



**RNAO submission to the College
of Nurses of Ontario regarding
Self-Employment draft practice
guideline**

April 29, 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 to the College of Nurses of Ontario (CNO) on the Self-Employment draft guideline. Our analysis addresses key components of the guideline and identifies gaps.

Ontario faces significant access gaps in primary care, home and community care, and care in rural, remote and northern communities. Self-employed nurses – particularly NPs and full-scope RNs funded by the public health system – are increasingly needed to improve access to timely, person-centred care. The Self-Employment guideline should therefore balance professional accountability with enabling nurses to practise to full scope and contribute to health system transformation.

RNAO supports the overall direction of the draft guideline and recognizes important improvements from the previous Independent Practice guideline, particularly the broader recognition of self-employed nursing practice and stronger guidance related to professional accountability. At the same time, we identify several substantive gaps and opportunities to strengthen the guideline so that it better supports equity, continuity of care, safe practice environments and public access to nursing services.

Key components

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<p>1. Broad recognition of nursing practice domains</p> <p>RNAO supports the draft practice guideline’s broad articulation of expectations for nursing accountability across professional practice domains, including scope of practice, professional boundaries, documentation and information management, title use and business practices (1).</p>	<p>Self-employed nurses practice in diverse practice settings throughout Ontario (2). Addressing accountability expectations across all professional practice domains helps ensure nurses have a shared, consistent understanding of their responsibilities, regardless of their role or practice setting. This appropriately reflects that nursing services include both clinical and non-clinical practice.</p>
<p>2. Action-oriented guidance</p>	<p>Action-oriented guidance helps nurses understand how to meet professional practice accountability in their day-to-day practice and reduces variation in interpretation. Nurses are</p>

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<p>RNAO is pleased that each domain provides action-oriented guidance for nursing practice (1).</p>	<p>more likely to meet professional accountability expectations when guidance explains how those expectations apply in everyday practice.</p>
<p>3. Gender-inclusive language</p> <p>RNAO is pleased that gender-inclusive language is utilized throughout the draft practice guideline (1).</p>	<p>RNAO commends the CNO for its work to introduce gender-inclusive language across revised practice guidelines and standards, including amendments to the Nursing Act. Ontario's nursing workforce is diverse, reflecting the populations and communities it serves (3,4).</p> <p>Ensuring that all nurses can see themselves reflected in practice standards and guidelines is essential, and the use of gender-inclusive language promotes equity, respect and a sense of belonging across the profession (5,6).</p>
<p>4. Stronger modernization for RN prescribing and NP practice</p> <p>RNAO supports the clearer recognition of RN prescribing authority and the expanded clarification of NP accountabilities.</p>	<p>This reflects the evolution of nursing scope of practice in Ontario and supports nurses practising to full scope. It also helps normalize advanced RN and NP roles within self-employed nursing practice.</p>
<p>5. Stronger privacy and documentation expectations</p> <p>RNAO supports the expanded guidance related to the Personal Health Information Protection Act (PHIPA), health information custodianship, succession planning, and abandoned records.</p>	<p>Privacy obligations are often an area of uncertainty for self-employed nurses. Clearer expectations improve public protection, strengthen continuity of care and reduce risk for both nurses and the people they serve.</p>

Gaps

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<p>1. Equity-informed language</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>

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<p>The term “client” is used throughout the draft guideline (1).</p>	<p>recipients of services or care, and emphasizing an equity-centred approach (7,8).¹</p> <p>RNAO urges the CNO to reference the People-Centred Care best practice guideline to enhance the integration of equity-informed language within the draft guideline. Please see especially the note on terminology on language in table 1 on page 6.</p>
<p>2. Continuity of care and system integration are underdeveloped</p> <p>The draft guideline does not provide sufficient guidance regarding continuity of care, communication with primary care providers, transfer of care, referrals and interprofessional collaboration.</p> <p>RNAO strongly recommends explicit expectations related to coordination of care across settings, particularly for NPs and nurses providing home, community and primary care services.</p>	<p>Self-employed nursing practice must not contribute to fragmentation of care. Strong expectations for continuity, documentation, communication and follow-up improve safety and strengthen integration with the broader health system. This is especially important for diagnostic follow-up, chronic disease management and transitions of care.</p>
<p>3. Terminating the therapeutic relationship</p> <p>The draft guideline does not include guidance on the termination of the therapeutic relationship (1).</p>	<p>Clear and actionable guidance on ending the therapeutic nurse–person relationship is critical. Self-employed nurses are considered their own employer and may be directly accountable for the initiation, continuation and transfer of care for people under their care, as well as for individuals receiving care through their employees (9,10).</p> <p>Understanding how to appropriately terminate the therapeutic relationship helps ensure compliance with professional standards,</p>

¹ 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 (7).

