



Amendments to the Northwest Territories *Nursing Profession Act*
Discussion Paper
Document de discussion
sur les modifications proposées à la *Loi sur la profession infirmière*

Le présent document contient un introduction et sommaire en français

Prepared for the Department of Health and Social Services,
Government of the Northwest Territories by Field LLP

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I. Introduction and Executive Summary

A. Background of the Proposed Amendments to the NPA

Registered Nurses (RNs) and Nurse Practitioners (NPs) are currently regulated in the Northwest Territories (NWT) under the *Nursing Profession Act*, SNWT 2003, c 15 (NPA), which establishes the Registered Nurses Association of the Northwest Territories (RNANTNU) as the regulatory body for RNs and NPs. Licensed Practical Nurses (LPNs) are regulated separately under the *Licensed Practical Nurses Act*, RSNWT 1988, c C-2. The Government of the Northwest Territories (GNWT) Office of the Registrar, Professional Licensing, is responsible of the licensing of LPNs. Registered Psychiatric Nurses (RPNs) are currently unregulated in the NWT.

Each nursing professional¹ has a distinct role in the health-care system. However, there is a joint interest in creating consistency in the regulation of the nursing profession as a whole. This in part will be achieved through amending the NPA to include LPNs and RPNs under a single regulatory framework.

In May 2019, the GNWT Department of Health and Social Services (DHSS) and RNANTNU entered into a Memorandum of Understanding (“MOU”). The MOU recognized the benefit of standardizing the assessment of credentials and oversight of nursing practice under one regulatory structure. It was also agreed that RNANTNU would be well placed to regulate all nursing professionals in the Northwest Territories, and amendments would need to be made to the NPA in order to accommodate the regulatory changes. A working group, which included representatives from RNANTNU, was established to develop further details of key policy elements that needed to be addressed in the amendments and to facilitate further discussion. This Discussion Paper outlines these policy elements for further discussion among nursing professionals, nursing employers, other health care professionals, stakeholders and the general public.

Alongside the initiative of moving the regulation of LPNs and RPNs under the NPA, the DHSS and RNANTNU have also been considering the expansion of the scope of practice for some RNs. RNs with additional certification from RNANTNU will be permitted to prescribe medications and order limited screening and diagnostic testing. This Discussion Paper also addresses how this will be accommodated through the NPA, and practical issues and challenges that may arise with this expanded scope of practice.

The regulation of the nursing profession has a long history in the NWT, as RNANTNU was established in 1975. The regulation of professions has advanced significantly since that time, and a number of amendments should be made to the NPA to modernize the legislation, particularly with respect to the handling of complaints related to professional misconduct. With the changes that will be introduced through the inclusion of LPNs and RPNs under the NPA, it is an opportune time to revisit these provisions of the NPA in order for all nursing professions to benefit from an updated regulatory framework.

This Discussion Paper is meant to elicit your comments and feedback. Questions for consultation are listed throughout the Discussion Paper, and an index of the questions is also located at the end of the

¹ For the purposes of this Discussion Paper, references to “nursing professions” or “nursing professional” includes the collective group of LPNs, RPNs, RNs, and NPs.

paper for ease of reference. The DHSS welcomes your thoughts and contact information is provided at the end of this Discussion Paper for submissions.

B. Executive Summary- What amendments are the DHSS proposing and why?

The DHSS is proposing a single regulatory framework for all nursing professionals in the NWT. This is meant to streamline the regulation of nursing professionals in the NWT. The public will be reassured that all nurses providing care for them or their families will be held to a consistent standard and will be regulated by the same legislation, bylaws, policies, code of conduct, and standards of practice. Members of the public who are dissatisfied with the care provided by a nursing professional, may bring a complaint to RNANTNU for informal or formal resolution in accordance with the NPA.

Where there is variation among the practices of nursing professionals and unique issues needing to be addressed, separate standards, policies and guidelines may be created by RNANTNU to address those specific needs. The proposed amendments to the NPA include the following:

- Separate categories of registration in RNANTNU's Register will be created for LPNs, RPNs, RNs, and NPs.
- The scope of practice for LPNs and RPNs will be included in the NPA.
- Title protection provisions will be included in the NPA to protect the titles of "Licensed Practical Nurses" and "Registered Psychiatric Nurses".
- RNANTNU will aim to adopt a single Code of Conduct and Standards of Practice for all nursing professions.
- Existing RNANTNU policies and guidelines will be harmonized to the extent possible to apply to all nursing professions, but flexibility will remain to implement separate policies and guidelines where needed.
- The continuing competence program will be a mandatory requirement for LPNs, RPNs, RNs, and NPs.
- The NPA will set out the registration requirements for LPNs and RPNs, including the entry to practice examination - the Canadian Practical Nurse Regulators Exam (CPNRE) for LPNs, and the Registered Psychiatric Nurses of Canada Exam (RPNCE) for RPNs.
- Consequential amendments will be implemented to ensure legislation in the NWT that currently affects RNs and NPs is consistent for all nursing professionals.
- Transitional amendments will be included to minimize disruption for LPNs and RPNs currently practicing in the NWT.

In order to promote accessibility to health care services, especially in more remote regions in the NWT, the DHSS is considering expanding the scope of practice for RNs by including the ability for RNs who

have undergone additional training and certification to prescribe a limited range of medications, and order limited screening and diagnostic testing. RNs with Authorized Practice (RNAPs)² may order testing, diagnose, prescribe but will need to undergo additional certification and will be required to maintain continuing competence. These activities will be regulated by the NPA and overseen by RNANTNU. Limitations will be placed on RN prescribing, both in terms of the spectrum of medications that can be prescribed, and situations where a working diagnosis, prescribing, and test ordering can take place. This will primarily be achieved through Clinical Support Tools (CSTs) which provide detailed guidance on clinical scenarios where the RNAP may exercise their clinical skills and judgment to carry out activities which fall within their expanded scope of practice.

The NPA provides a detailed regulatory structure for complaints made to RNANTNU, but provisions can be modernized so that it is consistent with other health professions regulated in the NWT and other jurisdictions. The amendments will primarily clarify the role of the “Complaints Officer”, an officer of RNANTNU who will carry the primary responsibility of processing complaints made against nurses for professional misconduct. Informal and formal mechanisms of complaints resolution will remain, in a system where complaints are taken seriously, and those nurses who are facing a complaint are treated in a procedurally fair manner.

² The DHSS and RNANTNU are currently considering the specific title that will be given to RNs with certification to diagnose, prescribe and order testing. For the purposes of this Discussion Paper, the title of RNAP or Registered Nurse with Authorized Practice will be used to clarify the limitation in scope of practice.

I. Introduction et sommaire

A. Renseignements généraux sur les modifications proposées à la *Loi sur la profession infirmière*

Le travail des infirmiers autorisés (IA) et des infirmiers praticiens (IP) est actuellement réglementé aux Territoires du Nord-Ouest (TNO) par la *Loi sur la profession infirmière* (ci-après la Loi), L.T.N.-O. 2003, ch. 15, qui établit l'Association des infirmières et infirmiers autorisés des Territoires du Nord-Ouest et du Nunavut (ci-après l'Association) comme organisme de réglementation des IA et des IP. Le travail des infirmiers auxiliaires autorisés (IAA) est réglementé séparément en vertu de la *Loi sur les infirmières et infirmiers auxiliaires*, L.R.T.N.-O. 1988, ch. C-2. Le Bureau du registraire des licences professionnelles du gouvernement des Territoires du Nord-Ouest (GTNO) est responsable de la délivrance des licences aux IAA. Finalement, à l'heure actuelle, le travail des infirmiers psychiatriques autorisés (IPA) n'est pas réglementé aux TNO.

