



Scope of Practice for Nurse Practitioners

December 2022

Effective March 31, 2023

Approved by the College of Registered Nurses of Alberta (CRNA) Council, December 2022, effective March 31, 2023.

Use of this document is permitted for the purposes of education, research, private study or reference. Ensure you are using the current version of this document by visiting our website.

College of Registered Nurses of Alberta
11120 – 178 Street
Edmonton, AB T5S 1P2

Phone: 780.451.0043 (in Edmonton) or 1.800.252.9392 (Canada-wide)

Fax: 780.452.3276

Email: practice@nurses.ab.ca

Website: nurses.ab.ca



Table of Contents

PURPOSE.....	4
SCOPE OF PRACTICE WITHIN A REGULATORY FRAMEWORK	4
LEGISLATED SCOPE OF PRACTICE	4
RESTRICTED ACTIVITIES.....	5
IMPACT OF FEDERAL AND PROVINCIAL LEGISLATION.....	5
STREAMS OF PRACTICE.....	5
THE NURSE PRACTITIONER ROLE.....	7
ADVANCED HEALTH ASSESSMENT AND DIAGNOSIS.....	7
DIAGNOSTIC TESTS.....	8
PRESCRIBING PHARMACOTHERAPY.....	8
TREATMENT/ADVANCED INTERVENTIONS.....	8
MONITORING CLIENT OUTCOMES.....	8
CONSULTATION AND REFERRAL.....	8
FACTORS THAT IMPACT THE INDIVIDUAL NP SCOPE OF PRACTICE.....	9
PRACTICE SETTING, CLIENT POPULATION, AND CLIENT NEED	9
COMPETENCE	9
EMPLOYER REQUIREMENTS.....	9
GLOSSARY	10
REFERENCES	11



Purpose

The purpose of this document is to articulate the **SCOPE OF PRACTICE**¹ of nurse practitioners (NPs) in Alberta, while outlining the boundaries of that practice for the understanding of the public, **CLIENTS**, NPs and other stakeholders. Scope of practice refers to the interventions NPs are authorized, educated and competent to perform. The focus in this document is primarily the clinical role of NPs.

NPs practicing in Alberta have a broad autonomous and independent scope of practice and are accountable and responsible for their practice. NPs are essential members of the interdisciplinary team and in independent practice, who have advanced education and provide a full range of comprehensive **HEALTH SERVICES** to individuals across their lifespan. The streams of NP practice are identified and described in this document.

The practice of NPs is grounded in the College of Registered Nurses of Alberta's (CRNA) *Practice Standards for Registrants* (2023), *Entry-Level Competencies for Nurse Practitioners in Canada* (2016), and the Canadian Nurses Association's (CNA) *Code of Ethics for Registered Nurses* (2017).

Scope of Practice within a Regulatory Framework

The CRNA is responsible for setting the entry-level competencies, standards of practice and requirements for registration as an NP. NPs, as autonomous and independent health professionals, practice across the care continuum to provide health services grounded in the registered nurse (RN) profession's values, knowledge, nursing theories, and practice. They are members of interdisciplinary, collaborative, professional health-care teams, and consult with, refer to, and are consulted by, physicians and other health-care providers.

Legislated Scope of Practice

The legislated practice statement, in Schedule 24 of the *Health Professions Act* (HPA, 2000), is for the profession of registered nurses and applies to all **REGISTRANTS**. The *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) authorizes NPs to perform all of the **RESTRICTED ACTIVITIES** that RNs may perform, and identifies additional restricted activities that are authorized specifically as part of the scope of practice of NPs.

¹ Words or phrases displayed in **BOLD CAPITALS** upon first mention are defined in the glossary.

Restricted Activities

In addition to the restricted activities authorized for RNs, the following restricted activities are authorized for NPs:

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

Although the CRNA authorizes NPs to perform these restricted activities through regulation, this does not mean that an NP is authorized to perform any restricted activity in any situation in any practice setting. NPs must meet the expectations outlined in the *Restricted Activities Standards* (CRNA, 2022d).

Impact of Federal and Provincial Legislation

NPs practice within the legislated scope of practice and are responsible and accountable for following all current and relevant legislation and regulations.

Despite NP competence and authorization under the HPA (2000), some provincial and federal legislation may not recognize NPs as authorized providers with designated authority to perform certain activities. NPs have a responsibility to be aware of legislation that impacts their scope of practice and adhere to it in practice.

Streams of Practice

The CRNA registers NPs in one of four streams of practice: Family/All Ages population, Adult population, Child population and Neonatal population. NPs apply theory and knowledge from nursing and other disciplines to provide a comprehensive range of health services within their stream of practice, grounded in professional, ethical, and legal standards and within a holistic model of care (CRNA, 2016). NPs may serve as the **MOST RESPONSIBLE PROVIDER** to individuals and/or families, as appropriate within their practice setting and stream of practice.

