

## Decision Note – December 2019 Council

### Scope of Practice Changes: Registered Practical Nurses Initiating Additional Controlled Acts

#### Contact for Questions

Kevin McCarthy, Director of Strategy

#### Decision for consideration

That Council approve the proposed regulatory approach, as described in this decision note, to ensure public protection when RPNs are permitted to initiate the additional controlled acts as directed by the Minister of Health.

#### Public Interest Rationale

The implementation of the proposed regulations will allow patients, in community settings, to receive more timely care.

#### CNO's Role in Regulation Development

CNO is accountable for drafting and proposing regulation changes under the *Nursing Act, 1991*. CNO ensures that there are regulatory and safety mechanisms in place to support the proposed regulation changes.

To do this CNO:

1. Conducts background work, including consultation with stakeholders
2. Works with government in proposing regulation changes
3. Develops plans to support communication and implementation of the proposed changes

#### Ministers Letter

In June 2019 CNO received a letter (attachment 1) from Ontario's Minister of Health requesting that CNO move forward to make the necessary regulatory amendments to authorize RPNs to perform a number of procedures without first obtaining an order.

The procedures are:

- 
- irrigating, probing, debriding and packing a wound
  - venipuncture to establish peripheral intravenous access and maintain patency using a solution of normal saline (0.9 per cent), in circumstances in which the individual requires medical attention and delaying the venipuncture is likely to be harmful to the individual
  - assisting with health management activities that require putting an instrument beyond the labia majora and, assessment that requires putting an instrument, hand or finger beyond the labia majora
  - assessing an individual or assisting an individual with health management activities that requires putting an instrument or finger beyond an artificial opening into the patient's body

Additional information outlining the impact of these changes can be found in Attachment 2.

## Current State

RPNs have the authority to provide all of these aspects of care when ordered by an Nurse Practitioner (NP) or another healthcare professional such as: physician, dentist, chiroprapist, or midwife. Further, RPNs currently can [initiate components of some controlled acts](#).

Regulatory mechanisms are in place to support protection of the public when a nurse (RPN or RN) initiates a procedure. Before initiating a controlled act, regulations under the *Nursing Act, 1991* require all nurses to:

- have the knowledge, skill and judgment to perform the procedure safely, effectively and ethically
- have the knowledge, skill and judgment to determine whether the individual's condition warrants performance of the procedure
- determine that the individual's condition warrants performance of the procedure, having considered:
  - the known risks and benefits to the individual of performing the procedure
  - the predictability of the outcome of performing the procedure
  - the safeguards and resources available in the circumstances to safely manage the outcome of performing the procedure
  - other relevant factors specific to the situation
- accept accountability for determining that the individual's condition warrants performance of the procedure

Although regulations made under the *Nursing Act, 1991* may authorize nurses to initiate a controlled act, certain settings require an order. For example, RNs and RPNs who practice in the hospital setting currently need an order. This is a current requirement under the *Public Hospitals Act* that will remain in place following these scope changes.

## Summary of Evidence

In order to understand what, if any, regulatory mechanisms are required to ensure public safety when RPNs are able to initiate the proposed additional activities, CNO reviewed literature related to RPN scope, examined LPN practice in other Canadian jurisdictions, and engaged in a comprehensive stakeholder consultation. The outcomes of these activities are described below.



## Literature Review

In 2018, CNO conducted a number of literature reviews when CNO was first informed about the Minister's intent to expand RPN scope of practice. The literature reviews sought to understand the potential role of RPNs in initiating wound care, venipuncture, procedures involving putting a hand or finger beyond the labia majora, and procedures that involve putting an instrument or finger beyond an artificial opening into a patient's body, as well as identify potential risks and benefits. It is important to note that there is not a significant amount of literature related to RPNs; rather, most of the literature referenced is about nurses in general (i.e., both RNs and RPNs - articles don't always distinguish between the two categories, and scope of practice differs across jurisdictions).

In general, the literature suggests there are relevant roles for RPNs related to the proposed activities. The literature highlights existing evidence that supports safe practice (e.g., the role of the nurse on an inter-professional team and the need for specialized education).

## Jurisdictional Review

A jurisdictional review was conducted in 2018 to determine whether Licensed Practical Nurses (LPNs) in other Canadian jurisdictions are able to perform the controlled acts outlined in Ontario's RPN scope expansion proposal without an order. We have continued to monitor for changes in LPN scope in other jurisdictions as practice is evolving. In general, at present, most other Canadian jurisdictions require an order for an LPN to provide this care with the exception of British Columbia.

