



RPN Scope of Practice

2024



THIS DOCUMENT WAS APPROVED BY THE CRN NL COUNCIL IN MONTH, YEAR

It has been adapted with permission from the College of Registered Psychiatric Nurses of Saskatchewan's (CRPNS) Scope of Practice: Guideline for Registered Psychiatric Nurses 2024 document.

This document is a transitional document, intended to guide the scope of practice for RPNs until further analysis of RPN practice in NL can be completed. The ultimate goal is to establish a consistent approach to scope of practice for RNs, NPs, and RPNs in NL.

The College of Registered Nurses of Newfoundland and Labrador (CRNNL)¹ is the regulatory body for Registered Nurses (RNs), Nurse Practitioners (NPs), and since January 2025 Registered Psychiatric Nurses (RPNs) in Newfoundland and Labrador (NL). Regardless of the profession being regulated, the College's mandate is to ensure that the public interest is protected in all matters relating to the practice of nursing and the practice of psychiatric nursing.

PURPOSE

This document has been adapted to guide the introduction of RPNs in NL and defines the scope of practice for the RPN profession in NL. It can be utilized when RPNs 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 RPNs across all domains of psychiatric nursing practice: direct care, education, research, and administration.

The College defines scope of practice for RNs and NPs as the range of roles, functions, responsibilities, and activities for which registrants are educated, authorized, and competent to perform. This same definition applies for RPNs. It includes knowledge, skills, and critical thinking. Scope of practice for RPNs is based on an education program that integrates theory, lab work, and clinical practicum that prepares RPNs to provide safe and ethical care, and the continuous development of their competencies by building on their foundational knowledge.

NOTE: This document uses the same elements in the College's Scope of Practice Framework (2022) for RNs and NPs (education, authorization, competence), with the addition of practice setting as the fourth element.

INTRODUCTION

The practice of psychiatric nursing in NL is regulated under *the Registered Nurses Act, 2008*. An RPN is permitted to participate in the practice of psychiatric nursing in NL only when they have met the legal requirements and possess the necessary competencies.

The scope of practice as defined within this document can be seen as an overarching framework. It defines the RPN scope broadly to encompass the varied and complex nature of psychiatric nursing practice. The RPN scope of practice reflects the diverse and evolving spectrum of client populations, roles, and environments where an RPN may practise. Psychiatric nursing practice is continuously evolving to address the dynamic needs of client populations and the health care system, and to stay current with changes in legislation, regulation, and evidence (Lankshear & Martin, 2019). RPNs are required to maintain and acquire skills depending upon their role and what is authorized within their practice setting.

¹Herein referred to as the "College"

DEFINITION OF PSYCHIATRIC NURSING PRACTICE

The *Registered Nurses Act, 2008* defines the practice of psychiatric nursing as:

the use of psychiatric nursing knowledge, theory and skill in:

- (i) the promotion, maintenance and restoration of health with a focus on psychosocial, mental or emotional health, and
- (ii) the prevention, treatment and palliation of illness and injury, with a focus on psychosocial, mental, or emotional disorders and conditions or comorbid physiological conditions, primarily by
 - (A) assessing health status,
 - (B) planning, implementing and evaluating interventions, and
 - (C) coordinating health services;

This broad definition of psychiatric nursing practice, along with the knowledge and skills gained through an approved entry-to-practice psychiatric nursing education program, inform the RPN scope of practice.

NAVIGATING RPN SCOPE OF PRACTICE

To determine whether they are able to perform a particular type of care or competency within their specific area of practice, RPNs must consider four elements: **Education, Authorization, Competence,** and the **Practice Setting**. RPNs begin by reviewing their educational background to understand whether they possess the required foundational knowledge and determine the need for additional education. Next, assess whether there is the appropriate authorization to provide the care, which encompasses compliance with legal and regulatory requirements, practice setting requirements, and any relevant client expectations. Finally, RPNs further assess their competence by examining their practical skills, knowledge, and their ability to safely perform tasks and safely manage the outcomes of care in the practice setting (Moghabghab et al., 2018). It is the responsibility of every RPN to acquire and maintain the knowledge and skills to provide safe, competent, and ethical care and address any gaps to remain competent within their scope of practice.



EDUCATION

The scope of practice for RPNs is shaped by the foundational knowledge and skills acquired through an entry-to-practice psychiatric nursing education program, and through ongoing continuing education. This encompasses both formal and informal learning, and integrating theoretical knowledge with practical experience. It also includes validating competence, ensuring that RPNs maintain the necessary skills and expertise throughout their careers.

