

**Standards**



**Expert caring makes  
a difference®**

# **Nurse Practitioner (NP) Competencies**

**January 2011**

Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, January 2011.

Permission to reproduce this documents is granted. Please recognize CARNA.

College and Association of Registered Nurses of Alberta  
11620 – 168 Street  
Edmonton, AB T5M 4A6

Phone: 780.451.0043 (in Edmonton) or 1.800.252.9392 (Canada-wide)

Fax: 780.452.3276

Email: [practice@nurses.ab.ca](mailto:practice@nurses.ab.ca)

Website: [www.nurses.ab.ca](http://www.nurses.ab.ca)

## Table of Contents

<b>INTRODUCTION.....</b>	<b>2</b>
<b>PROFESSIONAL REQUIREMENTS FOR PRACTICE .....</b>	<b>3</b>
<b>ASSUMPTIONS.....</b>	<b>4</b>
<b>COMPETENCIES .....</b>	<b>5</b>
1. Professional Role, Responsibility and Accountability	5
2. Health Assessment and Diagnosis	8
3. Therapeutic Management	9
4. Health Promotion and Prevention of Illness and Injury	11
<b>GLOSSARY .....</b>	<b>12</b>
<b>REFERENCES.....</b>	<b>16</b>
<b>APPENDIX A: REGULATIONS SPECIFIC TO NURSE PRACTITIONERS .....</b>	<b>19</b>

## Introduction

A nurse practitioner (NP) is a registered nurse (RN) whose practice is focused on providing services to manage the **health**<sup>1</sup> needs of individuals, families, groups and communities. Nurse practitioners, as autonomous or independent health professionals with advanced education, provide essential health services grounded in the nursing profession's values, knowledge, theories and practice. Nurse practitioners complement, rather than replace, other health-care providers.

Nurse practitioners integrate their in-depth knowledge of **advanced nursing practice** and theory, health management, **health promotion**, disease/injury prevention, and other relevant biomedical and psychosocial theories to provide comprehensive health services. Nurse practitioners work in **collaboration** with their clients and other health-care providers in the provision of high-quality patient-centered care. They work with diverse **client** populations in a variety of contexts and practice settings. (Canadian Nurses Association, 2008).

Nurse practitioners have the **competence** to provide comprehensive health assessment, to diagnose health/illness conditions, and to treat and manage acute and chronic illness within a holistic model of care. Nurse practitioners order and interpret screening and diagnostic tests, perform procedures and prescribe medications, while integrating the principles of resource allocation and cost-effectiveness, in accordance with federal, provincial and territorial legislation and policy.

Nurse practitioners are accountable and responsible for their own practice and communicate directly with clients about health assessment findings and diagnoses, further required testing and **referral** to other health-care professionals; they are also responsible for client follow-up. Nurse practitioners counsel clients on symptom management, health maintenance, **pharmacotherapy**, alternative therapies, rehabilitation strategies and other health programs.

Nurse practitioners have the knowledge to assess **population health** trends and patterns and to design services that promote healthy living. They provide leadership in the development, implementation and evaluation of strategies to promote health and prevent illness and injury, and they work with interprofessional teams, other health-care

---

<sup>1</sup> Words or phrases in bold italics are listed in the Glossary. They are displayed in bold italics upon first reference.

providers and sectors and community members. Nurse practitioners **collaborate** in the development of policy to influence health services and healthy public policy.

## Professional Requirements for Practice

In Alberta the authority for the regulation of nurse practitioners is included in the regulations for registered nurses pursuant to the *Health Professions Act* (HPA) (2000). See Appendix A for the regulations pertinent to nurse practitioners. Under HPA, the titles 'nurse practitioner' and 'graduate nurse practitioner' and the initials 'NP' and 'GNP' are protected titles.

Registered nurses must demonstrate expertise or mastery in their area of practice, and possess personal qualities congruent with their responsibility. Preparation for nurse practitioners is based upon the knowledge, skills, attitudes and judgment acquired through nursing education and previous practice as a registered nurse. Nurse practitioners require a minimum 4500 hours of professional practice experience as a registered nurse, a baccalaureate degree in nursing, and completion of an approved program that prepares them for the role and responsibilities of a nurse practitioner. Currently, in Alberta, nurse practitioner education programs are at the graduate level.