However, there are two considerations worth noting:

- LPN scope of practice in other jurisdictions is generally more limited than RPN scope of practice in Ontario and
- Other Canadian jurisdictions are considering opportunities to expand LPN practice<sup>1</sup> (e.g. government of Alberta is considering expanding LPN scope of practice)

## Stakeholder Consultation

CNO conducted stakeholder consultations in the fall of 2019. They included community nursing employers, practical nurse educators, associations, unions, clinical experts and the public. We are continuing to seek opportunities to consult with other key stakeholders

The vast majority of feedback received to date has been positive. In fact, community employers expressed enthusiasm for this scope change, describing how it will result in more timely access to care for patients. Examples were provided where RPNs are already assessing the need for the provision of these aspects of care and have the competence to provide it but are prohibited from providing timely care until an order is obtained. This is concerning as delays in care can result in patient deterioration.

---

<sup>1</sup> <https://www.cbc.ca/news/canada/edmonton/lpns-rns-alberta-health-1.5324840>



Conversely, we heard strong opposition from two key stakeholders – RNAO and ONA – who both expressed their fear that the public would be at risk by allowing RPN scope expansion to move forward. However, when these concerns were explored with other stakeholders they were not substantiated. Primarily because RPNs are already providing this care safely under the authority of an order.

One specific component of care was identified as an area of risk by clinical experts - RPN initiation of debridement of a wound. This is because wound debridement can pose significant risks to the client including bleeding, exposure of vital tissues, pain, infection and delay in healing.

Regarding RPN initiation of placing an instrument beyond the labia majora for assessment purposes, stakeholders did not identify risk related to this activity. Although, they frequently questioned the need for this activity and struggled to find examples of when it would be necessary.

Finally, several stakeholders identified that role clarity is an issue they are struggling with currently and expressed that this scope change may add to role confusion.

## Right Touch Regulation

Right-touch regulation (Attachment 3) is a concept that was developed by the Professional Standards Authority in the UK. This concept has been shared with Council previously and it is a helpful framework for considering an appropriate regulatory approach. Right Touch Regulation is aimed at ensuring that the involvement of the regulator is proportionate to the risk faced by the public.

Cayton and Webb (2014) state, *“at its heart, ‘right-touch’ regulation means always asking which risk we are trying to manage and being proportionate and targeted in regulating that risk or finding ways other than regulation to promote good practice and high-quality health care”*.

Right Touch Regulation states that regulators should only intervene when necessary and that regulation must be:

Proportionate: remedies should be appropriate to the risk posed  
Consistent: rules and standards must be joined up and implemented fairly  
Targeted: regulation should be focused on the problem, and minimise side effects  
Transparent: regulators should be open, and keep regulations simple and user friendly  
Accountable: regulators must be able to justify decisions, and be subject to public scrutiny  
Agile: regulation must look forward and be able to adapt to anticipate change



## Proposed Regulatory Approach

CNO's mandate is protection of the public and, as such, we have carefully considered if there will be a risk to the public when the RPN scope is expanded. As described above, we have heard from stakeholders in areas that will be impacted by this scope expansion and they believe the risk to the public is minimal. However two areas of risk were identified:

- Wound debridement and
- Role confusion

Using a right touch regulation lens to identify the most appropriate regulatory approach, CNO is confident that both of these risks can be addressed through raising awareness of existing regulatory mechanisms rather than proposing restrictions on RPN practice or requiring additional conditions before engaging in practice. For example, implementing a requirement to complete education may result in a barrier to care as RPNs are already competently providing this care under the authority of an order. A communications plan will be developed to raise awareness of existing regulatory mechanisms.

CNO believes that the public interest is best served when all nurses understand their full accountabilities for care provision and are able to practice within their individual scope of competence. CNO is confident that the regulatory mechanisms to ensure public protection are in place. The need identified is to ensure awareness of these mechanisms among all nurses and stakeholders.

With regard to wound debridement, stakeholders have clearly articulated that, while rare, some RPNs are competently providing this care under the authority of an order and are demonstrating assessment skills that will enable them to initiate care. The risk is related to RPNs who do not have the competence to engage in the provision of debridement. This risk is not unique to RPNs. The risk applies to RNs as well and to any nurse in any area of practice that is new to that nurse.

