BE IT RESOLVED THAT the Canadian Nurses Association (CNA) take steps to work with the federal government to amend legislation and regulations in order to remove barriers to full scope of practice for nurse practitioners (NPs).

Submitted by: Shannon Spenceley, president, College and Association of Registered Nurses of Alberta (CARNA)

Rationale: Legislation and a number of regulations at the federal level contain clauses which identify the need for a medical examination or consultation with a physician. Examples include completion of the medical assessment forms for the purposes of EI (Employment Insurance Act); the Canadian Pension Plan Disability (CPPD) form (Canada Pension Plan Act and Canada Pension Plan Regulations) and the Disability Tax Credit form or the Disability Tax Credit Certificate (Income Tax Act).

These acts and regulations were initially formulated at a time when NP practice was uncommon except for rural remote areas where Health Canada had established nursing stations.

NPs are now well-established health-care providers who work in a wide variety of diverse settings, ranging from rural remote to urban nationwide.

Clauses that identify physicians as the only medical practitioner who can provide medical examinations, consultations or sign forms act as a significant barrier to full scope of practice for NPs.

Removing legislative and regulatory barriers to NP practice will increase access to services for Canadians and decrease unnecessary referrals and wastes of time and scarce health-care resources by both clients and health-care providers.

Relevance to CNA’s mission and goals:
- It is an object of CNA to advance nursing excellence and positive health outcomes in the public interest.
- It is an object of CNA to promote profession-led regulation in the public interest.
- It is a goal of CNA to promote and enhance the role of registered nurses to strengthen nursing and the Canadian health system.
- It is a goal of CNA to shape and advocate for healthy public policy provincially, territorially, nationally and internationally.
Key stakeholders:
Canadian NPs, provincial and federal governments and the Canadian public

Estimated resources required or expected outcomes:
- Resources: manageable within current resources. CARN A has completed an initial review of federal legislation and regulations and can provide a summary of changes needed.
- Expected outcomes: Barriers to NP practice will be removed enabling full scope of practice for NPs and increased access to services for Canadians.

References:
CNA bylaws

Examples of federal legislation specifically referring to medical practitioners

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<tr>
<th>Legislation Title</th>
<th>Description</th>
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<td>Aeronautics Act (R.S.C., 1985, c. A-2)</td>
<td>Medical examination and certification. Only physicians and optometrists are specifically listed.</td>
<td>Medical and Optometric Information 6.5 (1) Where a physician or an optometrist believes on reasonable grounds that a patient is a flight crew member, an air traffic controller or other holder of a Canadian aviation document that imposes standards of medical or optometric fitness, the physician or optometrist shall, if in his opinion the patient has a medical or optometric condition that is likely to constitute a hazard to aviation safety, inform a medical adviser designated by the Minister forthwith of that opinion and the reasons therefor. (2) The holder of a Canadian aviation document that imposes standards of medical or optometric fitness shall, prior to any medical or optometric examination of his person by a physician or optometrist, advise the physician or optometrist that he is the holder of such a document. (3) The Minister may make such use of</td>
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| **Canada – Nova Scotia Offshore Marine Installations and Structures Occupational Health and Safety Transitional Regulations - SOR/2015-2** | Medical examination and certification. Only physicians are specified. | 134. (1) If the report referred to in section 119 contains a recommendation for a medical examination, the employer may, regarding that recommendation, consult a physician who has specialized knowledge in respect of the hazardous substance in the workplace.  

(2) If the employer does not consult a |