

Nurse Practitioners are ready for Bill 179

From Michelle Acorn August 7, 2011

Legislative and regulatory barriers are finally being lifted. This is a time for celebration for Nurse Practitioners (NPs) and people across Ontario.

Professional accountability, self-regulation and safety remain paramount.

However, it's important to remember that this is not about "us" as much as the patients and clients who will benefit from our increased ability to practise to our full scope. The resulting changes from Bill 179 will improve access to care and allow nurse practitioners to do even more to reduce wait times, better help patients and clients navigate our complex health systems (community, hospital, long term care), strengthen interprofessional collaboration and improve system efficiencies and effectiveness.

NP expectations should remain grounded and realistic. We are ready for the expansion of our legal scope of practice and recognize that we will continue to utilize our knowledge, skill, and judgment in meeting patient and client care needs. Our competence is steadfast. We have completed rigorous education programs and diverse practicums. Our confidence will match our competence when we embrace the opportunity and fully realize our practice capabilities. We will continue to mature as we move along the continuum from novice to expert RN and integrate NP knowledge, critical thinking, and theoretical skills. NP specialties in pediatrics, primary health care and adult will be fully utilized. We can make a greater difference in the depth and breadth of our NP role and that in turn, will improve the patient experience.

Our populations are the same; neonates, children, adults, seniors, families and communities. Our encounters will continue to address the social determinants of health, prevention (primary, secondary and tertiary levels), health promotion and wellness, chronic disease management, self care, and symptom management. Our advance practice nursing role dimensions can be fully realized. Twenty six NP- led clinics with interprofessional expertise will also be relying on the removal of practice barriers. Do not underestimate the value of advance practice nursing leadership, education, research and collaboration that NPs can synergize to positively impact outcomes.

A chronology of Bill 179 in the making

NPs had been communicating concerns about the inflexible regulatory framework, specifically, the 'lists' for years.

In 2006, the College of Nurses of Ontario (CNO) asked the Ontario government to consider legislative amendments that would better enable NPs to meet the needs of clients. CNO's recommendations included:

- Permit NPs to access new controlled acts (e.g., dispensing a drug)
- Eliminate restrictive conditions on their practice (e.g., the lists)
- Enable NPs to order diagnostics and treatments for hospital in-patients

In 2007, the Minister of Health and Long-Term Care referred CNO's requests, along with several other considerations, to the Health Professions Regulatory Advisory Council (HPRAC).

HPRAC engaged in two projects that, ultimately, affected nursing practice: the NP scope of practice review and a review of practices related to non-physician prescribing and administration of drugs. HPRAC engaged in a broad public consultation, which involved a wide range of stakeholders. HPRAC made its recommendations to government in 2008 and 2009. In May 2009, the Ontario Government tabled Bill 179.

Bill 179, also known as the *Regulated Health Professions Statute Law Amendment Act, 2009* received Royal Assent December 2009, passing Bill 179. The new Act amends 26 health related statutes including the *Nursing Act, 1991*. Although the Bill has passed, the changes to NP scope of practice will not take effect until proclamation.

Current NP Practice encompasses six controlled acts:

1. Performing a prescribed procedure on tissue below the dermis or a mucous membrane
2. Putting an instrument, hand or finger into an opening of the body
3. Communicating a diagnosis
4. Prescribing a drug designated in the regulations
5. Administering a substance by injection or inhalation
6. Ordering the application of a form of energy prescribed in the regulations

Other Authorized NP Activities include:

7. Ordering diagnostic tests
8. Ordering X-rays and mammography
9. Ordering laboratory tests

New Controlled Acts for NPs are coming with Bill 179 Legislative Achievements Proclamation:

10. Controlled act of dispensing, compounding, or selling a drug in accordance with regulations
11. Controlled act of applying a prescribed form of energy
12. Controlled act of setting or casting a fracture of a bone or dislocation of a joint

Additional authorities expected for NPs will include:

13. Broadly prescribing drugs in accordance with the regulations (removal of lists for prescribing) and ordering diagnostic tests (removal of lab lists)
14. Remove restrictions on types of x-rays to order (x-ray, CT)
15. CNO has supported access to oxygen, blood/products but these are not explicit in Bill 179

<http://www.cno.org/en/learn-about-standards-guidelines/educational-tools/nurse-practitioners/faqs-nurse-practitioners-and-scope-of-practice/>

These legislative changes will take effect after changes to the *Nursing Act, 1991* have been proclaimed, relevant regulations have been approved and the NP Practice Standard revised. The College will announce the effective date of this change.

Additionally, The Canadian Nurse Practitioner Core Competency Framework defines the core competencies required for safe, competent and ethical nurse practitioner practice. The core competencies are transferable across diverse practice settings and client populations. As a result, the framework is fundamental to all nurse practitioner practice in Canada.