Chaque professionnel des soins infirmiers³ joue un rôle distinct dans le système de santé. Toutefois, il en va de l'intérêt de tous d'harmoniser la réglementation de la profession d'infirmier dans son ensemble. Cet objectif sera en partie atteint en modifiant la Loi afin d'inclure les IAA et les IPA dans un cadre réglementaire unique.

En mai 2019, le ministère de la Santé et des Services sociaux (MSSS) du GTNO et l'Association ont conclu un protocole d'entente qui reconnaît l'avantage de normaliser l'évaluation des titres de compétences et la surveillance de la pratique infirmière dans le cadre d'une structure réglementaire unique. Il a également été convenu que l'Association serait la mieux placée pour réglementer tous les professionnels des soins infirmiers aux TNO, et que des modifications devraient être apportées à la Loi afin de tenir compte des changements réglementaires. Un groupe de travail, composé notamment de représentants de l'Association, a été mis sur pied afin de définir les principaux éléments de politique qui devaient être abordés dans les modifications et de faciliter la poursuite des discussions. Le présent document de travail présente ces éléments de politique pour entamer une discussion approfondie avec les professionnels des soins infirmiers et leurs employeurs, les autres professionnels de la santé, les parties prenantes et le public.

Parallèlement à l'initiative pour faire en sorte que la réglementation qui s'applique aux IAA et aux IPA soit intégrée à la Loi, le MSSS et l'Association réfléchissent également à élargir le champ d'activité de certains IA : ceux qui détiennent une certification supplémentaire de l'Association pourraient être autorisés à prescrire des médicaments et à ordonner des tests de dépistage et de diagnostic restreints. Le présent document de travail traite également de la manière d'enchâsser ces changements à la Loi, ainsi que des questions pratiques et des écueils qui pourraient survenir avec cet élargissement du champ de pratique.

Aux TNO, la réglementation de la profession infirmière ne date pas d'hier : l'Association a été créée en 1975. La réglementation des professions a considérablement progressé depuis cette époque, et un certain nombre de modifications devraient être apportées à la Loi pour la moderniser, notamment en ce qui concerne le traitement des plaintes liées aux fautes professionnelles. Alors que nous nous apprêtons à faire appliquer la Loi aux IAA et des IPA, le moment est bien choisi pour revoir certaines de ses dispositions afin que tous les infirmiers puissent bénéficier d'un cadre réglementaire à jour.

³ Aux fins du présent document de discussion, *profession infirmière* ou *professionnels des soins infirmiers* s'appliquent indifféremment aux IAA, IPA, IA et aux IP.

Le présent document de discussion a pour but de recueillir vos commentaires et rétroactions. Les questions qui font l'objet de la consultation sont présentées tout au long du texte, et sont reprises à la fin du document pour mise en perspective. Le MSSS vous invite à lui faire part de vos réflexions; les coordonnées des personnes à qui soumettre vos commentaires sont indiquées à la fin du présent document.

B. Sommaire : quelles modifications le MSSS propose-t-il, et pourquoi?

Le MSSS propose, afin de rationaliser la réglementation des professionnels des soins infirmiers ténéois, un cadre réglementaire unique pour tous. Le public sera rassuré par le fait que tous les infirmiers qui les soignent, eux ou les membres de leur famille, seront tenus de respecter des exigences uniformes et seront régis par les mêmes lois, règlements, politiques, code de déontologie et normes de pratique. Les Ténéois qui ne seront pas satisfaits des soins offerts par un professionnel des soins infirmiers pourront porter plainte auprès de l'Association pour une résolution informelle ou formelle conformément à la Loi.

En cas de problème précis à résoudre, et lorsque les pratiques des professionnels des soins infirmiers diffèrent, l'Association peut créer des normes, des politiques et des lignes directrices distinctes. Voici certaines des modifications proposées à la Loi :

- Création de catégories d'inscription distinctes à l'Association pour les IAA, les IPA, les IA et les IP.
- Inclusion du champ de pratique des IAA et des IPA à la Loi.
- Introduction de dispositions relatives à la protection des titres dans la Loi afin de protéger les titres « d'infirmiers auxiliaires autorisés » et « d'infirmiers psychiatriques autorisés ».
- Adoption par l'Association d'un code de conduite et de normes de pratique uniques pour tous les professionnels des soins infirmiers.
- Harmonisation des politiques et des lignes directrices existantes de l'Association, dans la mesure du possible, pour les appliquer à tous les professionnels des soins infirmiers, tout en conservant une certaine souplesse pour mettre en œuvre des politiques et des lignes directrices distinctes, au besoin.
- Rendre le programme de compétence continue obligatoire pour tous les professionnels des soins infirmiers (IAA, IPA, IA et IP).
- La Loi précisera les exigences d'inscription pour les IAA et les IPA, y compris l'examen d'entrée à la pratique, l'examen d'autorisation d'infirmière auxiliaire au Canada pour les IAA, et l'examen des infirmières et infirmiers psychiatriques autorisés du Canada pour les IPA.
- Mise en œuvre de modifications conséquentes pour garantir que les lois des TNO qui concernent actuellement les IA et les IP soient cohérentes pour tous les professionnels des soins infirmiers.

- Adoption de modifications transitoires afin de minimiser les perturbations pour les IAA et les IPA qui pratiquent actuellement aux TNO.

Afin de promouvoir l'accessibilité aux soins de santé, en particulier dans les régions éloignées des TNO, le MSSS envisage d'élargir le champ de pratique des IA en leur donnant la possibilité, après avoir suivi une formation appropriée, obtenu une certification et s'être engagé à maintenir une compétence continue, de commander des tests, de poser des diagnostics et de prescrire une gamme limitée de médicaments. Ces activités seront régies par la Loi et supervisées par l'Association². Des limites seront imposées aux prescriptions des IA, tant en ce qui a trait à la sélection de médicaments qu'ils pourront prescrire qu'aux situations où ils pourront commander des tests, poser un diagnostic et prescrire des médicaments. L'encadrement se fera principalement par l'intermédiaire d'outils de soutien clinique qui fournissent des directives détaillées sur les scénarios au cours desquels l'IA peut exercer ses compétences dans le domaine et son jugement pour mener à bien des activités qui relèvent de son champ de pratique élargi.

La Loi prévoit une structure réglementaire détaillée pour recevoir les plaintes déposées auprès de l'Association; les dispositions de la Loi peuvent être modernisées afin de l'harmoniser avec la réglementation qui encadre les autres professions de la santé réglementées aux TNO et dans d'autres administrations. Les modifications clarifieront principalement le rôle du responsable des plaintes, un agent de l'Association qui aura la responsabilité première de traiter les plaintes déposées contre les infirmiers pour faute professionnelle. Notre système prend les plaintes au sérieux : les mécanismes informels et formels de résolution des plaintes resteront, et les infirmiers qui font l'objet d'une plainte seront traités de manière équitable.

² Le présent document ne précise pas le titre de poste qu'utiliseront les IA qui obtiendront une certification pour demander des tests, poser des diagnostics et prescrire des médicaments. Le MSSS et l'Association examinent actuellement quel titre de poste leur donner pour clarifier les limites de leur champ de pratique.