CNO proposes that the best way to address the risk identified is to raise awareness of existing regulatory mechanisms that refer to:

- nurses' accountability to continually reflect on competence
- refraining from providing care when not competent and
- engaging in continuing competence activities relevant to the nurse's area of practice following entry to practice

For example, practice expectations outlined in the [Professional Standards](#) document, Continuing Competence Standard include:

- *assuming responsibility for her/his own professional development and for sharing knowledge with others;*
- *investing time, effort and other resources to improve knowledge, skills and judgment;*
- *engaging in a learning process to enhance her/his practice;*

- 
- *participating in the College's QA Program. Participation includes:*
    - *performing a self-assessment;*
    - *seeking peer input;*
    - *developing a learning plan;*
    - *implementing the plan; and*
    - *evaluating the outcomes of the plan;*

With regards to role clarity, CNO appreciates that this is an existing concern and recognizes that understanding RN and RPN scope is complex. As a result, CNO intends to immediately engage in an awareness campaign to help nurses and stakeholders to understand how to apply the document [\*RN and RPN Practice: the Client, the Nurse and the Environment\*](#) (commonly known as The Three Factor Framework) to their area of practice. This will not only assist nurses in addressing role clarity now but recognizes that health care is constantly evolving and will enhance the foundation upon which any future scope expansion can be built.

### **Next Steps**

- Continue to seek opportunities to engage with stakeholders to share information and identify opportunities for collaboration
- Continue to work with government through the development of the proposed regulations
- Draft regulation for approval by Council at March 2020 meeting.

### **Attachments**

1. Minister's letter regarding scope of practice changes
2. Description of Proposed RPN Scope Changes
3. Article: Cayton and Webb (2014). The benefits of a right-touch approach to health care regulation

**Ministry of Health  
and Long-Term Care**

Office of the Deputy Premier  
and Minister of Health and  
Long-Term Care

777 Bay Street, 5<sup>th</sup> Floor  
Toronto ON M7A 1N3  
Telephone: 416 327-4300  
Facsimile: 416 326-1571  
www.ontario.ca/health

**Ministère de la Santé  
et des Soins de longue durée**

Bureau du vice-premier ministre  
et du ministre de la Santé et des  
Soins de longue durée

777, rue Bay, 5<sup>e</sup> étage  
Toronto ON M7A 1N3  
Téléphone : 416 327-4300  
Télécopieur : 416 326-1571  
www.ontario.ca/sante



June 13, 2019

HLTC2968IT-2019-57

Ms. Cheryl Evans  
President  
College of Nurses of Ontario  
101 Davenport Road  
Toronto ON M5R 3P1

Dear Ms. Evans:

As was articulated in the 2019 Ontario Budget, we are committed to enabling health professions to use their education and training more effectively by expanding the scope of practice for certain regulated health professionals.

One way that we can achieve our vision, is to ensure that patients of Nurse Practitioners (NPs) have access to appropriate diagnostic testing. To this end, I have asked ministry staff to work with the College of Nurses of Ontario (College) to authorize NPs to order magnetic resonance imaging tests and computed tomography scans and to perform point-of care testing. I am expecting that this will be implemented by Winter 2020 and that the College will have developed the necessary infrastructure to support these independent authorities.

You are also likely aware that our government is committed to streamlining care pathways to make connections easier in the system, improving access to minor and routine care in the community and increasing patient choice in where to obtain health care services. Recognizing the integral role that Registered Practical Nurses (RPNs) play in helping to achieve these commitments, I would like the Council of the College of Nurses of Ontario to make the necessary regulatory amendments to authorize RPNs to independently initiate the following procedures:

- Irrigating, probing, debriding and packing of a wound below the dermis or below a mucous membrane;
- Venipuncture to establish peripheral intravenous access and maintain patency, using a solution of normal saline (0.9 per cent), in circumstances in which the individual requires medical attention and delaying venipuncture is likely to be harmful to the individual;

Ms. Cheryl Evans

- Those that, for the purpose of assisting an individual with health management activities, requires putting an instrument, beyond the individual's labia majora and for the purpose of assessing an individual requires putting an instrument, hand or finger beyond the individual's labia majora; and
- Those that, for the purposes of assessing an individual or assisting an individual with health management activities, requires putting an instrument or finger into an artificial opening into the individual's body.

To ensure that this work considers all possible perspectives and that the appropriate safeguards are in place for patient care, I am expecting the College to actively consult with system partners. I would like the College to undertake this work immediately with a view to submitting the regulation to the ministry for my review no later than June 30, 2020.

