BRIEF

SUBMITTED TO THE COMMITTEE ON HEALTH AND SOCIAL SERVICES

November 12, 2019

Bill No. 43

An Act to amend the Nurses Act and other provisions in order to facilitate access to health services

An important opportunity to break down barriers to health care access for Quebeckers by granting specialized nurse practitioners* (SNPs) more professional autonomy

FIQ | SECTEUR PRIVÉ

Foreword

The Fédération interprofessionnelle de la santé du Québec–FIQ and the Fédération interprofessionnelle de la santé du Québec | Secteur privé–FIQP represent 76,000 healthcare professionals in nursing and cardio-respiratory care, which includes the majority of nurses, licensed practical nurses, respiratory therapists and clinical perfusionists in Quebec health and social services institutions. This strong foundation in the health network enriches their expertise, one that is valued and recognized by decision-makers from all over. The FIQ and FIQP represent healthcare professionals with varied work experience who provide care across all areas of the health and social services network.

As first-hand witnesses of how the health care system operates on a daily basis, healthcare professionals see the effects of socioeconomic inequality on health, as well as the impacts of the decisions made at all levels of the political and hierarchical structure. As labour organizations, the FIQ and FIQP represent a largely female membership made up of healthcare professionals, public and private network employees, and members of the public who use the services. Through their orientations and decisions, they strive to protect social gains and to achieve greater equality and social justice.

Driven by their mission, the FIQ and FIQP defend the interests and concerns of their members, as well as those of the public.

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Introduction

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The FIQ and FIQP represent almost all of Quebec's specialized nurse practitioners (SNPs)—495 practicing SNPs and 115 practitioner candidates). Through their work with SNPs since the position was created in Quebec, the FIQ and FIQP have gained a deep and pragmatic understanding of both the issues these professionals face in the field and the obstacles patients face in getting access to care. Work has been undertaken with various partners in recent years to demand more autonomy for SNPs and remove certain barriers from their practice.

The *Nurses Act* hasn't changed or been amended much in the last decade. To illustrate this point, the most recent modification related to SNPs dates back to 2002. The FIQ and FIQP applaud the efforts in Bill No. 43 to modernize the Act, which stem from the Minister of Health and Social Services' commitment to break down the barriers of certain medical services to improve care access for the Quebec population. The Federations are in favour of the reorganization of SNPs' activities in the *Nurses Act*, including the addition of three new professional activities that could allow SNPs to meet even more of patients' needs.

The FIQ and FIQP also feel inclined to highlight certain advances in the bill which respond to the population's needs while also promoting greater recognition of SNPs' role, in particular:

- The opening to allow SNPs to grant leaves to patients hospitalized in health institutions for Cree Native persons;
- The issuing of certificates for the preventive withdrawal and reassignment of pregnant or breast-feeding workers;
- The broadening of the concept of professional in the application of the *Act respecting industrial accidents and occupational diseases*;
- The ability for SNPs specializing in mental health to place a person under confinement;
- SNPs ability to assess a person's capacity to drive a vehicle due to certain disorders.

The Federations believe it is a step in the right direction and hope that these changes will serve as a springboard to further expand SNPs' practice in the future. All the same, these modifications are minor and focus, in part, on administrative tasks.

There's no question that this bill introduces improvements to the current *Nurses Act*. However, to measure the scope, the FIQ and FIQP compared it to other professional acts in Canada, as well as to the international context and to practice obstacles identified by Quebec SNPs. The FIQ also consulted SNPs with different specialities and from other regions in Quebec to get their point of view on the bill. These are the foundations on which the Federations based their recommendations, in order to bring healthcare professionals' insight to bear on the decisions that will be made in the interest of patients and the population.

It is clear that in other Canadian provinces, SNPs' practice is far less compartmentalized than here in Quebec and in what this bill is proposing. Other provincial governments have given them more powers, more autonomy, and much earlier on than in the province of Quebec (see Appendix 1). Since the 1960s, patients in other provinces have had access to a much broader range of services from SNPs (see Appendix 2).[i]

The FIQ and FIQP believe it is crucial that the Quebec population gain equivalent access to the health care provided by SNPs, professionals who play an essential role in meeting the ever growing demand for care and services. What's more, the Ministère de la Santé et des Services sociaux has set a target to have 2,000 SNPs in Quebec by 2024-2025. To meet this important target, it would seem only natural that the government should make the Quebec SNP practice as attractive and broad as in other Canadian provinces.

