



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.
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February 27, 2009

HPRAC Consultations
Ministry of Health and Long-Term Care
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Toronto ON M5S 2S3

Re: CNO's Response to HPRAC's Report

Thank you for the opportunity to comment on a report submitted to you by the Health Professions Regulatory Advisory Council (HPRAC). Please find attached the response from the College of Nurses of Ontario (CNO) on the recently released report:

A Report to the Minister of Health and Long-Term Care on Mechanisms to Facilitate and Support Interprofessional Collaboration and A New Framework for the Prescribing and Use of Drugs by Non-Physician Regulated Health Professions.

CNO is appreciative of the significant efforts HPRAC has made to understand, and advise on, highly complex issues regarding interprofessional collaboration, and prescribing and use of drugs. In our attached response, we support some of HPRAC's recommendations and offer alternative perspectives on others.

Given the timelines for this submission, it was not possible to have our Executive Committee review CNO's responses. Therefore, should the Committee have further feedback, it will be forwarded to the Ministry in March.

CNO is committed to working toward increased interprofessional collaboration as well as safe, effective and ethical practice for nurses. We look forward to working with the Ministry on the implementation of initiatives to support regulatory excellence and strengthen self-regulation.

Sincerely,

Anne L. Coghlan, RN, MScN
Executive Director

/ej



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The College of Nurses of Ontario's Response to:

A Report to the Minister of Health and Long-Term Care
on Mechanisms to Facilitate and Support Interprofessional
Collaboration and a New Framework for the Prescribing
and Use of Drugs by Non-Physician Regulated Health
Professions (February 2009)

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INTRODUCTION

The College of Nurses of Ontario (CNO), the regulatory body for over 148,000 Ontario nurses¹, is pleased to provide input on the recently released Health Professions Regulatory Advisory Council (HPRAC) report entitled *A Report to the Minister of Health and Long-Term Care on Mechanisms to Facilitate and Support Interprofessional Collaboration and a New Framework for the Prescribing and Use of Drugs by Non-Physician Regulated Health Professions*.

CNO is appreciative of the significant efforts HPRAC has made to advise the Minister on two highly complex issues and supports many of HPRAC's recommendations including working on selected interprofessional standards that are relevant across Colleges and granting the authority for all nurses to dispense drugs that are prescribed by an authorized prescriber. However, CNO has a different perspective on some of HPRAC's recommendations. For example, CNO maintains the perspective that Nurse Practitioners (NPs) should be granted broad prescriptive authority. Below, our response to the report is structured according to the same themes that HPRAC used to organize its recommendations.

Overall, CNO has concerns with some of the legal drafting recommended by HPRAC throughout the report. As part of the ongoing process, CNO is interested in providing input on amendments to the *Regulated Health Professions Act, 1991* and the *Nursing Act, 1991*. Equally, CNO is committed to working with the Ministry to ensure that the drafting of the regulations under the *Nursing Act* captures all of the necessary changes, is consistent with the broader nursing legislative framework and facilitates efficient regulatory processes.

INTERPROFESSIONAL COLLABORATION

1. Recommendation: Establish a new enabling regulatory framework to enhance interprofessional collaboration and strengthen the self regulation of health professions in Ontario.

Standards of Practice

HPRAC's report defines standards of practice as "the rules, requirements, responsibilities and conditions that describe the expectations for the profession to provide high quality, ethical and safe care to patients". HPRAC indicates that "through standards of practice, health Colleges preclude health professionals from undertaking certain activities within the scope of practice and controlled acts that they are authorized to perform unless they meet specified...requirements". In other words, standards of practice are very high level elements comparable to requirements of nurses that are currently found in regulation. CNO's definition of practice standards reflects a different concept: "Nursing standards are expectations that contribute to public protection. They inform nurses of their accountabilities and the public of what to expect of nurses. Standards apply to all nurses regardless of their roles, job description or areas of practice¹."

Based on CNO's interpretation of HPRAC's definition, there would be very limited situations in which a standard of practice would be needed for nurses because at entry-to-practice, nurses are competent to perform all controlled acts authorized to nurses, as well as the additional controlled

¹ Nurse Practitioners, Registered Nurses and Registered Practical Nurses.

acts that HPRAC has proposed for nurses. CNO is in the process of rolling out a new quality assurance program with increased rigour to ensure that nurses maintain competency throughout their careers. As a result, the elements that would be addressed in accordance with HPRAC's standards of practice² are already met through other existing mechanisms (e.g., registration and quality assurance requirements). Should there be a need for terms, limits and conditions, these may be addressed in a standards document (e.g., the *NP Practice Standard*) or placed on an individual nurse's certificate of registration.

CNO supports Colleges making changes to standards in response to changes in the environment, technology and entry-to-practice requirements. CNO also agrees with HPRAC's description of the inefficiencies of the current legislative process to change regulation, and although supportive of an expedited legislative process, CNO does not perceive a need to have standards enshrined in legislation.

CNO is supportive of working on selected interprofessional practice standards that are relevant across Colleges³. Joint practice standards make sense for shared competencies associated with interprofessional practice (e.g., CNO would be willing to work with Colleges to develop joint standards related to collaborative practice, communication, etc.). We are willing and interested in enhancing our own processes, as well as participating in broader initiatives, that will translate into meaningful improvements in client care.

CNO supports HPRAC's recommendation to develop common rules, such as a code of ethics, which should be developed through collaboration among Colleges.

Given the increased impetus for Colleges to work collaboratively with national stakeholders as a result of legislation such as the amended *Agreement on Internal Trade*⁴, CNO cautions that the provincial interprofessional work should not supersede the national work that is currently underway. For example, last year CNO led a project on the development of a national framework for nursing standards. Currently, CNO is leading in the development of national professional nursing standards with jurisdictions across Canada, inclusive of an ethical standard.

Enforceability

The potential lack of enforceability is an issue that HPRAC raises in its report. CNO agrees that standards would be legally enforceable if they were in regulation. However, CNO believes that standards are also enforceable through the current regulatory process. As described above, there would be very limited situations in which CNO would require a standard of practice in regulation. In practice, CNO has never had an issue enforcing practice standards, relying on its professional misconduct regulations and its disciplinary process.

² Education, training, continuing competency, mandatory discussion, consultation and transfer of care, and standards, terms, limitations and conditions relating to the performance of authorized acts.

