November 13, 2007

Health Professional Regulatory Advisory Council
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Dear Council Members:

We, the members of the Huronia Nurse Practitioner Network that comprise an organization of over 30 nurse practitioners working in the Simcoe-Muskoka and surrounding region are writing to members of council to endorse council’s acceptance of the recommendations of the College of Nurses of Ontario being the following:

A. Removing the limitations on the following controlled acts currently authorized to RN(EC):
   1. Prescribing,
   2. Communicating a diagnosis, and
   3. Administering a substance by injection or inhalation.

B. Permitting access to the additional controlled Acts:
   1. Dispensing, selling or compounding a drug,
   2. Applying a form of energy, and
   3. Setting or casting a fracture of bone or a dislocation of a joint prescribed in regulation.

C. Delegation of controlled acts

D. Change regulations 965 of PHA 1991 to provide authority for NPs (Nurse Practitioners) to treat in-patients

E. Drug and Pharmacies Act 1990- authorize NPs to compound, dispense, sell a drug

F. Change conditions to protect the public

Nurse Practitioners in our group work in a variety of health care settings that include but are not limited to: Community based care (FHT family practice offices, Simcoe Muskoka Public Health, Georgian College, Community Health Centre), hospital based care (acute care, orphan patient care, emergency, outpatient care), nurse practitioner managed clinics (Midland, Barrie), mental health and addictions (CMHA, SOS), long term care and outpost nursing stations (on an ad hoc basis). This information is provided to demonstrate the diversity of practice positions within our team.
Current legislation has been a long standing barrier to practice and has affected each and every one of the NPs in our group and ultimately affects patient care and flow through the health care system. We have had to rely on medical directives and clinical practice guidelines to facilitate the care we provide to patients. Developing directives is time consuming. It requires research, completion of the directive, an approval process and a signed authority process that is cumbersome and often outdated with advancements in health care. Directives join physicians to a responsibility for a practice that might otherwise be independent. Physicians are in opposition to supporting mechanisms that lead to potential liability. The College of Nurses supports self-regulation and will be the authority for public safety with proposed changes to the legislation.

Legislation that fails to recognize the diversity of practice settings limits the authority of NPs and advanced practice nurses to practice independently. A key example is NPs working within the hospital setting as advanced practice nurses. These nurses have expert knowledge in their practice area and continue to rely on medical directives and physician authority to deliver services to their patient populations. Herein lies the ongoing delay in timely access to service and duplication of services by physicians.

Current legislation has essentially hand-cuffed NPs in their ability to prescribe. Over the past decade only five revisions have been made to the drug list through legislation; some changes took more than two years to process. With this process, some of the drugs become outdated while others are removed by Health Canada. This process cannot keep pace with medical research nor does it support evidence based practice. As time goes on, our knowledge becomes further enhanced. We gain knowledge and understanding about our patient populations and their unique health care needs. Our need to practice at a more advanced level therefore evolves and should not be held back by legislative processes. The number of times that many of us have been with a patient only to step out in order to consult with a physician (in person, by phone, email or at a time later in the week or month) to sign a prescription that we have now gained the knowledge, skill and judgment to prescribe delays timely access to care and undermines us as practitioners. Furthermore, NPs practice in widely diverse settings and advance their knowledge of prescriptive medications in these areas. A generalized list does not recognize the uniqueness of our practices or our growing competencies in these areas. An open prescriptive list would avoid delays in patient care and duplication of services whereby a physician needs to see the same patient to prescribe medications that the primary health care NP would be best positioned to do. This same principle of open prescribing goes beyond recognizing individual strengths of a practitioner and falls in line with prescriptive practices in other provinces/territories in Canada and those practices in the USA and UK.

In many of our practices, NPs dispense medications (under medical or pharmaceutical directive). In outpost areas medications are also dispensed and compounded. NPs practicing in Public Health will soon be in a position to provide oral contraceptives to clients at a fraction of the cost. Removing this practice barrier enhances patient access to care to those more marginalized populations. Compounding is a current practice in some Community Health Centres and outpost nursing stations that provides services to marginalized populations that would otherwise be unable to afford (and in some cases access) these medications. Changes to legislation would go further to recognize the prescriptive authority that NPs already have by providing authority to dispense, sell and compound medications within the NPs scope of practice.

NPs follow evidenced based care. Evidence states that patients in our populations require Bone Mineral Density exams after menopause, CT scans with severe migraines, CT scans for
acute dementia, casting in acute care settings, setting of dislocated joints in emergency rooms, emergency administration of substances by injection or inhalation. Specialists request follow up from the primary care provider necessitating the ordering of MRI's, CT scans, cardio-respiratory tests and ultrasound to name but a few of the areas where NP scope needs to be expanded.

Many NPs work with registered nurses and registered practical nurses. We may soon be asked to work with physician assistants. In family health teams, NPs work with multidisciplinary teams. Being unable to delegate authority to other practitioners once again delays timely patient care. When NPs are unable to delegate venipuncture to a nurse for example, the NP must attend to this task on her own. As an example, RNs are skilled in venipuncture and competent to perform it. Being unable to delegate this skill to an RN delays timely access to care when the NP is left to perform this task when other patients could be seen and assessed.

We encourage the council members of the HPRAC to review public safety legislation. NPs now fall within another branch of public protection that may result in a criminal charge instead of more meaningfully being under the regulation and discipline of the College of Nurses of Ontario. The public should be protected under Practice Standards established by our regulatory body, the College of Nurses of Ontario. For NPs this makes professional sense as we continue to participate in self-regulation mechanisms established by the College. For the public, it makes financial sense to leave regulation and discipline to the College.

As a final note, we support our colleagues wishing to pursue specialty practices in the areas of paediatric, adult and anaesthetic NPs. These NPs will promote advanced practice nursing in selected specialty areas to further enhance access to timely and proficient care.

Patients are caught in the legislative queue. It is time to seriously review the impact current legislative processes have on those most in need. Changes would offer more timely access to care for patients, improving quality of care and reducing duplication of services. We must remember that it is the patient that benefits directly from the recommendations endorsed by the College of Nurses of Ontario and supported by the Huronia Nurse Practitioner Network. We urge members of the HPRAC committee to take heed to the messages from NPs as we continue to advocate for the health care needs of all Ontarians.

Sincerely,

Barbara Sbrolla RN(EC), Primary Health Care NP
Secretary, Huronia Nurse Practitioner Network

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