

# ENGAGEMENT

THE CANADIAN NURSES PROTECTIVE SOCIETY

2016 ANNUAL REPORT



Canadian Nurses  
Protective Society

## MISSION STATEMENT

The CNPS exists so that Canadian nurses are enabled to effectively manage their professional legal risks, and are appropriately assisted when in professional legal jeopardy.

The Canadian Nurses Protective Society (CNPS) was established in 1988 by provincial and territorial nursing associations and regulators to create a national, not-for-profit society to provide comprehensive professional liability protection for their members, and to protect the public they serve.



# How Does the CNPS Assist Nurses?

## CNPS. *More* than liability protection.

CNPS is the Canadian nursing profession's own legal support system:

- Professional liability protection specifically tailored to nurses, whether providing care in a hospital, clinic, independent setting or as volunteers
- Occurrence-based protection: a CNPS beneficiary\* remains eligible for protection for any incident that occurred while a CNPS beneficiary, irrespective of when a claim is presented or a civil action is initiated
- One-to-one access to lawyers for legal advice or assistance
- Up-to-date education and expertise on legal trends and legislation that affect nursing practice
- CNPS assistance includes legal representation and the payment of legal expenses from the onset of proceedings
- Optional legal support for regulatory matters (College complaints)

*\*All nurses eligible for CNPS services, including professional liability protection, are referred to as 'CNPS beneficiaries'*

Visit Beneficiary Services at [cnps.ca](http://cnps.ca) for a complete list of our services.

## MESSAGE FROM THE PRESIDENT

Canadian nurses practise within a health-care environment that evolves rapidly and continues to grow in complexity. The Canadian Nurses Protective Society (CNPS) and its Board of Directors stand alongside Canadian nurses as their trusted provider of professional liability protection, committed to helping them effectively manage their professional legal risks and providing them with appropriate assistance if they face legal jeopardy.

As a not-for-profit organization, created by nurses for nurses, the CNPS is led by a board of nursing leaders from across Canada. Through our engagement, we work closely with nursing leaders to ensure that more nurses benefit from our occurrence-based protection, risk-management education, and comprehensive legal support services.

In the coming months and years, we may see the merger of a greater number of nursing regulators. The CNPS Board will be here to consider extending our discretionary assistance to the broader family of nursing to meet the evolving needs of nurses across Canada.

The CNPS is committed to being an effective steward of the funds our members and beneficiaries have entrusted to us. We remain committed to fiscal responsibility and good governance. In 2016, a new subcommittee, the Finance and Audit Committee, was created to assist the Board in fulfilling its fiduciary duties by ensuring that our legal assistance fund is stable, adequately funded, and sustainable for many years to come.

One of the roles of the Board is to monitor emerging trends and issues, in part through our quarterly environmental scan. This process allows us to identify issues that are of most concern to nurses and to appropriately engage with member nursing

organizations as well as key health-care stakeholders across Canada to ensure that the interests of nurses are protected. It is clear that in the coming months, new nursing standards and laws regarding prescribing, privacy, the practice of nurses in private clinics, end of life and medical cannabis will have complex legal implications for nurses. As these issues evolve, the CNPS will continue to provide legal support to its members and beneficiaries through direct intervention, by collaborating and consulting with member organizations on policy development, and by providing written and oral submissions to governments.

Through the years, nurses have seen their scope of practice expand and evolve. In step with these changes, the CNPS began receiving an increasing number of requests from nurses across Canada to provide assistance with regulatory complaints and investigations. In 2016, the CNPS responded by offering its beneficiaries Supplementary Protection – a new service to assist nurses with providing a meaningful response to complaints filed with their regulatory body. The CNPS Board continues to look for innovative ways to further assist our beneficiaries.

Today, more than 130,000 of Canada's registered nurses and nurse practitioners are CNPS beneficiaries. As the needs of our member organizations and beneficiaries change, the CNPS will continue to adapt to serve them accordingly. The Board will continue to focus on ensuring that each nurse has the necessary information about professional liability protection and risk to practise safely and effectively.

