



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

Next Steps to Expanding RN Scope of Practice

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The Registered Nurses' Association of Ontario (RNAO) is the professional association representing RNs, nurse practitioners (NP), and nursing students in all roles and sectors across Ontario. The expansion of RN scope of practice serves Ontarians and their health system well. It increases access, equity and better integrates care across sectors. It also increases the financial sustainability of our health system while enhancing patient-centred care.

RNAO has called for independent RN prescribing and for RN-initiated psychotherapy since 2012.^{i ii iii} This advocacy includes RNAO's response to the College of Nurses of Ontario (CNO) proposed regulatory amendments to Ontario Regulation 275/94 (General), Part III (Controlled Acts & Psychotherapy), and Part V (Delegation) under the *Nursing Act, 1991* through our [Submission on RN Prescribing](#) and on [Psychotherapy](#). These documents provide robust evidence and recommendations for implementing independent RN prescribing and for the independent initiation of the controlled act of psychotherapy.

The proposed regulatory amendments are important first steps to expand RN scope. But more can and must be done to realize the full potential of RNs and afford Ontarians timely access. RNAO urges the government to take the following next steps:

1. **Amend the *Nursing Act* to remove constraints to RN prescribing.** Amendments made to the *Nursing Act* in 2017 to enable RN prescribing require that the regulation designate drugs. Restricting prescribing through listing drugs limits the potential of RNs and wastes an opportunity to incorporate best practices from other jurisdictions experienced in safely implementing RN prescribing. Further, this restrictive approach creates unnecessary regulatory burdens and presents barriers to clients accessing care. CNO shares RNAO's concerns with lengthy (regulatory) approval processes and their negative impact on patient care.^{iv}
2. **Amend regulations under the *Nursing Act* to accommodate parallel paths to prescribing for RNs and nursing students.** RNAO recommends a two-phase approach to implement independent RN prescribing. First, RNs who wish to voluntarily integrate prescribing into their practice will be provided access to an approved post-graduate course. Second, we urge the inclusion of prescribing in the nursing baccalaureate curricula to allow Ontario nursing students to graduate with prescribing competencies. This can be accommodated with an additional clause in the proposed regulatory amendments that the education for RN prescribing may be either independent or part of the education and training required to become an RN.

3. **Amend any and all legislation, including but not limited to the *Laboratory and Specimen Collection Centre Licensing Act* and the *Health Insurance Act*, to enable RNs to order and, where appropriate, perform diagnostic testing, including laboratory and point-of-care testing.** The *Nursing Act* allows RNs to prescribe medications and communicate a diagnosis for the purpose of prescribing. A necessary aspect of formulating a diagnosis is missing from this expanded scope though: the ability to order and perform diagnostic testing. Diagnostic testing for common ailments relevant to an RN's clinical competency is an essential part of conducting comprehensive health assessments, formulating a diagnosis and prescribing appropriate medications.
4. **Make consequent amendments to other legislation, including but not limited to the *Public Hospitals Act* and the *Health Promotion and Protection Act*, to ensure that RNs are able to practise to their full scope across all health-care settings.** In its current form, the *Public Hospitals Act* offends the principles of access and equity because it restricts RNs from prescribing and initiating and delivering psychotherapy in hospital settings, which can include remote nursing stations and community settings attached to hospitals.

These legislative and regulatory amendments are necessary to maximize timely access to health services and to improve health system access, equity and integration. RNs who are able to provide the full continuum of care within their legislated scope of practice will significantly improve access to health services, health outcomes and system effectiveness and efficiency. Consequently, RNAO urges the amendment of legislation and regulation to enable independent RN prescribing and RN-initiated psychotherapy across all practice settings.

References

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

ⁱⁱ 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

ⁱⁱⁱ 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

^{iv} College of Nurses' of Ontario. (2019). Letter to RNAO: Draft regulation changes to enable RN prescribing.