The CARNA document, *Nurse Practitioner (NP) Competencies* (2011), describes the **competencies** expected of the graduate from an approved nursing education program for a nurse practitioner. The competencies are used in nursing education program approval. The *Nurse Practitioner Competencies* (2011) are a foundational component of the Nursing Education Program Approval Board (NEPAB) nursing education **standards**. As part of the legislated mandate of a self-regulated profession, NEPAB reviews and approves Alberta nursing education programs leading to initial entry to practice as a nurse practitioner. The competencies serve as a guide for curriculum development and also for public and employer awareness of the practice expectations of nurse practitioners.

The individual nurse practitioner is responsible and accountable for providing only those services in which they are competent, and for referring clients to other appropriate health-care services and providers as indicated by client needs. CARNA registers nurse practitioners in one of three categories, referred to as streams of practice: Family All Ages, Adult, Child (or Child with a neonatal specialty). The nurse practitioner competencies are general, intended to be applied to the specialty practice area and client population of the nurse practitioner.

Nurse practitioner competencies reflect advanced nursing practice by building and expanding upon the competencies required of a registered nurse. The NP competencies were developed through a collaborative effort across Canada (CNA, 2010) and according to certain assumptions and terms; thus, interpretation of the competencies requires an understanding of the assumptions and the key terms found in the glossary of terms.

The competencies are organized in a four category standards-based conceptual framework:

- Professional Role, Responsibility and **Accountability**
- Health Assessment and Diagnosis
- **Therapeutic Management**, and
- Health Promotion and Prevention of Illness and Injury

## Assumptions

Familiarity with the assumptions used to develop the core competencies is essential to the understanding of how these competencies may be applied to the nurse practitioner practice at all times in all roles and settings, not only those specific to a particular client population or practice environment.

In developing the core competencies listed in this document, the following assumptions were made:

1. The practice of nurse practitioners is grounded in the values, knowledge and theories of professional registered nursing practice.
2. Nurse practitioner core competencies build and expand upon the competencies required of a registered nurse.
3. Nurse practitioner core competencies require additional nursing education, usually achieved at the graduate level, with a substantial clinical component.
4. Nurse practitioner core competencies are the foundation for all areas of nurse practitioner practice, and are applicable across diverse practice settings and client populations.
5. Nurse practitioner core competencies are an essential element of nurse practitioner competence assessment.

6. Nurse practitioner practice is grounded in the five World Health Organization (WHO) principles of primary health care: accessibility, public participation, health promotion, appropriate technology and intersectoral collaboration.
7. Nurse practitioners provide services relating to health promotion, illness and injury prevention, rehabilitative care, curative and supportive care, and palliative/end-of-life care.
8. The identified core competencies incorporate the competencies identified for advanced nursing practice and specifically address the activities that are included in the legislated **scope of practice** of nurse practitioners (e.g., health assessment, diagnosis of acute and chronic illnesses and their therapeutic management).
9. Nurse practitioners work in collaboration with other health-care providers to provide safe, high-quality health-care services.
10. Newly graduated nurse practitioners gain proficiency in the breadth and depth of their practice over time, with support from employers, mentors and health-care team members.

## Competencies

### 1. Professional Role, Responsibility and Accountability

This nurse practitioner competency category encompasses the core competencies for the following four categories of advanced nursing practice: foundation of practice; collaboration, **consultation** and referral; research; and leadership. Nurse practitioner practice is characterized by the simultaneous interaction and blending of competencies at a level of complexity that reflects the nurse practitioner's highly developed critical thinking skills, clinical nursing experience, and advanced education that incorporates a substantial clinical component.

The foundation of practice competencies are fundamental to advanced nursing practice and are integrated into the practice of all nurse practitioners. Therefore, the competencies listed in this category also apply to each of the three other competency categories in this framework: Health Assessment and Diagnosis, Therapeutic Management, and Health Promotion and Prevention of Illness and Injury.