On behalf of the Board of Directors, I want to reaffirm our enduring support to our members and beneficiaries across Canada. My thanks go to the Board of Directors, the CNPS CEO, Chantal Léonard, and the staff for their dedication to make the CNPS the go-to resource for professional liability advice, assistance and services. As the nursing practice environment continues to grow, the CNPS will be there to ensure that our beneficiaries receive the information, support and protection they need to provide the best possible care to their patients.



Mary Ellen Gurnham  
President, CNPS Board of Directors



## VIDEO MESSAGES - FOR ONLINE VERSION



## MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

**T**he CNPS has a strong history of engagement and collaboration with the nurses of Canada. This year's theme - Engagement - aptly describes the work that the CNPS conducted on behalf of its beneficiaries across Canada in 2016. Through submissions on several key drafts of legislation, collaborating with national and member associations, welcoming new member organizations and partnerships with stakeholders, and providing new and valued services to our beneficiaries, the CNPS continues to engage in assisting nurses from coast to coast.

Engagement begins with ensuring access to our services. We were pleased to extend our assistance and support to the registered nurses and nurse practitioners of British Columbia for the first time in March 2016. In addition, the Canadian Nurses Association (CNA) and the CNPS collaborated to enable individual CNA members to become CNPS beneficiaries directly from the CNA website. We also worked closely with nursing leaders in Manitoba to provide a smooth transition of membership from the College of Registered Nurses of Manitoba to the Association of Registered Nurses of Manitoba to ensure all Manitoba registered nurses and nurse practitioners would continue to have professional liability protection through the CNPS.

Every day, the CNPS answers numerous legal questions from nurses across Canada. Their questions reflect a deep concern for the well-being of their patients and demonstrate a sophisticated understanding of the potential implications of changes in the health-care system for providing nursing care. These important discussions and engagements with nurses allow us to anticipate shifts at the forefront of the practice of nursing, and to better anticipate and prepare for shifts in health care. Listening to nurses and anticipating change is a vital part of how we prepare to support them.

We also prepare for change by engaging with member organizations and stakeholders. In 2016, with the collaboration and strong support of member organizations and the CNA, we contributed to the national debate on medical assistance in dying (MAID). We continue to serve as a national resource on this issue to our beneficiaries, members and stakeholders. Our formal submissions also focused on the application of health privacy legislation and RN prescribing.

Our experience reflects that, as health-care issues increase in legal complexity, more nursing associations and individual nurses are turning to the CNPS for legal advice, legal education, assistance and professional liability protection. Year over year, the CNPS continues to see a significant increase in requests for our specialized legal advice and assistance.

The CNPS remains committed to being a valued resource for Canadian nurses, focusing on key issues of concern to them that most affect the practice of nursing. The CNPS will keep its finger on the pulse of relevant legal trends and health-care issues to ensure that Canadian nurses receive timely, legal support and the professional liability protection they need to provide the best possible care to their patients.

The myriad of successful engagements undertaken by the CNPS are a testament to the high level of engagement and dedication of the President, the Board of Directors and CNPS staff. I am grateful to each and every one of them for their expertise and commitment. I would also like to thank our member organizations across Canada for working together to ensure their members have the resources they need in their practice.



Chantal L. Léonard  
Chief Executive Officer





## Nurses who inspire us

### Advocating for the safe use of social media to enhance nursing practice

#### Rob Fraser

Rob Fraser believes in the power of digital-communication tools and social media to improve health outcomes. He also believes that nurses can play a leading role in developing and deploying digital tools that can transform the health-care system and the nursing profession.

A Toronto-based RN with a master's degree in nursing, Rob is also a published author and a respected digital-tool strategist. His first book, *The Nurse's Social Media Advantage*, won the 2011 American Journal of Nursing Book of the Year award.

Rob participated in the Canadian Nurses Association's National Expert Commission on the future of health care and created Nursing Ideas, a website that shares nursing knowledge by connecting nursing students with leaders, researchers and innovators in health care.

This busy RN currently coordinates a clinic for street-involved youth at Covenant House Toronto, maintains an Adjunct Assistant Professor appointment at Western Ontario University, and works with companies on strategy and marketing. Rob has also volunteered on local and international community development projects in Trinidad and Tobago, India and Cambodia.

