Submission to: Hon. David Caplan

Response to HPRAC Referral "A Report to the Minister of Health and Long-Term Care on the Review of the Scope of Practice of Registered Nurses in the Extended Class (Nurse Practitioners) March 2008

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Nurse Practitioners' Association of Ontario
180 Dundas Street W, Suite 1008
Toronto, Ontario M5G 1Z8

1. Introduction

The Nurse Practitioners' Association of Ontario (NPAO) is pleased to have this opportunity to provide feedback on the recommendations presented to Minister of Health and Long-Term Care, David Caplan, by the Health Professions Regulatory Advisory Council in *"A Report to the Minister of Health and Long-Term Care on the Review of the Scope of Practice of Registered Nurses in the Extended Class (Nurse Practitioners)"* (March 2008).

NPAO, an interest group of the Registered Nurses' Association of Ontario (RNAO), represents the professional interests of all nurse practitioners (NPs) in Ontario. Our mission is to achieve full integration of nurse practitioners to ensure accessible high quality health care for Ontarians. NPAO's membership includes over 1200 members. The majority of members are primary health care nurse practitioners (72%). Another 22% are among the first group of NP-Adult and NP-Paediatrics registered in Ontario since August 2008 or who are academically prepared as Adult or Paediatrics nurse practitioners and expected to write nurse practitioner examinations within the next two or three years. The remaining members are registered nurses enrolled in nurse practitioner programs or who are interested in the role.

NPAO, RNAO and hundreds of nurse practitioners actively participated in the public consultations across Ontario organized by HPRAC in the fall of 2007 and submitted written feedback on the proposal from College of Nurses of Ontario *"Registered Nurses in the Extended Class: Scope of Practice Review"* (August 2007).

No other health professional group in Ontario, regulated or unregulated, has been the subject of as many reports and reviews as nurse practitioners. In the first decade since the nurse practitioner was regulated, in addition to this referral to HPRAC, there have been six projects commissioned by the Ministry of Health and Long-Term Care specific to nurse practitioners and many Ministry funded projects focusing on interprofessional teams with nurse practitioners taking integral roles. The multiple reports published through the Canadian Nurse Practitioner Initiative represent further review and analysis of Ontario's nurse practitioners at a national level. In addition, numerous federal and provincial health system and health human resource studies have identified multiple health system issues and recommended the need for broad integration of nurse practitioners into our health system. (Appendix 1 – Provincial and Federal Report re: Nurse Practitioners)

What these reports all have in common is the following:

- Story after story that highlight the added value of the role of nurse practitioners in our health care system and the impact the nurse practitioner role has in addressing multiple health system agendas including reducing wait times, increasing access to care, helping patients and families to navigate the system and implementing effective strategies to manage and prevent chronic diseases.
- Story after story that identify legislative, regulatory and policy barriers which limit the scope of practice, reduce the effectiveness of interprofessional teams and contribute to further health system inefficiencies.
- Recommendations that call for specific action to remove barriers to enable more efficient and effective utilization of the role, support full scope of practice and integrate the role in all settings and sectors of the health care system.

It is through the collective experience gained from participating in so many initiatives to review and analyze the role of nurse practitioners, that NPAO provides this feedback on HPRAC's nineteen recommendations on the nurse practitioner scope of practice.

2. Overview of HPRAC's Recommendations

NPAO is very pleased with HPRAC's general conclusion on the scope of practice for nurse practitioners:

> *"having considered the research results and consultation input, HPRAC has concluded that expansion of the NP scope of practice and changes to the regulatory system are in the public interest."*[1]

Overall, the recommendations in the report present very positive steps forward in addressing long standing barriers to practice as well as identifying new issues and emerging challenges that will support integration of nurse practitioners and establish the role to effectively address multiple government health policy agendas.

However, NPAO has identified a number of concerns in regard to some of HPRAC's recommendations, especially in relation to implementation strategies, that appear to continue to limit nurse practitioner practice and the evolution of the role.

Simplicity and Clarity in Regulation

Recommendation 1**:** Consider rewriting Ontario Regulation 275/94 under the *Nursing Act*, 1991, and substituting a revised version to make it clearer and easier to follow.

> ***NPAO Response:*** NPAO agrees with Recommendation 1 and supports revisions to Regulation 275 to promote clarity and understanding.

Recommendation 2: Amend the *Nursing Act,* 1991 to list all controlled acts nurse practitioners are authorized to perform.

> ***NPAO Response****:* NPAO agrees with Recommendation 2 to list all controlled acts authorized to nurse practitioners in one section of the Nursing Act for purposes of clarity and understanding.

Recommendation 3: Standardize terminology about nurse practitioners in all laws and regulations by eliminating the use of the terms "registered nurse (extended certificate)", "registered nurse (extended class)" and "registered nurse in the extended class" in favour of the term "nurse practitioner".

> ***NPAO Response:*** NPAO agrees with Recommendation 3, with proviso, to use consistent terminology (i.e., nurse practitioner) rather than the numerous versions of 'registered nurses extended class' for purposes of clarity and understanding.
>
> ***Proviso to Recommendation 3:*** It is important to ensure that complementary changes substituting RN(EC) with NP in other Acts and Regulations, inclusive and exclusive of the health sphere, are made simultaneous to any changes to the *Nursing Act*.
>
> ***Rationale:*** If RN(EC) is eliminated from the *Nursing Act*, but corresponding changes are not made in complementary legislation then nurse practitioner practice may be inadvertently stymied because the role would no longer be recognized in the context of the corresponding legislation. On review of HPRAC's report, changes to legislation that

[1] HPRAC, March 2008, page 5

fall outside the scope of the Ministry of Health and Long-Term Care were not clearly identified. See Recommendation 19 for further discussion of NPAO's concerns related to complementary amendments.

Scope of Practice Statement

Recommendation 4: Make no changes to the scope of practice statement as set out in Section 3 of the *Nursing Act, (1991)*.

NPAO Response: NPAO agrees with Recommendation 4 to retain the current scope of practice statement.

Specialty Certification and Categories of Specialty

Recommendation 5: Maintain the current requirement in the regulations for nurse practitioners to have a specialty certificate and also continue the current specialty categories.