## Foundation of Practice

The nurse practitioner:

- 1.1 Practises in accordance with federal and provincial/territorial legislation, professional and ethical standards, and policy relevant to nurse practitioner practice.
- 1.2 Comprehends the changes in scope of practice from that of a registered nurse and the ways that these changes affect responsibilities and accountabilities when assuming the protected title and scope of practice of a nurse practitioner.
- 1.3 Synthesizes knowledge of **diversity**, **cultural safety** and **determinants of health** in the assessment, diagnosis and therapeutic management of clients and in the evaluation of outcomes.
- 1.4 Synthesizes knowledge of developmental and life stages, pathophysiology, psychopathology, epidemiology, environmental exposure, infectious diseases, behavioral sciences, demographics and family processes when performing health assessments, making diagnoses and providing overall therapeutic management.
- 1.5 Synthesizes knowledge of the clinical manifestations of normal health events, acute illness/injuries, chronic diseases, comorbidities and emergency health needs, including the effects of multiple etiologies in the assessment, diagnosis and therapeutic management of clients and in the evaluation of outcomes.
- 1.6 Integrates the principles of resource allocation and cost-effectiveness into clinical decision-making.
- 1.7 Provides client diagnostic information and education that are relevant, theory-based and evidence-informed, using appropriate teaching/learning strategies.
- 1.8 Promotes **safe client care** by mitigating harm and addressing immediate risks for clients and others affected by **adverse events** and **near misses**.
- 1.9 Discloses the facts of adverse events to clients, and reports adverse events to appropriate authorities, in keeping with relevant legislation and organizational policies.
- 1.10 Documents clinical data, assessment findings, diagnoses, plans of care, therapeutic interventions, client responses and clinical rationale in a timely and accurate manner.
- 1.11 Adheres to federal and provincial/territorial legislation, policies and standards related to privacy, documentation and information management (this applies to verbal, written or electronic records).

- 1.12 Engages in ongoing professional development and accepts personal responsibility for maintaining nurse practitioner competence.

### Collaboration, Consultation and Referral

The nurse practitioner:

- 1.13 Consults with and/or refers clients to other health-care providers at any point in the care continuum when the client's condition is not within the nurse practitioner scope of practice or the individual nurse practitioner's competence.
- 1.14 Acts as a consultant to and/or refers and accepts referrals from health-care providers, community agencies and allied non-health-care professionals.
- 1.15 **Advocates** with clients in relation to therapeutic intervention, health-care access, the health-care system and policy decisions that affect health and quality of life.
- 1.16 Collaborates with members of the health-care team to provide and promote interprofessional client-centred care at the individual, organizational and systems levels.
- 1.17 Collaborates with members of the health-care team to promote and guide continuous quality improvement initiatives at the individual, organizational and systems levels.
- 1.18 Applies advanced knowledge and skills in communication, negotiation, coalition building, change management and conflict-resolution, including the ability to analyze, manage and negotiate conflict.

### Research

The nurse practitioner:

- 1.19 Engages in **evidence-informed practice** by critically appraising and applying relevant research, best practice guidelines and theory when providing health-care services.
- 1.20 Develops, utilizes and evaluates processes within the practice setting to ensure that clients receive coordinated health services that identify client outcomes and contribute to knowledge development.
- 1.21 Identifies and implements research-based innovations for improving client care at the individual, organizational and systems levels.
- 1.22 Identifies, collects data on, and evaluates the outcomes of, nurse practitioner practice for clients and the health-care system.

- 1.23 Collaborates with other members of the health-care team or the community to identify research opportunities and to conduct and/or support research.
- 1.24 Acts as a change agent through knowledge translation and dissemination of new knowledge that may include formal presentations, publication, informal discussions and the development of best practice guidelines and policies.

### Leadership

The nurse practitioner:

- 1.25 Provides leadership in the management of clinical care and is a resource person, educator and role model.
- 1.26 Acts as a preceptor, mentor and coach to nursing colleagues, other members of the health-care team and students.
- 1.27 Articulates and promotes the role of the nurse practitioner to clients, other health-care providers, social and public service sectors, the public, legislators and policy-makers.
- 1.28 Provides leadership in the development and integration of the nurse practitioner role within the health-care system.
- 1.29 Advocates for and participates in creating an organizational environment that supports safe client care, collaborative practice and professional growth.
- 1.30 Guides, initiates and provides leadership in the development and implementation of standards, practice guidelines, quality assurance, and education and research initiatives.
- 1.31 Guides, initiates and provides leadership in policy-related activities to influence practice, health services and public policy.

## 2. Health Assessment and Diagnosis

The nurse practitioner integrates a broad knowledge base with **critical appraisal** to obtain the required information for determining diagnoses and client needs. Throughout the process, the nurse practitioner works collaboratively with clients to identify and mitigate health risks, promote understanding of health issues and support healthy behaviors.

The nurse practitioner:

- 2.1 Performs a focused health assessment and/or an advanced comprehensive health assessment, using and adapting assessment tools and techniques based on client needs and relevance to client stage of life.
- 2.2 Performs a complete or focused health history appropriate to the client's situation, including physical, psychosocial, emotional, ethnic, cultural and spiritual dimensions of health.
- 2.3 Performs a complete or focused physical examination, and identifies and interprets normal and abnormal findings as appropriate to client presentation.
- 2.4 Synthesizes health assessment information using critical inquiry and clinical reasoning to diagnose health risks and states of health/illness.
- 2.5 Formulates differential diagnoses through the integration of client information and evidence-informed practice.
- 2.6 Anticipates and diagnoses emergent, urgent and life-threatening situations.
- 2.7 Orders and/or performs screening and diagnostic investigations, interprets results using evidence-informed clinical reasoning and critical inquiry, and assumes responsibility for follow-up.
- 2.8 Diagnoses diseases, disorders, injuries and conditions, and identifies health needs, while considering the client's response to the health/illness experience.
- 2.9 Communicates with clients about health assessment findings and/or diagnosis, including outcomes and prognosis.

### 3. Therapeutic Management

Nurse practitioners collaborate with clients to set priorities for the provision and overall coordination of care along the health/illness continuum. The nurse practitioner selects appropriate interventions from a range of non-pharmacological and pharmacological interventions to assist clients in restoring or maintaining functional, physiological and mental stability to achieve optimal health.

The nurse practitioner:

- 3.1 Creates an environment in which effective communication of diagnostic and therapeutic intervention can take place.
- 3.2 Explores therapeutic options, considering implications for clients through the integration of client information and evidence-informed practice.

- 3.3 Determines care options and initiates therapeutic interventions in collaboration with clients, while considering client perspectives, feasibility and best outcomes.
- 3.4 Initiates interventions for the purpose of stabilizing clients in emergent, urgent and life-threatening situations.
- 3.5 Supports, educates, coaches and counsels clients regarding diagnoses, prognoses and self-management, including their personal responses to diseases, disorders, conditions, injuries, risk factors, lifestyle changes and therapeutic interventions.
- 3.6 Collaborates on promoting client self-efficacy in navigating the health-care system and in identifying and accessing the necessary resources.
- 3.7 Coordinates and facilitates client care with other health-care providers, agencies and community resources.
- 3.8 Performs invasive/non-invasive procedures for the clinical management and/or prevention of disease, injuries, disorders or conditions.
- 3.9 Prescribes pharmacotherapy based on the client's health history, disease, disorder, condition and stage of life, and individual circumstances.
- 3.10 Applies knowledge of pharmacotherapy and evidence-informed practice in prescribing, monitoring and dispensing drugs<sup>2</sup>.
- 3.11 Counsels clients on medication therapy, benefits, potential side effects, interactions, importance of compliance and recommended follow-up.
- 3.12 Demonstrates awareness of, is mindful of, and considers marketing strategies used to promote health products, medical devices, medications, alternative therapies and health programs.
- 3.13 Intervenes, as appropriate, when potential or actual **problematic substance use** and/or misuse of drugs, including **complementary and alternative therapies**, is identified.
- 3.14 Prescribes and/or dispenses drugs in accordance with provincial, territorial and/or federal standards and legislative requirements.

---

<sup>2</sup> At this time, the performance of competencies (or components of competencies) related to dispensing drugs varies across jurisdictions in Canada.

