APPENDIX A

Referral letter from Minister of Health, June 22, 1994
Letter to RPNAO, October 28, 1994
Letter to RPNAO, September 22, 1995

94-06-22A10:13 RCVD

Ontario

Office of the Minister
Bureau du Ministre

Ministry of Health
Ministère de la Santé

Hepburn Block
Queen's Park
Toronto, Ontario
M7A 2C4
416/327-4300

Édifice Hepburn
Queen's Park
Toronto (Ontario)
M7A 2C4
416/327-4300

JUIN JUN 22 1994

Ms. Christie Jefferson
Chair
Health Professions Regulatory
Advisory Council
700 Bay Street, 14th Floor
Toronto, Ontario
M5G 1Z6

Dear Ms. Jefferson:

This letter is a referral to you concerning a separate College for Registered Practical Nurses (RPNs).

TERMS OF REFERRAL:

The referral is made in accordance with section 12 of the Regulated Health Professions Act, 1991 (RHPA).

The government made a public commitment during the legislative process before passage of the Regulated Health Professions Act, 1991 and the Nursing Act, 1991 to refer the issue of a separate College for RPNs to the Advisory Council for resolution. The fundamental question that the Advisory Council must consider is whether a separate College for RPNs would be in the public interest. That is, how would a separate college better protect the public from harm?

In your deliberations, I ask you to also consider the following in answering the above fundamental question.

1) Records of debate (if any) on the issue during the Health Professions Legislation Review (HPLR) and relevant submissions made to the Standing Committee on Social Development in 1991 prior to the passage of the RHPA.

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Ms. Christie Jefferson

2) Consumer needs.

3) The views of other regulated or unregulated professions.

4) The experience of other Canadian provinces (and elsewhere if relevant) with respect to this issue.

5) Any other directly relevant research/opinions available to the Council.

ADDITIONAL INFORMATION

The following additional information may be of benefit as background to the Advisory Council in its deliberations:

- The previous and current governments decided to implement the HPLR's recommendations for one college to govern nurses because the Review was not convinced that a separate College for RPNs would result in enhanced public protection.

- During public hearings, several presentations were made questioning this decision. Because of this concern and consistent with the view that RHPA will be "living" legislation, the current government agreed to continue to look at these concerns.

- Should the Advisory Council recommend a separate College for RPNs, it is likely that there would need to be a distinct scope of practice defined for RPNs [versus that of Registered Nurses (RNs)].

- During the HPLR, the Registered Practical Nurses Association of Ontario [RPNAO; formerly the Ontario Association of Registered Nursing Assistants (OARNA)] requested that a separate College for RPNs be established in order to be consistent with some other provinces which regulate RPNs independently. However, the Review recommended that RNs and RPNs continue to be regulated by one College, since "nursing" was viewed as one profession with a continuum of levels of expertise and there was no evidence of a strong public interest argument in favour of separate governance.

Ms Christie Jefferson

- In March 1987, the former government announced that the Ontario College of Nurses would continue to govern both RPNs and RNs. This decision was based on HPLR's recommendations:

  - RPNs are full members of the College
  - RPNs on the College Council have full voting status
  - RPNs were divided on the separate College issue
  - RNs and RPNs do not have an employer/employee relationship which might cause regulatory disagreement

- On August 27, 1991, RPNAO made a presentation to the Standing Committee on Social Development during public hearings on RHPA. They stated again that they would like a separate College. RPNAO indicated that they opposed being regulated by the College of Nurses since they alleged they would be unfairly represented due to their smaller numbers compared with RNs.

- The profession of Nursing has a single scope of practice definition for RNs and RPNs in the Nursing Act, 1991; as well, there is a single set of controlled acts for both.

- Adding complexity to the issue is the growth of "health care aides" who may also request regulation under RHPA in the future. There are additional concerns about their overlap with RPNs, labour relations issues, cost-effectiveness issues, and human resource planning issues. It is unlikely that a review of what is "in the public interest" would be complete without addressing these related matters.

