



# WHAT WE HEARD –

AMENDMENTS TO THE NORTHWEST TERRITORIES  
NURSING PROFESSION ACT DISCUSSION PAPER

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# RAPPORT « CE QUE NOUS AVONS ENTENDU »

DOCUMENT DE DISCUSSION SUR LES MODIFICATIONS  
PROPOSÉES À LA *LOI SUR LA PROFESSION INFIRMIÈRE*

Le présent document contient la traduction française du sommaire.

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## EXECUTIVE SUMMARY

*“The pending changes are very welcome indeed – particularly the inclusion of all nurses in a single regulatory body. Such amendments to the NWT Nursing Profession Act are long overdue, so it is promising to see progress in this regard”. (Registered Nurse)*

The GNWT Department of Health and Social Services (DHSS) and the Registered Nurses Association of the Northwest Territories and Nunavut (RNANTNU) agreed in 2019 to work together to create one regulatory framework for all nurses. Currently, RNANTNU regulates Registered Nurses and Nurse Practitioners under the framework of the *Nursing Profession Act*. The Office of the Registrar, Professional Licensing at the DHSS regulates Licensed Practical Nurses. Registered Psychiatric Nurses are currently not regulated in the NWT and rely on registration in other jurisdictions.

DHSS and RNANTNU established a working group to develop key policy elements to amend the *Nursing Profession Act*. This was the basis of the discussion paper and of stakeholder engagement. The key elements include:

- Separate categories of registration in RNANTNU’s Register will be created for Licensed Practical Nurses, Registered Psychiatric Nurses, Registered Nurses, and Nurse Practitioners.
- The registration requirements will be set out for Licensed Practical Nurses and Registered Psychiatric Nurses, including the entry to practice examinations.
- Defined scope of practice developed for Licensed Practical Nurses and Registered Psychiatric Nurses. Transitional amendments will be included to minimize disruption for Licensed Practical Nurses currently practicing in the NWT.
- A single Code of Conduct and Standards of Practice for all nursing professions with flexibility to implement separate policies and guidelines where needed.
- Continuing competence program as a mandatory requirement for all nursing designations.
- Creation of a new nursing designation called Registered Nurse Prescriber to allow authorized Registered Nurses to order a limited range of screening diagnostic tests and prescribe a limited range of medications.
- Update the complaints and discipline section of the *Nursing Profession Act*.

## Summary of Engagement Process

A Discussion Paper entitled “Amendments to the Northwest Territories *Nursing Profession Act* Discussion Paper” outlined the proposed policy elements that would amend the *Nursing Profession Act*. Appendix A contains a list of the questions for consideration posed in the Discussion Paper. The Discussion Paper was available from August 17 to October 17 2020 for public engagement. Advertisements in northern newspapers informed the public of the initiative and where to find the Discussion Paper online. RNANTNU actively engaged their membership (RNs and NPs) and encouraged their members to review the Discussion Paper and submit feedback.

In addition, stakeholders were directly invited via letters and email to provide feedback. These stakeholders included: RNANTNU, the Northwest Territories Medical Association, the Northwest Territories Pharmacy Association, the Health and Social Services Authorities, the Union of Northern Workers, and AVENS – A Community for Seniors. In addition, Licensed Practical Nurses received a direct invitation to provide feedback on the proposed amendments.

A total of 18 respondents provided comments and feedback. The majority of the respondents were Licensed Practical Nurses or Registered Nurses and were passionate about their profession providing detailed responses and feedback as well as concrete practical suggestions for implementation.

Feedback sought was organized around these discussion topics:

1. One Regulatory Framework for all Nurses
  - Scopes of practice, Code of Conduct, Standards of Practice and Continuing Competencies
  - 'Grandfathering' of LPNs
  - Telehealth services
2. Registered Nurse Authorized Practice
  - Multidisciplinary health care settings
  - Clinical support tools
  - Education programs and continuing competency
  - Types of testing, types of drugs that may be applied
  - Title
3. Professional Conduct
  - Complaints process
  - Employer reporting obligations

### ***SUMMARY OF KEY THEMES***

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#### **One Regulatory Framework for all Nurses**

- Almost universal support of the proposed amendment to create one regulatory framework for all nursing professionals in the NWT with RNANTNU becoming the regulator for Licensed Practical Nurses and Registered Psychiatric Nurses.
- Broad consensus that Licensed Practical Nurses are currently underutilized within the health and social services system and that the proposed wording for the scope of practice articulated the commonalities of the nursing categories as well as specifying the differences.
- Concern that the annual renewal registration fees for Licensed Practical Nurses may increase dramatically. Non-profit organizations that cover these costs have much less flexibility within their budgets to adapt to significant increases and not all employers cover registration fees which, in combination with the potential increase of required practice hours, could pose a burden for some Licensed Practical Nurses.
- The addition of Registered Psychiatric Nurses could be positive for the profession of nursing in the NWT. There was broad agreement with the proposed scope of practice with the addition of the ability to prescribe and order tests within the confines of their restricted practice in mental health and addictions.
- Consensus that RNANTNU should have bylaw making authority for telehealth and virtual care to respond quickly to the changes in virtual care and artificial intelligence. Bylaw making authority should include issues such as education, training, and competency and cross-jurisdictional practice.