- 3.15 Uses an evidence-informed approach in the selection or consideration of complementary and alternative therapies, and considers the benefits and risks to clients' health and safety.
- 3.16 Collaborates with clients in monitoring their response to therapeutic interventions and in adjusting interventions, as needed.
- 3.17 Monitors, evaluates and revises the plan of care and therapeutic intervention based on current evidence-informed practice and on client goals, preferences, health status and outcomes.

#### 4. Health Promotion and Prevention of Illness and Injury

Nurse practitioners in all practice settings focus on improving and restoring health. The nurse practitioner leads or collaborates with other health-care team members, other sectors and/or the community in initiatives that promote health and reduce the risk of complications, illness and injury for their individual clients, client groups and/or the population as a whole.

The nurse practitioner:

- 4.1 Assesses, identifies and critically analyzes information from a variety of sources to determine client and/or population trends and patterns that have health implications.
- 4.2 Initiates or participates in the development of strategies to address identified client and/or population health implications.
- 4.3 Initiates or participates in the design of services/interventions for health promotion, **health protection**, and the prevention of injury, illness, disease and complications.
- 4.4 Initiates or participates in the development and implementation of evaluation processes, including identification of indicators for ongoing monitoring of strategies, services and interventions.
- 4.5 Collaborates with other health care providers and other sectors to use knowledge of determinants of health and principles of community development to help groups or entire communities obtain the services they need to meet their health goals.

## Glossary

**Accountability** – The obligation to answer for the professional, ethical and legal responsibilities of one’s activities and duties.

**Advanced Nursing Practice** – An umbrella term describing an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation; in-depth nursing knowledge; and expertise in meeting the health needs of individuals, families, groups, communities and populations. It involves analyzing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the profession as a whole.

**Adverse Event** – An event that results in unintended harm to the patient and is related to the care and/or service provided to the patient rather than the patient’s underlying condition.

**Advocate** – Actively supporting a right and good cause; supporting others in speaking for themselves; or speaking on behalf of those who cannot speak for themselves.

**Attributes** – Characteristic qualities that include, but are not limited to, attitudes, values and beliefs.

**Client** – The beneficiary of care; may be an individual, family, group, population or entire community.

**Collaboration** – Client care involving joint communication and decision-making processes among the client, nurse practitioner and other members of a health-care team who work together to use their individual and shared knowledge and skills to provide optimum client-centred care. The health-care team works with clients toward the achievement of identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team.

**Collaborate** – Building consensus and working together on common goals, processes and outcomes.

**Competence** – The integrated knowledge, skills, judgment and attributes required of a nurse practitioner to practise safely and ethically in a designated role and setting.

**Competencies** – The specific knowledge, skills and personal attributes required for a nurse practitioner to practise safely and ethically in a designated role and setting.

**Complementary and Alternative Therapies** – Those modalities or interventions that complement mainstream medicine, that are used to address clients' health needs across the continuum of health care, and that are not met by conventional approaches.

Complementary therapies tend to be those that are used alongside traditional health care, while alternative therapies tend to be those used in place of traditional health care.

**Consultation** – Seeking the advice of others who have the required expertise.

**Critical Appraisal** – The process of systematically examining research evidence to assess its validity, reliability, results and relevance before using it to make an informed decision. It is an essential part of evidence-informed practice.

**Cultural Safety** – Addresses power relationships between the service provider and the people who use the service. A manner that affirms, responds to and fosters the cultural expression of clients. This usually requires nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practise in a way that affirms the culture of clients and nurses. Unsafe cultural practice is any action that demeans, diminishes or disempowers the cultural identity and well-being of people.

**Determinants of Health** – Definable entities that are associated with or induce health outcomes. These entities include health behaviors, lifestyles, coping abilities, biology, gender and genetics, income and social status, culture, education, employment and working conditions, access to appropriate health services, and the physical environment.

**Disease and Injury Prevention** – Measures taken both to prevent the occurrence of disease and injury, such as risk-factor reduction, and to arrest the progress and reduce the consequences of disease or injury once established.

