



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
Dr. Catherine Zahn, Deputy Minister of Health
Dr. Karima Velji, Assistant Deputy Minister and Chief of Nursing and Professional Practice