

April 4, 2019

TO: The Honorable Mark Furey  
Chair, The Law Amendments Committee  
Via the office of the Legislative Counsel, [legc.office@novascotia.ca](mailto:legc.office@novascotia.ca)

RE: Bill 121: Nursing Act

### **Introduction**

In September of 2018, representatives from Doctors Nova Scotia met with representatives of the College of Registered Nurses of Nova Scotia and the College of Licensed Practical Nurses of Nova Scotia to discuss a proposed new nursing act. We were advised that this act was intended to combine the regulatory efforts of both Colleges into one new nursing regulator for the province of Nova Scotia. We were educated on how this new legislation would impact the scope of practice of licensed practical nurses (LPNs), registered nurses (RNs), and nurse practitioners (NPs).

Doctors Nova Scotia was very appreciative of the opportunity to learn of the proposed changes arising from the re-write of the two existing statutes. We learned about the respective colleges' legislated accountability to the public and their priority to ensure that the interests of Nova Scotians were maintained as their top priority, as well as how the proposed new act would enable the new nursing regulator to remain current, relevant and nimble in the future as the needs of Nova Scotians evolve. Doctors Nova Scotia supports this initiative and applauds the nursing profession for organizing itself in this fashion. This is no small task and exemplifies the collaborative alignment that our health-care system so dearly needs.

The concerns we are bringing forward to the Law Amendments Committee are specific to removing from legislation the requirement that NPs collaborate with physicians to provide optimum patient care. We believe this change is unnecessary, that it devalues the importance of collaboration between providers and, most importantly, that it may negatively impact patient care.

Let us say up front that this is not about territorialism. Almost all physicians in Nova Scotia work very collaboratively with other health-care providers. Many work directly with NPs and can personally attest to the value NPs bring to the system. We firmly believe that there is an important place within our health-care system for all providers. We believe even more firmly that effective collaboration is essential. Our concerns with Bill 121 relate solely to the issue of enabling effective collaboration between providers.

### **Collaboration between Physicians and Nurse Practitioners**

Primary care is the backbone of Nova Scotia's health-care system. It is the first place people go for health care or wellness advice and programs, the treatment of a health issue or injury, and diagnosis and management of a health condition.

Having access to primary care is an important way to improve the health of Nova Scotians and to create a more sustainable health-care system. Creating an environment where all Nova Scotians have access to primary care will require our health-care system to evolve. Primary care teams, with a variety of providers

working together to support community health needs, are a critical part of that evolution. Collaboration between physicians and nurse practitioners, and a variety of other health-care providers, is essential to the success of those teams to ensure optimal care for Nova Scotians.

There are several enablers to successful collaboration. Chief among them are formal established relationships between providers and the development of trust and confidence in one another's clinical skills. Bill 121 proposes to remove language from the current *Registered Nurses Act* that requires NPs to establish a relationship with a physician or group of physicians. It is the considered view of DNS that removing that requirement could undercut effective collaboration between physicians and NPs and negatively impact continuity of care

The current *Registered Nurses Act* contains a definition of "collaborative practice":

2 (d) "collaborative practice" means a relationship among a nurse practitioner, a physician or group of physicians, an employing organization and other health professionals who are relevant to the nurse practitioner's practice, that enables the health-care providers in this relationship to work together to use their separate and shared knowledge and skills to provide optimum client-centered care in accordance with standards of practice for nurse practitioners and the guidelines for collaborative practice teams and employers of nurse practitioners approved by the College;

It also defines the "practice of a nurse practitioner" as:

2 (ak) "practice of a nurse practitioner" means the application of advanced nursing knowledge, skills and judgment in addition to the practice of nursing in which a nurse practitioner in collaborative practice may, in accordance with standards for nurse practitioners, do one or more of the following: ...

Having pre-determined collaborative relationships between NPs and physicians facilitates optimal and efficient patient care. That established relationship means that a patient has a clear path to and from a physician and NP when either party reaches the top of their scope of practice and requires a hand-off or needs support. Without a formalized relationship, patient care may suffer. At the point when a provider hands off care of a patient to another provider, the trigger is often that the patient's condition is serious and beyond the scope of the first provider. Those hand offs should not cause delay or gaps in care; there should be a smooth, quick and predetermined relationship to support those very ill patients. The current *Registered Nurses Act* language necessitates and supports a formalized relationship. Bill 121 does not.

