



RNAO Submission on RN Prescribing Competencies

Submission to the College of Nurses of
Ontario

November 9, 2018



Summary of RNAO Recommendations

Recommendation 1. Ensure the description of changes to the *Nursing Act, 1991* reflects the wording in the legislation.

Recommendation 2. Align and ensure consistency of RN prescribing competencies with existing College of Nurses of Ontario competency frameworks.

Recommendation 3. Incorporate RNAO's suggested re-ordering and edits to RN prescribing competencies.

Recommendation 4. Clarify the intent of the interpretation section of the draft RN prescribing competencies, and whether the content is part of the competencies.

Introduction

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

RNAO welcomes the opportunity to provide feedback to the College of Nurses of Ontario (CNO) on RN prescribing competencies. RNAO has long advocated for independent RN prescribing.^{1 2 3} RNs are autonomous health professionals who practise independently and collaboratively within interprofessional teams. With more than 100,000 RNs registered to practise with the CNO,⁴ RN prescribing has huge potential to increase access to care across the province.

RNAO believes the independent RN prescribing model is the right framework to improve access to care because it recognizes the broad depth of RN expertise and ensures RNs are fully accountable for their practice. In Ontario, RNs enter practice with knowledge of pharmacology, immunology, microbiology, anatomy, physiology, pathophysiology, epidemiology, genetics, and nutrition. RNs are proficient in interpreting and applying evidence in their practice, and will approach independent prescribing in the same manner. Independent prescribing will allow RNs to prescribe medications under their own authority within a regulated scope of practice and within their clinical competency area.

RNAO supports a phased-in approach that will lead to the implementation of independent RN prescribing.

RNAO Feedback on the Introductory Sections of RN Prescribing Competencies

RNAO welcomes the CNO's draft RN prescribing competencies as a benchmark for the knowledge, skill, and judgment of RNs who prescribe. RNAO is pleased with how the CNO laid out the assumptions underlying RN prescribing competencies.

In the background section, RNAO recommends ensuring the description of the changes to the *Nursing Act, 1991* more directly aligns with the wording in the legislation.

- **Background, paragraph 2.** We suggest replacing "...the Nursing Act to permit registered nurses (RNs) to perform two new controlled acts: 1) prescribing certain medications..." with "...the Nursing Act to permit registered nurses (RNs) to perform two new controlled acts: 1) prescribing **drugs designated in the regulations**..." [emphasis added to clearly show RNAO's recommended change].⁵

Recommendation 1. Ensure the description of changes to the *Nursing Act, 1991* reflects the wording in the legislation.

RNAO Feedback on the Organization of RN Prescribing Competencies

As the RN prescribing competencies build and expand upon the existing competencies required of RNs, RNAO recommends organizing the RN prescribing competencies using consistent headings and consistent language where possible across all competency documents.

To this end, RNAO recommends that, where appropriate, prescribing competencies build on the framework for *Entry-to-Practice Competencies for RNs* by aligning with the headings: Professional responsibility & accountability, Knowledge-based practice, Ethical practice, and Self-regulation.⁶ This is appropriate because the RN prescribing competencies expand on the RN entry-to-practice competencies.

Furthermore, prescribing competencies can align with the *Entry-to-Practice Competencies for NPs* through the use of the heading: Client care.⁷ This heading is not found in the *Entry-to-Practice Competencies for RNs*, however, fits well with RN prescribing competencies by outlining competencies related to the full continuum of client care specific to prescribing.

Recommendation 2. Align and ensure consistency of RN prescribing competencies with existing College of Nurses of Ontario competency frameworks.

RNAO Feedback on the Content of RN Prescribing Competencies

RNAO's recommendations on the content of RN prescribing competencies are presented in the first column of the below table, organized according to RNAO's proposed headings:

- Professional responsibilities and accountabilities. RNAO supports competencies that outline the professional responsibilities and accountabilities of RNs who prescribe.
- Knowledge-based practice. RNAO recommends the inclusion of competencies that outline the knowledge required for RNs who prescribe, and for these competencies to be organized in this existing CNO competency category.⁸ This section incorporates competencies previously under the draft RN prescribing competencies heading "Pharmacotherapy and Other Therapeutic Interventions in Client Care".
- Ethical practice. RNAO supports competencies related to the ethical practice of RNs who prescribe be organized within this existing CNO competency category.⁹
- Self-regulation. RNAO supports competencies related to the self-regulation of RNs who prescribe be organized within this existing CNO competency category.¹⁰
- Client care. RNAO recommends the inclusion of competencies that outline the full continuum of care for RNs who prescribe to be organized within this existing CNO competency category.¹¹ This section incorporates the competencies previously under the draft RN prescribing competencies heading "Assessment & Diagnosis" and "Pharmacotherapy and Other Therapeutic Interventions in Client Care".