## Registered Nurse Authorized Practice (RNAP)

- Broad support for the concept of Registered Nurse Authorized Practice and that it would benefit primary care delivery in the NWT with a focus on the outcomes as the “right provider at the right time and in the right place”. Many respondents felt strongly that another title be used.
- Continued engagement and communications with other health disciplines and with the pharmaceutical association respecting the prescribing power will be essential to a smooth implementation and development of Clinical Support Tools with a clear prohibition in the Act respecting prescribing controlled drugs and substances to ensure employer policies couldn’t be overridden. RNAPs should have the ability to add to the Electronic Medical Records system to ensure continuity of care and maintain a complete patient profile.
- Some respondents questioned how the proposed role of RNAP’s would work with the role of Community Health Nurses (CHNs) which is the health care provider in many smaller communities and proposed that eventually all existing CHN positions be transitioned to RNAPs with mandatory approved education and certifications when positions become vacant and require all newly hired CHNs to be certified and acquire the RNAP designation.

## Professional Conduct Provisions

- Broad consensus and support for all the proposed amendments and that the safety of the public must be kept first and foremost in all processes and the addition of a Complaints Officer would be a step in the right direction.
- Agreement that employers should be obligated to report and that this should be in the Act. It is in the public’s best interest that RNANTNU be made aware of misconduct, investigate, and inform other jurisdictions of the sanctions.

## SOMMAIRE

« Les changements proposés arrivent à point nommé, en particulier l'inclusion de tous les infirmiers au sein d'un organisme de réglementation professionnel unique. Ces modifications à la Loi sur la profession infirmière des TNO sont attendues depuis longtemps, et leur arrivée est synonyme de progrès. » –  
*Un infirmier autorisé*

En 2019, le ministère de la Santé et des Services sociaux (MSSS) du gouvernement des Territoires du Nord-Ouest (GTNO) et l'Association des infirmières et infirmiers autorisés des Territoires du Nord-Ouest et du Nunavut (ci-après l'Association) ont convenu de collaborer à la création d'un cadre de réglementation unique pour tous les infirmiers. À l'heure actuelle, l'Association réglemente la pratique des infirmiers autorisés et des infirmiers praticiens en vertu de la *Loi sur la profession infirmière*. Le Bureau du registraire de la réglementation professionnelle du MSSS réglemente la pratique des infirmiers auxiliaires autorisés. Comme la pratique des infirmiers psychiatriques autorisés n'est toujours pas réglementée aux TNO, ces professionnels doivent maintenir une inscription dans un territoire ou une province autre.

Le MSSS et l'Association ont créé un groupe de travail chargé d'établir les éléments de politique clés de la modification de la *Loi sur la profession infirmière*. C'est sur la base de ces éléments que le document de travail a été rédigé et que les parties prenantes se sont engagées. Les éléments clés sont les suivants :

- La création de catégories d'inscription distinctes au tableau de l'Association pour les infirmiers auxiliaires autorisés, les infirmiers psychiatriques autorisés, les infirmiers autorisés et les infirmiers praticiens;
- L'établissement des conditions d'inscription des infirmiers auxiliaires autorisés et des infirmiers psychiatriques autorisés, y compris les examens d'admission à la pratique infirmière;
- La définition du champ d'activité des infirmiers auxiliaires autorisés et des infirmiers psychiatriques autorisés. Des modifications transitoires sont prévues afin de minimiser les perturbations pour ceux qui exercent déjà aux TNO;
- L'adoption d'un code de conduite et de normes de pratique uniques pour toutes les professions infirmières, avec la possibilité de mettre en œuvre des politiques et des lignes directrices distinctes, si nécessaire;
- Rendre le programme de compétence continue obligatoire pour tous les professionnels des soins infirmiers;
- La création d'un nouveau titre d'infirmier appelé infirmier autorisé prescripteur, pour permettre aux infirmiers autorisés de prescrire une gamme restreinte de tests de dépistage et de diagnostic, et de médicaments;
- La mise à jour de l'article de la *Loi sur la profession infirmière* sur les plaintes et la discipline.

