Scope of Practice for Registered Nurses (RNs) and Nurse Practitioners (NPs) in Newfoundland and Labrador (NL)

The College of Registered Nurses of Newfoundland and Labrador (CRNNL)[1] is the regulatory body for Registered Nurses (RNs) and Nurse Practitioners (NPs) in Newfoundland and Labrador (NL). The mandate of the College is to protect the public through self-regulation of the nursing profession in accordance with the **Registered Nurses Act, 2008**. Further, The College has been granted the authority by the Provincial Government to set the standards and scope of practice for RNs and NPs through the **RN Act, 2008** and the **Registered Nurses Regulations**. This document is intended to define what scope of practice means for the nursing profession and the individual RN/NP. It can also be utilized when RNs/NPs consider whether a competency or intervention falls within their scope of practice and whether they should perform that competency/intervention.

Scope of Practice

Defining Scope of Practice

The College defines scope of practice as the range of roles, functions, responsibilities, and activities for which RNs/NPs are educated, competent, and authorized to perform.

Nursing roles are continually evolving to meet the ever-changing needs of **client** populations and the health care system and to reflect changes in legislation, regulation, and educational advancements. Hence, the scope of practice of the nursing profession is defined at the professional, organizational, and practitioner levels. In NL, the scope of practice of the nursing profession is impacted by:

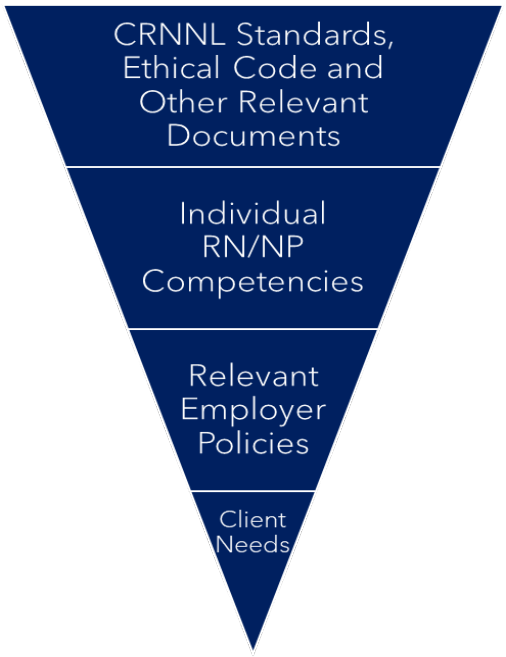
- the **RN Act, 2008, RN Regulations**, other relevant federal and provincial legislation,
- Standards of Practice and Entry Level Competencies, relevant College documents and ethical code, and
- other standards (e.g., specialty standards).

Further, individual RN/NP scope of practice is influenced by:

- needs and health goals of the client (s),
- specific competencies required of the RN/NP (i.e., integrated knowledge, skills, judgements, and personal attributes),
- practice setting,
- employer authorization to perform specific nursing competencies provided through employer policies, job descriptions, and/or care directives, etc., and
- individual competency shaped by continuing education and experience.

An ever-evolving scope of practice of the nursing profession requires nurses to continually critically reflect on their individual nursing practice to ensure that their actions and decisions are based on current evidence and what is occurring in the broader nursing and health care environments (Lankshear & Martin, 2019). Furthermore, RNs/NPs are required to respond to clients' needs by continually expanding their knowledge and skills and make judgements about the limits of their practice.

[1] Herein referred to as the "College"

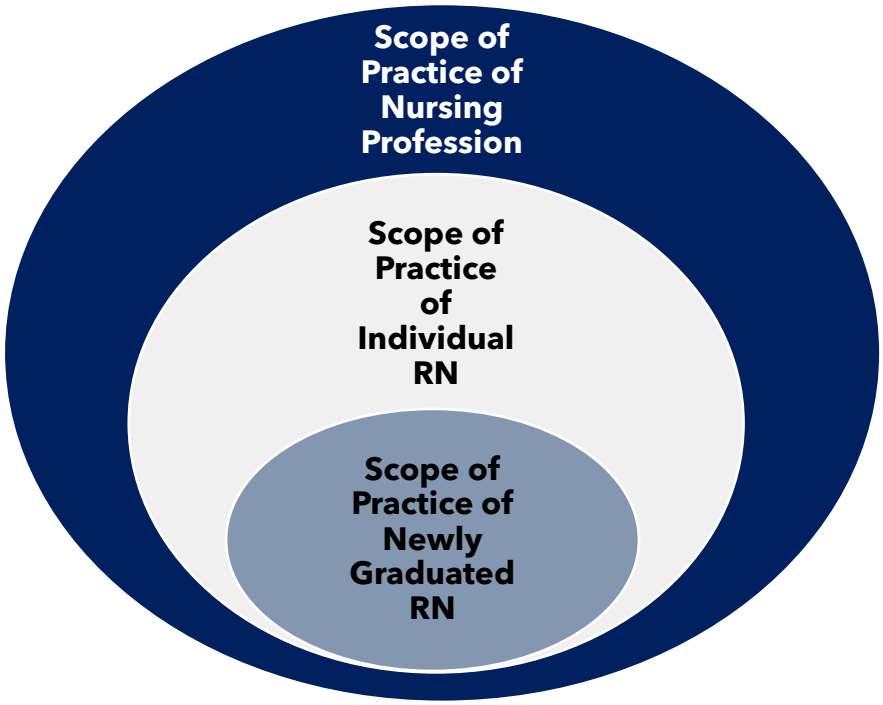


Factors impacting the scope of practice of the profession of nursing in NL

Additional factors impacting the scope of practice of the individual RN or NP in NL

Differentiating Scope of Practice within the Nursing Profession

When discussing scope of practice, it is helpful to understand how the scope of the nursing profession differs in comparison to the scope of each individual RN/NP and the scope of the newly graduate/registered nurse.



Scope of Practice of the Nursing Profession

The scope of practice of the nursing profession represents all that is taught in entry to practice (basic) nursing education programs, graduate nursing degree programs, and in continuing education programs. It also includes competencies RNs/NPs develop throughout their careers as they progress from novice to expert practitioners in various practice settings and domains of practice to be responsive to the evolving health care environment and health-related needs of the public.

Scope of Practice of an Individual RN/NP

The scope of practice of the individual RN/NP is defined as the nursing services for which a registrant is educated, authorized, and competent to perform. An individual RN's/NP's scope of practice is based on foundational, entry to practice education and continues to progress with practice experience and continuing education over a career (CRNM, 2021). The individual scope of RN/NP practice will be different dependent on the RN/NP competencies gained from formal and informal education, skills acquired through nursing experience in various nursing domains, and services provided to diverse aggregate populations within the context of practice (NANB, 2020). At all times, RNs/NPs must take responsibility and accountability for ensuring they work within the limits of their individual scope of practice.

The scope of practice of the individual RN/NP must fit within the scope of practice of the nursing profession and will always be smaller in comparison to the scope of the whole nursing profession. The outer boundaries of the scope of practice of the individual nurse must remain flexible and will expand or contract over time based upon the required competencies and client needs for the individual nurse's practice setting. For example, as the individual nurse gains experience and expertise in one particular practice setting, the outer boundaries of the scope of practice of the individual nurse may contract in regard to certain competencies that are rarely or never utilized but expand as new competencies and expertise are gained for that particular area of practice.

An individual RN's/NP's scope of practice cannot progress beyond the profession's scope of practice and each RN/NP must be qualified and competent in their own scope of practice (CRNM, 2019). The individual RN/NP scope of practice does not define a level of practice. Rather it defines the range or context of practice within specific limits which encompasses the RN's/NP's competency. It evolves over time as RNs/NPs are required to gain additional competencies as their context of practice changes.

In addition to the limits or boundaries of the profession of nursing, the scope of practice of the individual RN/NP is limited by:

- what the RN/NP is educated, competent, and authorized to perform,
- needs and health goals of clients
- specific **competencies** held by the RN/NP,
- practice setting or context of practice,
- employer authorization to carry out nursing competencies,
- individual level of competence and ability to manage the outcomes of care, and
- for an NP, the category of practice in which the NP is licenced (Almost, 2021).

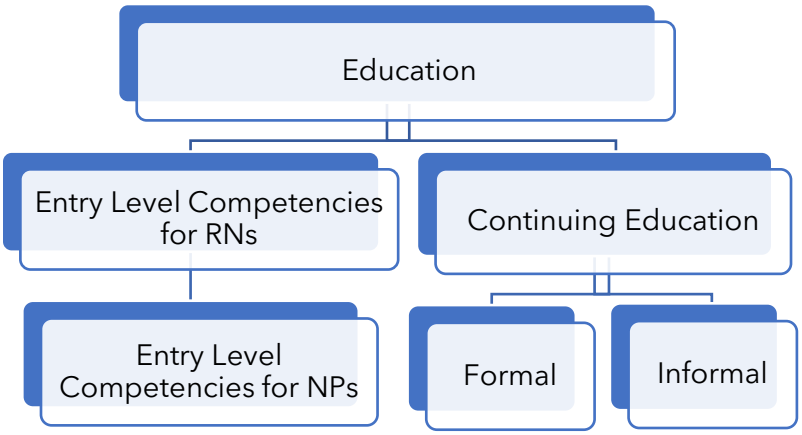
Scope of Practice of a Newly Graduated/Registered Nurse

The scope of practice of the newly graduated/registered nurse is the smallest and represents the roles, functions, responsibilities, and activities that students learn in their entry to practice nursing education program. Nursing education programs' curricula prepare nurses to meet entry level competencies (ELCs) (entry to practice competencies) upon graduation. ELCs are the necessary knowledge, skills, and judgment required to enter into practice and provide safe, competent, compassionate, and ethical care in nursing practice. ELCs further establish the foundation for nursing practice and represents a new practitioner's initial scope of practice. As recently graduated/registered nurses, their scope of practice is expected to evolve through experience, professional practice, and continuing education. The most current versions of the Entry Level Competencies for Registered Nurses and Entry-Level Competencies for Nurse Practitioners in Newfoundland and Labrador can be found on the College's website.

