COLLEGE OF NURSES OF ONTARIO
ORDRE DES INFIRMIÈRES ET INFIRMIERS DE L'ONTARIO
THE STANDARD OF CARE.

Agenda Item 3.1

Decision Note – September 2020 Council
RPN Scope of Practice: Final review of proposed revised Controlled Acts Regulation, for submission to government

Contact for Questions

Kevin McCarthy, Director of Strategy

Decision for Consideration

That Council approve proposed changes, as shown in Attachment 1 to the briefing note, to Part III, Controlled Acts of Ontario Regulation 275/94: General, as amended, made under the *Nursing Act, 1991,* for submission to the Minister of Health.

Public Interest Rationale

The implementation of these regulations will allow patients, in community settings, to receive more timely care by eliminating the need for an RPN to obtain an order before providing these aspects of care.

Minister's Direction

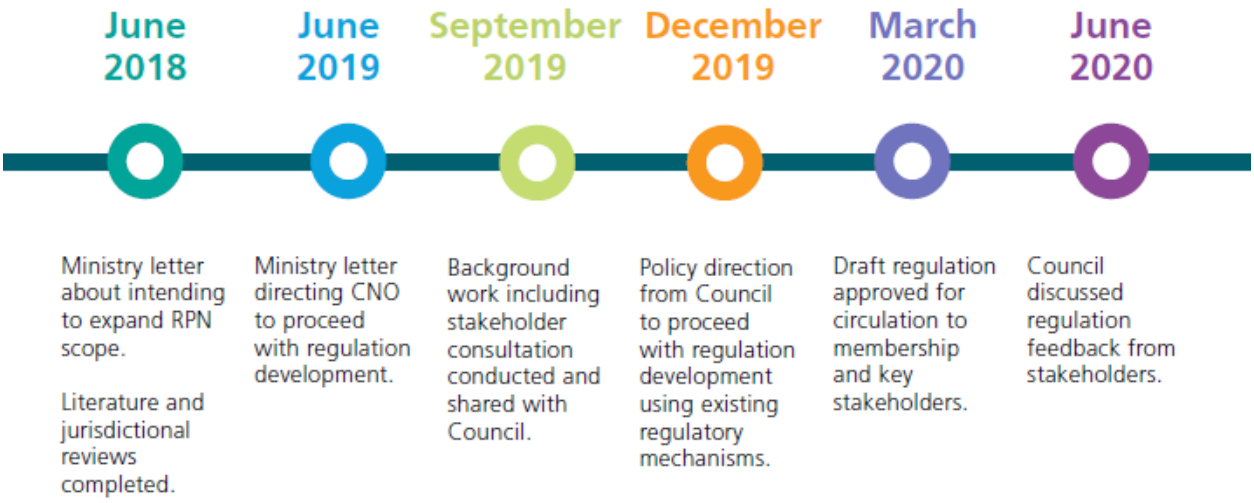
In June 2019, CNO received a letter from Ontario's Minister of Health directing CNO to make the necessary regulatory amendments to authorize RPNs to perform of the following procedures without first obtaining an order:

- 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

On June 29, 2020 CNO received a subsequent letter (Attachment 2) from Ontario's Minister of Health once again asking CNO to move forward with the needed changes and to submit the revised regulation by Sept 30, 2020.

Background

In upholding its public protection mandate, for over two years, CNO Council has been considering what, if any, additional regulatory mechanisms are necessary to safely implement the changes to RPN scope, as directed by the Minister of Health. The timeline below highlights key activities, including literature reviews, jurisdicitional reviews, and stakeholder consultation that have assisted Council in providing direction as this regulation has been developed.



Council has supported that the existing regulatory mechanisms are sufficient to support public protection as these scope changes are implemented. Existing requirements that must be in place before a nurse can initiate a procedure are outlined in regulation (see below) and are reflected in CNO documents such as *Decisions About Procedures and Authority*.

The requirements for any RN or RPN to initiate a procedure include:

- Having the knowledge, skill and judgment to perform the procedure safely, effectively and ethically;
- Having the knowledge, skill and judgment to determine whether the client's condition warrants the performance of the procedure;
- Determining that the client's condition warrants performance of the procedure having considered:

    - the known risks and benefits to the individual,
    - the predictability of the outcomes of performing the procedure,
    - the safeguards and resources available in the circumstances to safely manage the outcomes of performing the procedure, and
    - other relevant factors specific to the situation; and
- Accepting accountability for determining that the client's condition warrants the performance of the procedure.

In June of 2020, Council reviewed the feedback received following circulation of the draft regulations. While Council was supportive of the regulations, they were unable to vote on the passing of the regulations due to the fact that Council was not yet constituted. Rather, robust discussion took place about this expansion to RPN scope of practice. Attachment 3 provides an overview of frequently asked questions regarding RPN scope expansion, including those questions asked by Council. In addition:

- CNO letters in response to the Ontario Nurses' Association (ONA) and the Registered Nurses' Association of Ontario (RNAO) feedback can be found in attachments 4 and 5; and
- A resonse from WeRPN (the Registered Practical Nurses Association of Ontario) can be found in attachment 6.

Next Steps

- Should Council approve the proposed regulation, it will be submitted to the Minister of Health by September 30, 2020.
- After submission to the Minister, the regulation undergoes the Ministry's internal review. The Minister has the power to alter Council's proposed regulation before it is approved by the government. The regulation will not take effect until it is approved by the Ontario government.
- CNO will move forward with a communications plan that will focus on raising awareness among all nurses and stakeholders about regulatory mechanisms that support safe nursing practice (e.g. *RN and RPN Practice: The Client, The Nurse and The Environment; Authorizing Mechanisms*; *Decisions About Procedures and Authority*).

