



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

Speaking out for health. Speaking out for nursing.

The Honourable David Caplan
Minister of Health and Long-Term Care
900 Bay St, 6th Flr, Mowat Block
Toronto, ON
M7A 1L2

August 10, 2009

By email:
david.caplan@ontario.ca

Re: Registered Nurse First Assistant funding in Ontario

Dear Minister,

On behalf of RNAO, and the Registered Nurse First Assistant (RNFA) Interest Group, please accept our sincerest thanks for addressing the concerns we brought to you during our meeting this past April, and our appreciation for the recent approval of funding for RNFA positions at the same level (50%) as that provided to hospitals for Physicians' Assistants for this year. This decision will no doubt serve to advance the level of care during surgical procedures that Ontarians need and deserve.

Minister, we now urge you to guarantee permanent and 100 per cent base funding for these positions, starting in the new budget.

Background

The College of Nurses of Ontario (CNO) recognizes that the RNFA role is within the scope of practice for those registered nurses who possess the additional knowledge, skills and judgment. At present, only those assistants with RNFA education are being supported through the *HealthForceOntario* strategy, though they are required to use the alternate title "Surgical First Assist" in place of "Registered Nurse First Assistant". The CNO has recognized that this role is beyond the competence of an entry-level registered nurse, and has mandated the completion of an accredited RNFA educational graduate certificate program for entry to practice as a Registered Nurse First Assistant.

Registered Nurse First Assistants practice autonomously. They are regulated by and fully accountable to the College of Nurses of Ontario.¹ In order to qualify for admission to the educational program, RNFA candidates must be experienced perioperative (operating room) nurses and have Canadian Perioperative Certification. As of 2000, all provinces within Canada acknowledged that the RNFA role falls within the scope of nursing practice².

RNFAs have acquired the education, knowledge and experience, along with expanded technical skills in a recognized³ formal first assistant educational program which includes a surgeon-mentored clinical component. Though certification is obtained through the American Certification Board, currently this program is offered in four Canadian locations: Mohawk College in Hamilton, ON⁴.; British Columbia Institute of Technology (BCIT) in Burnaby, BC⁵; L'Université du Québec à Trois-Rivières (UQTR) in Trois-Rivières, Québec⁶ and The Centre for Nursing Studies in St. John's, Newfoundland^{7,8}.

The Registered Nurse First Assistant Role

What is unique to the RNFA role is that it is not purely a technical role. It allows the nurse to provide continuity of care from the initial surgical consultation through the various perioperative (surgical) phases to the patient's discharge, while also functioning collaboratively with the surgeon in assisting with the patient's surgical procedure.

With the understanding that patients and family members can be overwhelmed and anxious during office visits, the RNFA addresses their comprehensive needs including the necessary emotional support to achieve optimal patient outcomes throughout the entire perioperative experience. Continuity of patient care is enhanced and satisfaction is increased if a familiar face (the RNFA) and point of contact are maintained throughout the perioperative experience. In a survey of 45 patients after RNFA clinical consultation conducted in Hamilton Ontario, 36 patients reported they were "very satisfied" and no patients reported being "not satisfied"⁹.

RNFA Pilot Project

The RNFA role was introduced in Ontario in the 1990's, with formal recognition in 2006, to augment those practice settings where access to family physicians for surgical assistance had become limited and/or unavailable. Traditionally, surgical assistants have often been family physicians who bill the provincial health care plan for their assisting services. The RNFA role is especially beneficial in smaller centres, where family physicians are unavailable to assist with surgery.

A pilot study to assess effectiveness was initiated, and these positions were then provided 50% ministry-funding in order to help decrease wait times for orthopaedic surgery. The role was to be evaluated over a two-year period, and any hospital which had a high volume of orthopaedic surgical procedures was offered funding in the first round.

A second round of funding was announced effective April 1, 2008. The initial evaluation of the RNFA pilot was to have taken place in March of 2009, with the follow up evaluation scheduled for March of 2010. We are awaiting the results of this evaluation. .

As you know, we were greatly disturbed this past spring to learn that the Ministry of Health and Long Term Care was considering cutting funding for Surgical First Assists from 50% to 35%. With this cut in funding, many of the RNFA positions would have been eliminated.

Unregulated Health Providers

RNAO finds the proposed solution of introducing unregulated health providers into the role of Surgical First Assists quite alarming. Significant funding has been provided by the MOHLTC

for unregulated physician assistants (PA) to act as First Assists. Using unregulated physician assistants in this capacity in our view compromises quality of care and patient safety.

As currently defined in Ontario, PAs have limited education, training and experience and are not accountable to a regulatory body that would ensure that they practice to acceptable and safe standards.

