



Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Hon. Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

June 17, 2019

Re: Expanded scope of nursing

Dear Christine,

The Registered Nurses' Association of Ontario (RNAO) is in receipt of your letter of June 13 to the College of Nurses of Ontario (CNO) with respect to expanding the scope of practice for nurse practitioners (NP) and for registered practical nurses (RPN). We are gravely concerned with aspects of your directives to CNO and are seeking clarification on the following issues:

Registered Nurse (RN) expanded scope

Your letter to the CNO concludes with your thanks for their proposal related to RN prescribing, describing RN prescribing as “another important step in meeting our vision of the health care system.” Yet, your letter does not provide for any directive to CNO to expand the narrow mandate previously provided. As you are aware, RNAO has long advocated for independent RN prescribing inclusive of diagnostic testing for common ailments relevant to the RN’s clinical competency area; and for RNs to be allowed to continue to initiate and perform the controlled act of psychotherapy.^{1 2 3 4 5} These proposed expansions to RN scope of practice are motivated by what we understand to be our common objectives: maximizing timely access to quality health services, improving health system effectiveness and cost efficiencies. Please advise when do you intend to introduce independent RN prescribing? In addition, we would like to know when you plan to remove the legislative impediments to both RN prescribing; and RN initiation and delivery of psychotherapy.

Nurse Practitioner (NP) expanded scope

Your letter does provide for an expansion of scope for NPs and we welcome this. The extent of this expansion of scope is, however, unclear from your letter. On the grounds of safety, quality care, equity, accessibility and efficiency we have advocated for the following expansion of the scope of practice for NPs (see attached backgrounder provided to you previously):

- authority to perform all point-of-care testing;
- authority to order, and/or remove barriers, to ordering additional forms of energy such as CT, MRI, non-invasive EEG and ECG in all situations;
- authority to apply specified forms of energy such as defibrillation;
- authority to order nuclear medicine testing/procedures;
- expansion of authority to certify death; and
- authority to complete Mental Health Forms including Form 1, 2, 3, 4, 5, 14 and 28.

Your letter appears to omit authorities urgently needed to benefit the public, including:

- authority to order additional forms of energy such as non-invasive EEG and ECG in all situations;
- authority to apply specified forms of energy such as defibrillation;
- authority to order nuclear medicine testing/procedures;
- expansion of authority to certify death; and
- authority to complete Mental Health Forms 1, 2, 3, 4 and 5 and any other relevant forms.

Christine, can you kindly help us understand your rationale for the above omissions?

Further, it is unclear from your letter what limits, if any, government is imposing on other practices such as point-of-care testing. We would like to know of the limits, if any.

Registered Practical Nurse (RPN) expanded scope

RNAO believes that in everything we do, patient safety needs to be our first responsibility and foremost concern. We are therefore gravely concerned with your proposed expansion of RPN scope of practice. This expansion renders the scopes of practice of RNs and RPNs virtually identical and, consequently, places RPNs dangerously beyond their educational and clinical competencies. We would note that the province has been down this road before and retreated, recognizing the risks posed by such an expansion of scope to the safety of Ontarians (see attached 2018 letter from then Minister Helena Jaczek).

Christine, RNAO is unwavering in our commitment to best serve Ontarians. As always, we are keen to work with government to ensure that we have a health-care system that is centred on the person, easily accessible and values patient safety and quality, above all else. These objectives will be defeated by the instructions in your letter to the CNO.

We trust you will respond at your earliest convenience to our questions and concerns. Nothing less than the safety of Ontario patients is at risk.

Warm regards,



Doris Grinspun, RN, MSN, PhD, LLD(hon), Dr(hc),
FAAN, O.ONT.
Chief Executive Officer, RNAO



Angela Cooper Brathwaite, RN, MN,
PhD President, RNAO

CC: Helen Angus, Deputy Minister of Health and Long-Term Care
Patrick Dicerni, ADM, Strategic Policy and Planning Division, MOHLTC
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOHLTC
Anne Coghlan, Executive Director and CEO of the College of Nurses of Ontario
Cheryl Evans, President of the College of Nurses of Ontario

¹ Registered Nurses' Association of Ontario (RNAO). (2012). *Primary Solutions for Primary Care*. Retrieved from http://rnao.ca/sites/rnaoca/files/Primary_Care_Report_2012_0.pdf.

² RNAO. (2016). *Registered Nurse Prescribing Referral – Submission to the Health Professions Regulatory Advisory Council*. Retrieved from https://rnao.ca/sites/rnao-ca/files/RNAO_RN_Prescribing_HPRAC_-_Jan_15_2016_Submission-Final.pdf

³ RNAO. (2019). *RNAO Submission on RN Prescribing – Proposed Regulation Change: Submission to the College of Nurses of Ontario*. Retrieved from https://rnao.ca/sites/rnao-ca/files/RNAO_Submission_RN_prescribing_Jan_28_2019.pdf

⁴ RNAO. (2019). Letter to CNO: RNAO support of independent initiation of the controlled act of psychotherapy. Retrieved from https://rnao.ca/sites/rnao-ca/files/RNAO_feedback_to_CNO_psychotherapy_feb_11_2019.pdf

⁵ RNAO. (2019). *Reclaiming the role of the RN*. Retrieved from https://rnao.ca/sites/rnao-ca/files/Reclaiming_the_role_of_the_RN_QPD_2019_Final_Public_0.pdf