Family/All Ages

The NP in the Family/All Ages stream of practice provides health services to clients across the lifespan, including newborns, infants, children, adolescents, adults, pregnant and postpartum individuals, and older adults. The NP (Family/All Ages) is prepared as a generalist for practice who often works in primary care but may also work in a specialized area of practice.

Adult

The NP in the Adult stream of practice provides health services to young, middle-age, and older adults in either a generalized or specialized area of practice, where they see adults with a variety of medical conditions or health conditions. The NP (Adult) has in-depth knowledge of adult acute and chronic illness and can provide health services to clients with complex needs.

In some instances, older adolescent care may be provided by an adult NP, when the adolescent's developmental age and/or lifestyle may more closely approximate that of an adult.

Child

The NP in the Child stream of practice typically provides health services for individuals under the age of 18 years (newborns, infants, toddlers, school-age children and adolescents) in either a generalized child health setting where they provide care for healthy children, as well as those who have a variety of medical conditions, or with children with health needs that require specialized care. In some instances, the NP (Child) may provide care to young adults whose developmental age may closely approximate that of a child or adolescent rather than that of an adult, or a young adult who has been receiving care from the NP for a chronic disease since childhood, during transition to the care of an adult practitioner.

Neonatal

The NP in the Neonatal stream of practice has specialized education relevant to neonatology including the complex management, resuscitation, and stabilization of extremely premature and critically ill **NEONATES** (World Health Organization [WHO], n.d.). Practice settings include high risk newborn centers as well as **LEVEL TWO** and **THREE NEONATAL INTENSIVE CARE UNITS**. NPs in the Neonatal stream of practice are restricted to the neonate population.

The Nurse Practitioner Role

The NP role requires advanced knowledge and decision-making skills gained through additional clinical practice, graduate or postgraduate level education, and experience that enables them to perform additional interventions that are not considered part of the RN scope of practice (CNA, 2016). NPs have the competencies to conduct a comprehensive health assessment, diagnose health/illness conditions, and treat and manage acute and chronic illness within a holistic model of care. NPs order and interpret screening and diagnostic tests, prescribe medications, perform procedures and therapeutic interventions, while integrating the principles of resource allocation and cost-effectiveness per federal and provincial legislation and policy (CRNA, 2016).

The professional role, accountability, and responsibility of an NP includes clinical practice, collaboration, consultation and referral, research, and leadership.

NPs must understand and apply the CRNA standards, guidelines and other regulatory guidance to their practice. It is a fundamental responsibility of every NP to keep informed of any changes to the CRNA standards, guidelines, and other regulatory guidance that may impact their practice. The scope of practice of an NP builds upon the foundation of the RN scope of practice as outlined in the document *Scope of Practice for Registered Nurses* (CRNA, 2022e). Understanding the RN legislated scope of practice helps the NP to clearly articulate and differentiate their scope of practice from that of an RN.

In addition to the RN scope of practice, the NP scope of practice includes:

- advanced health assessment;
- diagnosis;
- ordering and interpreting diagnostic tests;
- prescribing pharmacotherapy;
- authorizing cannabis for medical purposes;
- treatment and advanced interventions;
- monitoring client outcomes;
- follow-up care; and
- consultation and referral as required.

Advanced Health Assessment and Diagnosis

NPs have the knowledge, skills, and competence to provide comprehensive health assessment and diagnose health conditions and illness (acute illnesses/injuries and chronic diseases, comorbidities and emergency health needs) and discuss diagnoses, prognoses, treatments, and outcomes with clients. In Alberta, NPs have the authority to assess, diagnose, and treat client health conditions.

Diagnostic Tests

NPs are authorized to order and perform screening and diagnostic investigations using the best available evidence to support or rule out differential diagnosis. Lists of treatments and diagnostic/laboratory tests are not specifically outlined. Rather, NPs have a broad scope of practice, autonomy, and independence to determine the appropriate diagnostic tests for their clients within the individual NP's competence.

Prescribing Pharmacotherapy

NPs in Alberta have the authority to prescribe drugs and substances. This authority arises from the interplay between various provincial and federal statutes. NPs must prescribe drugs and substances in accordance with the CRNA *Prescribing Standards for Nurse Practitioners (2022c)*.

NPs in Alberta are authorized to provide a medical document or written order for cannabis for medical purposes as outlined in the CRNA *Cannabis for Medical Purposes: Standards for Nurse Practitioners (2022a)*.

Treatment/Advanced Interventions

NPs are authorized to perform both invasive and non-invasive procedures integral to the clinical management of clients, determined by the competence of the individual NP, the client's health-care needs, and employer requirements.

Monitoring Client Outcomes

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

Consultation and Referral

NPs consult and refer to other health-care providers when the client's condition warrants it. Referral to another health-care provider (e.g., physiotherapist, another NP, physician) is required when the NP approaches or reaches the limits of their competence beyond which they cannot provide care independently, and additional information or assistance is required.