At Doctors Nova Scotia, we understand that establishing new – and strengthening existing – primary care teams is a key priority for the Nova Scotia government and the Nova Scotia Health Authority (NSHA). Doctors Nova Scotia has been advocating for several years for improved structures to support physicians in working collaboratively with health-care providers such as nurse practitioners and has developed a tool kit to support primary care physicians in transitioning to team-based primary care.

We believe that this is the time to reinforce messages that support all health-care practitioners in collaborating with one another, rather than changing that obligation or removing it altogether in legislation, as Bill 121 proposes. The current Act requires a mutual commitment by all collaborating partners to one another and to their collective patients. This could be enhanced or strengthened, but at the very least it should be maintained. Removal of this requirement is contradictory to the strategies of the Nova Scotia Health Authority and the directions of other allied health professions, including physicians.

It is worth noting, that the rules governing physicians in Nova Scotia have recently enhanced and strengthened the

importance of collaboration with other health professionals, including nurse practitioners. The governance structures that regulate physicians and nurse practitioners are different, so there isn't an exact physician equivalent to the proposed nursing legislation. However, the College of Physicians and Surgeons of Nova Scotia is legislated to regulate physicians and adopt a Code of Ethics to govern physicians. To be clear, this code is above a standard, practice or policy. In fact, the College of Physician and Surgeon's s references the code as a foundational justification for their authority. To physicians, The Code of Ethics, as adopted by the College of Physicians and Surgeons, holds the weight of law. This code was updated in 2018 and expanded to a Code of Ethics and Professionalism. Aside from a minor revision in 2004, this was the first major revision since 1996. This revision enhanced and strengthened the importance of collaboration. It is worrisome to see the proposed legislation governing nurses is moving in the opposite direction away from physicians and allied health professionals in general.

### **Response from the Colleges**

It is our understanding, as the Colleges shared with us at our briefing last fall, that they believe administrative barriers existed in their processes that delayed a nurse practitioner from being licensed and from being able to care for patients. The Colleges explained to us that removal of the legislated "collaborative practice relationship" requirement will help to remove barriers to full scope of practice for nurse practitioners. We disagree. We support NPs working to full scope, but we do not believe the current legislated requirement that NPs work within a "collaborative practice relationship" is a barrier to full-scope practice or to professional autonomy. We are not advocating for physician oversight. We are advocating for collaboration that enhances the ability of both parties to maximize the potential of their full scope of practice for the benefit of patients.

The justification provided by the Colleges for such a major change was that removal of this requirement and language from the proposed legislation was to address what was referred to as "administrative barriers to NPs practicing" (which we understand are related to challenges the College has with NPs' compliance with the College's protocols relating to 'confirmation' of a collaborative working relationship). If the genesis of this change relates to administrative challenges, we would argue that there must surely be solutions and streamlining opportunity within the administrative processes themselves, rather than removing a legislative requirement that exists to ensure NPs and physicians have pre-existing relationships in place to avoid any gaps in patient care.

A recent report on health workforce oversight in Ontario\* discusses how each health profession is regulated separately by a college and often by separate legislation which can lead to an uncoordinated and siloed approach to managing regulated health professions at a time when we are trying to build collaborative health-care teams. This report also notes that this siloed approach is a risk to collaboration and can lead to role confusion and a competitive environment among providers with overlapping scopes of practice.

Doctors Nova Scotia acknowledges the College's position that the expectation that NPs collaborate will remain unchanged as it is still articulated in the Nurse Practitioners Standards of Practice. However, our review of the NP Standards of Practice does not align with that assertion. While the current Act specifically outlines the expectation that nurse practitioners will work in collaboration with physicians and other relevant health professionals to provide optimum patient care, the Standards of Practice are far less specific (they include only a broad and generic expectation about "establishing collaborative relationships" but do not require a formal relationship with a physician). Furthermore, while amendment to a statutory requirement to collaborate requires an act of the legislature, Standards of Practice can, and do change over time. To illustrate our point, we note that the NP Standards of Practice, originally penned in 2002, has been revised six (6) times. In our view, an issue as important as the need for effective collaboration should remain in legislation, rather than being eligible for further dilution

to Standards of Practice that may ultimately remove the requirement for collaboration all together.

