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

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SPEAKING NOTES

Presentation to the Health Professionals Regulatory Advisory Council Regarding RN(EC) Scope of Practice

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Good afternoon,

My name is Wendy Fucile and I am a Registered Nurse and the President-Elect of RNAO - the Registered Nurses' Association of Ontario. RNAO is the professional association, representing 27,000 RNs in Ontario – who speak out for nursing, and speak out for health.

I am very pleased to be here to discuss these important legislative changes for RN(EC)s or as they are most often referred to, Nurse Practitioners. NPs are registered nurses who have additional education and experience. Primary care NPs' current legislative authorities allow them to diagnose and treat common illnesses and injuries, and to write prescriptions. They can also order lab tests, X-rays and other diagnostic tests. The newly regulated NPs - acute care adult, acute care paediatric - will have similar authorities, but focus their practice on patients within hospitals. They have similar authorities as primary care NPs. The role of NP - Anaesthesia is also newly legislated. Utilizing NPs, to their full potential, will go a long way towards providing quality care to Ontarians, improving access to primary care, alleviating wait times and meeting the needs of the public we serve.

I want to begin by underlining, in the strongest possible terms, that RNAO and its members are very supportive of the proposed changes that the Health Professions Regulatory Advisory Council has before it. The structure of the Regulated Health Professions Act legislation with overlapping scopes of practice, self-regulation and protection of the public remains sound. However, it's important that this legislation keeps up with ever-changing practice environments, reflects current education, competencies and the practice of NPs.

The proposed changes will enhance protection of the public both by sharpening lines of accountability and by moving to a more effective enforcement mechanism. As important, these changes will increase timely access to health care for all Ontarians.

Protection of the Public

Let me first share with you why these changes will enhance protection of the public. To begin, the current system requires NPs to work under medical directives to provide care that is within their current education, competencies and practices. This not only blurs the lines of accountability between NPs and consulting physicians, it also delays treatment and makes the system very inefficient. Patient safety is enhanced when the scope of health-care professionals reflects both their competencies and their current practice.

Second, current restrictions on NPs' access to prescribing and ordering diagnostic tests result in a slow and cumbersome process that increases risk to the public by delaying access and treatment. These regulatory processes have not kept pace with evolving technologies and evidence-based practice, thus leading to real-time delays in client care.

Finally, the proposal to place the requirement for consultation in practice standards rather than in legislation will also enhance protection of the public. Monitoring through a regulatory body rather than through the courts will be more consistent with self-regulation, and will engender more success in monitoring compliance.

Increasing Access to Health-Care Services

The proposed changes will remove limitations on controlled acts and expand access to health care for Ontarians. Currently, patients' health is compromised due to delays in treatment There are system inefficiencies and a great deal of frustration amongst Ontarians who can not access health services in a timely manner, and amongst nurse practitioners who feel their education and their competencies are not fully recognized.

The proposed changes can improve patient care access across a broad spectrum of settings, and client populations. I would like to illustrate this with just a few examples.

With the proposed regulatory changes in place, in emergency rooms, NPs, within their level of competency, could order drugs to provide appropriate pain relief, order required x-rays, set simple fractures and apply a cast without delay. For example, currently, NPs cannot order a spinal, shoulder, or skull X-ray. To be treated for shoulder injuries, which are quite common in active people, patients must wait unnecessarily to see another health professional to have their test ordered. This causes undue stress and delays treatment for the patient. It also creates inefficiency in our health-care system.

As we all know, many people are living longer and longer with chronic diseases. Currently, clients with diabetes who are having difficulty with hyper- or hypoglycemic episodes cannot benefit from NPs' knowledge and expertise to independently change their pharmaceutical therapy, even though many NPs specialize in diabetes care and have advanced education and years of experience in the field. Increasing NPs' diagnostic and prescriptive authority will lead to earlier identification and intervention to help reduce complications.

Screening and health promotion is a fundamental aspect of NPs' practice, and important to health promotion for Ontarians. NPs can only order tests as listed in the Laboratory and Diagnostic Imaging List. The list also limits patients' access to appropriate screening services for conditions such as prostate cancer and osteoporosis, as NPs cannot order PSA tests or bone density tests.

As these examples show, the current list-based system of prescribing for NPs results in delays in treatment, unnecessary duplication and misallocation of resources. Open prescribing is crucial if NPs are to provide timely care and ensure patient safety.

Rapid changes in technology and evolving roles make the current list-based approval process for NP diagnostic and prescriptive authority untenable. It's also unfortunate that Ontario lags behind other provinces such as British Columbia, New Brunswick, Newfoundland and Labrador, Saskatchewan as well as the Northwest Territories which allow nurse practitioners broad prescriptive authority. The same is true in other developed countries. For example, British nurse practitioners have had the majority of the prescribing restrictions removed. In the U.S., NPs in more than 25 states have open prescribing authority. In fact, NPs who work in the U.S. can openly prescribe and are not limited by restrictions. They also have the flexibility to respond to the needs of the patient. This is what patients need and what NPs are educated to do.

Changes are also needed to other Regulations.

We welcomed the changes in regulation that provide for regulation of acute care NPs. However, their skills will not be fully utilized without other regulatory changes. Advance practice nurses graduate with the entry competencies to perform the additional controlled acts; however, they currently require medical directives or delegation because of Regulation 965 under the *Public Hospitals Act*.

RNAO urges HPRAC to accept all the amendments proposed by the College of Nurses of Ontario.

The proposed legislative and regulatory amendments will speed up timely access. They will enable NPs to provide health services within their scope of practice, their level of competence and the regulatory standards set by CNO. Medical directives or delegation, in both in-patient and out-patient settings, are outdated and inefficient practices that blur, rather than delineate, lines of accountability for health professionals.

RNAO supports, in the strongest possible terms, the approval and submission of the proposed regulatory changes to the Ministry of Health and Long-Term Care. We urge the Minister to move quickly to implement these recommendations so that NPs are fully utilized for the benefit of the public.

Thank you for the opportunity to comment on these proposed changes for the nursing profession and the public we serve.