Attachments

1. Draft amendments to the Controlled Acts Regulation
2. Letter from Minister Elliott
3. Frequently asked questions about this change
4. Correspondence with ONA
5. Correspondence with RNAO
6. Letter from WeRPN

Attachment 1

Below is the proposed regulation change that will enable RPNs to initiate these activities in the absence of an order. Changes are highlighted in yellow:

Nursing Act, 1991

ONTARIO REGULATION 275/94

GENERAL

Consolidation Period: From January 1, 2020 to the e-Laws currency date.

Last amendment: 473/19.

This is the English version of a bilingual regulation.

15.1 (1) For the purposes of clause 5 (1) (a) of the Act, a registered practical nurse in the general class may perform a procedure set out in subsection (2) if he or she meets all of the conditions set out in subsection (3). O. Reg. 387/11, s. 1.

(2) The following are the procedures referred to in subsection (1):

1. With respect to the care of a wound below the dermis or below a mucous membrane, any of the following procedures:
   i. cleansing,
   ii. soaking,
   iii. irrigating,
   iv. probing,
   v. debriding,
   vi. packing,
   vii. dressing.

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

3. A procedure that, for the purpose of assisting an individual with health management activities, requires putting an instrument,
   i. beyond the point in the individual's nasal passages where they normally narrow,
   ii. beyond the individual's larynx, or
   iii. beyond the opening of the individual's urethra.

4. A procedure that, for the purpose of assessing an individual or assisting an individual with health management activities, requires putting an instrument or finger,

i. beyond the individual's anal verge, or
ii. into an artificial opening into the individual's body.

5. A procedure that, for the purpose of assessing an individual or assisting an individual with health management activities, requires putting an instrument, hand or finger beyond the individual's labia majora.

6. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight, behaviour, communication or social functioning. O. Reg. 387/11, s. 1; O. Reg. 473/19, s. 2.

Ministry of Health

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Ontario

175-2020-58

June 29, 2020

Sandra Robinson
President
College of Nurses of Ontario
101 Davenport Road
Toronto ON M5R 3P1

Dear Ms. Robinson:

On June 13, 2019, I asked the Council of the College of Nurses of Ontario (College) to make the necessary regulatory amendments to authorize RPNs to independently initiate the following procedures by June 30, 2020:

- 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;
- 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.

I understand that the Council of the College of Nurses of Ontario is facing some challenges due to the COIVD-19 pandemic, and that there have been some recent changes to its membership that has resulted in Council needing more time to prepare a proposal.

... 2

Ms. Sandra Robinson

Due to these unforeseen circumstances, I am extending the deadline for the College to submit to me a proposal to September 30, 2020.

Sincerely,

Christine Elliott
Deputy Premier and Minister of Health

c: Helen Angus, Deputy Minister, Ministry of Health
Sean Court, A/Assistant Deputy Minister, Strategic Policy, Planning and French Language Services Division
Allison Henry, Director, Health Workforce Regulatory Oversight Branch
Anne Coghlan, Executive Director, College of Nurses of Ontario
Shawn Dookie, President, Nurse Practitioners' Association of Ontario
Linda Keirl, President, Registered Practical Nurses Association of Ontario
Morgan Hoffarth, Registered Nurses' Association of Ontario
Vicki McKenna, President, Ontario Nurses' Association

Attachment 3 – Frequently Asked Questions

Do all of Ontario's RPNs currently have the knowledge, skill, and judgement to initiate this care?

- Not all of Ontario's RPNs currently have the knowledge, skill and judgement to initiate or provide this care. Neither do all of Ontario's RNs. These are skills that would be developed upon entry to practice, dependent on the needs of the patient population the nurse (RN or RPN) works with.
- When a nurse enters practice they must continuously reflect on their competence and ensure that they identify learning needs and implement a plan to address these needs. If an RPN works in an area where a certain aspect of care provision is required and they do not have the competence they must initially refrain from providing care and then subsequently develop a plan to gain the competence.

If RPNs currently do not have the knowledge, skill, and judgement to initiate and provide this care, how will they gain this knowledge?

There are a variety of ways that a nurse can gain competence in an area of practice. Examples are:

- Formal continuing education program
- Employer based education
- Mentoring

How does CNO anticipate ensuring ongoing competence of members in relation to these new authorities?

- Every nurse registered in the General or Extended Class is required, under the *Regulated Health Professions Act, 1991*, to participate in the CNO Quality Assurance (QA) program.
- Nurses in every setting demonstrate their commitment to continually improve their nursing practice by engaging in ongoing practice reflection, and by setting and achieving learning goals.

What decisions will RPNs need to make prior to initiating these procedures?

- Specific requirements are outlined in the *Nursing Act, 1991* and are reflected in CNO documents. Before initiating care, all nurses, including RPNs, are required 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

In the case of advanced wound care (the treatment of complex wounds) will RPNs be required to take additional training for some types of wounds or circumstances?

- No, CNO will not require specific education before RPNs are able to initiate these activities. RPNs are already providing this care under the authority of an order and are engaged in appropriate activities to ensure they have the necessary competence.
- RPNs are gaining these competencies through a variety of means, including comprehensive employer based education. If CNO were to require RPNs to complete additional training, it may create a barrier for the RPNs who are already providing this care competently under the authority of an order.

Do these changes represent a major change in RPN practice or an evolution?

- RPNs are already providing this care under the authority of an order. This change represents a change in authority to initiate the care, not a change in practice.
- Stakeholders have articulated that RPNs demonstrate the competency to initiate this care currently. They shared examples where the RPN has assessed that this care is needed however are prevented from providing due to the need for an order.

What are the current regulatory mechanisms that would support safe implementation of the proposed regulations?