Determining Scope of Practice of the Individual RN/NP

RNs/NPs determine their individual scope of practice within their practice setting by reflecting on three key elements: Education, Competence, and Authorization.

Education



Each individual RN/NP is responsible and accountable for knowing what they are educated to perform and must ensure they have obtained the education necessary to carry out their nursing service in a safe, competent, compassionate, and ethical manner.

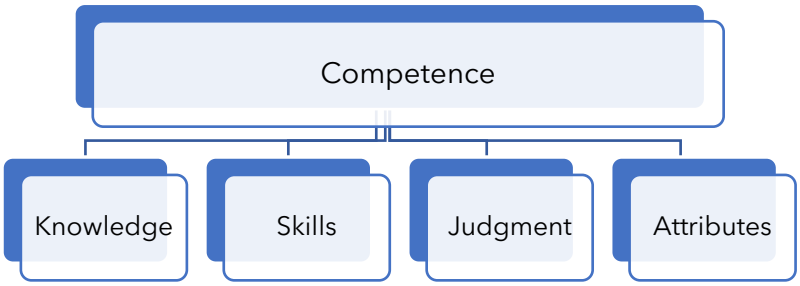
Nursing education programs are foundational to the preparation of all RNs/NPs. It is education programs, as approved[2] by the College, that provide opportunities to acquire the knowledge, skills, judgment, and attributes required by each professional at the entry level. Learning is an integral component of every RN/NP's career. It is expected that RNs/NPs engage in reflective practice and needs-based learning and take professional responsibility for becoming, and remaining, competent in their role and area of practice.

[2] The College approves all entry to practice (basic) nursing and nurse practitioner education programs in NL. However, CRNNL does not approve post-basic education programs for continuing education.

Education:

- is acquired through an entry to practice nursing education program and through continuing education,
- may be formal or informal,
- consists of both theory and practice,
- has a method to validate competence, and
- for NPs, formal, entry to practice education is specific to a category of practice[3], (e.g., Family/All Ages, Adult, or Pediatric). NPs who engage in neonatal nursing practice must successfully complete an approved NP-level neonatal education program.

Competence



RNs must determine whether they have the individual competence to perform a competency/intervention. They must determine whether they have the necessary knowledge, skills, judgement, and personal attributes to perform the competency/intervention for their client and whether they can appropriately manage the outcomes of care (competency/ intervention) in their practice setting.

Competence is a multi-dimensional concept that includes acquiring knowledge, skills, and abilities and applying and maintaining the competencies acquired. According to Brown & Elias (2016), competence is an evolving process that moves across a spectrum of one's professional life. It has also been described as a dynamic concept, changing as the RN/NP achieves a higher stage of development, responsibility, and accountability within their current practice setting/role.

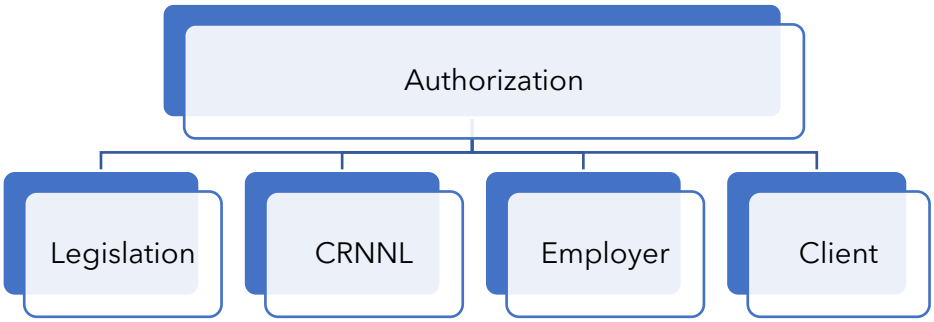
Furthermore, continuing competence is the ongoing ability of RNs/NPs to integrate and apply the knowledge, skills, judgment, and personal attributes (e.g., attitudes, abilities, behaviors, and values) required to practice safely, competently, compassionately, and ethically in a practice setting and/or designated role. Being competent is a reflection of being able to safely and effectively carry out the competencies attained.

[3] The Canadian Council of Registered Nurse Regulators' (CCRNR) national working group is currently working to implement processes to move NP regulation to one category of practice. This document will be updated once these changes are implemented.

Competencies[4] are the integrated knowledge, skills, attitudes, and judgment required to practice nursing safely and effectively. They reflect skills required of the RN/NP to function in a specific role or practice setting. Competencies can be described as: entry-level, specialty, shared, delegated, or outside/beyond the scope of practice (i.e., non-delegated). Further description of these competency types is available in **Appendix A**.

In addition, to being competent, the RN/NP must consider whether they can appropriately manage the outcomes of care in their practice setting (i.e., it is appropriate to perform that competency/intervention in that practice setting and whether that RN/NP can effectively manage if there is an adverse outcome of care). There may be practice settings that may not be appropriate to perform the nursing activity (e.g., outside of an hospital or clinic setting in a client's home). Consideration must be given to ensuring privacy and confidentiality are maintained and whether unintended consequences of care can be managed effectively (e.g., access to emergency equipment).

Authorization



The individual RN/NP must also determine if they have the appropriate authority to carry out activities within nursing practice. There are four categories of authorization, and all must be in place for a RN/NP to perform a nursing competency:

- Legislation: activities must be in accordance with the various federal and/or provincial laws that govern or influence nursing practice.
- CRNNL: activities must be recognized by the College to be practice as an RN or NP in NL and nursing activities must utilize the nursing process. Furthermore, the College has set specific education and practice requirement for a number of nursing competencies prior to performance (e.g., authority to prescribe buprenorphine/naloxone (Suboxone) and methadone).
- Employer: activities must be authorized by the employer as approved nursing practice in the specific employment setting. Employer authorizations are often articulated in role/job descriptions, employer policies, and/or care (medical) directives, etc.
- Client: activities must be authorized, via consent, by the client.

[4] Competency- In this document, competency is used to represent an intervention, activity, procedure, skill, task, function, or responsibility, etc.., and are used interchangeably.

RNs/NPs often pause and reflect whether they have the authority (are allowed) to carry out certain nursing tasks or functions in a particular practice setting. The authority to carry out activities within nursing practice is determined when all four categories of authorization are in place:

Legislation

Activities must be in accordance with the Law. RNs/NPs are required to be knowledgeable of and apply the various federal and provincial legislation that govern and/or influence nursing practice. Legislation may specify which categories of health care providers are authorized to perform a function. If RNs/NPs do not have legal authorization, they would be prohibited from performing that specific function.

If the activity in question is not currently authorized in legislation, employers or authorized individuals cannot independently authorize another professional to carry out the activity; therefore, delegation in this circumstance cannot be accepted by the RN/NP. To move forward to add this new competency to the scope of practice of an RN/NP (permit the activity), a change in legislation, either federally and/or provincially, must occur.

CRNNL

Activities must be recognized by the College to be within the practice of a RN or NP in NL. The College may evaluate as required if an identified competency/role is a new or emerging competency or role that has not been previously recognized as practice of an RN or NP.

RN/NP competencies/interventions must:

- utilize the nursing process,
- be within, or build upon, the body of nursing knowledge in current practice,
- not be practising exclusively within the recognized domain of another profession or a restricted activity by another health care profession, and
- be within the competence of the RN/NP to manage the outcomes of the care being provided.

The College currently defines the practice of an RN to be:

> To practise as an RN, one must apply nursing knowledge, competencies, critical thinking, and decision-making (judgement) in the provision of nursing services. This in-depth and comprehensive knowledge is obtained through an approved education program where upon completion of the program, one is eligible to write the approved registered nurse (registration) exam to be registered as an RN with the College. This foundational knowledge may be supplemented through continuing education from health and social sciences, humanities, and other health-related disciplines and research (e.g., complementary and alternative therapies).

The College currently defines the practice of a NP to be:

To practise as an NP, the NP must apply the advanced clinical knowledge, competencies, and advanced clinical decision-making skills as acquired through a nurse practitioner education program, where in the provision of direct comprehensive client care[5], the NP, as authorized, independently diagnoses, and communicates a medical diagnosis (i.e., disease, disorder, injury, or condition), orders and interprets diagnostic and laboratory tests, prescribes pharmaceuticals, non-pharmaceuticals and performs procedures. NPs also use advanced competencies in the other domains of nursing.

