



AdvantAge
Ontario

Advancing Senior Care

Submission on Proposed Changes to Regulation 275/95 under the *Nursing Act, 1991*

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Introduction

We appreciate the opportunity to share feedback on the College of Nurses of Ontario's (CNO) proposed Changes to Regulation 275/95 under the *Nursing Act, 1991*. We understand that the intended effect of these proposed changes, which are outlined below, would be to increase Ontario's competitiveness with respect to attracting internationally educated nurses. We also understand that other provinces in Canada have already undertaken these changes, and this represents CNO's second time bringing forward this proposal.

Given that these changes would affect RNs and RPNs, and that the majority of RPNs work in long-term care, we wanted to take this opportunity to voice our concerns about this proposal and to ensure that, if passed, the CNO would work directly with long-term care homes and AdvantAge Ontario to ensure that the proposed course includes significant content on the long-term care sector. We outline the reasons for our caution on the proposed changes later on in this submission.

Background

The CNO is proposing changes to Regulation 275/95 under the *Nursing Act, 1991* (the "registration regulation"). The changes will:

- amend the education requirement for RN and RPN registration in the General Class from *education equivalent to Canadian education to relevant nursing education recognized or approved in any jurisdiction*; and,
- require General Class applicants to complete a course to support the successful integration of applicants to the healthcare system in Canada.

The CNO proposal is to move from education that is equivalent to a Canadian degree or diploma, to relevant education that is recognized or approved in any jurisdiction. RN applicants with a BA degree will meet the education requirement without any additional assessment if the program is approved or recognized in the jurisdiction in which it was taken as preparing them for practice as an RN.

Similarly, RPN applicants, who have a diploma, would meet the education requirement without any additional assessment if the program is approved or recognized in the jurisdiction in which it was taken as preparing them for practice as an RPN.

RN or RPN applicants who do not have a degree or diploma will undergo an assessment of substantial equivalency and would have to complete education or training to meet gaps in their knowledge, skill or judgement.

The proposed changes include a requirement that applicants complete a course focusing on successful integration to the healthcare system in Canada (the "integration course"). Applicants

must have completed the integration course within five years before the day CNO registers the applicant. CNO states that evidence shows that the program will support patient safety.

Commentary

The CNO requested and received feedback on this proposal in December 2023, where 655 respondents (43.4%) supported the proposed change related to education equivalency. 701 respondents (46.5%) did not support the proposed change to remove the education equivalency for all internationally educated nurse (IEN) applicants. Respondents raised concerns related to the following:

- patient safety concerns with differences in the education requirements between jurisdictions,
- fairness concerns related to the Ontario baccalaureate (and diploma) requirement, and
- added burden and workload for healthcare organizations who are supporting newly registered nurses.

We agree with the concerns outlined above, specifically with respect to the long-term care sector.

A major challenge in seniors' care continues to be the sector's depressed wages vis-à-vis other health care settings and the challenges of wage compression for other staff brought about by the PSW pay increase. In many AdvantAge Ontario homes, RPNs have resigned as they are now earning the same or less than the PSWs they work with and/or supervise. Some have even asked to be reclassified as PSWs. A staggering 96% of homes lost one or more RPNs from June 2020 to July 2021. Only 4% of homes lost none.

The problem has persisted since the targeted wage increase was distributed. We have had no indication that the retention of RPNs has improved in a substantial way throughout the province.

Given that the above situation has led to a recent focus on getting IENs to work in Ontario, including funded programs from the Government of Ontario, the proposal will have a significant and specific impact on long-term care, because of the significant push to onboard more nurses, specifically RPNs, into the sector. They are likely to come from this pool of IENs. We recommend substantial consultation with the sector and with our Association with respect to mitigating its impact. Specifically, the Association strongly urges CNO to include us in the design and content of the course. The assessment of training and skill level and the support for IEN transition and integration are of utmost importance and must be considered as must input from the LTC sector, with funding from the Ministry of Long-Term Care.

According to the CNO, the impact on the proposal would be that 82% of IEN applications would meet the education requirement: 74% of RN IEN and 98% of RPN applicants. This means that, especially for RPNs, they would be entering long-term care right away without any equivalency education requirements once they come to Ontario. IEN RPNs may be less prepared for the long-term care environment, increasing the orientation and training burden on long-term care homes.

Long-term care is a complicated part of the healthcare sector: The *Fixing Long-Term Care Act, 2021*, and its regulation have hundreds of requirements, and the oversight of the Ministry of Long-Term Care's compliance system is extremely stringent. It includes risks of penalties that

include fines and possible prison time for those who contravene the Act. This is a system unlike any other in Canada — and certainly not elsewhere in the world — in terms of the approach to care for seniors.

That is why, if this proposal proceeds, the content of the integration course needs to be highly focused on the long-term care sector. If not, there will be a further training download to long-term care homes and that is not something that the sector is able to absorb.

Our Association supports internationally educated healthcare professionals, and we have been advocating to the federal government for more favourable immigration rules so that more can enter. However, we have also heard from our members that, even with the current equivalency requirements from CNO, these individuals sometimes require much more support at the home level to be able to match their Ontario-educated peers. This proposal would increase that risk.

As part of its rationale for the changes, CNO provided data on the risk of professional conduct. While professional conduct considerations are relevant, quality of care is a more central consideration in the context of education and entry to practice. In the absence of CNO data or evidence relating to IEN quality of care, input from long-term care and other sectors on this issue should carry more weight with respect to the proposal and should inform the design of policies to support the proposal, should it proceed. There should also be quality of care metrics measured and publicly reported as part of ongoing continuous improvement of this policy, should it move forward.

In response to the recommendations of the Long-Term Care Homes Public Inquiry, CNO stated that it has entry-to-practice requirements that nurses must meet to competently provide care to patients of all ages, including older patients. To receive approval, nursing education programs must show CNO how their curriculum meets these competencies. The educational programs of IEN applicants will not be subject to CNO approval and may not include competencies relating to the care of older and elderly patients. The integration should address these competencies, particularly because of the high amount of RPNs in long-term care, likely many of whom are IENs.

The CNO has also stated that the integration policy will address the barriers that IENs face in transition to practice and workforce integration. The policy should address these barriers in long-term care settings, such as care routines in the context of elder care.

Conclusion

Our Association appreciates the opportunity to provide feedback on the proposed regulatory amendments, and again acknowledges the work that CNO is doing to address the nursing shortage in Ontario through this proposal. The long-term care sector certainly has HHR challenges, but quality of care and appropriateness of training to the sector needs to be at the forefront of any change to nursing policy in Ontario.

We would be happy to work with the CNO on education for the long-term care sector to help inform work on its course, and we remain committed to our partnership with them, the Ministry of Health, and the Ministry of Long-Term Care in ensuring the best care possible for seniors.

Background

For more than 100 years, AdvantAge Ontario has been the voice of not-for-profit seniors' care in Ontario. We represent more than 500 providers of long-term care, seniors' housing, supportive housing and community service agencies, including 98 per cent of all municipal long-term care homes and 86 per cent of all not-for-profit long-term care homes. We are the only association representing the full continuum of seniors' care in the province.

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