NPAO Response: NPAO agrees, in part, with Recommendation 5 to maintain specialty certificates for nurse practitioners. Additional recommendations elaborate on NPAO's concerns.

Further, NPAO strongly recommends in relation to Recommendation 5 that terms which appear to limit nurse practitioner practice to a specific setting, such as "non-acute care" and "acute care" specialties, be eliminated from Section 11.2 (1) and (2) of Ontario Regulation 275/94 under the *Nursing Act (1991)*[2].

Further, NPAO also recommends in relation to Recommendation 5 the continuation of the NP-Anaesthesia specialty certificate and, in order to implement the role, recommends that the necessary amendments to Regulation 965 under the *Public Hospitals Act* (1990) and related legislation must be initiated (see also Recommendation 19).

Rationale: NPAO is in agreement with the recommendation in so far as providing clarity respecting titles, particularly in light of HPRAC's Recommendation 8 (discussed below) which intends to enact into law limitations respecting individual scope of practice of nurse practitioners. However, language that defines specialties as acute or non-acute may be interpreted to limit where nurse practitioners can practice. NPAO believes that nurse practitioners, once deemed competent to serve a specific patient population, should have the flexibility to practice in any setting consistent with professional standards of knowledge, skill and judgment.

NPAO questions whether HPRAC's suggestion to delay implementation of the role is in the best interest of the public. Since the HPRAC consultation in the fall of 2007, the College of Nurses of Ontario (CNO) has continued to work on regulatory and practice issues to enable implementation of the role. As well, the University of Toronto initiated a NP-Anaesthesia program in January 2009[3] with full support from the Ministry of Health and Long-Term Care. Although still relatively new in Canada, the role is well established

[2] Implementation of Recommendation 5 is described in HPRAC, March 2008, pages 74-77.
[3] Hubley (October, 2008)
http://74.125.95.132/search?q=cache:Uf7VZyr2gTUJ:www.opana.org/assets/presentations/Nurse%2520Practitioner%2520of%2520Anesthesia%2520by%2520Pam%2520Hubley%2520Part%25203.ppt+NP+Anaesthesia+education+program&hl=en&ct=clnk&cd=1&gl=ca&client=firefox-a

in other jurisdictions. NPAO believes the specialty role will play a valuable role in providing safe, effective care. The continued development of this role necessitates that the Ministry of Health and Long-Term Care proceeds with the necessary amendments to Regulation 965 under the *Public Hospitals Act* (1990) and related legislation to enable NPs-Anaesthesia to practice to full scope (see Recommendation 19). Without these amendments, NPs-Anaesthesia will be limited to practicsing under medical directives which, as NPAO, nurse practitioners and stakeholders have articulated numerous times in the past to government, HPRAC and CNO, is ineffective and inefficient and erodes credibility of the nurse practitioner role.

Recommendation 6: Add a new acute care specialty of "Neonatal" (NP-Neonatal).
Recommendation 7: Extend title protection to the proposed new specialty, "NP- Neonatal".

NPAO Response: NPAO does not support Recommendations 6 and 7 because the advantages of introducing a new nurse practitioner certificate at this time are not clearly articulated and in fact, may further limit nurse practitioner practice and lead to over-regulation of the profession.

Rationale: NPAO does not believe the introduction of a NP-Neonatal specialty certificate advances the public interest or the interests of its members. During the process to develop specialty certificates, the CNO decided not to introduce a NP-Neonatal certificate because the role was considered to be subsumed, using a population approach, under the broader NP-Paediatrics specialty certificate. NPAO supports this decision.

Introduction of new specialties could potentially lead to numerous specialty and / or sub-specialty certificates being introduced (NP-Cardiology, NP-Orthopedics, NP-Nephrology, etc.) which, in NPAO's view would not only limit nurse practitioner practice, but also the evolution of the NP role. NPAO recognizes that other provinces have neonatal nurse practitioner categories, including Alberta and the Quebec, but notes this approach is inconsistent with that proposed by the Canadian Nurse Practitioner Initiative (CNPI) (2006) and CNO.

Initial concerns raised by neonatal advanced practice nurses have largely been addressed by CNO. The Advanced Neonatal Nurse Practitioner program offered through McMaster University, School of Nursing, is an approved education program[4] and nurse practitioners with this neonatal specific educational background are eligible to write a neonatal exam to meet eligibility requirements for the NP-Paediatrics specialty[5]. CNO has clarified the use of title for this group of nurse practitioners; they must use the title NP or RN(EC) and they may use NP-Paediatrics and / or "they may also use their clinical specialty when making reference to title [e.g. NP (neonatal)].[6]"

[4] Retrieved January 28, 2009 from http://www.cno.org/for/rnec/np_regs.html#primary
[5] The National Certification Corporation: Neonatal Nurse Practitioner Certification Examination for the Nurse Practitioner - Paediatrics specialty certificate (writes from 2005 and onward) was approved by CNO Council on September 26, 2007 http://www.cno.org/about/council/meetings/2007/pdf/Sept262007_CouncilMinutes.pdf and applied to writes from 2005 and onwards. In December 2008 Council broadened this policy to include exam writes from 1994 and onwards.
[6] CNO (2006). Summary of Responses to the Proposed Changes to the Regulations Related to the Extended Class http://www.cno.org/about/council/connect/2006/pdf/responses_to_RN(EC)changes.pdf

Individual Scope of Practice

Recommendation 8: Amend the *Nursing Act*, 1991 to allow nurse practitioners to deliver only health care services within the specialty for which they hold a specialty certificate and within that specialty, only those health care services for which they are educationally prepared and for which competency has been established and maintained, and make nurse practitioners responsible under the law for identifying the limits of their educational preparation and competencies, and for resolving situations beyond their expertise by consulting with, or referring patients to, other health care providers.

NPAO Response: NPAO supports the principles, rationale and intent of Recommendation 8 but is challenged with the strategies proposed by HPRAC to support implementation because it is inconsistent with the concept of self-regulation and it does not enable a patient-centred model of care that has the flexibility to respond to evolving health system needs and rapidly changing technology. Additional recommendations elaborate on these concerns.

