

Registered Nurse Prescribing Referral

Criteria for Assessment of Prescribing Models

Background Information

About HPRAC

The Health Professions Regulatory Advisory Council (HPRAC) was established under the *Regulated Health Professions Act, 1991* (RHPA), with a statutory duty to advise the Minister of Health and Long-Term Care on the regulation of health professions and professionals in Ontario. This duty includes providing advice on:

- Whether unregulated health professions should be regulated;
- Whether regulated health professions should no longer be regulated;
- Amendments to the RHPA;
- Amendments to a health profession's Act or a regulation under any of those Acts;
- Matters concerning the quality-assurance programs and patient-relations programs undertaken by health colleges; and
- Any matter the Minister refers to HPRAC relating to the regulation of the health professions.

In providing its advice and preparing its recommendations, HPRAC is independent of the Minister of Health and Long-Term Care, the Ministry of Health and Long-Term Care, the regulated health colleges, regulated health professional and provider associations, and stakeholders that have an interest in issues on which it provides advice. This ensures that HPRAC is free from constraining alliances and conflict of interest and that it is able to carry out its activities in a fair and unbiased manner.

HPRAC presents its recommendations in a report to the Minister. Recommendations are advisory only and the Minister is not bound to accept HPRAC's advice. The report is confidential, although the Minister may choose to publicly release an HPRAC report. Any follow-up action is at the discretion of the Minister. Should the Minister choose to accept HPRAC's advice, the Ministry of Health and Long-Term Care is responsible for implementation based on the direction of the government.

In developing its advice to the Minister, HPRAC strives to ensure that its processes are thorough, timely and efficient, and built on a foundation of fairness, transparency and evidence-based decision-making. HPRAC undertakes research to support its conclusions, drawing on organizations and individuals with relevant expertise, in Ontario, other Canadian provinces and around the world, and adjusts its consultation process for each profession it considers.

The Registered Nurse Prescribing Referral

On November 4, 2015, the Minister of Health and Long-Term Care, the Hon. Dr. Eric Hoskins, directed HPRAC to conduct broad consultations with key partners within the nursing and health care community to assess the following three models for Registered Nurse (RN) prescribing:

- Independent Prescribing;
- Supplementary Prescribing; and
- Use of Protocols.

HPRAC has been requested to provide the Minister with the results of its consultation along with its recommendations related to which model is most appropriate for Ontario. The Minister has requested a summary of consultations and recommendation by March 31, 2016.

HPRAC's Criteria for the RN Prescribing Referral

HPRAC's recommendation(s) will be based on its assessment of which model of RN prescribing best meets the criteria listed below.

Risk of harm and public need are considered equally and are the criteria most heavily weighted by HRPAC when considering RN prescribing. The remaining criteria are ranked in order of importance and each criterion is carefully considered by HRPAC.

1. Risk of Harm

If the proposed model(s) of RN prescribing presents an increased risk of harm, methods to mitigate risk must be consistent with the education, training and competencies of members of the profession and provide assurance that patients or clients will be cared for within evidence-based best practices.

Public Need

A significant public need would be met as a result of the adoption of the proposed model(s) and puts patients first by increasing access to care.

2. Body of Knowledge

There is a systematic body of knowledge within the profession to perform the model(s) of RN prescribing and the adoption of the model(s) is broadly accepted within the profession.

3. Education and Accreditation

Members of the profession have, or will have, the knowledge, training, skills and experience necessary to carry out the duties and responsibilities involved in the proposed model(s) of RN prescribing. In addition, education programs are, or will be, appropriately accredited by an approved accreditation body.

4. Economic Impact

The potential economic impact resulting from the adopting of a model(s) of RN prescribing on the profession, the public and the health care system is understood.

5. Relevance to the Health Care System and Relationship to other Professions

The model(s) of RN prescribing is consistent with the evolution of the health care delivery system, and is conducive to integrated, team-based, collaborative care models.

6. Relevance to the Profession

The proposed model(s) of RN prescribing is rationally related to the practice of the profession, providing recognition and authority for existing competencies, and to the qualifications and competencies of members of the profession.