



Scope of Practice Framework

2022



THIS DOCUMENT WAS APPROVED BY THE CRNNL COUNCIL IN JUNE, 2022

This document replaces *Scope of Practice: Definition, Decision-Making and Delegation (2006)*

Scope of Practice Framework for Registered Nurses and Nurse Practitioners 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 profession in accordance with the Registered Nurses Act, 2008. This document is intended to define scope of practice for the profession² and the individual RN/NP³. It can also be utilized when RNs/NPs consider whether a competency or intervention falls within their individual scope of practice and whether they should perform that competency/intervention. The scope of practice principles within this document apply to all RNs/NPs in all practice settings, including RNs/NPs working within a regional health authority (RHA), within an organization or non-traditional role outside of an RHA, or in self-employment⁴ (including contract work).

To assist RNs/NPs to further understand and reflect on scope of practice, the College has developed a number of supporting documents that can be used in conjunction with the Scope of Practice Framework, which are found on the College's website and listed at the end of this document.

Defining Scope of Practice

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

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

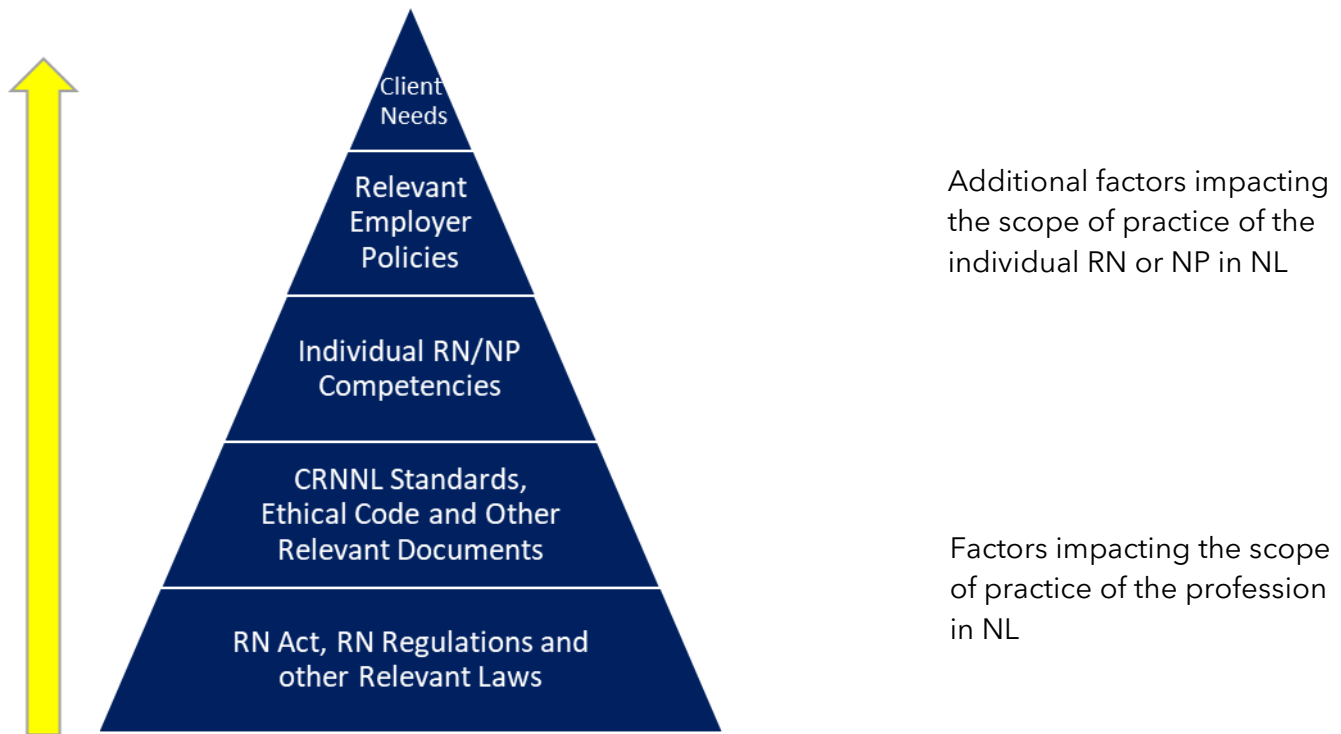
¹Herein referred to as the "College"

²Use of profession in this document is limited to RNs/NPs.

³RN/NP will be used when referring to scope of practice principles for both. Scope of practice principles for either the individual RN and NP will be referred to individually as scope of practice of RN or NP.

⁴RNs/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.