- Requirements in the Nursing Act for all nurses
- Having the necessary knowledge, skill and judgment to initiate and to provide these aspects of care
- Refraining from practice if not competent.
- Stakeholder consultations suggested that the existing regulatory mechanisms are sufficient to safely implement these changes

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June 12, 2020

By E-mail

Vicki McKenna
President
Ontario Nurses' Association
85 Grenville Street, Suite 400
Toronto, ON M5S 3A2

Dear Ms McKenna:

Re: Draft regulation changes related to RPN scope of practice

Thank you for your feedback, which we received on May 7, 2020, about the College of Nurses of Ontario's (CNO's) proposed regulation changes. CNO prepared the draft regulations following the current Minister of Health's direction to enable RPNs to perform certain controlled act procedures without obtaining an order from another health professional.

CNO's purpose is to protect the public by promoting safe nursing practice. CNO's Council sets the direction for the regulation of the profession in Ontario. Council decisions are made in the public interest and are centred on patient safety. Council supported a framework to ensure the proposed regulations contribute to the College's mission – regulating nursing in the public interest. As such, the proposed regulations are informed by evidence and the perspectives of a diverse range of stakeholders. When implemented, these regulations will allow patients, in community settings, to receive more timely care by eliminating the need for an RPN, who has the competence, to initiate this care without the need to obtain an order.

Nursing is a knowledge-based profession. While we work within a provincial regulatory framework that includes controlled acts; the understanding of nursing practice should not focus on this small component of the nursing profession's contribution to the health and well-being of Ontarians. All nurses – RNs, RPNs and NPs provide valuable contributions

to our health system; sometimes their contributions overlap, and sometimes they are distinct.

All nurses (RN and RPN) are accountable for their own practice, for maintaining competence, for knowing the limits of their competence, and for refraining from providing care when they are not competent. This applies to all aspects of care and is demonstrated by RPNs who are currently providing these aspects of care, when ordered.

In addition, before initiating a controlled act, specific requirements outlined in the *Nursing Act, 1991* and reflected in CNO practice documents[1] [2] require all nurses, including RPNs to have the knowledge, skill and judgement to perform the procedure safely, determine whether the individual's condition warrants performance of the procedure by considering a variety of factors, and accepting accountability for the performance of the procedure.

CNO's practice document 'RN and RPN Practice: The Client, the Nurse and the Environment' assists employers and nurses in safely assigning care within their practice settings. This document supports nurses and stakeholders in considering three dynamic elements and assigning care based on the competence of the individual nurse (RN or RPN), the needs of the specific patient, and the supports available within the environment where care is provided. The document also indicates that complexity, predictability and risk of negative outcomes influences care assignment. However, it must be acknowledged that the competence of the individual nurse (RN or RPN) impacts how these three elements are assessed. For example, a nurse newly entering practice or who is unfamiliar with an aspect of care may view a client's care needs as being more complex, less predictable, and at higher risk for negative outcomes than another nurse who has considerable experience in safely providing this care. The provision of health care in Ontario is complex and care assignments must be continually assessed and care assigned accordingly.

Our work to date, including a broad stakeholder consultation with community employers, clinical experts, and educators has indicated that the existing regulatory mechanisms support safe implementation of these changes. As we have with past scope of practice changes for RNs, RPNs and NPs, we will provide the necessary regulatory oversight to promote safe practice, and intervene when practice is unsafe.
However, we acknowledge the need to assist stakeholders to better understand nursing accountability and the role of the RN or RPN. A comprehensive communications plan will focus on raising awareness of various practice documents such as 'RN and RPN Practice: The Client, the Nurse and the Environment' to assist employers and nurses in safely assigning care within their practice settings. We will continue to work with stakeholders to understand their needs and offer clarity where needed.

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[1] College of Nurses of Ontario. (January 2018). *Practice Guideline: RN and RPN practice: The Client, the Nurse and the Environment*. Retrieved from: http://www.cno.org/globalassets/docs/prac/41062.pdf
[2] College of Nurses of Ontario. (May 2020). *Practice Guideline: Authorizing Mechanisms*. Retrieved from: http://www.cno.org/globalassets/docs/prac/41075_authorizingmech.pdf

Your feedback has been shared with CNO's Council, along with feedback from other stakeholders. Council reviewed stakeholder feedback on the proposed regulation in June and will make a decision about submission to government at a future Council meeting. Furthermore, your feedback, and our response, will also be shared with the Ministry of Health. CNO regulations are subject to Ministerial review and approval and we encourage you and all stakeholders to monitor communication from CNO about next steps related to these proposed changes.

Sincerely,

Anne L. Coghlan, RN, MScN
Executive Director and CEO

Sandra Robinson, RN, MN, NP (Adult)
President

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May 7, 2020

VIA EMAIL

Ms. Anne Coghlan
Executive Director and Chief Executive Officer
College of Nurses of Ontario Council
101 Davenport Road
Toronto, ON M5R 3P1

Mr. Kevin McCarthy
Director, Strategy
College of Nurses of Ontario Council
101 Davenport Road
Toronto, ON M5R 3P1

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

Dear Ms. Coghlan, Mr. McCarthy & Ms. Evans,

Re: Proposed Regulation Changes Expanding the Scope of Practice for Registered Practical Nurses (RPNs)

I am writing to express ONA's position regarding the College of Nurses of Ontario's (CNO) proposed Regulation expanding the scope of practice for Registered Practical Nurses (RPNs). ONA is concerned that the draft Regulation is not evidence-based and that approving the Regulation without comprehensive consultation may lead to reduced patient outcomes.

ONA strongly believes that both RNs and RPNs have a legitimate place in our health care system. Both contribute a great deal to the needs of their patients. However, RPNs practice appropriately with patients with less complex health needs and stable and predictable outcomes. A proposal that may force RPNs to care for unstable patients with unpredictable outcomes poses a risk to patient safety. As CNO itself points out in its three factor framework guideline, while RNs and RPNs study from the same body of nursing knowledge, RNs study for a longer period of time, which equips them with greater foundational knowledge in clinical practice, decision-making, critical thinking and leadership. As a result, the level of autonomous practice of RNs is greater than that of RPNs.