### Conclusion

Doctors Nova Scotia does not object to combining the regulatory efforts of the College of Registered Nurses of Nova Scotia and the College of Licensed Practical Nurses of Nova Scotia into one new nursing regulator for the province of Nova Scotia. Nor do we object to nurse practitioners practicing autonomously within their full scope of practice, without oversight by physicians.

We do, however, have concerns that the proposed legislative change regarding collaboration will send an unintended message to other practitioners, such as doctors, social workers, mental health professionals and other providers, that nurse practitioners no longer need or value collaboration. By association, it may also send the message that the Nova Scotia government and the NSHA feel the same way, at a time both have expressed commitment to and value in the establishment of collaborative practice teams to better serve Nova Scotians. Most importantly, we fear that the removal of legislated formal collaboration could have a negative impact on continuity of care. Formal collaboration ensures all providers have made a pre-determined, planned, and mutual commitment to one another, and to their collective patients. It ensures if and when shared care, consultation or transition of care is needed, that there is a clear path for patients and providers. It guarantees that patients have access to the care they need, when they need it.

Therefore, we urge you to reconsider the decision to remove this important language about collaboration from Bill 121.

Sincerely,



Tim Holland MD, CCFP (EM)  
President

\* Waddell, K., Moat, K. A., Lavis, J. N., & McMaster Health Forum. (2017). *Evidence Brief: Modernizing the Oversight of the Health Workforce in Ontario* Retrieved from <https://www.mcmasterforum.org/docs/default-source/product-documents/evidence-briefs/workforce-oversight-eb.pdf?sfvrsn=2>

*Enclosure*

## APPENDIX A

Following are the relevant excerpts from the current *Registered Nurses Act* and the current Nurse Practitioner Standards of Practice 2018. The current *Act* includes a specific expectation that nurse practitioners work in collaboration with physicians and other relevant health professionals to provide optimum patient care. Bill 121 will remove that requirement in favour of the Standards of Practice, but those Standards do not include any specific requirement to work in collaboration with physicians; they include only a broad and generic expectation about “establishing collaborative relationships”. In addition, as noted above, the Standards can be revised at any time without involvement of the Legislative Assembly.

### ***Registered Nurses Act***

- 2 (d) “collaborative practice” means a relationship among a nurse practitioner, a physician or group of physicians, an employing organization and other health professionals who are relevant to the nurse practitioner’s practice, that enables the health-care providers in this relationship to work together to use their separate and shared knowledge and skills to provide optimum client-centered care in accordance with standards of practice for nurse practitioners and the guidelines for collaborative practice teams and employers of nurse practitioners approved by the College;
- 2 (ak) “practice of a nurse practitioner” means the application of advanced nursing knowledge, skills and judgment in addition to the practice of nursing in which a nurse practitioner in collaborative practice may, in accordance with standards for nurse practitioners, do one or more of the following:
- (i) make a diagnosis identifying a disease, disorder or condition,
  - (ii) communicate the diagnosis to the client and health care professionals as appropriate,
  - (iii) perform procedures,
  - (iv) initiate, order or prescribe consultations, referrals and other acts,
  - (v) order and interpret screening and diagnostic tests, and recommend, prescribe or reorder drugs, blood, blood products and related paraphernalia,

and also includes research, education, consultation, management, administration, regulation, policy or system development relevant to subclauses (i) to (v);

### **Nurse Practitioner Standards of Practice, 2018**

#### **Standard 5: Collaboration, Consultation and Referral**

Nurse practitioners establish collaborative relationships with other health professionals. They initiate and accept consultations and referrals related to client care. Consultations and referrals may occur in person, by telephone, in writing or electronically, as appropriate to individual situations.

#### **Nurse practitioners:**

- 5.1 Communicate with the most appropriate health professional(s) for consultation or referral when clients’ health care needs go beyond the nurse practitioner’s individual or regulated scope of practice or when another professional’s expertise is required.
- 5.2 Evaluate advice and recommendations for treatment from other health professionals.

- 5.3 Communicate recommendations from consultations or referrals with clients and appropriate members of the health care team.
- 5.4 Provide consultations and accept referrals from other health professionals when appropriate.