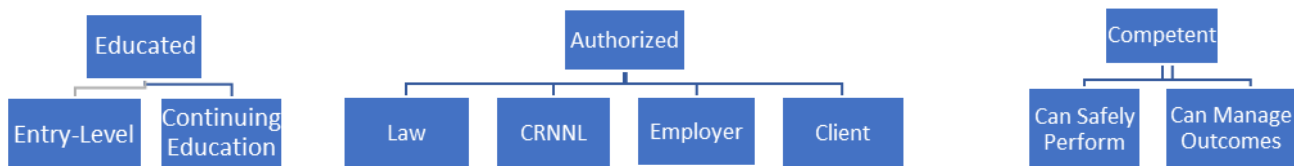
Factors Impacting the Scope of Practice of RNs/NPs in NL



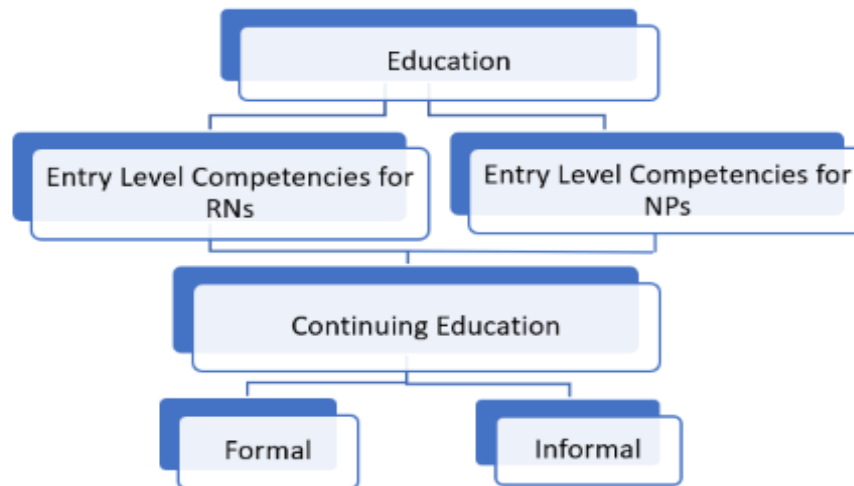
An ever-evolving scope of practice of the profession requires RNs/NPs to continuously critically reflect on their individual nursing practice to ensure that their actions and decisions are based on current evidence and what is occurring in the broader nursing and health care environments (Lankshear &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

Determining Scope of Practice of the RN/NP

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



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, and ethical manner.

Nursing education programs are foundational to the preparation of all RNs/NPs. It is education programs, as approved⁵ 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.

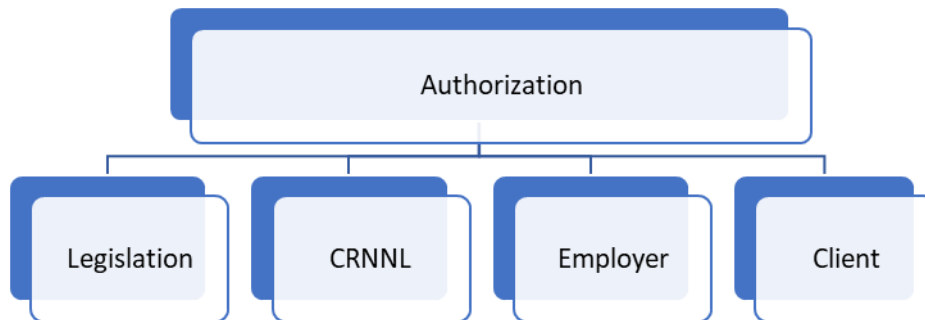
Education:

- 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 currently is specific to a category of practice⁶ (e.g., Family/All Ages, Adult, Pediatric, or Neonatal); this will change in the near future to one category of practice.

⁵The 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.

⁶The 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.

Authorization



The individual RN/NP must also determine if they have the appropriate authority to carry out activities within the practice setting. 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 direct nursing practice.
- **CRNNL:** activities must be recognized by the College to be practice as an RN or NP in NL. The College may on occasion set specific education and practice requirements for new or high-risk nursing competencies prior to performance (e.g., authority to prescribe buprenorphine/naloxone (Suboxone) and methadone. This example is not all inclusive, nor static).
- **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 informed consent, by the client.

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 direct 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 restricted in legislation, employers or another profession cannot independently authorize other health care professionals to carry out the activity. Delegation in this circumstance cannot be utilized. To move forward to add this new competency to the scope of practice of an RN/NP (i.e., permit the activity), a change in legislation, either federally and/or provincially, must occur and the College must be contacted for further direction.

CRNNL

The College considers activities to be within the practice of a RN or NP in NL, if all the requirements in this document are met specifically. 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 must:

- utilize the nursing process,
- be within, or build upon, the current body of nursing knowledge,
- not be practised exclusively within the recognized domain of another profession or a restricted activity by another health care profession,
- be within the competence of the RN/NP to manage the outcomes of the care, and
- fall within the College's definition of practice of an RN or NP.