The second column of the table contains the original CNO draft competency, with the original numbering for clarity and comparison. The third column of the table contains explanation and rationale for the recommended changes. RNAO recommended additions are bolded, and RNAO recommended deletions have a strike-through.

Professional responsibilities and accountabilities

| <i>RNAO recommended competency wording and order</i> | <i>CNO draft competency</i> | <i>Rationale for RNAO recommendations</i> |
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| 1. Demonstrates understanding of the legislated scope of practice of the RN who prescribes. | 1a) Demonstrates understanding of the legislated scope of practice of the RN who prescribes, including relevant laws, College standards and guidelines. | Remove examples of the legislated scope of practice, to increase consistency with CNO's <i>Entry-to-Practice Competencies for RNs</i> . ¹² Details of scope of practice can be incorporated in the interpretation section (e.g., laws, regulations, and College standards and guidelines). |
| 2. Demonstrates understanding of professional accountability of the RN who prescribes. | 1b) Demonstrates understanding of professional accountability associated with prescribing and communicating a diagnosis, and awareness that these accountabilities cannot be delegated to another individual. | Remove extra wording and unnecessary details to be more clear and concise. Details and examples of professional accountability can be incorporated in the interpretation section (e.g., limitations to delegation). |
| 3. Demonstrates understanding of the roles and responsibilities of the RN who prescribes within the health care team. | 1d) Demonstrates understanding of the roles and responsibilities of the RN who prescribes within the health care team. | No changes. |
| 4. Clearly articulates the role of the RN who prescribes when interacting with the client. | 1e) Clearly articulates the role of the RN who prescribes when interacting with the client. | No changes. |
| 5. Recognizes when the client's health needs - at any point during the continuum of care - are beyond the scope, knowledge, skills, and competencies of the RN who prescribes. Collaborates, | 1f) Recognizes when the client's health needs - at any point during assessment, diagnosis or treatment - are beyond the scope, skills, knowledge and competencies of the RN who prescribes, and consults with, or refers the client to, another | Separate the competency into two sentences. Wording from CNO's <i>Entry-to-Practice Competencies for NPs</i> was adapted to inform the second sentence. ¹³ |

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| <p>consults, or refers to another health-care provider when necessary for safe, competent, and comprehensive client care.</p> | <p>health care provider.</p> | |
| | <p>1g) Manages expectations and pressures to prescribe from multiple sources.</p> | <p>Eliminate this competency as it is unnecessary. Managing expectations and pressures is part of professional accountability and ethical decision making, which are existing competencies. It is not a separate competency for other prescribers (i.e., NPs).</p> |
| <p>6. Reports adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies.</p> | <p>1h) Demonstrates understand of Health Canada reporting requirements for adverse drug reactions.</p> | <p>Use the wording from CNO's <i>Entry-to-Practice Competencies for NPs</i> for consistency.¹⁴ Details of reporting requirements can be incorporated in the interpretation section.</p> |
| <p>7. Understands and contributes to organizational policies and processes for safe prescribing practices.</p> | <p>1j) Contributes in the development, implementation, and evaluation of organizational policies and processes approaches for safe prescribing practices.</p> | <p>Remove unnecessary extra wording to be more clear and concise.</p> |
| <p>8. Implements person-centred care, engaging in shared decision-making in all aspects of client care.</p> | <p>1k) Considers the client's perspective in all aspects of clinical decision-making, including assessment, diagnosis, and prescribing decisions.</p> | <p>Edit language to reflect person-centred care and shared decision-making, as supported by evidence outlined in the Person- and Family-Centred Care BPG.¹⁵ The Person- and Family-Centred Care BPG recognizes different terms (e.g., client, resident, patient) that may be used in different settings. RNAO recommends moving in the direction of person-centred care.</p> |

Knowledge-based practice

| <i>RNAO recommended competency wording and order</i> | <i>CNO draft competency</i> | <i>Rationale for RNAO recommendations</i> |
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| 1. Demonstrates understanding of principles of safe prescribing by engaging in evidence-informed and best practice in prescribing. | 3. [Sub-heading] Demonstrates an understanding of the principles of safe prescribing by engaging in evidence-informed and best practice in prescribing. | Incorporate the current sub-heading (in the draft RN prescribing competencies document, it appears in a shaded grey box) as a competency. Add an interpretation section for this competency, to further detail and provide examples of principles of safe prescribing. |
| 2. Applies clinical and pharmacological knowledge and evidence informed practice in prescribing. | 3b) Applies knowledge of pharmacology and evidence informed practice in prescribing medications . | Edit the language to broadly capture knowledge required of RNs who prescribe. Additional details and examples can be incorporated in the interpretation section (e.g., drug interactions). |
| | 3e) Demonstrates understanding of drug interactions. | Eliminate this competency as it is unnecessary. Understanding drug interactions is part of the pharmacological knowledge, outlined in the previous competency. It is not a separate competency for other prescribers (i.e., NPs). |
| | 3d) Demonstrates understanding of the potential safety risks when the RN dispenses or administers a medication that s/he has prescribed, and develops strategies to mitigate such risks. | Eliminate this competency as it is unnecessary. It is not a separate competency for other prescribers (i.e., NPs). |