This bill is a first step in establishing the framework for the SNP practice in Quebec. One or two regulations are set to be adopted once the bill is assented to and it is very likely that the Ordre des infirmières et infirmiers du Québec (OIIQ) will issue guidelines thereafter. These upcoming regulations and guidelines will likely add terms and conditions for implementing the SNPs' activities and may further limit the scope of the bill, based on past experiences in Quebec since 2002. It is therefore crucial that the bill create enough leeway to give SNPs true autonomy to facilitate their role in increasing care access and enhancing the practice in the coming years in order to meet the public's growing health care needs.

The FIQ and FIQP believe this bill is a key start to removing barriers from the SNP practice, which in turn removes the same barriers to care for patients. As such, in this brief, the Federations are targeting some fundamental barriers to care access in the bill that they would like to see turned into opportunities. They are issuing recommendations that would enable the population to fully benefit from SNPs' expertise.

Diagnosis: Essential leverage in facilitating access to care and professional autonomy

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The bill allows SNPs, for the first time, to diagnose an illness. However, for an SNP to be able to give a diagnosis, a patient's "common illness" must present six cumulative characteristics:

"(1) high incidence within the nurse's class of specialization and, if applicable, area of care;

(2) usual symptoms and signs;

(3) no significant deterioration in the person's general state;

(4) defined, specific and recognized diagnostic criteria;

(5) low potential for rapid deterioration; and

(6) no potential for serious and irremediable injury." (pg. 6).

That adds up to quite a few characteristics, which are largely subject to interpretation. As it stands, they will undoubtedly hinder SNPs' ability to give diagnoses, to the detriment of care accessibility. Furthermore, it will likely generate confusion around professional roles, as well as complicate the steps in patient care.

All of the SNPs that the FIQ and FIQP consulted find that the characteristics of the "common illness" raise many questions. Would patients with comorbidity or multimorbidity be excluded from such diagnoses? Would patients presenting other problems that don't match the six characteristics have to repeat the steps with both a doctor and SNP? Would mental disorders automatically be admissible in this framework? Would hospitalized patients, therefore who have a certain risk of deterioration or injury, be able to receive a diagnosis from an SNP? Would patients receiving second and third line care that need more extensive diagnostic tests be automatically excluded? These restrictions will definitely limit SNPs' power to diagnose. The term "common illness" doesn't seem to come from medical literature or nursing science, which will complicate interprofessional exchanges and on what constitutes a "common illness."

Furthermore, the bill only addresses "common illnesses" that meet the six stated characteristics and doesn't mention chronic illnesses, when it is not a given that all generally recognized chronic illnesses will meet the criteria. And yet, there is a high incidence of chronic illnesses in the population, and they are the top cause of mortality in the world.[ii] Not surprisingly, the 2nd cycle of university training for SNPs (master's and specialized post-graduate degree) focus largely on chronic illnesses.

Since February 2018, front-line care SNPs have been able to begin treating six chronic diseases, including diabetes, high blood pressure, hypercholesterolemia, asthma, chronic obstructive pulmonary diseases and hypothyroidism. While they are trained in the pathophysiology of chronic diseases and advanced drug therapy, and are recognized as having the clinical judgement and autonomy necessary to assess whether a patient has one of these disease and initiate treatment, this bill doesn't grant them any specific power for diagnosing chronic diseases.

It is also important to keep in mind that specialized nurse practitioners do not only practice front-line care. There are five classes of specialization:[iii]

1- nurse practitioner specializing in neonatology;
2- nurse practitioner specializing in adult care;
3- nurse practitioner specializing in pediatric care;
4- nurse practitioner specializing in primary care;
5- nurse practitioner specializing in mental health.

It is therefore essential that SNPs' diagnosing power, as stipulated in the bill, be worded in such a way so as to allow them to diagnose for all classes of specialization. Otherwise, it won't be possible for SNPs to meet the needs of people coming for front-line care and services, or adults, children and newborns coming for more specialized second and third line care, or people showing symptoms of a mental disorder coming for first, second or third line care. All of these patients should have timely access to a diagnosis and appropriate treatments facilitated by a SNP and, if required, an efficient consultation and reference system with doctors and other healthcare professionals to ensure comprehensive patient care.