II. Single Regulatory Framework for Nursing Profession

A. The Benefit of a Single Regulatory Framework

Most health professions working in Canada are now self-regulated. Self-regulation is a privilege that provides a profession with significant decision making authority to implement policies and practices to regulate the profession and serve the public interest. This is accomplished by setting out registration processes, setting out standards in ethics and practice, defining the scope of practice, establishing continuing competency requirements, and setting out processes for the review of allegations of professional misconduct. The regulation of nurses varies between the provinces and territories, but there is an increased recognition in some other jurisdictions that the various nursing professions can be regulated effectively under a single framework, while simultaneously recognizing their unique educational and training backgrounds, practices and skillsets.

Three Canadian jurisdictions have moved towards regulating nursing professions under one regulator. The College of Nurses of Ontario (CNO) is the regulatory body for RNs, Registered Practical Nurses (the equivalent of Licensed Practical Nurses) and Nurse Practitioners practicing in Ontario. British Columbia recently followed suit in 2018 and the British Columbia College of Nursing Professions (BCCNP) regulates LPNs, RPNs, RNs, and NPs.

The Board of the College of Licensed Practical Nurses of Nova Scotia and the Council of the College of Registered Nurses of Nova Scotia signed a Memorandum of Understanding to work towards a joint regulatory body in 2016. As of June 4, 2019, the Nova Scotia College of Nursing has been established, and has taken over the regulation of LPNs, RNs and NPs.

The movement towards the creation of a single nursing regulator in the NWT is in part championed through the following benefits:

- The creation of a single point of registration for all nursing professionals, which will allow employers and the public to verify registration for all nurses in one central register. The public can also be assured that assessment of qualifications for individuals applying for registration will follow consistent processes.
- The creation of a single point of entry for complaints from the public, members and employers.
- Creating greater efficiency in the delivery of the regulatory mandate, including the standardization of code of conduct, standards of practice, and other guidelines that are equally applicable to all nursing professionals.
- The unification of nursing regulatory bodies to better protect the public interest and respond to changes in the health care system. Policy issues that would benefit from a nursing perspective can be directed to one regulatory body (RNANTNU), who will be responsible for ensuring that the perspectives of the different nursing professions are taken into account, and a unified position can be advanced where appropriate.

In the NWT, while LPNs were already previously regulated by the DHSS, regulation under RNANTNU will provide LPNs with increased support with respect to assessment of their competencies, and provide

additional opportunities for education programs and continuing competence. The public will be assured that LPNs working in the NWT will be regulated by an established NWT regulatory body.

The above benefits derived from a single regulator are not meant to impede any specific needs of the nursing professional groups. For example, in the event that one group of nursing professionals carries out unique clinical activities, the regulatory body can address these specific issues by developing separate standards. However, all nursing professionals should keep in mind that the primary purpose of the nursing regulator will be the protection of the public interest. The nursing regulator's role is not one of general advocacy for the nursing profession or any specific group of nursing professionals.

B. Amendments to the NPA

The creation of a single regulatory framework will have a more limited impact in relation to RNs and NPs as compared to the other two nursing professions, as they are already regulated under the NPA and by RNANTNU. LPNs and RPNs will become true self-regulated professions, and will need to adapt to a new regulatory environment, and to gain familiarity with new legislation, regulations, bylaws and policies. In order to achieve this transition and create consistent regulatory elements across all nursing professions, a number of amendments will need to be made to the NPA. The current *Licensed Practical Nurses Act, RSNWT 1988, c C-2* (and regulations) will also need to be repealed.

i. New Registration Categories

RNs and NPs currently apply for registration under the NPA, and upon successful registration, they are entered into a Register which is maintained by the RNANTNU. Information contained in the Register is outlined in the RNANTNU bylaws. There are currently two Registers: one for RNs, and one for NPs. Amendments will be made to the NPA to create two additional Registers: one for LPNs and one for RPNs.

From a practical perspective, annual renewal registration fees for LPNs will increase and RPNs will need to start paying these fees to RNANTNU instead of to a regulatory body in another jurisdiction. The current application and renewal fees for LPNs under the *Licensed Practical Nurses Fees Regulations, NWT Reg 074-2018* is set at \$54. While new registration fees for LPNs have not been set at this point, it is expected that registration fees will be higher. As a comparison, initial registration fees with the RNANTNU for RNs were \$911.51 in 2019 (includes registration with the CNA and Canadian Nurses Protective Society). Registration fees for health care professionals working for the DHSS as well as the Health and Social Services Authorities are usually covered by the GNWT as part of the employment contract benefits. Costs may also be offset due to the fact that extra-provincial registration will no longer be required for LPNs. However, LPNs employed with certain non-profit organizations or private employers may not have their registration fees reimbursed.

ii. Addition of Scope of Practice for LPNs and RPNs

The scope of practice outlines the range of activities that a nursing professional is permitted to perform. There may be overlap between the scope of practice between the different nursing professions, as more than one nursing profession may have the education, training and skills to perform a specific activity. The scope of practice is usually included in the regulatory legislation and may be expanded upon in the regulations as well as discussed in further details in the policies of the regulatory body. The regulatory

body may provide additional detail about the limits and conditions on the scope of practice through policies and other guiding documents.

Employers may also limit the types of activities that may take place within the workplace depending on factors like the patient population, clinical environment, and support available for the nursing professional to carry out the activities in question.

The NPA currently sets out the scope of practice for RNs and NPs, but the current LPNA does not specifically reference a scope of practice or provide a definition of practical nursing or licensed practical nursing. This is a gap that the GNWT will be addressing in the amended NPA. It is proposed that the NPA be amended to include a scope of practice for LPNs and RPNs, with language that is consistent with the scope of practice currently outlined for RNs and NPs. The proposed scope of practice for LPNs and RPNs under the NPA is as follows:

LPNs will apply nursing knowledge, skills and judgment:

- a) to promote, maintain and restore health with a focus on stable and predictable states of health;
- b) to prevent and alleviate illness, injury and disability, with a focus on stable or predictable disorders and conditions;
- c) to assist in prenatal care, childbirth, and postnatal care;
- d) to care for the terminally ill and the dying;
- e) in the coordination of health care services;
- f) in administration, supervision, education, consultation, teaching, policy development and research with respect to any of the matters referred to in paragraphs (a) to (e)

RPNs will apply nursing knowledge, skills and judgment:

- a) to promote, maintain and restore health with a focus on psychosocial, mental or emotional health;
- b) to prevent and alleviate illness, injury and disability, with a focus on psychosocial, mental or emotional disorders and conditions and associated or comorbid physiological conditions;
- c) to care for the terminally ill and the dying;
- d) in the coordination of health care services;
- e) in administration, supervision, education, consultation, teaching, policy development and research with respect to any of the matters referred to in paragraphs (a) to (e);
- f) to dispense, compound and package drugs where the bylaws so permit.

Question #1- Does the proposed scope of practice for RNs and LPNs adequately describe the work that is performed by these nursing professions? If not, what changes should be made?

iii. Title protection provisions to protect the titles of “Licensed Practical Nurses” and “Registered Psychiatric Nurses”

Title protection is a component of professional regulation which requires anyone using a specific professional title to be registered in the Register. A protected title means that a patient is able to

identify the different types of professionals, and distinguish between those who have been deemed qualified to provide a particular professional service, and those who have not gone through the process.