The proposed Regulation will primarily affect the care of patients in long-term care and community settings. We know that patients in these settings are more complex and have greater acuity levels than in the past. In addition, these practice settings are relatively unsupported, often short staffed and face challenges ensuring continuity of care. Therefore, it is essential that the scope of practice for RNs and RPNs is accurate and appropriate for these patients.

Allowing an RPN to make decisions about a newly authorized procedure, without the critical thinking skills and guidance of an RN, could result in negative outcomes for patients. RPNs rely on the enhanced critical thinking and leadership of RNs. An RN assesses a patient's complexity and the individual RPN's level of knowledge, skill and judgment, to determine whether it is appropriate to delegate an intervention to the RPN. Allowing RPNs to initiate controlled acts independently assumes not only that they have the practical skills and knowledge to ensure competency but that they possess the analytical and critical thinking skills to determine when an intervention is necessary and within their scope.

We are specifically opposed to RPNs independently initiating venipuncture in order to establish a peripheral intravenous line. If a patient's condition has deteriorated to the point they are in need of this procedure, that patient is, by definition, unstable. According the three factor framework, a client who is unstable is more likely to fall within the scope of an RN. Similarly, extending an RPN's scope to include packing and debridement of wounds also raises concerns for patient safety. RPNs do not have the critical thinking skills and training to provide this type of intensive wound care. These are only two examples of the proposed expanded scope for RPNs that raise issues of patient safety.

Any proposal to expand RPN scope of practice into traditional RN scope must be informed by the best available evidence, including peer-reviewed research and advice from clinicians and experts. ONA has reviewed the Briefing Notes presented to CNO Council in June 2018, September 2019 and December 2019. This material makes it clear that the expanded RPN scope is not supported by strong research. In fact, the opposite is true. The summary of the literature review states, **"It is important to note that there is <u>not</u> a significant amount of literature related to RPNs."** (June 2018 Council Briefing Notes, p. 152). A decision as important and as risky as expanding RPN scope cannot be based on incomplete research.

A review of the role of RPNs (or "Licensed Practical Nurses") in other provinces shows that no other province except British Columbia allows RPNs to perform any of the proposed procedures without an order.

It is essential not only that any proposed RPN scope be evidence-based but that it be undertaken based on a comprehensive consultation process. However, the Council Briefing Notes demonstrate that ONA and the Registered Nurses Association of Ontario expressed strong opposition to the proposal because of concerns regarding patient safety. These concerns were not closely examined or discussed in any detail. In addition, clinical experts expressed specific worries with allowing wound debridement and more general concerns regarding role confusion. Again, these concerns were not thoroughly explored or resolved.

It is clear to ONA that CNO's proposal to expand RPN scope is not evidence-based and does not include a careful and measured consultation with nursing experts and stakeholders, including ONA. This consultation must not be rushed or completed during a time when nursing stakeholders are preoccupied with an unprecedented pandemic. Patient safety requires no less.

Sincerely,

ONTARIO NURSES' ASSOCIATION

Vicki McKenna, RN
President

C: ONA Board of Directors

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June 12, 2020

By E-mail

Doris Grinspun, Chief Executive Officer
Angela Cooper Brathwaite, President
Registered Nurses' Association of Ontario
158 Pearl Street
Toronto, ON M5H 1L3

Dear Ms Grinspun and Ms Cooper Brathwaite:

Re: Draft regulation changes related to RPN scope of practice

Thank you for your feedback, which we received on May 25, 2020, about the College of Nurses of Ontario's (CNO's) proposed regulation changes. CNO prepared the draft regulations following the current Minister of Health's direction to enable RPNs to perform certain controlled act procedures without an order from another health professional.

There are several inaccuracies in your letter about how CNO has ensured public protection, how nursing scope of practice has evolved and how CNO's practice resources have been interpreted. We encourage you to visit: cno.org for accurate, up-to-date information.

CNO's purpose is to protect the public by promoting safe nursing practice. CNO's Council sets the direction for the regulation of the profession in Ontario. Council decisions are made in the public interest and are centred on patient safety. Council supported a framework to ensure the proposed regulations contribute to the College's mission – regulating nursing in the public interest. As such, the proposed regulations are informed by evidence and the perspectives of a diverse range of stakeholders. When implemented, these regulations will allow patients, in community settings, to receive more timely care by eliminating the need for an RPN, who has the competence, to initiate this care without the need to obtain an order.

Nursing is a knowledge-based profession. While we work within a provincial regulatory framework that includes controlled acts; the understanding of nursing practice should not focus on this small component of the nursing profession's contribution to the health and well-being of Ontarians. All nurses - RNs, RPNs and NPs provide valuable contributions to our health system; sometimes their contributions overlap, and sometimes they are distinct.

All nurses (RN and RPN) are accountable for their own practice, for maintaining competence, for knowing the limits of their competence, and for refraining from providing care when they are not competent. This applies to all aspects of care and is demonstrated by RPNs who are currently providing these aspects of care, when ordered.

In addition, before initiating a controlled act, specific requirements outlined in the *Nursing Act, 1991* and reflected in CNO practice documents[1] [2] require all nurses, including RPNs, to have the knowledge, skill and judgement to perform the procedure safely, determine whether the individual's condition warrants performance of the procedure by considering a variety of factors, and accepting accountability for the performance of the procedure.

The existing regulatory mechanisms supports safe implementation of these changes. As we have with past scope of practice changes for RNs, RPNs and NPs, we will provide the necessary regulatory oversight to promote safe practice, and intervene when practice is unsafe.