### "I told my mother, 'I will never stop fighting in your memory.' And I haven't."

#### Maike van Niekerk

After losing her mother to cancer, Maike van Niekerk was inspired to help others undergoing cancer treatment. While studying for her Bachelor of Science in Nursing at Dalhousie University, Maike started a charity, Katrin's Karepackage, to help cancer patients pay for the travel costs associated with treatment.

To launch the charity, Maike biked more than 1,000 kilometres across Newfoundland to symbolize the long distances some patients need to travel to access treatment. To publicize the charity, Maike ran seven consecutive marathons across Newfoundland the next year, and to date, has raised more than \$110,000 for cancer patients.

To say that Maike is an exceptional young woman is an understatement. Named as one of Canada's Top 20 Under 20, she continues to volunteer for numerous charities, and has earned several scholarships and awards for her academic and humanitarian accomplishments. In the fall of 2017, this inspiring nurse will continue her studies as a Rhodes Scholar at Oxford University with the goal of improving the psychological well-being of patients.

"I told my mother, 'I will never stop fighting in your memory.' And I haven't."

## 2016 NEW AND ENHANCED SERVICES

CNPS improved access to its services for registered nurses and nurse practitioners in 2016 in three significant ways.

### 1.

For member organizations, a new Registration & Renewal System (RRS) was developed.

### 2.

For nurses in BC, the College of Registered Nurses of British Columbia became a new member organization, enabling their members to have CNPS beneficiary status as of March 2016.

### 3.

The CNPS collaborated with the Canadian Nurses Association to offer registration through the CNA website.

#### CNPS ENGAGEMENT

There was an increase of over 60% in nurses becoming CNPS beneficiaries through Independent, Individual Beneficiary access in 2016.

#### NEW SERVICE

### CNPS Supplementary Protection

Anticipating and responding to our beneficiaries' requests, the CNPS introduced Supplementary Protection. Supplementary Protection provides assistance with complaints against nurses by their regulatory body ("College complaints") and assistance with disciplinary and fitness-to-practice hearings. Within the first year of launch, nurses from every province and territory have registered for CNPS Supplementary Protection.



# MANAGING RISK



## ADVICE AND ASSISTANCE

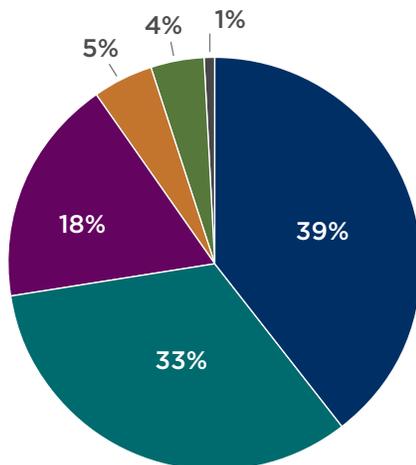
The CNPS provides its beneficiaries – registered nurses and nurse practitioners across Canada – with confidential legal advice and assistance related to their nursing practice. When beneficiaries call CNPS, they receive personalized advice and assistance from legal advisors with extensive experience in nursing and health law, at no additional cost.

### CNPS ADVICE AND ASSISTANCE – FOCUSED ON PREVENTION

As the Canadian health-care environment becomes more complex, the CNPS continues to see a rise in requests for advice and assistance from beneficiaries. The CNPS provides beneficiaries with confidential advice and assistance which is focused on preventing harm and is personalized to their unique circumstances.

There has been a **50%** increase in requests for legal services to CNPS since 2012.

Types of Calls to CNPS  
From Nurses in 2016 (%)



Legal Risk Management calls were the largest category of calls from nurses in 2016.



Legal Risk Management calls increased by **27%** in 2016.

### Top 5 Legal Risk Management topics in 2016

1. Assessment of legal risk or legal liability in specific circumstances
2. Documentation
3. Compliance with confidentiality and privacy legislation
4. Participation in legal proceedings or provision of witness statement
5. Request for CNPS analysis of legal documents (reviewing legal documents such as contracts, bylaws, policies or legislative interpretation)

Requests for CNPS analysis of legal documents have tripled in 2016.



## FINANCIAL ASSISTANCE TO NURSES

The CNPS provides assistance to its beneficiaries in the following circumstances: claims and civil proceedings; criminal investigations and prosecutions; statutory offences; witness appearances; and when it may be necessary to reduce the nurse’s liability risk or the risk of harm to a patient.