The scope of title protection can be broad or narrow. For example, the specific title of a profession can be protected, or a broader provision can be introduced which prevents an individual from “holding oneself out as” a particular profession. Enforcement can be carried out relatively easily if someone is not authorized to use a protected title. The public is reassured that they are dealing with a member regulated by a college or professional body, who is subject to a complaints process if they are practicing incompetently or unethically.

LPN’s title protection would continue under the proposed amendments to the NPA while title protection would be added for RPNs. This means that the titles of “Licensed Practical Nurse” or “L.P.N.” will be protected along with “Registered Psychiatric Nurse”, “Reg. P.N.” or “R.P.N.”.

iv. Single Code of Conduct will be adopted for all nursing professions

A code of conduct provides guidance to a nurse’s decision making process to help them meet their professional obligations. The national professional body of each nursing profession (Canadian Nurses Association (CNA), Canadian Council for Practical Nurse Regulators (CCPNR), Registered Psychiatric Nurse Regulators of Canada (RPNRC)) has currently developed their own separate codes.

RNs and NPs regulated by RNANTNU currently follow the latest edition of the CNA *Code of Ethics for Registered Nurses* (2017). LPNs are currently not bound to follow any code of ethics, although the GNWT is a member of the CCPNR. LPNs and RPNs will be required to follow a code of conduct once they are brought into the NPA and regulated under the RNANTNU.

Although there currently is no one consistent code that is being used by all nursing professions in the NWT, the elements of the code of conduct developed by the nursing profession professional bodies are similar, and there is a movement towards the creation of a single code. Ontario has developed the *Code of Conduct for Nurses* which is applicable to all nursing professions in the province. RNANTNU plans on adopting a Code of Conduct applicable to all nursing professionals working in the NWT. The RNANTNU can either adapt the existing Canadian Nurses Association Code of Ethics (2017) to apply to LPNs and RPNs. Alternatively, in the event another regulatory college or national professional body has developed a suitable single code, the RNANTNU can modify and adopt the same.

v. Single Standards of Practice will be adopted for all nursing professions

All nursing professions will be expected to perform at a consistent level in relation to their clinical skills and judgment. Standards of practice set out the level of performance that nursing professionals are expected to achieve. Standards provide clarification to the public as to what is expected of the profession and also provide guidance to members of the profession for what is expected of them. Similar to the code of conduct, adherence to standards of practice is expected by the regulatory body, and failure to follow the standards could result in a finding of professional misconduct.

Different jurisdictions have taken different approaches with standards of practice. In Ontario, where the CNO regulates LPNs, RNs, and NPs, a single set of standards has been developed, applying to all nursing professions. In contrast, the BCCNP has retained separate professional standards for RNs, NPs, RPNs and LPNs which had previously been published by the nursing colleges prior to their amalgamation in 2018. Where separate standards do exist, they usually deal with consistent themes.

RNANTNU has recently updated *the Registered Nurses Association of the Northwest Territories and Nunavut Standards of Nursing Practice for Registered Nurses and Nurse Practitioners*, centered around four main principles: responsibility and accountability, knowledge-based practice, client-centered practice, and professional relationships and leadership. Harmonizing standards is desirable for consistency of care among all nursing professionals. As a result, RNANTNU will develop and adopt one standard of practice to apply to all nursing professionals.

It is proposed that existing RNANTNU guidelines and practice documents used to assist in guiding nursing practice be harmonized to the extent possible to apply to all nursing professions, but flexibility will remain to implement separate guidelines where needed.

Question #2- Are there differences in practices between LPNs, RPNs, RNs, and NPs that should be accounted for in the code of conduct, or standards of practice? Or can universal principles be applied?

Question #3- Are there any separate RNANTNU bylaws or standards that need to be developed specifically for LPNs and RPNs?

vi. Continuing competence program will be a mandatory for all nursing professions

The NPA provides RNANTNU with the authority to set out continuing competence requirements through bylaws, and may make the program mandatory for RNs, NPs, or temporary certificate holders. A complaint may be made against a nursing professional in the event that he or she fails to comply with the requirements of the program.

RNs and NPs are currently required to submit a Continuing Competence Plan on an annual basis, which includes a self-assessment tool, and identification of learning needs (RNANTNU Registration Policy R11 Continuing Competence Plan (CCP)). RNANTNU has further outlined currency of practice requirements in their bylaws for both RNs and NPs (Bylaw 4 Continuing Competence). Currency of practice is demonstrated by satisfactory evidence of one of the following:

- a) Engagement in practice of nursing as a RN for at least 1125 hours in the past five years; or, if a nurse practitioner, engagement in the practice of nursing as a nurse practitioner for at least 1125 hours in the past four years;
- b) Successful completion of a refresher course in nursing satisfactory to the Registrar or Registration Committee within the last 12 months;
- c) Successful completion of a program of nursing studies satisfactory to the Registrar or Registration Committee within the last 12 months; or
- d) Engagement in a combination of nursing practice and education considered by the Registrar or Registration Committee to be equivalent to at least one of (a), (b), or (c).

Continuing competence programs will be established for both LPNs and RPNs, with the intent of creating a consistent continuing competence program for all nursing professions. Consequently it is proposed that LPNs will be required to increase from 750 hours to 1125 hours to demonstrate continuing competency. Harmonizing continuing competence programs for nursing professionals is desirable for consistency and to ensure quality of care by all nursing professions.

Question #4- Should continuing competence requirements be standardized for all nursing professions (in terms of hours and nature of acceptable continuing education activities)?

vii. Entry to practice examinations will be set out for LPNs and RPNs in the NPA

Entry to practice examinations provide the public with assurance that the new practitioners have the required entry-level theoretical knowledge and competencies. Regulators are able to utilize the examination as a basic registration criteria, as the examination is typically standardized across Canada.

It is proposed that national examinations for LPNs and RPNs be designated as part of the entry to practice requirements. The NWT is required to adhere to labor mobility agreements and facilitate the movement of professionals across provinces with minimal barriers, and therefore, the adoption of the national examination (a requirement that is usually required for registration in other jurisdictions as well) would be in keeping with the principles of labour mobility.

The NPA allows RNANTNU to establish bylaws in relation to the membership examinations. RNANTNU Bylaw 2- Registration indicates the RNANTNU Registration Committee will make recommendations to the RNANTNU Board with respect to examinations that must be written for registration. The Canadian Practical Nurse Regulators Exam (CPNRE) or equivalent and the Registered Psychiatric Nurses of Canada Exam (RPNCE) will be accepted as the entry to practice examination for LPNs and RPNs, respectively. Additionally, existing RNANTNU registration policies will be reviewed and the registration requirements for LPN and RPN will be integrated into the policies.

viii. Transitional and consequential amendments to the NPA

A number of transitional and consequential amendments will be made to the NPA to ensure consistency of the regulatory framework. The intent is to ensure that all nursing professionals will be subject to the same provisions of the NPA relating to all aspects of regulation including registration, and review of conduct.

These terms will need to be included in the NPA to create inclusive definitions for the four regulated nursing professions.

- A definition of “Nursing Designation” will need to be added to include LPNs, RPNs, RNs, and NPs.
- A definition of “Registrant” will need to be added to mean “registered nurse, nurse practitioner, licensed practical nurses, registered psychiatric nurses and temporary certificate holders whose names are entered in the register.