- The Ontario Nurses Association (ONA) has pressed for preserving one college for both RNs and RPNs, arguing that a separate college and self-regulation for RPNs would not be in the public's interest and could have a potentially disastrous effect on the nursing profession. In a January 12, 1994 letter to the Council, ONA President Ina Caissey, RN, wrote, "In the interest of efficiency, economy and enhanced protection of the public, the current system of regulating nursing in one college must be maintained in Ontario."

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TIMEFRAME:

Given my knowledge of other important referrals already before the Advisory Council, as well as your limited resources, please advise me when I may expect your recommendations.

I have circulated this referral via a copy of this letter to the President and Registrar of all the health professional Colleges and governing bodies, asking them to make submissions to you, should they so choose, in accordance with section 13 of the RHPA.

I look forward to receiving the Advisory Council's advice on this important matter.

Yours sincerely,

Ruth Grier
Minister

cc: President and Registrar, College of Nurses of Ontario

Presidents and Registrars of all other Colleges under RHPA & governing bodies under the Drugless Practitioners Act

President, Registered Practical Nurses Association of Ontario

President, Ontario Nurses Association

President, Registered Nurses Association of Ontario

Ontario

Health Professions Regulatory Advisory Council

Conseil consultatif sur la réglementation des professions de la santé

700 Bay Street
Suite 1401
Toronto ON M5G 1Z6

700, rue Bay
bureau 1401
Toronto ON M5G 1Z6

Telephone no./N° de téléphone (416) 326-1550
Facsimile no./N° du télécopieur (416) 326-1549
TDD/ATME (416) 327-0823

October 28, 1994

Verna Steffler
Executive Director
Registered Practical Nurses Association of Ontario
5025 Orbitor Drive, Building 4, Suite #200
Mississauga, Ontario
L4W 4Y5

Dear Ms. Steffler:

As you know on June 22,1994, the Health Professions Regulatory Advisory Council received the following referral from the Minister of Health concerning a separate College for Registered Practical Nurses (RPNs):

> "The government made a public commitment during the legislative process before passage of the Regulated Health Professions Act, 1991 and the Nursing Act, 1991 to refer the issue of a separate College for RPNs to the Advisory Council for resolution. The fundamental question that the Advisory Council must consider is whether a separate College for RPNs would be in the public interest. That is, how would a separate College better protect the public from harm?"

The Minister has also asked that the Advisory Council consider a number of issues including labour relations, cost-effectiveness concerns, and human resource planning in its deliberations.

To assist the Advisory Council in developing this advice we would appreciate your response to the attached questions by January 31,1995.

While Council is guided by HPRAC criterion for self-regulation, each referral is unique and the questions posed are intended to reflect issue specific concerns including the points raised in the Minister's letter. These questions, as we have discussed, recognize that registered practical nurses are a self-regulated profession.

Our intention is to give notice of this review in November. At that time we will be requesting participation from interested/affected groups and asking which organizations or individuals would like to make a written and/or oral presentation at an open meeting to be

scheduled later. We would, of course, expect that you would make presentations at the open meeting that will be open to the public.

I want to stress that we intend to proceed in an open and accountable way. All parties, including your organization, will have access to all information we will be using to come to our decision. Your organization will also receive a copy of the submissions.

Finally, as I indicated in my letter of September 27, 1994, if after you have had an opportunity to review the questions you feel a meeting is necessary for the purposes of clarification then this will be arranged. Please confirm with Marie LeGros at 326-1554.

The Advisory Council looks forward to working with you in addressing this important issue. Thank you in advance for your cooperation and efforts to provide us with the requested information.

Sincerely,

Christie Jefferson
Chair

cc: Ruth Grier, Minister of Health
Sandra McCulloch, Health Professions Regulatory Advisory Council
Marie LeGros, Health Professions Regulatory Advisory Council

REFERRAL ON A SEPARATE COLLEGE FOR REGISTERED PRACTICAL NURSES

PART A

OVERVIEW OF RPN PRACTICE

Please answer the following statistical/demographic questions.

1. How many persons practise this profession in Ontario? How many registered practical nurses (RPNs) practise full-time and how many are part-time?

2. How many RPNs belong to your Association?

3. What percentage of registered practical nurses are working in the following practice settings:
   a) institutional settings: E.G. hospitals, nursing homes, homes for the aged, clinics;
   b) community settings: E.G. public health, CHC, HSO, other community agencies;
   c) private practice with other regulated health professionals;
   d) private practice: solo or with colleagues;
   e) other?