### LEGAL SUPPORT FOR NURSES

The CNPS offers legal support tailored to the unique needs of every nurse.

The CNPS provides assistance to its beneficiaries by retaining an experienced lawyer to represent them and, if applicable, paying court-awarded damages on their behalf.

The CNPS provides a wide range of legal support to nurses, including:

- Civil litigation and threats: allegations such as negligence, breach of privacy and sexual abuse;
- Criminal investigation and prosecution: speaking with the police about a patient’s death; allegations such as assault or theft of narcotics;
- Miscellaneous: legal assistance to contain or mitigate a legal risk, and appropriately respond to circumstances that could compromise patient safety;
- Assistance with regulatory matters in the event of a College complaint (additional costs apply).

Visit Beneficiary Services at [cnps.ca](http://cnps.ca) for a complete list of our services.

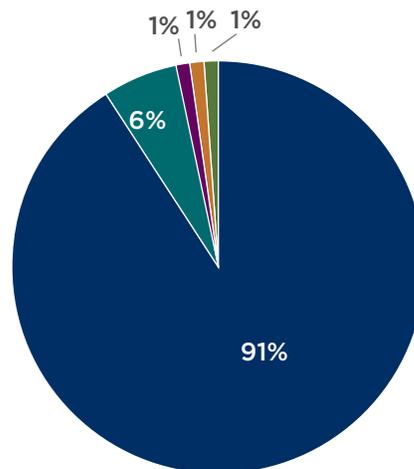
#### Anticipating the Unexpected

CNPS’s discretionary model enables us to provide assistance beyond the scope of most claims-made policies. Here are two examples of unusual circumstances where CNPS could extend assistance to a beneficiary:

Simone, a nurse practitioner, provides primary care on a military base. Her care is under review in the context of a hearing conducted by the military following the death of a patient. Because Simone has been advised that some evidence may lead the Board to be critical of her care, which in turn could lead to a civil action, the CNPS appoints a lawyer with expertise in health care and military legal proceedings to ensure that she is in a position to adequately respond to concerns raised during the hearing.

Justin, an RN, has stopped providing foot-care services to patients in their homes to accept a full-time position in a rehabilitation centre. Justin subsequently learns that an unregulated health-care provider is now providing foot-care services to his former patients and is claiming that he is doing so under Justin’s delegated authority. Responding to Justin’s request for assistance, the CNPS takes legal measures to address the situation and prevent harm to Justin’s patients.

2012-2016 Incurred Costs by Type of Assistance (%)



- Civil Litigation and Threats
- Criminal Investigation and Prosecution
- Miscellaneous
- Statutory Breach
- Fatality Inquiries/Coroner's Inquests

The vast majority of incurred costs on behalf of beneficiaries over the 2012-2016 period were for civil litigation and threats.

# ENGAGEMENT WITH BENEFICIARIES



## EDUCATIONAL PRESENTATIONS

The CNPS shares its extensive risk-management information with its beneficiaries so that they can understand their professional obligations with the goal of providing safe care to patients.

## MEETING THE INFORMATION NEEDS OF BENEFICIARIES

The CNPS provides a wide array of educational materials – from speaking engagements and in-person educational sessions, to customized webinars, web articles and publications.

### 2016 Presentation Topics

- The Nurse, the Chart and the Law
- Medical Assistance in Dying
- Privacy and e-Professionalism
- Independent Practice
- Collaborative Practice
- CNPS Assistance with Regulatory Matters
- The Nurse, the Chart and Quebec Civil Law
- Technology and Social Media
- Legal Risks for Esthetic Specialty Nurses
- Legal Consideration and Risks: Stories from the Courtroom (Vascular Access Field)
- Legal Risks for New Grads
- Legal Risks for NP Students
- Responding to a Complaint about your Care

### CNPS Educational Presentations

	2014	2015	2016
In-person Presentations	38	39	41
Webinars	25	49	63
<b>Total Educational Presentations</b>	<b>63</b>	<b>88</b>	<b>104</b>

### 65% increase in educational sessions since 2014





## PUBLICATIONS

The CNPS provides a wide variety of educational materials to beneficiaries to ensure that they have the most current and accurate information to help them navigate their evolving practice environment.

