

REGULATING NURSE PRACTITIONERS

A Consultation Paper on the regulation of Nurse Practitioners and other proposed administrative changes in the *Registered Nurses Profession Act*

**Yukon Department of Health and Social Services
Yukon Department of Community Services
Yukon Registered Nurses Association**

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Currently, nurse practitioners are not regulated in Yukon. Regulation is proposed so that:

- Nurse practitioners can be empowered to practice in a wide range of settings in Yukon. Establishing the regulatory framework for nurse practitioners will provide a legal foundation to enable practice in various settings in the future.
- The public, employers and health care professionals have a clear understanding about what a nurse practitioner is authorized to do.
- Nurse practitioners who practice in Yukon have their Yukon experience recognized by the jurisdiction in which they gained their NP credential. It is through recognition in Yukon that NPs will be able to maintain their licensure in different jurisdictions, and to move easily between jurisdictions. Enabling mobility will help us to recruit and retain NPs in Yukon.

Nurse practitioners (NPs) are described as advanced practice registered nurses, who “blend their in-depth knowledge of nursing theory and practice with their legal authority and autonomy to order and interpret diagnostic tests, prescribe pharmaceuticals, medical devices and other therapies and perform procedures”¹.

Section two of this document identifies and discusses proposed administrative amendments aimed to improve the Act. These changes include:

- Giving the public the right to attend disciplinary hearings unless the Discipline Committee orders that a hearing should be private.
- Clarifying that Yukon registration is not required for Out-of-Territory nurses to enter the Yukon for short periods of engagement.
- Deletion of the words “for compensation” from the definition of nursing.
- Clarify that an applicant who is refused registration may appeal the decision to a registration appeal committee; and

¹ Canadian Nurse Practitioner Initiative (2006) [Nurse Practitioners: The Time is Now, A Solution to Improving Access and Reducing Wait Times in Canada](#). Canadian Nurse Practitioner Initiative, Ottawa: ON.

- Provide for a consensual complaints resolution process.

This paper provides a brief discussion of these issues, proposes options to address the issues and invites your opinions on the issues and options. Space is provided at the end of each section for comments; however, please feel free to attach additional pages if you require additional space.

This is the first phase of a two-phase consultation. In the second phase, comments will be invited on draft legislation.

Written comments can be sent to the following address by July 30, 2008:

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REGULATION OF NURSE PRACTITIONERS

Health Canada provided funding to the Canadian Nurses Association for a Canadian Nurse Practitioner Initiative (CNPI) to “develop a framework for the integration and sustainability of the nurse practitioner role”² . Between 2004 and 2006 the CNPI undertook a national process to identify the most effective mechanisms and strategies for integrating the nurse practitioner role throughout Canada. CNPI recommended that nurse practitioner be defined as follows:

Nurse practitioners (NPs) are registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice.³

Legislative amendment is needed in Yukon to create a class of nurse practitioners and define the process to grant NPs authority to diagnose, order tests, prescribe drugs and treatments, consistent with the legislation in other Canadian jurisdictions.

Nurse practitioners (NPs) will be regulated under the authority of the *Registered Nurses Profession Act* R.S.Y. 2002 which was enacted in 1992. Nurse practitioners are members of the nursing profession and appropriately fall within the regulatory framework for registered nurses.

1. NP Scope of Practice

The NP scope of practice must be established within the *Registered Nurses Profession Act* as the NP functions require more specific legislative authority than the current authority provided for registered nurses (RN). NPs in each of the 12 Canadian jurisdictions with NP legislation are authorized in legislation to perform at least the following three functions:

- Diagnose a disease, disorder or condition;
- Order and interpret diagnostic and screening tests; and
- Prescribe drugs and treatments

Legislation in many jurisdictions enables NPs to perform other functions as well.

It is proposed that Yukon NPs be authorized within their scope of professional nursing knowledge, skills and judgment to:

- (a) make a diagnosis identifying a disease, disorder, or condition;
- (b) communicate a diagnosis;
- (c) order and interpret specified screening and diagnostic tests;

² and ³ Canadian Nurse Practitioner Initiative (2006) [Nurse Practitioners: The Time is Now, A Solution to Improving Access and Reducing Wait Times in Canada](#). Canadian Nurse Practitioner Initiative, Ottawa: ON.

- (d) select, recommend, supply, prescribe, and monitor the effectiveness of specified drugs and treatments;
- (e) perform other procedures authorized by regulation.