## Résumé du processus de participation du public

Les éléments politiques proposés qui modifieraient la *Loi sur la profession infirmière* ont été présentés dans un document de discussion intitulé « Document de discussion sur les modifications proposées à la *Loi sur la profession infirmière* ». L'annexe A contient la liste des questions qui y étaient posées. Le document de discussion a fait l'objet d'une consultation publique du 17 août au 17 octobre 2020. L'initiative et le site Web qui hébergeait le document ont été publicisés dans les pages des journaux du Nord. L'Association a vivement encouragé ses membres (infirmiers autorisés et infirmiers praticiens) à examiner le document de discussion et à faire part de leurs commentaires.

En outre, certaines parties prenantes ont été directement invitées, par courrier et par courrier électronique, à faire part de leurs commentaires, notamment l'Association des infirmiers et infirmières autorisés des TNO et du Nunavut, l'Association médicale des TNO, l'Association des pharmaciens des TNO, l'ASTNO, le Syndicat des travailleurs du Nord, et AVENS – Association communautaire pour les personnes âgées. Quant à eux, les infirmiers auxiliaires autorisés ont été directement invités à donner leur avis sur les modifications proposées.

Au total, 18 répondants ont fourni des commentaires et des rétroactions. La majorité des répondants étaient des infirmiers auxiliaires autorisés ou des infirmiers autorisés et étaient passionnés par leur profession, fournissant des réponses et des rétroactions détaillées, ainsi que des suggestions concrètes de mise en œuvre.

Les rétroactions ont été classées selon les sujets de discussion suivants :

1. Cadre de réglementation unique pour tous les infirmiers
  - Champs de pratique, code de conduite, normes de pratique et compétences continues
  - Droits acquis des infirmiers auxiliaires autorisés
  - Services de télésanté
2. Pratique des infirmiers autorisés prescripteurs
  - Milieu de santé multidisciplinaire
  - Outils de soutien clinique
  - Programmes de formation et de perfectionnement professionnel
  - Types de tests pouvant être commandés et médicaments pouvant être prescrits
  - Titre
3. Code de conduite professionnelle
  - Processus d'examen des plaintes
  - Obligation de signaler tout comportement fautif

### ***RÉSUMÉ DES PRINCIPAUX POINTS***

#### **Cadre de réglementation unique pour tous les infirmiers**

- Soutien quasi universel de la proposition de modification visant à créer un cadre de réglementation unique pour tous les professionnels des soins infirmiers des TNO, l'Association devenant l'organisme de réglementation des infirmiers auxiliaires autorisés et des infirmiers psychiatriques autorisés.
- Large consensus sur le fait que les infirmiers auxiliaires autorisés sont actuellement sous-utilisés dans le système de santé et de services sociaux, et que le libellé du champ d'exercice énonce les points communs et les différences des catégories d'infirmiers.
- La crainte que les frais de renouvellement annuel de l'inscription des infirmiers auxiliaires autorisés n'augmentent considérablement. Les organisations à but non lucratif qui couvrent ces frais n'ont pas toujours la capacité d'absorber des augmentations importantes, et ce ne sont pas tous les employeurs qui couvrent les droits d'inscription, ce qui, combiné à l'augmentation possible des heures de pratique requises, pourrait se révéler problématique pour certains infirmiers auxiliaires autorisés.
- L'intégration des infirmiers psychiatriques autorisés pourrait être des plus positive pour la profession infirmière aux TNO. Le champ d'exercice proposé a été largement approuvé, avec l'ajout de la capacité de demander des tests et de prescrire des médicaments dans les limites de leur pratique en lien avec la santé mentale et la toxicomanie.
- Un consensus se dégage sur le fait que l'Association devrait jouir du statut d'organisme de réglementation relativement à la télésanté afin de répondre rapidement aux changements apportés par les soins virtuels et l'intelligence artificielle. L'Association devrait ainsi pouvoir établir des normes relativement à la formation initiale et continue, aux compétences, et à la mobilité des praticiens entre les provinces et les territoires.

## Infirmiers autorisés prescripteurs

- Le concept d’infirmier autorisé prescripteur obtient un large soutien, et constituerait un atout de taille en matière de soins primaires aux TNO, puisqu’il mettrait l’accent sur les résultats en favorisant « le bon professionnel au bon moment et au bon endroit ». De nombreux répondants ont souhaité qu’un autre titre de poste soit utilisé.
- Un engagement et une communication continus avec les autres professionnels de la santé et avec l’association pharmaceutique au sujet de l’autorisation de prescription seront essentiels pour une mise en œuvre sans heurts, tout comme la création d’outils de soutien clinique et une interdiction claire, dans la *Loi réglementant certaines drogues et autres substances*, pour s’assurer que les politiques de l’employeur ne puissent pas être contournées. Les infirmiers autorisés prescripteurs devraient avoir la possibilité d’inscrire des notes au système de dossiers médicaux électroniques pour assurer la continuité des soins et maintenir le dossier du patient à jour.
- Certains répondants se sont demandé comment le poste proposé d’infirmier autorisé prescripteur s’harmoniserait avec celui d’infirmier de santé communautaire, souvent le seul professionnel de la santé en poste dans de nombreuses petites collectivités, et ont proposé qu’à terme, tous les postes d’infirmiers de santé communautaire soient transformés en postes d’infirmiers autorisés prescripteurs. Les employés déjà en poste devraient suivre une formation et obtenir les certifications nécessaires. Tout infirmier de santé communautaire nouvellement embauché devrait obtenir la désignation d’infirmier autorisé prescripteur.