As LPNs are not currently regulated under the NPA, it is important that they be transitioned to the NPA with minimal disruption in their licensing status. As a result, LPNs will need to be grandfathered in to the new regulatory framework. The proposed transitional provisions would include the following:

- If an LPN was registered under the LPNA, they will become registered under the NPA and have the same privileges and be subject to the same conditions or restrictions that applied to their license under the LPNA.
- On the coming into force of the NPA, any applications for registration (including renewals of registration) that have not been concluded under the LPNA, will be completed in accordance with the LPNA.
- On the coming into force of the NPA, any proceedings which are ongoing under the LPNA will be concluded in accordance with that Act. Any complaints made against an LPN after the amended NPA comes into force (including complaints about conduct occurring all or partly before the coming into force of the NPA) will be dealt with under the NPA and not the LPNA.
- Provisions will be included in order for all LPN registration records from the DHSS to be transferred to RNANTNU. RNANTNU will have custody and control of records including current and former complaints of professional misconduct made against LPNs, current and former applications for registration, register or material relating to registration (including conditions, restrictions and limitations).

The addition of LPNs and RPNs will also require amendments to NWT legislation aside from the NPA. These consequential amendments will include the following:

- *Mental Health Act*, SNWT 2015, c 26- NPs and RNs are currently included in the definition of “health professional” under the Act and *Mental Health Act General Regulations*, R-050-2018, and therefore, are permitted to complete a number of activities under the Act, including the initial examination of an individual to determine if an involuntary psychiatric assessment should be required to assess the necessity of involuntary admission. The *Mental Health Act* will need to be reviewed as a whole to determine the extent of a RPNs involvement in the roles and responsibilities outlined in the Act and its regulations, and amended accordingly.
- *Emergency Medical Aid Act*, RSNWT 1988, c E-4- the Act provides statutory immunity for nursing professionals providing emergency medical services in certain situations. Section 1 of the Act will need to be amended to expand the definition of nurses to include LPNs and RPNs.
- *Evidence Act*, RSNWT 1988, c E-8- s. 13(d)(i)- the Act currently indicates that a witness in a legal proceeding is not liable to be asked any questions relating to proceedings that have been before a quality assurance committee, or produce quality assurance records. The definition of “legal proceeding” includes a hearing respecting the conduct or competence of a health care professional. The Act currently defines health care professional to include a person who “is registered in the Nursing Register or the Nurse Practitioner Register under the *Nursing Profession Act*...”. This definition will need to be amended to include LPNs and RPNs.
- *Public Health Act*, RSNWT 2007, c-17- the Act, among other things requires “health care professionals” to report certain information about notifiable diseases and conditions. Health care professional is defined under s. 1 and will need to be amended to include LPNs and RNs.

Question #5- What additional issues need to be considered when grandfathering in LPNs and integrating RPNs into the NPA?

ix. Future considerations in telehealth

Finally, the practice of nursing constantly evolves with emerging technologies, including telehealth. Telehealth provides access to health care in remote communities and even urban centres that do not have the benefit of certain specialities. However, it also represents some challenges from a professional regulatory perspective.

For example, a health care professional may be located in another jurisdiction providing telehealth services to an individual physically present in the NWT. A jurisdictional question arises as to whether the health care professional is regulated by the NWT where they are providing services or the jurisdiction that they are situated and licensed in. Implementation of telehealth programs will require discussion about what qualifications a health care professional will need to provide health care in the NWT, and what regulatory body will have jurisdiction over the health care professional's activities. RNANTNU will be considering these issues in greater detail in the future. The NPA will be amended to allow RNANTNU to establish bylaws relating to the use of telehealth nursing services.

Question #6- What regulatory issues should RNANTNU consider in relation to the use of telehealth services? (e.g. level of training required for nurses, limitations on circumstances that telehealth can be used, or types of patients that may be assessed)

III. RN Prescribing and Test Ordering in the NWT

A. Introduction and Background

NPs working in the NWT currently have the authority to diagnose, order screening and diagnostic testing, and prescribe as authorized in the guidelines approved by the Minister. The guideline making authority of the Minister is outlined in the NPA. In contrast, RNs have the ability to dispense, compound, and package drugs where the bylaws permit (RNANTNU Bylaw 21- Dispensing, Compounding and Packaging Drugs). Bylaws respecting the dispensing, compounding, and packaging of drugs need to be approved by the Minister. Bylaw 21 indicates that an RN may currently dispense, compound, or package drugs in accordance with:

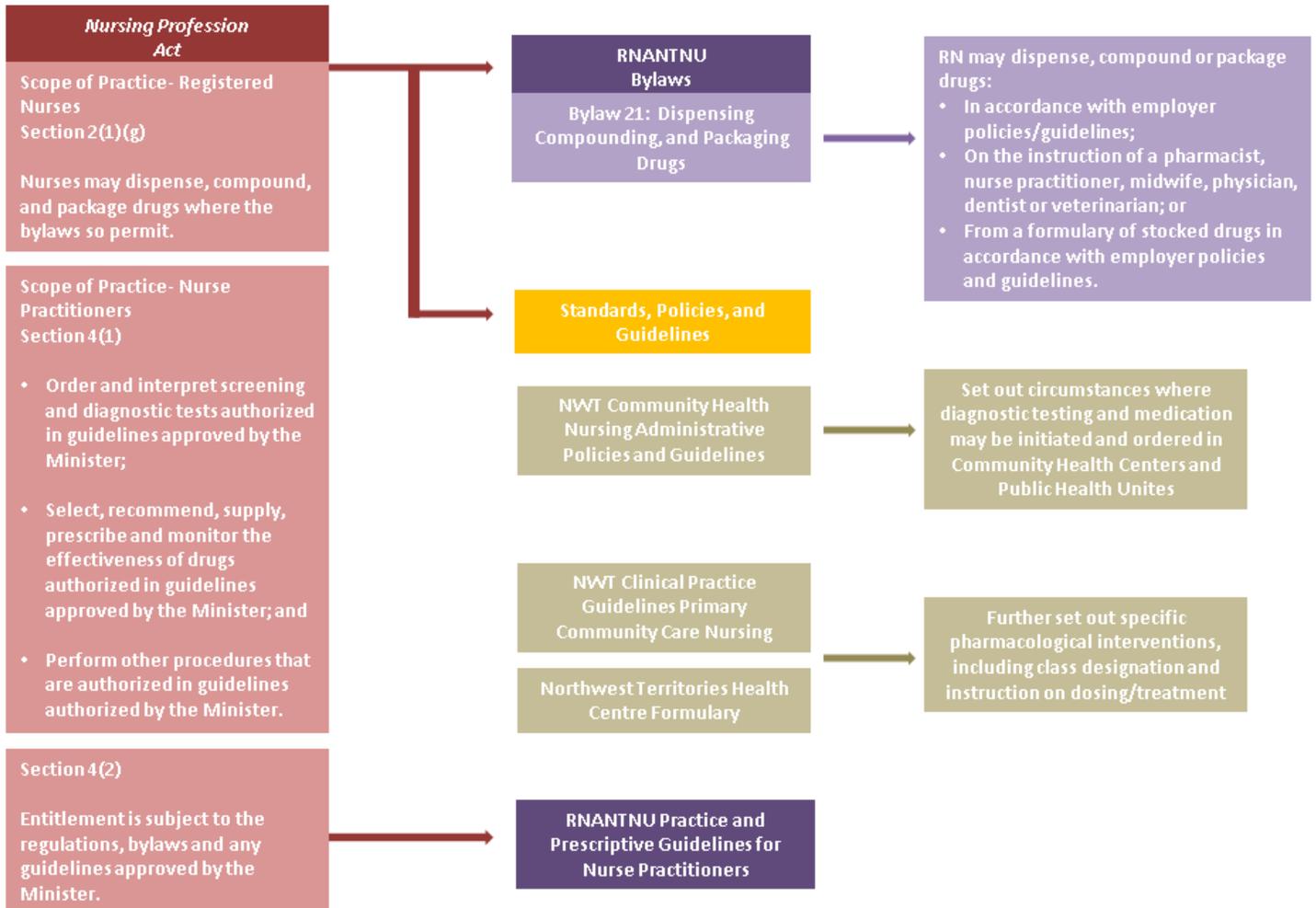
- Employer policies/guidelines;
- On the instruction of a pharmacist, NP, midwife, physician, dentist or veterinarian; or
- From a formulary of stocked drugs in accordance with employer policies and guidelines.