Additionally, for NPs, activities must:

- fall within the category of practice in which the NP is licenced (See **Appendix B**).

NPs practise within their level of competence, category of practice, and practice setting. Through the **RN Act, 2008** and the **RN Regulations**, NPs are authorized to independently perform a range of health services that extend beyond those of registered nurses. These health services require a high level of autonomy in decision making and accountability for client care and health outcomes. Under section14 (1) of the **RN Regulations**, NPs are authorized to:

- order the application of a form of energy permitted by the standards established by the Council (Forms of energy include, but are not limited to, CT, MRI, PET, US, CXR, etc.),
- order laboratory or other tests permitted by the standards established by the Council,
- prescribe a drug permitted by the standards established by the Council.

Nurse practitioners are expected to consult with other health care professionals when the client's condition requires care beyond the nurse practitioner's scope of practice or level of competence, or when the care may be enhanced by consultation, referral, or transfer.

If the activity in question is not currently recognized by the College to be within nursing practice in NL (e.g., new/emerging role, not included in entry level RN/NP education or ELCs), the following processes for authorization may be considered:

- Incorporate new/emerging competencies into the scope of practice of an RN/NP. See the section on *Advancing Nursing's Scope of Practice*.
- Delegation to an RN/NP: the RN/NP is granted authority by an authorized practitioner to perform a certain competency for which the RN/NP has the education, and can perform the intervention safely, but which the RN/NP is not currently authorized to perform. See the section on Considerations for Accepting *a Delegation of Function*.
- Emergency situations. See section on *Emergency Situations*.

[5] Currently, there is no minimum number of hours that a NP must, in direct client care, apply the legislated nurse practitioner competencies to independently diagnose and communicate a medical diagnosis (i.e., disease, disorder, injury or condition), order and interpret diagnostic tests, prescribe pharmaceuticals, and perform procedures, however this is being explored.

Employer

Activities must be authorized by the RN's/NP's Employer[6] as approved nursing practice in the employment setting.

RNs/NPs practising in an employment relationship must be knowledgeable regarding the nursing activities their employer authorizes them to carry out in their role. Employer authorizations are often articulated in role/job descriptions, employer policies, guidelines and procedures, care directives, and context specific education, etc.

The College recognizes employers use of authorizing mechanisms (e.g., care directives, evidence-informed protocols and clinical decision tools, and treatment guidelines, etc.) to direct and authorize nursing practice in an employment setting. The use of employer approved mechanisms allows the RN to initiate identified health care interventions that are within the RN's scope of practice, but would otherwise require a client-specific, direct order from an authorized prescriber (e.g., physician or NP).

Two such employer-related authorizing mechanisms are:

1. **Care (Medical) Directives**:

    - written order/employer policy developed in consultation with an authorized prescriber for an intervention (e.g., treatment, procedure, medication) or series of interventions to be implemented by another care provider for a range of clients with identified health conditions/needs when specific circumstances are met/exist,
    - apply to a range of clients who meet identified criteria,
    - do not require client specific authorization,
    - based on evidence-informed best practices,
    - requires the RN's professional assessment and judgment, and,
    - allows for discretionary use.

2. **Pre-Printed Orders**:

    - apply to a specific client and health condition,
    - require client specific authorization from an authorized prescriber,
    - based on evidence-informed, best practices, and
    - are to be implemented as written.

Please refer to the College's current version of the Care Directives and Pre-Printed Orders document on the CRNNL website or in **Appendix C** of this document.

Client

Activities must be authorized, via consent, by the client.

[6] RNs/NPs who are **self-employed** or are employed outside of an RHA must have guidelines and/or policies to outline what nursing services they will provide in their practice. See the College's most current version of the Self-employment document.

RNs/NPs carry out activities that are in line with client needs, wishes, and goals and the client's plan of care. An RN/NP cannot proceed with nursing care unless they have the client's consent. Further, RNs/NPs must understand who has the legal authority to provide, and withdraw, consent. The Canadian Nurses Protective Society (CNPS) provides information related to the various types of consent as well as legal capacity to provide consent. RNs/NPs must also be knowledgeable of federal and/or provincial legislation that applies to consent and capacity.

Just as the profession of nursing must be responsive to the evolving health related needs of the population, individual RNs/NPs should endeavor to enhance their individual scope of practice to best serve the current and emerging needs of their client population (e.g., client consent to receive medical assistance in dying (MAID), administration, distribution, or authorization of cannabis for medical purposes, etc.).

In summary, before a RN/NP proceeds to perform a competency/intervention, the RN/NP must first determine:

- whether they have the individual competence and authorization to perform a competency,
- whether they have the necessary knowledge, skills, judgement(s), and attributes to competently perform the competency for their client, and
- whether they can appropriately manage the outcomes of care in their practice setting.

Understanding Your Individual Scope of Practice

RNs/NPs often encounter situations where they must reflect whether they are permitted to assume a responsibility or to perform a particular competency, i.e., it is within my scope of practice? Am I allowed to do this? This may be because the competency is not traditionally a nursing responsibility, or the RN/NP may not feel qualified or comfortable to perform the competency safely. To determine if a competency is within their individual scope of practice, RNs/NPs must follow a clinical decision-making process and consider/reflect on the following questions and be able to answer yes to each question before proceeding:

Is the Competency Activity within my Legislative Scope of Practice? If yes, Proceed to Next Question? If No, Stop and Consult.

- Does legislation (federal and/or provincial legislation) prevent me from performing this competency?
- Do I understand how legislation, employer policies, or the College's Standards of Practice and relevant documents impact my nursing practice and limits my ability to perform the competency?
- Does the competency align with the professional nursing scope of practice?
- Am I aware and able to meet my standards of practice?

Do I have the Necessary Knowledge, Skills, and Judgment to Perform the Competency? If yes, Proceed to Next Question? If No, Stop and Consult.

- Am I the most appropriate care provider?
- Do I know what is required to perform the competency safely, effectively, compassionately, and ethically?
- Am I educated to perform this? Was my education sufficient to gain the theory and practical experience necessary to perform the competency safely?
- Am I competent? Do I have the necessary knowledge, skills, and judgment to?
    - Assess the appropriateness of performing the competency?
    - Perform the competency?
    - Manage the outcomes (intended or unintended/untoward consequences) of care before, during, and after the competency?
- Is my knowledge current and based on best practice, evidence-informed nursing literature or research?
- Have I identified the potential outcomes? Do I know the associated benefits and risks of the competency?
- Will there be support for continuing education programs to attain and maintain competence?
- Does the performance of this competency promote safe, competent, compassionate, and ethical client care?

Is the Competency supported by my Employer and Practice Setting? If Yes, Proceed to Next Question? If No, Stop and Consult.

- Am I authorized to perform this? Is this competency within my documented role/job description?
- Are there appropriate authorizing mechanisms (direct orders, care directives, or delegation, etc.) in place to support the performance of the competency?
- Does my employer/organization permit, and support me to perform this competency on my nursing unit or in my practice setting?
- Am I aware of and able to follow any relevant employer/organizational policies and/or clinical decision support tools, practice guidelines or protocols, etc.?
- Are the necessary resources (human and material) available now and in the future to support me in providing safe, competent, compassionate, and ethical care before, during, and after the competency?

Is Performing the Competency in the Best Interest of the Client? If Yes, Proceed to Next Question? If No, Stop and Consult.