We acknowledge the need to assist stakeholders to better understand nursing accountability and the role of the RN or RPN. A comprehensive communications plan will focus on raising awareness of various practice documents such as 'RN and RPN Practice: The Client, the Nurse and the Environment' to assist employers and nurses in safely assigning care within their practice settings. This document supports nurses and stakeholders in considering three dynamic elements and assigning care based on the competence of the individual nurse (RN or RPN), the needs of the specific patient, and the supports available within the environment where care is provided. The provision of health care in Ontario is complex and care assignments must be continually assessed using this lens. We will continue to work with stakeholders to understand their needs and offer clarity where needed.

Our Council is guided by a public interest mandate and governance principles. Under the principle of *independence*, Council's decisions will remain free of bias and special interest perspectives. Inviting a professional association, whose mandate is to advance the interests of nurses, to present to Council undermines this independence. For these reasons, we decline to have RNAO present its position on this issue to CNO's Council.

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[1] College of Nurses of Ontario. (January 2018). *Practice Guideline: RN and RPN practice: The Client, the Nurse and the Environment*. Retrieved from: http://www.cno.org/globalassets/docs/prac/41062.pdf
[2] College of Nurses of Ontario. (May 2020). *Practice Guideline: Authorizing Mechanisms*. Retrieved from: http://www.cno.org/globalassets/docs/prac/41075_authorizingmech.pdf

Your feedback has been shared with CNO's Council, along with feedback from other stakeholders. Council reviewed stakeholder feedback on the proposed regulation in June and will make a decision about submission to government at a future Council meeting. Furthermore, your feedback, and our response, will also be shared with the Ministry of Health. CNO regulations are subject to Ministerial review and approval and we encourage you and all stakeholders to monitor communication from CNO about next steps related to these proposed changes.

Sincerely,

Anne L. Coghlan, RN, MScN
Executive Director and CEO

Sandra Robinson, RN, MN, NP (Adult)
President

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

May 25, 2020

Cheryl Evans, Council President
Anne Coghlan, Executive Director and Chief Executive Officer
College of Nurses of Ontario
101 Davenport Road
Toronto, ON M5R 3P1

Dear Cheryl and Anne,

Re: Expanding RPN scope of practice and RN prescribing

The Registered Nurses' Association of Ontario (RNAO) welcomes the opportunity to provide feedback to the College of Nurses of Ontario (CNO) on its proposed new regulation to expand the Registered Practical Nurse (RPN) scope of practice to include independent initiation of the following controlled acts:

- Irrigate, probe, debride and pack a wound below the dermis or below a mucous membrane;
- Venipuncture to establish peripheral intravenous access and maintain patency using a normal saline solution when the client requires medical attention and delaying venipuncture is likely harmful to the client;
- Put an instrument, hand or finger beyond the labia majora when assessing or assisting with health management activities; and
- Put an instrument or finger beyond an artificial opening into the client's body for the purpose of assessing or assisting with health management activities.[1] [2]

As we have already expressed to the CNO, RNAO does not support the proposed regulation summarized above and believes the proposed changes to the RPN scope will result in damaging shortfalls related to:

1. Protection of patient safety
2. Requisite knowledge, skills and judgment required for procedures not in the RPN skill set
3. Decision-making influenced by client factors under CNO's three-factor framework (complexity, predictability and risk of negative outcomes).[3]

RNAO's concern regarding substantial scope of practice expansion for RPNs to initiate these controlled acts was echoed in 2018 by Helena Jaczek, then minister of health, when she requested a hold on CNO's advancement on this matter until comprehensive, evidence-based, and expert-advised consultation was complete.[4] [5] Once again, two years later, these same four controlled acts are being proposed by CNO for RPN initiation in this regulation change, after so recently being disallowed by government.[6]

It is important to note that the current scope of RPN practice, based on a previous regulation change, allows for RPNs to perform the above intrusive procedures with an order from an appropriate provider.[7] Moreover, the RPN scope has consistently been expanded in particular, over the past three to four years, to include performance of controlled acts, and now initiation of these acts, whereas there has been complete stagnation in scope expansion for RNs evident in the *Nursing Act, 1991* and regulation,[8] [9] since the move to the BScN entry requirement for RNs in 2005, when RN education moved from three to four years.[10] [11] [12]

Of critical concern is that expanding the RPN scope to authorize independent initiation of these controlled acts effectively renders the Registered Nurse (RN) and RPN scope identical. That the CNO takes this move is objectionable considering that RPNs have a two year college degree and RNs a four year baccalaureate. As we have discussed in repeated occasions with CNO staff, RNAO insists that these changes jeopardize the safety of Ontarians, will add to already existing role confusion and tensions, and grossly undermine the enhanced knowledge and critical thinking of RNs.

According to the CNO three-factor framework referenced in *RN and RPN Practice: The client, the nurse, and the environment*, complex patients with less predictability and less stable environments are cared for by RNs.[13] CNO further explains:[14]

> RNs and RPNs study from the same body of nursing knowledge. RNs study for a longer period of time, allowing for greater foundational knowledge in clinical practice, decision-making, critical thinking, leadership, research utilization and resource management. As a result of these differences, the level of autonomous practice of RNs differs from that of RPNs.
>
> The complexity of a client's condition influences the nursing knowledge required to provide the level of care the client needs. A more complex client situation and less stable environment create an increased need for consultation and/or the need for an RN to provide the full range of care requirements.

Based on this framework, RPNs should not care for highly complex, unstable clients who are at risk for deterioration – therefore, initiation of the proposed procedures such as venipuncture and wound debridement should never be required of an RPN. Furthermore, RPN initiation of these controlled acts also implies urgency when an RN is not available which would rarely if ever be the case.

