



January 28, 2016

SENT VIA E-MAIL

Mr. Thomas Corcoran
Chair
Health Professions Regulatory Advisory Council
56 Wellesley St W
12th Floor
Toronto, ON M5S 2S3

Dear Mr. Corcoran,

Re: RN Independent Prescribing

The Ontario Nurses' Association (ONA) is the union representing 60,000 front-line registered nurses and allied health professionals and more than 14,000 nursing student affiliates across Ontario, providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

Nursing is ranked among the most trusted professions among the public. Therefore, it's surprising why registered nurses (RN), who are highly skilled and knowledgeable health professionals, are often underused in the health system. ONA fully supports Independent RN Prescribing and the rationale is detailed below.

RNs work throughout the health system promoting health, preventing chronic disease, saving lives, and providing end of life care. In 2005, the RN entry to practice requirement became a bachelor's degree but the scope of practice has not changed to reflect this advanced education. A scope expansion will formally recognize the value in the advanced knowledge and skill of RNs. Too many RNs experience "if only" clinical situations that could be readily resolved if given the opportunity to independently prescribe medication or order diagnostic testing within their scope.

Imagine an RN on night shift in a hospital having to tell a patient they cannot get basic comfort measures such as Gravol or Tylenol until the doctor returns their call for a prescription. Or picture an RN in a nursing home that suspects a resident has a urinary tract infection but cannot take a urine sample until the NP signs the order. Finally think of a public health nurse running a sexual health clinic that cannot give someone hormonal contraception because they do not fit the criteria on a medical directive.

Independent models of RN prescribing are where an RN may prescribe medications, under their own authority, without restrictions or from a limited or pre-defined formulary within a regulated scope of practice. Independent prescribers are allowed to prescribe any licensed or unlicensed drugs that are within their clinical competency area. As an independent prescriber the RN would be fully responsible for the assessment of the patient's needs and prescription of medication. This model can put an end to these "if only" situations

To provide high quality care, RNs need quality practice environments where their knowledge and skill is valued, they have control over their practice, their roles are clear, and lines of accountability are defined. Many times today, doctors and NPs rely on the RN's assessment and recommendations to determine a plan of care for a patient. When RNs independently prescribe, they will take full responsibility and accountability for the patient by providing the full spectrum of care including assessment, diagnosis, planning, intervention and evaluation. Independent prescribing also clarifies roles and accountability within the health team. Current delegation models of medical directives or PRN "as needed" medications authorize RNs to administer medications if patients meet a set of pre-determined criteria. However, this blurs the accountability for the patient between the provider that signed the medical directive/order and the RN that actually provided the care outlined in the directive/order. Independent models of RN prescribing will eliminate the need for medical directives.

Current RN should be able to voluntarily take a continuing education course enabling them to prescribe medications, order diagnostic testing and communicate a diagnosis. ONA supports that in 2020, the course curriculum include the necessary education to meet the RN Independent prescribing as part of the baccalaureate degree in nursing, thus empowering all future RN graduates to truly transform the system by increasing access to care, providing care to underserved populations, improving continuity of care and enhancing the quality of care.

While this will be an expanded scope in Ontario, other places have been doing it successfully for years. The UK has been the world leader in RN prescribing and has been increasing the scope of RNs as the evidence on improved outcomes has grown. In the UK, RNs have been able to independently prescribe from the entire British National Formulary since 2006 and internationally RN prescribing is happening in Australia, Ireland, and New Zealand. In Canada, along with Ontario, British Columbia, Saskatchewan, and Alberta are in various stages of developing models for RN prescribing.

Expanding the scope of RN practice in Ontario will not only leverage the existing workforce to improve health service delivery, it will also improve recruitment and retention of the RN workforce and labour mobility. RNs seeking greater career challenges could volunteer to pioneer this expanded scope offered in Ontario instead of leaving the province for these types of opportunities. Independent prescribing gives RNs more autonomy over their practice and patient care, improves role clarity and enhances interprofessional collaboration. RNs have consistently described the moral distress they feel when they are unable to provide the quality of care they were trained to do. Through independent prescribing, RNs could respond to patient's clinical issues, would spend less time trying to obtain orders from physicians/NPs, and could provide continuous care with less disruption caused by transferring care/referring to a physician/NP.

Thank you for your consideration of our submission on this important issue.

Sincerely,

ONTARIO NURSES' ASSOCIATION



Linda Haslam-Stroud RN
President

C: Marie Kelly, ONA Chief Executive Officer/Chief Administrative Officer (CEO/CAO)
ONA Board of Directors