The College of Nurses of Ontario presents the Utilization of RNs and RPNs practice guideline: An Overview.
In Ontario, nursing is one profession with two categories: Registered Nurse (RN) and Registered Practical Nurse (RPN). When the College uses the word “nurse,” it’s referring to both categories, unless RN or RPN is specified. The Extended Class provides nurses with the legislated authority to autonomously perform controlled acts not available to RNs and RPNs. We will not be referring to RN(EC)s in this module. For more information on the Extended Class, go to the College’s website at www.cno.org.
Similarities between RNs and RPNs include:

Similarities include:
- legislative scope of practice statement, including the number of controlled acts they can perform;
- applicability of the College’s practice standards and guidelines; and
- accountability.

Differences include:
- education; and
- practice expectations.

The similarities between RNs and RPNs include the legislative scope of practice and controlled acts model; the applicability of the College’s practice standards and guidelines; and the individual nurse’s accountability. The differences include education and practice expectations.

Let’s look at the similarities first.
Nurses use the term “scope of practice” to describe the knowledge, skills and judgment they have developed within their category. Employers use the term to describe different nursing roles and responsibilities. The College uses the term to refer to the legislative scope of practice defined in the Nursing Act.
The Nursing Act defines the scope of practice as follows:

The practice of nursing is the promotion of health and the assessment of, the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.

The Nursing Act’s definition of scope of practice is broad and doesn’t differentiate between RNs and RPNs. It defines the scope of practice as follows: The practice of nursing is the promotion of health and the assessment of, the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.
Similarities

Controlled acts authorized to all nurses:
1. Performing a procedure below the dermis or mucous membrane.
2. Administering a substance by injection or inhalation.
3. Inserting a hand, finger or instrument into a body orifice or an artificial opening into the body.

The controlled acts model also doesn’t distinguish between RNs and RPNs. It simply defines the three controlled acts that all nurses have the authority to perform. Both RNs and RPNs have the authority to perform a procedure below the dermis or mucus membrane. Examples include starting an IV and performing wound care below the dermis. Nurses also have the authority to administer a substance by injection or inhalation, such as administering a Ventolin treatment; and to insert a hand, finger or instrument into a body orifice or an artificial opening in the body. This includes inserting a urinary catheter and suctioning a tracheotomy.
Similarities

The College’s practice standards and guidelines apply to both RNs and RPNs, whatever their role or practice setting.

The College’s practice standards and guidelines apply to both RNs and RPNs, whatever their role or practice setting.
Similarities

All nurses are accountable for:

- their own actions; and
- taking acting to ensure client safety.

RNs and RPNs are accountable for their own decisions and actions. They’re also responsible for taking action to ensure client safety. This responsibility may include intervening with another health care professional’s client care and informing the employer of concerns related to the conduct or actions of another health care professional.

Nurses are not accountable for what another health care professional does, or for what they are not informed about. RNs are not accountable for the actions or decisions made by RPNs.
All nurses are also accountable for:

- maintaining competence and participating in the College’s Quality Assurance program;
- working collaboratively; and
- understanding role expectations and seeking clarification and consultation when needed.

Nurses are accountable for maintaining competence throughout their entire career, participating in the College’s Quality Assurance program, working collaboratively, and for understanding their role expectations and seeking clarification and consultation when needed.
Now that you have explored the similarities between RNs and RPNs, let’s look at the differences.
Differences

The foundational knowledge base of RNs and RPNs is different because of their education.

RNs graduate with a four-year bachelor's degree in nursing; RPNs with a two-year diploma in practical nursing. Because RNs study for a longer period of time, they have a greater depth and breadth of knowledge. RPNs have a more focused body of knowledge. As a result, the clinical performance expectations and level of autonomous practice for each category of nurse is different. There are, however, areas that overlap between the two categories of nurses. For example, RNs and RPNs take academic courses with similar titles. They also perform some of the same interventions in caring for clients.
Differences: Autonomous practice

Leadership and decision-making
Autonomous practice is the ability to make decisions and independently carry out nursing responsibilities.

Knowledge and knowledge application
Knowledge and knowledge application affects the level of consultation and collaboration required to meet client care needs.

Autonomous practice is the ability to make decisions and independently carry out nursing responsibilities. For example, RNs can independently meet the nursing needs of clients regardless of the complexity of their conditions and in all practice environments. RPNs require consultation and collaboration to meet more complex client care needs.
Test your knowledge on the similarities and differences between RNs and RPNs. Click on the correct answers in the following quizzes.
Select the three controlled acts authorized to nursing:

- a) Performing a procedure below the dermis
- b) Administering a substance by injection or inhalation
- c) Inserting an instrument, hand or finger into a body opening
- d) Allergy-challenge testing in which a positive test is a significant allergic response
Scenario 1

Olivia, an RPN, is caring for a post-operative client on a surgical floor. Her client has been taking fluids readily and is responding well to oral pain medications. Olivia wants to discontinue the saline lock. The facility policy does not require a physician’s order and considers this action a nursing decision.
Can Olivia, an RPN, remove the intravenous?

- a) Yes, if she has the knowledge, skill and judgment
- b) No, RPNs do not have the authority to remove an IV
The correct answer is yes, Olivia can remove the IV if she has the knowledge, skill and judgment to do so. Removing an IV is not a controlled act; therefore, both RNs and RPNs can perform the activity without a medical order unless the facility has a policy of requiring an order.
An RPN is caring for a client who requires an intramuscular injection of Gravol. Can RPNs perform this controlled act?

- a) Yes, if the RPN has the knowledge, skill and judgment to perform the procedure and can manage the possible outcomes
- b) No, RPNs do not have access to this controlled act
Scenario 2

Ruth, an RPN, is assigned to a client who developed hives shortly after Leonora, an RN, started an IV medication. Ruth asks Leonora if the medication should be stopped. Leonora decides to continue the IV medication and instructs Ruth to monitor the client. Ruth notices that the client’s hives are getting worse. Ruth documents that she notified Leonora about the client’s condition but takes no further action.

Ruth, an RPN, is assigned to a client who has developed hives shortly after Leonora, an RN, started an IV medication. Ruth asks Leonora if the medication should be stopped. Leonora decides to continue the IV medication and instructs Ruth to monitor the client. Ruth notices that the client’s hives are getting worse. Ruth documents that she notified Leonora about the client’s condition but takes no further action.
Does Ruth’s accountability stop here?

☐ a) Yes. The RN has more knowledge, so Ruth should listen to Leonora and continue to monitor the client.

☒ b) No. If Ruth believes that further action should be taken, she is required to take immediate action.
Discussion

The correct answer is B. All nurses are accountable for ensuring client safety and intervening when necessary. Because Ruth has concerns about the client, she is required to immediately discuss the situation with her manager and/or contact the client’s physician.

The correct answer is B. All nurses are accountable for ensuring client safety and intervening when necessary. Because Ruth has concerns about the client, she is required to immediately discuss the situation with her manager.
What are the key differences between RNs and RPNs?

- a) Their level of foundational knowledge, which influences their level of autonomous practice.
- b) RNs are accountable for the actions of RPNs.
- c) Only RNs have the authority to perform the three controlled acts authorized to nursing.
Utilization of RNs and RPNs learning module

1. An Overview
2. The Three-Factor Framework

You have now completed Chapter 1. To work through another chapter in this module, close this presentation and return to the Learning Centre. To ask a College Practice Consultant a question, click on the “Contact” button in the top right-hand corner of your screen.

Click on the links to read the College’s Utilization of RNs and RPNs practice guideline and RNs and RPNs – Working Together article.