It speaks volumes that SNPs in the rest of Canada have more extensive diagnosing authority when Quebec SNPs have more training hours under their belts than their Canadian equivalents (see Appendix 1). It appears that in provinces with critical masses of SNPs (Ontario, New Brunswick, Manitoba, Alberta and British Columbia), SNPs' diagnosing authority is not linked to any criteria or specific characteristics; they can diagnose any illness or disorder.

The SNP generally delivers the diagnosis directly to the patient or his or her authorized representative if they are incapacitated. In New Brunswick, Manitoba and Alberta, SNPs can refer patients to other health professionals, as needed, including other SNPs and medical specialists, which greatly facilitates interprofessional collaboration to ensure an optimal care trajectory for the patient (see Appendix 2, Autonomous roles for NPs in Canada).

While Bill 43 is intended to modernize the *Nurses Act*, it leaves Quebec lagging behind the rest of Canada with regard to diagnostic powers. The other provinces have demonstrated that the Act should be much broader to afford SNPs the autonomy necessary to meet the population's needs, and to recognize that they have the clinical judgement required to operate within their scope of practice while using their diagnostic authority.

Unfortunately, in Quebec, the main obstacle to expanding SNPs' practice is a regulation that was deemed too restrictive by the majority of respondents in a recent survey.[iv] Based on findings from the field, this results in "sub-optimal management of patients who have chronic illnesses" (pg. 70).

A recent study conducted by German and American researchers for the Organisation for Economic Co-operation and Development (OECD) is very clear:[v] one of the barriers to implementing advanced practice nursing involves "outdated and overly restrictive scope-of-practice laws" (pg. 6). It would be in the interest of the Quebec population if the legislator avoided making this mistake in this bill, in an effort to improve the organization of health care.

By not using similar wording to other Canadian legislators for SNPs' diagnostic activities, by using the term "common illness" without a clear definition, along with the six criteria for diagnosing, Bill No. 43 corners patients and healthcare professionals in a dead-end and does not achieve the main objective of facilitating access to care.

With the aim of facilitating care access for patients and increasing the professional autonomy of SNPs in a context of interprofessional cooperation, the FIQ and FIQP put forward the following recommendations:

1. **That in Bill No. 43, section 3, the six characteristics regarding "common illnesses" be withdrawn (criteria for the application of the first subparagraph of the first paragraph in section 36.1 of the *Nurses Act*);**
2. **That the activity "diagnosing common illnesses" be replaced with "diagnosing illnesses, disorders and injuries and communicating the diagnosis" in section 3 of the bill (section 36.1 in the *Nurses Act*);**
3. **That no further restrictions to SNPs' diagnosing activity be included in the bill;**
4. **That the bill stipulate that SNPs have the right to autonomously refer a patient, as needed, to other healthcare professionals, including other SNPs and medical specialists.**

True professional autonomy for SNPs

The bill is taking SNPs' professional activities that currently stem from the *Medical Act* and restoring them to the *Nurses Act*, which means that the legislator considers the OIIQ to be the professional order best positioned to ensure both the protection of the public and the ongoing development of the profession. While this change seems positive for SNPs' professional autonomy, the FIQ and FIQP find that the bill does not respect the autonomy of the nursing profession within the framework of the SNP practice.

The bill stipulates that the OIIQ's board of directors is obliged, before adopting a regulation governing the SNPs' classes of specialization, to consult the Office des professions du Québec and professional orders concerned, including the Collège des médecins du Québec. However, the draft regulations sent to the Office des professions are already subject to a public consultation process during which any person or group can make comments regarding the draft regulation in question. Furthermore, until now, negotiation efforts regarding regulations between professional orders have been drawn out and complex, which delays modifications to the regulation and has repercussions "in the field resulting in a significant gap between the evolution of the guides on best medical practices and the option for [SNPs] to follow these guidelines"[vi] (pg. 52-53).

The FIQ and FIQP fully support interprofessional cooperation and consultation, both between orders and between professionals, but it needs to be done promptly and in the interest of patients. That said, mandatory consultation sends the message that there is inequality between the professions and their institutions. This remnant of the medical supervision that has been going on since 2002 with regard to the SNPs' profession is inappropriate and could help to maintain current practices that hinder rather than optimize the full deployment of SNPs' skills to the detriment of patient care.