Ethical practice

| <i>RNAO recommended competency wording and order</i> | <i>CNO draft competency</i> | <i>Rationale for RNAO recommendations</i> |
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| 1. Demonstrates ethical decision-making when prescribing medication. | 1c) Demonstrates ethical decision-making when prescribing medication. | No changes to wording. Moved the competency to align with the organization of <i>Entry-to-Practice Competencies for RNs</i> . ¹⁶ |
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Self-regulation

| <i>RNAO recommended competency wording and order</i> | <i>CNO draft competency</i> | <i>Rationale for RNAO recommendations</i> |
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| 1. Maintains professional knowledge and competence in relation to prescribing by engaging in self-reflection to determine continuing competence needs. | 11) Maintains professional knowledge and competence in relation to prescribing by engaging in self-reflection to determine continuing competence needs. | No changes to wording. Moved the competency to align with the organization of <i>Entry-to-Practice Competencies for RNs</i> . ¹⁷ |

Client care

| <i>RNAO recommended competency wording and order</i> | <i>CNO draft competency</i> | <i>Rationale for RNAO recommendations</i> |
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| 1. Reviews information relevant to the client encounter, including information from other health care providers and laboratory and diagnostic results . | 2a) Reviews information relevant to the client encounter including information from other health care providers. | <p>If including language in the competency to capture examples of information to review, additional and highly relevant sources of data should also be included (e.g., laboratory and diagnostic results).</p> <p>The interpretation section needs to be edited to reflect that this competency is regarding establishing a reason for the client encounter. The current wording confuses the purpose (i.e., establishing a reason for the encounter) with the separate competency of completing a client health history.</p> |

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| <p>2. Conducts relevant health history of the client, including symptoms, history of presenting issue, past health history, family history, allergies, co-existing conditions, medication history, treatments, and complimentary therapies.</p> | <p>2b) Collects information on client status and health needs.</p> <p>3a) Completes a review of the best possible medication history before prescribing.</p> | <p>Edit the language of this competency to more clearly outline it refers to completing a health history. A medication history is part of a complete health history, and thus needs to be incorporated. Wording from CNO’s <i>Entry-to-Practice Competencies for NPs</i> was adapted to inform this competency.¹⁸</p> |
| <p>3. Performs a relevant clinical examination, incorporating information from other health care providers, laboratory and diagnostic results, client history, assessment findings, and specific client characteristics.</p> | <p>2c) Performs a relevant physical examination based on assessment findings and specific client characteristics.</p> | <p>Replace the word "physical" with “clinical” as the former is not inclusive of mental health.</p> <p>If including language in the competency to outline what the client assessment is based on, additional types of highly relevant information should also be included. Wording from CNO’s <i>Entry-to-Practice Competencies for NPs</i> was adapted to inform this competency.¹⁹</p> |
| <p>4. Analyzes, interprets, and synthesizes multiple sources of data, including laboratory and diagnostic results, health history, and clinical assessment.</p> | <p>2d) Uses critical inquiry and clinical reasoning in decision-making to synthesize and integrate health information and to ascertain that sufficient information has been obtained about the client's co-existing conditions, current treatments and health history, to identify possible risks and contraindications.</p> | <p>The current wording is confusing. Reference to ‘risks and contraindications’ is unnecessary, as this is captured in the competencies under knowledge-based practice. Reference to ‘ascertaining sufficient information is obtained’ is unnecessary, as this is captured in the below competency.</p> <p>Edit the competency to broadly capture the need to analyze, interpret, and synthesize multiple sources of data.</p> |