**Diversity** – The variation between people with respect to such factors as ethnicity, national origin, race, gender, ability, age, physical characteristics, religion, values, beliefs, sexual orientation, socio-economic class or life experiences.

**Evidence-Informed Practice** – An approach to decision-making in which the clinician conscientiously integrates critically appraised evidence, clinical practice experience, and knowledge of contextual factors in consultation with the patient, in order to decide upon the option that best suits the patient's needs. Evidence may include, but is not limited to, published research, grey literature research, clinical practice guidelines, consensus statements, clinical experts, quality assurance and patient safety data.

**Health** – A state of complete physical, mental [spiritual] and social well-being, and not merely the absence of disease. (World Health Organization definition of health. From the

Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, June 19-22, 1946; signed on July 22, 1946, by the representatives of 61 states (official records of the World Health Organization, no. 2, p. 100) and entered into force on April 7, 1948).

**Health Promotion** – The process of enabling people to increase control over and improve their health. It embraces actions directed not only at strengthening the skills and capabilities of individuals, but also at changing social, environmental, political and economic conditions to alleviate their impact on public and individual health.

**Health Protection** – Activities in food hygiene, water purification, environmental sanitation, drug safety and other areas that, as far as possible, eliminate the risk of adverse consequences to health that are attributable to environmental hazards.

**Interprofessional Care** – The provision of comprehensive health service to patients by multiple health caregivers who work collaboratively to deliver quality care within and across settings.

**Near Miss** – An event with the potential for harm that did not result in harm because it did not reach the client due to timely intervention or good fortune (sometimes called a close call).

**Pharmacotherapy** – Treatment and prevention of diseases, disorders and/or symptoms by means of drug therapy. This includes consideration of the characteristic interactions of a drug with the body in terms of absorption, distribution, metabolism and excretion, and the interactions that may occur between drugs.

**Population Health** – Entails understanding the health of populations and the factors that influence health and health risks.

**Problematic Substance Use** – The use of a substance that negatively affects a person's work or personal life (e.g., relationships, financial situation, problems with the law). In some individuals, it can develop into chemical dependency and/or addiction.

**Referral** – The practice of requesting a consultation or service from another health-care provider on behalf of a client.

**Safe Client Care** – Reduction or mitigation of unsafe acts within the health-care system, as well as through the use of best practices, shown to lead to optimal patient outcomes.

**Scope of Practice** – The activities that nurses are educated and authorized to perform, as established through legislated definitions of nursing practice, complemented by standards, guidelines and policy positions issued by professional nursing bodies.

**Standard** – An authoritative statement that describes the required behaviour of every nurse and is used to evaluate individual performance.

**Therapeutic Management** – The pharmaceuticals, non-pharmaceuticals, therapies and interventions that nurse practitioners prescribe to provide health promotion and protection; disease prevention; and treatment of diseases, injuries, illnesses and conditions.

## References

- Baker, G. R., et al. (2007). *Appendix B: Review of provincial, territorial and federal legislation and policy related to the reporting and review of adverse events in healthcare in Canada*. Canadian Patient Safety Institute. Retrieved April 23, 2009, from <http://www.patientsafetyinstitute.ca/French/toolsresources/ReportingAndLearning/CanadianAdverseEventsReportingAndLearningSystem/Documents/CAERLS%20Consultation%20Paper%20AppendixB.pdf>.
- Bandolier. Glossary: *Evidence-based medicine*. Retrieved April 23, 2009, from <http://www.medicine.ox.ac.uk/bandolier/booth/glossary/EBM.html>.
- Canadian Nurses Association. (2005). *Canadian nurse practitioner core competency framework*. Ottawa: Author.
- Canadian Nurses Association. (2008). *Advanced nursing practice: A national framework*. Ottawa: Author.
- Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa: Author.
- Canadian Nurses Association. (2010). *Canadian nurse practitioner core competency framework*. Ottawa: Author.
- Canadian Nurses Association and Canadian Association of Schools of Nursing. (2004). Joint position statement: *Promoting continuing competence for registered nurses*. Ottawa: Authors.
- Canadian Patient Safety Institute. (2008). *The safety competencies framework: Background*. Retrieved April 22, 2009, from <http://www.patientsafetyinstitute.ca/English/education/safetyCompetencies/Pages/Background.aspx>.
- College of Registered Nurses of British Columbia. (December 2008). *Complementary and alternative health care [Practice standard]*. Retrieved April 23, 2009, from: <https://www.crnbc.ca/downloads/437.pdf>.
- College of Registered Nurses of Nova Scotia. (2008). *Problematic substance use in the workplace: A resource guide for registered nurses*. Halifax: Author.