³ CNO recommends that practice standards be broadly applicable to practice, and not focus on a specific controlled act. Nursing practice is more than the performance of controlled acts. *Confidentiality and Privacy, Documentation, and Infection Prevention and Control* are examples of practice standards that apply to all controlled acts, as well as other aspects of practice.

⁴ The *Agreement on Internal Trade* requires that "occupational standards" be developed in a manner conducive to labour mobility, including steps to notify and consult other jurisdictions on the development of standards.

Transparency to the Public

CNO supports ensuring accountability and transparency to the public. In terms of HPRAC's recommendation that sets new requirements to support transparency to the public, CNO is supportive. Most of the items proposed by HPRAC have already been voluntarily implemented by the College (e.g., requirements for the website).

Individual Scope of Practice

HPRAC recommends legislative changes to the *Nursing Act, 1991* that would require members to practise within their individual scope of practice. It is CNO's view that this recommendation is redundant. First, practising within one's scope of practice is the cornerstone of self-regulation. Our members engage in self-reflection and practise nursing when they have the knowledge, skill and judgement to do so. In other words, members already identify their limits, and consult or refer when needed. Second, nurses are accountable to the practice standards. Third, ensuring members practise within their individual scope of practice is already in regulations under the *Nursing Act, 1991*. Subsections 15(5) and 15.1(3) of Regulation 275/94 list conditions that nurses must meet in order to perform controlled acts.

2. Recommendation: Establish a new agency to facilitate interprofessional collaboration, ensure regulatory rigour and excellence and achieve greater accountability within the health profession regulatory system.

Interprofessional Collaboration

HPRAC has proposed the integration of its current role into a new agency with additional duties and powers in order to facilitate interprofessional collaboration. CNO believes that a strong foundation for interprofessional collaboration already exists in Ontario⁵. CNO is committed to working with stakeholders to strive for an efficient and effective health regulatory system.

CNO voluntarily collaborates with appropriate stakeholders in the development of practice standards and related documents. To fulfil the object under the *Regulated Health Professions Act, 1991*, CNO will continue to promote interprofessional collaboration. Several examples of interprofessional collaboration are outlined below.

- CNO routinely consults with stakeholders in the development of practice standards. For example, the *Medication Practice Standard* was revised in 2008. CNO consulted with the Institute for Safe Medication Practices, Health Canada, the Registered Nurses' Association of Ontario, the Registered Practical Nurses Association of Ontario, the Ontario Nurses' Association, the Ontario College of Pharmacists, the College of Physicians and Surgeons of Ontario, the Canadian Nurses Association, nursing regulatory bodies across Canada and other stakeholders including employers and members.
- CNO and the College of Medical Radiation Technologists led the development of the Federation of Health Regulatory Colleges of Ontario's document related to authorizing mechanisms: *An Interprofessional Guide for the use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario*.
- CNO led a pilot project on transfer of accountability with participants from the Ontario College of Pharmacists and the College of Physician and Surgeons of Ontario. The

⁵ The strong foundation includes the *Regulated Health Professions Act, 1991* with a common Procedural Code and new objects introduced under the *Health System Improvements Act, 2007*, HPRAC, the Ministry, the Federation, as well as other stakeholders.

objective of the project was to identify regulatory implications and generate best practices.

- The College of Physician and Surgeons of Ontario invited a number of stakeholders, including CNO, to address the issue of how to manage unprofessional physician behaviour.
- For the past nine years, CNO has voluntarily used an expert panel⁶ to review the recommendations of our members regarding the drugs, and laboratory and diagnostic tests that NPs should be authorized to prescribe.
- CNO recently completed its work with the Ontario College of Pharmacists and the College of Physician and Surgeons of Ontario on a grant from the Canadian Patient Safety Institute to promote safe, interprofessional opioid prescribing, dispensing and administration practices.

Colleges have had the benefit of working with the Federation of Health Regulatory Colleges of Ontario to develop tools and templates that regulators can use to facilitate collaboration. In addition, the Federation has facilitated the development of joint interprofessional committees for quality assurance and discipline orientation, and has developed numerous toolkits, practice manuals, frameworks and other resources related to enhancing and facilitating interprofessional collaboration amongst its members. Recently, the Federation amended its by-laws to enable the organization to mentor new Colleges. CNO supports utilizing the Federation to continue to identify areas where common standards may be appropriate.

Other Duties of the New Agency

HPRAC proposes a name change for the reintegration of HPRAC into a new agency. CNO feels that HPRAC's current name more accurately reflects its advisory role and that HPRAC is well recognized by regulatory bodies and other stakeholders for its contributions to date.

CNO is supportive of HPRAC taking on the responsibility of mediating solutions to conflict and discord amongst Colleges relating to scope of practice issues (e.g., the issue of refraction between the professions of ophthalmology, optometry and opticianry). Although the Minister has the power to intervene in such intercollege disputes, it may be a more appropriate use of resources for an Advisory Group to the Minister to attempt to achieve reconciliation on a case-by-case basis.

CNO does not feel it is necessary to develop this new agency to carry out many of the additional powers and duties proposed by HPRAC and offers the following rationale:

- In terms of monitoring the College's fulfillment of the new objects under the *Regulated Health Professions Act, 1991*⁷, CNO has made efforts to fulfill these objects. Unless there is significant evidence that a College is not fulfilling its objects, general monitoring is not needed. For example, many of the recommendations that HPRAC puts forward in its report in relation to public accountability and transparency have already been voluntarily implemented by the College (e.g., website requirements).

⁶ The panel includes Nurse Practitioners, Physicians and a Pharmacist, with staff support from CNO.

⁷ The new objects made under the *Health System Improvements Act, 2007*.

- There seems to be unnecessary duplication of roles⁸ in terms of overseeing the College’s responsibilities (e.g., competencies, monitoring of scope of practice, registration requirements and processes, quality assurance, collaboration, etc).
- The Federation has demonstrated an ability to promote best practices (e.g., development of an authorization mechanism and associated templates); therefore, CNO does not feel it is necessary to have another body promoting best practices.
- The Minister already has the authority to refer any matter to HPRAC relating to the regulation of the health professions. CNO suggests that rather than adding new duties and powers, the Minister exercise his authority through the existing legislation.