Further, NPAO recommends in relation to Recommendation 8 that, should the Minister of Health and Long-Term Care decide that individual scope of practice statement is deemed to be necessary, that it be inserted in either regulation or standard without categorizing the specialties as acute or non-acute.

Further, NPAO recommends in relation to Recommendation 8 that while the general principles outlined in the statement have value, they are not unique to nurse practitioners and apply to all regulated professions. NPAO encourages the Minister of Health and Long-Term Care to consider strategies to ensure that the principles be articulated in College Objects or other appropriate documents applicable to all regulated health professions

Rationale: NPAO strongly supports HPRAC's position that nurse practitioners, and for that matter all regulated health professions, should practice within their specialty consistent with their educational preparation and competencies.

However, NPAO strongly believes that this approach will prevent NPs from applying their professional knowledge in settings where their competencies match the needs of the patient population. Ontario needs a health system and health professionals that are responsive to changing population health care needs which includes being able to respond to, and adapt to a wide variety of settings where care is needed. Settings where both acute and chronic types of care is being delivered is changing and will continue to change. We must be preparing for the future matching care needs of patients with nurse practitioner competencies in a changing health care environment.

HPRAC recommended (see Recommendation 4) no change to the general scope of practice statement for nursing under the *Nursing Act* because the statement *"appropriately describes the functions of all members of the College of Nurses"* and HPRAC "*concluded that the current definition is broad enough to encompass the full range of nursing activities in Ontario, including that of NPs"* (p. 74). Given this, NPAO questions the need for the introduction of an individual scope of practice statement in the Act exclusively for nurse practitioners if the broad statement adequately encapsulates nurse practitioner practice. Recommendation 8, in the view of NPAO, appears to contradict HPRAC's rationale for its decision to maintain the general scope statement

and is inconsistent with the concept of self-regulation. It is also questionable why HPRAC is recommending that an individual scope of practice be inserted in the law thereby making violators of it subject to legal proceedings rather than being managed through a professional conduct forum.

NPAO cautions that the proposal to include individual scope of practice statements may inadvertently stymie or restrict practice of current and future NP certificate holders. This is because of the language used in the regulations under the *Nursing Act* (1991) that links specialty certificates and practice settings. For example, NP-PHC is described as a "non-acute care specialty" while NP-Adult, NP-Paediatrics and NP-Anaesthesia are described as "acute care specialties"[7]. The individual scope of practice statement as proposed[8] limits nurse practitioners to providing services to those that fall "only within the specialty." In NPAO's assessment, the notion of limiting nurse practitioners to their specialty practice categories of acute or non-acute care is not in the best interests for the public nor will it support a flexible, patient-centred health care system ready to meet the challenges and opportunities of the 21st century.

From both health system and policy perspectives, implementation of this recommendation would be extremely problematic. CNO data for 2008[9] indicates that 174 NP-PHC work in hospital settings including inpatient, outpatient and emergency programs and many nurse practitioners would provide care to patients within all areas of the hospital. Given the current focus on chronic disease management, the role of Adult and Paediatrics specialty certificate holders should be embraced in primary health care settings; to date these specialties have not been integrated into primary health care because of lack of funding and regulation of the role[10]. Nurse practitioner innovation and leadership in effecting collaboration across sectors would also be impossible to achieve. As a self-regulating profession, CNO is very clear that it is the responsibility of the individual nurse practitioners to have the necessary knowledge, skill and judgment to practice in any setting and with any population. Some examples may provide more clarity

- Ann Becks is a NP-PHC who works in an ICU of an urban hospital caring for patients and families in crisis.
- Jo-Anne Costello, NP-Adult, has developed innovative, award winning programs in chronic disease management in her practice at a Family Health Team.
- Dona Ree is a NP-PHC who has a joint position between a hospital and a long term home.
- One could envision a NP-Paediatrics working in public health to develop strategies to address childhood obesity.

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[7] Ontario Nursing Regulation 275/94 Section 11.2 (1) & (2)

[8] HPRAC Report (2008), p. 80
Page [55.] That the Nursing Act, 1991 be amended by adding the following section:
Individual scope of practice for nurse practitioners
5.2 (1) A nurse practitioner shall provide health care services as a nurse practitioner:
(a) only within the specialty for which he or she holds a specialty certificate; and
(b) within that specialty, only those health care services for which he or she is educationally prepared and for which competency has been established and maintained.

[9] Retrieved January 27, 2009 http://www.cno.org/docs/general/43069_stats/43069_MemberStats2008-final.pdf (page 32)

[10] To the best of our knowledge, to date, there is only one Ministry funded NP-Adult working in a community based primary health care setting.

- There are exciting new roles developing throughout the province where nurse practitioners follow patients from one setting to another (e.g., in the hospital, in the home and in outpatient programs)
- The role of NP-Anaesthesia is not limited to hospitals, and could also play an important role in community-based practices providing pain management for a variety of populations.

It is interesting to note that HPRAC's recommendation to place the individual scope of practice statement in the Act "giving it the force of law" is based on CNO's rationale for referencing the proposed nurse practitioner practice standards in the Act (HPRAC, March 2008, p. 78). The College proposal to reference the standards document in the Act, in NPAO's view, is intended to provide CNO with the flexibility to change practice requirements without having to change legislation. Requirements listed in the Act are far more difficult and onerous to change because legislative amendments are necessary.

Further, the content of the proposed statement (HPRAC, March 2008, p. 80) reflects registration and continuing competence requirements as articulated in the current Nursing Regulation (Section 11.1) and within the proposed nurse practitioner practice standards. It is unclear why HPRAC is making this recommendation.

For all these reasons, NPAO believes that the mechanisms proposed to implement Recommendation 8 are inconsistent with HPRAC's stated point of view that its recommendations for expanding Nurse Practitioner scope of practice are shaped to meet "the delivery of health care in the 21st century." (HPRAC, March 2008, p. 1) and may result in the opposite. Should the Minister of Health and Long-Term Care decide that individual scope of practice statement is deemed to be necessary as proposed in Recommendation 8, that it be inserted in either regulation or standard without categorizing the specialties as acute or non-acute. Finally, while the general principles outlined in the statement have value, they are not unique to nurse practitioners and apply to all regulated professions. NPAO suggests that the principles be articulated in College Objects or other appropriate documents applicable to all regulated health professions.

