Prescribing and Use of Drugs
by Non-Physician Health Professionals:

A Jurisdictional Review of the Profession of Nursing

November 2008
Nursing in Ontario

Nurse Practitioners, Registered Nurses, and Registered Practical Nurses are all registered to practice under the authority of the College of Nurses of Ontario. The College lays down entry-to-practice requirements for all three categories - each category is expected to practice in accordance with the Professional Standards of Practice which the College of Nurses has developed and to adhere to rules and regulations that limit scope of practice of these categories of practitioners.

Until 2005, the scope of practice of RPNs did not include the administration of drugs or medications. As of 2005, and in concert with changes to entry to practice requirements and corresponding educational programs, the RPN scope of practice now includes the administration of drugs/medications. Restrictions on RPN administration of certain drugs and by certain routes are laid out in CNO policy. No such restrictions apply to RNs.

The College of Nurses of Ontario has developed standards related to drug administration as well as documentation of drug administration that guide nursing practice for RNs, RPNs and NPs alike. Thus, regarding practices related to drugs/therapeutic agents, all nursing practitioners are expected to adhere to the same set of standards, guidelines and protocols that have to do with the administration of medications. In order for a nurse to administer drugs an accepting authorising mechanism only from prescribers with ordering authority (for example, physicians, NPs, dentists, chiropodists and midwives); physician’s order must be in place. The person administering the drug must follow the CNO procedures and practices related to the administration of drugs.

The delegation of administration of drugs from one nurse to another does not typically take place within health care facilities. Rather, various nursing care delivery models determine how medications will be administered and assign that responsibility to an RN or RPN. In instances where nurses (RNs or RPNs) are providing care within the patient’s home or in an ambulatory care setting, any drugs prescribed for administration by an RN or RPN would take the form of a drug order. In every instance RNs and RPNs are expected to be aware of the effect, side effects and contraindications of any drugs they administer. There is a duty to refer any untoward/adverse reactions to drug administration to the appropriate authority as well as comply with national/provincial reporting requirements related to adverse drug reactions.

The College of Nurses of Ontario has adopted extensive standards relating to patient safety and safe medication practices.¹ Quality practice settings include appropriate staff, medication systems (for example, delivery, administration, policies, procedures) and environments to facilitate safe,

¹ College of Nurses of Ontario Practice Standard: Medication, 8 Revised 2008
effective and ethical care and resolve medication issues. Excerpts from the document follow:

“A medication error is defined as any preventable event that may cause or lead to inappropriate medication use or client harm while the medication is in the control of the health care professional, client or consumer. Such events may be related to professional practice, health care products, procedures and systems, including prescribing; order communication; product labelling, packaging and nomenclature; compounding; dispensing; distribution; administration; education; monitoring and use. Medication errors can be further classified into errors of commission (for example, giving the wrong medication) and errors of omission (for example, not administering an ordered medication), which can result in an adverse drug event resulting in harm, injury or death. Or, it could result in a “near miss.” In this situation, an error does not reach the client, but had it, the client could have been harmed. (For example, a wrong dose is prescribed but is intercepted before administration.)

Preventing and reducing errors involves collaboration between the nurse, other health care professionals and the facility. Nurses can often identify and correct errors before they occur. Addressing individual accountability and using a systems-based approach to analyze errors ensures that errors are identified, and that staff participate in an interdisciplinary process that identifies root causes and results in corrective actions. When an error is made, the nurse must ensure the well-being of the client and limit the client’s exposure to any potential harm. The plan of action will depend on the problem(s) identified. Some strategies to address problems are system modifications, in-service education, individual assistance and potential performance management.

Safe medication practice includes: advocating for setting-specific, accessible, current medication information, such as drug formularies; evaluating the need for a colleague to conduct an independent double-check on a prepared medication; meeting and being aware of the facility’s expectations on independently double-checking preparations; advocating for written policies and supporting processes when the practice setting requires independently double-checking preparations; having knowledge of high alert medications for the practice setting (for example, chemotherapeutic agents); avoiding the use of error-prone abbreviations, dose designations and symbols, and advocating for a policy on the use of acceptable abbreviations; reporting all errors and near misses using formal practice-setting communication mechanisms; advocating for organizational systems and policies that promote continuity and safety of client medication administration during transfer of care and at transition points; ensuring that the client or the client’s substitute decision-maker has the most complete and accurate list possible of all medications currently being taken; communicating to the client and appropriate caregivers the current list of medications during transfer of accountability; addressing system issues that contribute to medication errors; advocating for and/or participating in interdisciplinary error-reporting and root cause system analysis; advocating for facility policies and/or procedures regarding disclosure of adverse events; and following legislation and/or advocating for practice setting policies and procedures regarding the storage, counting, administration and disposal of medication.

Medication reconciliation ... is intended to prevent medication errors when a client’s care is transferred. Medication reconciliation assists in reducing
the risk of preventable adverse events and is an important client safety initiative. The medication reconciliation process may involve all members of the health care team. The process involves: creating the most complete, accurate list of all medications a client is currently taking and the time the last medication was given (for example, a best possible medication history); using this list when writing admission medication orders; comparing the list and the admission medication orders; identifying any discrepancies and, if any are found, bringing them to the attention of the prescriber and making appropriate changes to the orders; communicating the current list of medications to the client and appropriate caregivers; and comparing the medication history to transfer/discharge orders to ensure that the client’s medications are reconciled at transfer/discharge.”

*For the nursing profession, the prescribing of drugs is restricted to Nurse Practitioners (an extended class)*