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| <p>5. Recognizes when information about the client is unclear, incomplete or more information is required to make safe prescribing decisions, and takes appropriate steps to obtain the relevant information.</p> | <p>2e) Recognizes when more information about the client are unclear, incomplete or more information is required to make safe prescribing decisions, and taking appropriate steps to obtain the relevant information.</p> | <p>Minor editing is suggested to increase clarity of this competency.</p> |
| <p>6. Determines or reviews diagnoses within the legal scope of practice, based on clinical reasoning and relevant information.</p> | | <p>New competency is strongly recommended.</p> <p>It is necessary to formulate a diagnosis prior to communicating what that diagnosis is to a client. Wording from CNO's <i>Entry-to-Practice Competencies for NPs</i> was adapted to inform this competency.²⁰</p> |
| <p>7. Identifies and selects management options within the legal scope of practice based on diagnoses and evidence-informed practice, including no treatment, non-pharmacological, and pharmacological options.</p> | <p>2f) Uses critical thinking in clinical decision-making by processing and synthesizing health information to identify medication option(s) within the legal scope of practice.</p> | <p>Broaden the competency to include all management options (e.g., not limited to medication) that need to be considered in formulating a plan of care for the client. Wording from CNO's <i>Entry-to-Practice Competencies for NPs</i> was adapted to inform this competency.²¹</p> |
| <p>8. Completes accurate prescription(s) in accordance with legal requirements.</p> | <p>3e) Completes accurate prescription(s) in accordance with legal requirements.</p> | <p>No changes to wording. Moved the competency as it is part of the continuum of care.</p> |
| <p>9. Demonstrates effective communication of assessment findings, diagnoses, and management plan to the client.</p> | <p>Demonstrates effective communication to inform client of diagnosis through: 2g) Discussing assessment findings with the client. 2h) Communicating diagnoses to clients when the RN is prescribing the medication to treat the diagnosis.</p> | <p>Incorporating all aspects of care to be communicated to the client in one competency. The interpretation section can continue to include the development and use of communications skills (e.g., developmentally and culturally-appropriate communication techniques and tools).</p> |

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| <p>10. Demonstrates effective communication of relevant client care to the health-care team.</p> | | <p>New competency is recommended to be added.</p> <p>As part of working in interprofessional teams, it is necessary to communicate client care to the health-care team. Thus we recommend including an additional competency addressing this area of practice. CNO's <i>Entry-to-Practice Competencies for RNs</i> does not currently capture this aspect of practice, which is in addition to collaboration, consultation, and referral.</p> |
| <p>11. Provides education to the client about medications, which includes:</p> <ul style="list-style-type: none"> ▪ Rationale for the prescribed medication; ▪ The expected action of the medication; ▪ The adverse reactions, side-effects, contraindications, precautions, and potential interactions; ▪ The administration instructions (e.g; route, frequency, duration); ▪ The importance of medication compliance; ▪ Storage instructions; ▪ Strategies to reduce risk of harms involving medication misuse; ▪ Follow up plan where appropriate. | <p>Provides education to client about medication, which include:</p> <p>3g) Rationale for the medication selected.</p> <p>3h) The expected action of the drug.</p> <p>3i) The side-effects, contraindications, precautions, and potential interactions.</p> <p>3j) The administration instructions and important of compliance with prescribed frequency, duration of therapy and how to store the drug.</p> <p>3g) Strategies to reduce risk of harm involving medication misuse.</p> <p>3l) Follow up plan where appropriate.</p> | <p>Incorporate all aspects of medication education being provided to the client in one competency. The interpretation section can continue to include the application of education principles, use of teaching and learning strategies, and evaluation of learning for all aspects of medication education.</p> |
| <p>12. Confirms client understanding of information related to</p> | <p>2i) Confirming client understanding of information</p> | <p>Broaden this competency to confirm client understanding of all</p> |

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| assessment findings, diagnoses, and management plan including any prescribed medications. | related to findings and diagnoses. | aspects of care being communicated to client. |
| 13. Monitors and provides follow up to the client, including the response to the medication therapy. Based on client's response, the RN may decide to continue, adjust or withdraw the medication, or to consult another health-care provider. | 3f) Monitors and documents the client's response to drug therapy. Where appropriate, based on client response, the RN may decide to continue, adjust, withdraw the drug or to consult. | Edit competency to focus on monitoring and follow up. Documentation is its own competency, and does not need to be repeated. |
| 14. Documents relevant aspects of client care in the client record. | 1i) Document relevant aspects of client care in the client record. | No changes to wording. Moved the competency to be part of the continuum of care. |

Recommendation 3. Incorporate RNAO's suggested re-ordering and edits to RN prescribing competencies.

RNAO acknowledges and appreciates the utility of the interpretation section in providing additional details and examples to enhance understanding of the draft RN prescribing competencies. This is valuable to inform practice and to guide the development of curriculum. It is not clear in the draft RN prescribing competencies document whether the interpretations are part of the competencies, or supplementary information. Existing CNO competency frameworks (e.g., *Entry-to-Practice Competencies for RNs*, *Entry-to-Practice Competencies for NPs*) are not presented in this way. RNAO recommends clarifying the intent of the interpretation section, and whether the content in the interpretations are part of the competencies.

Recommendation 4. Clarify the intent of the interpretation section of the draft RN prescribing competencies, and whether the content is part of the competencies.

Conclusion

Thank you for the opportunity to provide feedback on the draft RN prescribing competencies. RNAO requests the opportunity to provide further feedback as these competencies are refined and finalized.

RNAO appreciates our relationship with CNO, and looks forward to opportunities for participating in ongoing work to inform the safe implementation of independent RN prescribing in Ontario.

References:

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