Standards, Limitations and Conditions on NP Practice

Recommendation 9: Amend the *Nursing Act*, 1991 to require nurse practitioners to comply with all standards, limitations and conditions established by the College of Nurses of Ontario for the performance of controlled acts, as set out in the CNO publication to be entitled "Practice Standards, Limitations and Conditions: Performance of Controlled Acts by Nurse Practitioners", as that publication is published and amended by the CNO from time to time.

NPAO Response: NPAO agrees with Recommendation 9 to require that nurse practitioners comply with standards, limitations and conditions published by CNO. Additional recommendations are proposed for consideration by the Minister of Health and Long-Term Care.

Further, NPAO recommends in relation to Recommendation 9**,** to facilitate its implementation, that the consultation requirement (Section 5.1 paragraph 2)[11] be deleted

[11] *Nursing Act (1991)* Section 5.1 (2) A member is not authorized to communicate a diagnosis under paragraph 1 of subsection (1) unless the member has complied with the prescribed standards of practice respecting consultation with members of other health professions. 1997, c. 9, s. 2.

from the *Nursing Act (1991)* and that any requirements respecting consultation should be placed in the nurse practitioner practice standard.

Rationale: NPAO believes that standards, limits and conditions as required on nurse practitioner practice should be placed in a practice standard rather than in the Act and / or Regulation as is currently the case. This approach provides the College with the authority to set standards and modify conditions and limitations without requiring legislative change. This will allow nurse practitioners to more readily meet patient needs, improve efficiencies in the system and keep pace with changes in the practice environment based on best practices and innovations in science and technology.

It should be noted this type of approach as referenced in the HPRAC report is used by nursing regulatory colleges in both British Columbia (CRNBC) and Nova Scotia (CRNNS), and other provinces are considering similar approaches (HPRAC, March 2008, p. 82). Further, HPRAC has proposed similar recommendations for other professions[12] (e.g., midwives, pharmacy, dietitians and physiotherapists) thus enabling consistency across professions.

Interprofessional Development of Standards, Limitations and Conditions for NP Practice

Recommendation 10: Amend the *Nursing Act, 1991* and regulations to provide for interprofessional involvement in the development of standards, limitations and conditions for nurse practitioner practice, and amend the regulations to provide for the composition of the *Nurse Practitioner Standards Committee* and the duties of the Committee.

NPAO Response: NPAO agrees with Recommendation 10 to establish a Nurse Practitioner Standards Committee. Additional recommendations are proposed for consideration by the Minister of Health and Long-Term Care.

Further, NPAO recommends in relation to Recommendation 10 that CNO Council be authorized with the same flexibility as other regulated health professions (e.g., Pharmacy, Midwifery, Physiotherapy) in regard to the composition and appointment of membership to the Nurse Practitioner Standards Committee.

Further, NPAO recommends in relation to Recommendation 10 that the majority of nursing representatives on the Committee be nurse practitioners.

Further, NPAO recommends in relation to Recommendation 10, while not specifically related to the HPRAC referral, that the *Nursing Act* be amended to specifically reference nurse practitioners as members of the CNO Council.[13]

Rationale: NPAO believes that interprofessional collaboration may benefit standard development by engaging stakeholders in a formalized process. CNO Council is provided with final decision-making authority to prescribe Committee composition and mandate and to approve standards, limitations and conditions recommended by the

[12] http://hprac.org/en/projects/resources/InterprofessionalCollaborationReportPhaseIIPartIENGSept08.pdf pages 76, 130, 185

[13] Nursing Act (1991), Section 9 (1) The Council shall be composed of, (a) twenty-one persons who are members elected in accordance with the by-laws, fourteen from among members who are registered nurses and seven from among members who are practical nurses; and

Committee. Recommendations 9 and 10 streamline processes that have frustrated nurse practitioners, collaborating physician partners, health care organizations and patients since the legislation was enacted in 1998. In addition, vested interests of stakeholders respecting nurse practitioner standards will be controlled because changes related to scope of practice which fall under the auspices of the Nurse Practitioner Standards Committee will no longer need to be vetted by government[14] or by stakeholders who do not endorse the nurse practitioner role.

NPAO cautions that CNO Council, in establishing the composition[15] and mandate of the Committee, appoint members who have a solid understanding of the nurse practitioner role and practice. Further, NPAO notes that in the recommendations of *An Interim Report to the Minister of Health and Long-Term Care on Mechanisms to Facilitate and Support Interprofessional Collaboration among Health Colleges and Regulated Health Professionals - Phase II, Part I*[16] that HPRAC does not prescribe the size or composition of committee membership for Standards Committees for pharmacy, midwives, or physiotherapists. Rather, the respective Colleges are granted authority to "appoint memberships of the …. Standards Committee, which shall include, at a minimum, one or more:" and then referencing a list of members/individuals relevant to the profession (HPRAC, September 2008, pp, 195, 198 & 201, respectively). For the same recommendation relevant to nursing, HPRAC identifies the size and composition of the committee.

Further, NPAO questions HPRAC's recommendation [see footnote 15, (b)] to include an individual who is neither a regulated health professional or member of a Council. While this appointment is likely to be a public member of CNO Council, the individual would probably not have sufficient expertise or understanding of regulation or the role of nurse practitioners to inform the development of nurse practitioner standards.

Expanded Access to Controlled Acts

Recommendation 11: Amend the *Nursing Act, 1991* to include all of the controlled acts authorized to nurse practitioners, and amend the General Regulation to designate the specific forms of energy nurse practitioners will be able to order and apply.

NPAO Response: NPAO agrees with the listing of all nurse practitioner authorized controlled acts in the *Nursing Act* and the expansion of scope of practice as proposed in Recommendation 11 but has significant concerns that the expanded scope is not broad enough. Additional recommendations elaborate on NPAO's concerns.

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[14] Exceptions are those controlled acts which are "prescribed by regulation" see Recommendation 11.