As RNAO strongly expressed in the May 8, 2020 meeting requested by CNO to discuss our concerns, it is RNAO's perception that CNO is skewing their regulatory decision making in favour of expanding RPN scope, without clear evidence of population health needs nor the requisite RPN knowledge, judgment and skills. Indeed, CNO is doing so contradicting its own framework mentioned above. Simultaneously, RNAO is keenly aware that CNO has actively attempted to contract RN scope of practice in spite of solid evidence of population need and high

capacity of RNs, (i.e., initiation of RN psychotherapy), and also has proceeded extremely slowly with RN scope expansion (i.e., RN prescribing).[15] [16]

As evidence for this perception, in 2014 the CNO acted to remove initiation of psychotherapy from the RN scope of practice despite the facts that: RNs had been consistently and ably carrying out this practice for approximately ten years, there is high population need, and it is clearly within the knowledge, skill and judgment of the RN. Furthermore, while, five regulatory bodies immediately enabled their professionals to initiate psychotherapy (occupational therapists, physicians, psychologists, registered psychotherapists, and social workers), CNO was the only regulatory body attempting to take away from RNs a long standing practice[17] This act of initiation for RNs was only fully reinstated without barriers in 2019 following a two year exemption period and considerable evidence-based advocacy on the part of RNAO that triggered a letter to CNO by Eric Hoskins, then minister of health.[18] [19] [20]

Further adding to this view, in the case of RN prescribing, the CNO has deliberated this scope change for the last eight years.[21] Once again in 2020, RNAO is providing feedback for how to proceed with this expanded scope in a timely way. At this time, we note that CNO is still not prepared to embrace the expansion of RN practice through continuing education for practicing RNs, as well as through the basic undergraduate nursing curriculum to be fully incorporated as part of the RN scope of practice for all graduating RNs.[22] CNO's stubbornness in regards to RN prescribing despite the robust evidence from other countries – such as United Kingdom and New Zealand – is difficult to comprehend. This position contradicts the evidence gathered by CNO itself and it is not good for patients, health organizations and the public.

This grave imbalance in CNO's approach to proposed regulatory changes related to RN and RPN scope is disheartening and shocking. RNAO would like to address this matter as a major concern directly with the CNO Council, and is asking for an urgent meeting to that effect. CNO's actions – favouring scope expansion for RPNs while presenting barriers to enhancing the RN role or even taking steps to narrow it – creates an unclear distinction between the two roles. Any blurring of the roles makes it difficult for employers and the public to understand and adequately utilize these two categories of nurses, and leads to tensions between RNs and RPNs. On the contrary, it is RNAO's view that both RN and RPN categories should be respected and fully utilized within their scopes of practice and both types of nursing education should be valued.

Such role confusion already leads to inappropriate utilization of regulated professionals, imbalanced workload and missed opportunities for expanded service delivery.[23] Furthermore, the role blurring may also discourage each category from practicing to their full extent and hinder the retention of RNs in practice settings that employ RPNs.[24]

RN and RPN category role confusion and blurring also raises the troubling question in the minds of students, the public and policymakers as to why a four-year university degree is required in the first place, when a two-year college graduate can perform almost at the same level of acuity,

complexity and initiation. Since there are substantial personal and societal costs to have a four year baccalaureate program, as compared to a two year program, this undervaluing of the baccalaureate degree is deeply worrisome. Indeed, the quality and level of RN undergraduate education must in no way be diminished and in fact must be enhanced to ensure sustained expanded RN scope, for example, by including RN prescribing in undergraduate nursing education. Having RNs graduate with this competency will enhance access to health services for Ontarians.

It should be noted that these moves by the CNO constitute a process of de-skilling of nursing care, as the requirement to perform complex procedures is approved for professionals with half the years of education that were previously required. There is a broad literature providing evidence of the harm to patients and society resulting from deskilling of nurses' work.[25] [26] [27]

Finally, the trends we have reviewed in this letter beg the question of what is CNO's understanding of its role regulating three different categories of nurses and how it intends to perform that role in the go forward. It should be clear from this letter that the professional association representing RNs and NPs in Ontario has serious concerns about how the College is performing its regulatory role.

In conclusion, RNAO is strongly opposed to the proposed RPN scope regulation change and maintains it is not in the public's best interest. We therefore recommend that CNO *does not* move forward to the Ministry of Health in June 2020 with the proposed new changes to RPN scope of practice.

We reiterate our request to meet with the CNO Council on our growing concerns about the imbalance in CNO's approach to proposed regulatory changes related to RN and RPN scope. Please let us know if you are open to such a meeting.

We thank you for the opportunity to provide feedback and trust you will continue to seek consultation with RNAO in regards to this matter.

Warm regards,

Doris Grinspun, RN, MSN, PhD, LLD(hon), Dr(hc), FAAN, O.ONT.
Chief Executive Officer, RNAO

Angela Cooper Brathwaite, RN, MN, PhD

President, RNAO

CC: CNO Council
Hon. Doug Ford, Premier of Ontario
Hon. Christine Elliott, Minister of Health
Helen Angus, Deputy Minister of Health
Sean Court, ADM, Strategic Policy and Planning Division, MOH
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH
Michelle Acorn, Provincial Chief Nursing Officer, MOH

Endnotes

[1] College of Nurses of Ontario (CNO). (2020, March). *Agenda item 3.3.1 RPN scope of practice: proposed revised Controlled Acts regulation.* Council briefing package. Retrieved from https://www.cno.org/globalassets/1-whatiscno/council/meetings/2020/council-march2020-observer-package.pdf

[2] CNO. (2019, July). *News: Scope of practice for NPs and RPNs to expand.* The Standard July 2019. Retrieved from https://www.cno.org/en/learn-about-standards-guidelines/magazines-newsletters/the-standard/july-2019/Scope-of-practice-NPs-and-RPNs-expand/

[3] CNO. (2018). *RN and RPN practice: The client, the nurse and the environment.* Practice Guideline, p.5. Retrieved from http://www.cno.org/globalassets/docs/prac/41062.pdf

[4] CNO. (2018, June 7). *Council meeting package*, p. 2-3. Retrieved from http://66.135.122.117/globalassets/1-whatiscno/council/meetings/2018/council-june2018-finalobserverversion.pdf