## Dispositions relatives au code de conduite professionnelle

- L’ensemble des modifications proposées et l’importance accordée à tous les aspects de la sécurité du public font largement consensus. L’embauche d’un agent des plaintes serait un pas dans la bonne direction.
- Accord sur le fait que les employeurs devraient être tenus de signaler tout comportement fautif, et que cette obligation devrait figurer dans la loi. Il en va de l’intérêt public que l’Association soit mise au courant des cas de mauvaise conduite, qu’elle enquête, et qu’elle informe les autres administrations.

## BACKGROUND

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

Each nursing professional 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 *Nursing Profession Act* to include Licensed Practical Nurses and Registered Psychiatric Nurses 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 which recognized the benefit of standardizing the assessment of credentials and oversight of nursing practice under one regulatory structure.

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. Alongside the initiative of moving the regulation of Licensed Practical Nurses and Registered Psychiatric Nurses under the *Nursing Profession Act*, the DHSS and RNANTNU also considered the expansion of the scope of practice for some Registered Nurses. Registered Nurses with additional certification from RNANTNU will be permitted to prescribe medications and order limited screening and diagnostic testing. This was the foundation for the Discussion Paper that the DHSS used as the basis for public engagement.

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 *Nursing Profession Act*.

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 *Nursing Profession Act* include the following:

- Separate categories of registration in RNANTNU's Register will be created for Licensed Practical Nurses, Registered Psychiatric Nurses, Registered Nurses, and Nurse Practitioners with protection provisions for the title of each nursing designation. The scope of practice for Licensed Practical Nurses and Registered Psychiatric Nurses will be defined. Transitional amendments will be included to minimize disruption for Licensed Practical Nurses currently practicing in the NWT.
- RNANTNU will aim to adopt a single Code of Conduct and Standards of Practice for all nursing professions and harmonize existing RNANTNU policies and guidelines as much as possible to apply to all nursing professions. Flexibility will remain to implement separate policies and guidelines where needed. The continuing competence program will be a mandatory requirement for all nursing designations.
- The *Nursing Profession Act* will set out the registration requirements for Licensed Practical Nurses and Registered Psychiatric Nurses, including the entry to practice examinations.
- Consequential amendments will be implemented to ensure legislation in the NWT as appropriate for the nursing designations.
- Creation of a new nursing designation called Registered Nurse Authorized Practice to allow authorized Registered Nurses to order a limited range of screening diagnostic tests and prescribe a limited range of medications.
- Update the complaints and discipline section of the *Nursing Profession Act*.

## SUMMARY OF ENGAGEMENT PROCESS

A website facilitated access to the Discussion Paper. For the time period of August 17 to October 17 2020, the webpage with the Discussion Paper counted 263 page views while the corresponding French page counted 12 page views. The Discussion Paper was downloaded 23 times. The Discussion Paper included specific questions for consideration to help focus the feedback but of course general comments were also welcomed.

Throughout the engagement period, there were advertisements in northern newspapers to inform the public and provide information on where to find a copy of the Discussion Paper. A public announcement was issued through the GNWT Newsroom and a link to the website was tweeted.

The following stakeholders were contacted directly with a copy of the Discussion Paper and invited to provide feedback.

- Registered Nurses Association of the Northwest Territories and Nunavut (RNANTNU)
- Northwest Territories Medical Association
- Northwest Territories Pharmacy Association
- Union of Northern Workers
- AVENS – A Community for Seniors
- Licensed Practical Nurses
- Health and Social Services Authorities

In addition, RNANTNU actively engaged their membership and encouraged their members to review the Discussion Paper and submit feedback.

A total of 18 respondents provided comments and feedback. The majority of the respondents were Licensed Practical Nurses or Registered Nurses and were passionate about their field providing detailed responses and feedback as well as concrete practical suggestions for implementation.

## WHAT WE HEARD

### One Regulatory Framework for all Nursing Professionals

#### Proposal Summary

The Registered Nurses Association of the Northwest Territories and Nunavut (RNANTNU) would become the regulator for Licensed Practical Nurses, Registered Psychiatric Nurses, Registered Nurses, Nurse Practitioners and the new nursing designation of Registered Nurse Authorized Practice. A single Code of Ethics and Standards of Practice would be adopted for all nursing professions. Existing RNANTNU policies and guidelines would 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 would become a mandatory requirement for all nursing designations. Registration requirements for the new nursing designations would be set out in the amended *Nursing Profession Act*.

