



**RNAO submission on the entry-level competencies for registered nurses in response to the National Validation Survey**

**April 17, 2026**



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 on the updated entry-level competencies (ELC) for RNs in Canada in response to the Canadian Council for Registered Nurse Regulators (CCRNRR) national validation survey.

RNAO’s analysis of the draft ELCs is informed by our leadership advancing high-quality care through the integration of evidence-based practice in nursing curricula, through the association’s [best practice guidelines](#) (BPG) and [Best Practice Spotlight Organizations®](#) (BPSO).

This submission outlines RNAO’s analysis of the strengths and weaknesses of the proposed competencies, informed by RNAO’s evidence-based BPGs, which support care across the lifespan in all settings and sectors.

**Strengths**

RNAO outlines key strengths identified in the ELCs in the table below.

Identified strengths	RNAO’s rationale
<p><b>1. Clarity and relevance</b></p> <p>RNAO is pleased that the draft competencies demonstrate clarity and relevance across the full range of nursing roles (clinician, professional, communicator, collaborator, coordinator, leader, advocate, educator and scholar).</p>	<p>Clear and relevant competencies across all nursing roles support a shared understanding among educators and regulators of entry-to-practice knowledge, skills and professional expectations for RNs in Canada (1).</p>
<p><b>2. Future applicability</b></p> <p>RNAO is pleased that the draft competencies are sufficiently broad to remain applicable over time across the full range of nursing roles.</p>	<p>Competencies designed for long-term relevance enhance the nursing profession’s capacity to meet the demands of an increasingly complex health system with fast-paced work environments, including technological advancement and demographic change, while reducing the need for frequent updates (2,3).</p>

Identified strengths	RNAO’s rationale
<p><b>3. Diversity across settings</b></p> <p>RNAO is pleased that the draft competencies are sufficiently broad to support entry-to-practice across diverse roles and practice settings.</p>	<p>Broadly framed entry-to-practice competencies help ensure a well-prepared and consistent nursing workforce across Canada’s diverse health-care landscape, regardless of where nurses begin their careers, while supporting mobility and equity across roles and practice settings (3,4).</p> <p>RNAO strongly recommends expanding RN experiential student clinical placements to include primary care, community, and long-term care settings to build capacity and strengthen the nursing workforce across these sectors.</p>
<p><b>4. Modernizing entry-level competencies</b></p> <p>RNAO is pleased to see the inclusion of several important concepts in the draft entry-level competencies for RNs, including expanded prescribing scope, the integration of digital technologies and planetary health considerations, and an emphasis on violence-informed, racism, power differentials, and culturally safe care.</p>	<p>Modernizing entry-level competencies aligns education, regulation, and practice with current and emerging health-system needs, benefiting people, families, caregivers, communities, nurses, and the system as a whole by ensuring RNs are prepared to meet increasingly complex patient needs, practise effectively in technology-enabled environments, and deliver equitable, culturally safe care upon entry to the workforce (5–8).</p>

**Gaps**

RNAO outlines gaps identified in the ELCs in the table below.

Identified gaps	RNAO’s rationale
<p><b>1. Use of equity-informed language</b></p> <p>The terms “person-centred” and “client” are used throughout the draft competencies.</p>	<p>The term “people” should be used in place of client, person and patient, recognizing individuals first as people rather than solely as</p>

Identified gaps	RNAO’s rationale
	<p>recipients of services or care, and emphasizing an equity-centred approach (9).<sup>1</sup></p> <p>RNAO urges the CCRNR, including the College of Nurses of Ontario (CNO) to review the <a href="#">People-Centred Care (2025)</a> BPG and integrate equity-informed language within the RN entry-level competencies. Please see especially the note on terminology on language in table 1 on page 6.</p>
<p><b>2. Integrate gender-inclusive care</b></p> <p>The draft competencies do not embed the principles of gender-inclusive care.</p>	<p>The draft competencies must embed gender-inclusive care within nursing practice to support safe, equitable, and people-centred care, reduce barriers to access, and optimizes the health and well-being of 2SLGBTQI+ communities (9–12).</p> <p>The absence of gender-inclusive care into the draft competencies overlooks the needs of gender diverse populations across Canada, risks safe care, reinforces exclusion for nursing students and faculty who identify as 2SLGBTQI+ (11,13).</p> <p>RNAO urges that guidance from <a href="#">Promoting 2SLGBTQI+ Health Equity (2021)</a> BPG be used and referenced by CCRNR and CNO to support the development of draft competencies for RN entry-to-practice. See especially recommendation 5.0.</p>
<p><b>3. Truth and reconciliation</b></p> <p>The draft competencies do not incorporate the full scope of Truth and Reconciliation Commission Call to Action 24, particularly the required content related to the “history and</p>	<p>The draft RN competencies must incorporate the full content of Truth and Reconciliation Commission Call to Action 24 (14). RNAO recommends that the CCRNR work in partnership with Indigenous Knowledge</p>

<sup>1</sup> People-centred care is an approach that views individuals, families, and communities as active participants in trusted health systems that respond to their needs and preferences in humane and holistic ways. It recognizes the health needs of the person seeking care as well as those of their family, caregivers, and community, and emphasizes shared responsibility among all involved in delivering care and services (9).