[5] Ministry of Health and Long-Term Care (MOHLTC). (2018, May 7). Helena Jaczek letter to CNO re: RPN scope of practice. Retrieved from https://rnao.ca/sites/rnao-ca/files/M_Jaczek_letter_to_CNO_-_May_2018.pdf

[6] RNAO. (2019, June 17). *Expanded scope of nursing.* Letter to Minister Elliott. Retrieved from https://rnao.ca/sites/rnao-ca/files/RNAO_Letter_to_Minister_Elliott_NP_RN_RPN_expanded_scope_June_17_2019.pdf

[7] CNO. (2019). *Council Briefing Package: 3.3 Scope of practice changes.* Retrieved from: https://www.cno.org/globalassets/1-whatiscno/council/meetings/2019/observer-briefing-package.pdf

[8] *Nursing Act*, 1991, S.O. 1991, c.32. *Retrieved from* https://www.ontario.ca/laws/statute/91n32

[9] *Stronger Healthier Ontario Act* (Budget Measures), 2017, S.O. 2017, c.8- Bill 127. Schedule 22: Nursing Act, 1991. Retrieved from https://www.ontario.ca/laws/statute/S17008#sched22s1

[10] RNAO. (2016). *Mind the Safety Gap in health system transformation: Reclaiming the role of the RN*. Retrieved from: https://rnao.ca/sites/rnao-ca/files/HR_REPORT_May11.pdf

[11] RNAO. (2017). *70 years of RN effectiveness: A scoping review to build a comprehensive database of evidence*. Retrieved from: https://rnao.ca/sites/rnao-ca/files/RN_Effectiveness_-_Reference_List_Apr_5.pdf

[12] RNAO. (2017). *70 years of RN effectiveness: Backgrounder.* Retrieved from: https://rnao.ca/sites/rnao-ca/files/Backgrounder-_RN_effectiveness.pdf

[13] CNO. (2018). *RN and RPN practice: The client, the nurse and the environment.* Practice Guideline. Retrieved from http://www.cno.org/globalassets/docs/prac/41062.pdf

[14] CNO. (2018). *RN and RPN practice: The client, the nurse and the environment.* Practice Guideline, p.5. Retrieved from http://www.cno.org/globalassets/docs/prac/41062.pdf
[15] RNAO. (2016). *Mind the Safety Gap in health system transformation: Reclaiming the role of the RN*. Retrieved from: https://rnao.ca/sites/rnao-ca/files/HR_REPORT_May11.pdf

[16] RNAO. (2019, November 12). *Next steps to expanding RN scope of practice.* Retrieved from https://rnao.ca/sites/rnao-ca/files/RNAO_Next_Steps_to_Expanding_RN_Scope_of_Practice_Nov_12_2019_0.pdf

[17] RNAO. (2014). *Requiring an order to perform psychotherapy.* Letter to CNO. Retrieved from https://rnao.ca/sites/rnao-ca/files/RNAO_Letter_to_CNO_-_re_Requiring_an_order_to_perform_psychotherapy_-_Se_.pdf

[18] MOHLTC (2017, December 21). *Letter from Eric Hoskins (MOH) to Dalton Burger (CNO) re: psychotherapy.* Retrieved from https://rnao.ca/sites/rnao-ca/files/12_21_2017_-_Letter_from_MOH_to_CNO_re_Psychotherapy_-_cc_to_DG.pdf

[19] RNAO. (2019). *RNAO support of independent initiation of the controlled act of psychotherapy.* Feedback to CNO. Retrieved from https://rnao.ca/policy/letters/independent-initiation-controlled-act-psychotherapy

[20] CNO. (2019, December 23). *Initiation regulation approved for the controlled act of psychotherapy.* Retrieved from https://www.cno.org/en/news/2019/december-2019/initiation-regulation-approved-for-the-control-act-of-psychotherapy/

[21] CNO. (n.d.). *Journey to RN prescribing.* Retrieved May 20, 2020, from https://www.cno.org/en/trending-topics/journey-to-rn-prescribing/

[22] CNO. (2020, March). Council briefing package. *RN prescribing: Proposed amendment to the by-laws related to the Register,* p. 52-53. Retrieved from http://www.cno.org/globalassets/1-whatiscno/council/meetings/2020/council-march2020-observer-package.pdf

[23] RNAO. *Toolkit to support employers working to maximize full scope of practice utilization for primary care RNs and RPNs: Factors to consider: Barriers and enablers.* Retrieved from: https://rnao.ca/sites/rnao-ca/files/Primary_Care_Toolkit_-_Factors_to_Consider_Barriers_and_Enablers_Online.pdf

[25] RNAO. (2016). *Mind the Safety Gap in health system transformation: Reclaiming the role of the RN*. Retrieved from: https://rnao.ca/sites/rnao-ca/files/HR_REPORT_May11.pdf

[26] RNAO. (2017). *70 years of RN effectiveness: A scoping review to build a comprehensive database of evidence*. Retrieved from: https://rnao.ca/sites/rnao-ca/files/RN_Effectiveness_-_Reference_List_Apr_5.pdf

[27] RNAO. (2017). *70 years of RN effectiveness: Backgrounder.* Retrieved from: https://rnao.ca/sites/rnao-ca/files/Backgrounder-_RN_effectiveness.pdf

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September 2, 2020

Anne Coghlan
Executive Director & Chief Executive Officer
College of Nurses of Ontario
101 Davenport Rd.
Toronto, ON
M5R 3P1
Re: Revisions to RPN scope of practice

Dear Ms. Coghlan,

I am writing regarding the proposed changes to Registered Practical Nurse (RPN) scope of practice that are scheduled for discussion and final review at the College of Nurses of Ontario's (CNO) upcoming Council meeting on September 17th 2020.