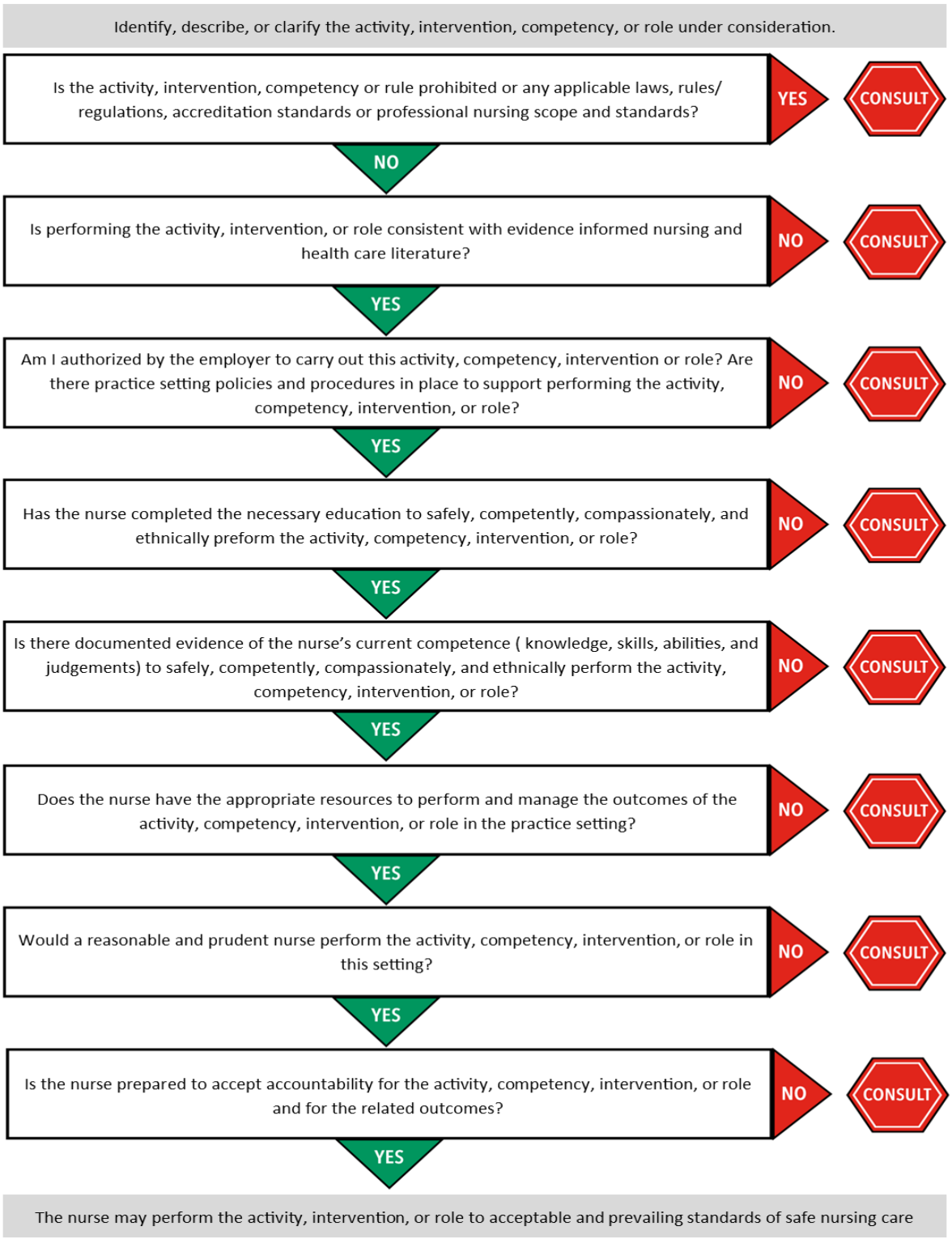
- Is this competency appropriate for this client at this time in this situation?
- Do I have the appropriate informed consent of the client? Am I aware of, and able to meet, the consent requirements appropriate for the situation (verbal, implied, written, substitute decision-making)?

Do I Assume Individual Accountability when Acting within my Individual Scope of Practice? If yes, the RN/NP is Most Likely to Proceed to Perform the Competency. If No, Stop and Consult.

- Do I assume individual accountability for my decisions and actions and for the related outcomes?
- Can I provide rationale for my decisions and actions?
- Would a reasonable, prudent nurse perform the competency?

If the RN/NP answers "yes" to all reflections, then the RN/NP is most likely able to perform the competency. If the RN/NP is uncertain or answer "no" to any of these reflections, then more information will be required before proceeding any further. The RN/NP may refer their questions to their manager and/or the professional practice department. RNs/NPs are also encouraged to connect with a College Nursing Consultant: Policy and Practice if they have questions related to scope of practice.

Scope of Practice Decision Tree



Mechanisms Used to Perform Certain Competencies/interventions in the Practice Setting

Within a practice setting, RNs/NPs may employ a number of mechanisms in order to perform or direct another nurse to perform a required competency.

In adherence to the current version of the Standards of Practice of RNs and NPs, RNs/NPs are accountable to practice independently and in collaboration with the health care team while understanding and respecting other team members' scope of practice and contribution in the delivery of safe, competent, compassionate, and ethical care. RNs/NPs use their knowledge and understanding of the scope of practice of various nursing disciplines to perform two nursing functions:

a) assignment of care
b) authorizing unregulated care providers (UCPs) to perform nursing tasks in community settings.

Assignment of Care

Nursing practice among nurses may differ in the same environment based on context, educational preparation, competence, and focus. It is important for nurses to be aware of the limits of their individual competence and practice as well as ensuring they understand other nurses' roles and levels of competence.

Common ground exists between the scope of practice of nurses with respect to their unique and shared competencies. Mutual understanding is needed to promote role clarity and ensure each provider is utilized properly and working to their optimized and/or full scope of practice. It is imperative that nurses know the limits of scope of practice and that they consult with the most appropriate health care provider when that limit has been reached. RNs and LPNs study from the same body of nursing knowledge; however, RNs study for a longer period of time, allowing for greater foundational knowledge in clinical practice, decision-making, critical thinking, leadership, research utilization, and resource management. As a result of these differences, the level of autonomous practice of RNs differs from LPNs (Almost, 2021)

Assignment of care is the process of designating/assigning the accountability and responsibility for meeting client(s) care requirements for a specific period of time to an individual who is competent to provide the care and the care is within their individual scope of practice or scope of employment for unregulated care providers (UCPs). It is a knowledge-based process of matching the most appropriate health care provider based on the assessment of client needs (Lankshear & Martin, 2019).

Assignment is defined as:

- the allocation of duties (e.g., responsibility for client care, interventions, or specific tasks as part of client care) to individuals whose scope of practice or scope of employment authorizes the performance of these duties.
- occurs not only at the beginning of a shift, but as required throughout the shift in order to meet the changing needs of the client (NANB, 2019).

- Consideration must be given to the needs of the client population, the practice environment including availability of health care providers on the collaborative team, and the individual nurse's level of competence (CRNM, 2020).
- The individual accepting the assignment is accountable for the outcomes of their actions and may perform the competencies/interventions independently because the intervention(s) is within their individual scope of practice or employment (NSCN, 2019).

RNs/NPs are prepared through their education program and clinical experience (possess a greater scope of practice and professional autonomy) and possess in-depth, comprehensive nursing knowledge to determine the most appropriate health care provider (other RNs and NPs, LPNs, nursing students, and UCPs) during initial assignment and, where necessary, upon re-evaluation of that assignment of care. During assignment of care, RNs/NPs must determine which designation of nurse most appropriately matches the client's needs by analyzing simultaneously three equally important factors: the client, the nurse, and the environment (NSCN, 2020).

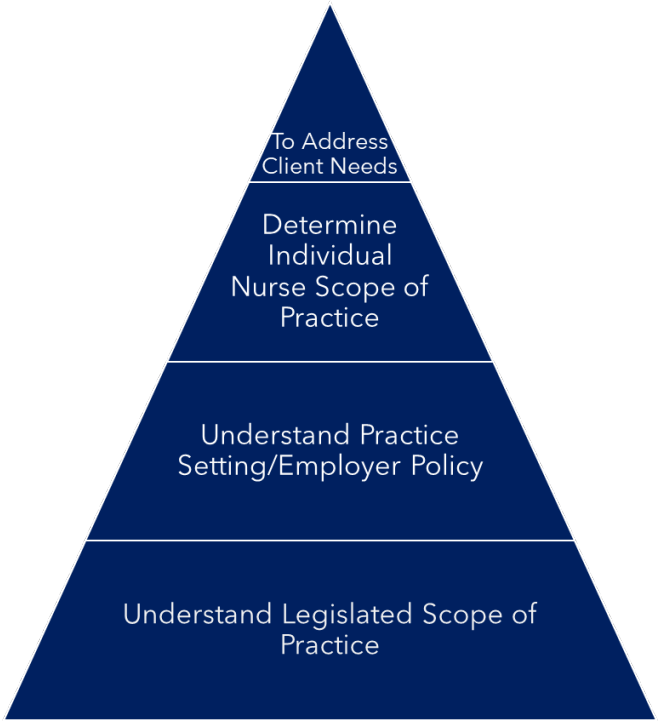
The RN/NP must:

- determine who is the right health care provider for the client, in the right place, at the right time, for the right reason,
- consider the client, the individual health care provider, and the environment.; and
- consider:
    - the acuity, complexity, and variability of the client's condition or situation,
    - the client's plan of care,
    - predictability of the outcome of care,
    - the scope of practice of the health care providers,
    - competency level and expertise of each individual provider,
    - the context of practice in which care is provided, and
    - the resources and supports available to the care provider (e.g., mentorship, supervision, preceptorship, and employer policies, procedures, protocols, guidelines, and job/role descriptions, etc.).

When the care needs of the client changes and/or are no longer within the scope of the health care provider, the RN/NP must collaborate with the health care provider to determine whether to direct, supervise, reassign, or assume client care. Conversely, the health care provider is responsible to communicate to the RN/NP if and when changes occur and where re-evaluation of the assignment may be required.

As such, as client care needs become less defined, more unstable, unpredictable without an established plan of care, with higher complexity, and higher risk of negative outcomes, the greater the need for enhanced collaboration and communication as nurses practice to the limits of their individual scope of practice. This does not necessarily mean the entire care of the client is moved to the RN, but portions may be transferred, and the LPN and RN must collaborate and are accountable for the portion of care they individually provide. The RN and LPN within the collaborative relationship will need to determine whether all care or portions of the care will be transferred to the RN.