### 1. **Nurse Practitioners - Prescribing and/or Administration of Drugs in Canadian Jurisdictions**

<table>
<thead>
<tr>
<th>Province and Regulator Body</th>
<th>Prescribing and/or administration of drugs</th>
<th>Legislative Framework and Authority</th>
<th>Standard of Practice/Guidelines/Policies</th>
<th>List/class</th>
</tr>
</thead>
</table>
| **Ontario**                 | Nurse practitioners have authority to prescribe and administer drugs | Regulated Health Professions Act, 1991  
Nursing Act 1991  
O. Reg. 275/94, as amended (General) (the “Ont. Regulations” or the “Regulations”)
Section 3 of the Nursing Act, 1991 states that… | “Registered nurse in the extended class means a member who holds an extended certificate of registration as a registered nurse” (Nursing Act, 1991 Ontario regulation 275/94 Amended to O. Reg 264/04, 2004,01
The College has the following documents related to prescribing and administration of drug.
Practice Standard: Medication, Revised 2008
Practice Guideline: Influenza Vaccinations
Practice Standard: Decisions About Procedures and Authority, Revised 2006 | lists Schedule 2 and 3 drugs identified in Regulation 275/94 under the Nursing Act |
| **Alberta**                 | Nurse practitioners have authority to prescribe and administer drugs | Health Professions Act  
The restricted activities that CARNA regulated members are authorized to perform under the Registered Nurses Profession regulations are identified in Section 15 of that regulation. They are as follows: 15(1)(e) to dispense, compound, provide for selling or sell a Schedule 1 drug or Schedule 2 drug within the meaning of the Pharmaceutical Profession Act;  
(f) to administer a vaccine or parenteral nutrition;  
(g) to compound or administer blood or blood products;  
(h) to administer diagnostic imaging contrast agents; | Can only prescribe controlled drugs and narcotics in consultation with practitioner who has prescribing authority  
May prescribe schedule 1 drugs within the meaning of the Pharmaceutical Professions Act, may prescribe parenteral nutrition, blood or blood | List of Specific drugs arranged by schedule |

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1. Health Professions Act, R.S.A. 2000, c H-7; Registered Nurse Profession Regulation (2005); Prescribing and Distributing Guidelines for Nurse Practitioners
2. College and Association of Registered Nurses of Alberta
<table>
<thead>
<tr>
<th>Province and Regulatory Body</th>
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</tr>
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<tbody>
<tr>
<td>British Columbia College of Registered Nurses of British Columbia</td>
<td>Nurse practitioners have the authority to prescribe and administer drugs.</td>
<td>Nurse Practitioners may perform the following restricted activities:  15(5)(a) prescribe a Schedule 1 drug within the meaning of the Pharmaceutical Profession Act;  (b) prescribe parenteral nutrition;  (c) prescribe blood products;  (h) prescribe diagnostic imaging contrast agents;  (i) prescribe radiopharmaceuticals, radiolabelled substances, radioactive gases and radioaerosols.  Schedule 1 drugs listed in the Pharmaceutical Profession Act, excluding narcotics and controlled substances2</td>
<td>Cannot prescribe narcotics or other controlled drugs; Permitted to prescribe schedule 1 drugs (prescription drugs) that are specifically listed in Drug Schedules regulations #9/98 of the Pharmacists, Pharmacy Operations and Drug Scheduling Act which contains all drugs in Schedule F to the Regulations to the Food and Drugs Act of Canada, plus a number of other drugs; Certain restrictions/limits to prescribing drugs covered under Pharmacare (Provincial Drug Monitoring Plan)</td>
<td>List of specific drugs</td>
</tr>
</tbody>
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1 Scope of Practice for Nurse Practitioners (Family) Standards, Limits and Conditions
2 Ministry of Health Resource Manual for Nurse Practitioners
3 Drug Schedules Regulations, Government of British Columbia
4 CRNBC NP Update October 2008
5 Ministry of Health Resource Manual for Nurse Practitioners
6 CRNBC NP Update October 2008
<table>
<thead>
<tr>
<th>Province and Regulatory Body</th>
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<th>Legislative Framework and Authority</th>
<th>Standard of Practice/Guidelines/Policies</th>
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<td>Dispensing Drugs.</td>
<td>Nurse Practitioners are authorized under the Health Professions Act and Nurses (Registered) and Nurse Practitioners Regulation to prescribe Schedule I drugs as listed in the Drug Schedule Regulation #9/98 of the Pharmacists, Pharmacy Operations and Drug Scheduling Act with the exception of certain drugs and drug groups. These exceptions are detailed in the CRNBC/RNABC Scope of Practice for Nurse Practitioners (Family) Standards, Limits and Conditions.³</td>
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<td>Nurse practitioners do not have authority to accept drugs distributed by pharmaceutical representatives. Effective Sept 2008 there are changes to the CRNBC Scope of Practice related to prescribing and dispensing drugs: Anti-arrhythmics categorized as C in Category 6. Cardiovascular changed to provide full authority for prescribing for nurse practitioners (adult, family) with the following limits and conditions: i) the patient must be an adult; ii) the nurse practitioner is working in an acute or specialty care setting; and iii) the nurse practitioner must use the same clinical guideline/protocol (decision support tool) used in the practice setting by all providers to manage the care, including prescribing the drugs.³</td>
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<td>Coagulators changed to provide an exemption to the current (O) for nurse practitioners (adult, family) (when prescribing for the adult population) to enable full authority to prescribe for purposes of clearing plugged venous lines. Added to Treatments and Advanced Interventions: Nurse practitioners (family) authorized to order Rhogam. Limits and conditions on prescribing comprise a list of exceptions (i.e., drugs, drug classes) that nurse practitioners either cannot prescribe or for which there is continuation prescribing authority only. The list is organized using 20 internationally recognized drug categories. If a drug/drug class is not listed in the CRNBC limits and conditions, then all other drugs/drug classes in the category may be prescribed by a nurse practitioner in accordance with the</td>
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### Province and Regulatory Body

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<th>Prescribing and/or administration of drugs</th>
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| **Manitoba** College of Registered Nurses of Manitoba | Nurse practitioners can prescribe and administer drugs. | *Health Profession Act*  
*Registered Nurses Act*  
**Prescribing drugs:**  
For the purposes of the Act, a registered nurse (extended practice) may (a) prescribe any drug or device referred to in Schedule B and distribute samples of them;  
(b) prescribe drugs or devices other than those referred to in Schedule B, if the nurse is an employee of a regional health authority or health care facility who is permitted to do so by a written policy of the authority or facility; and  
(c) prescribe any non-prescription drug in order to permit the patient to access a drug plan that covers non-prescription drugs.  
6(2) A registered nurse (extended practice) may renew prescriptions for drugs in addition to those referred to in clause (1)(a) but only for patients who are being managed collaboratively with another health care provider with authority to prescribe the drug.  
6(3) This section is subject to the restrictions set out in the Controlled Drugs and Substances Act (Canada) and the regulations under that Act.  
Prescribing vaccines:  
7 For the purpose of clause 2 (2)(b) of the Act, a registered nurse (extended practice) may | CRNBC Prescribing Standards. Nurse practitioners cannot prescribe federally controlled drugs, such as narcotics, benzodiazepines, cannabis, amphetamines, barbiturates, anabolic steroids. CRNBC is hopeful that a regulation under the Controlled Drug and Substances Act will come into force in 2009 recognizing nurse practitioners as prescribers for these drugs. | Listed individually in regulations, arranged by schedule |

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8 The Registered Nurses Act, C.C.S.M. c. R40 Extended Practice Regulation, Man. Reg. 43/2005
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<thead>
<tr>
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| New Brunswick Nurses Association of New Brunswick | Nurse practitioners are authorized to administer drugs and prescribe a range of drugs within certain restrictions | *Registered Nurses Act, 1985 Amended 2002*
*An Act Respecting Nurses and Nurse Practitioners*

A `nurse practitioner` means a person who is registered under the laws of the Province as authorized to practice as a nurse practitioner.