3. Recommendation: Additional Legislative Recommendations to Support the Enabling Regulatory Framework - Publish Standards of Practice

HPRAC recommends that all Colleges publish established standards of practice on a publicly accessible and freely available website and to make them available as a document, to members of the public. CNO supports this recommendation. It is already a common practice of CNO to have documents publicly accessible on the website and in hard copy.

4. Recommendation: Additional Legislative Recommendations to Support the Enabling Regulatory Framework - Liability Coverage

In its report, HPRAC recommends that all regulated health professionals be required to have and maintain professional liability insurance. Currently, professional liability coverage is not mandatory for nurses in Ontario; however, a regulatory requirement for mandatory professional liability coverage for all practising nurses is being considered by CNO Council at its March 2009 meeting. Should Council be supportive of the requirement for liability coverage, CNO has the following comments in relation to HPRAC’s recommendation to ensure that the drafting captures all of the necessary changes, is consistent with the broader nursing legislative framework and facilitates efficient regulatory processes.

In HPRAC’s recommendation, there is no recognition that it is the regulated health professional who is practising who should be required to have and maintain liability coverage. Many health regulators have a number of categories or classes of registration, which include a practising or active membership, and those who are non-practising or are inactive, retired or associate. Non-practising members are usually not permitted or able to practise their particular profession in Ontario. It is CNO’s view that it would be in the public interest, and potentially more feasible, to require only members who are actively engaged in the practice of a particular health profession in Ontario to be subject to a mandatory professional liability coverage requirement.

HPRAC recommends drafting amendments to the *Regulated Health Professions Act, 1991* requiring “evidence of professional liability insurance”. The term “liability insurance” may preclude certain types of coverage. CNO recommends using a more flexible term, “liability coverage” or “liability protection”, in reference to protection against professional liability.

⁸ The Office of the Fairness Commissioner, the Ministry, HPRAC/newly proposed agency and Colleges themselves.

Most nurses have professional liability coverage through an employer, union, professional association or the Canadian Nurses Protective Society. CNO supports that members should be permitted to provide proof of liability coverage through *any source*, including, but not limited to their employer(s), a professional association, a union, a protective society or directly from an insurance company.

Requiring evidence of coverage to accompany each application for registration may create a perceived barrier to accessing registration. Until a regulated health professional is practising, there is no need to require them to have coverage. Requiring proof of coverage at the point of application may:

- have the appearance of forcing applicants to join a professional association⁹ in order to obtain coverage or to purchase commercial insurance when they might otherwise have not done so. Once a nurse becomes employed, she or he would have coverage through her or his employer - any other coverage would be secondary in nature and could be considered redundant; and,
- create an unintended barrier to registration. An applicant may not have an employment opportunity until she or he joins the College, and would not qualify for registration until able to show proof of coverage.

Any stipulations regarding how and when evidence of coverage is provided to the regulator should be left to the particular College's discretion. It should be made clear in any proposed changes to the legislation that each College can stipulate particular requirements for process, form and timelines.

HPRAC's proposed drafting changes to the *Regulated Health Professions Act, 1991* remove Council's by-law making authority in relation to liability. In lieu, HPRAC recommends that coverage requirements be specified in a standard of practice. However, it is CNO's interpretation that the content in a standard of practice is intended to be very high level. CNO is concerned that removing Council's by-law making authority will not enable the College to stipulate and enforce specific and in-depth requirements for process, form and timelines.

NEW FRAMEWORK FOR THE PRESCRIBING AND USE OF DRUGS BY NON-PHYSICIAN REGULATED HEALTH PROFESSIONS

5. Recommendation: Rigorous two-stage process is required for all designated drug approvals and that the process should be conducted by an independent agency.

HPRAC describes inefficiencies in the current drug approvals process. CNO agrees with HPRAC's assessment and would support mechanisms to reduce inefficiencies and ensure access to the most up-to-date pharmaceuticals.

Drug Approvals Framework

The report proposes the introduction of a new drug approvals framework to address concerns with inefficiencies in the current system. The proposed two-stage approach involves the creation of two new entities: a Council on Health Professions Regulatory Excellence (CHPRE) and a

⁹ In Ontario, nurses' membership in professional associations is voluntary.

Drug and Therapeutics Formulary Committee (DTFC). CHPRE would determine drug regulations (specifying “classes” of drugs approved for NP prescribing) and recommend them to the Minister for approval. DTFC would define the specific agents and drugs listed under the various classes, which would receive final approval from CHPRE.

CNO has questions about the appropriateness and feasibility of HPRAC’s proposed model. It appears that the Council’s obligations to propose drug regulations to the Ministry, and Ministry officials’ obligations to analyze those recommendations, would be shifted entirely to CHPRE. Given that Council is represented by public members and nurses, Council has the expertise, balanced with public representation, to make decisions on changes to the drug regulation. CNO recommends that Council retain its authority to approve what drug changes are forwarded to the Ministry.

The assumption underlying HPRAC’s recommendation is that the Minister would rely on the policy analysis and consultation completed by CHPRE, and therefore expedite approval of the regulation. CNO is not convinced that the two-stage process as described would be a time-sensitive improvement and it would be redundant in terms of the background work that is currently undertaken by CNO. Furthermore, it is CNO’s understanding that the regulations would still have to go through a government approval process, ultimately requiring Cabinet approval. Therefore, the process may not be expedited.

Although the intent of the new framework is to expedite changes in regulation, it is possible that what is proposed may have the opposite effect. New drug classes proposed by a College will potentially have to be vetted by three different bodies after it has gone through College processes: CHPRE, DTFC and the government’s regulatory approval process¹⁰. The process could prove to be more time consuming and resource intensive than the current system.

Drug List

Should the Minister decide to accept HPRAC’s recommendation rather than CNO’s request for broad prescriptive authority, CNO is concerned that HPRAC appears to have adopted a narrow interpretation of how regulating prescriptive authority by drug classes should be implemented. If the DTFC’s function is to define agents in the Drug List¹¹, even if that list does not need regulatory approval, it is unclear how HPRAC’s recommendations represent innovation and improvement from the current approach. The end result of HPRAC’s recommendation is status quo: a list of drugs. That the list is not designated in regulation may result in more timely updates, but having a Drug List does not address the fact that it is not possible to list every possible drug that an NP may need to prescribe in the course of her or his practice. HPRAC has recommended the use of the American Hospital Formulary Service (AHFS) to define drug classifications. CNO is supportive of this recommendation (refer to our comments under recommendation #9). CNO believes that the creation of a secondary Drug List to define drug classes is redundant and confusing to practitioners. Rather, if the AHFS formulary is endorsed, any practitioner that requires clarity as to whether a drug can be prescribed need only check that

¹⁰ Involves reviews and approvals at several levels: within the bureaucracy, by Cabinet committees and ultimately Cabinet.

¹¹ “Drug List” is to be defined in the *Regulated Health Professions Act, 1991* as a list of individual drugs that are designated by the CHPRE as falling within a class of drugs authorized to the health profession by the regulations made under the health profession Act.

they have access to the drug class according to the regulation and then verify in the AHFS formulary that the drug is categorized under that class¹².

Should NP prescribing be limited to classes of drugs designated in the regulation, CNO strongly opposes the creation of any secondary Drug List that would be needed to define the classes. If there are conditions or limitations identified within a particular class of drugs for NP prescribing, CNO recommends that these conditions or limits be placed in the *NP Practice Standard*¹³.

Drug and Therapeutics Formulary Committee

CNO is concerned that the DTFC composition recommended by HPRAC is mainly pharmacists and physicians. If government does identify the need for such a committee, to support interprofessional collaboration and retain elements of self-regulation in the process, CNO recommends that representation on the committee include all health care professionals with the authority to prescribe who will be affected by its decisions, including NPs.

Over the past nine years, CNO has used an expert, third-party, objective panel to review the recommendations of our members regarding the drugs, and laboratory and diagnostic tests that NPs should be authorized to prescribe. This expert panel parallels the role that HPRAC recommends for the DTFC. The panel includes NPs, physicians and a pharmacist, with staff support from CNO. The panel adopted principles to support its decision making and conscientiously applies those principles as they deliberate each recommendation and its merits. It is CNO's role to regulate the practice of the nursing profession. Should NP prescribing be limited to classes of drugs designated in the regulation, CNO recommends that the College remain the expert, utilizing an interdisciplinary panel, on proposing regulatory changes. The expert panel would also be used to identify any limits and conditions on prescribing that may be identified within a particular class of drug. These limits and conditions would be referenced in the *NP Practice Standard*. CNO would rather direct efforts and resources to rigorous entry-to-practice and quality assurance requirements to ensure that NPs continue to demonstrate safe and ethical nursing practice, which for them includes prescribing, than to manage inefficient lists of drugs.

Scope of Practice

HPRAC raises concerns about situations in which a profession's requests for access to drugs may not be appropriate for the profession's scope of practice. HPRAC proposes that CHPRE conduct a scope of practice review for any requests. However, given the diversity of NP practice, CNO questions whether this could occur with NPs. Unlike some of the other providers reviewed by HPRAC, NP scope of practice is not limited to a specific client population (e.g., pregnant women) or a specific health system (e.g., vision). CNO does not agree with the assumption that providing NPs with access to new drugs will expand their scope of practice. In its August 2007 submission to HPRAC, CNO described how NPs, regardless of practice setting, are fulfilling client-care needs *despite* barriers in the legislation. The premise of CNO's argument was that NPs have been routinely using medical directives to access necessary drugs and, that over-reliance on medical directives obscures accountabilities and ignores scope of practice

¹² HPRAC has suggested classes of drugs that do not exist in the AHFS (e.g., emergency drugs). These diversions from the AHFS classes are an exception, meant to support Ontario practice, not the rule. CNO is supportive of this approach *as required*. However, CNO believes that these distinctions can be defined in the regulations of the health professions who require access to these specific classes. These extraneous classes are an exception, not the rule.

¹³ Consultation is in process to identify potential conditions or limits.

competencies. Also, NPs are competent at entry-to-practice to prescribe. For these reasons, CNO does not agree with HPRAC's assumptions that changes to the NP drug list result in changes to NP scope of practice and competencies. Ultimately, NPs require access to prescribe drugs, within their professional and individual level of competency. This requirement, based on patient population characteristics and patient care need goes beyond what can be predicted by a drug approval agency.

THE PRESCRIBING AND USE OF DRUGS IN THE PROFESSION OF NURSING

- 6. Recommendation: That NPs, RNs and RPNs be authorized to dispense drugs that are prescribed by an authorized prescriber; that the authorization should be based on adherence to transparent standards of practice; that the standards of practice for dispensing drugs should be developed by an interprofessional committee; that the standards of practice be equivalent to those required of physicians; and that the standards of practice address therapeutic needs of the patient.**

Authority to Dispense

CNO supports HPRAC's recommendation that all nurses be authorized to dispense drugs that are prescribed by an authorized prescriber. Dispensing drugs was, under the *Health Disciplines Act*, a routine part of nursing practice. Following the introduction of the *Regulated Health Professions Act, 1991*, nurses continued to dispense drugs under delegation, which is an appropriate process *only* for enabling an authorized profession to transfer to nurses an activity beyond the nursing scope of practice. HPRAC's recommendation that nurses be authorized to dispense drugs is reflective of nurses' education and competencies, and health care system needs.

Standards of Practice

CNO will establish practice standards in relation to dispensing as appropriate. Currently, much of the content related to CNO's expectations surrounding dispensing is covered in CNO's *Medication Practice Standard*. CNO has a concern with HPRAC's recommendation that standards of practice be "equivalent to those required of physicians". For example, physicians may have certain accountabilities associated with their authorities to dispense drugs under the *Ontario Drug Benefit Act, 1990* that should not apply to nurses, because nurses do not have the same authorities. Consistent with interprofessional and interjurisdictional collaboration, CNO recommends that practice standards be evidence-informed and developed with input from appropriate stakeholders, including physicians. It is common practice of CNO to engage stakeholders, including other Colleges, in the development of practice standards.