When assigning unregulated care providers (UCPs) (e.g., personal care attendant (PCA)) to provide client care in institutionally based settings, nurses must be knowledgeable of the approved scope of employment of UCPs articulated in job descriptions and employer policies. UCPs perform duties under the direction of a nurse and are authorized to practise by the employer. The specific roles and activities performed by UCPs should be determined in collaboration with nursing staff and should be reflective of the context of practice. For further details on UCPs as part of the collaborative team in institutionally based settings, please refer to the most current version of CRNNL's Professional Responsibilities When Working with Institutionally Based Unregulated Care Providers.



Client Need – Client health care needs determine the breadth and depth of knowledge, skills, and judgement of nurse competencies necessary for that setting.

Individual Nurse Scope of Practice – Is determined from regulatory and/or legislated scope of practice, their practice setting/employer policy and the individual nurse's level of expertise of competence.

Practice Setting/Employer Policy - Determines the policies and practice expectations (scope of employment) for all health care providers in that practice setting.

Legislated Scope of Practice – Legislation provides the authority for the regulatory body to set the scope of practice for the profession.

(Adapted from CRNM, 2020)

Authorizing Unregulated Care Providers (UCPs) to Perform Nursing Tasks in Community Settings

UCPs include, but are not limited to, health care aides, support workers, personal care attendants, and student support workers who are not regulated by legislation and have a variance in educational preparation. UCPs have a scope of employment usually specified in a job description and are accountable for their individual actions and decisions, within their scope of employment, and to their employer. The RN, in collaboration with the client, client's family, health professionals, and an employer, can authorize UCPs to perform select nursing tasks. The RN establishes authorization through either:
(1) Assistance,
(2) Direction, or
(3) Delegation.

The authorization is based on the RN's assessment for a specific client on a non-transferable basis for a specific task. When a nursing task is **delegated** to an UCP, the RN retains responsibility for assessment, planning, and evaluation of the client's care. These phases of the nursing process require the knowledge, skills, and professional judgment of an RN and cannot be delegated to others. Please review the most current version of CRNNL's documents Unregulated Care Providers in Community Settings.

Competencies Outside/Beyond the Scope of Nursing Practice- (Delegation)

In certain circumstances, client health care needs require competencies that are beyond or outside the nurse's or nursing's scope of practice and can only be authorized to perform by a delegation of function from another health care professional or group (e.g., regulatory body or government through a legislative change).

The terms **delegation** and assignment are often used interchangeably; however, they have different meanings and implications for nursing accountability. Delegation or assignment cannot conflict with any requirements in legislation, regulations, and/or standards of practice (NSCN, 2019).

Decision-making regarding performance of competencies beyond or outside nursing's scope of practice identified in provincial law cannot be made at the employer level. The College must continue to be involved in such scope of practice changes.

Competencies that are outside/beyond the scope of practice of RNs (i.e., non-delegated competencies) are activities that are legislated to be exclusively within the scope of a specific health profession in NL (e.g., physician, nurse practitioner, pharmacist). RNs are not authorized to perform these competencies; however, on occasion due to a client specific need, it may be in the public's interest for the competency to be performed by an RN.

Delegation is an active process whereby the responsibility for the performance of an intervention is transferred to an individual (delegate) whose scope of practice or employment does not authorize the performance of that intervention. Education of the delegate is always required for the delegation because the intervention is not within their scope of practice (NSCN, 2019).

Delegation can only be authorized by either a person competent in the competency and authorized to transfer the authority and/or a body(s) granted the authority to approve the delegation. RNs can only accept a delegation when they have the competence to safely carry out the delegated activity. The delegator retains accountability for the outcomes of client care, yet the RN accepts responsibility for safely carrying out the activity. Under certain circumstances, these competencies can be delegated to RNs either through:

(a) legislation changes
(b) formal delegation from the authorized prescriber/health professional group to nursing (e.g., Care (Medical) Directives or Pre-Printed orders).

There may also be select circumstances where competencies may be delegated to NPs from another health care provider.

Collaboration with the College and relevant professional regulatory bodies is required before an RN can perform competencies identified to be outside/beyond the scope of nursing practice. **Please refer to the most current version of Care (Medical) Directives and Pre-Printed Orders on the College's website or Appendix C of this document.**

Considerations for Accepting a Delegation

Delegation is a formal process and involves the legal transference of authority to perform a specific function in selected situations (CNPS, 2021). Delegation is allowing a **delegatee** to perform a specific nursing activity, skill, or procedure that is beyond the delegatee's traditional role and basic responsibilities of the delegatee's current role and not routinely performed (NCSBN, 2019, & NANB, 2019). There may be times when RNs/NPs are required to carry out activities that are not authorized to be within the scope of nursing practice, yet they are within the level of knowledge and skill of the RN/NP. Delegation can only be authorized by:

- A person (delegator) who is competent in the competency and who is authorized to transfer the authority to another.

  OR

- A body(s) granted the authority to approve the delegation.

RNs can only accept a delegation when they have the knowledge and skill to safely carry out the delegated activity. The delegator retains accountability for the outcomes of client care, yet the RN/NP accepting the delegation accepts responsibility for safely carrying out the activity. This authorization is client and task specific, and not transferrable. The delegated task does not become part of the RN's scope of practice, nor the profession.

NPs can delegate to RNs when the competency is within the scope of practice of the NP, but not within the scope of practice of the RN, providing the competency is not a **non-delegated competency**.

The following describes three situations where delegation would be required:

1. Employer or organization specific situations
    - The competency in question is limited to a particular discipline(s) or certain RN or NP roles within an employment setting. The decision to delegate a competency in this category occurs at the organizational level between administration and nursing leadership and the RN/NP, with input from relevant stakeholders (e.g., by-laws restricting NPs from admitting or discharging pts, RNs performing allergy testing in specific roles, regional nurses under a care (medical) directive select treatments utilizing Clinical Practice Guidelines for Nurses in Primary Care, etc.).

2. Client specific situations
    - The competency in question is not restricted in law or employer policy; however, it has not been previously recognized to be within the scope of practice for RNs/NPs in the employment setting, and there is a client need identified for nursing to perform this competency for a select client. There may have been no nursing education provided or no policy in place. The decision to delegate a competency in this category occurs at the organization and individual level. With organizational support, and with education, delegation can occur between the practitioner authorized and competent in the practice and the RN/NP who will be performing the competency. Competencies in this category are client specific and non-transferrable (e.g., administering select treatments for a patient receiving palliative care services, clients presenting to ER with a specific condition, etc.).
    - If the competency becomes common practice, or is required for several clients, the employer should move the competency into the scope of practice for RNs/NPs (See the section on *Advancing the Scope of Practice of the Nursing profession)*.

3. Where legislation limits the competency.
    - The competency in question is a non-delegated competency, and the law does not provide for this activity to be carried out by a RN/NP. The authority to delegate a competency restricted in law can only occur at the government and regulatory body level (e.g., the College and applicable health care professional regulatory body).

Emergency situations

There may be circumstances such as in an emergency where a competency is required and the RN/NP has not had a practical application opportunity, and no RN/NP or other health care provider with the experience or authorization is available to provide the competency. It is expected that the RN/NP seek out available supports and direction or supervision in providing the best care that circumstances, experience, and education permit.

A general approval to allow for the unexpected performance of competencies, not designated as nursing practice, in emergency and/or unique situations must be granted by the relevant employer(s), is situation specific, and is not transferable.

Employers/organizations must develop policies and procedures to provide guidance for RNs/NPs in situations or in roles where they may be required to perform competencies that have not been designated as nursing practice. Direction should also be given for competencies that may be performed under indirect supervision including supervision offered through virtual platforms (including telephone calls, etc.).

RNs/NPs performing competencies in emergency/unique situations that have not been designated as nursing practice are expected to:

- Be granted permission/approval by the employer to perform the competency in an

emergency and/or unique situation.
- Follow the approved policies and best practice procedures for the competency.
- Seek guidance from appropriate sources whenever possible (e.g., authorized prescriber).
- Implement required follow-up actions, including documentation and communication with appropriate health care professionals.
- Provide the best care that circumstances, experience, and education permit.
- Collaborate with appropriate management/leadership teams to ensure that policies and guidelines to direct practice in these circumstances are valid and current.
- Advocate for practice environments that have the necessary resources to provide safe, competent, compassionate, and ethical care.

Performance of competencies not designated as nursing practice during emergency and unique situations must be monitored. If an act becomes a routine activity, formal approval to have the intervention included in the scope of nursing practice within that organization must be initiated.

Advancing the Scope of Practice of the Nursing Profession

As knowledge and technology advance and health care environments change, nursing practice continually evolves. Increasingly, RNs/NPs face decisions about performing procedures, competencies, or activities that are new, or were previously the responsibility of other health care professionals. There may be circumstances within the health care system, employment setting, or in a specific practice setting where new and/or emerging competencies are required to be added to the scope of RNs or NPs.

CRNNL Decision-Making Framework

Regional Health Authorities (RHAs) are granted authority, by the College, to incorporate new and/or emerging competencies into the scope of practice of RNs/NPs within their employment setting, provided key principles are met. The College has developed a Decision-Making Framework that can be used to inform the employer's process for advancing nursing scope of practice. The College's decision-making framework incorporates a principle-based approach to stimulate critical evaluation of proposed scope of practice changes.

