



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

THE STANDARD OF CARE.
L'EXCELLENCE EN SOINS

101 Davenport Road, Toronto, Ontario
Canada M5R 3P1 www.cno.org
Telephone 416 928-0900
Toll Free (Ontario) 1 800 387-5526
Facsimile 416 928-6507

101, chemin Davenport, Toronto (Ontario)
Canada M5R 3P1 www.cno.org
Téléphone 416 928-0900
Sans frais (Ontario) 1 800 387-5526
Télécopieur 416 928-6507

September 25, 2020

Doris Grinspun, Chief Executive Officer
Registered Nurses' Association of Ontario
158 Pearl Street
TORONTO, ON M5H 1L3

Beverly Mathers, Chief Executive Officer
Ontario Nurses Association
85 Grenville Street #400
TORONTO, ON M5S 3A2

Dear Doris and Beverly,

Re: Response to joint letter concerning changes to RPN scope of practice

We are writing in response to your letters dated September 17, 2020 and September 21, 2020 to Premier Ford and Minister Elliott regarding concerns you have over the proposed changes to the RPN scope of practice.

CNO's mandate to regulate nursing in the public interest guides the planning and decisions of CNO Council and staff when carrying out our regulatory functions. We take this responsibility seriously.

In June 2019, the College of Nurses of Ontario (CNO) received [a letter](#) from the Minister of Health asking CNO to make regulatory amendments to expand the RPN scope of practice. Since then, we have been working diligently through the legislative process to identify, develop and propose to the Ministry, for its review and approval, regulatory amendments to the *Nursing Act, 1991*, and to ensure that the regulatory requirements have appropriate safeguards in place to protect the public.

Even under current regulations, a nurse's category of registration does not determine who should provide care. Likewise, having the authority to perform a procedure does not mean that a nurse can or should perform the procedure - they must have the knowledge, skill and judgement to do so. Generally, the competency required to initiate a controlled act is learned by both RNs and RPNs through continuing competence activities and experience in practice. While both RNs and RPNs will enter practice with foundational competencies, the knowledge to initiate is built through continuous learning.

RPNs are already able to initiate some components of controlled acts. Stakeholder feedback also identified that expanding the scope of practice to enable RPNs who have the knowledge, skill and judgement to initiate these controlled acts, will provide patients broader access to competent health care.

Nursing practice and the health care needs of patients are ever-evolving. Every nurse, whether RN or RPN, is accountable for continued learning to keep pace with the latest needed competencies to continue to meet the public's health care needs. That is why, along with the changes to RPN scope, we continue to work on expanding the scope of practice for RNs to include RN prescribing, and for NPs ordering magnetic resonance imaging tests (MRIs) and computed tomography (CTs) scans, and performing point-of-care testing as requested by the Ministry. No category/class of nursing is remaining static.

In the fall of 2020, new entry-to-practice competencies were introduced for both RNs and RPNs. The changes to [RPN Entry-to-Practice competencies](#) support this advance in RPN scope by expanding the competencies related to experience, leadership, decision-making and critical-thinking skills needed to provide safe, quality care to a patient.

In the process of evaluating the regulatory mechanisms to ensure public safety, CNO had fulsome consultations with an extensive group of stakeholders including nurses, employers, associations, unions, nurse educators, clinical experts and the public.

We also met with you on two occasions to further discuss your concerns regarding the regulatory change. To maintain complete transparency, your concerns and correspondence along with all feedback and raw data from all other participating stakeholders were shared with and considered by CNO's Council.

Unfortunately, when you sent us your most recent correspondence dated September 16, 2020, we were unable to retrieve emails. We had been affected by a cyber security incident that significantly disrupted important online functions, including our email system.

In making our recommendations for proposed regulation changes in the public interest, Council considered multiple factors. Our recommendations to the Minister consider the benefits identified by other stakeholders, including those who will be most impacted by this change — nurses at the point of care and members of the public.

At their September meeting, Council members weighed the feedback from our stakeholder consultation, including feedback that opposed the changes. They discussed whether role protection, rather than public interest, was behind some of the feedback. They concluded that the proposed change would be in the public interest.

We acknowledge the distinct mandates of RNAO and ONA; however, we continue to be disappointed by your view that RN and RPN practice can only be measured by entry-level education requirements and access to controlled acts, rather than promoting the holistic and knowledge-based care that each nurse category provides to the public of Ontario. Even more concerning is the incomplete and misleading information both Associations are providing to stakeholders.

To reduce nursing practice to a handful of skills and ignore the fact that nursing is an ever-evolving knowledge-based profession is not in the best interest of patients, and would be a disservice to the nursing profession.

By working together in a meaningful way, we can achieve our common purpose of providing the best possible nursing care to the Ontario public by ensuring all stakeholders have the information and necessary supports needed to make decisions about our shared focus on patient safety.

Sincerely,



Anne Coghlan, RN, MScN
Executive Director & CEO



Sandra Robinson, NP
Council President

CC: Hon. Doug Ford, Premier
Hon. Christine Elliott, Minister of Health
Hon. Merrilee Fullerton, Minister of Long-Term Care
Helen Angus, Deputy Minister of Health
Richard Steele, Deputy Minister of Long-Term Care
Matthew Anderson, President & Chief Executive Officer, Ontario Health
Thomas Corcoran, Chair, Health Professions Regulatory Advisory Council
Morgan Hoffarth, President, Registered Nurses' Association of Ontario
Vicki McKenna, President, Ontario Nurses' Association