The process for determining which diagnoses, tests, drugs, treatments and procedures are within the NP scope of practice is discussed in item 2, below.

Do you agree with authorizing these functions for Yukon Nurse Practitioners?
 Yes _____ No _____
 Why or why not? If not, what change do you suggest?

2. Authority for diagnosing, ordering tests, prescribing drugs and procedures

A process is needed to clearly define which diseases or conditions can be diagnosed, which tests that can be ordered and interpreted, which treatments (procedures) and drugs that can be selected, recommended, supplied, administered, prescribed and monitored by an NP. The process for establishing authority for NP practice in other Canadian jurisdictions is outlined below.

Authority	Process
Diagnostic and Therapeutics Committee	<ul style="list-style-type: none"> • Act establishes composition of Diagnostic & Therapeutics Committee (RNs, physicians, pharmacists). • Regulation gives authority to committee to establish authorized practices schedule, including tests, drugs and procedures.
Regulation	<ul style="list-style-type: none"> • Tests, drugs and procedures are specified in regulation. • In most jurisdictions, committees comprised of RNs, physicians and pharmacists are established in Act or Regulation to advise on content of regulations. • Manitoba also includes NP program faculty and government rep on ex-officio basis. • Regulations are approved by government.
RN Board, approved by Minister	<ul style="list-style-type: none"> • RN Board recommends tests, drugs and procedures, which are approved by Minister. • In New Brunswick, Therapeutics Committee composed of RNs, physicians and pharmacists established by Act recommends rules for Minister's approval. • Saskatchewan Board establishes bylaw, which requires approval of Minister.

The recommended option for a Yukon process to authorize NP functions is:

Diagnostic and Therapeutics Committee	<ul style="list-style-type: none">• A Committee established under the <i>Registered Nurses Profession Act</i>.• Membership will include standing representation from Yukon Registered Nurses Association, Yukon Medical Council, and Yukon Pharmaceutical Association.• The Committee may invite other health professions to sit on the committee when needed; for example, radiologists for discussion of issues related to medical imaging.• The Committee will approve:<ul style="list-style-type: none">– diseases or conditions that can be diagnosed,– tests that can be ordered and interpreted,– treatments (procedures) and drugs that can be selected, recommended, supplied, administered, prescribed and monitored; and– other procedures.
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Do you support this option? Why or why not?
Please provide comments or suggested changes, if any:

3. Impact on Registered Nurses

Under the Yukon *Registered Nurses Profession Act*, nursing is defined as the application of professional nursing knowledge ... for the purpose of:

- a) promoting, maintaining or restoring health
- b) preventing illness, injury or disability
- c) caring for persons who are sick, injured, disabled or dying
- d) assisting in pre-natal care, childbirth and post-natal care
- e) health teaching and health counseling
- f) coordinating health care, or
- g) engaging in administration, teaching or research to implement a matter referred to in paragraphs (a) to (f)

In Yukon, Registered Nurses (RN) have historically worked in roles that encompass a wide range of practice settings. In recognition of that range of practice, the Yukon *Registered Nurses Profession Act* was written with language defining a broad range, or “scope” of nursing practice. Employer policy provides further support to nurses practicing in what are sometimes called ‘expanded roles’ by establishing practice protocols to guide the activities of their nurse employees.

Regulation of NPs will affect RNs working in roles where the scope of practice overlaps with that of nurse practitioners, such as RNs currently working under the job titles of Community Nurse Practitioners, Yukon Communicable Disease Control Nurse Practitioners and Flight Nurses. Issues including job title and overlapping scope of practice will be addressed as outlined below.

Job title:

Once regulated, nurse practitioners will be the only group with the right to use the title “nurse practitioner”. In order to avoid infringing on this right, job titles containing the words “nurse practitioner” will change. The new job title of RNs working in those positions is being established in consultation with the RNs affected by the change.

Scope of practice:

In amending the *Registered Nurses Profession Act*, we wish to ensure that nurses practicing in what are sometimes called “expanded roles” can continue such practice. Amendments will be worded to ensure that overlapping scope of practice is allowed.

A new provision would specify RN authority to practice and NP authority to practice, each within their respective scope of practice based on their different levels of nursing education and experience. The provision would provide the specific authority for NPs to carry out NP functions of diagnosis, ordering and interpreting tests and prescribing drugs and treatments (described in Part 1 of this paper).

Employer protocols will continue to be used to guide the practice of registered nurses.