- College of Registered Nurses of Nova Scotia. (2009). *Nurse practitioner competencies*. Halifax: Author.
- Ellis, J. R., & Hartley, C. L. (2005). *Managing and coordinating nursing care, 4th ed.* Philadelphia: Lippincott Williams & Wilkins.
- Guyatt, G., Rennie, D., Meade, M. O., & Cook, D. (2008). *Users' guides to the medical literature: Essentials of evidence-based clinical practice, 2nd Edition*. New York: McGraw-Hill. 20 Canadian Nurse Practitioner Core Competency Framework.
- Health Canada. *About primary health care*. Retrieved April 23, 2009, from <http://www.hc-sc.gc/hcs-sss/prim/about-apropos-eng.php>.
- Health Professions Act*, R.S.A. 2000, c. H-7.
- Hill, A. & Spittlehouse, C. (2009). *What is critical appraisal? In Evidence-based medicine, 2nd Edition*. Oxford, U.K.: Hayward Medical Communications. Retrieved April 22, 2009, from [http://www.medicine.ox.ac.uk/bandolier/painres/download/whatis/What\\_is\\_critical\\_appraisal.pdf](http://www.medicine.ox.ac.uk/bandolier/painres/download/whatis/What_is_critical_appraisal.pdf).
- Indigenous Physicians Association of Canada and Association of Faculties of Medicine of Canada. (2008). *First Nations, Inuit, Métis health core competencies: A curriculum framework for undergraduate medical education*. Retrieved April 23, 2009, from <http://www.afmc.ca/pdf/CoreCompetenciesEng.pdf>.
- Interprofessional Care Steering Committee. (July 2007). *Interprofessional care: A blueprint for action in Ontario*. Toronto: Ministry of Health and Long-Term Care. Retrieved April 23, 2009, from <http://www.healthforceontario.ca/upload/en/whatishfo/ipc%20blueprint%20final.pdf>.
- Muir Gray, J. A. (1997). *Evidence-based medicine: How to make health policy and management decisions*. London: Churchill Press.
- National Framework for Nursing Standards Working Group. (2008). *National framework for nursing standards*. [Unpublished report]. Toronto: Author.
- Public Health Agency of Ontario. (August 2007). *Glossary of terms relevant to the core competencies for public health*. Retrieved April 22, 2009, from <http://www.phac-aspc.gc.ca/ccph-cesp/glos-a-d-eng.php>.

Public Health Agency of Ontario. (2008). *Core competencies for public health in Canada*. Retrieved April 23, 2009, from <http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/cc-manual-eng090407.pdf>.

Ramsden, I. (1990). *Cultural safety*. *New Zealand Nursing Journal*, 83, 18-19.

University of Victoria. *Cultural safety: Module 1: Peoples' experiences of colonization*. Retrieved April 22, 2009, from <http://web2.uvcs.uvic.ca/courses/csafety/mod1/index.htm>.

Wilson, R. M., Harrison, B. T., Gibberd, R. W., & Hamilton J. D. (1999). *An analysis of the causes of adverse events from the Quality in Australia Health Care Study* [Electronic version]. *Medical Journal of Australia*, 170, 411-415. CANADIAN NURSES ASSOCIATION [cna-aiic.ca](http://cna-aiic.ca) 21.