At a time when we are seeing growing pressures in our health system, it is essential that we make sure all health professionals are putting their education and experience to best use to ensure patients receive the excellent care they deserve. WeRPN has been a strong advocate for modernizing the existing regulatory framework governing RPN scope of practice to deliver improved access to timely care and better reflect current RPN knowledge and experience. When the existing regulations were enacted, RPN education looked very different than it does today. Over the past several years, RPN education has expanded from a one-year certificate to a two-and-a-half-year diploma and the body of knowledge required of an RPN has grown considerably. It is important for these regulations to evolve to reflect those changes to meet the needs of our 21st century health system.

As you know, WeRPN worked with the CNO, government and other stakeholders through a robust two-year consultation to arrive at the four modest proposals under consideration that put patient safety and care above all else. The four proposed modest changes to RPNs' scope of practice would bring better care to our most vulnerable people and better value to our health system. These proposed changes reflect current practice and involve tasks that RPNs are currently allowed to perform in certain circumstances. Specifically, RPNs are already authorized to *perform* these four procedures, however they can only do so after being delegated by a Registered Nurse (RN), Nurse Practitioner (NP) or physician. We believe that RPNs with the appropriate knowledge and judgement should be given the authority to independently decide and *initiate* these common practices, which include wound care and starting an IV. Patients who are in urgent need, including those in emergency or isolated situations, don't have time to wait while an educated and competent RPN seeks permission to provide care she or he is qualified to give.

These are practices which RPNs already *perform* regularly. Giving RPNs the ability to *initiate* these procedures in situations where it is appropriate to do so will improve access to timely care. There is an especially critical need for this change in our home and community care system. It will help address the pressures in our health system by enabling qualified RPNs to immediately perform actions without taking an RN away from other vital care to provide the order. More importantly, it will ease patients' suffering and ensure that concerns can be addressed quickly to avoid conditions worsening.

Wound care provides a powerful example of the benefit of moving forward with these changes. As you know, many RPNs perform wound care procedures in the home. Some of these nurses are wound care experts. However, when clients require wound care beyond cleansing, soaking, and dressing, the RPN is required to contact an RN for an order to initiate these procedures. In many cases, the RN provides the order without personally assessing the wound, whereby the RPN is in effect initiating the additional procedures based on his or her own knowledge, skill, and judgement. In this situation, the RN "initiation" is substantively administrative in nature, rather than clinically based. In other cases, the RPN may not be able to get a hold of the RN for an order and have to return at a later date, potentially denying the client the care they need, or resulting in a deterioration of the client's wound that requires additional treatment that might include hospital admission. Amending the wound care regulation in accordance with the RPN's advancing education wound enable those RPNs with the necessary knowledge and skill to provide enhanced wound care to their clients. This would improve client care, allow RNs to focus on caring for more complex clients, and possibly reduce client morbidity and hospital admissions.

We have heard from RPNs, patients, families and other care providers across the province that giving RPNs the ability to initiate procedures they already have the experience, expertise and authorization to perform will help ensure people who need help get it without delay. This is particularly important for those in rural and remote communities. In emergency situations, when a patient's condition rapidly deteriorates and they require immediate access to fluids and/or medication, timely access to care is essential. RPNs are equipped with the knowledge, skill, and judgement to initiate venipuncture and often may not have access or time to request an order from an RN. The proposed amendment would ensure equitable and timely access to this essential emergency care across Ontario.

We urge the Council to move forward with these important changes to RPN scope of practice that will ultimately deliver improved, safe quality of care for Ontarians. In the attached appendix, we have further outlined the importance of modernizing these regulations to ensure they align with RPN knowledge and experience.

Should you have any questions or wish to discuss further, please don't hesitate to contact me.

Sincerely,

Dianne Martin

Dianne Martin
Chief Executive Officer

Cc: WeRPN Board of Directors

APPENDIX 1: Proposed Scope of Practice Changes

Note: As always, RPNs must have the knowledge, skill, and judgment to safely perform the procedure, whether they are initiating or performing the act.

Proposed Change	Description	Current Status	Proposed Change	Rationale
Wound maintenance	Irrigating, probing, debriding, and packing the wound. The associated controlled act refers to procedures below the dermis.	RPNs are authorized to initiate cleansing, soaking and dressing wounds. Currently require an order to irrigate, probe, debride or pack a wound.	RPNs with the appropriate knowledge, skill, and judgement would be able to irrigate, probe, debride, and pack wounds without an order.	Treatment is often delayed when RPNs wait for initiation, ultimately creating a negative environment for the patient.
Venipuncture for IV access	Initiating a peripheral IV and saline to keep the vein open. The associated controlled act refers to procedures below the dermis.	RPNs can perform such an act after an order from an RN.	RPNs with the appropriate knowledge, skill, and judgement would be able to initiate the controlled act without an order from an RN if the delay in obtaining the order could result in harm.	It is rare that an RPN would need to initiate this procedure. In an emergency situation, nurses regardless of category should be authorized to initiate this potentially life-saving procedure.
Insertion of Finger Beyond Labia Majora	Initiating an assessment procedure that involves insertion of finger or hand into the vagina.	RPNs can initiate such a procedure for patient health management (such as insertion of a tampon). An order is required for the purpose of assessment.	RPNs with the appropriate knowledge, skill, and judgement would be able to insert a finger or hand beyond a client's labia majora in order to assess, without an order.	Assessment precedes implementation. Potential circumstances may require assessment to determine the appropriateness of insertion to support health management activities.
Insertion of Finger or Instrument Beyond Artificial Opening	For example, suctioning a tracheostomy	RPNs can perform such an act after an order is given.	RPNs with the appropriate knowledge, skill and judgment could perform the act without an order.	This change would transform long-term care nursing. In LTC environments, the RPN is often left in charge and circumstances can arise where a delay in obtaining an order can lead to complications and/or harm to the patient.