

Scope of Practice for Nurse Practitioners

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Purpose

This document was developed to outline the broad scope of practice of nurse practitioners (NPs) in Alberta while delineating the boundaries of that practice. The *Scope of Practice for Nurse Practitioners* is not a stand-alone document; it is a companion document to

- *Practice Standards for Regulated Member* (College and Association of Registered Nurses of Alberta [CARNA], 2013);
- *Entry-Level Competencies for Nurse Practitioners in Canada* (CARNA, 2016); and
- *Prescribing Standards for Nurse Practitioners* (CARNA, 2021).

This document is also to be used with other documents including the following:

- *Code of Ethics for Registered Nurses* (Canadian Nurses Association [CNA], 2017)
- *Documentation Standards for Regulated Members* (CARNA, 2013)
- *Medical Assistance in Dying Standards of Practice for Nurse Practitioners* (Alberta. Minister of Health, 2016)
- *Medical Assistance in Dying Guidelines for Nurse Practitioners* (CARNA, 2017)
- *Medication Management Standards* (CARNA, 2021)
- *Privacy and Management of Health Information Standards* (CARNA, 2020)
- *Restricted Activities Standards* (CARNA, 2019)
- *Scope of Practice for Registered Nurses* (CARNA, 2021)
- *Supervision Standards* (CARNA, 2019)

Role and Requirements

The CARNA as the regulatory body, has the responsibility of setting the entry to practice competencies, standards of practice and requirements for licensure for nurse practitioners. The education and experience of nurse practitioners allows them to function independently and collaboratively across the care continuum (CNA, 2009). 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 profession members of interdisciplinary, collaborative professional health-care teams and consult with, refer to and are consulted by physicians and other health-care providers.

The nurse practitioner role requires advanced knowledge and decision-making skills gained through further clinical practice, education and experience that enables them to perform additional interventions that are not considered part of the registered nurse scope of practice (CNA, 2009). Nurse practitioners have the competencies to conduct a comprehensive health assessment, diagnose health/illness conditions and 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 (CARNA, 2016).

The professional role, accountability and responsibilities of the nurse practitioner include clinical practice, collaboration, consultation and referral, research and leadership. This document will focus primarily on that of the clinical role of nurse practitioners.

Legislated Scope of Practice

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). Under the 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 (refer to Appendix B) in Alberta also applies to nurse practitioners. The *Registered Nurses Profession Regulation* authorizes nurse practitioners to perform all of the restricted activities that registered nurses perform and identifies additional restricted activities that are authorized specifically as part of the scope of practice of nurse practitioners.

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 statements of registered nurse and nurse practitioner practice; complemented by standards, guidelines and policy issued by the regulatory college (CARNA, 2016). Nurse practitioners are required to practice in accordance with all the standards relevant to the nursing profession in Alberta.

Restricted Activities

Nurse practitioners are authorized to perform all of the restricted activities of registered nurses. The following restricted activities are specific to nurse practitioner scope of practice:

- set or reset a fracture of a bone
- prescribe a Schedule 1 drug
- prescribe blood or blood products
- prescribe diagnostic imaging contrast agents
- prescribe radiopharmaceuticals, radiolabelled substances, radioactive gases or radioaerosols
- order or 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 ultrasound imaging, including any application of ultrasound to a fetus

The authority to prescribe drugs and substances includes prescribing of parenteral nutrition.

Although CARNA authorizes nurse practitioners to perform these restricted activities, through regulation, 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 *Restricted Activities Standards* (2019) for direction and expectations related to the performance of restricted activities.

Impact of Federal and Provincial Legislation

Nurse practitioners practice within their legislated scope of practice, as well as 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 legislation that impacts their scope of practice and adhere to it in practice. This includes, but is not limited to

- the federal *Food and Drugs Act and Regulation*;
- the federal *Controlled Drugs and Substances Act* (CDSA) and Regulation;
- the *Hospitals Act* specific to admitting, treating and discharging clients; and

- 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.

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 apply theory and knowledge from nursing and other disciplines to provide a comprehensive range of health services within their stream of practice, grounded in professional, ethical and legal standards and within a holistic model of care (CARNA, 2016). Nurse practitioners may serve as the primary care provider to individuals and/or families, as appropriate within their practice setting and stream of practice.

Family/All Ages

The nurse practitioner in the Family/All Ages category provides 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
- emergency departments

Adult

The nurse practitioner in the Adult category provides health 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 with health conditions in a specialized area of practice. The nurse practitioner (Adult) has in-depth knowledge of adult acute and chronic illness and can work with complex clients.

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 care
- continuing care
- community settings

Child

The nurse practitioner in the Child category typically provides health services for individuals under the age of 18 years (newborns, infants, toddlers, school-age children and adolescents) in either a generalized child health setting where they provide care for healthy children, as well as those who have a variety of medical conditions, or with children with health needs that require specialized care. In some instances, the nurse practitioner (Child) 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 as well as Level 2 and 3 neonatal intensive care units. They are restricted to working with the neonate population.

Nurse practitioners are essential members of the interdisciplinary team who have advanced education and provide a full range of comprehensive health services to individuals 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.

CARNA Policies for Nurse Practitioners

Nurse practitioners must understand and apply CARNA 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 (2021)* is foundational to the nurse practitioner scope of practice. Nurse practitioners must understand the registered nurse legislated scope of practice to understand their own scope of practice.

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

- advanced health assessment
- diagnosis

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

Advanced Health Assessment and Diagnosis

Nurse practitioners have the competencies to provide comprehensive health assessment and diagnose health conditions and illness (acute illness/injuries and chronic diseases, comorbidities 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 health conditions.

Diagnostic Tests

Nurse practitioners are authorized to order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnosis. 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 in Alberta have the authority to prescribe drugs and substances. This authority arises from the interplay between various provincial and federal statutes. Paragraph 15 (5)(a) of the *Registered Nurses Profession Regulation* (2005) under the *Health Professions Act* (HPA) (2000) provides that nurse practitioners may prescribe a Schedule 1 drug as defined by the *Pharmacy and Drug Act* (PDA) (2000).

Schedule 1 of the PDA includes those drugs and substances regulated federally by the *Controlled Drugs and Substances Act* (CDSA) (1996) and the *Food and Drugs Act* (FDA) (1985), and other drugs and substances designated as a Schedule 1 drug or substance pursuant to the PDA. By virtue of these statutes, including the *New Classes of Practitioners Regulations* (NCPR) (2012) under the CDSA, nurse practitioners have the legislative authority to prescribe drugs and substances from the following sources:

- Prescription Drug List (maintained by Health Canada pursuant to section 29.[1] of the FDA)
- Schedule to Part G of the *Food and Drug Regulations* (a regulation made pursuant to the FDA), except item 1 of Part III but including sub item (40)

- Schedule to the *Narcotic Control Regulations* (a regulation made pursuant to the CDSA), except sub items 1(1) and 2(1)
- Schedule 1 to the *Benzodiazepines and Other Targeted Substance Regulations* (a regulation made pursuant to the CDSA)
- Other substances listed as Schedule 1 drugs in the *Scheduled Drugs Regulation* (2007) under the PDA
- *Alberta Pharmacy and Drug Act* (PDA, 2000) and other substances listed in the *Scheduled Drugs Regulations* (2007) under the PDA

Treatment/Advanced Interventions

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

Monitoring Client Outcomes

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

Consultation and Referral

Nurse practitioners consult and refer to another health-care provider when the client's condition warrants it. Referral to another health-care provider (e.g., physiotherapist, another nurse practitioner, 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 are also consulted by other health-care providers, including physicians, when the nurse practitioner is the most appropriate care provider. The nurse practitioner is accountable for identifying when collaboration, consultation, and referral are necessary for safe, competent, and comprehensive client care.

Impacts/Influences on Individual Nurse Practitioner Scope of Practice

Factors that influence the scope of practice of the individual nurse practitioner include:

- the nurse practitioner's individual competencies
- the 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
- client needs

Competence

Recent nurse practitioner graduates gain proficiency in the breadth and depth of their practice over time with continued education and professional development support from employers, other nurse practitioners, physicians and other health team members (CNA, 2010). Individual nurse practitioners need to assess their level of competence 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 that include

- health promotion;
- illness and injury prevention; and
- curative, rehabilitative and supportive services.

These services are provided to clients in all practice environments with diverse populations where there is a client or population need, including but not limited to community¹, acute care, continuing care, and occupational health.

CARNA 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.

¹ The word "community" here includes remote, rural and urban areas.

References

- Alberta College of Pharmacists. (2010). *Alberta drug schedules*.
<https://pharmacists.ab.ca/nPharmacistResources/ABDrugSchedules.aspx>.
- Alberta Minister of Health. (2016). *Medical assistance in dying standards for nurse practitioners*.
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Controlled Drugs and Substances Act, S.C. 1996, c.19.

Food and Drugs Act, R.S.C. 1985, c. F-27.

Government Organization Act, R.S.A. 2000, c. G-10.

Health Professions Act, R.S.A. 2000, c. H-7.

Hospitals Act, R.S.A. 2000, c. H-12.

New Classes of Practitioners Regulations, S.O.R/2012-230.

Pharmacy and Drug Act, R.S.A. 2000, c. P-13.

Protection for Persons in Care Act, S.A. 2009, c. P-29.1.

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 — new applicants

4(1) An applicant for registration as a regulated member on the nurse practitioner register who has not previously been registered on the nurse practitioner register must

- a. have successfully completed
 - i. a master’s degree in nursing from an approved nurse practitioner program, or
 - ii. a post-master’s certificate or diploma from an approved nurse practitioner program, (b) have completed 4500 hours of registered nursing practice satisfactory to the Registration Committee,
- c. be registered on the registered nurse register,
- d. have passed the applicable registration exam, and
- e. have successfully completed the applicable jurisprudence requirement approved by the Council, if any.

2. An applicant for registration under subsection (1) must, after completing a degree, certificate or diploma referred to in subsection (1)(a), complete the registration process within the time period set by the Council.

3. Despite subsection (2), an applicant who meets the requirements of subsection (1) but does not meet the requirements of subsection (2) may be registered as a regulated member on the nurse practitioner register if the applicant has met any additional requirements imposed by the Registration Committee.

COURTESY REGISTRATION

7(1) A person is eligible for registration on the courtesy register if

- a.** the person is registered and in good standing as a registered nurse or nurse practitioner or equivalent in another jurisdiction recognized by the Council as having substantially equivalent competencies and practice requirements as those of a registered nurse or nurse practitioner,
- b.** the person requires registration in Alberta on a temporary basis for a specified purpose approved by the Registrar, and
- c.** the person satisfies the Registrar that the person has the competence to provide the services related to the specified purpose.

2. The registration of a person registered on the courtesy register is valid for the term specified by the Registrar, which must not exceed one year.

3. On registering a person on the courtesy register, the Registrar shall set out on the courtesy register the title and initials referred to in section 14 that the person is authorized to use.

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.

(7) A regulated member registered on the provisional register as a graduate nurse practitioner may use the title “graduate nurse practitioner” and the initials “GNP”.

RESTRICTED ACTIVITIES

Authorized restricted activities

15(5) A regulated member registered on the nurse practitioner register, a regulated member registered on the courtesy register as a nurse practitioner and a regulated member

registered on the provisional register as a graduate nurse practitioner may perform the restricted activities listed in subsection (1) and the following additional restricted activities when practising as a nurse practitioner:

- a. to set or reset a fracture of a bone;
- b. to prescribe a Schedule 1 drug;
- c. to prescribe blood or blood products;
- d. to prescribe diagnostic imaging contrast agents;
- e. to prescribe radiopharmaceuticals, radiolabelled substances, radioactive gases or radioaerosols;
- f. to order or apply any form of ionizing radiation in medical radiography;
- g. to order any form of ionizing radiation in nuclear medicine;
- h. to order non-ionizing radiation in magnetic resonance imaging;
- i. to order or apply non-ionizing radiation in ultrasound imaging, including any application of ultrasound to a fetus.

Students

17 (4) A regulated member who

- a. is registered on the registered nurse register or registered as a registered nurse on the courtesy register, and
- b. is enrolled in an approved nurse practitioner education program

is permitted to perform the restricted activities set out in section 15(5) under the supervision of a person who is authorized to perform those restricted activities and has consented to supervise the restricted activities.

(5) A regulated member who

- a. is registered on the registered nurse register or registered as a registered nurse on the courtesy register, and
- b. is enrolled in a nurse practitioner education program in a province or territory of Canada other than Alberta that is approved in that province or territory

is permitted to perform the restricted activities set out in section 15(5) under the supervision of a person who is authorized to perform those restricted activities and has consented to supervise the restricted activities.

(6) A regulated member who

- a.** is registered on the registered nurse register or registered as a registered nurse on the courtesy register,
- b.** is enrolled in a nurse practitioner education program in a jurisdiction outside Canada that is approved in that jurisdiction, and
- c.** meets any requirements established by the Council for the purposes of this section

is permitted to perform the restricted activities set out in section 15(5) under the supervision of a person who is authorized to perform those restricted activities and has consented to supervise the restricted activities.

PRACTICE PERMIT

Renewal requirements

10 (3) An applicant who is applying for registration as a regulated member on the nurse practitioner register, or for the renewal of a practice permit as a nurse practitioner, must provide evidence satisfactory to the Registrar that the applicant has, within the number of complete practice years as specified by the Council immediately preceding the date the application is received by the Registrar,

- a.** successfully completed the educational requirement referred to in section 4(1)(a)(i) or (ii), or
- b.** had the number of hours established by the Council as the required number of hours for the purposes of this section of nurse practitioner practice satisfactory to the Registrar.

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.abpharmacy.ca) or at this link: www.abpharmacy.ca/drug-schedules.

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