- **Entry-Level Education:** The psychiatric nursing education program provides RPNs with the theoretical and practical knowledge and competence to apply critical thinking and clinical and professional judgement in the provision of health care across continuums of health and illness. RPN education includes health promotion, prevention and protection, health maintenance, rehabilitation, restoration and recovery, as well as palliation. RPNs have foundational education in basic medical-surgical nursing assessment and intervention, anatomy and physiology, microbiology, physical assessment, and pathophysiology to support them in caring for adults and children. In addition to general medical-surgical nursing skills, RPN foundational education includes in depth psychiatric, mental health, addiction-related and safety risk assessments, advanced communication skills and psychosocial interventions. RPNs are prepared for medication management with education in both general and psychopharmacology. RPN education includes a holistic view of health, including physical, mental, emotional, social, relational, and spiritual components with an understanding of development across the lifespan. The psychiatric nursing education program prepares RPNs to meet the entry-level competencies (ELCs) for the profession and provides the foundation for RPNs to develop further competencies, once they are in practice.

COMPETENCY EXAMPLE: TRACHEOSTOMY CARE

RPNs have foundational education in basic medical-surgical nursing assessment and intervention, anatomy and physiology, microbiology, physical assessment, and pathophysiology to support them in caring for clients with well-established tracheostomies as an ELC. In addition to theory, psychiatric nursing students also have the opportunity to practice these skills within the lab and clinical setting.

RPNs work with clients who have well-established tracheostomies in a variety of practice settings, including homecare, acute care, palliative care, long term care, and rehabilitation.

- **Post-Entry Knowledge and Skill Development:** After completing entry-level education and beginning their careers, RPNs engage in professional development and continuous learning to enhance their skills and knowledge related to the specific demands of their health care settings which is essential for practising safely, competently, and ethically (CRNNL, 2019a; CRNNL, 2019b).

- **Continuing Competence Program:** Each year, RPNs must participate in the College’s Continuing Competence Program (CCP)². The College’s CCP involves continuously reflecting on the practice setting, professional practice, and client population, identifying learning needs, and logging 24 hours of learning activities completed throughout the licensure year. The process is cyclical and iterative, adapting throughout the year as new opportunities and challenges emerge.



AUTHORIZATION

RPNs 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 an RPN to perform a competency:

- **Legislation:** Activities must align with federal and provincial laws that regulate nursing practice. If a specific activity is restricted by legislation, it cannot be performed even if employers or other health care professionals provide authorization.
- **The College:** Activities must be recognized by the College to be practice as an RPN in NL. This includes competencies identified in ELCs, and other College documents (e.g., Virtual Nursing Practice). In addition, the College may on occasion set specific education and practice requirements for new or emerging competencies prior to performance.

²For more information on the College’s CCP, please see the most current version of the CCP Framework and CCP Guide on the College’s website.

- **Employer:** Activities must be authorized by the employer as part of approved psychiatric nursing practice within the specific practice setting. This authorization is typically detailed in role descriptions and employer policies. In addition, RPNs are authorized to practice under client-specific orders and medical directives, in addition to exercising their autonomous scope of practice. This may include the use of clinical decision-making tools or protocols and other evidence-based supportive practices. By integrating these elements, RPNs can provide comprehensive and individualized care for clients while adhering to both standardized and personalized treatment protocols. While employers may restrict the scope of RPN practice in a particular practice setting, they cannot extend it beyond what is legally permitted. RPNs play a crucial role in developing and evaluating these policies and procedures within the intra-professional setting.
- **Client:** Activities must receive authorization from the client through implied or written and/or verbal consent, as applicable. Further, RPNs 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. RPNs must also be knowledgeable of federal/provincial legislation and employer policies that applies to consent and capacity.

COMPETENCY EXAMPLE: VENIPUNCTURE

Venipuncture for blood collection is not currently covered in the RPN ELCs. However, RPNs can build on their foundational knowledge of intravenous management to perform venipuncture.

Each employer or organization must determine whether venipuncture for blood collection can be performed in a particular setting, who is authorized to perform it, and whether a client-specific order is required.

COMPETENCE

Brown and Elias (2016) describe competence as an evolving process that progresses throughout a professional's career. It is a dynamic concept that shifts as RPNs advance to higher levels of development, responsibility, and accountability within their practice setting and role. An RPN's competence to provide care is determined by their foundational education, individual continuing education, knowledge, skills, and experiences.