A nurse practitioner is authorized to prescribe the drugs found in the [New Brunswick Prescription Drug Program Formulary](http://www.gnb.ca/0051/0212/index-e.asp), except as excluded or limited to in Schedule “C”.

Standards for Prescribing Drugs
Nurse practitioners are authorized to prescribe a range of drugs while respecting the restrictions/limitations outlined in Schedule “C” established in the NANB document [Nurse Practitioner Schedules for Ordering](http://www.gnb.ca/0051/0212/index-e.asp).

A nurse practitioner monitors and documents clients’ responses to drug therapy and may decide to continue, adjust or withdraw the drug, or to consult with a physician in accordance with expectations for consultation.¹

¹ Nurses Association of New Brunswick: [www.nanb.nb.ca](http://www.nanb.nb.ca)

Drugs grouped into therapeutic classifications e.g. anti-inflammatory/anti-diabetic, and then specifically named.


Prescription drugs not eligible for prescribing listed in Nurse Practitioner Schedule. The authority does not include dispensing drugs.
<table>
<thead>
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<th>Province and Regulatory Body</th>
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| Newfoundland Association of Registered Nurses of Newfoundland and Labrador | Nurse practitioners can prescribe and administer drugs. | **Registered Nurses Act, R.S.N.L., 1990, C-9, Amended 2001**  
Newfoundland Regulation 65/98  
Nurse Practitioner Primary Care Regulations Part V  
**Prescriptive Authority**  
14. Schedule C, Prescriptive Authority, of the regulations includes those drugs that may be prescribed independently or administered in the course of practice by a nurse practitioner.  
15. A nurse practitioner may prescribe an over the counter medication for the purpose of accessing a drug plan which has plan coverage for over the counter medication.  
16. A nurse practitioner may write a prescription for the renewal of a drug prescription originally written by a physician, only for a patient on that nurse practitioner’s case load who is being managed consultatively with a physician.  
See information under “Authority” | | Drugs grouped into category of use/effects e.g. anti-inflammatory/anti-diabetic and then specifically named |
| Northwest Territories and Nunavut Registered Nurses Association of Northwest Territories and Nunavut | Nurse practitioners can prescribe and administer drugs. | **Nursing Profession Act S.N.W.T. 2003, C.15**  
2(1) A registered nurse is entitled to apply nursing knowledge, skills and judgment (g) to dispense, compound and package drugs where the bylaws so permit.  
4.(1) In addition to the functions set out in subsection 2(1), a nurse practitioner is entitled to…. (d) select, recommend, supply, prescribe and monitor the effectiveness of drugs as prescribed in regulation or a practice protocol issued to the Nurse Practitioner (May prescribe a drug in the same dosage as originally ordered for the continuation of therapy provided the drug has been previously prescribed for the patient by a physician  
Drugs that can be prescribed under own authority are listed in NRANT/NU prescriptive Authority Guidelines for NWT PHCNP’s) | | Drugs grouped into categories of therapeutic use and/or specifically identified, some drugs restricted to use within specific circumstances/patient condition |

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10 Newfoundland Regulations 65/98  
11 Nursing Profession Act
<table>
<thead>
<tr>
<th>Province and Regulatory Body</th>
<th>Prescribing and/or administration of drugs</th>
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<td>College of Registered Nurses of Nova Scotia</td>
<td>In the Registered Nurses Act, (d) &quot;collaborative-practice agreement&quot; means a written agreement by the members of a collaborative-practice team, which, subject to the decisions of the Diagnostic and Therapeutics Committee and the Diagnostic and Therapeutics Appeal Committee, may include the following acts authorized for the practice of nurse practitioners: i) the drugs and interventions that may be chosen, recommended, prescribed and monitored by nurse practitioners, … iv) the consultation process with physicians required for the above; (e) &quot;collaborative-practice team&quot; means a physician or physicians and a nurse practitioner or nurse practitioners who, through a collaborative-practice agreement, collaborate as providers of health services to individuals, families and communities; (z) &quot;practice of a nurse practitioner&quot; means the practice in which a nurse practitioner may, subject to a collaborative-practice agreement and in accordance with standards of practice of nurse practitioners, … (iv) select, recommend, prescribe and monitor the effectiveness of drugs and interventions approved through the process set out in the regulations, and (v) perform such procedures approved through the process set out in the regulation&quot; 12</td>
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<td>Prince Edward Island</td>
<td>Nurse practitioners can prescribe and administer drugs.</td>
<td>Registered Nurses Act, R.S.P.E.I. 1988, Cap. R-8.1 as amended Nurse Practitioner Regulations Nurse Practitioner Regulations, P.E.I. Reg.EC91/06 For greater certainty, in addition to the performance of additional services referred to in subsection 6(1), a nurse practitioner may prescribe any drug or class of drugs that the practitioner is authorized to prescribe by a written authorization issued to the nurse practitioner by the Minister under subsection 14.1 of the Pharmacy Act. Drugs that NPS may prescribe under their own responsibility or may renew if originally ordered by a physician are listed in “NP Authorized Practice Schedule - 13</td>
<td>must be authorized by the minister under section 14.1 of the Pharmacy Act</td>
<td>Listed individually and arranged according to therapeutic classification</td>
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<td>Association of Registered Nurses of Prince Edward Island</td>
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<td>Quebec</td>
<td>Nurse practitioners can prescribe and administer drugs. <em>(May prescribe medications and other substances in accordance with conditions and terms set out in the regulation for each specialty of Nurse Practitioner)</em></td>
<td>Related to Office des professions du Quebec</td>
<td>Prescription drugs not eligible for prescribing under certain conditions listed in “Concordance” document</td>
<td>Listed specifically and arranged according to conditions and terms Specific drugs approved by Nursing and Medical Regulatory bodies listed in “Les concordance entre les actes visés par l’article 31 de la Loi medicale et les activites reserves dans le cadre de la Loi 90”</td>
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<td>Ordre des infirmieres et infirmiers du Quebec</td>
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<td>Saskatchewan</td>
<td>Nurse practitioners can prescribe and administer drugs.</td>
<td><em>The Registered Nurses Act, 1988, S.S. 1988-89</em> SECTION 3. NURSE PRACTITIONER CATEGORY. (1) Membership in the nurse practitioner category is limited to a registered nurse who has practising membership status in the general practice category and who has been granted a licence to practise within the nurse practitioner category. (2) In the course of engaging in the practice of registered nursing in the nurse practitioner category, a registered nurse may, subject to conditions or restrictions imposed on his or her licence, perform the following: (c) prescribe and/or dispense: (i) drugs listed in schedules I, II and III of The Drug Schedules Regulations, 1997, as amended from time to time; (ii) drugs in the Health Canada Non-Insured Health Benefits list, as amended from time to time; (iii) products with a Drug Identification Number that may be sold without a Drug Schedules Amendments Regulations 2004 • allows a pharmacist to dispense drugs pursuant to a prescription from a RN(NP). • empowers RN(NP)s to prescribe any drug listed in Schedules I, II or III to treat humans subject to the SRNA bylaws and the Controlled Drugs and Substances Act (Canada). (The SRNA council will be amending its bylaw.) • NOTE: At this time RN(NP)s cannot prescribe drugs listed in</td>
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Schedule of Drugs for Nurse Practitioners (Family/All Ages)”