[15] [60.] That Ontario regulation 275/94 under the Nursing Act, 1991 be amended by repealing Section 20 and substituting the following:
20. (1) For the purposes of subsection 5.1 (4) of the Act, the Nurse Practitioners Standards Committee shall be composed of the following members appointed by Council:
(a) Six registered nurses and/or nurse practitioners, at least one of whom is a nurse educator from a nurse practitioner education program; and one of whom is a member of the Council;
(b) One person who is not or has not been a) a member of a College as defined in the Regulated Health Professions Act, 1991 or b) a member of a Council as defined in the Regulated Health Professions Act, 1991;
(c) Two members of the College of Physicians and Surgeons of Ontario, one of whom shall be a family physician and one of whom shall practice in a specialty of medicine, approved by the College of Physicians and Surgeons of Ontario;
(d) One member of the Ontario College of Pharmacists, approved by the Ontario College of Pharmacists; and

[16] Ibid 12

NPAO strongly recommends in Relation to Recommendation 11 that the proposed Nurse Practitioner Practice Standards, Limits and Conditions be used, rather than regulations, in relation to prescribing, dispensing, compounding and selling of drugs and applying and ordering forms of energy.

Rationale: NPAO is disappointed with Recommendation 11 as it does not expand scope of practice as articulated by NPAO, RNAO and nurse practitioners in their numerous submissions to HPRAC. NPAO also asserts that authority to enact controlled acts should not be limited by regulations.

HPRAC has proposed that applying and ordering forms of energy and prescribing drugs continue to be defined in regulation. In addition, HPRAC has not removed the condition in the Act that nurse practitioners can administer, by injection or inhalation, only drugs they are permitted to prescribe (HPRAC, March 2008, p. 86). Further, HPRAC has not included the controlled acts of dispensing, compounding and selling as part of these recommendations and has instead deferred decisions respecting authority to implement these acts by nurse practitioners to advice it will provide to the Minister on "prescribing and use of drugs by non-physicians" (HPRAC, March 2008, p. 94). It should also be noted that the recommendations are inconsistent with CNO's proposals with the exception of restrictions concerning forms of energy (CNO HPRAC Proposal, Appendix B, 2007).

While the recommendations will expand scope and remove some barriers, they do not sufficiently address the legislative and regulatory issues that limit nurse practitioner scope of practice, disrupt continuity and timely access to care for patients and result in health care system inefficiencies. Patients, nurse practitioners, and interprofessional teams will face the same barriers as in the past. Regulations will continually need to be changed. There will also be a continued reliance on the flawed and inadequate process of medical directives to enable practice. Throughout the HPRAC consultation, it was well acknowledged that this slow, cumbersome process does not respond in a timely or effective manner to changing technology and best practice expectations. Equally as important, no evidence was presented that the model of regulatory lists to limit controlled acts offers the public or government any additional assurance of safe practice by regulated professionals.

NPAO is concerned, especially in relation to prescribing, based on these recommendations that nurse practitioner practice will be subject to the same regulatory rules for prescribing as other non-physician prescribers with a "one-size-fits-all" approach utilizing categories of drugs in regulation. Such an approach fails to recognize the breadth and depth of nurse practitioner practice. This is not in the best interest of continuity of safe, quality, effective care for patients nor does it enable a health care system for the people of Ontario that is effective, efficient and safe.

NPAO continues to **strongly and unequivocally and based on evidence, advocate for open prescribing of medications by nurse practitioners**.

Registration Requirements

Recommendation 12: The following registration requirements for nurse practitioners should be mandatory:

a) Registered Nurse with minimum two years general practice,
b) Minimum standard education (i.e., Masters/graduate degree in nursing with specialty NP stream),
c) Minimum clinical hours/practicum,
d) Successful completion of national entrance examination for NP-PHC specialty,
e) During transition, successful completion of adapted American exams for NP-Adult and NP-Paediatrics specialties,
f) Successful completion of the American Neonatal NPs exam for the NP-Neonatal specialty, and
g) A one-year, formal supervised practice by either a NP or a physician post-certification.

NPAO Response: NPAO agrees with the registration requirements proposed in Recommendation 12 with the exception of the requirement for a one-year, formal supervised practice. Additional recommendations elaborate on NPAO's concerns.

Further, NPAO recommends in relation to Recommendation 12 that, consistent with the recommendations and findings of the report of the PHCNP Integration Task Team, that the Minister respond to the recommendations of the report and support the development of an intra-professional mentorship program for nurse practitioners and expand the New Graduate Initiative to include nurse practitioners.

Rationale: NPAO notes that many of these recommendations are already mandatory under nursing regulation 275 / 94 such as a), d) and e) and have been implemented. **NPAO strongly supports Masters preparation as the minimum education requirement for nurse practitioners**. It is unclear whether all "mandatory" registration requirements will be listed in regulation.

NPAO has concerns about the mandatory one-year formal supervised practice, in particular, how such a program would be implemented in terms of logistics, liability, costs and expectations. Issues concerning access to a supervisor and type of supervision (i.e., direct or indirect), have also been identified.

NPAO strongly supports the concept of mentorship and actively participates in and continues to support numerous projects to help novice nurse practitioners to be successful in their practice and in interprofessional teams [Supporting Interdisciplinary Practice PHC Transition Fund Project, Long Term Care NP Pilot Project Initiative, Cancer Care Ontario ICEF PHC mentorship project for palliative care]. Also, the majority of nurse practitioners are employed and employers play a key role in facilitating this transition. The findings and recommendations of the Nurse Practitioner Task Team speak at length on the issue of mentorship and transition for novice nurse practitioners:

> *"Every health professional needs support to ease the transition from a student role into practice -from novice to expert." and;*
> *"…Task Team sees the need for intraprofessional setting-specific mentorship - NP to NP – in addition to the collaborative relationship with a physician"*
> *Recommendation 2: Expand the 'New Graduate Initiative' to explicitly include newly graduated NPs working in all sectors.*[17]

[17] Report of the PHCNP Integration Task Team (2007)
http://www.npao.org/Uploads/members/NP%20Task%20Team%20March07.pdf

NPAO does not support this supervisory requirement and cautions that it may, in fact, create a barrier to novice nurse practitioners meeting registration requirements in Ontario.