### PROVIDING CLARITY ON COMPLEX ISSUES

A wide variety of publications are available to CNPS beneficiaries and nursing organizations to help them better understand complex issues in their evolving practice environment. By providing information that is accurate, comprehensive and timely, the CNPS assists its beneficiaries in mitigating potential risks.

#### New Publications in 2016

Medical Assistance in Dying: What Every Nurse Should Know  
Physician Assisted Death: What Does This Mean for Nurses?

infoLAW: Considerations for Providing Cosmetic Services

#### Ask a Lawyer:

- Complementary Therapies
- Proof of Professional Liability Protection
- Nurse Practitioner Billing
- Volunteer Work
- Delegation and Assignment
- Access to Own or Family Members' Personal Health Information
- Foot-care Business (Independent Practice)





## SOCIAL MEDIA / WEBSITE ENGAGEMENT

Social media provides the CNPS with additional opportunities to engage and connect with its beneficiaries and with the broader health-care community.

### ENGAGING WITH BENEFICIARIES ACROSS CHANNELS

The CNPS connects with its members and the broader health-care community through a number of social media channels (Facebook, Twitter and LinkedIn) to share its risk-management information. In 2016, the CNPS launched Facebook and Twitter pages in French, to complement and expand its growing social media presence. In 2016, the CNPS realized a notable 82% increase in engagement with beneficiaries and stakeholders across its social media channels.

#### Website engagement

Page visits - 91,326  
9% increase

Page views - 262,303  
29% increase

#### Social Media Followers:



Facebook - 162% increase since 2015



Twitter - 70% increase



LinkedIn - 50% increase

**New in 2016:** CNPS launched French Twitter and Facebook

The number of social media followers tripled since 2015.

#### Social Media Engagement:

Total Engagement: 17,477 likes, shares, retweets and interactions. Increase of 82% in 2016

#### Top 5 Website publication views

1. Medical Assistance in Dying: What Every Nurse Should Know
2. Is There a Risk in Being a Good Samaritan?
3. Medication Errors
4. Physician-Assisted Death: What Does this Mean for Nurses?
5. Quality Documentation: Your Best Defence



## Nurses who inspire us

“This is home for me now, and it’s great to feel that I’ve helped to make a difference in my community.”

### Janet Weber, NP

Nurse practitioner Janet Weber led a successful effort to improve access to primary health-care services in rural New Brunswick. A Nursing Officer in the Canadian Armed Forces for more than two decades, Janet served on bases across Canada and in Bosnia.

After retiring in 2007, Janet returned to her native province where she began working as a civilian NP at Canadian Forces Base (CFB) Gagetown. She was surprised to discover that members of the Canadian Armed Forces received health-care services, but their families did not. Lengthy waiting lists to see a family doctor, for everything from cancer treatments to prenatal care, prompted Janet to act.

Janet, who had enrolled in a Master of Nursing program, began focusing some of her studies on advocating for better health care for CFB Gagetown families. “One of my courses involved proposal writing, so I got right to work.”

Janet began petitioning the regional health authority, the province and the Government of Canada to act. Her advocacy and proposal writing eventually paid off. After five years, a small clinic opened at Oromocto Hospital. Two years later, a larger clinic opened to serve the Oromocto community, and included two full-time nurse practitioners, a registered nurse, a social worker and a part-time dietician.

“This is home for me now,” she says, “and it’s great to feel that I’ve helped to make a difference in my community.”

“I find it humbling to treat people in such dire situations. I know that if I wasn’t lucky to be born where I was, I could be in their shoes.”

### Courtney Bercan

At the age of 19, Courtney Bercan was inspired to become a registered nurse when she heard about Doctors Without Borders—the independent agency that delivers emergency medical and humanitarian relief. After becoming a nurse, Courtney worked in several northern British Columbia communities with limited diagnostic equipment and support. Although these challenges helped her become more resourceful and autonomous, nothing could prepare her for the challenges she would face during her overseas missions with Doctors Without Borders.

