in BC, consistency

in standards for nurses working in teams, more effective use of registration fees, and the improved ability to collaborate with other health professionals and regulators (Duncan and Whyte 2018).

Following this initial amalgamation (of nursing regulators), the next major impetus for the creation of the BCCNM was the release, on 11 April 2019, of the *Cayton Report* (Cayton 2018). This report was commissioned by the BC government and conducted by Harry Cayton, an expert in professional regulation and previously Chief Executive of the United Kingdom’s Professional Standards Authority for Health and Social Care. The *Cayton Report* focused both on the performance of the regulators for dentists in BC and on the umbrella legislation governing health profession regulation in BC, the *Health Professions Act*. The report was highly critical, finding that the current siloed model weakened public protection and that there was a deserved lack of public trust in health professional regulation in BC. In his report, Cayton noted that the number of health profession regulators in BC raised “questions about the durability and indeed common-sense of setting up separate regulators for every occupation regardless of its numerical strength or its risk profile” (2018, 71), and cited research in other jurisdictions that found the larger the register, the greater the economies of scale. The report went on to recommend that the government “actively encourage and facilitate mergers” (2018, 75) with the goal of fewer but larger regulators with resources adequate to meet their public interest mandate. This aligned with the BC Ministry of Health’s goals which were communicated to the BC health regulators group at the earlier June 2018 meeting.

In response to the *Cayton Report*, an all-party steering committee chaired by the BC Minister of Health was formed to examine health regulatory reform. The steering committee released its initial reform proposals for public consultation on 27 November 2019. These initial proposals included reducing the number of regulators in BC from 20 to five: the BCCNP, the College of Physicians and Surgeons of BC, the College of Pharmacists of BC, a new oral health profession regulator, and an umbrella regulator for remaining professions. The proposal noted that rather than joining the umbrella regulator, established regulators could “consider approaching” the BCCNP, the physician and surgeon regulator, or the pharmacist regulator to discuss potential amalgamation (BC Government 2019, 10).

On the same day that the steering committee released these reform proposals, the BCCNP and the CMBC publicly announced their intent to amalgamate, noting that they had already provided the Ministry a letter outlining their joint support for amalgamation. In the wake of the *Cayton Report*, the CMBC’s board had directed the registrar to explore amalgamation options, specifically with the BCCNP and the College of Physicians and Surgeons (CMBC 2020). While both were receptive to amalgamating with the midwifery regulator, there were challenges with the physician and surgeon regulator around a number of issues. These included the proposed timeline, uncertainty around whether all CMBC staff could move into the new amalgamated regulator and whether “midwife” would be included in the title of the amalgamated regulator, and the inability to include a midwifery position on the board (Johansen, Aerts, Momtazian 2020). These issues were not present

with the nursing regulator and thus the CMBC moved forward with the BCCNP. Work between these regulators and the government progressed over the next year to allow the regulatory amalgamation to occur.

Despite the COVID-19 pandemic that hit in March 2020 and is in a second wave at the time of writing, the BC Ministry of Health has continued with the regulatory reform work started with the *Cayton Report*. The steering committee released updated recommendations on 27 August 2020, reflecting feedback received from various stakeholders during the consultation period. Among other significant changes to the governance and oversight of regulators, the updated recommendations include collapsing the number of regulators from 20 to six (rather than the initially proposed five) where the umbrella regulator would be split into two: one for allied health and care professionals and one for complementary and alternative health care professionals. Other than the podiatric surgeon regulator amalgamating with the College of Physicians and Surgeons of BC on 31 August 2020 and the creation of the BCCNM on 1 September 2020, no other regulatory amalgamations have occurred to date. Given the October 2020 election win that allowed the New Democratic Party (NDP) to remain in power in BC, the remaining regulatory consolidations will likely move forward by government directive in the coming months.

3 GOALS OF THE REFORM

3.1 Stated

Reducing the number of health profession regulators in BC is meant to improve performance, efficiency, and effectiveness of the regulatory framework. When announcing the move from 20 regulators to six in August 2020, the BC Minister of Health said that combining colleges will allow for economies of scale and the pooling of resources and regulatory expertise. The Minister further added that the public consultation process demonstrated strong support for the idea of a reduced number of regulators (BC Government 2020b). As the steering committee for the regulatory reform in BC noted, moving to multi-profession regulation also recognizes that regulating single professions in isolation does not allow regulators to respond nimbly to the complexities of modern team-based care (BC Government 2020a).