(8) Where the Minister, after receipt of a confirmation issued under subsection (6), issues a written authorization to a nurse practitioner under section 14.1 of the Pharmacy Act to provide prescriptions for any drugs or classes of drugs, the nurse practitioner shall not provide any prescription for a drug or class of drug referred to in the authorization until a copy of the authorization has been provided to (a) the Registrar; (b) the Pharmacy Board; and (c) each of the nurse practitioner’s collaborating medical practitioners. (EC91/06)
<table>
<thead>
<tr>
<th>Province and Regulatory Body</th>
<th>Prescribing and/or administration of drugs</th>
<th>Legislative Framework and Authority</th>
<th>Standard of Practice/Guidelines/Policies</th>
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</thead>
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<td>Saskatchewan Registered Nurses Association</td>
<td>No specific legislation to cover NPs but government is considering proposal to establish NP scope of practice within the RN Professions Act. Scope of practice would include permission to select, recommend, supply, prescribe and monitor specified drugs and treatments Information about the practice of nursing in the Yukon is available at Yukon Registered Nurses Association <a href="http://www.hss.gov.yk.ca/downloads/yr">www.hss.gov.yk.ca/downloads/yr</a></td>
<td>Registered Nurses Profession Act, R.S.Y. 2002, c. 194</td>
<td>the Controlled Drugs and Substances Act (Canada).</td>
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<tr>
<td>Yukon Yukon Registered Nurses Association</td>
<td>No specific legislation to cover NPs but government is considering proposal to establish NP scope of practice within the RN Professions Act. Scope of practice would include permission to select, recommend, supply, prescribe and monitor specified drugs and treatments Information about the practice of nursing in the Yukon is available at Yukon Registered Nurses Association <a href="http://www.hss.gov.yk.ca/downloads/yr">www.hss.gov.yk.ca/downloads/yr</a></td>
<td>5. Drug Schedules Amendments Regulations 2004 • allows a pharmacist to dispense drugs pursuant to a prescription from a RN(NP). • empowers RN(NP)s to prescribe any drug listed in Schedules I, II or III to treat humans subject to the SRNA bylaws and the Controlled Drugs and Substances Act (Canada). (The SRNA council will be amending its bylaw.) • NOTE: At this time RN(NP)s cannot prescribe drugs listed in the Controlled Drugs and Substances Act (Canada).¹⁵</td>
<td>Not yet determined</td>
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¹⁴ Saskatchewan Registered Nurses Association Bylaws 2006
¹⁶ Registered Nurse (Nurse Practitioner) RN(NP) Scope of Practice and the Law
### Authority to Prescribe and/or Administer Drugs in Australia, New Zealand, and the United Kingdom

* Unless otherwise indicated, drugs that NP may not prescribe are any drugs that are not specifically included in the list of drugs NPs are permitted to prescribe.

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Prescribing and/or administration of drugs</th>
<th>Framework</th>
<th>Authority to prescribe and/or administer drugs</th>
<th>Restrictions</th>
<th>Use of formulary/list/class</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Australia</strong></td>
<td>Nurse practitioners can administer and prescribe drugs.</td>
<td>Under section 25 (2) (a) of the Health Professionals Act 2004 (the Act), the ACT Nursing and Midwifery Board (the Board) is responsible for administering registration for midwives in the ACT.</td>
<td>Section 3.1 of the Health Professionals Regulation 2004 defines a nurse practitioner as a registered nurse registered in the specialty area of nurse practitioner. A nurse practitioner (NP) is a registered nurse educated to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications, and ordering diagnostic investigations. The scope of practice of the nurse practitioner is grounded in the nursing profession’s values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorized to practice.</td>
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<td><strong>New Zealand</strong></td>
<td>Nurse practitioners apply for permission to prescribe drugs from a corresponding formulary of permitted drugs</td>
<td>The authority to prescribe drugs is contained in the Medicines (Designated Prescriber: Nurse Practitioners) Regulations 2005. The Misuse of Drugs Amendment Regulations 2005 contain Schedule 1 and 1A lists of substances that may be Authority to prescribe nurse practitioner medicines: A nurse practitioner may prescribe medicine if he or she meets (a) the requirements in regulation 6 for commencing for the first time to prescribe the medicine; and (b) the additional requirements in regulations 7 and 8 (if relevant) for May not prescribe drugs defined as addictive under the Poison and Therapeutic Goods Act, 1996.</td>
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<td>Formulary of drugs related to area of practice and to specific to NPs.</td>
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* Health Professionals Act 2004
* IACT Nursing and Midwifery Board and Regulations (Regulation 6)
All prescribing in New Zealand is regulated by the *Medicines Act 1981* and Regulations.