#### ***SUMMARY OF KEY THEMES***

*“Having uniform standards of practice and code of conduct for all nurses will ensure that residents of the NWT can expect to receive the same standard of care regardless of who is caring for them, be it RN, LPN, RPN, or NP. With all nursing professionals adhering to the same continuing competence guidelines and annual practice hours, residents can take comfort in the fact that their nurse (NP, RN, LPN, or RPN) is participating in ongoing education to ensure they remain competent in their roles.” (Licensed Practical Nurse)*

- Almost universal support of the proposed amendment to create one regulatory framework for all nursing professionals in the NWT. This would mean that the RNANTNU would become the regulator for Licensed Practical Nurses.
- Broad agreement that the code of ethics and standards of practice should apply to all categories of nurse and harmonizing continuing competence programs would benefit the profession of nursing as well as be in the public interest.
- The name of RNANTNU will need to change to be more inclusive of all the nursing designations.
- A dissenting opinion that the nursing designations are not all the same and there is a risk that the scopes of practice may become blurred and result in role confusion.

## Licensed Practical Nurses

### Proposal Summary

The responsibility for the registration of Licensed Practical Nurses would be transferred to RNANTNU with a clear scope of practice which would mean the repeal of the *Licensed Practical Nurses Act*. In many provinces, Licensed Practical Nurses have a much broader scope of practice and even within the NWT, there are variations in Licensed Practical Nurses duties in different regions. Transitional amendments will be included to minimize the disruption for Licensed Practical Nurses and ensure that Licensed Practical Nurses currently on the Licensed Practical Nurse Register will be automatically registered with RNANTNU.

Currently the Licensed Practical Nurse application and renewal fees are set at \$54 as the GNWT absorbs most of the administrative fees to assess and process applications. It is anticipated that RNANTNU will need to increase licensing fees to reflect the true administrative cost of assessment and evaluation of an application. 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.

Related to continuing competence is the current requirement for Licensed Practical Nurses to work 750 hours over five years to maintain a license which would increase to 1,125 hours over five years. This marks an increase of 375 hours (9 weeks) over a five-year period.

## ***SUMMARY OF KEY THEMES***

*"I think that this is a fantastic opportunity for LPNs and for Nursing in general."  
(Licensed Practical Nurse)*

*With all nursing professionals adhering to the same continuing competence guidelines and annual practice hours, residents can take comfort in the fact that their nurse (NP, RN, LPN or RPN) is participating in ongoing education to ensure they remain competent in their roles. (Licensed Practical Nurse)*

*"There is a population of nurses in the Territories who are very underutilized – the Licensed Practical Nurse. ...I hope, with these proposed amendments to the Nursing Professions Act, such shortcomings will be addressed and LPNs will soon be able to work to the capacity of their training in the Northwest Territories. This would only serve to benefit our under-serviced and often understaffed healthcare system." (Licensed Practical Nurse)*

- All respondents supported the proposed changes and the potential for a clearer scope of practice.
- Broad consensus that Licensed Practical Nurses are currently underutilized within the health and social services system and a clearer scope of practice, along with a potential for certifications from RNANTNU showing the individual has the required training for a specific skill, would assist employers to more fully embrace the full scope of practice for both Licensed Practical Nurses and Registered Nurses.
- Agreement that the proposed wording for the scope of practice described the commonalities of the nursing categories as well as the differences and is in line with other jurisdictions. The proposed wording is open enough to give organizations across the NWT the opportunity to define their roles more specifically, without restricting them.
- General agreement that communications and training would help educate Registered Nurses to understand the scope of Licensed Practical Nurses practice.
- Concern that the annual renewal registration fees for Licensed Practical Nurses may increase dramatically. Non-profit organizations that cover these costs have much less flexibility within their budgets to adapt to significant increases and not all employers cover registration fees. A significant increase in fees could pose a burden for some Licensed Practical Nurses.
- A continuing competence requirement would be new for Licensed Practical Nurses so there should be training available to assist with the transition and there was concern respecting the potential increase of required practice hours to renew a license.

## Registered Psychiatric Nurses

### Proposal Summary

The designation of Registered Psychiatric Nurses would be added to the authority of RNANTNU with a clear scope of practice. Currently Registered Psychiatric Nurses are not registered within the NWT but employers may require Registered Psychiatric Nurses to continue their registration with one of the four (4) southern jurisdictions that register this designation (British Columbia, Alberta, Saskatchewan, Manitoba).