For her first mission, Courtney worked in the Democratic Republic of Congo, where she supported a medical team treating children with severe illnesses. Her second assignment involved four months on an aid ship that rescued migrants making the perilous journey across the Mediterranean Sea to Europe.

“I find it humbling to treat people in such dire situations. I know that if I wasn’t lucky to be born where I was, I could be in their shoes. By helping, I feel that I can make a positive contribution to society. It’s not easy work, but it’s an honour to be able to do it.”

## STAKEHOLDER ENGAGEMENTS

### PRIVACY OF PERSONAL HEALTH INFORMATION



**T**he CNPS continues to closely monitor the application of privacy legislation to the various aspects of nursing practice. Although laws to protect the privacy of health information have been in place for several years, a number of judicial and statutory changes occurred in 2016.

#### **Judicial Changes**

Since 2012, Canadian courts have recognized a private law tort of *intrusion upon seclusion*. Through judicial interpretation, refinements were made to the elements required for finding an individual guilty of tort. Specifically, in *Canada v John Doe*, 2016 FCA 191, the Federal Court of Appeal specified that *intrusion upon seclusion* requires bad faith or reckless conduct. The Court also specified that an isolated administrative error causing a breach of privacy is not sufficient for a finding of the tort. These judicial precisions will serve to limit the scope of this new tort.

In the same decision, the Federal Court of Appeal suggested recognizing a new tort that affects privacy breaches. The tort of *publicity given to private life* finds its origins in American law and permits a cause of action where the private matter of a plaintiff is given publicity by another. The Federal Court of Appeal commented on some of the required elements for a claim to be successful under this tort. At minimum, it seems that the matter or information publicized must be highly offensive to a reasonable person, and not be of legitimate concern to the public. Although the Federal Court of Appeal declined to recognize the availability of the tort in *Canada v John Doe*, it appears likely that, given the right scenario, the new tort would be recognized in Canada.

#### **Statutory Changes**

A number of provinces and territories have newly adopted or amended privacy legislation. Overall, the amendments have included more rigid penalties for privacy breaches and reporting mechanisms:

- Northwest Territories' new health privacy legislation includes fines of up to \$50,000 for privacy breaches
- Yukon's new health privacy legislation includes fines of up to \$25,000 for privacy breaches
- Saskatchewan amended its legislation to increase fines up to \$50,000 and imposes on trustees an obligation to secure "the personal health information held by a custodian"
- Ontario amended its legislation to increase fines up to \$100,000 and imposes mandatory reporting of breaches to the Information and Privacy Commissioner and to regulatory bodies

The CNPS assisted in helping to shape this legislation and support beneficiaries in a number of ways:

- The CNPS provided written and oral feedback before the Ontario health privacy legislation was amended.
- In early 2017, a number of jurisdictions, including Newfoundland and Labrador, Nova Scotia and New Brunswick, undertook to review their privacy legislations. The CNPS will provide submissions to these provincial governments to advocate for legislative amendments that will continue to protect patient privacy while ensuring that nurses can effectively comply with their professional, legal and employment obligations.
- The CNPS continues to monitor the application of privacy legislation to nursing practice in jurisdictions across Canada.
- The CNPS also provides beneficiaries with legal resources, support and advice on how to respect privacy laws in the provision of professional nursing services in their jurisdictions. Since 2012, the CNPS has seen a 134% increase in the number of enquiries related to confidentiality or privacy.

Although laws to protect the privacy of health information have been in place for several years, a number of judicial and statutory changes occurred in 2016.

## MEDICAL ASSISTANCE IN DYING



**T**he CNPS continues to closely monitor legal developments regarding end-of-life care and assisted dying. In February 2015, the Supreme Court of Canada rendered its unanimous decision in *Carter v. Canada (Attorney General)*. This decision struck down the absolute ban on assisted suicide, creating an exemption for physician-assisted death for mentally capable Canadian adults with a grievous and irremediable medical condition causing intolerable, enduring suffering.

In order to allow time for Parliament and provincial legislatures to enact legislation for physician-assisted dying, the operation of the decision was suspended for 12 months to allow time for the amendment or enactment of statutory law on physician-assisted death. This suspension was extended for an additional four months by the Supreme Court of Canada at the request of the new federal administration. During the extension, the Court allowed individuals interested in exercising their rights to medically assisted death to make an application to the superior court in their jurisdiction.

Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* [MAID], was introduced on April 14, 2016. It contains provisions to allow nurse practitioners to perform MAID and provides legal protection to those assisting in the provision of MAID, including nurses. These issues had been identified by the CNPS in a submission to the Special Joint Committee on Physician-Assisted Death, before the introduction of Bill C-14.

The CNPS made written submissions to both the Senate and House of Commons committees studying the bill. The CNPS also made oral submissions to the House of Commons Standing Committee on Justice and Human Rights, shoulder-to-shoulder with the Canadian Nurses Association (CNA).

While the House and Senate were reviewing the bill, the four-month extension expired, creating a period of uncertainty. During this time, the CNPS continued to support its members and beneficiaries by creating additional educational resources and by providing legal guidance. The CNPS also offered written advice on its website, hosted webinars and provided speaking engagements across Canada. As always, our legal advisors supported beneficiaries by providing personalized legal advice and assistance on the issue.

The Senate proposed seven amendments to Bill C-14, including defining the eligibility criteria for MAID as the Supreme Court had defined it in *Carter*. The House of Commons accepted most of the Senate's amendments, but rejected changing the eligibility criteria for MAID. Bill C-14 ultimately became law on June 17, 2016.

Throughout 2016, the CNPS helped member organizations develop educational materials and standards for nurses participating in physician-assisted death, and later MAID. The CNPS document *Medical Assistance in Dying: What Every Nurse Should Know* was extensively used by nursing and health-care organizations across Canada.

The law on MAID is not yet settled. The federal government must enact regulations to require reporting on MAID, and there is a court challenge to the eligibility requirement that natural death be reasonably foreseeable.

The CNPS remains actively engaged in this issue by providing education and guidance for nurses involved in MAID and for those who conscientiously object, as well as monitoring new developments.

**Bill C-14 contains provisions to allow nurse practitioners to perform MAID and provides legal protection to those assisting in the provision of MAID, including nurses.**



## RN PRESCRIBING



**T**he CNPS has been following with interest the expanding scope of nursing practice, most recently registered nurse (RN) prescribing.

To date, RN prescribing has generally taken the form of an advanced level of authorization for certain RNs working in specialized areas of practice. RNs generally obtain this authorization by completing approved educational courses, by demonstrating competence through their experience, or through prior learning. Authorized RNs may independently diagnose, treat, order diagnostic tests, and dispense or prescribe medications for patients who present with medical conditions within their authority. These RNs use decision tools or protocols, along with their professional judgement, and must consult with a physician or nurse practitioner if the patient has more complex symptoms.

Before 2016, British Columbia was the only Canadian jurisdiction in which RNs could independently diagnose, and dispense medications. The College of Registered Nurses of British Columbia (CRNBC) has four certified practice areas: RN first call, remote nursing, sexually transmitted infections, and contraceptive management. Nurses who are certified by CRNBC may order diagnostic tests, diagnose and dispense medications within their practice area. Certified practice nurses in British Columbia may only dispense medications directly to patients; they are not allowed to prescribe medications to be filled at a pharmacy.

In 2016, certain RNs in Quebec and Saskatchewan could request authorization to prescribe and diagnose. In Quebec, authorized RNs may prescribe laboratory tests and medications for wound care, public health (including hormonal contraception, treatment of sexually transmitted infections, head lice, and smoking cessation), or common health issues. Saskatchewan introduced a new licence category – RN with Additional Authorized Practice – which enables RNs working in primary care in remote areas to diagnose and treat specific common medical disorders.

Much groundwork has been done for creating structures to implement RN prescribing elsewhere in Canada. The Canadian Nurses Association developed a *Framework for Registered Nurse Prescribing in Canada*. Published in April 2015, this document addresses structural, competence and practice considerations, and provides evidence-based recommendations.

Several provincial governments and regulatory bodies have taken steps for RNs to be able to prescribe in the future. The College of Registered Nurses of Alberta (CARNA) has drafted competencies, requirements and standards for RN prescribing, and formed a multidisciplinary advisory committee. In Manitoba, a new category of licensure, RN (authorized prescriber), will be available when the government proclaims that the College of Registered Nurses of Manitoba (CRNM) is to be governed by the *Regulated Health Professions Act*.