Quality Assurance and Continuing Competence

Recommendation 13: The CNO should expedite development and implementation of a new, enhanced quality assurance program, and introduce a mandatory continuing education (CE) program. The continuing education program should include:

- Minimum hours,
- CNO approval of continuing education programs (clinical and theoretical) for purposes of quality assurance, and
- Standards for continuing education programming to meet specific competencies as required.

Recommendation 14: Amend clause 27(2)(b) of the General Regulation to provide that, in carrying out an assessment, that is, a practice review, the assessor shall ensure that the member has conducted, and conducts, his or her practice consistent with requirements of the Nursing Act, regulations issued under the Act, and all relevant standards, limitations and conditions.

NPAO Response: NPAO agrees with Recommendations 13 and 14, with proviso, to expand and enhance quality assurance and continuing competence programs and requirements for nurse practitioners.

Proviso to Recommendation 13: While a CE approach may be beneficial as a component or option under the College's QA program, NPAO recognizes that a CE approach requiring minimum hours does not necessarily equate to ongoing competence based on the literature. This is also despite the fact that a number of other professions have used this method to meet licensure requirements. Appropriate models for QA are the responsibility of each regulatory college and should be developed based on evidence that leads to effective learning outcomes. NPAO also questions whether it is within the mandate of CNO to offer and or manage QA courses, and that other organizations such as NPAO or RNAO may be better suited for that role.

Mandatory Professional Liability Insurance

Recommendation 15: Amend the General Regulation under the *Nursing Act, 1991* to require NPs to have professional liability insurance adequate to the risks presented by their practice.

NPAO Response: NPAO agrees with Recommendations 15 to require nurse practitioners to have professional liability protection but has specific concerns related to implementation. Additional recommendations are proposed for consideration by the Minister of Health and Long-Term Care.

Further, NPAO recommends in relation to Recommendation 15 that the burden for maintaining adequate liability protection for employees should rest with the employer. Nurse practitioners who are self-employed or are independent contractors should be required to carry adequate liability protection and to provide evidence to that effect to CNO.

Rationale: NPAO agrees that nurse practitioners and other regulated health professionals should be required to have professional liability protection. However, it should be noted that the majority of nurse practitioners in Ontario are employees, and as

employees are generally covered by the legal principle of vicarious liability. Vicarious liability means that "if an employee is found liable in a civil lawsuit, the employer is generally ordered by the court to pay the monetary amounts called damages", and to cover legal costs.[18] In other words, because of this legal principle, it is unlikely that nurse practitioners who are employees need additional individual insurance. Although contracts with Family Health Teams require nurse practitioners to carry individual liability protection, this is an additional burden on the nurse practitioner that should, in NPAO's view, appropriately be the responsibility of the employer.

Transitional Provisions

Recommendation 16: A transitional program for registering existing NP-PHCs and new NP candidates should be introduced.
Recommendation 17: Legislative and regulation changes to grant NPs expanded access to controlled acts should come into effect no later than June 4, 2009.

NPAO Response: NPAO notes that Recommendation 16 has already been implemented by CNO. NPAO agrees with Recommendation 17 to implement the necessary legislative and regulatory changes by June 4, 2009.

Five-Year Review

Recommendation 18: Amend the Nursing Act, 1991 to require the Health Professions Regulatory Advisory Council to report to the Minister, within five years after the amendment of section 5.1 to grant additional authorized acts to nurse practitioners.

NPAO Response: NPAO agrees with Recommendation 18 for another review by HPRAC in five years.

Complementary Amendments

Recommendation 19: Complementary amendments to other legislation and regulations be made.

NPAO Response: NPAO strongly supports Recommendation 19 to make all necessary amendments to other legislation and regulation and has identified several areas of significant concern. Additional recommendations elaborate on these concerns.

Further, NPAO strongly recommends in relation to Recommendation 19 that HPRAC's proposal that nurse practitioners who are employees be granted privileges in order to practice **not be implemented** as it is inconsistent with requirements under the Act.

Further, NPAO recommends in relation to Recommendation 19 that changes be made to other legislation impacting nurse practitioner practice and not just those statutes that fall under the auspices of health, including but not limited to:

- *Health Insurance Act (1990)*
- *Highway Traffic Act (1990)*
- *Ontario Drug Benefit Act (1990);*
- *Patient Restraints Minimization Act (2001);*
- *Mental Health Act (1990);*

[18]CNPS (1998). Vicarious Liability http://www.cnps.ca/members/pdf_english/vicariousliability.pdf

- Long-term care regulations

Proviso to Recommendation 19: A number of requisite amendments related to the elimination of the title RN(EC) (see Recommendation 3) have not been flagged. As was noted previously (see Recommendation 5), no amendments are suggested to enact the NP-Anaesthesia role because of HPRAC's recommendation decision to delay its implementation.

Rationale: **The need to amend complementary legislation and regulation that impact the implementation of nurse practitioner scope of practice is paramount**. Such amendments must be made effectively and efficiently, and preferably in concert with amendments made under Recommendation 17. In general the proposed changes are very positive for nurse practitioners, such as the authorization to care for inpatients, admitting privileges (*Public Hospitals Act* 1990 - Regulation 965 and *Health Insurance Act* 1990 - Regulation 552), full authority to order x-rays (*Healing Arts Radiation Protection Act*, 1990 or HARPA), and extended authorities under *Health Protection and Promotion Act, 1990* (HPPA) and *Immunization of School Pupils Act* (1990).

As noted under Recommendation 3, it is important that changes be made to all legislation impacting nurse practitioner practice and not just those statutes that fall under the auspices of health. NPAO is aware of other legislation such as the *Highway Traffic Act* (1990) and Regulation 340 / 94 under the Act related to seatbelt exemptions and completion of fitness to drive reports where amendments are necessary. In addition, other health-related legislation requires changes to enable nurse practitioner practice including, but not limited to:

- *Ontario Drug Benefit Act* (1990) to provide for payment for Individual Claim Review (ICR) drugs when ordered by a nurse practitioner;
- *Patient Restraints Minimization Act* (2001) to provide nurse practitioners with the authority to order patient restraints in the absence of regulations;
- *Mental Health Act* (1990) respecting ordering authority and completion of Form 1; and
- Long-term care regulations to enable implementation of expanded scope of practice including removal of physician consultation and collaboration requirements.