*“RPNs integrate theory of therapeutic use of self by consistently applying processes of self-awareness, self-knowledge, and empathy, attention to ethics, and boundaries and limits within professional practice.” (Registered Nurse)*

*“There needs to be lead time to create awareness and acceptance. LPNs (and RPNs in Nunavut) currently working in the system need to part of the dialogue. This should not come as a surprise or to be felt like a takeover.” (Registered Nurse)*

#### ***SUMMARY OF KEY THEMES***

- The addition of Registered Psychiatric Nurses could be positive for the family of nursing in the NWT.
- Broad agreement with the proposed scope of practice and consensus that it covered the key areas which would benefit the Registered Psychiatric Nurses, the employers and the public.
- Add the ability for Registered Psychiatric Nurses to prescribe and order tests within the confines of their restricted practice in mental health and addictions and this should be specifically added to the proposed amendments in the Act to allow for the growth of Registered Psychiatric Nurses as the role becomes more stabilized and used throughout the north.
- Extensive communications will help the public and other disciplines understand the role of Registered Psychiatric Nurses

## Telehealth

### Proposal Summary

Emerging technologies, including telehealth are already impacting the practice of nursing as telehealth provides access to health care in remote communities and even urban centers that do not have that certain specialty. Some nursing positions use telephone, electronic medical record, text messaging, photos, and Telemerge on a regular basis to provide specialized consultation with clients and health care professionals within the NWT and the Kitikmeot region of Nunavut. Email is used but discouraged for client specific requests due to lack of privacy and confidentiality and fax is still required in some circumstances. Telehealth, telemedicine, and virtual care are rapidly evolving care platforms which have been magnified by the COVID-19 pandemic. The Discussion Paper proposed an amendment to the *Nursing Profession Act* to allow RNANTNU to establish bylaws relating to the use of telehealth nursing services.

### ***SUMMARY OF KEY THEMES***

- Consensus that there needs to be a legal and regulatory framework in place and that RNANTNU should have bylaw making authority for telehealth and virtual care and include issues such as education, training, and competency and cross-jurisdictional practice. This will allow RNANTNU to respond quickly to the changes virtual care and artificial intelligence will bring to health care.
- Specific areas that will need to be addressed:
  - a broad definition of “virtual technology” or “virtual care” which is often referred to as telehealth but is becoming broader than “telehealth”;
  - the use of virtual technology as consultation vs treatment;
  - the use of virtual technology in combination with in person clinical assessment to achieve sound clinical judgment;
  - documentation;
  - policy for remote prescribing;
  - privacy implications in accordance with the *Health Information Act*;
- RNANTNU should develop guidelines that would address such issues such as appropriateness of virtual nursing practice, Duty of Care, technology and employer support as well as quality control, risk management and compliance with regulatory requirements such as Standards of Practice and Code of Conduct.
- Professional practice insurance should be comprehensive and cover scenarios where nurses may need to consult within and outside of their jurisdiction.
- A dissenting opinion that if an employer contracts another jurisdiction for telehealth because of their expertise, the nurse in that other jurisdiction shouldn't need RNANTNU registration as long as they are held accountable to another regulator body and the employer and the process for accountability is clear.

## Registered Nurses – Authorized Practice

### Proposal Summary

The Discussion Paper proposed the creation of a new designation of Registered Nurse Authorized Practice (RNAP) which would allow Registered Nurses with additional training and certification to prescribe a limited range of medications and order limited screening and diagnostic tests. Clinical Support Tools (CSTs) would 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. In remote communities where Community Health Nurses are the first point of contact for primary care, patients are already accustomed to a model that includes Registered Nurses with an advanced scope of practice within the primary care system.

#### *SUMMARY OF KEY THEMES*

Many respondents were excited by this proposed addition and offered practical suggestions for implementing this new role and advice on how to effectively integrate it into the health care system.

##### Title

- Avoid the use of the title “Advanced Practice” as the Canadian Nurses Association reserves this term for Certified Nurses Specialists and Nurse Practitioners. All nurses registered by RNANTNU are “authorized” to practice so the term is misleading. Alternative titles were suggested such as: Registered Nurse – Expanded Practice, Registered Nurse – Extended Practice, Registered Nurse Authorized Prescriber.