Second, at no time would a physician assistant be able to work as an independent practitioner. All work performed by the PA must be directly supervised by a physician who is ultimately responsible for all their patient care. The supervising physician is required to ensure that the PA performs only those tasks that are within his/her competencies and skill set and that can competently be performed on the physician's behalf.¹⁰ A primary supervising physician must be available at all times while the PA is working in order to provide direct supervision. RNAO finds this duplication of services to be highly questionable. We also question the cost-benefit of Physician Assistants. As you know, in a letter to the Minister on June 9, 2006,, we expressed our grave concerns regarding the McGuinty government's introduction of PA's to Ontario's health care system.

The Ontario Medical Association (OMA) acknowledges that all surgical assistants must have appropriate education to ensure the proper skill set and knowledge.¹¹ Unlike Registered Nurse First Assistants who are highly skilled and experienced and have completed additional post-undergraduate education, physician assistants in Ontario will have only one year of general didactic training and one year of broad clinical exposure¹².

Unregulated physician assistants are an extraordinarily expensive alternative for the Ministry of Health and Long-Term Care to subsidize, especially when there are many Registered Nurse First Assistants available, who are educated, highly experienced and proven to provide safer care¹³. According to the Ontario Nurses' Association, RNFAs earn between \$60,000 and \$75,000 per annum plus benefits on a corresponding pay grid in unionized hospitals¹⁴, and they are already entitled and very eager to work in Ontario. Whether from the standpoint of patient care or providing the most cost effective care, they should be given that opportunity.

Unregulated physician assistants are an unacceptably costly alternative, with PA salaries ranging from \$92,250 to \$106,641 per annum including benefits¹⁵. Add to that the Ministry's commitment to pay 75% of the total compensation, the cost of the PAs liability insurance¹⁶ and the stipend payable to each primary supervising physician to "encourage participation" and "compensate for potential lost earnings and productivity". This stipend is currently up to \$72,000 over two years per physician¹⁵.

Surgical Wait Times Strategy

Patient services and outcomes are negatively impacted by a shortage of surgical assistants. In Ontario, there are 80 highly educated and available RNFAs and only 39 have been able to secure either full or part time positions in this role. This is shameful for a province that aims at decreasing its surgical wait times.

It takes a team of individuals to successfully complete an operation. The surgeon, in most cases, does not perform a procedure single-handedly, and if a surgical assistant is unavailable, procedures may be delayed or cancelled, as has been occurring at various hospitals around the

province. Without a surgical assistant, procedures can also take longer, and it is well documented that shorter operative procedures result in better patient outcomes.

RNFA surgical expertise is significantly associated with improved outcomes. Patients undergoing cardiac surgery utilizing an RNFA for example, as opposed to a surgical resident, have shorter surgery times and are less likely to develop surgical site infections¹⁷, which would have resulted in a prolonged hospital stay.

By having only one year of guaranteed Ministry funding, hospital administrators will be forced to annually decide on a financial basis whether it is feasible to keep this clinically essential position. This is the reason it is so critical to have RNFA positions 100% Ministry-funded, independently from the hospital's existing nursing budget.

In Canada, most surgical programs and hospitals do not pay directly for their surgical assistants; traditionally assistants are family physicians or surgical residents who assist as part of their medical training, generally in teaching hospitals. Neither category of family physician nor resident is a hospital employee. Hospitals, therefore, do not have funds designated specifically for surgical assistants¹⁷. In these difficult financial times, permanent and 100 per cent base funding of RNFAs, independent from the hospitals' nursing budget not only makes optimal use of RNFAs expertise and knowledge, but is an excellent investment.

Conclusion

Minister Caplan, one of the McGuinty Government's priorities is to reduce surgical wait times. Patients need this priority to be accomplished and nurses are ready for it. The Registered Nurse First Assistant is a truly unique role that not only represents a "win-win" situation for patients, but also for nurses, physicians, surgical residents and hospital systems to improve patient outcomes. RNAO, together with the RNFA Interest Group are asking for the following:

- Moving in the new budget to 100% Ministry base funding of the RNFA position, independent of the hospital nursing budget.
- Guaranteed annual funding of the RNFA role by the Ministry, in order for hospitals to have the financial confidence to permanently retain RNFAs in their workforce.
- A guarantee that RNFAs will not lose their positions in favour of unregulated and inexperienced physician assistants.

With warmest regards,



Doris Grinspun, RN, MSN, PhD (c), O.ONT.
Executive Director, RNAO



Wendy Fucile, RN, BScN, MPA, CHE
President, RNAO

cc: Hon. Dalton McGuinty, Premier of Ontario
Tom Blunt, RN – Chair RNFA Interest Group

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