Considering that the president of the Collège des médecins stated last May that "we have gotten to the point where the Ordre des infirmières et infirmiers du Québec can take full responsibility for the SNP framework without needing the mandatory approval of the Collège des médecins,"[vii] it is important that this bill and the practices echo this clear message of the times.

The FIQ and FIQP believe that this bill needs to lay the foundations for a true interprofessional partnership in order to optimize care access for patients by fully deploying SNPs' new professional activities. In the end, it is the patients who benefit from this type of partnership. It is common knowledge that there is well-established interprofessional cooperation between SNPs, doctors and other professionals in certain Canadian regions, enabling them to deliver primary health care to three million people, largely thanks to fully autonomous SNPs (see Appendix 2).

In the interest of the Quebec population, it is crucial that the new powers granted to SNPs in the bill not be opposed later on. Regulations, guidelines and agreements that concern SNPs must recognize their autonomy and advance in the same direction as the Act. Considering that the population's health care needs are increasing, it is important to remove barriers from the professional practice and ensure that healthcare professionals can use their full skill set and treat patients with a wider range of health care needs.

The FIQ and FIQP would like to draw MNAs' attention, in particular, to the SNP-physician partnership agreements currently governed by the regulation. These agreements, under the guise of a partnership, limit care access and SNPs' scope of practice, in particular by defining the clientèle that SNPs can treat and the services they can provide, which fully goes against the purpose of the bill. It is up to the government, and not third parties, to determine which care should be accessible to the Quebec public (healthcare institutions, family medicine groups, clinics, etc.). There's still a lot of work to do to ensure the bill achieves its objective and as such the Federations are offering their full cooperation to complete the work ahead.

To facilitate care access for patients and increase the professional autonomy of SNPs in a context of interprofessional cooperation, the FIQ and FIQP put forward the following recommendation:

5. **That section 2, paragraph 1, subparagraph 2 of the bill be amended by adding "the Office des professions du Québec and": "may consult, as the case may be, the professional orders he or she deems relevant"**

Further solutions to facilitate access to health services

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While the FIQ and FIQP feel the two main issues raised in the bill are the limits on SNPs' diagnosing power and professional autonomy, they would also like to bring up other avenues for achieving its objective. First, it's important to note the wording of SNPs' professional activities in section 3 of the bill (section 36.1 of the *Nurses Act*):

"1° diagnosing common illnesses; 2° prescribing diagnostic examinations; 3° using diagnostic techniques that are invasive or entail risks of injury; 4° determining medical treatments; 5° prescribing medications and other substances; 6° prescribing medical treatments; 7° using techniques or applying medical treatments that are invasive or entail risks of injury; 8° providing pregnancy care for normal and low-risk pregnancies." (pg. 6)

In the French version of the bill, the wording gives the impression that several of these activities could be limited. For example, SNPs could be restricted to determining certain medical treatments or to prescribing certain diagnostic examinations. In the past, Quebec SNPs had restrictive lists of medications from which they could prescribe. The FIQ and FIQP are very pleased that this is no longer the case, but deplore the fact that SNPs' professional activities have not advanced and are still subject to restrictions. This bill is an opportunity to modernize the wording of SNPs' professional activities, and by the same token, an opportunity to simplify patients' trajectory, preventing them from repeating steps in the healthcare process.

The Federations would also like to point out to the MNAs that the bill does not specifically mention SNPs' contribution to leaves of work or salary insurance when many Quebeckers consult healthcare professionals for this purpose.

The bill stipulates that SNPs will be able to grant leaves to patients in health institutions for Cree Native persons. This measure will make the health care process run more smoothly and will likely provide systemic benefits. Consequently, it would also be a good idea to make this measure applicable in institutions governed by the *Act Respecting Health Services and Social Services* and to authorize SNPs to admit patients to the hospital.

Conclusion

The FIQ and FIQP are delighted that over a decade after the specialized nurse practitioner job title was created, that Bill No. 43 is presenting the opportunity to modernize the practice and tear down certain barriers limiting SNPs, in an effort to facilitate care access. This bill provides stepping stones to advance in the right direction but needs to go even further so as to prevent the *Nurses Act* from quickly becoming outdated. This is the objective of the Federations' recommendations.

