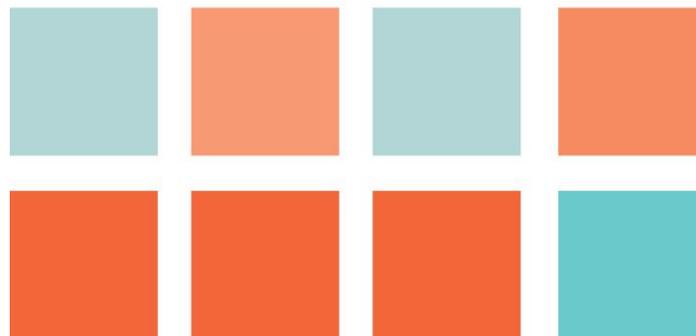


**RNAO response to proposed  
changes to the Registration  
Regulation and Annual Fees**

Submission to the  
College of Nurses of Ontario  
July 11, 2016



The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses, nurse practitioners and nursing students in Ontario. RNAO regularly provides CNO with feedback regarding regulatory matters and we are pleased to offer recommendations on proposed regulatory and fee changes as circulated in the June 2016 *The Standard*.

### **Proposed Changes to Registration Regulation under the *Nursing Act***

#### *1. Removing “in Ontario” requirement from the declaration of practice.*

RNAO commends CNO for reversing the “in Ontario” requirement from the declaration of practice. This was a recommendation made by RNAO in our 2014 submission to CNO (Appendix A). Removing the Ontario-based practice declaration is appropriate because nursing practice is based on the same body of clinical knowledge as other provinces and the United States. As a result of the requirement that was put in place in 2013, thousands of nurses, many of whom work across borders, have either resigned their CNO registration or been forced to enter the non-practising category. In 2015, the number of non-practising RNs almost doubled from 2014.<sup>i</sup> This depleted the nursing workforce potential, at a time when Ontario has the lowest RN-to-population ratio in Canada at 711 RNs per 100,000 people compared to the Canadian average of 841 RNs per 100,000 people.<sup>ii</sup>

#### **RECOMMENDATION #1: Proceed with the removal of the “in Ontario” requirement from the declaration of practice.**

#### *2. Changes to Exam Requirements*

RNAO understands the proposed amendments enable the Council to decide whether registration exam attempts should be limited and to what extent. It is also our understanding that CNO intends to impose no limits on the number of times an applicant can write the NCLEX-RN exam.<sup>3</sup>

Even if applicants are granted unlimited exam attempts, there would be an indirect limit imposed based on a currency requirement for nursing practice. According to Ontario Regulation 275/94, applicants must have practised nursing within the last three years – this requirement includes nursing school. The National Council of State Boards of Nursing’s (NCSBN) exam retake policy enables applicants to take the NCLEX-RN exam once every 45 days.<sup>iii</sup> In Ontario, this translates into 24 attempts over three years.

RNAO urges CNO to consider the public safety perspective. An entry-to-practice regulatory exam is a safeguard to ensure that applicants have the entry-level knowledge necessary to provide safe care at the beginning of their career.<sup>iv</sup> There are many reasons why an applicant may fail the examination, including the potential that they are not ready for practice. In each attempt, the NCLEX-RN poses different questions but consistently evaluates whether an applicant meets a standard of competence.<sup>v</sup> If applicants are unable to meet this standard after a specific number of attempts, there should be a safeguard in place to protect the public. RNAO proposes a model where after a pre-determined number of attempts of the examination within a pre-determined timeframe - determined by the regulatory bodies based on best practices - an applicant would be required to complete a time-limited (e.g. two months) Ontario-based remedial program. Upon successful completion of the program, the applicant would be granted additional attempts to be completed within a pre-determined timeframe.

