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## Executive Summary

The regulation of the nursing profession<sup>1</sup> has a long history in Nunavut (previously Northwest Territories (NWT)), as the Registered Nurses Association of the Northwest Territories and Nunavut<sup>2</sup> (RNANTNU) was established in 1975. The regulation of the professions has advanced significantly since then.

Registered Nurses (RNs) and Nurse Practitioners (NPs) are currently regulated in Nunavut under the *Nursing Act*, S.Nu.2008, c.18, s.60, which establishes RNANTNU as the regulatory body for RNs and NPs. Nunavut's *Nursing Act* refers directly to the NWT *Nursing Profession Act*, as the Government of Nunavut (GN) adopted the Act from NWT when Nunavut was created in 1999. As both Nunavut and the NWT governments follow the same legislation, RNANTNU functions in both territories, using the same policies and bylaws that are recognized in both jurisdictions.

Currently, Licensed Practical Nurses (LPNs) and Registered Psychiatric Nurses (RPNs) are not regulated under Nunavut's *Nursing Act*. LPNs are registered through the Department of Health (Health) and are regulated under the *Licensed Practical Nurses Act* (S.Nu.2010, c.25). RPNs practicing in Nunavut are registered in other jurisdictions in Canada. Each nursing profession has a distinct role in the health care system. However, there is joint interest in creating consistent regulations of the nursing professions. This can be achieved through amending the *Nursing Act* to include LPNs and RPNs under a single regulatory framework. Establishing one nursing regulator would provide an enhanced, consistent, efficient, and collaborative approach to nursing regulation. Each category of nurse – RNs, NPs, LPNs, and RPNs – would remain distinct as they are now with their own unique roles within the nursing profession.

These proposed amendments to the *Nursing Act* are consistent with Inuit Societal Values (ISV), including:

- *Piliriqatigiinniq/Ikajuqtigiinniq* (working together for a common cause), reviewing the *Nursing Act* would result in a streamlined administrative process and better care for Nunavummiut.
- Having one regulator for all nursing professions in Nunavut would reduce the territory's reliance on nursing regulators in other jurisdictions to provide oversight for professional conduct, demonstrating *Qanuqtuurniq* (being innovative and resourceful). It also allows Nunavut to keep abreast of new developments and standards when it comes to the regulation of the nursing professions.
- Potentially expanding the Act to include LPNs and RPNs would enable a wider, more diverse nursing workforce to care for Nunavummiut, encouraging

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<sup>1</sup> For the purposes of this Discussion Paper, references to “nursing profession(s)” or “nursing professional” include the collective group of LPNs, RPNs, RNs, and NPs.

<sup>2</sup> RNANTNU may consider changing the name of the association to incorporate all nursing professions.

*Inuuqatigiitsiarniq* (respecting others, relationships and caring for people).

- Additionally, in the spirit of *Tunnganarniq* (fostering good spirits by being open, welcoming, and inclusive), both pre-consultation and potential amendments to the *Nursing Act* would be inclusive and in the interest of public safety.

## Consultation Process

In August 2021, a Discussion Paper was developed outlining policy elements requiring further consultation. The Discussion Paper was shared among nursing professionals, nursing employers, other health care professionals, and regulatory stakeholders, between August 20, 2021, and September 18, 2021.

The Discussion Paper was presented to participating nursing employees at a Microsoft Teams meeting on August 31, 2021. The Discussion Paper was also shared directly through email to LPNs, RPNs, medical practitioners, dental practitioners, pharmacists, nursing agencies, medivac service providers and regulatory organizations for registered nurses, licensed practical nurses and registered psychiatric nurses across Canada.

The Discussion Paper was shared again in public consultations from March 18, 2022, to April 14, 2022. The Discussion Paper was posted to the Department of Health (Health) website, a public service announcement was circulated throughout the consultation period, and a Minister's Statement was made regarding the consultations during the Winter 2022 sitting of the Legislative Assembly. The public was able to provide feedback via email, fax, or mail.

In total, feedback was received from 16 respondents, they included RNs, LPNs, RPNs, medical practitioners and nursing regulatory bodies.

## Summary of Findings by Key Themes

### **One Regulatory Framework**

Four respondents agreed that one regulatory college for regulated nursing professionals would be a benefit. In the second consultation period six respondents agreed that one regulatory college for regulated nursing professionals would be a benefit. One respondent felt that the regulatory body should be located in Nunavut not the Northwest Territories.

*In small jurisdictions, particularly where a profession is not currently self-regulated, the benefit of pooling resources with similar professions may substantially outweigh the benefit of independent self-regulation.*

### **Scope of Practice**

There was recognition that there is overlap in the scope of practice in the four nursing categories of RN, NP, LPN, and RPN. Two nursing regulatory bodies mentioned that

scopes of practice should be harmonized across jurisdictions. In the second consultation period an additional regulatory body and two respondents echoed original feedback and commented that scopes of practice should be harmonized across jurisdictions.