19 Nursing Council of New Zealand

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<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Prescribing and/or administration of drugs</th>
<th>Framework</th>
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</tr>
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<tbody>
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<td>prescribed by nurse practitioners.¹⁹</td>
<td>prescribing the medicine.</td>
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<td>All prescribing in New Zealand is regulated by the <em>Medicines Act 1981</em> and Regulations.</td>
<td>7 Other training to be undertaken To prescribe a nurse practitioner medicine, a nurse practitioner must have--- (a) undertaken successfully the training (if any) that is specified for the purposes of this regulation by the Nursing Council by notice in the Gazette; and (b) done so within the periods, or at the times, specified for the purpose in the notice, if the training is of an ongoing nature.</td>
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<td>8 Assessments of competence to be completed To prescribe a nurse practitioner medicine, a nurse practitioner must have--- (a) completed successfully the assessment (if any) of competence to prescribe the medicine that is specified for the purposes of this regulation by the Nursing Council by notice in the Gazette; and (b) done so within the periods, or at the times, specified for the purpose in the notice, if the assessment is to be completed at regular intervals.</td>
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<th>Authority to prescribe and/or administer drugs</th>
<th>Restrictions</th>
<th>Use of formulary/list/class</th>
</tr>
</thead>
</table>
| United Kingdom                          | Independent/supplementary nurse and midwife prescribers can prescribe all prescription-only medicines including some controlled drugs, and all medication that can be supplied by a pharmacist or bought over the counter.  
20                                                                 | The primary legislation that enables nurses to prescribe is the *Medicinal Products: Prescription by Nurses and Others* Act 1992  
20                                                                 | The Non-Medical Prescribing Programme  
Criteria for admission to programmes to be awarded a ‘qualification to prescribe’:  
• Must be a registered first level nurse  
• Must have at least three years experience and be deemed competent by your employer  
• The year immediately preceding application to the programme must have been in the clinical field in which you intend to prescribe  
• Must provide evidence via the Accreditation of Prior and Experiential Learning (APEL) process of your ability to study at minimum academic level three.  
21                                                                 | Independent/supplementary nurse and midwife prescribers must only prescribe drugs that are within their area of expertise, for example, a district nurse would mainly prescribe dressings or pain relief for wound care.  
21                                                                 | Nurse Independent Prescribers can prescribe any licensed medicine for any medical condition within their competence, including some controlled drugs: Diamorphine, morphine, diazepam, lorazepam, midazolam, oxycodone for use in palliative care, Bupenorphine or fentanyl for transdermal use in palliative care; diazepam, lorazepam, midazolam for the treatment of tonic-clonic seizures; diamorphine or morphine for pain relief in respect of suspected myocardial infarction, or for relief of acute or severe pain after trauma including in either case post-operative pain relief; Chlordiazepoxide hydrochloride or diazepam for treatment of initial or acute withdrawal symptoms, caused by withdrawal of alcohol from persons habituated to it; Codeine phosphate, dihydrocodeine tartrate or co-phenotrope. |


21 Standards of proficiency for nurse and midwife prescribers
## Authority to Prescribe and/or Administer Drugs in United States Jurisdictions

The three US jurisdictions were selected on the recommendations of CNO as they represent different points on the autonomy of the practice continuum - with Oregon providing the greatest degree of freedom for NPs and Michigan the least.

<table>
<thead>
<tr>
<th>State</th>
<th>Authority to prescribe and/or administer drugs</th>
<th>Framework</th>
<th>Authority</th>
<th>Restrictions</th>
<th>Use of list/class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>Nurse practitioners can prescribe and administer drugs.</td>
<td>specific health profession act</td>
<td>The scope of Advanced Practice Nursing includes, but is not limited to: performing acts of advanced assessment, diagnosing, treating, prescribing, selecting, administering, and dispensing diagnostic and therapeutic measures. Prescribing medication is not within the scope of Advanced Practice Nurses unless the Advanced Practice Nurse has applied for, and been granted Prescriptive Authority by the Colorado State Board of Nursing.22 An Advanced Practice Nurse who is listed on the advanced practice registry, has a license in good standing without disciplinary sanctions …may be authorized by the Board to prescribe controlled substances or prescription drugs as defined in Article 22: An Advance Practice Nurse may …prescribe prescription drugs for people requiring (i)Care for an acute self limiting condition; (ii)Care for a chronic condition that has stabilized; (iii)Terminal comfort care.23</td>
<td>NPs forbidden to prescribe, dispense or provide anabolic steroids, habit forming drug, controlled substance, to himself or family Limited to patients within practice area; advise patients that symptoms or purpose of medication is included in order</td>
<td>NPs are eligible to prescribe drugs listed in Schedules 2, 3, 4 and 5. Rules and Regulations pertaining to prescribing of drugs provided in (3 CCR 716-1)</td>
</tr>
<tr>
<td>Michigan</td>
<td>Nurse practitioners can prescribe and drugs when delegated to do so by a physician.</td>
<td>Public Health Code Act</td>
<td>Rules authorizing physicians to delegate the prescribing of controlled substances to nurse practitioners are based on 1978 statutory authority contained in the Public Health Code. The Michigan Public Health Code defines the practice of nursing in Michigan and empowers the Michigan Board of Nursing with respect to the Nurse Practice Act.24</td>
<td>NPs are not allowed to prescribe drugs under their own authority. They are permitted to prescribe drugs when delegated to do so by a physician. One of the following conditions needs to exist: continuous availability of communication between the NP and his/her supervisor; availability on a regularly scheduled basis for coaching; predetermined procedures and protocols. Under these circumstances NPS are able to prescribe non prescription drugs as well as Schedule II, III, IV and V drugs.</td>
<td>Listed individually by Schedule</td>
</tr>
</tbody>
</table>

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22 Nursing Board Rules (3CCR 716-1)
23 Colorado Nurse Practice Act, C.RS. Title 12, Article 38
<table>
<thead>
<tr>
<th>Oregon</th>
<th>Nurse practitioners can prescribe and administer drugs.</th>
<th>Specific health profession act</th>
<th>Schedule II drugs do not have refills; Requires application to dispense to Nursing Board; Schedule III to V not refilled more than 5 times in 6 months; Prohibit prescription for weight reduction, methadone for narcotic addiction, and marijuana; Application for prescriptive authority; prescribing controlled substances for chronic pain requires history and assessment to rule out substance abuse; intractable pain requires nurse to document diagnosis of pain by practitioner specializing in treatment of the body area and consultation and review of pain management plan with pain management expert; 1 controlled substance per prescription; may not prescribe for self, may prescribe for family/friends if client/provider relationship is established.</th>
<th>Specific drugs listed according to schedule and contained in Formulary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oregon</td>
<td>Nurse practitioners can prescribe and administer drugs.</td>
<td>The NP is independently responsible and accountable for prescribing, dispensing, and administration of therapeutic devices and measures including legend drugs and controlled substance as provided in Division 56 of the Oregon Nurse Practice Act, consistent with the definition of the practitioner’s specialty category and scope of practice. (5) The nurse practitioner is independently responsible and accountable for the continuous and comprehensive management of a broad range of health care, which may include: … (l) Prescribing, dispensing, and administration of therapeutic devices and measures, including legend drugs and controlled substances as provided in Division 56 of the Oregon Nurse Practice Act, consistent with the definition of the practitioner's specialty category and scope of practice.</td>
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</table>

25 Oregon State Board of Nursing, Nurse Practice Act – Division 50
4) Safeguards Concerning the Prescribing and Administration of Drugs in Canadian Jurisdictions

The following comments describe patient safety issues which are similar across Canadian jurisdictions.