Statistics demonstrate pass rates decrease with repeat attempts at the NCLEX-RN. In 2015, RNs educated in the United States that wrote for the first time had a pass rate of 84.5 per cent compared to repeat writers that passed at a rate of 44.5 percent.<sup>vi</sup> These numbers are even lower for internationally educated RNs writing in the U.S. with 31.4 per cent passing on their first attempt and 18.0 percent passing after repeated attempts.<sup>vi</sup> Some states have addressed this concern by requiring applicants to complete a remedial education program after a set amount of failures. In Michigan and New Jersey, individuals can attempt to write the exam up to three times after which they are required to complete a remedial educational program before they are issued another three attempts.<sup>vii,viii</sup> Similarly, in Florida, after three failed attempts, a remedial course must be completed before individuals will be permitted to write a fourth time.<sup>ix</sup>

After graduation, applicants for registration are no longer supported by their universities and rely on for-profit courses to prepare them for the registration exam. The fee to write the exam in Canada is \$360.00 and some applicants incur travel expenses to get to the test site. These courses, along with the fee to write the NCLEX-RN exam and travel expenses are quite burdensome, especially for new graduates. Temporary registration with CNO is revoked after the first exam failure adding increased stress and financial hardship for applicants. It is unjust to permit applicants to exhaust their attempts at writing the NCLEX-RN and/or endure excessive financial hardship to re-write the exam multiple times with no intervention.

Therefore, RNAO urges CNO to explore options to create a time-limited (e.g. two months) Ontario-based remedial program for applicants that have been unsuccessful in passing the NCLEX-RN after a pre-determined number of attempts within a pre-determined timeframe (both determined by regulatory best practice). This program will have to be accessible and affordable across the province to ensure equity for all applicants.

**RECOMMENDATION #2: Proceed with amendments that enable Council to decide whether registration exam attempts should be limited and to what extent. For public safety, RNAO supports a model where after a pre-determined number of attempts of the examination within a pre-determined timeframe - determined by the regulatory bodies based on best practices - an applicant would be required to complete a time-limited (e.g. two months) Ontario-based remedial program. Upon successful completion of the program, the applicant would be granted additional attempts within a pre-determined timeframe. RNAO encourages Council to review established processes in other jurisdictions and consult with stakeholders to determine: 1) the pre-determined number of attempts and timeframe to take the exam and 2) the parameters warranting completion of the remedial program, its delivery and the content of the program.**

### *3. Minor Corrections*

RNAO has no concerns regarding the minor corrections proposed by CNO.

### **Proposed Changes to Annual Fees**

RNAO recognizes the work of CNO to meet its regulatory mandate as well as the need for sufficient resources to ensure it is done effectively. With the upcoming initiatives to expand the Quality Assurance Program and launch the new Nurse Health Program, RNAO supports the incremental fee increase approach as approved by Council:

*OPTION 3: Implement incremental fee changes as follows:*

*in 2017, increase the fee by \$35 to \$190*

*in 2018, increase the fee by \$10 to \$200*

*in 2019, increase the fee by \$5 to \$205*

*in 2020, increase the fee by \$5 to \$210*

*in 2021, no fee increase.*

RNAO is very encouraged to see the development of a Nurse Health Program and looks forward to partnering with the College and other associations. We want to ensure that the program is sustainable and recognize that this will require additional resources. The incremental approach gives members predictability for the fee increases and minimizes the impact of a large one-time increase.

**RECOMMENDATION #3: Proceed with Option #3 – Implement incremental fee changes.**



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

January 7, 2014

Ms. Anne Coghlan  
Executive Director and CEO  
College of Nurses of Ontario  
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**RE: THE AMENDED *REGISTRATION REGULATION* UNDER THE *NURSING ACT***

Dear Anne,

The Registered Nurses' Association of Ontario (RNAO) is deeply concerned with the College of Nurses of Ontario's (CNO) implementation of the amended *Registration Regulation* under the *Nursing Act* which became effective January 1, 2013. Specifically, RNAO is concerned with the outcome of the declaration of practice requirement when a nurse indicates they have not practised nursing in Ontario within the past three years. It is our understanding that when a nurse indicates he/she has not practised nursing within Ontario within the past three years, he/she can: 1) Apply to enter the non-practising class or 2) Resign from the College. If a nurse does not choose either option, his/her certificate of registration will be revoked.