RNs must always have the specific knowledge, skills and judgment to dispense, compound, or package the drug safely, effectively, and ethically in accordance with the requirements of the policy and standards of practice. RNs may also perform certain expanded clinical actions under medical directives and standing orders.

The *NWT Community Health Nursing Administrative Policies and Guidelines* (the “Administrative Guidelines”) set out generally the circumstances where diagnostic testing and medications may be initiated and ordered by an RN. These policies and guidelines are authorized for use in Community Health Centers and Public Health Units. Under the Administrative Guidelines, RNs are able to initiate a limited number of laboratory studies, x-ray procedures, perform preliminary assessments, dispense, compound, and initiate drugs in defined circumstances. These Administrative Guidelines are further supplemented with the *NWT Health Centre Formulary* and the *NWT Clinical Practice Guidelines for Primary Community Care Nursing* (the “Clinical Guidelines”) which provide specific guidance on common health problems and conditions seen in adult and pediatric patients, and outline the interventions that RNs practicing in community care settings may initiate. The Clinical Guidelines are meant to be used in situation where access to a physician or an NP may be limited.

The Clinical Guidelines provide descriptions, symptoms, differential diagnosis, diagnostic tests, treatment guidelines, and other information for a wide range of common ailments. Where appropriate, the Guidelines provide pharmacologic interventions, including class designation, and instruction on dosing/treatment. Where pharmacological interventions are permitted, the class designation is usually highlighted, which dictates whether a drug can be administered by an RN alone, or whether a prescription is needed. The *NWT Health Centre Formulary* sets out this classification in detail.

The current regulatory framework for RN and NP prescribing and diagnostic testing can be summarized as follows:



As part of the amendments to the NPA, the DHSS is reviewing the ability for RNs working in the NWT to become certified to prescribe drugs and order certain diagnostic and screening tests. It is proposed that these RNs be known as Registered Nurse Authorized Practice (RNAPs). One of the main objectives of introducing RNAPs into the health care system is to improve access to services for NWT residents, especially those living in remote communities. The introduction of RNAPs is meant to be complementary to the current practice in remote practice where the Clinical Guidelines already apply, and is not meant to displace the roles of any other health care professionals. Successful implementation of the RNAP model will require the collective effort to of the DHSS, RNANTNU, nursing employers, and health care professionals.

B. Amendments to the NPA to Implement the RNAP Model

RN prescribing and test ordering has been implemented to varying degrees in other jurisdictions. The jurisdictions that currently have certification programs that allow RNs to work with an extended scope of practice (sometimes also referred to as Registered Nurses with Authorized Practice or Registered

Nurses with Certified Practice) are British Columbia, Alberta, Saskatchewan, and Manitoba.⁴ There is no standardized process for certification of RNAPs, nor is there a consistent standard of practice for RNAPs. As a result, the specific medications and types of diagnostic testing that fall within the RN's scope to prescribe and order also varies between jurisdictions. Some jurisdictions have also focused the scope of RNAPs on specific areas of health. For example, in Manitoba, RNAPs have a focus in travel, reproductive health, or diabetes health. It is also common for RNAPs to work primarily in underserved regions of the jurisdiction.

There is currently no consistent education program for RNAPs. Each province has developed courses within their own technical institutes, colleges, or universities with an emphasis on pharmacotherapeutics, and clinical skills like patient assessments, consultation, follow-up and referral. Courses are targeted on the specific diseases and conditions that the RNAP will likely encounter in their clinical practices following certification. Coursework usually involves in-class/online work with clinical components.

It is proposed that the NPA be amended to allow RNAPs to develop a working diagnosis for a number of common diseases and conditions, order and interpret limited screening and diagnostic tests, and prescribe a selected range of drugs and/or supplies upon the RN being certified for advanced prescribing. The aim of the DHSS is to create a model that is relevant, safe, and accessible to the needs of NWT residents. RNAPs would practice across the NWT according to their education, training and abilities, and in accordance with written policies of their employers.

i. Expansion of the scope of practice for RNs and protected title

The DHSS is proposing amendments to the NPA that will clearly provide the authority for RNs that meet the prescribed requirements and who have obtained their certification to act as an RNAP, to diagnose, order diagnostic testing, and prescribe drugs. RNANTNU would be given the authority to create new bylaws with respect to these activities, upon the recommendation of the Minister. It is important that the extended scope be explicitly referenced in the legislation in order to allow the public to clearly understand what activities RNAPs will be able to perform. Bylaws will also be made available online which will further detail the general scope of practice for RNAPs, and the limitations to the RNAP's ability to provide a diagnosis, order and interpret testing, and prescribe drugs or supplies.

Limitations will not be placed on the geographical scope of RNAPs in the NWT, as there can be a role for RNAPs in both remote and urban settings. However, RNANTNU must be satisfied on certification of the RNAP that the employment setting that the RNAP is proposing to work in has adequate policies and procedures in place to support the RNAP.

RNANTNU will also be given the ability to establish CSTs through bylaws, although they will only be made upon recommendation of the Minister. The involvement of the Minister will ensure that there will be continued collaboration between the DHSS and RNANTNU on the important policy issues that need to be discussed before a CST is finalized. The Minister is currently already involved whenever

⁴ Not all jurisdictions use the title of Registered Nurses with Authorized Practice. However, for the purposes of this paper, a reference to RNAP means an RN working in a jurisdiction with an extended scope of practice to prescribe drugs and order diagnostic testing.

RNATNU makes bylaws respecting the dispensing, compounding and packaging of drugs by registered nurses.

CSTs will be vital in allowing RNAPs to exercise their discretion to carry out their expanded scope of practice, while placing limitations on the clinical situations where this may take place. For example, CSTs may guide prescribing decisions and the ordering of diagnostic testing through a form of protocol or algorithm.

The importance of title protection was described earlier in this Discussion Paper. RNs who have obtained additional certification to carry out authorized prescribing are sometimes referred to as RNs with Authorized Practice (RNAP) or RNs with Additional Authorized Practice (RNAAP) in other jurisdictions while in the NWT, it is being proposed that they be referred to as RN Authorized Practice to clarify the limitations in scope of practice. While this terminology is being adopted, not all jurisdictions have reserved the title of "RNAP" in their regulatory legislation. Despite the lack of consistency in the title used for nurses with authorized prescribing across Canada, it is important to clarify to the public which nurses have satisfied the additional education and training requirements to obtain the designation. Nurses who have not obtained the additional qualifications should not be entitled to describe themselves as a RNAP.