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

Application of 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., integrative and functional medicine known previously as complementary and alternative therapies).

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

To practise as an NP, the NP must first be a registered nurse: Application of 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 care⁷, 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 A**).

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. According to section 14 (1) of the RN Regulations, NPs are authorized to:

⁷Currently, there is no minimum number of hours that an NP must, in direct care, apply the legislated NP competencies to autonomously diagnose and communicate a medical diagnosis (i.e., disease, disorder, injury, or condition), order and interpret diagnostic and laboratory tests, prescribe pharmaceuticals, and perform procedures; however, this is being explored under CCRNR's NP Regulation project.

- order the application of a form of energy permitted by the standards established by the Council
- order laboratory or other tests permitted by the standards established by the Council
- prescribe a drug permitted by the standards established by the Council

Note: Forms of energy include, but are not limited to, CT, MRI, PET, US, CXR, etc.

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.

Self-employed RNs/NPs, RNs/NPs planning to engage in self-employment, and those engaged in or contemplating engaging in a non-traditional role or domain who are 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. Please refer to **Appendix B** of this document or the most current version of the College's Self-Employment document, as applicable.

Employer

Activities must be authorized by the RN's/NP's employer 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 and/or practice setting. 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 authorize the RN to initiate identified health care interventions that are within the scope of practice of RNs, 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(s) 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 additional client specific authorization.
- based on evidence-informed best practices.
- requires the RN's professional assessment and judgment, allowing for client specific discretionary use based upon this evaluation.

2. Preprinted Orders:

- apply to a specific client and health condition.
- require client specific authorization from an authorized prescriber.
- based on evidence-informed, best practices.
- are intended to be implemented as written.
- must be signed and included in the client's health record.

Please refer to the College's current version of the Care Directives and Preprinted Orders document.

Client

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

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 implied or written and/or verbal consent as required. 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.

Competent



RNs/NPs must determine whether they have the individual competence to perform a competency. They must determine whether they have the necessary knowledge, skills, judgement, and personal attributes

(e.g., attitudes, abilities, behaviors, beliefs, and values) to safely perform the competency for their client and whether they can appropriately manage the outcomes of care 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.

Competencies⁸ are the integrated knowledge, skills, attitudes, and judgment required to practice nursing safely and effectively. 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 C**.

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

Obtaining Authority to Perform or Direct Certain Competencies

Within a practice setting, elements of nursing practice are common across other disciplines, and RNs/NPs may employ a number of mechanisms in order to obtain the authority to perform or direct another nursing care provider to perform a required competency. RNs/NPs use their knowledge and understanding of the scope of practice of various nursing care providers to authorize others.

Assignment of Care

Assignment of care is the process of designating the accountability and responsibility for meeting client(s) care requirements for a specific period of time. It is a knowledge-based process of matching the most appropriate nursing 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 for unregulated care providers (UCPs)** (e.g., personal care attendants (PCAs)) authorizes the performance of these duties.
- occurs throughout scheduled periods of work and must be re-evaluated as necessary to meet the changing needs of the client (NANB, 2019).

⁸Competency- In this document, competency is used to represent an intervention, activity, procedure, skill, task, function, or responsibility, etc., and all of these terms are used interchangeably.

- consideration must be given to the needs of the client population, the practice environment including availability of nursing 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).

During assignment of care, RNs/NPs must:

- determine who is the right nursing care provider for the client, in the right place, at the right time, for the right reason considering the client, the individual nursing 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/employment of the nursing 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 nursing 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 nursing care provider, the RN/NP must collaborate with the nursing care provider to determine whether to direct, supervise, reassign, or assume client care. Conversely, the nursing care provider is responsible to communicate to the RN/NP when changes occur and where re-evaluation of the assignment may be required.

Unregulated care providers (UCPs).

Institutionally based settings.

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 the College's Professional Responsibilities When Working with Institutionally Based Unregulated Care Providers document.

Community settings.

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. However, in a

community setting, there may not be the same infrastructure and supports as in available in an institution-based practice setting, so the RN, in collaboration with the client, client's family, health professionals, and an employer, will authorize UCPs to perform select nursing tasks. The RN establishes authorization through either:

1. Assistance,
2. Direction, or
3. Delegation

When an RN is delegating a nursing task to an UCP, 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 by an RN, 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 the College's Unregulated Care Providers in Community Settings document.

Delegation to an RN or NP

In certain circumstances, client health care needs require competencies that are beyond or outside 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).