3.2 Implicit

The amalgamation into the BCCNM was jointly proposed by the nursing and midwifery regulators following the *Cayton Report*, forestalling any directed mergers by the government and allowing the regulators to amalgamate on their own terms. In its consultation paper, the steering committee clearly stated that the BCCNP would be maintained as a standalone regulator due to its sufficient size and registrant base. Absent the creation of the BCCNM, the CMBC would have likely fallen under the allied health and care umbrella

regulator, along with eight other professional groups. The creation of the BCCNM not only allowed the CMBC to get ahead of impending government-mandated amalgamation into the allied health regulator but also allowed the CMBC to establish a stable financial position: the midwifery regulator had recently experienced a deficit after its government grant support, received for the first 20 years of operation, had been phased out (CMBC 2019). The regulatory efficiencies created by the amalgamation ensured midwife registration fees, already some of the highest among health professionals in BC, did not need to be raised. Registrant fees are used to support regulatory processes and the much larger registrant base for midwives with the amalgamation more easily supports these (now coordinated) processes.

4 FACTORS THAT INFLUENCED HOW AND WHY

4.1 The issue came onto the government’s agenda: problems, politics, and policies

Kingdon’s agenda setting framework can be used to explain how a policy change occurs when the three streams of *problems*, *politics*, and *policies* converge to open a window of opportunity (Kingdon 2003).

The *problem* of regulatory inefficiency was highlighted by the highly critical *Cayton Report*. Its release served as a broad focusing event for all BC health regulators and a specific focusing event for the midwifery regulator. Following this report, the CMBC Board had “many strategic conversations about how to maintain the midwifery philosophy of care and retain CMBC’s excellent reputation of public protection and safety in a larger college” and directed the registrar to explore voluntary amalgamation with either the BCCNP or the physician and surgeon regulator (CMBC 2020, 4).

In terms of the *politics* stream, the efficiency and effectiveness goals of the regulators’ proposal to amalgamate clearly fit with the BC government’s vision for modernizing health profession regulation. The decision to amalgamate, while proposed by the CMBC and BCCNP, fell to the provincial cabinet. To ensure that the amalgamation was in line with government goals, a representative from the Professional Regulation and Oversight branch of the Ministry of Health sat as a non-voting member of the Transition Steering Committee formed by the CMBC and the BCCNP (Johansen, Aerts, Momtazian 2020).

The *policies* stream included a recent emphasis on improving economic accountability and reducing the costs associated with professional regulation. These considerations are increasingly being used in the discourse around defining public interest in Canada (Adams 2016) and have been a major driver of change in both Australia and the United Kingdom (Leslie et al. 2018). While a complex endeavour (particularly during the pandemic), the amalgamation was a technically feasible policy option given amendments to the *Health Professions Act* in 2017 to allow the amalgamation of regulators, including the prior amalgamation experience of the nursing regulators. Other policy options that could have been

considered included the CMBC amalgamating with one of the other regulators that would remain standalone post-reform or joining the multi-profession umbrella regulator. Reforms to increase regulatory efficiency could also have taken the form of legislated regulatory collaboration. Examples of reform to legislate regulatory collaboration in other jurisdictions include Ontario’s introduction of a requirement for regulators to collaborate on standards where their professions share controlled acts (specific activities that pose a threat to public safety if not performed by a qualified practitioner) (Regan et al. 2015) and Nova Scotia’s establishment of a network of regulators with voluntary collaboration (Lahey and Fierlbeck 2016). Legislative reform could additionally have been directed through a coordinated pan-Canadian approach to harmonize reform measures across the country.

4.2 The final decision was made: interests, ideas, institutions

The 3I framework helps identify a range of *interests*, *ideas*, and *institutions* that influence a particular policy decision (Lavis et al. 2012). *Interests* represented in the decision to create the BCCNM were primarily that of the two regulators involved, which are in turn charged with protecting the public interest. The CMBC joined a much larger regulator with recent amalgamation experience to help guide the process; further, the amalgamated regulator would include midwifery representation both on the board and in the title of the amalgamated organization, and jobs for all CMBC staff members. The BCCNP added a profession that, internationally, is often aligned with nursing regulation and was provided with a second chance to refine its amalgamation process. Individual midwife registrants may also benefit from decreased fees, given the efficiencies created by the amalgamation with a much larger regulator. The CMBC emphasized that, while there could be fear that the amalgamation would jeopardize the hard-won integration of midwives into the BC health system, midwives would still be regulated as “autonomous, primary care providers with a unique scope and philosophy of care” (CMBC 2020, 5). To our knowledge, there were no organized campaigns for or against the amalgamation by nurse, midwife, or physician interest groups.

Ideas apparent in the decision include the value placed on creating economies of scale and on harmonizing regulation through multi-profession regulators: the amalgamation clearly fit with the BC government’s vision for modernizing health profession regulation. While there is no evidence base specific to amalgamating nursing and midwifery regulators in Canada, the *Cayton Report*, in recommending a reduced number of regulators in BC, relied on evidence from other jurisdictions that has found that greater economies of scale are created with larger regulatory registrant bases. The final recommendations of the steering committee observed that larger regulatory colleges are not only more efficient but likely more effective given their more extensive experience in carrying out regulatory functions and their greater financial resources to provide registrants with higher quality support for safe practice.