Comments on impacts on registered nurses:

Are there additional issues that will need to be addressed? _____ If so, please identify each issue and how you recommend it be addressed.

ADMINISTRATIVE CHANGES TO THE ACT

1. Private Hearings

Section 32 of the Act states that all disciplinary hearings must be held in private unless the committee determines otherwise.

In all Canadian jurisdictions and across health professions, hearings are considered to be held in public unless the discipline committee determines that there is an appropriate reason to hold the hearing in private. The purpose of holding hearings in public is to provide a higher standard of ensuring that the public interest is represented. Patient privacy would be considered to be an appropriate reason for a private hearing. The proposed amendment will provide for hearings to be held in public unless there is a reason to hold it in private. This change will bring the *Registered Nurses Profession Act* into line with the *Health Professions Act*.

2. Out-of-Territory Registered Nurse

Section 16: Out-of-Territory Registered Nurse states:

Nothing in the Act prohibits the practice of nursing in the Yukon or the recovery of fees or compensation for professional services rendered as a registered nurse by a person registered in another country, state or province and whose engagement requires that person to accompany and care for a patient temporarily located in the Yukon during the period of engagement, if that person does not represent or hold themselves out as a person registered under this Act.

The intention of this section is to enable of Out-of-Territory nurses to enter Yukon without having to register in the following types of situations:

1. organ harvesting;
2. patient(s) in need of emergency surgery (patient(s) can not travel);
3. transporting patient(s) into or out of Yukon or preparing person(s) for such transportation.

Amendments are proposed to clarify the current language. The intent will be to continue to enable nurses who are registered and in good standing in other jurisdictions to enter Yukon during the period of engagement such as those noted in the above situations.

3. Deletion of the words “for compensation” from the definition of nursing

Section 1 of the Act defines nursing as an individual who applies “...professional nursing knowledge... for compensation”. This definition does not recognize that there are situations where registered nurses practice nursing but are not receiving compensation, for example, working as a

volunteer care provider or participating in volunteer committee work related to nursing policy, nursing practice or the nursing profession.

The proposed amendment is to remove “for compensation” from the definition of “nursing”.

4. Clarify that an applicant who is refused registration may appeal the decision to the registration appeal committee

Section 12 of the Act states an applicant who is refused registration “may, by written notice, appeal the decision to the complaints committee”. The complaints committee is a standing committee of the Association, set up in regulation, to respond to matters related to professional misconduct. It is not within the complaints committee’s terms of reference to respond to issues related to registration.

The proposed amendment will establish a more appropriate committee to consider appeals of refusal of registration. The amendment would therefore:

- Require the Board to establish a registration appeal committee;
- Allow an applicant who is refused registration to appeal the refusal to the registration appeal committee;
- Empower the registration appeal committee to make any decision that could be made by the registrar;
- Require the registration appeal committee to give its decision to the applicant in writing; and
- If the registration appeal committee decides that the applicant should be registered or licensed, the committee will direct the registrar to implement the decision.

5. Provide for a consensual complaint resolution process (CCR)

Currently the YRNA Board of Directors has approved a policy on Professional Conduct Review allowing for a complaint to be resolved via a consensual complaint resolution process, prior to proceeding to the Complaints Committee.

Section 24 and 25 of the Act does not enable the use of a CCR process. The Yukon Registered Nurses Association has requested that a section be created enabling the use of CCR by a Complaints Committee prior to proceeding to the discipline committee. The proposed amendment will enhance the clarity and transparency between the legislation, regulations, bylaws and policy.

Do you agree with these proposed changes? Yes___ No___

If you do not agree with a proposed change, please indicate which you do not agree with and why.

Please indicate any additional changes that you would recommend:

This is the first phase of a two-phase consultation. In the second phase of the consultation, we will distribute the draft wording of the amendments for review and comment.

There will be the opportunity in the second phase to be consulted anonymously. Please watch for advertising in local media.

If you wish to provide your name, address and email contact, Phase 2 consultation materials will be sent to you.

OPTIONAL

Name: _____

Address: _____

Email address: _____

In order to provide a context for your responses to this consultation, we would appreciate receiving the following information about your perspective. Please check any items which describe your perspective.

Please indicate the perspective from which you have responded:

Yukon nurse _____

Yukon health care system employer _____

Yukon health care provider _____

(If so, please indicate profession/area of work) _____

Member of Yukon public _____

Non-Yukon resident _____

If you are responding from the perspective of a particular organization, please indicate the name of the organization:
