Scope of Practice for Nurse Practitioners (NPs)

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

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Introduction

Nurse practitioners (NPs) are essential health care professionals who are competent to provide a full range of comprehensive health services to Albertans across their lifespan. Nurse practitioners are registered nurses who have advanced education, preferably at a graduate degree level, that prepares them to provide comprehensive health services to the public.

The nurse practitioner role is distinct from that of the registered nurse (RN). The nurse practitioner role requires advanced knowledge and decision making skills gained through further clinical practice, education and experience that enable nurse practitioners to perform additional activities that are not considered part of the registered nurse scope of practice (CNA, 2004). While the professional role, responsibilities and accountability of the nurse practitioner includes clinical practice, collaboration, consultation and referral, research, and leadership. This document will focus primarily on that of the clinical role of nurse practitioners.

Nurse practitioners have the competencies to conduct comprehensive health assessment, to diagnose health/illness conditions, 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 and therapeutic interventions, while integrating the principles of resource allocation and cost-effectiveness, in accordance with federal, provincial and territorial legislation and policy (CNA, 2010).

The College and Association of Registered Nurses of Alberta (CARNA), as the regulatory body and professional association for all registered nurses in Alberta, holds responsibility for articulating the scope of practice for nurse practitioners to increase the knowledge of the public, government agencies, nurse practitioners, registered nurses, other health care providers, educators and employers. The nurse practitioner role is a nursing role that complements, rather than replaces other health care providers. Nurse practitioners, as autonomous and independent health professionals, provide essential health services grounded in the registered nurse profession’s values, knowledge, theories and practice. They are health professional members of interprofessional health care teams, and consult with, refer to, and are consulted by physicians and other health care providers.

This document was developed to outline the broad scope of practice of nurse practitioners in Alberta while delineating the boundaries of that practice. The *Scope of
Practice for Nurse Practitioners is not a standalone document; it is a companion document to the CARNA Nurse Practitioner Competencies (2011) and the CARNA Nursing Practice Standards (2005), which apply to all regulated members of CARNA, and is to be used with other CARNA documents including: Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities (2005), Prescribing and Distributing Guidelines for Nurse Practitioners (2004), Scope of Practice for Registered Nurses (2011), Continuing Competence Program Reference Manual for NPs (2005) and Standards for the Supervision of Nursing Students and Undergraduate Nursing Employees Providing Client Care (2005).

Legislated Scope of Practice

The legislated scope of practice for nurse practitioners refers to those activities that nurse practitioners are educated, authorized and competent to perform. The scope of practice is established through legislated definitions of registered nurse and nurse practitioner practice; complemented by standards, guidelines and policy positions issued by professional nursing bodies (CNA, 2010). Nurse practitioners are required to practice in accordance with all the standards relevant to the nursing profession in Alberta.

In Alberta the authority for the regulation of nurse practitioners is included in the Registered Nurses Profession Regulation pursuant to the Health Professions Act (HPA) (2000). *See Appendix A for sections of the regulation that are pertinent to nurse practitioners. Under HPA, the titles ‘nurse practitioner’ and ‘graduate nurse practitioner’ and the initials ‘NP’ and ‘GNP’ are protected titles and can only be used by a regulated member on the nurse practitioner register.*

Nurse practitioners are registered nurses and, as such, the practice statement in HPA for registered nurses (See Appendix B) in Alberta also applies to nurse practitioners. This broad legislated practice statement encompasses all the activities that RNs and nurse practitioners are permitted to engage in.

Nurse practitioners are authorized, through the Registered Nurses Profession Regulation (232/2005), to perform all of the restricted activities that registered nurses perform and those identified additional restricted activities that are not considered part of the scope of practice of registered nurses. This authority distinguishes the nurse practitioner from other registered nurses.
Restricted Activities

These additional restricted activities specific to nurse practitioners are:

- prescribe a Schedule 1 drug within the meaning of the *Pharmaceutical Profession Act*
- prescribe parenteral nutrition
- prescribe blood products
- order and apply any form of ionizing radiation in medical radiography
- order any form of ionizing radiation in nuclear medicine
- order non-ionizing radiation in magnetic resonance imaging
- order or apply non-ionizing radiation in nuclear medicine
- order any form of ionizing radiation in ultrasound imaging, including any application of ultrasound to a fetus
- prescribe diagnostic imaging contrast agents
- prescribe radiopharmaceuticals, radionuclides, radioactive gases and radioaerosols

Although CARNA authorizes nurse practitioners to perform these restricted activities, through regulations, this does not mean that a nurse practitioner is authorized to perform any restricted activity in any situation in any practice setting. Nurse practitioners must refer to *Health Professions Act: Standards for the Performance of Restricted Activities* (2005) for direction and expectations related to the performance of restricted activities.

Carna Streams of NP Practice

Carna registers nurse practitioners in one of three categories, referred to as streams of practice: Family/All Ages, Adult, Child and Child with a neonatal specialty. Nurse practitioners have the advanced preparation required to act as a primary care provider within their stream of practice (CRNBC, 2008).

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1 In Alberta, nurse practitioners have the same restricted activities as physicians, related to ionizing and non-ionizing radiation, with the exception of ordering radiation, ordering and applying lithotripsy and applying non-ionizing radiation. CARNA is currently seeking authorization for nurse practitioners to order radiation in limited circumstances.
Family/All Ages (FAA)

The nurse practitioner in the family/all ages (FAA) category provides generalized health services across the lifespan, including newborns, infants, children, adolescents, adults, pregnant and postpartum women, and older adults. The nurse practitioner (family/all ages) is prepared as a generalist for practice that is usually community-based including but not limited to, remote areas, family practice, primary care networks, outpatient clinics, urgent care and emergency departments. The nurse practitioner (family/all ages) may serve as the primary care provider to individuals and families.

Adult

The nurse practitioner in the adult category provides health care services to young, middle aged and older adults in either a generalized adult practice where they see adults with a variety of medical conditions or adults in a specialty area of practice. In some instances older adolescent care may be provided by an adult nurse practitioner, when the adolescent’s developmental age and/or lifestyle may more closely approximate that of an adult. Practice settings include acute and long-term care as well as community settings. The adult nurse practitioner has in-depth knowledge of adult acute and chronic illness and can work with complex clients.

Child

The nurse practitioner in the child category typically provides care for individuals under the age of 18 (newborns, infants, toddlers, school-aged children and adolescents) in either a generalized pediatric practice where they provide care for healthy children or with those who have a variety of medical conditions; or with children in a specialty area of practice. In some instances the child nurse practitioner may provide care to young adults whose developmental age may closely approximate that of a child or adolescent rather than that of an adult; or a young adult who has been receiving care from the nurse practitioner for a chronic disease since childhood, during transition to the care of an adult practitioner.

Child (Neonatal Specialty)

Neonatal nurse practitioners are registered in the child category and have specialized education relevant to neonatology which includes the complex management, resuscitation and stabilization of extremely premature and critically ill neonates. Practice
settings include high risk newborn centers, Level 2 and 3 neonatal intensive care units. They are restricted to working with the neonate population.

Nurse practitioners are essential health professionals with advanced education, who provide a full range of comprehensive health services to the public across their lifespan. Nurse practitioners practicing in Alberta have a broad autonomous and independent scope of practice and are accountable and responsible for their own practice.

CARN A Policies for Nurse Practitioners

Nurse practitioners must be aware of and apply CARN A standards, guidelines and policies to their practice. It is the inherent responsibility of the individual nurse practitioner to keep abreast of any changes to CARNA standards, guidelines, and policies that may impact nurse practitioner practice. The CARNA Scope of Practice for Registered Nurses (2011) is foundational to the nurse practitioner scope of practice. Nurse practitioners must understand the registered nurse legislated scope of practice to understand their full scope of practice.

In addition to the registered nurse scope of practice, the nurse practitioner scope of practice includes:

- advanced health assessment
- diagnosis
- ordering/interpreting diagnostic tests
- prescribing pharmacotherapy
- treatment/advanced interventions
- monitoring client outcomes
- follow-up care
- consultation and referral as required

Advanced Health Assessment and Diagnosis

Nurse practitioners have the competence to provide comprehensive health assessment and diagnose health conditions/illness conditions (acute illness/injuries and chronic diseases, co morbidities and emergency health needs) and discuss diagnoses,
prognoses, treatments and outcomes with clients. There are no restrictions in Alberta legislation on nurse practitioner authority in assessing, diagnosing and treating client’s health conditions.

**Diagnostic Tests**

Nurse practitioners are authorized to order and interpret laboratory and other diagnostic tests. Lists of treatments and diagnostic/laboratory tests are not specifically outlined; rather nurse practitioners have a broad scope of practice, autonomy and independence to determine the appropriate diagnostic tests for their clients, within the individual nurse practitioner’s level of competence.

**Prescribing Pharmacotherapy**

Nurse practitioners are authorized to prescribe Schedule 1 drugs as per the *Pharmaceutical Professions Act* (Appendix C) (available online at: https://pharmacists.ab.ca/nPharmacistResources/ABDrugSchedules.aspx.).

Nurse practitioners prescribe drugs relevant to their stream of practice in accordance with the *Registered Nurses Profession Regulation*, the federal *Food and Drugs Act* and *Regulation*, the federal *Controlled Drugs and Substances Act* and *Regulation*, the CARNA *Prescribing and Distributing Guidelines for Nurse Practitioners* (2004) (under review) and recognized best practices.

The federal *Controlled Drugs and Substances Act* (CDSA) and *Regulation* states only physicians, dentists and veterinarians have prescribing authority for controlled substances. Currently, nurse practitioners cannot prescribe narcotics or other controlled drugs such as benzodiazepines, cannabis, amphetamines, barbiturates and methadone.

In accordance with the federal *Food and Drugs Act and Regulation*, only physicians, dentists, veterinary surgeons and pharmacists have the authority to accept drug samples. At this time, nurse practitioners do not have this authority.

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2 At time of document approval changes are being proposed by the federal government that would give nurse practitioners authority to prescribe controlled drugs and substances.
Treatment/Advanced Interventions

Nurse practitioners have authority to perform both invasive and non-invasive procedures integral to the clinical management of clients. These may include but are not limited to suturing, incision and drainage, excisions, intubation, limb immobilization and casting, reducing dislocation of joints and other additional procedures required by the clients and within the competence of the individual nurse practitioner.

Monitoring Client Outcomes

Nurse practitioners collaborate with clients in monitoring their response to therapeutic interventions and adjusting interventions as needed in the provision of initial and ongoing care.

Consultation with and Referral to Physicians and Other Health Care Providers

Nurse practitioners consult with and refer to another health care provider when the client’s condition warrants it. Referral to another health care provider (i.e., physiotherapist, another NP, physician) is required when the nurse practitioner approaches or reaches the limits of their competence beyond which they cannot provide care independently and additional information or assistance is required. Nurse practitioners also receive consultations from other health care providers, including physicians, when the nurse practitioner is the most appropriate care provider. The nurse practitioner is accountable for determining when consultation and /or referral are necessary.

Individual Nurse Practitioner Scope of Practice

Nurse practitioners must restrict their practice to performing those activities the individual nurse practitioner is competent to perform, and to those activities that are appropriate to their stream of practice. The activities and procedures being performed must also be in compliance with CARNA standards of practice and agency policies.

Impacts/Influences on Individual Nurse Practitioner Scope of Practice

Factors that influence the scope of practice of the individual nurse practitioner include:
nurse practitioners' individual competencies
practice setting and client population
agency/employer policies
legislation that does not identify the nurse practitioner as a care provider
other organization’s policies, or legislation (e.g., WCB)
client needs

Competence

Recent nurse practitioner graduates gain proficiency in the breadth and depth of their practice over time, with continued education, support from employers, other nurse practitioners, physicians and other health team members (CNA, 2010). Individual nurse practitioners need to assess their level of competence, self-evaluate and maintain their competence on an ongoing basis. Nurse practitioners are required to engage in CARNA’s Continuing Competence Program (CCP).

Practice Setting, Client Population and Client Need

Nurse practitioners can provide comprehensive primary health care services, including health promotion, illness and injury prevention, curative, rehabilitative and supportive services, to clients in all practice environments with diverse populations where there is a client or population need, including but not limited to community (remote areas, rural and urban), acute care, continuing care and occupational health.

Auxiliary Legislation: Federal/Provincial

Nurse practitioners practice in accordance with their legally recognized scope of practice and within all relevant legislation. Despite nurse practitioner competence and authorization under the HPA, some provincial and federal legislation does not recognize nurse practitioners as authorized providers with designated authority to perform certain activities. Nurse practitioners have a responsibility to be aware of auxiliary legislation that impacts their scope of practice and adhere to it in practice. This includes but not limited to:

- the federal Food and Drugs Act and Regulation, and the federal Controlled Drugs and Substances Act (CDSA) and Regulation
- the Hospitals Act related to admitting, treating and discharging clients
the Government Organization Act related to supervision of non-regulated persons

- the Protection for Persons in Care Act that is designed to promote the prevention of abuse of adults who receive government-funded care or support services

**Conclusion**

Nurse practitioners practicing in Alberta have a broad autonomous and independent scope of practice and are accountable and responsible for their own practice. They are essential health professionals with advanced education, who provide a full range of comprehensive health services to the public across their lifespan. With the broad legislated scope of practice comes a responsibility for the individual nurse practitioners to assess their own level of competence and determine when consultation or referral to other health care providers is required.

CARNNA Policy and Practice Consultants should be contacted at (780) 451-0043 or 1-800-252-9392 (Canada-wide) or by email at practice@nurses.ab.ca for any questions related to nurse practitioner scope of practice.
References


Appendix A: Regulations Specific to Nurse Practitioners


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.
Appendix B: Health Professions Act RN Practice Statement

Under Schedule 24, Section 3, of the Health Professions Act, the practice statement for the profession of registered nurses is:

In their practice, registered nurses do one or more of the following:

(a) based on an ethic of caring and the goals and circumstances of those receiving nursing services, registered nurses apply nursing knowledge, skill and judgment to:
   (i) assist individuals, families, groups and communities to achieve their optimal physical, emotional, mental and spiritual health and well-being.
   (ii) assess, diagnose and provide treatment and interventions and make referrals,
   (iii) prevent or treat injury and illness,
   (iv) teach, counsel and advocate to enhance health and well-being,
   (v) coordinate, supervise, monitor and evaluate the provision of health services,
   (vi) teach nursing theory and practice,
   (vii) manage, administer and allocate resources related to health services, and
   (viii) engage in research related to health and the practice of nursing, and

(b) provide restricted activities authorized by the regulations.
Appendix C: Schedule of Drugs

The Pharmaceutical Schedule 1 Drugs can be accessed at the Alberta College of Pharmacist website (www.pharmacists.ab.ca) or at this link: https://pharmacists.ab.ca/nPharmacistResources/ABDrugSchedules.aspx.

For all Drug Schedules - national drug schedules (NDS) information can be assessed at the National Association of Pharmacy Regulatory Authorities website at this link: http://napra.ca/pages/Schedules/Search.aspx.