

# Competence: Practice Advice for Nurse Practitioners

PUBLISHED DATE: JUNE 15, 2026

## Purpose

This practice advice provides guidance to nurse practitioners (NPs), neonatal NPs, **GRADUATE NURSE PRACTITIONERS**<sup>1</sup>(GNPs), and neonatal GNPs herein referred to as **REGISTRANT(S)** in assessing, developing, and maintaining their professional **COMPETENCE**.

It is a supporting document to the [Scope of Practice for Nurse Practitioners](#) specifically the sections related to competence and significant changes in practice. It applies when registrants are determining their readiness to provide care, entering new or evolving areas of practice, or responding to changes in clinical roles, environments, or **PATIENT** populations. It may also inform employers about expectations related to safe registrant practice.

This document complements existing CRNA standards and guidance. It does not replace regulatory requirements or create additional obligations. Registrants remain responsible for meeting all applicable CRNA standards and legislative requirements.

The purpose of this document is to support registrants in making informed decisions about their competence by identifying gaps, using appropriate supports, and taking reasonable, proportionate steps to ensure safe, ethical, and competent care.

## Guiding Principles

**Competence is central to safe, ethical, and competent registrant practice and is the personal responsibility of each registrant.** Registrants are expected to

- assess their competence for the care they provide,
- recognize gaps in knowledge, skill, judgement, or attributes,
- take reasonable, proportionate steps to develop competence,
- prioritize patient safety when uncertainty exists, and

---

<sup>1</sup> Words and phrases displayed in BOLD CAPITALS upon first mention are defined in the Glossary.

- be able to explain and support how their competence was developed and maintained.

**Competence is dynamic and context specific.** It must be reassessed over time and as clinical practice evolves. Clinical practice can be unpredictable, and registrants will encounter situations that cannot always be anticipated. Competence does not require certainty in every circumstance; it requires recognizing limits, responding appropriately to uncertainty, and taking reasonable steps to ensure patient safety.

**Competence is informed by multiple sources.** Self-reflection is necessary, but competence is not based on personal opinion alone. A lack of awareness of a competence gap does not remove professional accountability.

## Assessing and Determining Competence

**Before providing care, registrants must determine whether they are competent in the specific clinical context.** Competence assessment involves understanding both

- what is required in the role or activity, and
- what knowledge, skill, judgment, and attributes the registrant currently possesses.

Previous education and experience, including prior registered nursing practice, may inform this assessment but must be evaluated in relation to the expectations and risks of the current role. This includes consideration of the

- population served
  - common clinical presentations, diagnoses, and management approaches
  - procedural or assessment skills required
  - whether the population is within both the scope of practice for nurse practitioners and individual competence
- practice environment
  - availability of supports (team-based vs isolated practice)
  - access to mentorship and specialist referral
  - availability and timeliness of resources (on site vs remote)
- level of **CLINICAL RISK**
  - predictability of outcomes
  - complexity of care or procedures
  - potential for patient harm
  - availability of supports for adverse outcomes

Accurately assessing competence requires more than self-reflection. Registrants should use multiple sources of information, particularly when entering unfamiliar areas. This may include

- reviewing role expectations and clinical demands,
- consulting with experienced colleagues,
- observing or shadowing practice, or
- seeking feedback on identified gaps.

Registrants should be able to identify what they do not know, recognize assumptions, and take steps to clarify expectations before providing care. Reflection may include questions such as:

- Do I have the current knowledge, training, and experience required in this setting?
- Do I understand the clinical risks, limitations, and potential complications?
- Do I know when and how to seek mentorship or specialist referral?
- Does my practice environment support safe care for this activity?
- Will I have sufficient opportunity to maintain competence over time?
- Can I explain and document how I determined I am competent?

Example: A registrant accepts a position in long-term care after working primarily in community primary care. Before starting, the registrant discusses the role and expected clinical responsibilities with registrants currently working in long-term care. Recognizing gaps in dementia care, medication management, and end-of-life care, the registrant seeks targeted education and arranges clinical mentorship before independently providing this care.

## Significant Changes in Practice

A significant change in practice involves a change or expansion that requires new or substantially different knowledge, skills, judgement, or attributes. This may include

- entering a new clinical area,
- serving a different population,
- performing unfamiliar procedures or **RESTRICTED ACTIVITIES**, and
- moving to a practice setting that changes clinical risk.

Not all changes are significant. Routine skill development within an established role may require less preparation. In general, changes are more likely to be significant when they involve

- higher clinical risk,
- greater complexity,
- unfamiliar populations or procedures, or
- reduced access to supports.

**Registrants are expected to anticipate and plan for significant changes before providing care.**

Example: A registrant working in primary care is asked to begin providing joint injections. Although they understand the procedure, they lack independent experience and have limited exposure to managing complications. The registrants should consider their hands-on experience, access to **SUPERVISION** or consultation, and the clinical risks before deciding whether to proceed or seek further preparation.

## Preparing for a Significant Change in Practice

When developing a new competence or preparing for a significant change in practice, registrants should take reasonable steps to support safe, ethical and competent care. The level of preparation will vary depending on

- the degree of change,
- the number and type of competence gaps, and
- the level of clinical risk.

Preparation typically involves a combination of activities rather than a single approach. Registrants are responsible for evaluating whether their preparation is sufficient for safe, independent practice before proceeding. Preparation may include

- targeted education or coursework,
- mentored or supervised clinical practice,
- peer consultation or case-based discussion,
- structured reflection and self-assessment, and
- reviewing clinical guidelines, protocols, or standards.

