



May 9, 2023

Sylvie Crawford
Executive Director and Chief Executive Officer
College of Nurses of Ontario
101 Davenport Road
Toronto, Ont. M5R 3P1

Dear Sylvie,

Re: proposed changes to the regulations under the Nursing Act, 1991 that amend the registration requirements of the Emergency Class

The Registered Nurses' Association of Ontario (RNAO) welcomes the opportunity to provide feedback to the College of Nurses of Ontario (CNO) on the proposed regulatory amendments under the Nursing Act, 1991. RNAO is responding on behalf of our members – more than 50,400 registered nurses (RN), nurse practitioners (NP) and nursing students. We understand these changes align with the new requirements in the Regulated Health Professions Act as approved by government through Bill 106 – the Pandemic and Emergency Preparedness Act.

RNAO conditionally supports the proposed amendments. The amendments, with some important adjustments outlined below, will protect public safety, provide assurance to the public that the nursing workforce can be bolstered safely during emergency situations, and ensure those accepted into the Emergency Class will be safe to practice, based on specific registration requirements. RNAO recommends there be clear time limits for the CNO to process these requirements so as to not unduly delay emergency class registration and impede availability of needed nursing human resources.

RNAO wants to emphasize that meeting the goal of full public protection requires a clear differentiation between the role of RNs and registered practical nurses (RPN) as categories of nurse in the General Class. This is needed if employers, nurses, other health professionals and those in the Emergency Class are to fully understand and uphold role expectations. In this regard, RNAO very strongly recommends the CNO not move forward on its proposed scope of practice standard document; see our full rationale in our separate letter dated May 9, 2023 and attached.

RNAO recommends instead that the CNO retain the three-factor framework referenced in RN and RPN Practice: The client, the nurse, and the environment. This framework, in identifying that complex patients with less predictability and less stable environments must be cared for by RNs, provides a crucial distinction between the roles of RN and RPN.

Further, in RNAO's opinion, RPN General Class registrants should not be granted the authority to supervise RN Emergency Class registrants. In our view, RN Emergency Class registrants must always be supervised by RNs, not RPNs.

However, RNAO does support the amendment that members in the Emergency Class can only perform a controlled or authorized act if so ordered by a RN in the General Class. RNAO further recommends the

authority to order a member of the Emergency Class to perform a controlled or authorized act be broadened to include RNs in the extended class.

RNAO also recommends that the regulation identify the role of the CNO Council and/or other collaborative processes to support the broad decision-making authority of the executive director in enacting the Emergency Class regulations.

RNAO commends the CNO for including nurses educated and registered outside of Canada as eligible for Emergency Class registration upon satisfying the specific CNO requirements for safe practice. Once again, RNAO urges that these requirements be processed in a timely manner to meet emergency nursing human resource requirements.

RNAO strongly supports the ability of a nurse registered in the Emergency Class to transition to the Temporary Class. RNAO recommends the CNO develop, communicate and execute clear processes for such transitions to prevent barriers or missed opportunities due to miscommunication or unnecessary delays.

The proposed amendments to the Emergency Class registration will better support rapid action in bolstering the nursing workforce during emergency and crisis periods. The proposed amendments related to the ability of Emergency Class registrants to transition to Temporary Class align with RNAO's recommendations related to maximizing the potential contribution of internationally educated nurses in emergency and crisis situations while at the same time supporting their registration process for the General Class. Temporary Class registrants will be able to be employed to practice in a nursing role, while completing their requirements for registration in the General class.

In summary, RNAO supports the general intent of the proposed changes to the regulations under the Nursing Act that amend the registration requirements of the Emergency Class. We recommend the following specific changes:

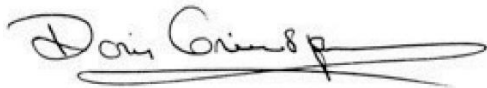
Specific RNAO recommendations for CNO

- Incorporate time limits to expedite the processing of specific requirements for Emergency Class registration.
- Do not move forward with the proposed scope of practice standard as it does not clearly define and differentiate the two categories of nurse in the General Class – RN and RPN.
- Retain the three-factor framework referenced in RN and RPN Practice: The client, the nurse, and the environment to aid clearer differentiation of the RN and RPN roles.
- Ensure that RN Emergency Class registrants be supervised by RN members of the General or extended class certificate of registration; RPN Emergency Class registrants should be supervised by RPN or RN members of the General Class or members of the extended class certificate of registration
- Remove the proposed supervision of RN Emergency Class registrants by RPN General Class registrants – RNAO does not support this amendment.

- Include “RNs in the extended class” in the group of registrants who have the authority to order a member of the Emergency Class to perform a controlled or authorized act.
- Make changes to address the role of the CNO Council and/or other collaborative processes in supporting the broad decision-making authority of the Executive Director in enacting the Emergency Class regulation.
- Develop, communicate and execute clear processes for transition from Emergency Class registration to Temporary Class registration.

Thank you for this opportunity to respond to the proposed regulatory changes related to the Emergency Class. RNAO is pleased to discuss this response with you.

