



**RNAO submission on the
proposed amendments of O.Reg
299/10: Quality Assurance
Measures**

Dec. 15, 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 feedback to the Ministry of Children, Community and Social Services (MCCSS) on the proposed amendments of O.Reg 299/10 under the Services and Supports to Promote the Social Inclusion of Persons with Disabilities Act, 2008.

Analysis of the proposed changes

RNAO is pleased to see the following proposed amendments to add NPs to subsection 15(4) of the regulation and to replace subsection 18(3)(e) under the Services and Supports to Promote the Social Inclusion of Persons with Disabilities Act to include NPs as clinicians who may approve behaviour support plans that include any type of intrusive behaviour intervention strategies.^{1,2}

Adults with developmental disabilities have complex care needs and often experience barriers in accessing the appropriate services to meet their physical, functional and psychosocial needs.³ They may also exhibit challenging behaviours such as aggression and self-injury when they cannot effectively communicate unmet needs or when experiencing physical discomfort or distress which may negatively impact their quality of life and wellbeing.^{4,5} Behavioural support plans are designed to provide structured and targeted interventions to effectively meet the medical, psychosocial and environmental factors that contribute to unwanted behaviour.⁵ Individuals who exhibit aggressive behaviours risk interruptions in their care in community and residential settings, risk harming themselves or others, and experience increased risk of emergency department visits and hospital admissions.^{5,6}

NPs play a vital role in improving timely access to comprehensive care for individuals living with developmental disabilities across the lifespan.^{3,7} Their contributions span all sectors. Importantly, NPs are essential in improving access to care for vulnerable populations and underserved communities. By providing people-centered, coordinated care, NPs can help ensure that individuals with developmental disabilities receive equitable services regardless of where they live to holistically address their needs including support for intrusive behaviours to optimize their quality of life.^{3,7,8}

Additional feedback

RNAO acknowledges and commends the recent expansion of NP scope of practice, including granting NPs the authority to order and apply electricity (transcutaneous pacing, defibrillation, electrocoagulation), the ability to complete a medical certificate of death without limiting

circumstances and authorize mandatory blood testing.⁹ However, further action is required to improve timely access to care for Ontarians, enhance system efficiency, and strengthen people-centered care given workforce shortages and persistent geographical disparities.

RNAO strongly recommends that the contributions of NPs continue to be optimized by further expanding NP scope of practice to address health human resource shortage. Fully utilizing the knowledge and skills of NPs through an expanded scope of practice will strengthen care continuity, improve timely access, and improve health outcomes.¹⁰ This includes ensuring the delivery of high-quality care to vulnerable populations and underserved communities, where gaps in access to timely care are most pronounced.¹⁰ Therefore, RNAO urges MCCSS to implement the following NP scope expansions:

1. Authority to act as clinical director

RNAO applauds the proposed changes to section 78 of the of the Fixing the Long-Term Care Act (FLTCA) under Bill 14, Support for Seniors and Caregivers Act, 2025. These changes would rename the "medical director" role to "clinical director" and grant NPs the authority to fulfill this role across Ontario to optimize resident health outcomes, improve organizational performance and contribute positively to interprofessional collaboration and staff satisfaction.^{11,12}

For many years there has been a call to evolve the role of the medical director in Ontario in order to meet the growing demands of a complex and evolving long-term care sector.^{13,14} Current legislation under the FLTCA requires that medical directors must be physicians.¹⁵ This poses a risk to resident health and wellbeing given the shortage of family physicians who may not be able to sustain the role adequately and overlooks the critical contributions that NPs make within Ontario's long-term care (LTC) sector and broader health system.¹⁶ Utilizing NPs a clinic directors will help to optimize care for individuals living with development disabilities. NPs – including attending NPs – are well-positioned to fulfil this role, given their clinical, policy, and administrative expertise as well as the advantage of providing full-time on-site leadership.¹²

RNAO strongly recommends that the NP clinical director role be implemented and funded in Ontario LTC homes.

2. Authority to sign mental health forms

NPs are often the first point of contact in the health system. Restricting their authority to initiate legal forms for mental health services presents a significant safety concern for individuals at risk of harming themselves or others.^{17,18} Granting NPs the authority to complete mental health forms ensures timely, safe, and comprehensive care during mental health crises, improving access to urgent services in homes, communities and residential care settings.^{17,18}

RNAO strongly recommends that NPs be given the authority to initiate legal forms under section 13 in O.Reg 741 of the Mental Health Act, including a Form 1.^{10,18-21}

3. Authority to sign forms that support gender affirming care

Transgender and gender diverse individuals experience barriers in accessing care related to discrimination and service deficiency.²² NPs play a crucial role in improving access to gender affirming care by reducing wait times and offering holistic people-centered services, often as most responsible care providers ensuring continuity and dignity in care.^{22,23} The inability of NPs to sign supportive documentation for sex designation changes on birth registrations and certificates further contributes to systemic barriers and inequities faces by transgender and gender-diverse individuals.²⁴ Requiring a physician or psychologist signature creates disruption in care provided for persons who's primary provider is an NP, fragmented care, geographic inequities in underserved areas, and overall longer wait times. RNAO acknowledges that the issue of gender affirming forms is distinct and is not related to behavioural support plans for intrusive behaviours.

RNAO strongly recommends that NPs be given the authority to complete the mandatory letter to support the government of Ontario Application for a Change of Sex Designation on a Birth Registration of an Adult, and the Statutory Declaration for a Change of Sex Designation on a Birth Registration of an Adult forms for gender-affirming care.^{19,24,25}

4. Authority to order diagnostic tests

Current restrictions that prevent NPs from ordering a full range of diagnostic tests result in delayed care and duplication of services. Requiring orders from physicians introduces unnecessary delays, slows diagnoses and limits opportunities for earlier intervention and treatment that could improve health outcomes.^{18,20} Expanding NP authority to order diagnostic testing beyond their current scope of practice will enhance timely access and efficient care to strengthen health system effectiveness.^{18,20}

RNAO strongly recommends that NPs be given the authority at a minimum to order additional forms of energy such as diagnostic tests with contrast (CT/MRI) and nuclear imaging (bone scans and thyroid scans). Ontario is the only Canadian province where these procedures are not within the NP scope of practice.^{19,25}

Conclusion

Thank you for the opportunity to provide feedback on the proposed amendments to the Services and Supports to Promote the Social inclusion of Persons with Disabilities Act, 2008. RNAO is pleased to see the proposed changes to O.Reg 299/10 that will give NPs the authority to approve behaviour support plans.

RNAO also strongly recommends that MCCSS advance other opportunities to expand NP scope of practice to improve access of all Ontarians to person-centred care. At a minimum, these scope expansions must include the authority to:

- act in the clinical director role,
- complete legal forms under the Mental Health Act,
- complete forms for gender-affirming care, and

- order additional forms of energy such as diagnostic tests with contrast (CT/MRI) and nuclear imaging (bone scans and thyroid scans).

We welcome the opportunity to address any questions you may have.

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