4. What is the geographic distribution of practising RPNs?

PART B

PUBLIC INTEREST

The Advisory Council is interested in your views on the following public interest and general information questions.

5. Please identify what RPNs do ie., treatment modalities, and services etc. Of these activities which are more likely to give rise to or cause harm?

6. Which of the activities, including controlled acts, discussed in question #5 are:

   a) self-initiated;
   b) delegated but not supervised;
   c) done under supervision?

7. Do the activities engaged in by RPNs, whether self-initiated, delegated but not supervised, or done under supervision, vary in relation to the practice settings?

   If so, please explain and give examples.

8. In 1987 the HPLR recommended that RPNs and RNs continue to be regulated under one College. Among the findings and reasons given for this decision were:

   - RPNs are full members of the College (CNO), have full voting status, are divided on the issue of a separate College and do not have an employer/employee relationship which might cause regulatory disagreement (source: Minister of Health's referral letter dated June 22,1994);
   - nursing is viewed as one profession with a continuum of levels of expertise and there was no evidence of a strong public interest argument in favour of separate governance (source: Minister of Health's referral letter dated June 22,1994);
   - clustering (RNs and RPNs) facilitates consistent standards of practice, is cost-effective, and avoids public confusion (source: Striking a New Balance: a Blueprint For The Regulation of Ontario's Health Professions).

   Please discuss any changes in regard to the 1987 findings that would now support a recommendation for a separate college.

9. Why is a separate College for RPNs in the public interest? Your answer should be based on (at minimum) the following:

   a) the public's perspective;
   b) the profession's perspective in Ontario and other Canadian jurisdictions;
   c) other professions' perspectives;
   d) the service delivery perspective;
   e) the Ministry of Health's Health Care Reform agenda;
   f) the increased public costs of a separate College.

10. Based on your answers to the previous questions what is your proposed scope of practice statement for RPNs and proposed controlled acts for RPNs? Please justify in terms of your profession's body of knowledge, education, training, skill and judgment.

11. How will your proposed scope of practice enable consumers and other health care professionals to differentiate your profession from the practice of registered nursing and understand what registered practical nurses are qualified to do?

PART C

PUBLIC PROTECTION

The Minister, in her referral, defined the public interest not just in terms of public protection from harm but rather at a higher standard of **better** protecting the public from harm.

The Advisory Council would appreciate your response to the following questions that address the Minister's concept of the public interest.

12. How would a separate College **better** protect the public from harm?

13. Given your current scope of practice and the activities identified in question #5 that cause harm, how would a separate College **better** protect the public from harm? Please explain your answer taking into account as well your proposed scope of practice.

14. What is distinctive about your education and training and resulting knowledge, skill and judgment which would suggest the need for a separate College to **better** protect the public from harm?

    In considering this question please make reference to activities which are/should be:

    a) self-initiated;
    b) delegated but not supervised;
    c) done under supervision.

15. Given the various settings in which your members practice, how would a separate College **better** protect the public from harm?

PART D

GOVERNANCE

The Advisory Council would appreciate your answers to the following governance questions.

a) Current Structure: College of Nurses of Ontario

16. If the Advisory College recommends a separate College for RPNs how do you envisage your new College cooperating and collaborating with CNO to ensure the public receives effective, efficient and quality nursing care?

17. If the Advisory Council does not recommend a separate College for RPNs what changes to the current governance structure and policies would you want to see so that CNO would be more responsive to RPNs' abilities and needs E.G., changes to council membership; staffing; standards of practice; continuing education etc.?

b) Proposed Structure: College of Registered Practical Nurses of Ontario

18. How many RPNs support self-governance?

    - members of your Association
    - practising RPNs who are not members of your Association?

19. Has the Association conducted a referendum(s) on this matter? If yes, please describe the process(es), questions asked, numbers of RPNS asked; break-down of responses between members/nonmembers.

20. What title(s) does the profession wish to protect?

21. Who else supports a separate College for RPNs e.g. other professions, unions, organizations etc.?

22. What would be the status of registered practical nurses who have completed their program as part of a secondary school diploma?