Type of Change	Typical Characteristics	Examples of Preparation
Lower-risk/ Incremental change	<ul style="list-style-type: none"> <li>• Within an existing role</li> <li>• Familiar population</li> <li>• Low complexity</li> <li>• Supports readily available</li> </ul>	<ul style="list-style-type: none"> <li>• Focused review of guidelines or protocols</li> <li>• Targeted continuing education</li> <li>• Informal consultation with colleagues</li> </ul>
Moderate change	<ul style="list-style-type: none"> <li>• Some new skills or knowledge required</li> <li>• Moderate complexity</li> <li>• Partial familiarity with population or setting</li> </ul>	<ul style="list-style-type: none"> <li>• Combination of education and self-directed learning</li> <li>• Case-based discussion or peer consultation</li> <li>• Limited supervised or mentored practice</li> </ul>

Higher-risk/ Significant change	<ul style="list-style-type: none"> <li>• New practice area</li> <li>• Unfamiliar population or procedures</li> <li>• Higher acuity or complexity</li> <li>• Limited supports</li> </ul>	<ul style="list-style-type: none"> <li>• Formal education or coursework</li> <li>• Supervised or mentored clinical practice over time</li> <li>• Ongoing mentorship and feedback</li> <li>• Gradual transition to independent practice</li> </ul>
------------------------------------	---	---

**There is no single number of courses, hours, or supervised activities that defines competence.** What is sufficient will depend on the context, including the level of risk, complexity, and the registrant's prior experience. **Registrants should be able to explain how their preparation was reasonable and appropriate for the practice they intend to provide.**

Orientation or employer training may contribute to competence but, on their own, may not be sufficient.

**Completion of a course or training program does not automatically establish competence.** Registrants are responsible for ensuring their preparation aligns with legislation, CRNA standards, and the expectations of their role.

Example: A registrant who has worked in inpatient adult medicine accepts a position in an emergency department. Although authorized to provide care across the lifespan, the registrant lacks recent experience in pediatric assessment and time-sensitive emergency presentations. The change in population, acuity, and pace of care increases clinical risk. Targeted preparation, mentorship, and access to clinical support are needed before independently providing this care.

## Mentorship and Professional Support

Mentorship and professional support are important components of competence development, particularly when transition roles, entering new practice areas, or performing higher-risk activities. Mentorship may be provided by a registrant, physician, or other qualified health professional with relevant expertise. Effective mentorship

- is clinically relevant and accessible,
- provides informed guidance and feedback
- supports identification of knowledge gaps and blind spots, and
- includes clear goals and learning objectives.

**Mentorship supports competence development but does not, on its own, establish competence.** Registrants remain responsible for integrating learning, evaluating their readiness, and ensure safe practice.

## Documenting Competence

Registrants should maintain records that support how they have assessed, developed and maintained their competence over time. Documentation is particularly important when:

- developing a new competence,
- performing low-frequency or higher-risk activities, or
- undergoing significant changes in practice.

**Documentation supports professional judgement and may be important if questions arise about competence, scope of practice, or patient safety.** This documentation may be requested by CRNA. This documentation

- supports, and does not replace, continuing competence standard requirements,
- is not intended to be burdensome or duplicative, and
- may be kept in a format chosen by the registrant.

Documentation may include records of education or training, notes from mentorship or supervision, logs of practice, feedback received, or learning plans developed to address identified gaps. Registrant related examples may include

- learning plans or goals,
- records of education or training,
- notes from mentorship or supervision,
- reflective summaries, or
- evidence of practice hours or experience.

There is no single required format. Registrants may use existing tools, such as continuing competence [planning worksheet](#), or develop their own approach to organize this information. Documentation should be sufficient to demonstrate how competence was assessed, developed, and evaluated.

## Glossary

**CLINICAL RISK** – The likelihood and potential severity of patient harm associated with clinical activity or practice context. Clinical risk increases with greater complexity, acuity, or limited supports. This definition reflects Canadian patient safety principles. (Healthcare Excellence Canada)

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

**GRADUATE NURSE PRACTITIONER** - A graduate of an approved nurse practitioner (NP) program who is on the provisional register and is in the process of meeting the College of Registered Nurses of Alberta NP registration requirements. These individuals may be

graduates from an approved NP program leading to initial NP registration or internationally educated NPs.

**PATIENT(S)** - The term patient(s) refers to clients, residents, families, groups, communities and populations who receive medical care, treatment or professional services from a registrant.

**RESTRICTED ACTIVITIES** – High risk activities that require specific competencies and skills to be carried out safely and are listed in the *Health Professions Act (2000)* and the *Health Professions Restricted Activity Regulation (Alta Reg 22/2023, s 60)* that are part of providing a health service. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity.

**SUPERVISION** - The consultation, guidance and oversight by a registrant in the practice setting. Supervision may be direct, indirect or indirect remote.

## References

*Health Professions Act*, RSA 2000, c H-7. <https://open.alberta.ca/publications/h07>

*Health Professions Restricted Activity Regulation*, Alta Reg 22/2023, s 60. [https://open.alberta.ca/publications/2023\\_022](https://open.alberta.ca/publications/2023_022)

Healthcare Excellence Canada. (2020). *The Canadian quality & patient safety framework for health services*. [https://www.healthcareexcellence.ca/media/e3dkkwos/cpsi-10001-cqps-framework-english\\_fa\\_online-final-ua.pdf](https://www.healthcareexcellence.ca/media/e3dkkwos/cpsi-10001-cqps-framework-english_fa_online-final-ua.pdf)