In Ontario, broad consultations concerning RN prescribing took place in 2015 and 2016. Following these consultations, the Ontario government passed in early 2017 legislation that, when proclaimed in force, will enable RNs to prescribe and communicate a diagnosis in accordance with the standards, limitations and conditions adopted by the College of Nurses of Ontario and within the regulations.

The CNPS has provided risk-management input on RN prescribing when invited to do so. Our recommendations can be summarized as follows:

- The necessary legislative and regulatory amendments are made such that the RN's ability to prescribe (whether it extends to all RNs or a subcategory of RNs) is clearly within the nursing scope of practice.
- All prescribing RNs have the necessary knowledge, skill and judgment to prescribe in their respective clinical area of practice, including the ability to rule out conditions that may present with similar signs and symptoms.
- Prescribing RNs have the ability to order diagnostic tests as necessary to establish the indication of the medication.

- A reliable process should be in place to verify that RNs have the necessary knowledge, skill and judgment to prescribe.
- Members of the public and other health-care professionals can easily find out that the RN has the necessary qualifications to prescribe.

The CNPS will continue to monitor developments in RN prescribing and will provide legal advice and educational resources to nurses on this emerging topic. The CNPS will also continue to provide input to governments and stakeholders to ensure liability and patient safety issues are considered in the implementation of RN prescribing.

**Authorized RNs may independently diagnose, treat, order diagnostic tests, and dispense or prescribe medications for patients who present with medical conditions within their authority.**

## MEDICAL CANNABIS



In 2016, the regulations under the *Controlled Drugs and Substances Act*, Canada’s federal legislation addressing drug control in the country, underwent a further amendment. The *Access to Cannabis for Medical Purposes Regulation* (ACMPR) came into force on August 24, 2016 to replace the regime that had been in place since 2014 under the *Marihuana for Medical Purposes Regulations*. This change occurred in response to a federal court ruling in February 2016 allowing for reasonable and expanded access to cannabis for medical purposes for Canadians who have been authorized to use the substance by their health-care practitioner.

A review of the ACMPR has raised some matters for consideration and further analysis. Most importantly, the *Controlled Drugs and Substances Act* makes it an offence to possess or administer cannabis, except where

authorized by the regulations under the Act. The ACMPR authorizes *health care practitioners* to provide a medical document to a patient that permits the lawful use of cannabis. The ACMPR also authorizes *health care practitioners* to transfer or administer the substance to a patient under their care. Under the ACMPR, the term *health care practitioner* is defined as a medical practitioner (physician) or a nurse practitioner who is “permitted to prescribe dried marihuana in the province in which they practise.” Accordingly, only physicians or duly authorized nurse practitioners can, under federal legislation, issue medical documents for cannabis and administer the substance.

As for registered nurses (RNs), the ACMPR contains wording authorizing individuals (including RNs) to possess medical cannabis in the presence of a person who legally obtained the cannabis “for the purpose of providing assistance in the administration of the substance” to that person. As a result, questions have been raised regarding the ability of other health-care professionals, such as registered nurses, to *directly* administer a validly authorized substance to a patient who cannot self-administer the substance. The CNPS is reviewing the legislation and communicating with stakeholders, including the Office of Medical Cannabis, in the hope of arriving at a consensus and providing clear guidance to beneficiaries.

On April 13, 2017, the federal government tabled the Cannabis Act (Bill C-45) to legalize the possession and use of marijuana. As a result, the regime surrounding medical cannabis may undergo changes once the Cannabis Act is adopted. As the legislative process unfolds, the CNPS will continue to advocate for clarity in the role of nurses concerning the administration of medical cannabis to their patients.

## BOARD OF DIRECTORS

The CNPS Board of Directors is comprised of directors appointed from each of CNPS' member jurisdictions, the Chief Executive Officer of the Canadian Nurses Association and the Chief Executive Officer of the Canadian Nurses Protective Society.



**Mary Ellen Gurnham**  
President  
Nova Scotia



**David Kline**  
Vice President  
Saskatchewan



**Brianne Timpson**  
Northwest Territories



**Peggy Martens**  
Manitoba



**Claire Mills**  
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