Question #7- What are some ways that RNAPs can be integrated effectively into a multidisciplinary health care setting?

Question #8- How can a RNAP model be delivered in a way that is responsive to the needs of the population?

Question #9- How can the public be educated about the role of RNAPs to gain trust and confidence?

Question #10- What can employers do to support RNAPs in clinical practice?

Question #11- What content should be included in CSTs to ensure that nurses are diagnosing, ordering testing, and prescribing appropriately? Who should be responsible for the development and review of CSTs?

ii. Certification requirements and the Education Advisory Committee

The RNANTNU will have primary responsibility for the certification of RNAPs. Evaluation of an applicant's prior education will be a central part of the certification process. The Education Advisory Committee of the RNANTNU is already established in the NPA as the body responsible for the recommendation of standards of education to the RNANTNU Board of Directors, and is also responsible for recommending a process for the approval of nursing education programs to the Board of Directors. The Education Advisory Committee will therefore recommend to the RNANTNU's Board of Directors the certification criteria required for RNAP educational programs.

The Education Advisory Committee will be responsible for reviewing existing programs from other jurisdictions to determine whether they would be suitable for the areas of practice that will be the focus in the NWT (described further below). While certain portions will likely be adaptable, there are some

components of the education programs that would need to be created specifically for the NWT, like for example, legal and ethical considerations where the NWT would have a separate legislative framework.

Question #12- What components do you think are critical to an education program for RNAPs?

iii. Continuing competence program

RNANTNU has the authority to establish or adopt a continuing competence program through the creation of bylaws. Continuing competence programs are already in place for RNs and NPs, and additional requirements will be outlined for RNAPs as it is important for RNAPs to have continued exposure to the specialized skills and practices that they take part in, emerging medications, technology and practices, along with their regular nursing duties. A number of different components will be utilized in the continuing education program, including a minimum number of practice hours that an RNAP must achieve to maintain certification.

Question #13- What components do you think are critical to a continuing competence program for RNAPs?

iv. RNAP and prescribing practices

RNAPs will generally not be permitted to prescribe controlled drugs and substances⁵, with the exception of a limited class of controlled drugs that are already being dispensed by nurses pursuant to the Clinical Guidelines. Addition of any further drugs and substances to the list that RNAPs can prescribe will only be done following further review by an interdisciplinary team of health care professionals, and revision of the appropriate bylaws and guidelines.

The intent is to restrict the prescription of controlled drugs that represent a heightened risk for patients when used in error, while still providing residents of remote communities with access to drugs that they may need in a timely manner. RNAPs will be expected to exercise judgment in evaluating a patient's condition, understand the limitations of their prescribing abilities, and seek additional consultation where clinically appropriate. They will adhere to the drugs and testing identified in the CSTs, and deviation from the CSTs will not be permitted.

Determination of what drugs may be prescribed by RNAPs will be decided following further consultation with an interdisciplinary team of health care professionals.

Question #14- What restrictions should be placed on the types of testing that an RNAP may order?

Question #15- What restrictions should be placed on the types of drugs that an RNAP may prescribe?

Question #16- Is the term Registered Nurse Authorized Practice the most appropriate term to use?

⁵ Controlled drugs and substances are those drugs and precursors (chemical compounds used to create drugs) that are listed and regulated under the federal *Controlled Drugs and Substances Act*, SC 1996, c 19, and its regulations.

IV. Modernization of Professional Conduct Provisions

A. Background of NPA Review of Conduct Provisions

The NPA already contains a detailed framework to deal with complaints of professional misconduct made against RNs and NPs. As the regulatory body of RNs and NPs, RNATNU is currently tasked with overseeing the complaints process. Upon the creation of a single regulatory framework, RNATNU will also become responsible for handling complaints against LPNs and RPNs. RNANTNU is currently given broad bylaw making power to deal with a number of disciplinary processes, including interim suspensions, investigations, alternative dispute resolution, suspensions and designation of a Board of Inquiry to hold a full hearing on a complaint.

Unprofessional conduct is broadly defined under the NPA as follows:

32. (1) An act or omission of a nurse constitutes unprofessional conduct if a Board of Inquiry finds that the nurse

(a) engaged in conduct that

- (i) demonstrates a lack of knowledge, skill or judgment in the practice of nursing,
- (ii) is detrimental to the best interests of the public,
- (iii) harms the standing of the nursing profession,
- (iv) contravenes this Act or the regulations, or
- (v) is prescribed by the bylaws as unprofessional conduct; or

(b) provided nursing services when his or her capacity to provide those services, in accordance with accepted standards, was impaired by a disability or a condition, including an addiction or an illness.

Further examples of unprofessional conduct are listed in s. 32(2) like “practice that fails to meet acceptable standards” and “irresponsible disclosure of confidential information about a patient”.

The Professional Conduct Committee is the central body within RNANTNU responsible for the investigation and adjudication of a complaint. In particular, the Chair of the Professional Conduct Committee is delegated the responsibility of carrying out much of these functions including initial intake of complaints. In the event that a complaint goes to a hearing before the Board of Inquiry, the members of the Board are chosen from the Professional Conduct Committee.

B. Proposed Amendments to NPA

The DHSS intends to modernize certain aspects of the review of conduct provisions in the NPA. The changes are meant to bring the NPA in line with regulatory trends in other jurisdiction.

The definition of unprofessional conduct under the NPA will not change. While other jurisdictions sometimes include additional examples of breaches of professional conduct in their definition, the current definition of misconduct and the examples already list cover the gambit of professional misconduct issues that are seen by professional regulators including newer issues like privacy breaches.

i. Initiation and processing of complaint

The DHSS is considering a number of amendments to the complaint initiation process and the handling of the complaint:

- **Initiation of Complaint by Executive Director-** In addition to complaints made by the public, the Executive Director would be also capable of initiating a complaint where the conduct of the nurse is likely to pose a significant risk to the health or safety of the public. The terminology of “significant risk” is a high threshold. These provisions will be amended to allow the Executive Director to initiate a complaint if she believes a nurse may have engaged in unprofessional conduct.
- **Mandatory Reporting by Employers-** There is a growing trend for professional regulatory legislation to require employers to notify regulatory bodies if an employee (who is a regulated member) has resigned, terminated or been sanctioned for unprofessional conduct, including behavior that would constitute sexual abuse. This issue gained particular attention in the *Ontario Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System*.⁶ It is proposed that provisions be included in the NPA that would require employers to report to RNANTNU if a nursing professional has been terminated or suspended (or the employee has resigned in lieu of a termination or suspension) as a result of unprofessional conduct.
- **Defining Member of the Public-** A “member of the public” is required to be part of the Professional Conduct Committee and the Board of Inquiry under the NPA. Member of the public is currently defined as a person resident in the Northwest Territories who is not or never has been registered under the Act and who is not a member of a health profession regulated by an enactment of a province or territory. The purpose of including a member of the public is to provide the public’s independent perspective in the regulatory process. Amendments are proposed to expand the definition of “member of the public” to include a person who “has never held a license and who has never been entitled to engage in the practice of a designated profession in any jurisdiction” and also includes a person who “is not employed in the department responsible for the administration of this Act or by a Board of Management”. In essence, the member will not be an employee of the DHSS or the Health and Social Services Authorities in the Northwest Territories.