Bill No. 43 presents an historic opportunity for Quebec SNPs to catch up to the standard laws and regulations in the rest of Canada. This is an important opportunity that the Quebec population cannot afford to miss because breaking down barriers for SNP practice means removing barriers to quality care for patients. Broadening the scope of SNPs' professional activities means lightening doctors' patient load, which also translates into less patients left on their own and left in the waiting room.

In this respect, the FIQ and FIQP would like to ask the professional community and the Minister of Health and Social Services to be vigilant and ensure that the regulations and guidelines stemming from the bill will not unduly add more barriers to the SNP practice, including the SNP-physician partnership.

Specialized nurse practitioners play an essential role in providing safe, quality care to the population of Quebec. The Federations would also like to point out that all nurses are part of the solution to facilitating access to care for the Quebec population.

Furthermore, in 2019, the Ministère de la Santé et des Services sociaux announced its intention to grant prescribing powers to nurses other than SNPs, including the power to prescribe tests and medication when a diagnosis has been given.[viii] For the first time in years, this bill opens the *Nurses Act* and it would be very appropriate, in the interest of the population, to now pave the way to increasing prescribing authority for all nurses, a measure that would give patients quicker care responses.

In the event that the Collège des médecins du Québec withdraw collective prescriptions and of a low rate of vaccination coverage,[ix] we feel it is very important to include measures in the bill that aim to enable nurses to prescribe and administer vaccinations, to prescribe over-the-counter drugs when a diagnosis is not required and to prescribe prescription medication, lab tests or other tests that are appropriate for minor health problems.

These changes will help Quebec catch up to the work begun in 2017 in Ontario to expand nurses' prescribing authority.[x]

FIQ and FIQP member SNPs and other healthcare professionals take the population's access to care to heart. The Federations hope that their solutions to enhance the SNP professional practice will be heard in this consultation and want MNAs to know that they have their support for rapidly deploying the activities of specialized nurse practitioners.

List of recommendations

1. That in Bill No. 43, section 3, the six characteristics regarding “common illnesses” be withdrawn (criteria for the application of the first subparagraph of the first paragraph in section 36.1 of the *Nurses Act*);

2. That the activity “diagnosing common illnesses” be replaced with “diagnosing illnesses, disorders and injuries and communicating the diagnosis” in section 3 of the bill (section 36.1 in the *Nurses Act*);

3. That no further restrictions to SNPs’ diagnosing activity be included in the bill;

4. That the bill stipulate that SNPs have the right to autonomously refer a patient, as needed, to other healthcare professionals, including other SNPs and medical specialists;

5. That section 2, paragraph 1, subparagraph 2 of the bill be amended by adding “the Office des professions du Québec and”: “may consult, as the case may be, the professional orders he or she deems relevant.”

* In the FIQ collective agreement and other publications, the term ‘specialty nurse practitioner’ is used in lieu of ‘specialized nurse practitioner.’

Appendix 1 – Table showing the professional activities of SNPs under Bill 43 as compared to SNPs in other Canadian provinces[xi]

Quebec Bill No. 43 2019	Ontario S.O. 1991, c.32	New Brunswick LII 2002, c. 71 LNB	Manitoba c. R117-R.M. 113/2017 CCSM	Alberta HPA, RSA 2000, c H-7 Alta. Reg. 232/2005	British Columbia BC Reg. 284/2008
Diagnosing "common illnesses" presenting six characteristics	"Communicating to a patient or to his or her representative a diagnosis made by the member identifying, as the cause of the patient's symptoms, a disease or disorder." sect. 5.1 (1) par. 1	"Diagnose or assess a disease, disorder or condition, and communicate the diagnosis or assessment to the patient." sec. 2 (1) a)	"To assess, diagnose, plan and provide treatment and interventions and evaluate their effectiveness and to make referrals," sec. 3, clause. 1, par. b)	"*Assess, diagnose and provide treatment and interventions and make referrals.*" Schedule 24 sec. 3 a) ii) .	"*Make a diagnosis, identifying a disease, disorder or condition as the cause of the signs or symptoms of the individual*" sect. 8(1) b) 2