<http://www.cna->

[aiic.ca/CNA/documents/pdf/publications/Competency Framework 2010e.pdf](http://aiic.ca/CNA/documents/pdf/publications/Competency_Framework_2010e.pdf)

Regulation 965 Public Hospital Act (PHA)

The government should be applauded for aligning the next paramount barrier impeding full scope of access and practice. The PHA currently limits significant system impacts and undermines the HealthForce Ontario interprofessional integration notion. Enabling NPs to provide health services to hospitalized in-patients (without medical directives) will mitigate risk and nurture an equitable shared care professional paradigm. Currently, Reg 965 does not give NPs the authority to diagnose, prescribe for and treat in-patients. However, NPs are able to diagnose, prescribe for and treat hospital outpatients. Geography should not define our ability to practise or cloud access opportunities to optimize consistent care across the continuum of the patient/family experience. . Until further notice, NPs who practise in public hospitals with in-patients must use orders (direct orders and medical directives). The Federation of Health Regulatory Colleges of Ontario has interprofessional directive templates. Interprofessional representation and collaboration will shift to a shared inclusionary governance and collaboration on Medical Advisory Councils to an Interprofessional Advisory Council paralleling a true second wave of health care. Representation of NPs on Privileging and Credentialing Committees will also be valued to ensure informed and accountable QA processes for competency and credibility are utilized.

Federal Changes & Referral to Specialists

In 2004, Health Canada's Drug Strategy and Controlled Substances Program announced consultation on potential regulatory amendments under the Controlled Drugs and Substances Act that would expand prescriptive authority. The College & NPAO has provided feedback on the proposed federal regulations that would permit NPs to prescribe controlled substances.

NPAO also continues to strongly advocate ensuring equity and collaboration regarding accessing referrals to specialists and valuing physician specialist consultation and fair remuneration in the interprofessional spirit to optimize patient care needs.

Quality Assurance (QA) Program

NPs will reflect on the changes from Bill 179, to determine how they affect their practice. NPs develop their learning goals based on the NP Practice Standard in addition to two other standards selected by CNO (for further information www.cno.org/qa). Once all the regulations under Bill 179 are proclaimed and the new legislation is in effect, the NP Practice Standard will be revised accordingly. NPs may want to incorporate a goal related to the Bill 179 changes into their learning plans.

Nurse Practitioner Association of Ontario (NPAO)

NPAO has been proactive in shaping Bill 179 Readiness for NPs to offer value and show commitment to support our members' needs and interests. Project SCOPE (Supporting Competency & Optimizing Practice Excellence) is targeted and has our members and the public in our sight. NPAO's mission is to achieve full integration of NPs to ensure accessible, high quality health care for all. Core values related to Bill 179 implementation encompass excellence in health care for patients, families and communities; and innovations in health care that improve systems for patients and providers. Autonomous and collaborative NP practice that fosters interprofessional care and honest, transparent, respectful partnerships are also core values to be upheld.

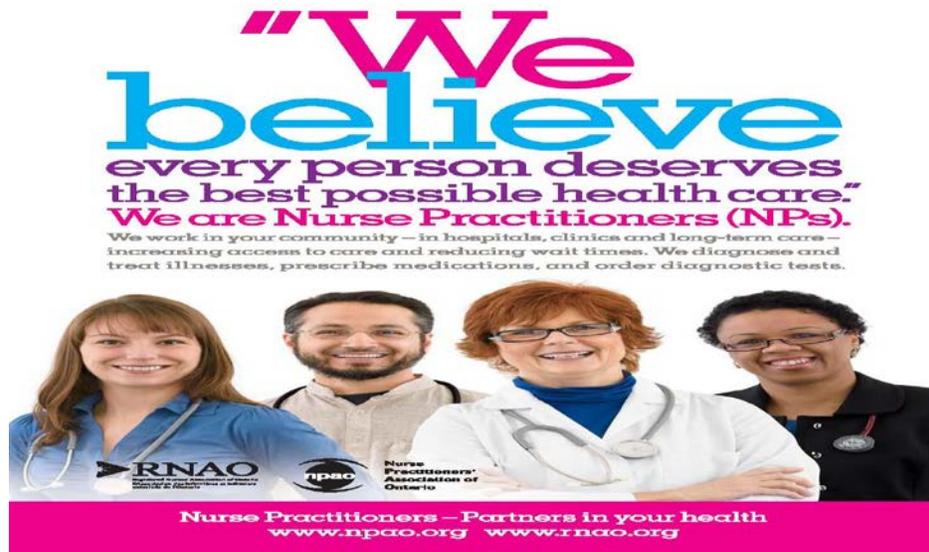
NPAO's strategic directions include enhancing membership involvement and facilitating professional development. NPAO also leads innovative health system change through continued NP integration, and promotes public and health professional awareness of all NP roles. NPAO's Bill 179 readiness working group has been crafting a rich learning resource inventory. Our pilot MSK diagnostic imaging CHE was a huge success. Stay tuned for more to come. NPAO has partnered with the Ontario Physiotherapy Association in the spirit of interprofessional education and fostering collaborative learning and practice. We have also partnered with Continuing Education COUPN on line courses and Fitzgerald to offer discounted learning fees.

Results of our NPAO education needs evaluation in March 2010 helped inform our next steps. We evaluated our members' educational needs related to readiness. Members prefer topic specific days and practice guidelines as the preferred form of learning material. Members were divided between live, in person versus web based/OTN video conferencing. Members found the exam preparation courses beneficial

and would recommend them. NPAO continues to analyze the data and use the results to inform and guide professional development for its members. Liability coverage expectations for Bill 179 will also be met through membership with RNAO for five million dollar occurrence based coverage. NPAO/RNAO best practice guidelines, mentorship and research opportunities are being explored. The College draft bylaws were circulated in the September magazine

(<http://www.cno.org/Global/pubs/mag/inserts%20fall%20202010/PLP%20Proposed%20Bylaw%20changes%20Final.pdf>)

These are exciting times to improve access to care and impact the health of Ontarians through nursing contributions.



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