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<p>legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), Treaties and Aboriginal rights, and Indigenous teachings and practices” (14).</p>	<p>Holders, Elders and leaders, including engagement informed by the Truth and Reconciliation Commission.</p>
<p><b>4. Harm reduction approach</b></p> <p>Competency 1.16 under the clinician role incorporates “principles of harm reduction with respect to substance use into plans of care,” but does not explicitly include language regarding partnership and is not placed within other mental health and substance use competencies.</p>	<p>Harm reduction recognizes substance use as a complex, multifaceted phenomenon shaped by structural and social determinants of health, including poverty, housing instability, trauma, and systemic inequities. An upstream harms prevention approach extends beyond minimizing immediate risks to addressing these root causes through evidence-based, people-centred, and partnership-based strategies that promote health equity and reduce preventable harms (15).</p> <p>Integrating harm reduction into care delivery through meaningful, partnership-based approaches that respect people’s autonomy and lived/living expertise supports well-being by meeting individuals where they are in their health journey. This includes fostering trust, reducing stigma, and advancing equitable access to care and social supports (9,15).</p> <p>RNAO urges the CRRNR, including CNO to explicitly integrate principles of partnership in planning within competency 1.16, supported by guidance from and reference to the <a href="#">Engaging Clients Who Use Substances (2015)</a> BPG, particularly recommendations 5.0 and 5.3. Embedding this guidance will strengthen alignment with upstream harms prevention and advance health equity.</p> <p>RNAO further recommends that this competency be situated alongside other mental health and substance use-related</p>

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	<p>competencies to ensure coherence, reinforce its importance, and reduce the risk of it being overlooked in practice.</p>
<p><b>5. Role of the employer</b></p> <p>Competency 2.13 under the professional role does not mandate the inclusion of employers.</p>	<p>RNAO urges that “employers” be explicitly included in Competency 2.13, alongside regulatory bodies, professional associations, and unions, recognizing their critical role in shaping the structural conditions that influence nursing practice and health outcomes. Employers operationalize the day-to-day realities of work environments – including staffing levels, workload, resource allocation, and workplace culture – which are key upstream determinants of both nurse well-being and the quality and safety of care (16,17).</p> <p>Explicitly naming employers within this competency reinforces shared accountability across system actors and supports a clearer understanding of distinct and complementary roles. This clarity is essential to strengthening advocacy, enabling effective leadership, and advancing practice environments that promote health equity, workforce sustainability, and high-quality care.</p>
<p><b>6. Transitions in care</b></p> <p>Competency 4.2 within the collaborative role does not clearly articulate the role of the RN during transitions in care within health-care settings, while competency 5.5 under the care coordinator role does not adequately address the role of the RN in coordinating care during transitions between facilities.</p>	<p>Care transitions occur throughout the care continuum, including within and between organizations, sectors, and individual providers (18). Care transitions represent high-risk periods in people’s health-care journeys, marked by gaps in continuity of care and an elevated likelihood of adverse events such as medication errors (18,19).</p> <p>RNs play a critical role in maintaining continuity of care, supporting high-quality care coordination, and mitigating risk during care transitions by serving as key connectors</p>

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	<p>between providers within and across care settings, including through effective nurse-to-nurse handoffs.</p> <p>RNAO urges using and referencing the <a href="#">Transitions in Care and Services (2023)</a> BPG to fully integrate transitions in care into draft competencies at both provider and organizational levels, in order to prepare nurses entering the workforce to meet the demands of the health-care environment and to support safe, effective care transitions (18). See especially recommendations 1.0 to 5.0.</p>
<p><b>7. Environmental stewardship</b></p> <p>While competency 7.5 within the advocate role expects RNs to identify the influence of environmental factors, sustainable practices, and planetary health on person-centred nursing care, it does not address RNs’ responsibility to actively practice environmental stewardship.</p>	<p>Health care is a significant source of greenhouse gas emissions, generated both by health care organizations themselves and by the goods and services used to deliver care (20).</p> <p>As the largest regulated health workforce with a presence across care settings and sectors, nurses play a critical role in reducing the health system’s carbon footprint through environmental stewardship, given their ability to directly influence resource use and provide systems-level leadership (21,22).</p> <p>RNAO strongly recommends that RNs incorporate environmental stewardship into nursing practice alongside advocacy activities.</p>

**Conclusion**

Thank you for the opportunity to provide feedback on the draft ELCs for RNs. We appreciate the chance to contribute to this important work. RNAO urges CCRNR to address the gaps outlined above to support RN entry-to-practice in Canada.

RNAO welcomes the opportunity to meet with CCRNR for further discussion, and to review further revisions made to draft competencies.

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