



**RNAO submission to the College
of Nurses of Ontario regarding
Nurse Practitioner practice
standard**

Dec. 3, 2025



The Registered Nurses' Association of Ontario (RNAO) is the professional association representing more than 57,250 registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health system, and influenced decisions that affect nurses and the public we serve.

Introduction

RNAO welcomes the opportunity to provide early feedback to the College of Nurses of Ontario (CNO) on its current Nurse Practitioner practice standard. Our analysis of the practice standard addresses key components of the standard and identifies gaps and new areas of practice.

Key components

Key facilitators	RNAO's rationale
<p>1. Delegation and directive</p> <p>RNAO is pleased that the practice standard identifies the requirements and restrictions for delegation and directions.¹</p>	<p>The delegation of controlled acts and the ability to authorize directives are common practice inquires from NPs. In particular, NPs working in team-based care such as primary care and long-term care settings, and in aesthetic practices frequently seek clarity on the authorization of delegation and the use of clinical directives to support team members.²</p>
<p>2. Controlled acts and authorized activities</p> <p>RNAO is pleased to see the outline of controlled acts with links to the CNO NP resource webpages.¹</p>	<p>Clear guidance on controlled acts and authorized activities is essential, as NPs seek clarity when entering the workforce as novices, transitioning into a new practice setting or navigating regulatory changes associated with evolving scopes of practice. Providing links to the NP resource webpages are also important to support decision-making.</p>

Gaps and new areas of practice

Gaps and practice areas	RNAO's rationale
<p>1. Align with the national NP framework</p> <p>Revise the language within the practice standard in keeping with one single</p>	<p>RNAO understands that, in March 2025, Council approved the motion to amend NP titles under the <i>Nursing Act, 1991</i> (O.Reg 275/94 and O.Reg 196/23), and that these</p>

Gaps and practice areas	RNAO's rationale
<p>classification under the national NP framework.</p>	<p>proposed changes have since been submitted to the government for review.^{3,4}</p> <p>RNAOs recommend revising the language within the practice standard language following changes to the Nursing Act, 1991. We also advise that clear guidance be provided on how existing NP classifications will apply to graduates who completed their programs prior to the implementation of entry-to-practice changes in Ontario.</p>
<p>2. Aesthetic care</p> <p>Include specific guidance to support NPs practicing in aesthetic settings.</p>	<p>The role of NPs in aesthetics is evolving and requires clear guidance from the CNO to support consistent decision-making regarding scope of practice, and professional practice standards to mitigate risk.²</p> <p>NPs who provide aesthetic services may do so either within the medical or clinical director role, where they oversee clinical governance and ensure compliance with regulatory standards, or through the establishment of an independent practice as an employer.^{2,5}</p> <p>RNAO recommends that the CNO provide clear guidance for NPs practicing in aesthetic settings, in all capacities – including the NP-director role and independent practice.⁵</p>
<p>3. Technology</p> <p>Include specific guidance on virtual care and the utilization of artificial intelligence (AI).⁶</p>	<p>Virtual care, artificial intelligence, and other digital technologies are rapidly transforming the health-care landscape across the continuum of care, with growing adoption to improve timely access to services and enhance efficiency.⁶⁻⁸</p> <p>We recommend that the CNO give NPs clear guidance on the use of virtual care and AI tools, such as dictation, predictive analytics, and/or diagnostic applications within the practice standard to guide decision making.</p>

Gaps and practice areas	RNAO's rationale
	<p>RNAO has developed a range of evidence-based resources to provide guidance on the use of technology in health services, including our Clinical Practice in a Digital Environment and Adopting eHealth Solutions: Implementation Strategies best practice guidelines, and the Nursing and Compassionate Care in the Age of Artificial Intelligence report. We ask that CNO reference these important resources.</p>
<p>4. Discontinuing care</p> <p>The practice standard does not clearly identify or outline the responsibility of the employer to help NPs meet their professional responsibility for discontinuing the NP-client relationship.¹</p>	<p>RNAO recognizes that nurse practitioners have a professional obligation to their clients, and that careful consideration must be exercised when discontinuing the NP–client relationship.¹</p> <p>Employers have a responsibility to ensure that policies and procedures are established to support NPs in meeting their professional obligations when discontinuing the NP–client relationship.</p> <p>RNAO recommends that language be included within the practice standard to clarify that employers are responsible for ensuring that policies and procedures about accepting, treating and discharging patients (including discontinuing care) are fair, transparent and in keeping with professional practice standards.</p>
<p>5. Fentanyl patches</p> <p>The section addressing fentanyl patch prescribing on pg. 9 of the practice standard lacks visual emphasis and may be overlooked by readers.¹</p>	<p>RNAO recommends adding visual emphasis to the guidance on prescribing fentanyl patches section, such as using a subtitle or other formatting to ensure it captures readers' attention and is not overlooked.</p>

Conclusion

Thank you for the opportunity to provide early feedback on the current Nurse Practitioner practice standard. RNAO looks forward to reviewing the new draft version of this practice standard. We welcome the opportunity to meet with CNO to address any questions.

References

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7. Registered Nurses' Association of Ontario (RNAO). *Adopting eHealth Solutions: Implementation Strategies*. Toronto (ON): RNAO; 2017.
8. Grewal S, Ekeanyanwu R, Peirson K. Innovative Approaches in the Post-Covid Era: The Emerging Role of Nurse Practitioner-Led Virtual Care in a Changing Healthcare Landscape. *NP Curr* [Internet]. 2025 Nov 2 [cited 2025 Nov 19];6(2). Available from: <https://npcurrentjournal.ca/index.php/bios/article/view/55>