The College's Decision-Making Framework is underpinned by the following assumptions:

- The College is responsible to set the parameters for scope of practice decision making to promote safe, competent, compassionate, and ethical nursing practice.
- The **RN Act, 2008** and **RN Regulations** identifies requirements for authorization of RN/NP Practice.
- RNs/NPs hold professional accountability for their own practice.
- The RHA is responsible to provide quality health care services in response to client needs.
- The RHA has available resources and internal quality initiatives to facilitate advancing nursing scope of practice.

The Decision-Making Framework is designed to ensure public safety and competent nursing practice by requiring input be sought from all relevant professionals, contextual issues to be

thoroughly explored, and the necessary safeguards, including nursing education and policy, to be established. To promote consistency, RHAs are encouraged to use this information as a template to develop their own process.

Further, RHAs are strongly encouraged to develop or adopt a standard review process for their organization that reflects adherence to the College's foundational principles to ensure a consistent, comprehensive, and professional review of all scope of nursing practice requests. This includes the identification of the employer's authority and procedures whereby scope of practice requests are submitted, reviewed, and approved. The RHA process should be established before any new decisions about performance of new or emerging nursing competencies are reviewed. The established process should be supported through nursing policy and readily available within all applicable practice settings. Additionally, the RHA should provide the RN/NP with the required education and practice experience to gain and maintain competency of the new/emerging competency and implement the necessary supports to support the practice. Reciprocally, the RN/NP is accountable to engage in the education and practice to build their capacity to perform the competency safely and competently (NSCN, 2020).

Self-employed RNs/NPs and those RNs/NPs working outside of an RHA seeking to incorporate new/emerging competencies into their practice are **required** to consult with the College for a determination of whether the competency is considered within the practice of an RN or NP in NL and complete an attestation to be submitted to the College. Please refer to **Appendix D** of this document and to the most current version of the College's Self-Employment document.

Foundational Principles of the College's Decision-Making Framework:

1. Adherence to Legislation and Standards
    - Scope of practice decisions must reflect CRNNL's public protection mandate and adhere to relevant federal and/or provincial legislation and provincial and applicable national practice standards.
2. Support for client needs/ benefits
    - There is an identified client need; the nursing and client advantages of introducing the practice into nursing scope of practice are validated; not based solely upon convenience for various health care professionals.
3. Evidence-informed
    - The decision is supported by evidence-informed literature, best practices, or research and/or clinical evidence.
4. Involves collaboration
    - Input and participation in decision-making is sought from all those impacted by the decision, including between health care professionals across the continuum (e.g., between different organizations/departments/programs if client care is to be provided in different settings).
5. Recognize the unique and shared competencies of all professionals
    - The decision-making process utilized to assign a competency to a discipline recognizes the contributions of all levels of care providers and promotes optimal use of resources.
6. Supported by education and authorized by the employer/organization

- RNs/NPs obtain and maintain the necessary competence and have employer authorization to perform the competency.

7. Includes an evaluation component
   - The impact of the decision in relation to quality care and nursing services is evaluated on an ongoing basis.
8. Includes documentation of the process
   - The employer should ensure that the process used to determine whether to add a new/emerging competency to the scope of RN/NP practice is documented.

The following diagram presents a step-by-step, decision-making framework RHA employers may use when reviewing scope of practice requests.

Decision Making Framework (s) for Advancing Scope of Practice

RHA employers may also refer to **Appendix E** for a list of questions to consider when making an informed decision whether to add a new/emerging competency to RN/NP scope of practice within a particular practice setting(s).

GLOSSARY

Assignment:	The process of determining and appointing the most appropriate health care professional to perform a competency that is within the scope of practice of those involved.
Care (Medical) Directives:	An order by a practitioner so authorized used to grant authority to RNs in specifically identified situations to implement interventions for a client or group of clients with specific conditions or needs.
Client:	Individuals, families, groups, populations, or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant.
Competence:	The ability to integrate and apply the knowledge, skills, judgments, and personal attributes required to practise safely and ethically in a designated role and practice setting. Personal attributes include, but are not limited to, attitudes, values, and beliefs.
Competencies:	The integrated knowledge, skills, attitudes, and judgment required to practice nursing safely and effectively.
Context of practice:	The environment in which provision of care takes place, including resources available to support the care provider, such as policies, guidelines, mentors, and colleagues with expertise.
Delegation:	A formal process that involves the legal transference of authority to perform a specific function in selected situations.
Delegatee:	A health care provider that accepts a delegated task.
Generalist:	A registered nurse who has completed an entry level RN education program that provided theoretical and clinical instruction in core areas of nursing practice that include adult medicine, adult surgery, pediatrics, women and childbearing families, psychiatric and mental health nursing, and content to prepare the individual to meet CRNNL entry level competencies.
Non-delegated competency:	Competencies where the authority to perform cannot be transferred, or delegated, to another practitioner due to a law restricting who can perform certain activities.
Pre-Printed Orders:	A client specific order, or set of orders by a practitioner so authorized, to grant authority to RNs to implement a nursing service as written, providing there is no identified

	contraindication.
Scope of practice:	The range of roles, functions, responsibilities, and activities which registered nurses and nurse practitioners are educated, competent, and authorized to perform.
Self-employed:	RNs or NPs, who hold a practicing licence and who operate their own economic enterprise. They may operate as a sole practitioner, own a business or professional practice, or have a business relationship in which they perform specific work for another party in return for payment. Self-employed RNs or NPs are also referred to as nurses in independent or private practice.

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Appendix A. Competencies

Competencies are the integrated knowledge, skills, attributes, and judgments required to practice nursing safely and effectively. They reflect skills required of the RN/NP to function in a specific role or practice setting. Competencies can be described as: entry-level, specialty, shared, delegated, or outside /beyond the scope of practice (i.e., non-delegated).

Entry-level competencies: The integrated knowledge, skills, judgements, attributes, attitudes, critical thinking, communication, and psychomotor interventions expected of the entry-level registered nurse. These competencies are acquired through a basic nursing education program and are in accordance with the requirements outlined in the most current version of the College's entry level competencies documents.

Education programs and entry level competencies evolve over time. RNs or NPs should build on their entry-level competencies through additional education and experience to attain those competencies that were not within entry level practice at the time of their original basic nursing education program.

Specialty competencies: Involve a higher level of complexity than entry-level competencies. Further learning and/or experience must be attained through continuing education to build upon the underlying concepts that were introduced in basic nursing education, e.g., administering chemotherapy, OR First Assist.

Shared competencies: Health related client interventions that are determined to be within the scope of practice of more than one health care profession. They may be shared amongst nursing categories, or between nursing and other disciplines, e.g., medication administration, range of motion exercises.

Competencies outside/beyond scope of practice: Activities that a RN or NP is not authorized to perform, and for which authorization cannot be granted by the employer or an authorized individual but must come from the provincial government and the regulatory body. *See section on* Competencies Outside/Beyond the Scope of Nursing Practice.

Delegated competencies: Activities that a RN or NP has the knowledge and skill to perform, which they are not currently authorized to carry out, but which they could accept a delegation from a person so authorized. It involves the formal transference of authority to perform a specific function. Delegated competencies do not become part of the RN's scope of practice. *See section on* Competencies Outside/Beyond the Scope of Nursing Practice.

Appendix B. Licensure/Registration Considerations Affecting Scope of Practice

There are currently two licensure categories for RNs in NL: Registered Nurse (RN) and Nurse Practitioner (NP). RNs complete an entry level RN education program preparing them as a **generalist** to meet entry level competencies. NPs are registered nurses with advanced educational preparation and experience, which enables them to autonomously diagnose, treat, and manage acute and chronic physical and mental illnesses. As advanced practice nurses, NPs use their in-depth nursing and clinical knowledge to analyze, synthesize, and apply evidence to make decisions about their client's healthcare. The College currently licences NPs in one or more of the three categories of practice: Adult, Pediatric, and Family/All Ages. (**Note:** The Canadian Council of Registered Nurse Regulators (CCRNR) national working group is working to implement processes that will move NP regulation to one category of practice. This document will be updated once these changes are implemented).

Categories of Practice:

Under Section 14(2) of the *Registered Nurse Regulations (2013)*, the Council may prescribe categories of nurse practitioners and the standards and scope of practice for each category. The College currently licence nurse practitioners in one or more of the three categories: Adult, Pediatric, and Family/all ages:

> Adult: nurse practitioners licenced in the adult category provide care for individuals 18 years of age and older in either a generalized adult practice where they see adults with a variety of medical conditions, and/or adults in a generalized or specialty practice setting. In some cases, care of older adolescents may also be provided by a nurse practitioner in the adult category when the adolescent's age and/or condition may more closely approximate that of an adult.
>
> Pediatric: nurse practitioners licenced in the pediatric category provide care for individuals under the age of 18 in either a generalized practice where they see individuals with a variety of medical conditions, or individuals in a generalized or specialty practice setting. In some instances, nurse practitioners (pediatric) may provide care to young adults whose developmental age may closely approximate that of a child or adolescent rather than an adult, or a young adult who has been receiving care from the nurse practitioner (pediatric) for a chronic disease since childhood. Neonatal nurse practitioners are registered within the pediatric category and have specialized education relevant to neonatology.
>
> Family/All Ages: nurse practitioners licenced in the Family/All Ages category provide care for clients across the lifespan, including newborns, children, adolescents, adults, pregnant and postpartum women, and older adults in a generalized or a specialty practice setting.