Competencies that are outside/beyond the scope of practice of RNs are activities that are legislated to be exclusively within the scope of a specific health profession (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 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). Delegation is also described as an active process whereby the responsibility for the performance of an intervention is transferred to an individual (delegatee) whose scope of practice or employment does not authorize the performance of that intervention. Education of the delegatee 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 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 of the profession. Direction of the delegation to the RN/NP must be documented and the employer has to support the delegation.

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).

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

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

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.

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 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, zoom video 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, 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. RNs/NPs are expected to follow the scope of practice principles within this document in all practice settings. This document is not intended to address emergencies as identified in the Emergency Medical Aid Act.

List of Suite of Scope of Practice Documents:

- Scope of Practice Framework
- Assignment of Care
- Care Directives and Preprinted Orders
- Understanding Individual Scope of Practice
- Am I allowed to do that?
- Differentiating Scope of Practice within the Profession
- Employers Adding a New/Emerging Competency

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/authorization used by an authorized practitioner 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, judgment, 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, abilities, behaviors, 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.
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 used by an authorized practitioner to grant authority to RNs to implement a nursing service as written, providing there is no identified contraindication.

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.
Unregulated Care Providers:	Unregulated care providers 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.

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Appendix A:

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 (CCRNRR) 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.

A current licence, granted by the College, is required to practise nursing in NL. Provisional registrants, those who are waiting to complete the RN licensure examination, may be granted an Interim Licence (IL). Approval for an interim licence (time limited) 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 graduate nurse scope of practice of IL holders. The factors to determine individual scope of practice for IL holders is the same as for all RNs but recognizing that scope of practice of an IL

holder is at an entry to practice level.

An Interim Licence II (IL-II) may be granted for a six-month period to wait to re-write the RN licensure examination following an unsuccessful first writing. The IL-II licence contains conditions and scope of practice restrictions. Information related to IL-II conditions and restrictions is available from the College's website.

An 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).

Graduates of an NP educational program 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 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 certain controlled drugs and substances or to assist in certain client care processes.

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 interim NP licence holder 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.

Appendix B: Is this considered practice as a RN or NP?

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 College.
- use the protected titles RN or NP, as they are reserved for license holders.

Most times RNs and NPs are hired as employees where the job description requires them to perform nursing services in accordance with the College's Scope of Practice Framework. In this employment situation, the types of nursing services being provided are credited as practice hours for licensure with the College. However, a growing number of nurses are working outside the traditional nursing-based roles/settings, where it is more difficult to determine if the services being provided are within the realm of practice as a RN or NP and if the hours can be used for licensure renewal.

This information is meant to assist nurses who are in non-traditional roles, and/or are employed in a role that does not specifically require an RN or NP, and nurses who are self-employed. The RN or NP must be able to answer yes to the following reflective statements to determine if their individual practice is within the realm of practice as an RN or NP. If unable to answer yes or are uncertain about any statement, the RN or NP must contact the College before commencing self-employment, and prior to the annual submission of hours for licensure renewal.

For RNs and NPs:

Thinking about your individual employment situation and your everyday nursing practice, answer the following questions.

I introduce myself as a RN or NP.

Yes No

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

Yes No

My employer required me to be licenced as an RN or NP (e.g., the job description requires a licence to practice as an RN or NP).

Yes No

I would direct clients/public to the College website to validate my licence to practice.

Yes No

I am practising under my nursing registration even if I also hold a licence from another discipline(s) (e.g., also registered as an acupuncturist).

Yes No

I have ensured that my practice setting has 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 a non-traditional role such as providing alternative and complementary therapies).

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 in my role.

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 reflect on and use the full nursing process as the focus of my employment/practice and I use nursing knowledge, competencies, and judgement if using 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 within the domain of another profession or a restricted activity by another health care profession (e.g., I am not practising within the legal domain of medicine).

Yes No

My practice as an RN or NP has a direct or indirect impact on clients;⁹ 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

⁹Client - 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.

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 or continuing self-employment.

For NPs:

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 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 one of the other domains of nursing practice (e.g., administration, policy, research, education) in which I practise as an NP.

Yes No

I apply advanced clinical knowledge, competencies, and advanced clinical decision-making skills in my NP nursing practice (e.g., primary health collaborative clinic, or occupational health setting).

Yes No

I am employed and practising as an NP (i.e., I am not employed as an RN).

Yes No

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

Appendix C:

Competencies

Competencies are the integrated knowledge, skills, judgment, and attributes 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 non-delegated.

<p>Entry-level competencies:</p>	<p>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.</p>
<p>Specialty competencies:</p>	<p>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.</p>
<p>Shared competencies:</p>	<p>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.</p>
<p>Delegated competencies:</p>	<p>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/health professional group/regulatory body in a client specific situation.</p>
<p>Non-delegated competency:</p>	<p>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. Non-Delegated competencies do not become part of the RN’s scope of practice.</p>



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