

COMPETENCE: Practice Advice for Nurse Practitioners

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Purpose

This practice advice provides guidance to nurse practitioners (NPs), neonatal NPs, graduate nurse practitioners (GNPs), and neonatal GNPs herein referred to as REGISTRANT(S)¹ in managing their professional competence.

It is a supporting document to the NP Scope of Practice, specifically the sections related to competence and significant changes in practice. It provides practical guidance applicable to diverse roles, across practice settings, and clinical contexts. It may also inform employers about expectations related to safe registrant practice.

This document complements existing CRNA standards and guidelines, including the [Continuing Competence Standards](#), the [Restricted Activities Standards](#), and the [Incorporating a Restricted Activity into Practice: Guidelines](#). It does not replace these requirements or create additional regulatory obligations. Registrants remain responsible for meeting all applicable CRNA standards and legislative requirements.

Its intent is to promote safe, ethical, and effective care by helping registrants recognize the limits of their competence, identify gaps, and take reasonable steps to address them before providing care.

Guiding Principles

Competence is central to safe, ethical, and effective NP practice and is the personal responsibility of each registrant. Registrants should:

- Assess their own competence for the care they provide
- Recognize gaps in knowledge, skill or judgement
- Take reasonable, proportionate steps to develop competence
- Prioritize patient safety when uncertainty exists
- Be able to explain and support how their competence was developed and maintained

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

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

Assessing and Determining Competence

Before providing care, registrants must determine whether they are competent in the specific clinical context. This includes consideration of the:

- Population served
- Practice environment and
- Level of clinical risk.

Competence is informed by multiple sources. Self-reflection is necessary, but competence is not based on personal opinion alone. A lack of awareness of a competence gap does not remove professional accountability. Registrants are expected to make reasonable efforts to identify gaps and to anticipate foreseeable practice demands where possible. Competence includes both initial preparation and the ability to maintain knowledge, skill, and judgement over time.

Reflection may include questions such as:

- Do I have the current knowledge, training, and experience required in this setting?
- Do I understand the risks, limitations, and potential complications?
- Do I know when and how to seek **consultation**, mentorship, or referral?
- Does my practice environment support safe care for this activity?
- Will I have sufficient opportunity to maintain competence in this activity over time, and if not, what supports or strategies are needed?
- Can I explain and document how I determined I am competent?

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

Significant Changes in Practice

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

- Entering a new clinical area

- Serving a different population
- Performing unfamiliar procedures or **restricted activities**
- Moving to a practice setting that changes clinical risk.

Not all changes are significant. Routine skill development within an established role may not require the same level of preparation. Registrants should look ahead and plan competence development before providing higher-risk or unfamiliar care whenever possible.

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

Preparing for a Significant Change in Practice

When developing a new competence or preparing for a significant change in practice, registrants should take reasonable steps to ensure they are prepared for safe, competent practice. The level of preparation required should be proportionate to the nature and clinical risk of the change. Registrants should also consider whether they will have ongoing opportunity and clinical supports necessary to maintain competence once the change is implemented. Preparation may include:

- targeted education;
- mentored or supervised clinical practice;
- peer consultation; or
- structured reflection and self-assessment.

Orientation or employer training may support preparation but do not, on their own, establish competence.

Education or training programs do not automatically meet legislative or regulatory requirements. Registrants are responsible for ensuring training aligns with applicable legislation, CRNA standards, and scope of practice expectations. Course completion alone does not establish competence for a specific role or activity.

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

Mentorship and Professional Support

Mentorship and consultation are important supports, especially during the transition from RN to NP roles, practice setting changes, or higher-risk clinical work. Effective mentorship is:

- Clinically relevant and accessible
- Provided by an appropriate peer who can offer informed guidance
- A safe space to discuss questions, uncertainty, and areas of developing competence
- Inclusive of constructive feedback and identification of knowledge gaps, blind spots, or biases

Mentorship supports competence development but does not, on its own, establish competence.

Documenting Competence

Registrants should maintain records that support how they have assessed, developed and maintained their competence over time, particularly when gaining new competence, performing low-frequency or higher-risk activities, or undergoing significant practice changes. This documentation:

- Supports, and does not replace, continuing competence standard requirements
- Is not intended to be burdensome or duplicative
- May be kept in a format chosen by the registrant

NP related examples may include continuing education, academic coursework, formal presentations, teaching activities, quality improvement activities, preceptorship or mentorship activities, practice hours related to specific roles, examinations or assessments. Documentation supports professional judgment if questions arise about competence, scope of practice, or patient safety.

Glossary

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

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

CONSULTATION – The clinical service or opinion provided by a registrant receiving the referral. A consultation may include assessment, diagnostic testing, treatment recommendations, or management of a specific aspect of the patient’s care.

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.

References

College of Registered Nurses of Alberta. (2022). *Privacy and management of health information standards*.

Healthcare Excellence Canada: https://www.healthcareexcellence.ca/media/e3dkkwos/cpsi-10001-cqps-framework-english_fa_online-final-ua.pdf

Health Professions Restricted Activity Regulation, Alta Reg 22/2023, s 60. https://kingsprinter.alberta.ca/documents/Regs/2023_022.pdf