23. How do you respond to the concern that a separate college for RPNs would detract from the principle of self-regulation in that two colleges based on the same body of knowledge would offer a strong potential for disputes? How would a separate College support intra-professional cohesion?

24. Explain how registered practical nurses will be able to assume the responsibilities, including the expense, of administering their own College? Your answer should include tentative terms of separation proposals withCNO.

25. What are the current RPN membership fees? What would be the proposed RPN membership fees?

26. How would a separate College impact on the cost-effectiveness and quality of delivery of nursing services in Ontario? Part of your answer should address any relevant labour relations and health human resource planning issues.

Ministry
Health

Health Professions
Regulatory Advisory
Council

2195 Yonge Street
4th floor
Toronto ON M4S 2B2
Tel (416) 326-1550
Fax (416) 326-1549
TDD (416) 327-0623

Ministère
de
la Santé

Conseil consultatif sur
la réglementation
des professions de la santé

2195, rue Yonge
4e étage
Toronto ON M4S 2B2
Tél (416) 326-1550
Téléc (416) 326-1549
ATS (416) 327-0623

Ontario

September 22, 1995

Ms. Verna Steffler
Executive Director
Registered Practical Nurses Association of Ontario
5025 Orbitor Drive, Building 4 - Suite 200
Mississauga, ON L4W 4Y5

Dear Ms. Steffler:

Re: Referral on Separate College for Registered Practical Nurses (RPNs)

The Advisory Council has reviewed all of the participant submissions responding to your proposal for a separate College for Registered Practical Nurses (RPNs).

Based on our analysis of the submissions, as well as your Association's document, the Advisory Council believes that all of the reasons for and against a separate College have been put forward and clearly explained. To continue this discussion in a public meeting would not, in our view, elicit additional relevant information and as a result would not be a productive use of your Association's or the other participants' time.

Rather, the Advisory Council would like to build on the array of information that has been provided throughout this review process and focus our attention on remaining outstanding matters. We identify and discuss several substantive issues below that deal directly with possible changes to your Association's proposed scope of practice statement, authorized acts as well as other related issues.

(a) Proposed Scope of Practice (Statement and Authorized Acts)

The Advisory Council sees the scope of practice as a description of a profession's activities. The scope of practice statement provides protection for the public by outlining what the profession does, the methods its uses, and the purpose for which it does it (HPLR p. 15). The section on controlled acts is permissive. It outlines which of the 13 controlled acts the profession is permitted to perform.

The two sections are closely linked and support each other. When taken together, they give notice to other professions; to their own practitioners; and to the public about the nature of the services the profession is expected to provide.

HPRAC understands that a profession's scope of practice is based on the profession's body of knowledge and that body of knowledge is "distinctive and systemic in assessing, treating or serving the patents/clients and the core activities must be discernible as a clear and integrated whole and must be broadly accepted as such within the profession". (HPRAC Criteria for Self- Regulation).

Notwithstanding, the Advisory Council appreciates that the *RHPA* recognizes overlaps in scope of practice based on certain common levels of knowledge and skill. Statutory scopes of practices for professions that share common services may not be entirely distinctive but nevertheless need to be distinguishable in order to sufficiently inform the public and professions of the differences in the nature of services offered. It is our view that scopes of practice found in each of the 21 Professional Acts, even where there is obvious overlap, (e.g. dental care professions) are distinguishable.

We appreciate the various efforts made throughout your submission to articulate and clarify your organization's views about the differences between the practice of RPNs and the practice of Registered Nurses (RNs). In particular, your discussion of the Mohawk College curriculum (pp. 76-78) and comparison of RPN and RN education and training program at Humber College (pp. 88-94); your examples about the variances in RPN activities depending on setting (pp. 20-26) and RPN abilities versus RN abilities with respect to specifics treatments and care (pp. 78-81); and your interpretation of "practical" to mean "hands-on care" helped illustrate that while both RPNs and RNs share some core knowledge, skills and competencies, the range and opportunity of scope of practice for RPNs may be circumscribed to more routine and stable patient/client situations. As a result HPRAC anticipated, based on your submission, that a distinguishable scope of practice was possible.