Quebec	Ontario	New Brunswick	Manitoba	Alberta	British Columbia
Prescribe diagnostic examinations	Apply or order the application of a prescribed form of energy.	Order and interpret screening and diagnostic tests, approved through the process set out in section 10.3. Order the application of forms of energy approved through the process set out in section 10.3. (Tests: Diagnostic imaging, ultrasound, magnetic resonance)	Order or receive reports of screening or diagnostic tests. Apply or order the application of forms of energy (ultrasound for diagnostic or imaging purposes, X-rays, axial tomography, magnetic resonance, electricity).	Prescribe and interpret diagnostic examinations.	Prescribe lab tests and other services, as well as X-rays, ultrasounds for a foetus, nuclear medicine, tomography scans and magnetic resonance for diagnostic purposes. Apply a form of energy such as a laser for the purpose of destroying tissue.
Use diagnostic techniques that are invasive or entail risks of injury.	Introduce an instrument, hand or finger: beyond a body orifice or into an artificial opening into the body		Introduce an instrument, hand or finger beyond a body orifice or into an artificial opening into the body	Introduce an instrument, hand or finger: Beyond a body orifice or into an artificial opening into the body	Introduce an instrument, hand or finger beyond a body orifice or into an artificial opening into the body Apply electricity for the purpose of destroying tissue or for cardiac care
Determine medical treatments					
Prescribe medical treatments					

Quebec	Ontario	New Brunswick	Manitoba	Alberta	British Columbia
Prescribe medications and other substances	Prescribing, dispensing, selling or compounding a drug in accordance with the regulations	Select, prescribe and monitor the effectiveness of drugs approved through the process set out in section 10.3 Prescribe vaccinations	Prescribe a medication or vaccination	Prescribe drug therapy, prepare, dispense and compound medications according to the regulations + blood or blood products	Prescribe, compound, prepare/distribute and administer a drug by any method
Use diagnostic techniques that are invasive or entail risks of injury	Perform a procedure below the dermis or mucous membrane Set or cast a fracture of a bone or dislocation of a joint; reduce a dislocation of a joint		Performing a procedure on tissue: below the dermis; below the surface of a mucous membrane; on the surface of a cornea Setting or casting a fracture of a bone or dislocation of a joint; reduce a dislocation of a joint	To cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue below the dermis or the mucous membrane To reduce a dislocation of a joint To set or reset a fracture of a bone	Set or cast a fracture of a bone, reduce a dislocation of a joint
Provide pregnancy care for normal and low-risk pregnancies			Managing labour or delivery of a baby within an institution that provides obstetric services		

Quebec	Ontario	New Brunswick	Manitoba	Alberta	British Columbia
	Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.		Performing a psycho-social intervention with an expectation of modifying a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behaviour, the capacity to recognize reality, or the ability to meet the ordinary demands of life.	Performing a psycho-social intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs: i) judgement; ii) behaviour; iii) the capacity to recognize reality; or iv) the ability to meet the ordinary demands of life.	

Quebec	Ontario	New Brunswick	Manitoba	Alberta	British Columbia
	Medical assistance in dying: -The administering of a substance to a person, at their request, that causes their death; or -The prescribing or providing of a substance to a person so that they may self-administer the substance and in doing so cause their own death. Sec. 241.1 *Criminal Code* and *Regulations for the Monitoring of Medical Assistance in Dying* SOR/2018-166	Medical assistance in dying: -Assess the patient's eligibility for MAID; -Prescribe and administer the substance that will cause death; -Prescribe and provide a substance to a person so that they may self-administer the substance and in doing so cause their own death. Sec. 241.1 *Criminal Code* and *Regulations for the Monitoring of Medical Assistance in Dying* SOR/2018-166	Medical assistance in dying: -Assess the patient's eligibility for MAID; -Prescribe and administer the substance that will cause death; -Prescribe and provide a substance to a person so that they may self-administer the substance and in doing so cause their own death. Sec. 241.1 *Criminal Code* and *Regulations for the Monitoring of Medical Assistance in Dying* SOR/2018-166	Medical assistance in dying: -The administering of a substance to a person, at their request, that causes their death; or -The prescribing or providing of a substance to a person so that they may self-administer the substance and in doing so cause their own death. Sec. 241.1 *Criminal Code* and *Regulations for the Monitoring of Medical Assistance in Dying* SOR/2018-166	Medical assistance in dying: -The administration of a substance to a person who requests the substance and that is intended to cause the death of the person who requested the substance; and -The prescription or provision of a substance to a person who requests the substance and that the person who requested the substance may administer to himself or herself for the purpose of causing his or her own death. Sec. 1 a) b) B.C. Reg. 284/2008 M244/2008 Sec. 241.1 *Criminal Code* and *Regulations for the Monitoring of Medical Assistance in Dying* SOR/2018-166
			In relation to allergies: -Performing challenge testing by any method; -Performing desensitizing treatment by any method.		In relation to allergies: -Conduct challenge testing for allergies that involves injection, scratch tests or inhalation, if the individual being tested has not had a previous anaphylactic reaction;