Institutional factors that may have driven the decision to amalgamate the midwifery and nursing regulators include policy legacies: that of the previous amalgamation of the nursing regulators in BC and the 20-year government grant support for the CMBC that had recently been phased out. The institutional path was created by the government-directed policy reform.

5 HOW THE REFORM WAS ACHIEVED

5.1 Policy instruments

On 13 March 2020, the BC government posted proposed amendments to regulations made under the *Health Professions Act* that would amalgamate the BCCNP and the CMBC. On 8 June 2020, the BC government released an Order in Council that officially amended these regulations under the Act and confirmed that the BCCNM would be created on 1 September 2020. These amendments followed legislative reforms made in 2017 to the Act to facilitate the amalgamation of the BC nursing regulators since, when enacted, the Act only considered adding new regulators but had no provisions for amalgamation.

5.2 Implementation and communication

Many operational, legal, financial, and regulatory changes were required to successfully amalgamate the midwifery and nursing regulators into the BCCNM. The BCCNP and CMBC kept registrants and the public informed of the progress towards amalgamation on their respective websites beginning with the announcement of the intention to amalgamate on 27 November 2019. A Transition Steering Committee with representatives from the boards of both regulators was created to oversee the transition process. The amalgamation was smoothed by the fact that the CMBC had moved into shared physical office space with the BCCNP (and other health regulators) following the nursing regulatory amalgamation in 2018 (CMBC 2018). All staff from both of the BCCNP and the CMBC continued—at least initially—into jobs at the new regulator (BCCNP 2020).

On 27 May 2020, the BCCNP and CMBC posted the proposed bylaws for the amalgamated regulator on their respective websites. On 20 July 2020, the BC Minister of Health announced the appointees to the new BCCNM board. There are currently ten members, five professional and five public. The five professional members include representatives for each of the four nursing designations and a midwife representative. This reduced-in-size board, with appointed members and parity of public and professional representatives, is in line with reforms to regulatory governance recommended by the steering committee in BC and currently underway in other Canadian jurisdictions (e.g., *Alberta's Health Statutes Amendment Act*, 2020).

Much of the day-to-day practice for registrants was meant to remain unchanged under the amalgamation, though some changes were made to streamline previous midwife registration classes and to harmonize midwife registration fees to the approach of the nursing regulator. Application and registration requirements and the previous policies and standards remain the same as they were pre-amalgamation for both nursing and midwifery.

Despite the ongoing global pandemic and the resultant pressures on regulatory bodies, this reform was completed remarkably quickly, with a year passing from when the letter of intent was submitted to the BC government to when the new BCCNM was created.

6 EVALUATION

At the time of writing, there is no clearly articulated evaluation plan for this specific amalgamation. However, evaluating the efficiency and effectiveness of regulators is a topic gaining momentum in recent years, and both the *Cayton Report* and the steering committee in BC recommended a new oversight body that would routinely audit regulators based on performance standards. In 2019, the College of Midwives of Ontario approved the Regulatory Performance Measurement Framework to evaluate its own performance and demonstrate its ability to regulate in the public interest (College of Midwives of Ontario 2019a). This voluntary commitment by the regulator is meant to dovetail with the Ontario Ministry of Health's new Performance Measurement Framework (College of Midwives of Ontario 2019b). Another evaluation option would be an external review by an organization, such as the Professional Standards Authority in the United Kingdom.

7 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

A SWOT analysis of the regulatory amalgamation for nursing and midwifery in BC is presented in Table 1.

Table 1: SWOT Analysis

| STRENGTHS | WEAKNESSES |
|---|---|
| <ul style="list-style-type: none"> ● Aligns with government direction to reduce the number of regulators in BC. ● Builds on BCCNP’s experience in regulatory amalgamation. ● Midwife registrants benefit from additional resources and broader regulatory experience by joining a much larger regulator. | <ul style="list-style-type: none"> ● Amalgamating during the COVID-19 pandemic may have made communications with registrants and stakeholders more difficult. ● No clear plan to evaluate the success of the amalgamation on regulatory efficiency and effectiveness. ● Evaluating the reform may be more difficult since the amalgamation occurred during the pandemic when regulators were experiencing other significant challenges. |
| OPPORTUNITIES | THREATS |
| <ul style="list-style-type: none"> ● Increased focus on interprofessional practice at the regulatory level may influence practice, allowing midwives to more closely align with nurse practitioners in upcoming BC primary health care reform (BC Government 2020c). ● Precedent for other regulators across Canada facing similar pressures to amalgamate. ● Chance to reinforce the regulatory mandate of public protection with registrants who may question the impact of amalgamation on professional identity. | <ul style="list-style-type: none"> ● Uncertainty around future government reform that may centralize certain regulatory functions and impact BCCNM’s ability to retain all staff positions from prior to the amalgamation. ● Additional strain on resources by the pandemic may make assessment of regulatory efficiency more difficult. ● Potential lack of role clarity around definition of a nurse and midwife given the role of “nurse-midwife” recognized in some international jurisdictions. |

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