The Advisory Council has reviewed your proposed scope of practice:

> "The practice of practical nursing is the provision of practical care to prevent illness, to promote, maintain and restore health and social well-being, to assess, provide care for and treat health conditions by supportive, preventive, therapeutic and rehabilitative means and to care for the dying by palliative means" (p. 72)
>
> Proposed authorized acts:
>
> 1. Performing a prescribed procedure below the dermis or a mucous membrane;
> 2. Administering a substance by injection or inhalation; and
> 3. Putting an instrument, hand or finger,
> (i) beyond the point in the nasal passages where they normally narrow
> (ii) beyond the larynx
> (iii) beyond the opening of the urethra
> (iv) beyond the labia majora
> (v) beyond the anal verge, or
> (vi) into an artificial opening into the body" (pp. 72-73)

It is our opinion that your proposal demonstrates no substantive difference from that of the current scope found in the *Nursing Act*. Reading the proposed scope of practice statement together with the proposed authorized acts, HPRAC is unable to distinguish the RPN scope of practice from nursing's current scope of practice. While we appreciate that standards of practice for RPNs could further specify the limits of practice, HPRAC, nevertheless, believes that statutory scopes of practice for any profession under the *RHPA* must sufficiently inform the public and the professions about the nature of

services provided. Therefore, we would appreciate it if you would reassess your proposed statement and consider revisions that would more clearly delineate RPNs scope of practice.

When considering this issue we ask you to take under advisement that defining "practical" to mean the providers of "hands-on care" does not in and of itself distinguish satisfactorily RPN practice from RN practice. While registered nurses are involved in administration teaching and research , "hands-on care" or patient/client interaction remains, in HPRAC's view, central to nursing. "Practical" needs to be addressed in other ways.

The Advisory Council also finds the introduction of "social well-being" interesting. It is our view that implicit in the current *Nursing Act's* scope statement is 'social well-being'. However, if you wish to articulate 'social well-being' in your statement; *social functioning* may be language more consistent with the *RHPA*. Further, we wonder why the phrase "care for the dying" is required before "palliative means".

With respect to the proposed authorized acts, the Advisory Council understands that both RPNs and RNs can currently perform the authorized acts identified in the *Nursing Act*. If this belief is correct we would appreciate learning why the authorized act of 'putting an instrument, hand or finger beyond the external ear canal' has not been proposed as part of RPN's scope of practice.

If your Association is unable or does not wish to revise the proposed scope of practice, in light of the above concerns, HPRAC would be interested in hearing your views with respect to alternative administrative/governance structures which could be utilized within the existing *RHPA* legislative framework.

(b) Proposed Self-Initiation of Authorized Acts

The Advisory Council understands that scopes of practice proposed during the Health Professions Legislation Review reflected the current scope of the practice of the profession. Your submission requests that RPNs be able to self-initiate certain authorized acts. For each act identified (pp. 73-74) please describe:

(1) If this reflects current practice or is an expansion of practice.

(2) What is the knowledge, skill and training required to self-initiate these acts competently? Is this knowledge and skill learned during basic education and training or is additional education required?

(3) Are there other jurisdictions in North America that allow RPNs or LPNs to self-initiate licensed activities? Please elaborate.

(c) Delegation, Assigning and Initiating

In light of the various participants' comments, the Advisory Council would welcome any additional clarifying thoughts about the RPNAO's understanding of delegation, assigning and self-initiation.

(d) Support for Self-Governance

The Advisory Council remains somewhat uncertain as to the degree of support for a separate College by all RPNs.

Your most recent survey on this issue was in February 1992. Please explain why all RPNs in Ontario were not contacted. Please provide a copy of the survey question(s) if available.

Would your Association be prepared to contract an independent organization to conduct a referendum on the question of a separate College for RPNs, if requested by HPRAC?

The Advisory Council would appreciate RPNAO's estimate of the time necessary to develop your response and revised proposals. Once completed we ask you to forward copies of your response to all participants as well as the Advisory Council. If you have any questions please contact me, Marie LeGros, or Sandra McCulloch.

Thank you for your ongoing cooperation in the public review on this important referral.

Sincerely

Christie Jefferson
Chair

cc: Debbie Tarshis