New Graduates / Interim Licence Holders

A licence, granted by the College is required to practice nursing in Newfoundland and Labrador. Graduate nurses, and other new registrants, waiting to complete the RN licensure examination may be granted an Interim Licence (IL). Approval for an interim licence (temporary licence) for a four-month period may be granted to an applicant who has been granted provisional registration pending confirmation that he or she has met all requirements for registration; in particular, successful completion of the registered nurse examination in accordance with the **RN Regulations**. There are no College imposed additional restrictions to the RN scope of practice of IL holders. The factors to determine individual scope of practice for IL holders is the same as for all RNs.

An Interim Licence ll (IL-ll) may be granted to graduate nurses or other new registrants for a six-month period who are waiting to re-write the RN licensure examination following an unsuccessful first writing. The IL-ll licence contains conditions and scope of practice restrictions. Information related to IL-ll conditions and restrictions is available from the College's website.

Nurse Practitioners may also be granted an interim licence while waiting to successfully complete a licensure examination based on their education, specific to their category of practice. An interim licence authorizes graduates of an NP educational program to practice in an NP position and establish their role while waiting to write, receive the results of the licensure exam, and pending finalizing full NP licensure.

Interim NP Licence holders must adhere to the College's regulatory documents and relevant legislation that govern NP practice, including but not limited to, the authority to prescribe medications or to complete client care processes (e.g. *Controlled Drugs and Substances Act,* Nurse Practitioner Authority to Prescribe Buprenorphine - Naloxone (Suboxone) and Methadone for Opioid Use Disorder; Nurse Practitioners (NPs) Authority to Prescribe Methadone for Analgesia; Nurse Practitioners Providing Medical Assistance in Dying (MAID) (2018)).

Prior to the issuance of an Interim NP Licence the applicant must validate with the College that:

- they have a collaborative arrangement with a licenced NP or physician who is also employed by or has privileges within the RHA or another agency that the RN will be employed,
- the licenced NP or physician is available to provide an accessible resource (i.e., in person, by phone, or other telecommunication method (i.e., telehealth video connection)) where the Interim NP Licence holder identifies a client's care is outside their competence, and
- the employer confirms understanding of the NP collaborative arrangement.

The applicant who has been issued an interim licence to practice as a nurse practitioner is required to use the title Interim Nurse Practitioner Licence (Interim NP Licence).

Appendix C. Care (Medical) Directives and Preprinted Orders

The College supports the use of care (medical) directives and pre-printed orders in situations where evidence-based care protocols have been developed and adopted within an organization. Under the authority (written direction) of care directives and pre-printed orders, RNs may implement specifically identified health care interventions that are within the scope of RN practice but would otherwise require a client-specific, authorized prescriber order. The authority to perform a competency does not automatically mean it can be implemented. RN knowledge, assessment, competency, and judgment are always required.

Care directives and preprinted orders are two separate authorizing mechanisms, similar in purpose, that grant authority to RNs in specifically identified settings to implement specific interventions for a client or groups of clients with specific conditions or needs.

A care (medical) directive is a written order from an authorized prescriber (e.g., physician, nurse practitioner, pharmacist, dentist, midwife, etc.) for an intervention (e.g., procedure, treatment, etc.) or a series of interventions that may be implemented for a number of clients when specific conditions are met and when specific circumstances exist. The specifics of the care directive will depend on the client population, the nature of the orders involved, and the expertise of the health care professionals implementing the directive. The care directive is only initiated if the health condition occurs.

Preprinted orders are written orders that are specific to a client and their health condition. They are used to ensure consistency of interventions in client care and are based on evidence-informed best practices. When pre-printed orders are used, the client is first assessed by the authorized prescriber who then selects the appropriate interventions from a set of preprinted orders.

Care Directive:

- Is a written order/employer policy developed in consultation with an authorized prescriber for an intervention (e.g., treatment, procedure, medication) or series of interventions to be implemented by another care provider for a range of clients with identified health conditions/ needs when specific circumstances are met/exist.
- Apply to a range of clients who meet identified criteria (e.g., age or diagnosis).
- Does not require client specific authorization.
- Requires the RN's professional assessment and judgment.
- Allows for discretionary use. Based upon the RN's assessment and professional judgment, the nurse has the flexibility to determine if, and when, to implement a care directive, and when follow-up is required if the directive is not implemented (e.g., notify the authorized prescriber).
- Is an optional component of the client's record. A copy may or may not be placed upon the client's record; however, a copy of the directive must be readily available (e.g., policy manual). Having a copy of the care directive on the client's record may be the recommended practice if the situation warrants, e.g., medications are to be administered or procedures are to be carried out over time by different health care professionals.

- Examples of client care that could be considered for a care directive include immunization schedule in public health/community care, and/or triage related interventions in emergency departments.

Note: Procedures/treatments/interventions that require assessment of clients by authorized prescribers should not be written within the parameters of a care directive, but rather through a client specific pre-printed or direct order.

Pre-Printed Orders:

- Apply to a specific client and health condition.
- Require client specific authorization from an authorized prescriber before implementation.
- Are based on evidence-informed best practices.
- Are to be implemented as written unless the RN determines a client specific contraindication, e.g., allergy.
- Must be signed and included in the client's health record.
- Examples of client care that could be considered for a pre-printed order include: IV heparin administration protocol, and/or bladder and bowel care for long term care residents.

Guiding Principles for Developing Care Directives

When developing care directives, it is important to consider the following principles:

- Collaboration of the health care professionals/team is strongly encouraged when developing a care directive.
- The employer, in consultation with the authorized prescriber, approves and retains the accountability for the appropriateness and validity of the care directive.
- The authorized prescriber is ultimately responsible for the care directive. It is important to remember that a directive, regardless of how generic its contents, is an order for which the authorized prescriber had ultimate responsibility.
- Relevant nursing and authorized prescriber professional accountability and responsibility must be clearly articulated.
- Interventions in the care directive must be within the scope of practice of an RN and comply with nursing standards of practice and applicable legislation.
- Employers are responsible to establish formalized processes regarding the development, use, and evaluation of care directives.
- Care directives are intended to provide safe, timely, effective, and efficient client care and to optimize the practice of all care providers.
- RNs are required to assess the appropriateness of the care directive and autonomously enact the interventions within the care directive.
- Care directives should not be enacted if the RN determines doing so could lead to greater risk for the client.
- RNs should document the following each time a medical directive is performed:
    - Performance of the relevant assessments and findings (i.e., evidence the client meets the specific criteria).
    - Informed consent discussions.

  - Date, time, and name of the health care provider initiating the directive.
  - Name of the care directive.

If the RN believes the care directive should not or will not be implemented, the most responsible practitioner should be notified, and the discussion and outcome(s) documented.

Recommended Elements of a Care Directive:

Employers are responsible for developing care directives and any supporting policies. It is recommended they include, but is not limited to:

- Client population in which the care directive applies.
- The name and description of the intervention(s)/procedure(s)/treatments(s) being ordered.
- Specific client clinical conditions and situational circumstances that must be met before the intervention(s)/procedure(s)/treatments(s) can be implemented.
- Identification of the contradictions for implementing the directive.
- The name, date, and signature of the authorized prescriber approving, and taking responsibility for, the directive.
- The date and signature of the administrative authority approving the care directive.
- Identification of the health care professionals who can perform the intervention(s)/procedure(s)/treatments(s).
- Identification of the conditions in which the directive may or may not be implemented.
- Specific monitoring parameters and/or reference to appropriate emergency care measures.
- List of educational requirements (e.g., nursing knowledge and skills necessary).
- Identification of supports and resources needed to enact the care directive.
- Name, and signature of an authorized prescriber.
- Date and confirmation of policy approval.

Principles for the Use of Care Directives and Preprinted Orders

- Support for the use of care directives and preprinted orders must be evident in policy.
- Care directives and preprinted orders should be in the best interest of the client(s) and be appropriate for the practice environment.
- RNs must acquire and maintain the competence necessary for the provision of safe and effective care and recognize the limits of their practice and individual competence when executing care directives and preprinted orders.
- Whether a care directive or pre-printed order is utilized, all client-specific care performed by the RN, including assessment, intervention, and evaluation of outcomes, must be recorded in the client's health record.
- The RN who implements the care directive or preprinted order must clarify that informed consent has been obtained, and be knowledgeable of any risks to the client, predictability of the outcomes of the intervention, and the process for contacting the authorized prescriber responsible for care, if required.
- When a decision is made to not implement a care directive or a pre-printed order, the

decision with supporting rationale and actions taken, must be documented, and reported appropriately (e.g., charting that a flu vaccination, authorized through a care directive, was withheld, and rescheduled because the client had a respiratory illness; notifying the attending physician that an intervention was withheld because a client has an allergy to a medication in a pre-printed order).

