

**ONTARIO NURSES' ASSOCIATION**

**SUBMISSION**

**ON**

**Registered Nurse (RN) Prescribing: Proposed regulatory amendments to Ontario Regulation 275/94 (General), Part III (Controlled Acts) and Part V (Delegation) under the Nursing Act, 1991.**

**November 15, 2019**



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## **Introduction**

The Ontario Nurses' Association (ONA) is the union representing 65,000 registered nurses and health-care professionals as well as 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

We welcome this opportunity to provide feedback on the proposed amendments to Ontario Regulation 275/94 (General), Part III (Controlled Acts) and Part V (Delegation) under the Nursing Act, 1991, to authorize Registered Nurses (RNs) to independently prescribe medications without an order from a physician or nurse practitioner.

ONA has long supported in principle the proposed expansion of RN scope of practice to allow RNs, with approved education, to prescribe certain medications and communicate a diagnosis for the purpose of prescribing. As pressures continue to grow on the health-care system, expanding prescribing for certain medications for non-complex patients will help relieve some of this pressure and provide patients with more timely care. The vision to expand prescribing powers to RNs has been decades in the making and it is a common sense approach to delivering better care.

However, it is vital that the implementation of such a scope of practice change be conducted intelligently, balancing improved care, RN workload, appropriate training and job security.

According to the proposed regulatory changes, RNs would be permitted to conduct two new controlled acts: prescribing a closed list of drugs for certain non-complex conditions and communicating a diagnosis for the simple purpose of prescribing.

This consultation stems from years of work by nurses' organizations calling for a considered expansion of prescribing powers to include RNs. As a result, in 2017, the Ontario government amended to the Nursing Act, 1991, to permit RNs to prescribe. The College of Nurses of Ontario (CNO) was then tasked with consulting and developing a new set of regulations to permit this expanded scope.

In early 2019, ONA participated in and delivered a submission to the CNO during their consultative period on this regulatory change. ONA raised concerns with the College about appropriate implementation and striking the right balance. Some of those concerns were answered by the College, however, others still remain. These concerns will be outlined below.

We are pleased that the Ontario Ministry of Health is now proceeding with consultations and taking steps towards the full-implementation of RN prescribing – completing a process that is needed to improve health-care delivery in Ontario.

### **ONA’s support for the expansion of RN scope of practice to include prescribing powers for non-complex patients**

The proposed regulatory changes would authorize RNs to prescribe some individual drugs in addition to drugs in drug categories such as:

- Immunization,
- Contraception,
- Wound care,
- Travel health,
- Smoking cessation, and
- Over-the-counter medications, in some circumstance.

These categories of drugs applied to non-complex patients fit within the context of clinic-based care provision. Whether at Community Health Centres or public and school clinics, nurses authorized to deliver these primary care-based prescriptions would improve the flow of care for patients and complement the scope of care already expected of RNs. ONA believes in principle that RN prescribing power in these settings is long overdue.

It is vital that the Ontario government institute appropriate safeguards and supports to protect RNs during the period of implementation of RN prescribing to ensure a successful process. This should include protections against excessive workloads as an expanded scope demands more of the RNs time. As well, similar to the Alberta model, a government and college-developed Clinical Support Tool ought to be produced to provide clear guidelines to the RN authorized to prescribe, including determining whether the client is indeed “non-complex” or should be referred to another practitioner. Only through a considered and supportive delivery will the implementation of RN prescribing be a success.

ONA proposes that the implementation of RN prescribing be conducted in a phased-in approach starting with clinics and the primary-care sector.

### **ONA’s concerns regarding implementation**

As previously stated, ONA believes that the successful implementation of RN prescribing requires striking the right balance.

Below we articulate our concerns. We do not believe them to be insurmountable, but issues that require thoughtful consideration, consultation and the appropriate balance.

First, ONA is concerned that this expansion of scope could turn into a minimum work requirement for graduating RNs entering into practice. ONA believes this would be an unfair condition to place on newly-graduated RNs entering the workforce and already facing major challenges, including understaffing. With Ontario's serious RN shortage and the existing complexity of the work environment, the Ontario government must stem the overburdening of RNs entering the workforce. New RNs deserve the support needed to achieve success in their careers and to stay in nursing.