*Scope of practice should be harmonized with the scope of practice in other provinces. There is a substantial overlap between education and skills of LPNs and those of RNs, especially since 2009.*

*There should be harmonization across Canadian jurisdictions where there is overlap with another nursing category.*

### **Code of Ethics and Standards of Practice**

The code of ethics could be universal to all nursing professions. There are differences, such as RPN emphasis on the therapeutic relationship and the nature of psychiatric nursing practice. Feedback from a nursing regulatory body recognized that although there was overlap in the standards of practice between RN and LPN, standards for RPN did differentiate. Harmonization of standards is beneficial, however, have substantial risk as the educational requirements are not the same for all four nursing professions.

Comments from the second consultation period reflected the comments provided in the pre-consultation period.

*There are overall differences in the Code of Ethics for the RPN profession, when compared to the RN and LPN counterparts. The major differences relate to the nature of psychiatric nursing practice and the emphasis on the therapeutic relationship.*

*Greater harmonization between nursing professions is beneficial but there is also increased risk with such harmonization. RNs are a larger profession with greater educational requirements, there is a substantial risk that harmonization largely becomes a process of imposing RN standards and codes on LPNs, rather than a harmonization that effectively address the needs of both professions.*

However, other respondents were in support of one universal code of ethics and standard of practice.

*Code of Ethics could be universal. The principles of ethical behavior in nursing should be the same regardless of which health care provider is providing care.*

*There needs to be a single standard of practice upon which to hold nurses accountable to build sustainable programming.*

*There should be clear connections to the Scope of Practice and Code of Ethics*

*and these should be drawn in a singular set of standards.*

### **Continuing Competence Program**

There was a general theme that requirements for continuing competence should align with the requirements with other regulatory bodies for the respective nursing profession for mobility of the practitioner into Nunavut and other jurisdictions. In the second consultation period the comments reflected the feedback from the pre-consultation period.

*Harmonize requirements with other regulatory bodies for respective nursing professions would likely result in a greater benefit for Nunavut to attract LPNs to register with the regulatory jurisdiction.*

*If RN standards are different that LPNs standards elsewhere in the country, matching LPN standards to RN standards in Nunavut would limit mobility of LPNs and may not meet requirements for initial registration.*

*Continuing competency requirements should be mandatory as Health Care is forever hanging and health professionals are lifelong learners.*

### **Telehealth**

There was consensus that the practitioner should be licensed in the jurisdiction where virtual care is being provided and there should be a simplified process and alternate fee rate for a virtual care only license.

In the second consultation an additional regulatory body stated that at this time this could only happen through intra-jurisdictional agreements.

*When providing care (telehealth) to Nunavut patients, the practitioner should be licensed in this jurisdiction.*

*Simplify means of registration to provide virtual care, simplified procedure, alternate fees for temporary registration or registration restricted to virtual care only.*

*If the practitioner needs to be licensed in the jurisdiction where the client is located the process should not be so onerous to discourage this licensing process, and thereby reducing access to virtual care for the residents of Nunavut.*

There was a suggestion that a bilateral or multilateral agreements could be developed granting reciprocal right of practice interjurisdictionally for virtual care.

### **RN Prescribing and Test Ordering in Nunavut**

It was thought that Nunavut could greatly benefit from RNs high scope of practice. In the second round of consultations, responses were also in favour of providing RNs

with the authority to prescribe and order diagnostic testing.

*Our unique rural and remote practice setting would benefit from the highest scope of practice. Would this be just for the nurses practicing in the communities where there are no physicians? Or is there a role for enhanced scope for nurses practicing in Iqaluit?*

*Further education would be required for this to happen, a RN must have the expertise and competence to prescribe and order and interpret diagnostic testing.*

*The prescriber should only order and interpret test results that are relevant to the prescription to generate.*

It was also suggested that consideration should be given to RPN prescribing as this is being discussed in the four provincial RPN regulatory bodies. The need to ensure resources are in place to support nurse prescribing and the need to include stakeholders in the development of Clinical Decision Tools (CDT) that are evidence informed.

*Consult key stakeholders including nurses, nursing employers and nursing associations to determine the content that should be included in establishing CDTs.*

### **Modernization of Professional Conduct Provisions**

Suggestions were received for alternative dispute resolutions and fitness to practice mechanisms.

*Consider alternative dispute resolution and/or fitness to practice mechanisms be included.*

*Must be regulatory considerations, establishing initial and ongoing competence requirements, regulations and standards development.*

In the second consultation period one respondent suggested:

*That serious complaints should perhaps be investigated by a southern jurisdiction as they may have further experience and the process may be perceived as more impartial.*

### **Inuit Societal Values**

The need to involve Inuit and incorporate Inuit Societal Values (ISV) was clearly identified throughout both consultation periods.

## Conclusion

The feedback obtained from pre-consultations and the second consultation period was overall supportive of the proposed changes. Feedback from nursing regulatory bodies offered support and a willingness to share documents that exist in their jurisdiction.

Feedback received from both consultation periods will inform the development of the legislation.