Drafting

In HPRAC's drafted changes of the *Nursing Act, 1991*, the authority to dispense a drug was listed under section 4, which currently lists controlled acts authorized to all members. CNO would like to reinforce the importance of an amendment that was supported by HPRAC in its 2008 report entitled *A Report to the Minister of Health and Long-Term Care on the Review of the Scope of Practice for Registered Nurses in the Extended Class (Nurse Practitionersⁱⁱ)*, which recommends changes to the Act to explicitly list, in one section, all of the controlled acts also authorized to NPs¹⁴. This change is key to establishing legal clarity about: i) what NPs are

¹⁴ Including those accessible to other nurses, currently listed in section 4.

authorized to do, and ii) what other nurses are authorized to do on the “order” of an NP. This change will allow for subsequent amendments to the controlled acts section of Regulation 275/94 that will streamline and simplify the regulation.

- 7. Recommendation: That NPs be authorized to compound and sell drugs that are prescribed by an authorized prescriber; that the authorization be based on adherence to transparent standards of practice; that the standards of practice for compounding and selling drugs be developed by an interprofessional committee; and that the standards of practice be equivalent to those required of physicians.**

Authority to Compound and Sell Drugs

CNO supports HPRAC’s recommendation that NPs be authorized to compound and sell drugs that are prescribed by an authorized prescriber. This recommendation could provide the public with improved access to health services. Furthermore, this proposed authorization is reflective of NPs’ education, competencies and scope of practice, as well as health care system needs.

Standards of Practice

Consistent with the response to #6, CNO recommends that evidence-informed practice standards be developed with input from appropriate stakeholders.

- 8. Recommendation: That the regulation under the Nursing Act, 1991 designate drugs that NPs are authorized to prescribe by therapeutic classes; that specific agents and any terms, limitations or conditions to be attached to the prescribing or administration of drugs included in the class be determined through a new drug approvals framework; that standards of practice relating to the prescribing of drugs be developed by an interprofessional standards committee; and that NPs not be authorized to delegate prescribing authority.**

Designating Drugs by Therapeutic Classes

CNO does not support HPRAC’s recommendation to designate therapeutic classes of drugs that NPs are authorized to prescribe. It appears that CNO’s rationale for broad prescriptive authority for NPs may not have been fully investigated by HPRAC.

In June 2007, the former Minister of Health and Long-Term Care asked HPRAC to undertake a review of NP scope of practice and to review recommendations made by CNO, which included a proposal to enable broad prescriptive authority for NPs. The same letter asked HPRAC to “examine the authority given to non-physician health professions to prescribe”. Clearly, the two items overlap and HPRAC chose to encompass NP prescribing under the latter item.

In defining the non-physician prescribing item the Minister asked HPRAC to “provide advice specific to each of these professions respecting whether lists, categories or classes of drugs should be prescribed by regulation for the profession”. This wording precluded any analysis of CNO’s request for broad prescriptive authority for NPs. CNO is discouraged that the original wording of the referral was scripted with such constraint that the outcome was decided before HPRAC engaged in its work.

The report states: “HPRAC is of the view that with the introduction of a new drug approvals framework, many of the concerns about the regulation-making process will be addressed”. HPRAC has accurately pointed out that CNO has raised concerns with inefficiencies in the current process to change drug regulations. However, it is CNO’s view that HPRAC’s proposed drug approvals framework will not resolve the current issues associated with lists, will be resource intensive for all parties involved, and will become increasingly administratively laborious for all.

We wish to emphasize that CNO’s rationale for providing broad prescriptive authority to NPs did not solely rest on inefficient approval processes. A key feature of CNO’s rationale for broad prescriptive authority is that it is not possible to create a list of drugs, or drug classes, that will accommodate the practice of all NPs in Ontario¹⁵. The need to respond to the needs of clients in the healthcare system is the foundation upon which CNO made its proposal. NPs provide a wide range of health services to a diverse population in a variety of practice settings. They provide services to people of all ages, in all parts of the province, in every sector of the health system and throughout various stages of wellness to illness. Recent consultation with interprofessional health care providers made it clear to CNO that NPs require access to drugs that may be relevant to countless clinical situations - beyond what can be predicted by a list of classes. Also, HPRAC found that evaluative reviews of the implementation of nursing prescribing authority generally “identified that prescribing by nurses was well received and understood by patients and other health professionals, and provided an enhanced patient experience and continuity of care”.

Across Canada, there are differences in NP prescribing practices. Compared with Ontario, some jurisdictions have broader and more enabling prescribing authorities. For example, in Alberta broad prescriptive authority permits NPs to prescribe Schedule I drugs and blood products^{16 iii}. Also, regulations established in 2005 in British Columbia give NPs the authority to prescribe drugs specified in Schedules I, II and III of the provincial drug schedules in accordance with limits and conditions established by the College of Registered Nurses of British Columbia, which are included in the Standard and not in regulation^{iv}.

CNO views regulating NP prescribing by lists, categories or classes as inconsistent with the philosophy of self-regulation. At entry-to-practice, NPs are competent to prescribe. Throughout their practice, NPs are accountable for working within their legal scope of practice and to their individual level of competency. As previously discussed, CNO would prefer to direct resources to promoting safe and ethical practice of our members than to managing lists.

The recommendation to designate classes of drugs with specified agents that NPs can prescribe is inconsistent with HPRAC’s support for broad diagnostic authority by NPs which was noted in HPRAC’s report: *A Report to the Minister of Health and Long term Care on the Review of the Scope of Practice for Registered Nurses in the Extended Class (Nurse Practitioners^v)*. If NPs can diagnose, clients may experience delays in their treatments should NPs not be able to prescribe the appropriate and most up-to-date treatment.

¹⁵ Primary health care, adult and paediatrics (inclusive of neonatology) NPs.

¹⁶ Within the meaning of the *Pharmaceutical Profession Act*.

In 2006, CNO held a number of stakeholder consultation sessions in relation to increasing the scope of practice of NPs. In relation to broad prescriptive authority, CNO had a significant amount of support:

- The College of Medical Radiation Technologists of Ontario was supportive.
- The College of Physicians and Surgeons of Ontario expressed no objection to the changes in principle, emphasizing the need for the utmost regulatory rigour.
- The College of Respiratory Therapists of Ontario was supportive.
- The Ontario College of Pharmacists supported the proposed amendments to remove drug and diagnostic lists from legislation.
- The Ontario Medical Association strongly opposed the proposal, recommending a referral to HPRAC.