- Authorization to perform interventions within a care directive or pre-printed order does not equate to competence to perform the specific interventions.
- RNs, guided by professional practice standards, are accountable at all times for their own actions. Attaining competence to perform intervention(s) identified in these forms of authorization is a shared responsibility of the health care employer/organization, authorized prescriber, and RNs.
- The employer/organization must provide access to the necessary policies, educational opportunities, and supports (e.g., mentors) required for RNs to implement approved care directives and pre-printed orders relevant to the practice setting. Teaching, mentoring, and/or supervising should be provided to support RN education.
- RNs must identify their individual learning needs and participate in relevant opportunities for education, practice, and maintenance of competence in the interventions outlined in care directives and pre-printed orders relevant to their area of practice.
- All care directives and pre-printed orders should be reviewed on a regular basis to ensure that:
    - There is still a need for the directive or order based upon client outcomes and a review of current evidence.
    - The most appropriate provider is carrying out the intervention(s).
    - RNs can maintain the necessary competency to perform the intervention(s).
    - Pre-printed orders and care are being implemented appropriately.

  The timeframe to review medical directives and pre-printed orders should be based upon need, current evidence, and in accordance with applicable standards and employer/organization specific policies.

Appendix D. Appendix B: Nursing Practice Checklist and Attestation

When practising as an RN or NP in Newfoundland Labrador, ranging from initial orientation to traditional hospital-based practice, to any non-traditional role or domain, you must be registered and hold a current licence with the CRNNL. Use of the protected titles of RN and NP is reserved for licence holders. To determine if your individual practice is within the realm of practice as an RN or NP, you must be able to answer yes to the following statements.

If you answer no or are uncertain about any statement in this section, you must contact the College before commencing **employment or self-employment**. This form has 3 sections. Section 1 is for all RNs and NPs, the section 2 is for NPs only, and section 3 is the attestation for all RNs and NPs.

For registered nurses (RNs) and NP(s):

If asked, I would direct clients/public to the CRNNL website to validate my licence to practice.

Yes ☐ No ☐

I sign my credentials as an RN or NP (e.g., client chart, business cards, etc.).

Yes ☐ No ☐

I am practising under my nursing registration even though I also hold a licence from another discipline(s).

Yes ☐ No ☐

I have created a job description that requires practice as an RN or NP, and I have ensured that the practice setting provides nursing specific processes/policies/procedures and liability protection for nursing practice.

Yes ☐ No ☐

I use nursing philosophical and/or theoretical perspectives to guide my practice, as the recipients of my nursing services expect that I apply nursing knowledge and competencies in my role.

Yes ☐ No ☐

I regularly apply my nursing knowledge, competencies, and judgement in the provision of my services (e.g., an RN who is employed as an educator uses their nursing knowledge to develop curriculum and instruct students in various programs).

Yes ☐ No ☐

I attend professional development opportunities (e.g., conferences, education sessions, etc.) that specifically add to my nursing knowledge to maintain my continued competency.

Yes ☐ No ☐

I have policies and procedures to guide/accomplish my role as RN or NP (e.g., evidence-based guidelines or best practice, collaborative teams, etc.).

Yes ☐ No ☐

I think about and use the full nursing process as the focus of my employment/practice and I use nursing knowledge, competencies, and judgement in the application of interventions from another discipline based upon my nursing assessment and as part of my treatment plan (e.g., I am practising as an RN and using acupuncture as an intervention/modality/treatment option).

Yes ☐ No ☐

I have reviewed my self-employed nursing practice, and I am not aware of any interventions that I use being exclusively recognized to be with the domain of another profession or a restricted activity by another health care profession (e.g., I am not practicing within the legal domain of medicine).

Yes ☐ No ☐

My practice as an RN or NP has a direct or indirect impact on clients;[7] health care systems or the health of the public (e.g., an RN in an executive position in a health organization will have an indirect impact though their contribution to health system management

Yes ☐ No ☐

The healthcare services I provide require critical thinking, problem solving, professional judgement, and accurate interpretation of information from a variety of sources.

Yes ☐ No ☐

Additional Statements for nurse practitioners (NPs):

In addition to the statements provided above for practice as an RN, NPs must also be able to answer yes to the following additional statements to determine if your individual practice is within the realm of practice as an NP.

If you answer no or are uncertain about any statement in this section, you must contact the College before commencing employment or self-employment.

I apply the advanced **NP competencies** to independently diagnose and communicate a medical diagnosis (i.e., disease, disorder, injury, or condition), order and interpret diagnostic

[7] Client – Individuals, families, groups, populations, or entire communities who require nursing expertise. The term client reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant.

and laboratory tests, prescribe pharmaceuticals, non-pharmaceuticals and perform procedures, in care of the client population consistent within the category of NP licensure that I currently hold OR I apply advanced NP competencies in the domain of nursing practice (e.g., administration, policy, research, education) in which I practice as an NP.

Yes ☐ No ☐

I apply advanced clinical knowledge, competencies, and advanced clinical decision-making skills in my NP nursing practice (e.g., enhance the students' learning during laboratories, clinical simulation experiences, or student seminars where the student employs NP competencies and judgement).

Yes ☐ No ☐ Maybe ☐

I am practicing as an NP (e.g., not employed as an RN).

Yes ☐ No ☐

Attestation

I, _____have read the most current version of CRNNL's Standards of Practice, Scope of Practice, and Self-Employment documents and upon review and reflection on the above statements, I declare that my individual practice is within in the realm of an RN or NP (**circle one**). **Initial** ☐

If I am unable to answer yes to all the reflection statements, I must connect with the College to determine if my scope of practice is as an RN or NP (**circle one**). **Initial** ☐

I know I must submit annual verification of my practice hours by a third-party to registration@crnnl.ca (if self-employed or employed within an organization that is not a regional health authority). **Initial** ☐

I know that this attestation is kept on file, and that I may be selected for an audit. **Initial** ☐

Signature; _____ Date: _____

It is the responsibility of each RN and NP, prior to commencing practice, to validate that a practicing licence has been issued in their name by checking CRNNL's Online Register at Member Search

Appendix E. Considerations for Adding a New/Emerging Competency to RN/NP Scope of Practice-

Employers may consider the following questions when making an informed decision whether to add a new/emerging competency to RN/NP scope of practice within a particular practice setting(s).

Legislation, Scope, and Evidence:

- Does the new competency meet the definition of the practice of as an RN or NP as outlined by the College?
- Has other relevant legislation, standards of practice, or policy been examined for any indicators that would prevent the RN/NP from performing the competency?
- Is there credible evidence or evidence-informed best practices to support this addition?
- If available, has any contradictory evidence been considered and evaluated? Is the evidence credible?

If there are unfavourable responses, it is likely there is insufficient information to proceed. Consider consulting with the College.

Client

- Is there an identified client need to perform the identified competency?
- Will adding the proposed competency to RN/NP scope of practice benefit clients?
- What are the consequences of not adding the competency?

If there are unfavourable responses, it is likely there is insufficient information to proceed. Consider further required actions.

Risk

- Is the level of risk to the clients acceptable?
- Is the level of risk to the RN/NP acceptable?
- Is the level of risk to the employer/organization acceptable?
- Is there a plan to mitigate or manage known risks?
- Has there been consideration of untended or unexpected outcomes, and is there a plan to manage these?
- Has there been consideration of the possible legal and/or liability implications of adding the new competency?
- Do the employer require input from legal counsel, employer's quality & risk department, and/or the Canadian Nurses Protective Society, etc.?

If there are unfavourable responses, it is likely there is insufficient information to proceed. Consider consulting with appropriate individual or organization and/or consult with the College.

Employer Support

- Does the competency fit within the context of practice for the unit/practice setting(s) it

is proposed for?
- Has there been considerations of the unintended or unexpected outcomes of that adding the competency may have on RNs'/NPs' workloads and efficiency and is there a plan to manage this?
- Has provider convenience been ruled out as the primary reason for adding the competency to the RN's/NP's scope of practice?
- Does the employer support adding the competency to the RN's/NP's scope of practice?
- Is the employer able to provide the necessary resources and support through policies, procedures, and supervision, if applicable, to enable the RN/NP to develop the required competency(s)?
- Is there a plan or mechanism to monitor and regularly evaluate the ongoing need for and efficacy of the added competency?

Competence and Education

- Do RNs/NPs have the necessary knowledge, skills, and judgment to support this addition to their scope of practice?
    - If not, is there an appropriate plan to develop the necessary competencies?
- Is there a plan or mechanism to validate competence in performing the competency?
- Is there an appropriate plan for the review and maintenance of the RN's/NP's competence and is there an appropriate person in the organization to do this?

Consultation

- Has there been consideration of the affect the proposed addition will have on the health care team, other health care professionals, and key stakeholders and is there a plan to manage this?
- Have other health professionals or key stakeholders been consulted and informed?

It is important to consider favorable and unfavorable responses in determining whether to proceed with adding a new and/or emerging competency to nursing scope of practice. The College is available for consultation should there be any further questions.

Employers should create professional practice environments that support quality client care. The employer's process for advancing/adding new/emerging competencies to the scope of nursing should reflect employer responsibilities, as well as RN/NP professional accountability. If an employer or an RN/NP requires assistance in interpreting whether a competency is appropriate to consider within the scope of nursing practice, they may consult the College.