					-Conduct desensitizing treatment for allergies, by any method

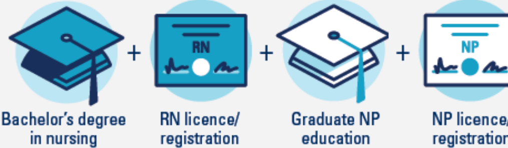
N. B. This table contains information from laws, regulations and official documents from nurses ‘orders from other Canadian provinces, which determine guidelines.

NURSE PRACTITIONERS – Untapped Resource

NURSE PRACTITIONERS (NPs) IMPROVE TIMELY ACCESS TO HIGH-QUALITY, COST-EFFECTIVE CARE in a broad range of health-care models. Through their practice and collaboration with other health-care providers, NPs reduce pressure on the health-care system.[1]

Education

6+ years of academic and clinical experience



Bachelor's degree in nursing + RN licence/ registration + Graduate NP education + NP licence/ registration

93% of Canadians are confident that NPs can meet their day-to-day health needs[2]

AUTONOMOUS ROLES FOR NPs:

- PERFORM PHYSICAL EXAMS
- ORDER TESTS
- DIAGNOSE & TREAT ILLNESSES
- WRITE PRESCRIPTIONS
- ADMIT / DISCHARGE
- PROVIDE REFERRALS

Number of Canadians receiving primary care from an NP:

3 million

Estimated 800 patients per NP[3]

IMPACT

IMPROVED ACCESS TO CARE[4]

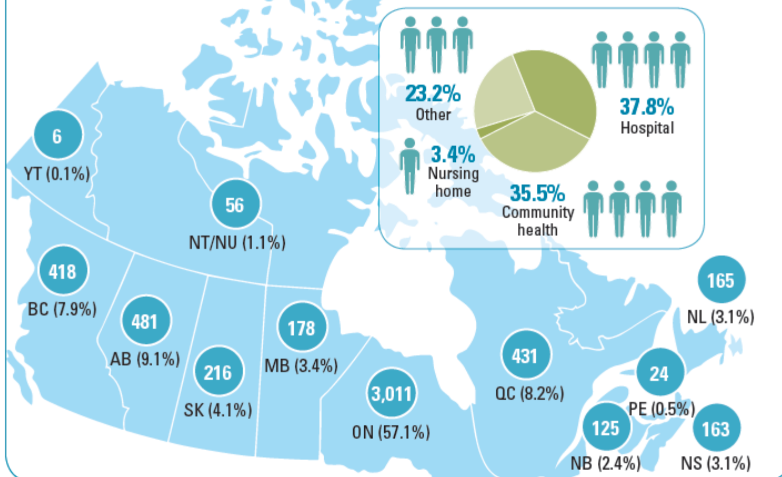
Decreased appointment wait times by offering same-day appointments for urgent patients or **within 3 days**[5]

20% reduction in emergency department admissions from long term care[6]

24% increase in family satisfaction with quality of care[7]

55% reduction in the use of multiple medications[8]

WHERE DO THEY WORK?[9]



1960s

Begin practising to increase the quality of health care in northern and underserved locations

1997

Becomes a regulated profession to address the increasing demand for primary health care

2006

1,162 NPs; Canadian Nurse Practitioner Initiative formed

2009

New regulations broaden scope of practice

2012

Federal government passes *New Classes of Practitioners Regulations*, granting additional prescribing authority for controlled drugs

2017

5,274 NPs

cna-aiic.ca/np

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[ii] World Health Organization (WHO). *Noncommunicable diseases.* Online: https://www.who.int/ncds/en/
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