Standards of Practice

CNO's proposal for broad prescriptive authority would eliminate unnecessary restrictions to NP practice and support the provision of safe, effective and ethical client care. Should NPs be granted broad prescriptive authority, CNO will establish comprehensive requirements and practice standards, in order to fulfill its public protection mandate, ensuring transparency and public safety. As is common practice, CNO will continue to collaborate with appropriate stakeholders to inform the development of the standard.

Delegation of Prescribing

With reference to the recommendation that NPs not be authorized to delegate prescribing authority, CNO supports this recommendation. This requirement has already been identified in the proposed regulation, *Delegation for Ontario Nurses*, which was submitted to the Ministry in July 2007 and which is currently under Ministry review.

9. Recommendation: That the therapeutic classes of drugs be included in a designated drugs regulation under the Nursing Act, 1991. The specific agents and any terms, limitations or conditions attached to the authority would be developed through a new drug approvals framework. At the outset, the specific agents that could be prescribed, dispensed, sold and compounded would include those listed on pages 296-304 of the report.

American Hospital Formulary Service (AHFS)

CNO supports HPRAC's recommendation to utilize the AHFS Pharmacologic-Therapeutic Classification System. This system is widely used internationally, and is the framework for Health Canada's Notices of Compliance with Conditions and the national drug schedules adopted by most provinces, including Ontario. Other jurisdictions including British Columbia and Newfoundland use this system as their framework for listing classes of drugs. In addition, all therapeutic classes, sub-classes and sub-sub-classes have unique numbers for ease of identification. Should it be necessary to accept prescribing by class, CNO also supports the inclusion of HPRAC's three additional proposed classes of drugs to ensure that authorized health care providers have access to appropriate pharmaceuticals.

CNO supports HPRAC's inclusion of oxygen as a drug. NPs routinely administer oxygen to their clients, through appropriate authorizing mechanisms. NPs also routinely administer blood and blood products to their clients. In its report HPRAC argues that oxygen should be considered a

drug given the risks associated with it – blood and blood products have similar risks. CNO would like to recommend that an additional drug class be added: blood and blood products¹⁷. Enabling appropriate providers to order blood and blood products may improve client access to care.

Proposed Classes

Should NPs not be granted broad prescriptive authority, CNO has concerns with the therapeutic drug class list that HPRAC has identified for NPs. The classes suggested by HPRAC are simply a reorganization of CNO's current drug list, with the exception of two classes and one sub-class that have been added (HPRAC's intent is that agents for these new classes will be determined once the proposed DTFC is functional). HPRAC stated in a conversation after the release of the report that no consultation was done with NPs or CNO to consider additional classes of drugs. Furthermore, HPRAC also stated that they would have considered classes of drugs proposed by CNO had we been further along in the consultation process.

CNO's specific concerns with the proposed list are as follows:

- The proposed list is based on a list that was developed 10 years ago when Primary Health Care NPs were first regulated. It does not reflect Adult or Paediatrics NP practice.
- The current list has extensive terms, limits and conditions that currently restrict NP practice. Many of the terms, limits and conditions are not appropriate. For example salbutamol, used for the treatment of asthma, can only be initiated by an NP in an emergency or for renewal. Asthma however is a very common chronic disease that NPs deal with in practice. Practice guidelines recommend salbutamol as first line therapy for treating asthmatic patients. Currently, NPs must use medical directives to order this treatment.
- HPRAC has proposed some new conditions to the current drug list. A discussion with HPRAC has confirmed this was an oversight.
- CNO's current drug list requires updating to remove schedule 2 drugs (behind the counter drugs)¹⁸. These drugs do not require a prescription and can be ordered by NPs. Schedule 2 drugs have been included in the classes of drugs identified by HPRAC.
- Some drugs from CNO's current list were omitted from the classes of drugs identified by HPRAC for NP prescribing (e.g., Olopatadine HCL and Levocabastine HCL). A discussion with HPRAC has confirmed this was an oversight.
- The classes of drugs proposed by HPRAC suggest that a drug is limited for use by the therapeutic class it is assigned to. For example, the drug acyclovir is limited in HPRAC's therapeutic classification of anti-infective agents. In the current drug lists that NPs have access to, acyclovir can be used both as an anti-infective agent and as a skin and mucous membrane agent.

Should CNO not be given broad prescriptive authority as requested for NPs, the College recommends that the Government approve the therapeutic drug classes that CNO has identified through extensive consultation conducted between August and December 2008. The consultation was conducted in response to changes to the *Nursing Act, 1991* following amendments from the

¹⁷ Blood is defined in the *Food and Drugs Act* as a Schedule D drug.

¹⁸ The schedule 2 drugs are those defined by the National Association of Pharmacy Regulatory Authorities, see www.napra.ca

Health System Improvements Act, 2007, which enabled a regulation to be made designating individual drugs or categories of drugs.

Part of the preliminary groundwork when considering access to drug categories for NPs included reviewing the approaches and experiences of other regulatory bodies and other jurisdictions regarding NP prescribing. Interviews were also held with practising NPs (from all specialty certificates) and their interdisciplinary team members in order to understand the prescribing needs of clients of NPs.

In the Fall of 2008, CNO began consultation with key stakeholder groups including other Colleges, associations, NP educators and CNO's Expert Panel, which is used to advise on drugs and diagnostic tests that can be ordered by NPs (see Appendix A for a list of representatives). The focus of these consultations was primarily to define potential framework options for defining drug categories. Recommendations from these consultation sessions verified that the AHFS Pharmacologic–Therapeutic Classification System should be used as the framework for defining the drug categories. There was also consensus that there should be one list of classes developed that would be applicable to all NP specialties. Most participants recognized that terms, limits and conditions may have to be included for some classes of drugs. All participants supported that any term, limit or condition be identified in the *NP Practice Standard* rather than regulation. Principles for guiding the decision making of NP access to drug categories were also identified.

In December 2008, a focus group was held with representation from all the NP specialities, physicians and pharmacists to define the classes that NPs should have access to. The ground work done in the autumn of 2008 helped to frame the focus of the day. The AHFS Pharmacologic–Therapeutic Classification System was used to define the classes of drugs that would be applicable to all NP specialties. Principles for guiding the decision making of NP access to drug categories were also clarified and used to facilitate decision making (see Appendix B). This extensive consultation process resulted in a list of classes of drugs that CNO is recommending be approved by the Ontario Government for NP prescribing, should NPs not be granted open prescribing (see Appendix C for the classes of drugs recommended by CNO). Council will be reviewing prior to approving a regulation to be forwarded to Government.