In response to a long-standing issue related to referrals to specialists, amendments to HIA Reg 552 (Section 38.4) are required to provide billing authority for physicians when a referral is received by a nurse practitioner. NPAO notes that this amendment is relevant not only to nurse practitioners but to several other professions that routinely and within their scope of practice need to refer patients to specialist physicians.

On review of the proposed amendments to Regulation 965 under the *Public Hospitals Act* (1990), it has become apparent that a number of requisite amendments related to the elimination of the title RN(EC) (see Recommendation 3) have not been flagged. As was noted previously (see Recommendation 5), no amendments are suggested to enact the NP-Anaesthesia role because of HPRAC's recommendation decision to delay its implementation.

In addition, it has been proposed that nurse practitioners who are employees be granted privileges in order to practice. **Proposed amendments related to this represent a serious drafting error and must be flagged**. Only non-employees are required to be

granted privileges by the Medical Advisory Committee; this proposal is outside the scope of the MAC authority. Interestingly, the complementary amendment under *Health Insurance Act* (1990) Reg 552 was not proposed.

3. Summary of NPAO Response to HPRAC's Recommendations on the Review of the Scope of Practice for RN(EC)s

NPAO supports the following recommendations and presents provisos and/or additional recommendations for consideration by the Minister of Health and Long Term Care.

NPAO agrees with Recommendation 1 and supports revisions to Regulation 275 to promote clarity and understanding.

NPAO agrees with Recommendation 2 to list all controlled acts authorized to nurse practitioners in one section of the Nursing Act for purposes of clarity and understanding.

NPAO agrees with Recommendation 3, with proviso, to use consistent terminology (i.e., nurse practitioner) rather than the numerous versions of 'registered nurses extended class' for purposes of clarity and understanding.

> *Proviso to Recommendation 3:* It is important to ensure that complementary changes substituting RN(EC) with NP in other Acts and Regulations, inclusive and exclusive of the health sphere, are made simultaneous to any changes to the *Nursing Act*.

NPAO agrees with Recommendation 4 to retain the current scope of practice statement.

NPAO agrees with Recommendations 13 and 14, with proviso, to expand and enhance quality assurance and continuing competence programs and requirements for nurse practitioners.

> *Proviso to Recommendations 13:* While a CE approach may be beneficial as a component or option under the College's QA program, NPAO recognizes that a CE approach requiring minimum hours does not necessarily equate to ongoing competence based on the literature. This is also despite the fact that a number of other professions have used this method to meet licensure requirements. Appropriate models for QA are the responsibility of each regulatory college and should be developed based on evidence that leads to effective learning outcomes. NPAO also questions whether it is within the mandate of CNO to offer and or manage QA courses, and that other organizations such as NPAO or RNAO may be better suited for that role.

NPAO agrees with Recommendation 9 to require that nurse practitioners comply with standards, limitations and conditions published by CNO. Additional recommendations are proposed for consideration by the Minister of Health and Long-Term Care.

> *Further, NPAO recommends in relations to Recommendation 9*, to facilitate its implementation, that the consultation requirement (Section 5.1 paragraph 2) be

deleted from the *Nursing Act (1991)* and that any requirements respecting consultation should be placed in the nurse practitioner practice standard.

NPAO agrees with Recommendation 10 to establish a Nurse Practitioner Standards Committee. Additional recommendations are proposed for consideration by the Minister of Health and Long-Term Care.

Further, NPAO recommends in relation to Recommendation 10 that CNO Council be authorized with the same flexibility as other regulated health professions (e.g., Pharmacy, Midwifery, Physiotherapy) in regard to the composition and appointment of membership to the Nurse Practitioner Standards Committee.

Further, NPAO recommends in relation to Recommendation 10 that the majority of nursing representatives on the Committee be nurse practitioners.

Further, NPAO recommends in relation to Recommendation 10, while not specifically related to the HPRAC referral, that the *Nursing Act* be amended to specifically reference nurse practitioners as members of the CNO Council.

NPAO agrees with Recommendations 15 to require nurse practitioners to have professional liability coverage but has specific concerns related to implemenation. Additional recommendations are proposed for consideration by the Minister of Health and Long-Term Care.

Further, NPAO recommends in relation to Recommendation 15 that the burden for maintaining adequate liability protection for employees should rest with the employer. Nurse practitioners who are self-employed or are independent contractors should be required to carry adequate liability protection and to provide evidence to that effect to CNO.

NPAO notes that Recommendation 16 has already been implemented by CNO.

NPAO agrees with Recommendation 17 to implement the necessary legislative and regulatory changes by June 4, 2009.

NPAO agrees with Recommendation 18 for another review by HPRAC in five years.

NPAO agrees in part and / or identifies specific concerns in regard to the following recommendations. Recommendations are proposed to address NPAO's concerns.

NPAO agrees, in part, with Recommendation 5 to maintain specialty certificates for nurse practitioners. Additional recommendations elaborate on NPAO's concerns.

Further, NPAO strongly recommends in regard to Recommendation 5 that terms which appear to limit nurse practitioner practice to a specific setting, such as "non-acute care" and "acute care" specialties, be eliminated from Section 11.2 (1) and (2) of Ontario Regulation 275/94 under the *Nursing Act (1991).*

Further, NPAO also recommends in regard to Recommendation 5 the continuation of the NP-Anaesthesia specialty certificate and, in order to

implement the role, recommends that the necessary amendments to Regulation 965 under the *Public Hospitals Act* (1990) and related legislation must be initiated (see also Recommendation 19).

NPAO agrees with the listing of all nurse practitioner authorized controlled acts in the *Nursing Act* and the expansion of scope of practice as proposed in Recommendation 11 but has significant concerns that the expanded scope is not broad enough. Additional recommendations elaborate on NPAO's concerns.

