

# Board of Directors of Drugless Therapy NATUROPATHY

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Barbara Sullivan, Chair  
Health Professions Regulatory Advisory Council  
55 St. Clair Avenue West  
Suite 806 Box 18  
Toronto, Ontario, Canada  
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Dear Ms. Sullivan

The Board of Directors of Drugless Therapy, Naturopathy (BDDT-N) is pleased to have this opportunity to comment on the submission made by College of Nurses of Ontario pertaining to the Scope of Practice Review of Registered Nurses in the Extended Class.

The Naturopathic profession, having gone through a long and arduous process to become regulated under the RHPA, brings a particular perspective to this review. One of the original objectives behind the RHPA was to provide a statutory framework for the professional regulation of health care providers that would be sufficiently flexible to respond quickly and effectively to changes in the health care environment, such as advances in technology, enhanced professional competencies, changes in delivery models, practitioner supply and patient demand. Regrettably, as the Naturopathy experience indicates, the RHPA has proven in practice not to be as adaptable as was originally intended. The BDDT-N sees the scope of practice extension recommended by the College of Nurses as being very compatible with the original intent of the RHPA.

The proposed scope extension for RNs in the Extended Class will enhance the public's access to necessary health care services by allowing nurse practitioners in all delivery settings and geographic locations to self-initiate diagnosis and treatment within a broader scope. It will also reduce the duplication of effort and cost by reducing the need for referrals to and back from physicians.

We understand that there is a view that the current system of delegations and medical directives is adequate and that there is no need to statutorily add to nurse practitioners' authorized acts. The BDDT-N disagrees. In our view, inter-professional delegations and medical directives are useful on an ad hoc or short-term basis, but should not be relied upon as a long-term, comprehensive solution when the profession (or subset of a profession) accepting the delegation has demonstrated competency to perform the controlled acts safely and effectively. The use of delegations and medical directives, in our view, can obscure professional responsibility. History has demonstrated that it can complicate or confuse professional regulation by giving *de facto* regulatory power to the delegating profession over the profession accepting the delegation.

Reliance on delegations and medical directives also implies the subservience of one profession to another. The statutory recognition of the enhanced scope of practice will give the College of Nurses the authority to require levels of competency and apply standards of practice that are consistent across delivery venues and authorized practitioners.

The CNO submission provides compelling evidence that nurse practitioners are competent to perform the controlled acts requested safely and effectively. We also infer that the performance of the controlled acts by nurse practitioners under delegations and medical directives has demonstrated their competencies.

The proposed scope of practice extension supports the positive transition to primary care delivery models, namely ensuring that the most appropriate care is given by the most appropriate practitioner at the most appropriate time and place.

The proposed scope of practice extension is also consistent with the move to collaborative models of care.

Accordingly, the BDDT-N supports the proposed scope of practice extension for RN (EC).

Yours sincerely,  
Angela M. Moore, ND  
Chair