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	<p>supports ethical-decision making and mitigates risk of perceived abandonment.</p> <p>RNAO strongly recommends that guidance be provided on the accountability of self-employed nurses when terminating the therapeutic relationship, including those in an employer role, to mitigate the risk of misconduct.</p>
<p>4. Safe practice environments and protection for nurses</p> <p>The section on professional boundaries states that “nurses are accountable for protecting clients from harm, neglect and abuse”; it does not acknowledge that nurses also have a right to a safe practice environment (1).</p> <p>RNAO strongly recommends language affirming nurses’ rights to physical safety, psychological safety, freedom from violence and harassment and safe working conditions, particularly for nurses working independently in home-based or community settings.</p>	<p>Violence against nurses is an epidemic and a serious occupational hazard that occurs across care settings and sectors in Ontario. (11–13). Violence against nurses may be overt or covert and can have long-term impacts on mental and physical health, contributing to challenges with workforce retention.</p> <p>Self-employed nurses practising independently in home-based settings may be at heightened risk, with intersecting and disproportionate impacts for nurses from equity-deserving communities (3,12,14).</p> <p>Regardless of their role, all nurses have the right to practise in safe environments that support their physical, psychological and professional wellbeing.</p> <p>RNAO urges the CNO to include language affirming the right of self-employed nurses to practise in safe work environments, and clarifying the responsibility of nurses in employer roles to ensure safe, inclusive and supportive practice environments.</p>
<p>5. Commercialization and conflicting fee guidance</p> <p>The following statements in the section on fees for services and billing are conflicting: “charging a block fee (Not enforced)” and “charging a fee for an undertaking not to charge for a service or class of service (Not</p>	<p>Ambiguity creates risk for nurses and may undermine public trust. Self-employed nursing must remain grounded in professional judgment and evidence-informed care, not commercial sales models. Clearer boundaries are needed to protect both nurses and the public.</p>

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<p>enforced).” This is unclear because the preceding statement identifies these activities as constituting professional misconduct – a position with which RNAO agrees (1).</p>	
<p>6. Service agreements</p> <p>While the section on service agreements addresses nurses’ responsibilities and the content of agreements, it does not provide guidance on seeking legal or professional expertise to ensure agreements are appropriately developed (1).</p>	<p>Self-employed nurses are accountable for the terms of a service agreement. As the guideline states, “failing to fulfill the terms of an agreement for professional services is considered professional misconduct” (1). Persons being cared for are also at risk if the agreement is unclear or inequitable.</p> <p>RNAO strongly recommends that guidance be included on accessing appropriate expertise such as legal advice when developing service agreements to mitigate risk.</p>
<p>7. Reporting</p> <p>While the section on employing others outlines reporting obligations when actions are taken against nurses or other health-care professionals, it does not address whether or how nurses should report concerns related to non-health-care providers involved in care (1).</p>	<p>Non-health-care professionals such as unregulated care providers, assistants and other staff employed by a nurse can directly impact the care environment. Clear guidance on reporting standards for both regulated and unregulated individuals promotes consistent nursing practice, reduces the risk of professional misconduct and supports a culture of safety.</p> <p>RNAO strongly recommends the inclusion of clear guidance outlining reporting obligations for all individuals employed by a nurse, regardless of regulatory status.</p>
<p>8. Medically necessary services</p> <p>While the draft guideline addresses accountability related to fee-for-service practices, it will need to be updated to reflect evolving NP funding models and the provision of medically necessary services (1,15).</p>	<p>RNAO acknowledges that the government of Ontario has not yet implemented a publicly funded model without user-fees for NP practising in primary care, a model that RNAO has long advocated for to improve equitable access to care while advancing the NP role (16–18).</p>

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	RNAO strongly recommends that the Self-Employment guideline be updated following the implementation of a new NP funding model in Ontario to ensure it reflects the evolving accountabilities.

Implementation supports

Given the complexity and length of the draft guideline, RNAO strongly recommends that CNO develop companion implementation supports to improve usability and practical application, including:

- FAQs
- decision trees
- service agreement templates
- documentation and PHIPA checklists
- advertising examples
- case scenarios by practice setting
- examples related to initiating and terminating therapeutic relationships
- live education sessions and webinars for nurses in self-employed practice

Strong guidance must also be usable guidance. Companion resources will help ensure consistent interpretation and safer implementation across diverse self-employed nursing contexts.

Conclusion

RNAO supports the overall direction of the draft Self-Employment guideline and recognizes the important work undertaken by CNO to modernize expectations for self-employed nursing practice.

The guideline should not only regulate risk but also support nurses to practise to full scope and contribute meaningfully to addressing Ontario's primary care crisis, unequal access to care and continuity of care challenges across the province.

Strengthening the guideline through clearer expectations related to equity, continuity of care, safe work environments, commercialization boundaries and public access to medically necessary services will improve both public protection and nursing practice.

Thank you for the opportunity to provide feedback on the Self-Employment draft practice guideline. RNAO looks forward to reviewing future drafts. We welcome the opportunity to meet with CNO to address any questions.

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