NPAO strongly recommends in relation to Recommendation 11 that the proposed Nurse Practitioner Practice Standards, Limits and Conditions be used, rather than regulations, be used in relation to prescribing, dispensing, compounding and selling of drugs and applying and ordering forms of energy.

NPAO agrees with the registration requirements proposed in Recommendation 12 with the exception of the requirement for a one-year, formal supervised practice. Additional recommendations elaborate on NPAO's concerns.

Further, NPAO recommends in relation to Recommendation 12 that, consistent with the recommendations and findings of the report of the PHCNP Integration Task Team, that the Minister of Health and Long-Term Care respond to the recommendations of the report and support the development of an intra-professional mentorship program for nurse practitioners and expand the New Graduate Initiative to include nurse practitioners.

NPAO agrees with Recommendation 19 to make all necessary amendments to other legislation and regulation and has identified several areas of significant concern. Additional recommendations elaborate on these concerns.

Further, NPAO strongly recommends in relation to Recommendation 19 that HPRAC's proposal that nurse practitioners who are employees be granted privileges in order to practice **not be implemented** as it is inconsistent with requirements under the Act.

Further, NPAO recommends in Relation to Recommendation 19 that changes be made to other legislation impacting nurse practitioner practice and not just those statutes that fall under the auspices of health, including but not limited to:

- *Health Insurance Act (1990)*
- *Highway Traffic Act (1990)*
- *Ontario Drug Benefit Act (1990);*
- *Patient Restraints Minimization Act (2001);*
- *Mental Health Act (1990);*
- Long-term care regulations

Proviso to Recommendation 19: A number of requisite amendments related to the elimination of the title RN(EC) (see Recommendation 3) have not been flagged. As was noted previously (see Recommendation 5), no amendments are suggested to enact the NP-Anaesthesia role because of HPRAC's recommendation decision to delay its implementation.

NPAO does not support and / or has significant concerns about the following Recommendations. NPAO proposes recommendations to address identified concerns.

NPAO does not support Recommendations 6 and 7 because the advantages of introducing a new nurse practitioner certificate at this time are not clearly articulated and in fact, may further limit nurse practitioner practice and lead to over-regulation of the profession.

NPAO supports the principles, rationale and intent of Recommendation 8 but is challenged with the strategies proposed by HPRAC to support implementation because it is inconsistent with the concept of self-regulation and it does not enable a patient-centred model of care that has the flexibility to respond to evolving health system needs and rapidly changing technology. Additional recommendations elaborate on these concerns

Further, NPAO recommends in relation to Recommendation 8 that, should the Minister of Health and Long-Term Care decide that individual scope of practice statement is deemed to be necessary, that it be inserted in either regulation or standard without categorizing the specialties as acute or non-acute.

Further, NPAO recommends in relation to Recommendation 8 that while the general principles outlined in the statement have value, they are not unique to nurse practitioners and apply to all regulated professions. NPAO encourages the Minister of Health and Long-Term Care to consider strategies to ensure that the principles be articulated in College Objects or other appropriate documents applicable to all regulated health professions

Appendix 1
Provincial and Federal Reports re: Nurse Practitioners

Numerous health human resources and health system reports, both federal and provincial, called for the expansion of the role, including:

- Report of the Special Advisor "Integrated Service Plan for Northwestern Ontario. Vision for the Restructuring of Health Services in Northwestern Ontario" (2005);
- Report from Monique Smith, Parliamentary Assistant, Ministry of Health and Long-Term Care "Commitment to Care: A Plan for Long-Term Care in Ontario" (2004);
- The Health of Canadians – The Federal Role (Final Report) (2002)
- Commission on the Future of Health Care in Canada, Hon. Roy Romanow Commissioner. "Building on Values: The Future of Health Care in Canada – Final Report" (2002);
- Expert Panel on Health Professional Human Resources "Shaping Ontario's Physician Workforce: Building Ontario's Capacity to Plan, Education, Recruit and Retain Physicians to Meet Health Needs" (The George Report) (2001);
- Health Services Restructuring Commission "Primary Health Care Strategy: Advice and Recommendations to the Hon. Elizabeth Witmer, Minister of Health" (1999);
- A report from Dr. Robert McKendry, "Physicians for Ontario: Too Many? Too Few? For 2000 and Beyond" (1999);
- The Report of the Nursing Task Force "Good Nursing, Good Health: An Investment for the 21st Century" (1999).

Since 2000, the Provincial Ministry of Health and Long Term Care has directly commissioned or indirectly supported through funding, many projects and reports that have analyzed and/or commented on both the contributions that nurse practitioners make to achieving provincial objectives such as improving access to care for Ontarians and supporting the development of interprofessional teams and/or that identify the many barriers that limit the system from benefiting from the full potential of the role. These include:

- The Integration of Acute Care Nurse Specialists, Primary Care Nurse Practitioners and Physician Assistants in Ontario Emergency Department Teams - Final Report (2008)
- Report of the PHCNP Integration Task Team (2007);
- Living in our Vision World: A Roadmap for the Future Role of NPs in Ontario (2006) from the Accord Project, Primary Health Care Transition Fund Project;
- Supporting Interdisciplinary Practice: The Family Physician/Nurse Practitioner Educational and Mentoring Program. The Final Report from RNAO, OCFP, OMA, Jones Way and Associates and the University of Ottawa, Primary Health Care Transition Fund Project. (2006);
- An Overview of Nurse Practitioners in Public Health Units Across Ontario, Middlesex Public Health Unit (2006)
- Nurse Practitioner Workforce Survey and NPAO Electronic Registry Project Report (2006)
- The Ontario Nurse Practitioner in Long-Term Care Facilities Pilot Project in Ontario. Interim Evaluation, Final Report, aestima research (2005);
- IBM McMaster University Report on the Integration of Primary Health Care Nurse Practitioners in Ontario (2005);
- The RN(EC)-GP Relationship: A Good Beginning, Ontario Medical Association and the Registered Nurses' Association of Ontario (2003);
- PriceWaterhouseCoopers reports on Evaluation of Primary Care Reform Pilots in Ontario Phase 1 – Final Report and Phase 2 – Interim Report (2001).