Warmest regards,



Doris Grinspun, RN, BSc.N., MSN, PhD, LLD(hon), Dr(hc), DHC, FAAN, FCAN, O.ONT
Chief Executive Officer

Copy to: CNO Council, c/o Council President Naomi Thick, RN
RNAO board of directors
Hon. Sylvia Jones, Deputy Premier and Minister of Health
Dr. Catherine Zahn, Deputy Minister of Health
Dr. Karima Velji, Assistant Deputy Minister and Chief of Nursing and Professional Practice



May 9, 2023

Sylvie Crawford
Executive Director and Chief Executive Officer
College of Nurses of Ontario
101 Davenport Road
Toronto, Ont. M5R 3P1

Dear Sylvie,

Re: RNAO response to proposed "scope of practice" standard

The Registered Nurses' Association of Ontario (RNAO) welcomes the opportunity to provide feedback to the College of Nurses of Ontario (CNO) on the proposed "scope of practice" standard intended to replace three important and comprehensive CNO documents: 1) *Decisions about Procedures and Authority* practice standard; 2) *Authorizing Mechanisms* practice guideline; and 3) *RN and RPN Practice: The Client, the Nurse, and the Environment* practice guideline. RNAO is responding on behalf of our members – more than 50,400 registered nurses (RN), nurse practitioners (NP) and nursing students.

The documents being replaced with the new standard are critical tools that enable the CNO to meet its mandate of public protection enshrined in Ontario's health professions regulatory framework, as outlined in the Regulated Health Professions Act, 1991. These documents are important for all categories of nurses regulated with the CNO as they provide specific practice guidance, indicators and examples to assist them to make informed choices in enacting their roles. Further, these resources guide employers in nursing human resources planning and in completing nurse/patient assignments, and inform nursing educators in shaping BScN and Practical Nurse Diploma curricula.

For well over a decade RNAO has expressed concerns to the CNO related to its lack of clear guidelines to differentiate the practice of registered nurses (RN) and registered practical nurses (RPN). In fact, the CNO has continuously blurred these roles rendering RNs and RPNs almost identical – especially with the recent proposed regulatory changes expanding the scope of practice of RPNs to include authority to independently initiate the following controlled acts:

- irrigating, probing, debriding and packing of a wound below the dermis or below a mucous membrane
- venipuncture in order to establish peripheral intravenous access and maintain patency, in certain circumstances
- putting an instrument, hand or finger beyond the individual's labia majora for the purpose of assessing or assisting with health management activities
- putting an instrument or finger beyond an artificial opening into the client's body for the purpose of assessing or assisting with health management activities

RNAO is extremely concerned that the proposed CNO standard focuses on the identical nature of the RN and RPN scope of practice and puts the onus on the practitioner to determine competence, adding to existing role confusion and tensions. This grossly undermines the enhanced knowledge and critical thinking of RNs.

To avoid the negative consequences, RNAO insists that the CNO retain the three-factor framework referenced in *RN and RPN Practice: The client, the nurse, and the environment*. This framework provides a crucial distinction between the roles of RN and RPN by identifying that complex patients with less predictability and less stable environments must be cared for by RNs. In this practice guideline, CNO further explains:

RNs and RPNs study from the same body of nursing knowledge. RNs study for a longer period of time, allowing for greater foundational knowledge in clinical practice, decision-making, critical thinking, leadership, research utilization and resource management. As a result of these differences, the level of autonomous practice of RNs differs from that of RPNs.

The complexity of a client's condition influences the nursing knowledge required to provide the level of care the client needs. A more complex client situation and less stable environment create an increased need for consultation and/or the need for an RN to provide the full range of care requirements.

Removing the three-factor framework and related guideline and scope documents implies that there is no difference between the RN and RPN categories of nurse. Indeed, the proposed scope of practice standard itself uses wording such as "RN or RPN" or "nurse" without stipulating category, again sending the message the roles are identical and interchangeable.

The proposed CNO standard compromises all nurses and their employers, and is contrary to CNO's mandate of public protection. Blurring of the RN and RPN role makes it difficult for employers and the public to understand and adequately utilize these two categories of nurse, and leads to tensions between RNs and RPNs.

CNO's proposed standard would result in de-skilling of nursing care, as there is no clearly delineated practice differences between registrants based on their years of education. This contradicts the large body of peer-reviewed literature evidencing the harm to patients and society resulting from de-skilling of nurses' work. RNAO's view is that both RN and RPN categories should be respected and fully utilized within their scopes of practice, and both types of nursing education should be valued — yet not confused or conflated.

Our review of the proposed scope of practice standard also raised serious concerns about how the CNO views its regulatory role. We look to the college to clearly and safely govern the distinct nursing categories in our profession. In light of the challenges posed to Ontario's health professions regulatory framework through Bill 60, it has become more important than ever to outline and differentiate the distinct natures of RN and RPN practice. Bill 60 allows persons other than those registered with the CNO to use the protected title "nurse." Role specificity and clarity within nursing categories will better mitigate fallout from this provision in Bill 60.

In conclusion, RNAO opposes – in the strongest possible terms – the CNO’s moving forward with a new scope of practice standard that does not clearly define and differentiate between the two categories of nurse in the General Class – RN and RPN. We urge the CNO to reconsider the context in which this proposal is being made when we are in the midst of a nursing shortage and health-care crisis that has resulted in quality of care and safety challenges.

We offer our commitment to collaborating with the CNO to develop a scope of practice standard that will serve all nurses, health-care stakeholders and the public by clearly setting out scope of practice and role differentiation, consistent with nursing education programs and entry to practice standards.

Warmest regards,

A handwritten signature in black ink, appearing to read "Doris Grinspun", with a long horizontal flourish extending to the right.

Doris Grinspun, RN, BSc.N., MSN, PhD, LLD(hon), Dr(hc), DHC, FAAN, FCAN, O.ONT
Chief Executive Officer

Copy to: CNO Council, c/o Council President Naomi Thick, RN
RNAO board of directors
Hon. Sylvia Jones, Deputy Premier and Minister of Health
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