Inter-Provincial Recognition
A Mutual Recognition Agreement is in place for all Canadian jurisdictions that provides for recognition of registration from one jurisdiction to another for Registered Nurses. However, this is restricted to recognition of RN practice and not NP practice. RNs wishing to practice as NPs in another jurisdiction must meet entry requirements in force in the new jurisdiction.

Approved Programs of Study
Nurse Practitioner Programs of Study fall into two categories:
1) Primary Health Care e.g. Family Nursing, Primary Care (programs prepare NPs to work as Primary Care NPs)
2) Specialty e.g. Neonatology, Paediatrics, Geriatrics, Neurosciences, Cardiology, Nephrology (programs prepare NPs as Adult NPs or Paediatric NPs)

The following NP programs are offered in Ontario:
- NP- Primary Health Care Program offered through Council of Ontario University Programs in Nursing (COUPN) – currently a post graduate certificate program, to become a Master of Nursing Program in Fall 2008
- Master of Nursing Acute Care NP Program at University of Toronto
- Advanced Neonatology Nursing Graduate diploma program at McMaster University

Descriptions of these programs, as well as an out–of-province NP Program (BCIT), are provided below.

The four programs represent different types of NP programs acceptable to the CNO to meet program approval requirements. While not all of the programs confer a Masters Degree, two of them offer a diploma either from a College (BCIT) or from a University (McMaster University). They all require the individual to possess or be pursuing a masters degree, as NPs are now expected to have Master’s degrees in Nursing- at one time this was not the case but this is the case now, the CNO having adopted the national standard for NPs adopted by the Canadian Nurses Association and the Canadian Nurse Practitioner Core Competency Framework developed by the Canadian Nurse Practitioner Initiative.

CNO - Categories of Nurse Practitioners
The College of Nurses of Ontario recognizes three categories of Nurse Practitioner. They are: NP Primary Health Care, NP-Adult, and NP-Paediatrics. These categories correspond to the three categories of Nurse Practitioner adopted by the Canadian Nurse Practitioner Initiative.

While the NP programs of study may concern themselves with a variety of specialties - eg Neonatology, the College of Nurses of Ontario classifies these programs as falling into one of the three categories of Nurse Practitioner that it regulates. The NP Adult category therefore would include nurses who had completed approved programs of study in a variety of specialties such as nephrology, oncology etc. while the NP Paediatric category would include Nurses who had completed approved programs of study in Neonatology or Paediatrics.

Source: College of Nurses of Ontario, available at www.cno.org/for/rnec/np_regs.html

Relationship to Undergraduate Studies
See www.cno.org/for/rnec/np_regs.html for a list of NP programs approved by the College of Nurses of Ontario for applicants wishing to become registered as Nurse Practitioners in Ontario. All applicants to a Nurse Practitioner Program must hold a BSc in Nursing. Undergraduate nursing programs all contain courses in pharmacology and pathophysiology. In addition to these courses at the undergraduate level, all NP programs include content in pharmacology/pharmacotherapeutics.

Despite the fact that only RNs at the NP level prescribe, all RNs are required to possess considerable knowledge of pharmacotherapeutics. Undergraduate BScN programs typically include multiyear courses in pathophysiology and pharmacology

Sample curriculum overview – University of Toronto

All students in the Masters of Nursing - Nurse Practitioner program are required to complete a total of eight (8) courses:

NUR1017H: History of Ideas in Nursing Practice
NUR1022H: Research Design, Appraisal and Utilization
NUR1028H: Introduction to Qualitative Research: Methodologies, Appraisal and Knowledge Translation
NUR1034H: Program Planning and Evaluation in Nursing (NUR 1022 should be taken prior to this course)
NUR1036H: Advanced Nursing Practice in Oncology
NUR1100Y: Pathophysiologic Concepts & Therapeutics
NUR1109Y: Advanced Nursing Practice in Caring for Clients and Families I
NUR1110Y: Advanced Nursing Practice in Caring for Clients and Families II
and EITHER
NUR1101H: Advanced Health Assessment and Clinical Reasoning (Adult)
OR
NUR1102H: Advanced Health Assessment and Clinical Reasoning (Child)

Selected course descriptions:
NUR1100Y
PATHOPHYSIOLOGIC CONCEPTS & THERAPEUTICS

Explore theoretical perspectives on the mechanism of altered functioning of human cells, organs, organ systems and the organism as a whole, building on previous knowledge of physiology. Basic pharmacologic concepts, including pharmacokinetics, pharmacodynamics and pharmacotherapeutics will be discussed. Drug therapy considerations in special populations such as geriatric patients or chronic diseases, as well as in patients with altered hepatic and renal function will be included. Mechanisms of adverse drug reactions, drug interactions and strategies to identify, assess and manage adverse effects to drug therapy will be reviewed. Alterations in normal body functions leading to disease and the response by the individual to the disease manifestation will be presented within a framework of body systems. A systematic way of examining disease manifestation, clinical presentation related to pathophysiological changes, patient assessment and diagnostic formulation (i.e. differential diagnosis), and recommended treatment planning focused on pharmacotherapeutics will be examined. Knowledge and skills will be developed in the areas of drug therapy decision making; drug information gathering and interpretation; and development of appropriate drug monitoring plans.

The focus of this course is on common disorders found in acute care or specialty settings pertaining to adults or pediatrics. It is not the intention to comprehensively address all diseases and conditions typically encountered in acute care settings but to highlight common illnesses in order to provide students with a framework from which to organize knowledge application within any specialty area. Case application (adult or pediatric) will form the core to the integration of this material within the context of the nurse practitioner role. (78 hours)
CURRICULUM OVERVIEW: Ontario Primary Health Care Nurse Practitioner Masters Program

There are seven required NP courses. They are

Pathophysiology for Nurse Practitioners examines the concepts of pathophysiology which guide the practice of advanced nursing practice. The course studies pathophysiological changes in individuals in a primary health care setting by taking into account their age, acuity, chronicity and evolution of conditions.