NPs are also consulted by other health-care providers, including physicians, when the NP is the most appropriate care provider. The NP is accountable for identifying when collaboration, consultation, and referral are necessary for safe, competent, and comprehensive client care.

Factors that Impact the Individual NP Scope of Practice

Factors that impact the scope of practice of the individual NP include

- the practice setting, client population, and client needs;
- the NP's own competence; and
- employer requirements.

Practice Setting, Client Population, and Client Need

NPs can provide comprehensive primary health-care services (including health promotion, illness and injury prevention; as well as curative, rehabilitative, and supportive services), in all practice environments with diverse populations when there is a client or population need, including but not limited to, community², acute care, continuing care, and occupational health.

Competence

Recent NP graduates gain proficiency in the breadth and depth of their practice over time with continued education and professional development support from employers, other NPs, physicians, and other health-care team members (CNA, 2010). An NP needs to assess their competence and maintain their competence on an ongoing basis. NPs are required to engage in the CRNA's continuing competence program (CCP) to maintain and enhance their competence through ongoing professional development (CRNA, 2022b).

Employer Requirements

The employer may restrict the practice of NPs within a particular workplace setting.

² The word "community" here includes remote, rural, and urban areas.

Glossary

CLIENT(S) – The term client(s) can refer to patients, residents, families, groups, communities, and populations.

HEALTH SERVICE(S) – “A service provided to people

- i. to protect, promote or maintain their health,
- ii. to prevent illness,
- iii. to diagnose, treat or rehabilitate, or
- iv. to take care of the health needs of the ill, disabled, injured or dying.”

(HPA, 2000)

LEVEL TWO NEONATAL INTENSIVE CARE – “Care is provided to stable or moderately ill infants born after 32 weeks’ gestation with problems that are expected to resolve rapidly. It is also sometimes called a special-care nursery” (Lee & O’Brien, 2014).

LEVEL THREE NEONATAL INTENSIVE CARE – “Care is provided to critically ill infants born before 32 weeks’ gestation or with significant medical or surgical conditions, including the need for mechanical ventilation and other life support” (Lee & O’Brien, 2014).

MOST RESPONSIBLE PROVIDER – “Encompasses primary responsibility and consistent care assumed by the NP across the care trajectory during admission, treatment, diagnostics, diagnosis, prescribing, and discharge” (Acorn, 2015).

NEONATE – “A newborn infant, or neonate, is a child under 28 days of age. During these first 28 days of life, the child is at highest risk of dying” (WHO, n.d.).

REGISTRANT(S) – Includes registered nurses (RNs), graduate nurses, certified graduate nurses, nurse practitioners (NPs), graduate nurse practitioners, and RN or NP courtesy registrants on the CRNA register.

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

SCOPE OF PRACTICE – The NP scope of practice refers to the interventions that NPs are authorized, educated, and competent to perform. Set out in provincial legislation and regulations, the NP scope of practice is articulated further by the CRNA standards, guidelines, other regulatory documents, and the CNA *Code of Ethics for Registered Nurses* (2017).

References

- Acorn, M. (2015). Nurse practitioners as most responsible provider: Impact on care for seniors admitted to an Ontario hospital. *International Journal of Nursing & Clinical Practices*, 2(1). <http://dx.doi.org/10.15344/2394-4978/2015/126>
- Canadian Nurses Association. (2010). *Canadian nurse practitioner: Core competency framework*. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Competency_Framework_2010_e.pdf
- Canadian Nurses Association. (2016). *The nurse practitioner*. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/The_Nurse_Practitioner_Position_Statement_2016.pdf
- Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. <https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-ethics#:~:text=The%20CNA%20Code%20of%20Ethics,needs%20and%20persons%20receiving%20care>
- College of Registered Nurses of Alberta. (2016). *Entry-level competencies for nurse practitioners in Canada*.
- College of Registered Nurses of Alberta. (2022a). *Cannabis for medical purposes: Standards for nurse practitioners*.
- College of Registered Nurses of Alberta. (2022b). *Continuing competence standards*.
- College of Registered Nurses of Alberta. (2022c). *Prescribing standards for nurse practitioners*.
- College of Registered Nurses of Alberta. (2022d). *Restricted activities standards*.
- College of Registered Nurses of Alberta. (2022e). *Scope of practice for registered nurses*.
- College of Registered Nurses of Alberta. (2023). *Practice standards for registrants*.
- Health Professions Act, RSA 2000, c H-7*.
- Health Professions Restricted Activity Regulation, Alta Reg 22/2023, s 60*.
- Lee, S.K. & O'Brien, K. (2014). Parents as primary caregivers in the neonatal intensive care unit. *CMAJ: Canadian Medical Association Journal*, 186(11), 845-847. <https://doi.org/10.1503/cmaj.130818>
- World Health Organization, (n.d.). *Newborn health*. Retrieved November 7, 2022, from <https://www.who.int/westernpacific/health-topics/newborn-health>