## Integration into Multidisciplinary Health Care Setting

*“A clear understanding of the new scope of practice is essential for integration into a multidisciplinary health care setting.” (Registered Nurse)*

- Some disagreement on most appropriate setting for RNAPs to practice. Some felt that RNAPs could practice in primary care clinic settings potentially filling a gap between the Licensed Practical Nurse and Nurse Practitioners and physicians. Others felt that if implemented and trained properly, the RNAPs could be of value in small, isolated communities.
- Some disagreement on the most effective role for RNAPs and whether it should focus on certain population groups (seniors, well women, well men; prenatal care) or alternatively, allow RNAPs to specialize in specific areas (e.g.: gerontology; dialysis).
- Many respondents provided concrete and practical advice to implement this new nursing designation to ensure that the public and other stakeholders know how to identify an RNAP, and what to expect in terms of scope of practice. The key message should be “right provider at the right time and in the right place” with a focus on the outcomes (e.g. improved patient access to care, increased flexibility, improved patient satisfaction, improved adherence to preventative health care screening and education). Continued engagement and communications with other health disciplines and with the pharmaceutical association respecting the prescribing power will be essential to a smooth implementation and development of Clinical Support Tools.
- Employers need to provide clear and current guidelines in addition to a clearly defined scope of practice and clearly defined job descriptions so that RNAPs can practice safely with clinical support as well as continuing education to maintain competency. Regular audits conducted by RNANTNU would ensure compliance.
- Some respondents questioned how the proposed role of RNAP’s would work with the role of Community Health Nurses which is the health care provider in many smaller communities and proposed that eventually all existing Community Health Nurse positions be transitioned to RNAPs with mandatory approved education and certifications when positions become vacant and require all newly hired Community Health Nurses to be certified and acquire the RNAP designation.

## Clinical Support Tools

- An interdisciplinary team of professionals should review and provide input to the Clinical Support Tools. It is crucial that this team have a good understanding of the context of practice so that restrictions are reasonable. This means that the scope of practice, standards of practice, competencies and location of practice will need to be clearly defined and then it will be possible to identify any restrictions.
- Clinical Support Tools should include: indications/contraindications of contemplated treatments, identify potential complications and follow-up; when to consult a Nurse Practitioner or Physician and set out appropriate pharmacological interventions such as specific medications, dosage, frequency, etc.
- The format should be user friendly and will be crucial for the successful implementation of the RNAP designation. Run focus group tests of potential Clinical Support Tools before deciding on the content and format. Clinical Support Tools should provide thorough guidance for those RNAPs will use them in daily practice.

## Education Program for RNAPs and Continuing Competence

- Education requirements should be clear and include theory and required hours of preceptor/ mentored practice. A program running for 8 to 12 months or 500-600 hours of learning is reasonable and should be competency-based and delivered by an approved educational facility approved by RNANTNU's Education Advisory Committee to ensure confidence in the education and portability for the nurse.
- Some of the recommended education components are:
  - Diagnosis and treatment of minor acute illnesses and chronic diseases as set out in Clinical Support Tools as well as advanced health assessment and differential diagnoses;
  - Ordering screening and diagnostic tests as per Clinical Support Tools, including how to interpret common lab and diagnostic tests;
  - Advanced pharmacology including compounding, dispensing and prescribing of medications as per Clinical Support Tools and the approved formulary as well as drug-drug and drug-disease interactions;
  - Collaboration, consultation and referral processes with other health and social services providers;
  - Additional educational modules such as preventative screening and health care (well women, well men), reproductive health including birth control and treatment of STIs, chronic disease management, mental health and addictions.
- The NWT should consider developing an education program to ensure that Registered Nurses have all the tools they require to practice and provide supports to Registered Nurses taking the program, this would include time for completion of assignments, preceptorship/mentorship and access to funding through Professional Development Initiative.
- Requirements for continuing competence would be applied to the specific practice setting to include:
  - Self- reflection or self-assessment of individual competence, including the impact of the learning plan;
  - Development of learning plan to meet annual goals;
  - Minimum number of practice hours in this authorized practice;
  - Professional development hours;
  - Practice review.
- Protected learning time and access to continuing professional development would be crucial to the success of RNAPs.

## Restrictions on tests and prescribing authority

*“The RNAP would not be able to prescribe controlled drugs and substances. The changes to the Nursing Profession Act should ensure that employer policies cannot override this rule. Especially in communities, RNAPs can be a very important part of the health care teams with the right guidelines in place to protect both the public and the RN.” (Stakeholder)*

- There be a clear prohibition in the Act respecting the prescribing of controlled drugs and substances to ensure that employer policies couldn't be overridden
- RNAPs should have some limitations on the diagnostic tests they can order and restrictions on what they can prescribe and RNAPs should only be allowed to order tests in accordance with clinical support tools.
- RNAPs should only be allowed to prescribe drugs as per Clinical Support Tools that are decided upon after consultation with a multi-disciplinary team (including nursing professionals, pharmacists, etc.) knowledgeable about the context of practice and the current formulary should also be taken into account.
- RNAPs should have the ability to add to the Electronic Medical Records system to ensure continuity of care and maintain a complete patient profile. Patient records should be kept accordingly and the RNAP should have full access to an individual's current medication list and complete medical history.
- Successful implementation will require constant communications with NWT pharmacies so they have a complete and current list of RNAPs.
- Recognition of RNAPs for prescription coverage by insurance companies is a separate issue of advocacy, transparency and public safety.