Rules and Responsibilities compares and contrasts advanced nursing practice and related frameworks to develop, integrate, sustain and evaluate the role of the nurse practitioner within primary health care. The course content requires the student to critically analyze and develop strategies to implement advanced practice nursing competencies with a focus on the community.

Advanced Health Assessment and Diagnosis: the student analyzes and critiques concepts and frameworks essential to advanced health assessment and diagnosis using clinical reasoning skills. The student will apply clinical, theoretical and research knowledge in comprehensive and focused health assessment for the individual client’s diagnostic plan of care.

Advanced Health Assessment and Diagnosis II integrates knowledge and applies conceptual frameworks integral to advanced health assessment and diagnosis in advanced nursing practice. The student is expected to demonstrate initiative, responsibility, and accountability in complex decision making for individuals, groups and/or families within the nurse practitioner scope of practice based on current research findings.

Therapeutics in Primary Health Care I and II: Therapeutics I critically appraises and interprets concepts and frameworks integral to pharmacotherapy, advanced counselling and complimentary therapies or common conditions across the life span. The student is expected to develop, initiate, manage and evaluate therapeutic plans of care that incorporate client values and acceptability, goals of therapy, analyses of different approaches and pharmacotherapeutic principles. Therapeutics II integrates conceptual frameworks and evidence underlying the study of pharmacotherapy, advanced counselling, and complementary therapies for complex client situations. The student is expected to demonstrate substantive initiative, responsibility, and accountability in complex decision making.

Integrative Practicum synthesizes the competencies essential to advanced nursing practice to provide primary health care to clients across the life span. The student is expected to demonstrate autonomy, decision-making, and critical analysis of organizational and system issues that influence scope of practice, professional accountability and outcomes.
CURRICULUM OVERVIEW: BCIT Neonatology Program

BCIT Nurse Practitioner program is a post Masters Program that confers a Graduate Certificate. It is intended for RNs who hold a Masters degree in Nursing who wish to function in advanced practice role of Nurse Practitioner, within the context of an adult population. The program is approved by the College of Nurses of Ontario and graduates of the program are eligible to write the NP examination in Ontario and British Columbia.

Curriculum Overview:
The curriculum focuses on knowledge, skills and attitudes needed to practice effectively as an NP- Adult. There are four on-line theory courses and three clinical courses. The courses are:

Selected Course Descriptions:
Theory courses include courses in Health Assessment and Diagnostic Reasoning, Applied Physiology and Human Responses in Health and Illness, Applied Therapeutics and Foundations of Advanced Nursing Practice

The Applied Therapeutics and Diagnostics course equips students to select therapeutic interventions and prescribe appropriate medications; emphasis is on safe practice in relation to pharmaceuticals; course content includes knowledge of pharmacodynamics. The course critically examines drug classes-categories are compared and contrasted as to indications for use, efficacy, therapeutic and adverse effects, monitoring parameters, dosing principles, and drug interactions.

The three clinical courses build on one another and provide opportunities for the student to consolidate a systematic approach to the assessment of adults and to diagnose patients presenting with common stable, single system health challenges in a variety of settings, begin to consider treatment options apply learning from previous clinical course into the provision of care for clients with common acute and/or chronic conditions, accessing appropriate resources and developing skill in establishing appropriate referral processes the last clinical course allows the student a significant block of clinical time to integrate learning form the theory and clinical courses when providing for adult clients within an identified clinical focus area; students assess, diagnose and manage adult patients presenting with common health challenges within clinical specialties; emphasis is placed on accessing the appropriate resources related to support diagnostic and therapeutic decision making.

Source: www.bcit.ca/study/programs/a005grcert
CURRICULUM OVERVIEW: McMaster NeoNatal Nursing Program

The Program is open to a) students who have completed at least three quarters of their course work for the McMaster M.Sc. degree in Nursing or b) qualified candidates who have completed a Masters degree in Nursing. The program confers a graduate diploma on students who successfully complete the program of study. The program prepares nurses to work as neonatal Nurse Practitioners i.e. NP (Paediatrics).

Curriculum Overview: The program resources include faculty prepared in paediatric nephrology, a neonatal pharmacist and nutritionist, and other faculty prepared in the subspecialties of neurosurgery, genetics, and gastroenterology. Clinical experiences include attendance at high risk deliveries, neonatal transport and care of ill and convalescing premature and term babies.

Source: www.fhs.mcmaster.ca/grad/nursingt/diploma/admiss.htm

Mandatory liability insurance
Liability coverage is automatically conferred on RNs when registered with their respective regulatory body.

The majority of the coverage is via the Canadian Nurses Protective Society. British Columbia and Quebec liability coverage is provided from other insurance sources, negotiated by the regulatory college.

No additional liability insurance is required for NPs.

Code of Ethics
The practice of nursing in Canada is guided by Canadian Nurses Association Code of Ethics available at http://www.cna-aiic.ca/CNA/practice/ethics/code/default_e.aspx
The following table includes patient safety information specific to a Canadian jurisdiction.