## Appendix A: Regulations Specific to Nurse Practitioners

### *Registered Nurses Profession Regulation, Alta. Reg. 232/2005.*

#### **Definitions**

1 In this Regulation,

- (j) “nurse practitioner register” means the nurse practitioner category of the regulated members register;

#### **Register categories**

2 The regulated members register established by the Council under section 33(1)(a) of the Act has the following categories:

- (b) nurse practitioner register;

### **REGISTRATION**

#### ***Nurse Practitioner Register***

4(1) An applicant for registration as a regulated member on the nurse practitioner register must

- (a) have successfully completed a baccalaureate degree in nursing satisfactory to the Registration Committee,
- (b) have completed 4500 hours of registered nursing practice satisfactory to the Registration Committee,
- (c) have successfully completed a nurse practitioner education program approved by the Council,
- (d) be registered on the registered nurse register, and
- (e) have passed any examination respecting nurse practitioner practice approved by the Council.

(2) Despite subsection (1), an applicant who does not meet the requirements of subsection (1)(a) or (c) or subsection (1)(a) and (c) may be registered as a regulated member on the nurse practitioner register if the applicant

- (a) provides evidence satisfactory to the Registration Committee that the applicant has education and experience that is substantially equivalent to the requirements of subsection (1)(a) or (c) or subsection (1)(a) and (c),
- (b) has, in the opinion of the Registration Committee, sufficient knowledge, skill and experience to practise as a nurse practitioner, and
- (c) has met the requirements of subsection (1)(b), (d) and (e).

(3) In determining whether or not an applicant's qualifications are substantially equivalent under subsection (2) and whether the applicant has sufficient knowledge, skill and experience, the Registrar may require the applicant to undergo examinations, testing and assessment activities to assist with the determination.

(4) The Registrar may direct the applicant to undergo any education or training activities the Registrar may consider necessary in order for the applicant to be registered on the nurse practitioner register.

(5) The Council may limit the number of times that an applicant may attempt to pass a nurse practitioner exam approved by the Council under subsection (1)(e).

### ***Courtesy Registration***

7(1) A registered nurse or nurse practitioner in good standing in another jurisdiction recognized by the Council who requires registration in Alberta on a temporary basis for a specified purpose approved by the Registrar and who satisfies the Registrar of having competence to provide the services related to the specified purpose is eligible for registration on the courtesy register.

## **TITLES AND ABBREVIATIONS**

*Authorization to use titles, etc.*

14(4) A regulated member registered on the nurse practitioner register may use the title nurse practitioner and the initials NP.

**RESTRICTED ACTIVITIES***Authorized restricted activities*

15(5) A regulated member on the nurse practitioner register may, within the practice of registered nursing, perform the restricted activities listed in subsection (1) and the following additional restricted activities when practising as a nurse practitioner:

- (a) to prescribe a Schedule 1 drug within the meaning of the *Pharmaceutical Profession Act*;
- (b) to prescribe parenteral nutrition;
- (c) to prescribe blood products;
- (d) to order and apply any form of ionizing radiation in medical radiography;
- (e) to order any form of ionizing radiation in nuclear medicine;
- (f) to order non-ionizing radiation in magnetic resonance imaging;
- (g) to order or apply non-ionizing radiation in ultrasound imaging, including any application of ultrasound to a fetus;
- (h) to prescribe diagnostic imaging contrast agents;
- (i) to prescribe radiopharmaceuticals, radiolabelled substances, radioactive gases and radioaerosols.

*Students*

17(4) A regulated member who is on the registered nurse register and is enrolled in a nurse practitioner education program approved by the Council is permitted to perform the restricted activities referred to in section 15(5) as part of the clinical practicum of the nurse practitioner education program if the regulated member is under the supervision of a regulated member who is authorized to perform those restricted activities.

(5) A student in a nurse practitioner education program outside Alberta is permitted to perform the restricted activities set out in section 15(5) in a clinical practicum in Alberta, if the student

- (a) is registered on the registered nurse register,
- (b) has visiting student status in a nurse practitioner education program approved by the Council, and
- (c) is supervised by a regulated member authorized to perform those restricted activities.

## **PRACTICE PERMIT**

### *Renewal requirements*

21(3) A regulated member who is a nurse practitioner must, in addition to the requirements of subsection (1), provide evidence satisfactory to the Registrar of 600 hours of nurse practitioner practice within the previous 2 membership years.

(4) Despite subsection (3), a nurse practitioner who does not meet the requirements of subsection (3) may instead meet any other requirements, as determined by the Registration Committee.