## Professional Conduct

### Proposal Summary

The Discussion Paper proposed to allow the Executive Director of RNANTNU to initiate a complaint. It also proposed that employers be required to notify RNANTNU if a nursing professional employee has resigned, terminated or been sanctioned for unprofessional conduct (including sexual abuse) and that a Complaints Officer be established with increased opportunities for early resolution by allowing for dismissal of complaints if there is insufficient or no evidence of unprofessional conduct and provide the Complaints Officer with the discretion to order mandatory alternative dispute resolution.

#### ***SUMMARY OF KEY THEMES***

*“The creation of the position of the Complaints Officer is a good solution to the potential conflict of interest for the Chair of the Professional Conduct Committee and the increased number of complaints which is likely to rise further.” (Registered Nurse)*

*“I like the idea of the Complaints Officer being able to use discretion to order mandatory ADR when appropriate and in the public interest. Perhaps increasing the use of negotiation and mediation in ADR with both parties would speed up the resolution process.” (Registered Nurse)*

- Broad consensus and support for all the proposed amendments and that the safety of the public must be kept first and foremost in all processes however one person suggested that adding nursing designations will make the disciplinary process more complex and potentially more expensive.
- Addition of a Complaints Officer would be a step in the right direction.
- Agreement that employers should be obligated to report and that this should be in the Act. It is in the public’s best interest that RNANTNU be made aware of misconduct, investigate, and inform other jurisdictions of the sanctions. While it is highly unusual for a nurse to be terminated or sanctioned for unprofessional conduct by the employer in the NWT, on the occasion that this does occur, the unprofessional conduct is very troubling (sexual misconduct, abuse, theft, fraud). It is not unusual for nurses who have been fired or allowed to resign to move on to other jurisdictions and employers. There have been cases, even recently, where the nurse went on to commit the most serious of crimes. Employers will need to be regularly educated on the definition of unprofessional conduct and in what circumstances they must report nursing professionals.
- There will need to be timely action and communication by the Complaints Officer on the RNANTNU website about the number and nature of the complaints and the disposition of the initial processing and screening of the complaint (i.e., referred to Professional Conduct Committee for investigation or mandatory alternate dispute resolution ordered) to establish and maintain credibility.

## Miscellaneous Comments

- RNANTNU's language requirements are too high and discriminate against Francophones and should be reconsidered in the context of the proposed amendments to the Act. NOTE: Canadian nursing regulators have the same English language requirements across Canada, except Quebec which requires that all registrants must write a French exam developed and administered by the Quebec government indicating they are fluent in French.
- The GNWT should establish a collaborative approach with the Nunavut Government as they are also moving towards amending the *Nunavut Nursing Act* as it burdensome for RNANTNU to work under two separate and different Acts.
- One body should regulate all health care professionals for NWT (Nurses, Physicians, Pharmacists, etc.) and adopt rules making it easier for foreign trained nurses, physicians, and other health care workers to be licensed in NWT.

## WHAT'S NEXT?

The DHSS will be proceeding with the development of a Legislative Proposal to amend the *Nursing Profession Act*.

Taking into account all of the comments and suggestions received as part of the public engagement, elements from the Discussion Paper will be accepted and included in a Legislative Proposal including the following:

- Use the title RN Prescriber instead of Registered Nurse Authorized Practice;
- Give RNANTNU bylaw making authority to add new nursing designations and establish registers to reflect the evolving state of nursing;
- Give RNANTNU bylaw making authority respecting virtual care/telehealth, including the authority to establish a register.

Pending Cabinet approval of the Legislative Proposal, the DHSS will work collaboratively with the Department of Justice and with RNANTNU to develop a Bill. On completion, the Bill will be introduced to the Legislative Assembly for review and debate. There will be another opportunity for the public to comment on the Bill between the second and third readings.

## APPENDIX – A

This is a list of the questions for consideration in the Discussion Paper:

### A. Amendments to the *Nursing Profession Act*

1. Does the proposed scope of practice for Registered Psychiatric Nurses and Licensed Practical Nurses adequately describe the work performed by these nursing professions? If not, what changes should be made?
2. Are there differences in practices between Licensed Practical Nurses, Registered Psychiatric Nurses, Registered Nurses, and Nurse Practitioners 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 Licensed Practical Nurses and Registered Psychiatric Nurses?
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 Licensed Practical Nurses and integrating Registered Psychiatric Nurses into the *Nursing Profession Act*?
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. Registered Nurse Prescribing and Test Ordering in the NWT**

7. What are some ways that Registered Nurse Authorized Prescriber (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 Clinical Support Tools to ensure that nurses are diagnosing, ordering testing, and prescribing appropriately? Who should be responsible for the development and review of Clinical Support Tools?
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?