ONA suggests that the Ontario government look to the Alberta model for guidance with this issue. In Alberta, RNs wishing to expand their scope of practice to include prescribing must first complete 3,000 clinical hours of work, with 750 of them occurring in the clinical setting where they intend to use their expanded prescribing scope. The previously mentioned Clinical Support Tool is also available to support RNs and to facilitate their success as prescribers.

Second, ONA has serious concerns about the possibility of employers in the long-term care (LTC) sector requiring RN prescribing as minimum expectation of employment. As we stated clearly in our letter to the CNO during the consultation period, LTC patients are often some of the most complex in terms of co-morbidities. Furthermore, as per the findings of the Long-Term Care Homes Public Inquiry, understaffing in LTC facilities is widespread and severe. RNs in the LTC sector are already desperately overburdened by complex resident needs and underfunding. It would be unwise to permit LTC employers to require RN prescribing as a minimum expectation of employment without requiring substantial improvements to staffing and funding levels. This is an issue of RN retention and recruitment in this sector, as well as an issue of patient safety and dignity.

Third, in the same vein as the LTC sector, ONA has concerns about the roll-out of RN prescribing without commensurate improvements to staffing levels and/or remuneration. RN prescribing and communication of diagnosis – as proposed in these regulatory changes – will in principle be good for health-care delivery. However, they will also markedly increase the workload and risk to RNs in their daily jobs. Increased responsibility without increased remuneration or staffing is not a recipe for success.

It is therefore critical that the Ontario government closely assess the impact of RN prescribing on workload and risk, and ensure appropriate measures are taken to prevent an overburdening of Ontario's already-overworked RNs. Striking the right balance here is crucial.

Fourth, ONA has concerns about the absence of detail in the proposed regulations regarding educational requirements for RN prescribing. To fill the gap in information, ONA has the following questions for the Ministry of Health:

1. Who will offer the training for RN prescribing?
2. Will there be any prerequisites to eligibility for the RN training for prescribing, including will a temporary class licensed RN be eligible, or full license?
3. Who has been consulted in the development of the educational requirements?
4. Has the training curriculum been developed?

ONA asks that the Ontario government provide clear answers to these lingering questions, before moving forward with the implementation of RN prescribing.

Lastly, ONA has concerns about the creation of levelled practice environment in some clinics where General Class RNs and Extended Class RNs/NPs are authorized to prescribe. We are primarily concerned with the potential confusion or fracturing of care that could occur with multiple layers of RNs prescribing in the same clinics. The Ontario government must develop a clear plan to address this potential source of complication before implementing RN prescribing. Employers must be provided with the adequate tools to address these concerns and province-wide standards should be in place.

### **Descriptor of RNs**

During the CNO consultations, ONA raised a major concern regarding the description of RNs on the CNO-run website, *Find a Nurse*. We wish to state for the record that we oppose negative descriptors of nurses, who are not authorized to prescribe, in ways that could be stigmatizing or undermine their employment prospects. Instead, we would like to highlight the positive outcome of the process that led to the current approach to describe Nurse Practitioners on Find a Nurse. After a protracted process, the CNO agreed to describe NPs without prescribing powers in the following manner: "cannot prescribe controlled substances until specialized education is completed." ONA agreed with this outcome and we believe that a positive description of RNs, should it be implemented, follow the precedent currently being employed for NPs.

## **Conclusion**

RN prescribing is long overdue for Ontario health care. However in order for it to be a success, the roll-out must be conducted in a thoughtful manner that preserves the job quality of nurses and provides the appropriate supports for their success. Furthermore, RN prescribing, while appropriate in some settings, is not appropriate in all. ONA calls specific attention to the LTC sector in this regard. The ultimate goal of RN prescribing is to improve delivery of care for patients across Ontario. In order to achieve this, this expansion to the scope of practice must be done in an RN-friendly manner. ONA is available to assist the Ministry to achieve a successful roll-out of RN prescribing.