<table>
<thead>
<tr>
<th>Province</th>
<th>Entry Level Requirements</th>
<th>Required Additional Education/Training</th>
<th>Professional Misconduct Rules</th>
<th>Conflict of Interest Regulations/Guidelines</th>
<th>Mandatory Referral Information</th>
<th>QA &amp; Continuing Competency</th>
</tr>
</thead>
</table>
| Ontario  | Holds/has held certificate of registration as an RN  
  Graduated from an approved university program for preparing extended class nurses  
  Undergoes an assessment of competence; successful completion of an examination and evaluation  
  Practiced Nursing for a minimum of 2 years, one year of which practiced using advanced knowledge and decision making skills in assessment, diagnosis and health care management | Post Grad NP program | Legislation and Professional Misconduct (reference document) available at www/cno.org | Legislation and Professional Misconduct (reference document) and Practice Standard: Professional Standards available at www/cno.org | Any untoward reactions to drugs or medication errors must be reported to local and/or provincial authorities in accordance with employment and practice requirements | Nurse practitioners must adhere to consultation standards that include developing a consultation network with other health care providers, including physicians; New QA program to be launched in June 2009 that will meet the Health Systems Improvement Act requirements  
  Competency Assessment after practicing for 1800 hours/or after three years registered in the Extended Class |
<table>
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</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>Successfully completed a baccalaureate degree in nursing; completed 4500 hours of registered nursing practice; successfully completed an approved NP Program; passed an examination respecting NP Practice</td>
<td>As above</td>
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<td>Various NP practice guidelines in place, minimal NP practice hours (Must complete 600 hours of NP practice within a two year period)</td>
</tr>
<tr>
<td>British Columbia</td>
<td>Holds current practicing registration as an RN in BC; graduate of an approved NP Program; successfully completed NP examination, including a written examination and an OSCE</td>
<td>As above</td>
<td>CRNBC has Professional Standards available at <a href="http://www.crnbc.ca/NursingPractice/Requirements/ProfStandards.aspx">http://www.crnbc.ca/NursingPractice/Requirements/ProfStandards.aspx</a></td>
<td>Code of Ethics is described in CRNBC Professional Standards available at <a href="http://www.crnbc.ca/NursingPractice/Requirements/ProfStandards.aspx">http://www.crnbc.ca/NursingPractice/Requirements/ProfStandards.aspx</a></td>
<td>no mandatory referral re prescribing publicly available</td>
<td>Various NP Practice guidelines in place, peer practice reviews, minimal NP practice hours Citation: Bylaws of the College of Nurses on British Columbia available at <a href="http://www.crnbc.ca/downloads/CRNBC%20Bylaws.pdf">http://www.crnbc.ca/downloads/CRNBC%20Bylaws.pdf</a></td>
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<td>Manitoba</td>
<td>Be on the register of practicing RNs; completed an approved nursing education</td>
<td>As above</td>
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<td>Various NP Practice guidelines in place, minimal NP Practice hour guidelines</td>
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<td>New Brunswick</td>
<td>Must be a practicing nurse whose name is entered on the registry; completed a nursing education program for preparation of nurse; practitioners or equivalent experience and education</td>
<td>As above</td>
<td>Nurses association of New Brunswick has a Professional Conduct Review Process in place, available at <a href="http://www.nanb.nb.ca/index.cfm?include=protection1">http://www.nanb.nb.ca/index.cfm?include=protection1</a></td>
<td>guided by Canadian Nurses Association Code of Ethics available at <a href="http://www.cna-aic.ca/CNA/practice/ethics/code/default_e.aspx">http://www.cna-aic.ca/CNA/practice/ethics/code/default_e.aspx</a></td>
<td>A nurse practitioner (NP) must have reasonable access to a medical practitioner for the purposes of consultation, referral or transfer of any patient. <strong>Citation:</strong> <a href="http://www.nanb.nb.ca/index.cfm?include=np_consult">http://www.nanb.nb.ca/index.cfm?include=np_consult</a></td>
<td>Continuing Competency program is available at <a href="http://www.nanb.nb.ca/index.cfm?include=CCP">http://www.nanb.nb.ca/index.cfm?include=CCP</a></td>
</tr>
<tr>
<td>Newfoundland</td>
<td>Has graduated from an approved school of nursing in the province; has met all the requirements for licensing and renewal of license; does not have</td>
<td>As above</td>
<td>current bill describes professional misconduct <strong>Citation:</strong> Information about Bill 3 is available at <a href="http://www.assembly.nl.ca/business/bills/Bill0803.htm">http://www.assembly.nl.ca/business/bills/Bill0803.htm</a> Association of Registered Nurses of Newfoundland has a Professional Conduct Review Process available at <a href="http://www.arnnl.nf.ca/PDF/Professional_Conduct_Review_Sept_2000.pdf">http://www.arnnl.nf.ca/PDF/Professional_Conduct_Review_Sept_2000.pdf</a></td>
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<td>Practice protocols for specialties are developed by employing agencies and approved by a committee established under the Registered Nurses Act, using the approval process established and approved by the Association of Registered Nurses of Newfoundland and Labrador Council and the Minister of Health and Community Services</td>
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<td>Province</td>
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<tr>
<td>Nova Scotia</td>
<td>1125 hours of RN practice in last 5 years, NP Program</td>
<td>As above</td>
<td>Information about College of Nurses of Nova Scotia: Professional conduct is available at <a href="http://www.crnns.ca">www.crnns.ca</a></td>
<td>guided by Canadian Nurses Association Code of Ethics available at <a href="http://www.cna-ajic.ca/CNA/practice/ethics/code/default_e.aspx">http://www.cna-ajic.ca/CNA/practice/ethics/code/default_e.aspx</a></td>
<td></td>
<td>Various NP Practice guidelines in place</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>Registered as a member; successfully completed a recognized nurse practitioner program; satisfies</td>
<td>As above</td>
<td>ARNPEI has a Professional Conduct Review Committee available at <a href="http://www.arnpei.ca">www.arnpei.ca</a></td>
<td></td>
<td></td>
<td>Educational Committee established under the legislation; advises and makes recommendations re standards, approves educational programs; The Diagnostic and Therapeutics Committee of the regulatory body formulates, maintains, and revises the Nurse Practitioner Medication Prescribing</td>
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<td>endorsement requirements set out in RN Act, 2004 p.8</td>
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<td>guidelines.</td>
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<td>Quebec</td>
<td>Must be a practicing nurse; must obtain a certificate of specialization in one of the following areas from the Ordre des Infirmieres et infirmiers du Quebec; nephrology, cardiology and neonatology, by successfully passing an examination in the specialty area; certificate of French language competence</td>
<td>Must obtain a certificate of specialization in one of the following areas: nephrology, cardiology, neonatology</td>
<td></td>
<td>Regulations developed collaboratively between Nursing and Physician regulatory bodies that outline standards of practice and terms and conditions for prescribing and using drugs and treatments.</td>
<td>Various NP Practice guidelines in place</td>
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<tr>
<td>Saskatchewan</td>
<td>Be a member in good standing; be currently licensed as an RN; practiced 4500 hours as an RN; have successfully completed a Post Grad NP Program</td>
<td>As above</td>
<td></td>
<td>new Code of Ethics in effect December 1, 2008</td>
<td>Expectations related to pharmacotherapeutics and Therapeutics Interventions articulated in NP Standards of Practice and Clinical Expectations</td>
<td>Minimal RN Practice hours in place, various NP Practice guidelines in place (1800 hours in three years of practice in RN (NP) category: Completion of Continuing Competence Documents)</td>
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<td>nurse practitioner category approved nursing program; successfully completed demonstration of NP competencies</td>
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