



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

Health Professions Regulatory Advisory Council  
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Dear Health Professional Regulatory Advisory Council,

Thank you for the opportunity to respond to the submission made by College of Nurses of Ontario (CNO) November 2008 regarding Non-Physician Prescribing and Administration of Drugs under the Regulated Health Professions Act.

RNAO endorses, in the strongest possible terms, regulatory and legislative changes that will facilitate implementation of the recommendations in numerous reports<sup>1 2</sup> which urge maximizing the contributions of all health professionals to increase access to health services. The proposed changes will allow Registered Nurses (RNs) and Nurse Practitioners (NPs) to use their knowledge, skills, and experience to a greater extent, allowing them to practice to their full scope to better serve the needs of Ontarians.

As the professional organization for registered nurses in the province, we affirm that these changes will serve the public by strengthening the safety and capacity of Ontario's health care system.

### ***Specific Comments***

#### **Increasing Access to Health Care Services**

##### ***Dispensing***

In a variety of contexts, RNs & NPs dispense medication as a routine part of implementing medical directives, generally for clients who meet specific criteria or as a delegated act to respond to a particular patient's situation. This is common in remote communities but also pertinent in many other circumstances including:

- In an out-patient clinic, an RN or NP may dispense an insulin pen to a diabetic patient to take home;
- In an emergency department, an RN or NP may dispense the first dose of an antibiotic for a child with an ear infection when the pharmacy will not be open until the next morning;
- Birth control pills are dispensed by public health nurses in a sexual health clinic;
- Public health nurses dispense medication such as Ritalin, insulin, or allergy shots in a school setting;
- In psychiatric and rehabilitative units, RNs or NPs dispense drugs to patients who are leaving the unit for the weekend.

RNAO agrees with CNO that incorporating dispensing as an authorized activity within nursing's scope of practice clarifies the lines of accountability and is keeping with self-regulation.

In addition, the experience of our members is that delegation and medical directives for dispensing consume large amounts of time and resources, and that these resources would be better directed to patient care.

Therefore:

***RNAO strongly supports CNO's recommendation that RNs and NPs be granted access to the controlled act of dispensing a drug.***

*Prescribing*

The cumbersome process that governs NPs' authority to prescribe prevents NPs from operating at their full scope of practice; results in unnecessary duplication and misallocation of resources in the health-care system; and impedes access to care.

RNAO shares the concerns articulated by the Nurse Practitioners' Association of Ontario (NPAO), an interest group of RNAO, in their November 2008 Submission to HPRAC on *Non-Physician Prescribing*. While the "The Health Systems Improvement Act (2007) amendments to the *Nursing Act* (1991) to broaden NP prescriptive authority by permitting NPs to prescribe drugs from categories or classes of drugs listed in regulation rather than limiting prescriptive authority to lists of drugs may improve patient access and be more responsive than the list-based approach, it is not the best approach to enable NP prescribing and reflect current best practices".<sup>3</sup>

Open prescribing for diagnostic tests and pharmaceuticals is essential to meet clients' needs. Nurse practitioners in other provinces such as British Columbia and Saskatchewan already have broad prescriptive authority. As of 2000 in the United States, there were 25 states that gave full prescriptive authority to nurse practitioners, including for controlled substances.<sup>4</sup>

Prescriptive and diagnostic authority should be moved to a broader, less restricted model, using such options as Drug Schedules or Formularies and open authority to diagnostic tests.

NPs access to broad prescriptive authority will facilitate their ability to practice to full scope and to deliver the kind of care that the people of Ontario need and deserve.

Therefore:

***RNAO strongly supports CNO's August 2007 HPRAC Submission that proposes broad prescriptive authority for NPs***

With kindest regards,



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<sup>1</sup> Romanow, R. (2002). *Building on Values: The Future of Health Care in Canada—Final Report*. Saskatoon: Commission on the Future of Health Care in Canada.

<sup>2</sup> Health Council of Canada (2005). *Modernizing the Management of Health Human Resources in Canada: Identifying Areas for Accelerated Change*. Toronto: Author.

<sup>3</sup> Nurse Practitioners' Association of Ontario. (2008). *Submission to Health Professions Regulatory Advisory Council. Non-Physician Prescribing*. Author.

<sup>4</sup> National Center for Health Workforce Analysis (2004). *A Comparison of Changes in the Professional Practice of Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives: 1992 and 2000*. Rockville, MD: Health Resources and Services Administration, pp. 73-76.