RNAO initially expressed concern over these regulatory amendments when consulted in 2010. It is unfortunate that our advice was not adopted. Ontarians are now witnessing the concerning impact these regulatory changes have produced. Currently, RNAO's primary concern is the impact that this regulatory process is having on nurses who maintain registration within Ontario, but practise solely within another jurisdiction. This is often a reality in border communities and relates to local availability of employment, especially for nurses within more specialized roles. We understand that CNO has corresponded with approximately 11,000 nurses to provide them with the options previously outlined in this letter.

RNAO is unclear as to why these nurses are being forced to enter the non-practising class, and how this process aligns with the public interest. The rationale provided by the CNO relating to the ability to inform accurate health human resources planning is irrelevant given that the annual *Membership Statistics Report* has clearly identified and separated this group for many years. It is important to consider that the fundamental practice of delivering nursing care domestically across jurisdictions and internationally within the United States shares the same body of clinical evidence and adopts similar policies/procedures; after all, this is the claim the CNO made when many expressed concerns over the changes to the RN entry exam. Indeed, RNAO is puzzled that while the CNO eagerly moved from the Canadian-based CRNE entry exam to the U.S.-based NCLEX, it chooses to penalize nurses who reside in Ontario and work in the U.S.

As we expressed during the discussion related to the RN entry exam changes, RNAO believes that while the fundamental practice of nursing shares many commonalities across Canadian/American jurisdictions, there are differences within the regulatory frameworks governing nurses, including: scope of practice and professional accountabilities, as well as health-care and nursing practice context. However, these important differences can be addressed by CNO in the public interest and without the need to oblige nurses to enter the non-practising class, or resign from the CNO.

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The College did so when choosing to move to the NCLEX entry exam by promising to include "Canadian context" into the questions, and we are asking the CNO to also do so as it relates to renewal of registration based on practice location.

The amendments made to the *Registration Regulation* force many Ontario-born and educated nurses to either resign from the College or enter a class that would prevent them from readily re-integrating within Ontario's health system, should they wish to do so at a later time. Given Ontario needs to urgently catch up to the rest of Canada by adding roughly 17,600 RN positions, this new CNO requirement is not appropriate from a health human resource planning perspective. Moreover, RNAO surveyed each Canadian jurisdiction that borders the U.S. We have identified that, in at least Quebec, New Brunswick and Saskatchewan, nursing regulators accept a declaration of nursing practice from another jurisdiction (Appendix A). It is unclear why Ontario is the exception. It is also unclear how the amended regulation aligns with both Chapter 16 of the *North American Free Trade Agreement* (NAFTA) and the *Ontario Labour Mobility Act*. RNAO would suggest that this new CNO policy is inconsistent with provincial, national and international labour mobility provisions, some of which are bound by law.

RNAO strongly recommends the CNO further amend the *Registration Regulation*, authorizing a declaration of nursing practice from any Canadian or American jurisdiction as a satisfactory CNO registration requirement. Furthermore, given that there are different regulatory frameworks in different jurisdictions, RNAO recommends that nurses who practise solely within another jurisdiction be required to successfully complete the CNO's online jurisprudence examination every three years as a means of demonstrating continued competency in Ontario-defined: nursing regulation, scope of practice, professional responsibility and accountability, ethical practice, and the nurse-client relationship. We feel this approach thoughtfully satisfies the CNO's requirement that nurses maintain awareness "...of the changes to nursing legislation and regulation in Ontario, and the effect those changes have on their practice and responsibilities as self-regulated health professionals."

RNAO urges CNO to act promptly to resolve this significant concern as a means of satisfying the public interest.

Warm regards,



Doris Grinspun, RN, MSN, PhD, LLD(hon), O.ONT.  
Chief Executive Officer  
Registered Nurses' Association of Ontario

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