I understand that there may be parameters that need to be in place to ensure that RPNs who are independently initiating these procedures do so in a safe and competent manner and that the College will have in place measures to maintain patient safety. This may include the College requiring RPNs to demonstrate that they have the appropriate knowledge, skills and judgment.

I would like to thank you for your continued collaboration in ensuring that patients, their families and loved ones receive the best nursing care in the province. I look forward to receiving your proposal and thank you for your proposal related to Registered Nurse prescribing which is another important step in meeting our vision of the health care system.

Sincerely,



Christine Elliott  
Deputy Premier and Minister of Health and Long-Term Care

- c: Helen Angus, Deputy Minister, Ministry of Health and Long-Term Care  
Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning Division  
Allison Henry, Director, Health Workforce Regulatory Oversight Branch  
Anne Coghlan, Executive Director, College of Nurses of Ontario  
Marnee Wilson, President, Nurse Practitioners' Association of Ontario  
Linda Keirl, President, Registered Practical Nurses Association of Ontario  
Angela Cooper Brathwaite, Registered Nurses' Association of Ontario  
Vicki McKenna, President, Ontario Nurses' Association

## Attachment 2

### Description of Proposed RPN Changes

Changes to the RPN scope of practice require amendments to regulations under the *Nursing Act, 1991*. The changes will enable RPNs to initiate components of certain controlled acts which they currently are able to perform with an order. Initiating a controlled act means the RPN can independently decide if a procedure is required and initiate the procedure in the absence of an order.

Information about the changes in the Minister's letter are described below.

Authorizing RPNs to initiate irrigation, probing, debriding and packing a wound

- What is this?
  - Irrigation, probing, debriding and packing are activities associated with complex wound care
- What is the current situation?
  - RPNs are authorized to initiate cleansing, soaking and dressing a wound – they need an order for irrigation, probing, debriding and packing a wound
- What is the Minister proposing?
  - That CNO amend regulation 275/94 under the [Nursing Act, 1991](#) to allow RPNs to initiate irrigation, probing, debriding and packing a wound

Authorizing RPNs to initiate venipuncture to establish peripheral intravenous access and maintain patency using a solution of normal saline (0.9 per cent), in circumstances in which the individual requires medical attention and delaying the venipuncture is likely to be harmful to the individual.

- What is this?
  - Venipuncture establishes access to a vein (for example, for fast fluid replacement)
- What is the current situation?
  - Currently, RPNs can perform venipuncture with an order
- What is the Minister proposing?
  - That CNO amend regulation 275/94 under the *Nursing Act, 1991* to allow RPNs to initiate venipuncture to establish peripheral intravenous access and maintain patency, in certain circumstances



Authorizing RPNs to initiate assistance with health management activities that require putting an instrument beyond the labia majora and, initiate activities that for the purpose of assessing an individual, require putting an instrument, hand or finger beyond the labia majora.

- What is this?
  - This relates to RPNs initiating a procedure that, for the purpose of assisting a patient with health management activities requires putting an instrument beyond the labia majora and when assessing an individual, requires putting an instrument, hand or finger beyond the individual's labia majora
- What is the current situation?
  - For the purpose of assisting an individual with health management activities, RPNs can initiate putting a hand or finger beyond the labia majora, but they must have an order to put an instrument beyond the labia majora.
  - For an RPN to perform any of the above activities for *assessment* purposes they currently require an order.
- What is the Minister proposing?
  - That CNO amend the regulation 275/94 under the *Nursing Act, 1991* to allow RPNs to initiate putting an instrument, hand or finger beyond a patient's labia majora for assistance or assessment purposes

Authorizing RPNs to initiate assessing an individual or assisting an individual with health management activities that requires putting an instrument or finger beyond an artificial opening into the patient's body

- What is this?
  - Examples of procedures that involve putting an instrument or finger beyond an artificial opening into the patient's body are cleaning a colonoscopy stoma or suctioning an established tracheostomy site
- What is the current situation?
  - Currently, RPNs can initiate activities related to openings in the patient's body (for example, beyond the anal verge) – but not an artificial opening. They can perform procedures that require putting an instrument or finger beyond an artificial opening into the patient's body when an order is provided.
- What is the Minister proposing?
  - That CNO amend the regulation 275/94 under the *Nursing Act, 1991* to allow RPNs to initiate putting an instrument or finger beyond an artificial opening into the patient's body