10. Recommendation: That NPs be authorized to prescribe and administer drugs for use in emergency situations; and that the CNO develop additional standards of practice for emergency situations.

Authorization in Emergency Situations

CNO is neutral on this recommendation. Currently, NPs have access to the drugs that are listed for emergency situations, with the exception of oxygen, and have been safely managing these medications in their practice. CNO supports the addition of oxygen; however, given the frequent need for NPs to prescribe oxygen, CNO would not want to limit oxygen to the emergency class.

Standards of Practice

HPRAC recommends that a standard of practice require NPs to maintain current certification in basic cardiopulmonary resuscitation. CNO does not feel this is necessary because this is considered a professional responsibility for all nurses, dependent upon their area of practice and the competencies required within that practice. As self-regulating professionals, NPs are

accountable for working within their legal scope of practice and to their individual level of competency. An NP uses his or her judgement to determine whether or not he or she has the competencies to perform activities in emergency situations.

11. Recommendation: Limits for NPs related to administering a substance by injection or inhalation will remain.

CNO agrees with HPRAC. Should NPs not be granted the authority to openly prescribe, the limitation in 5.1(1), paragraph 4 of the *Nursing Act, 1991* is appropriate. However, if CNO's recommendation for broad prescriptive authority is approved, CNO would subsequently recommend that the current limitation on the authorized act of administering a substance by injection or inhalation be removed.

12. Recommendation: Standardize professional misconduct regulations related to drug authorities.

CNO supports HPRAC's recommendation for standardizing professional misconduct regulations in relation to drug authorities.

ADDITIONAL COMMENTS

CNO has identified amendments to the *Ontario Drug Benefit Act, 1990* that relate to NP prescribing, which we would like to discuss with Ministry officials. These amendments were not included in CNO's original submission or HPRAC's analysis. CNO considers these suggestions to be consistent with the overall policy intent of our original submission and HPRAC's analysis. These proposed amendments are summarized in Appendix D.

APPENDICES

Appendix A: Drug Category Consultation Participants

Practice and Education Interviews August / September 2008

Practice Settings

- *Adult Specialty*
University Health Network, Toronto
9 NPs/Advanced Practice Nurses
1 Physician
4 Pharmacists

- *Paediatrics Specialty*
The Hospital for Sick Children, Toronto
10 NPs/Advanced Practice Nurses
5 Pharmacists

- *Primary Care Specialty*
Huronian Nurse Practitioner Network, Barrie
6 NPs/Advanced Practice Nurses
1 Physician
1 Pharmacist

Educational Institutions

- Council of Ontario University Programs in Nursing, Primary Health Care Nurse Practitioner Program
- McMaster University, Advanced Neonatal Nursing Graduate Diploma Program
- University of Toronto, NP–Adult and NP–Paediatrics Program

Group Consultation Participants – Sept, 2008

- Nurse Practitioner Association of Ontario
- CNO Expert Panel (3 Primary Health Care NPs, 1 Pharmacist, and 1 Physician)
- Ontario College of Pharmacists
- Ontario Medical Association
- College of Midwives of Ontario
- Registered Nurses Association of Ontario
- College of Physicians and Surgeons of Ontario
- McMaster University
- University of Toronto
- Council of Ontario University Programs in Nursing

Drug Category Focus Group – December 2008

- 2 Physicians
- 1 Pharmacist
- 2 NP-Adult
- 2 NP-Paediatrics
- 3 NP-Primary Health Care

Appendix B: Principles Guiding Decision Making for NP Access to Drug Categories

NP Practice
<p><i>Self Regulation</i> - As self regulating professionals, all nurses are accountable for working within their legal scope of practice and to their individual competency level.</p> <p><i>Professional Accountability</i> - Each nurse is accountable to the public and responsible for ensuring that her/his practice and conduct meets legislative requirements and the standards of the profession.</p> <p><i>Interprofessional Collaboration</i> -NPs work within inter-professional teams, this is consistent with the core competencies and in accordance with the current Practice Standard. NPs collaborate with other professions and consult with physicians as part of their practice, especially in situations that are beyond a nurse’s knowledge, skills and judgment.</p>
Patient Safety
<p>Patient safety must always be observed and adhered to. As the regulatory body for the nursing profession in Ontario, CNO's role is to protect the public. This is achieved through:</p> <ul style="list-style-type: none">• setting the criteria for entry to the profession;• establishing practice standards;• administering QA; and,• enforcement.
Full Scope of Practice
<p>NPs should work to their full scope of practice.</p>
Evidence Based Practice
<p>Selected drug categories need to support evidence based practice.</p>
Cost Effectiveness /Fiscal Responsibility
<p>Need to consider cost effectiveness/fiscal responsibility.</p>
Supports all NP Specialties
<p>There should be one list of categories applicable to all NP specialties.</p>
Flexibility
<p>Flexibility in selected drug categories is required in order for NPs to prescribe for the diverse client populations and settings they serve and to improve access to care.</p>
Efficiency
<p>Access to categories of drugs that NPs can prescribe needs to be designed to be more enabling, and less restrictive thereby ensuring more timely care to clients.</p>

Clarity

If self-regulation is to be a meaningful and effective governance process, NPs require clarity regarding their authority to perform controlled acts that have become an expected, essential part of their practice. Currently NPs use medical directives to authorize the medications that are currently not regulated. However, there comes a time, in the true meaning of self-regulation, when the delegated activities need to be subsumed within the profession itself. This process then also allows CNO to establish comprehensive requirements and standards of practice, in order to fulfill its public protection mandate ensuring transparency and public safety.