⁶ The final report and recommendations from the *Ontario Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System* outlined multiple recommendations on how to strengthen the mandatory reporting programs within the province and through the College of Nurses of Ontario. See: Ontario, *Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System*, vol 1 (Ontario: Queen’s Printer for Ontario, 2019), at 32-33.

- **Establishment of a Complaints Officer-** RNANTNU must ensure that complaints from the public are taken seriously, while ensuring that the registrant who is the subject of the complaint (the “Registrant”), is afforded a procedurally fair hearing. Under the current NPA, the initial investigatory process is handled by the Chair of the Professional Conduct Committee. The Chair may resolve the complaint at an early point, or the complaint may be brought to a hearing before the Board of Inquiry. The members of the Board of Inquiry are also drawn from the Professional Conduct Committee. There can be a perception of unfairness, if the individual handling the investigation is directly affiliated with the same pool of individuals who are ultimately responsible for adjudicating the hearing when the adjudicators must conduct themselves impartially. As a result, the proposed amendments will provide that the complaints handling process will be carried out by a single Complaints Officer who will be responsible for carrying out the initial processing and screening of the complaint. The Complaints Officer may engage the services of other individuals to assist with the complaints process if necessary. The Complaints Officer would not be the Chair of the Professional Conduct Committee, and therefore will be separated from the members of the Professional Conduct Committee who may ultimately form the Board of Inquiry.
- **Increase opportunities for early resolution-** Currently the Chair is able to dismiss a complaint if it is frivolous, vexatious, or if the allegations are not related to conduct regulated by the NPA or the RNANTNU bylaws. The NPA will be amended to allow for a dismissal if the complaint is based on insufficient or no evidence of unprofessional conduct. Additionally, in order to promote early resolution of complaints, the Complaints Officer will be given the discretion to order mandatory alternative dispute resolution if the Complaints Officer considers it appropriate in the circumstances and in the public interest to do so.

Question #17- What improvements may be made to the complaints process to increase efficiencies? For example, what other mechanisms may be utilized to encourage early resolution of complaints?

Question #18- Do you agree that employers should be obligated to report to RNANTNU nursing professionals who are involved in unprofessional conduct? If so, how can the threshold for reporting be made clear to employers?

ii. Conduct of Hearings

There is currently a lack of clarity in the NPA as to who is responsible for the prosecution of a complaint when it reaches the Board of Inquiry. A complainant may feel personally affected by the alleged misconduct of the Registrant and be vested in the outcome of the hearing. However, the hearing should not be set as an adversarial process between the complainant and the Registrant. Rather, the hearing should operate as a prosecution conducted on behalf of RNANTNU in the public interest as a whole. This is consistent with the way complaint processes in professional regulatory legislation is set up in other jurisdictions.

The amended NPA will clarify that the Complaints Officer, or her legal counsel shall present the case at the hearing. As the hearing could potentially have significant employment consequences and affect the livelihood of the Registrant, it is essential that the hearing is procedurally fair.

The complainant may be called as a witness by the Complaints Officer during the hearing, and may retain their own counsel at their own cost. However, they would not be considered a party to the hearing, and therefore the complainant's rights to participate in the hearing would be limited:

- The complainant would not have the ability to request the Executive Director to issue notices to compel witnesses to attend the hearing.
- The complainant would not have the right to question witnesses, or make argument.
- The complainant would not be able to pursue further appeals of the hearing decision (only RNANTNU or the Registrant would be able to do so).

Question #19 - How can RNANTNU ensure that the public is confident that complaints will be seriously addressed, while also protecting the rights of the Registrant?

V. Future Steps and Contact for Further Information

The DHSS will be consulting with a number of different individuals and groups to discuss the amendments to the NPA. Participants are encouraged to consider the information in this Discussion Paper and the questions raised for consideration. The questions for consideration are meant to be guiding questions only, and any additional feedback is welcome. Feedback and questions may be directed to:

- Email: NPA_Legislation@gov.nt.ca
- Fax: 867-873-0204
- Mail: ATTN: NPA Legislation
Policy, Legislation and Communications
Department of Health and Social Services
P.O Box 1320
Yellowknife, NT X1A 2L9

Appendix A- Glossary of Abbreviations and Terms

Acronym/Term	Definition
Clinical Support Tools (CSTs)	Documents that provide detailed guidance on clinical scenarios where RNs may exercise their clinical skills and judgment to carry out activities which fall within their expanded scope of practice.
CPNRE	Canadian Practical Nurse Regulators Exam
DHSS	Department of Health and Social Services
GNWT	Government of the Northwest Territories
LPN	Licensed Practical Nurse
<i>Licensed Practical Nurses Act, RSNWT 1988, c C-2 (LPNA)</i>	The current piece of legislation that regulates the profession of Licensed Practical Nurses.
NP	Nurse Practitioner
<i>Nursing Profession Act, SNWT 2003, c 15 (NPA)</i>	The current piece of legislation that regulates the professions of Registered Nurses and Nurse Practitioners in the Northwest Territories.
RPNCE	Registered Psychiatric Nurses of Canada Exam
RN	Registered Nurse
RNAP	Registered Nurse Authorized Practice
RNANTNU	Registered Nurses Association of the Northwest Territories and Nunavut

Appendix B- Index of Questions for Consultation

A. Amendments to the NPA

1. Does the proposed scope of practice for RNs and LPNs adequately describe the work performed by these nursing professions? If not, what changes should be made?
2. Are there differences in practices between LPNs, RPNs, RNs, and NPs that should be accounted for in the code of conduct, or standards of practice? Or can universal principles be applied?
3. Are there any separate RNANTNU bylaws or standards that need to be developed specifically for LPNs and RPNs?
4. Should continuing competence requirements be standardized for all nursing professions (in terms of hours and nature of acceptable continuing education activities)?
5. What additional issues need to be considered when grandfathering in LPNs and integrating RPNs into the NPA?
6. What regulatory issues should RNANTNU consider in relation to the use of telehealth services? (e.g. level of training required for nurses, limitations on circumstances that telehealth can be used, or types of patients that may be assessed)

B. RN Prescribing and Test Ordering in the NWT

7. What are some ways that RNAPs can be integrated effectively into a multidisciplinary health care setting?
8. How can a RNAP model be delivered in a way that is responsive to the needs of the population?
9. How can the public be educated about the role of RNAPs to gain their trust and confidence?
10. What can employers do to support RNAPs in clinical practice?
11. What contents should be included in CSTs to ensure that nurses are diagnosing, ordering testing, and prescribing appropriately? Who should be responsible for the development and review of CSTs?
12. What components do you think are critical to an education program for RNAPs?
13. What components do you think are critical to a continuing competence program for RNAPs?
14. What restrictions should be placed on the types of testing that an RNAP may order?
15. What restrictions should be placed on the types of drugs that an RNAP may prescribe?
16. Is the term Registered Nurse Authorized Practice the most appropriate term to use?

C. Modernization of Professional Conduct Provisions

17. How can RNANTNU ensure that the public is confident that complaints will be seriously addressed, while also protecting the rights of the Registrant?
18. What improvements may be made to the complaints process to increase efficiencies? For example, what other mechanisms may be utilized to encourage early resolution of complaints?
19. Do you agree that employers should be obligated to report to RNANTNU nursing professionals who are involved in unprofessional conduct? If so, how can the threshold for reporting be made clear to employers?