- **Self-Assessment:** Prior to providing any type of care, the RPN must assess their individual competence to ensure they have the knowledge, skills, and judgement to provide the type of care in question, including understanding what to do if an adverse outcome occurs. This also includes reflecting on if the RPN has the necessary experience and expertise to make evidence-informed decisions and manage the specific type of care effectively.

Competence is also 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 (Moghabghab et al., 2018). Personal attributes include, but are not limited to, attitudes,



abilities, behaviors, values, and beliefs.

- **Shared Responsibility:** Maintenance and development of competence is a shared responsibility between the RPN and their employer. If an RPN recognizes a lack of competence in a required skill within scope due to insufficient experience or expertise, it is their responsibility to inform their employer and collaboratively seek ways to acquire that skill to meet the needs of clients within their care setting.

COMPETENCY EXAMPLE: PSYCHOTHERAPY, EYE MOVEMENT DENSENSITIZATION and REPROCESSING, and PSYCHODYNAMIC PSYCHOTHERAPY

Psychotherapy is a fundamental aspect of psychiatric nursing practice, as outlined in the ELCs. Entry level RPN education provides foundational knowledge in areas such as psychology, psychopathology, mental health, development, interpersonal relationships, communication, and individual and group psychotherapy. Within the entry-level program, common therapies are taught and practiced. Therefore, the application of therapeutic modalities is an entry-level competency for RPNs.

As RPNs gain experience and consolidate their foundational knowledge, it is expected that they will develop further competence in particular areas of practice. This may include, but is not limited to, psychotherapy, depending on each RPN's individual experiences. As such, RPNs may develop advanced competencies in psychotherapy, which go beyond those obtained at entry-level and require further training and experience. These competencies build upon the foundational knowledge from the RPN education program. Eye Movement Desensitization and Reprocessing (EMDR) and Psychodynamic Psychotherapy are examples of therapies that are not included in ELCs but can be acquired through further education and experience. An RPN is able to further their competence with therapies they are already familiar with by developing advanced skills and interventions of therapeutic modalities learned within the foundational education program.

PRACTICE ENVIRONMENTS

RPNs practise in many environments that require the utilization of not only their mental health specialization, but also medical/surgical competencies. This includes, but is not limited to, acute psychiatry, emergency rooms, home care, palliative care, occupational health, oncology, community health clinics, long term care, correctional facilities, general medical units, crisis outreach, and more. This may involve care of clients from all different age groups.

In addition to demonstrating competence, the RPN must also assess whether they can effectively manage the outcomes of care within their practice setting. The RPN needs to determine if performing a specific care activity is appropriate for their current environment and if they can safely manage any adverse outcomes that might occur. For example, some settings, such as a client's home, may not be suitable for certain competencies. The RPN must be capable of effectively and safely managing any potential unintended consequences within the practice environment.

CONCLUSION

The definition of psychiatric nursing practice is broad and encompasses the diverse and varied nature of the RPN's role. Education, authorization, competence, and practice setting are four key elements that must be considered when determining whether RPNs are able to perform a particular type of care. Continuing education and ELCs, standards of practice, regulation and legislation, and College documents, establish the foundation for RPN practice. Employer organizational policies further impose specific restrictions or guidelines that vary by practice setting, affecting the activities an RPN can perform. Finally, individual competence plays a crucial role; each RPN's ability to carry out specific tasks is evaluated based on their unique education, knowledge, skills, experiences, and client involvement. Reflecting on these elements collectively promote safe and effective psychiatric nursing practice.

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ADDITIONAL SUPPORTING DOCUMENTS

- **Code of Ethics:** articulates ethical principles, values and standards to guide all members of the psychiatric nursing profession. The Code defines accepted behaviors and establishes a framework for professional responsibility and accountability.
- **Entry Level Competencies:** identifies the entry-level competencies that the average, beginning RPN requires for safe, competent, and ethical practice.
- **Scope of Practice Framework:** identifies the key elements used to determine their individual scope of practice within their practice setting.
- **Standards of Psychiatric Nursing Practice:** sets out the minimum acceptable level of performance required of an RPN. These standards articulate the legal and professional obligations of all RPNs. They apply to all practice settings, domains and roles, regardless of an individual RPN's educational preparation or professional experience.

For more information on each of these documents, refer to the most current version on the College's website.

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