Appendix C: Recommended Drug Categories to be Authorized for NP Prescribing

AHFS Classification Reference Number	Class of Drug to be Referenced in the Regulation
4:00	Antihistamine Drugs
8:00	Anti-infective Agents
10:00	Antineoplastic Agents
12:00	Autonomic Drugs
16:00	Blood Derivatives
20:00	Blood Formation, Coagulation, and Thrombosis Agents
24:00	Cardiovascular Drugs
28:00	Central Nervous System Agents
32:00	Contraceptives (foams, devices)
36:00	Diagnostic Agents
40:00	Electrolytic, Caloric, and Water Balance
44:00	Enzymes
48:00	Respiratory Tract Agents
52:00	Eye, Ear, Nose, and Throat (EENT) Preparations
56:00	Gastrointestinal Drugs
60:00	Gold Compounds
68:00	Hormones and Synthetic Substitutes
72:00	Local Anesthetics
80:00	Serums, Toxoids, and Vaccines
84:00	Skin and Mucous Membrane Agents
86:00	Smooth Muscle Relaxants
88:00	Vitamins
92:00	Miscellaneous Therapeutic Agents

*Note: Regulation for drug categories has not been submitted to the Ministry, pending Council approval and membership feedback

Appendix D: Amendments to the Ontario Drug Benefit, (1991)

Section	Proposed Change	Rationale
Definitions	Add “nurse practitioner” to the definition.	To define a term referenced in the statute.
<p>Agreement re listed substance <u>9. (1)</u> The executive officer may make an agreement with a supplier of a listed substance, providing for payment of a specified amount for supplying the listed substance to an eligible person under the direction of a physician. R.S.O. 1990, c. O.10, s. 9 (1); 2006, c. 14, s. 14 (1).</p> <p>Supplier not to charge <u>9 (2)</u> Except as the agreement authorizes, the supplier shall not charge, or accept payment from, any person other than the executive officer for supplying the listed substance to an eligible person under the direction of a physician. R.S.O. 1990, c. O.10, s. 9 (2); 2006, c. 14, s. 14 (2).</p>	Add ‘under direction of NP’.	If these include substances that NPs can prescribe, this proposed amendment will ensure that the costs of ODB-eligible substances are covered for eligible clients when ordered by an NP.
<p>Unlisted drugs, special case <u>16. (1)</u> If a physician informs the executive officer that the proper treatment of a patient who is an eligible person requires the administration of a drug for which there is not a listed drug product, the executive officer may make this Act apply in respect of the supplying of that drug as if it were a listed drug product by so notifying the physician. 2006, c. 14, s. 25.</p> <p>Listed drugs, special case <u>16 (3)</u> If a physician informs the executive officer that the proper treatment of a patient who is an eligible person requires the administration of a drug for which there are one or more listed drug products but for which the conditions for payment</p>	Add NP.	<p>NPs who determine that a specific course of treatment is in the client’s best interest are not permitted to make special-case requests for those drugs to be covered for ODB-eligible clients. This disadvantages clients because they may either be required to pay for the treatment or experience a delay in treatment because they need to see a physician to make the special-case request for a drug that the NP is authorized to prescribe.</p> <p>NPs who determine that a listed drug product is appropriate to treat a client for an indication not approved by the ODB program cannot make a special-case request for the drug to be covered for ODB-eligible clients. This</p>

Section	Proposed Change	Rationale
<p>under section 23 are not satisfied, the executive officer may make this Act apply in respect of the supplying of those listed drug products as if the conditions were satisfied. 2006, c. 14, s. 25.</p> <p>Notice to operator 16 (4) An operator of a pharmacy is not liable for contravening this Act or the regulations in respect of supplying a drug referred to in subsection (1) or a listed drug product referred to in subsection (3) unless the operator has received notice from the physician or from the executive officer that this Act applies to that supplying. 2006, c. 14, s. 25.</p>		<p>disadvantages clients. If they are unable to pay, they may opt for another form of treatment that is covered, but less effective. Or, there may be a delay in treatment because they need to see a physician to make the special-case request for a drug that the NP is authorized to prescribe.</p> <p>Amendments to 16(4) will ensure that pharmacists can dispense drugs when prescribed by NPs in the above two situations.</p>
<p>Conditions of payment 23. (1) The executive officer may require that, in respect of a specified drug product or class of drug products, specified clinical criteria must be met for the executive officer to pay an amount in respect of the supplying of that drug product or class of drug products for particular patients or a particular class of patients. 2006, c. 14, s. 28.</p> <p>Clinical criteria 23 (3) Without limiting the generality of subsection (1), clinical criteria may include,</p> <p>(b) a requirement that the use of a drug product for particular patients or a particular class of patients require a prescription from a physician or member of a class of physicians specified by the executive officer</p>	Add NP.	<p>The ODB program may consider various criteria in deciding whether a drug is covered for specific ODB-eligible clients. One of the criterion may include the requirement for a physician’s prescription for the drug. This disadvantages clients who receive health care services from NPs because they may be required to pay for drugs that may otherwise be covered if they received health care services from a physician. Or, there may be a delay in treatment because they need to see a physician to make the special-case request for a drug that the NP is authorized to prescribe.</p>

END NOTES

ⁱ College of Nurses of Ontario. *What is CNO? Developing Practice Standards and Guidelines*. Retrieved January 28, 2009, from http://www.cno.org/docs/prac/41046_fsDevelopingstds.pdf

ⁱⁱ Health Professions Regulatory Advisory Council (HPRAC). (2008). *A Report to the Minister of Health and Long-Term Care on the Review of the Scope of Practice for Registered Nurses in the Extended Class (Nurse Practitioners)*. Retrieved January 28, 2009, from <http://www.hprac.org/en/projects/resources/HPRACExtendedClassNurseReportENGMar08.pdf>

ⁱⁱⁱ College and Association of Registered Nurses of Alberta. (2004). *Prescribing and Distributing Guidelines for Nurse Practitioners*. Retrieved on February 27, 2009 from <http://www.nurses.ab.ca/Carna-Admin/Uploads/Prescribing%20and%20Distributing%20for%20NPs.pdf>

^{iv} College of Registered Nurses of British Columbia. (2006). *Standards for Nurse Practitioners for Prescribing and Dispensing Drugs*. Retrieved on February 27, 2009 from <http://www.crnbc.ca/NursingPractice/Requirements/ScopeofPractice.aspx>

^v Health Professions Regulatory Advisory Council (HPRAC). (2008). *A Report to the Minister of Health and Long-Term Care on the Review of the Scope of Practice for Registered Nurses in the Extended Class (Nurse Practitioners)*. Retrieved January 28, 2009, from <http://www.hprac.org/en/projects/resources/HPRACExtendedClassNurseReportENGMar08.pdf>