



**SCOPE OF PRACTICE FOR REGISTERED NURSES IN THE
EXTENDED CLASS (NURSE PRACTITIONERS):**

A JURISDICTIONAL REVIEW

November 2007

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PART 1 – INTRODUCTION

Minister's referral to HPRAC

In June 2007, the Minister of Health and Long-Term Care requested that HPRAC:

undertake a review of the scope of practice for registered nurses in the extended class under the *Nursing Act, 1991* [i.e., nurse practitioners or “NPs”] and include in the review the proposals made by the Council of the College of Nurses of Ontario with respect to controlled acts and the practice of nurses in the extended class.

Purpose of this jurisdictional review

In Ontario, as in many other jurisdictions, access to high quality nursing care is protected by the creation of self-governing regulatory bodies with a legislated mandate to govern the nursing profession, including nurse practitioners (NPs) in the public interest. This mandate includes establishing requirements for entry to practice, setting parameters for safe and effective nursing practice, establishing requirements for continuing competence and fitness to practice, and administering professional discipline.

The purpose of this jurisdictional review is to provide background information from jurisdictions other than Ontario, in Canada and elsewhere, and outline each jurisdictions' approach taken in the regulation of NP practice. It is intended to serve as a public resource for those seeking to participate in the process established by HPRAC to consider the Minister's request and make recommendations in response to the matters raised.

Scope of this jurisdictional review

Canada

In Canada, 12 of the 13 provinces and territories have established regulatory regimes for NPs within the profession and practice of nursing¹. This jurisdictional review provides summaries of the regulatory approach to NPs in all Canadian provinces and territories, focusing on the following points for each:

- What is the regulatory body?

¹ The Yukon territory does not have a regulatory framework for NPs at present.

- What key legislation establishes the regulatory framework, including both statutes and regulations, as relevant?
- Does the regulatory framework recognize and regulate NPs?
- What classes does the regulatory framework establish (for those in permanent practice)?
- How does the regulatory framework define nursing practice?
- What is the general approach to defining NPs scope of practice?
- What constitutes authorized practice by NPs? (Note that in this regard, the review focuses only on authorized practices NPs may initiate beyond what they would otherwise be permitted as RNs.)
- What entry to practice requirements are established, as set out in the legislation?
- What specialty designations, if any, are available to NPs?
- What title protection, if any, is extended to NPs?
- What continuing competence requirements are set out in the legislation?
- Is mandatory insurance a requirement for NPs?
- Are any legislative reforms anticipated that would significantly alter the regulatory framework for NPs?

Selected international jurisdictions

The second component of the jurisdictional review includes summaries of the regulatory approach to NPs in two unitary states in which the regulatory framework for nurses is national in scope: New Zealand (in which a regulatory framework for NPs has been established); and the United Kingdom (which at present has no regulatory framework for NPs but has established a regulatory mechanism to extend prescriptive authority to registered nurses and certain other non-physicians).

This component of the review provides summaries of the regulatory approaches to NP regulation in these jurisdictions focusing on the same points as set out above for Canadian provinces and territories.

Selected U.S. jurisdictions

In the U.S., access to high quality nursing care is similarly protected by licensing boards with a legislated mandate to govern the nursing profession (including NPs) in the public interest.

As in Canada, nurses and other health professionals in the U.S. are not regulated at the federal level with one uniform law. They are regulated at the state and district level, meaning that every state and district has its own separate legislative framework for the regulation of nursing practice including NPs.

The U.S. component of this jurisdictional review does not encompass every state and district. It includes a selection of jurisdictions in which the regulatory framework for NPs allows a greater degree of autonomy than Ontario.

It includes the following:

- A narrative overview of the regulation of NPs in the U.S.;
- Summaries of the regulatory approach to NPs in three states (Colorado, Michigan and Oregon) focusing on the same points as set out above for Canadian provinces and territories;
- A chart summarizing the regulation of NPs in 26 U.S. states, 11 of which do not impose mandatory requirements in legislation for physician involvement in NP practice, and 12 of which do impose such requirements;
- An overview of core competencies for NPs in the US.

Note to readers

This review does not purport to be exhaustive, but does attempt to provide enough detail about those jurisdictions included that the scope of practice within which NPs work in each of these jurisdictions can be generally understood (including relevant extracts from statutes, regulations and, in some cases, policy statements). The summaries that follow have been prepared on the basis of HPRAC's review of publicly available statutes, regulations and policies pertaining to the jurisdictions covered. While efforts have been made to confirm discreet points with the relevant regulatory bodies in these other jurisdictions, these regulatory bodies have not had the opportunity to review the summaries prepared for accuracy and completeness.

Members of the public using this resource may wish to follow up with individual regulatory authorities for further information on specific points of interest. HPRAC also invites those making submissions in relation to this referral to bring to its attention elements of regulatory frameworks in other jurisdictions that may be of interest to Ontario.

This jurisdictional review does not purport to provide legal advice to any person.

PART 2 – CANADIAN PROVINCES AND TERRITORIES

1. ONTARIO

Regulatory body

College of Nurses of Ontario (the “CNO”)

The College is governed by a council (the “Council”).

Legislation

Regulated Health Professions Act, 1991, S.O. 1991, as amended (the “RHPA”);
O. Reg.107/96 (Controlled Acts)

Nursing Act, 1991, S.O. 1991, as amended (the “*Nursing Act (Ont.)*” or the “Act”)

O. Reg.275/94, as amended (General) (the “Ont. Regulations” or the “Regulations”)

Regulatory recognition of NPs

Yes.

Classes of registration

- Registered nurses (“RNs”)
- Registered nurses with extended certificates (“NPs”)
- Registered practical nurses (“RPNs”)

Definitions of nursing practice

“The practice of nursing is the promotion of health and the assessment of, the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.”²

Overview of regulatory approach to NPs scope of practice

² *Nursing Act (Ont.)*, s.3

The *RHPA*, which governs nursing together with other health professions, prohibits the performance of “controlled acts” listed in s.27(1) of the *RHPA* unless:

- The person is authorized by a health profession act (in the case of a nurse, the *Nursing Act* (Ont.)) to perform the controlled act;
- Performance of the controlled act has been properly delegated to the person in accordance with s.28 of the *RHPA*³; or
- The circumstances in which the controlled act is performed fall within certain limited exceptions established by the *RHPA* (such as, for example, rendering first aid or temporary assistance in an emergency).⁴

Those controlled acts that may be performed by NPs are set out in provisions of the *Nursing Act* (Ont.) and regulations under that Act

Authorized practice by NPs

In addition to the regulatory provisions set out below, the College has developed detailed standards entitled, *Practice Standard: Registered Nurses in the Extended Class* (Appendix A - O-1).

Communicating a diagnosis

NPs may communicate to a patient or to his or her representative a diagnosis made by the NP identifying, as the cause of the patient’s symptoms, a disease or disorder that can be identified from,

- (i) the patient’s health history,
- (ii) the findings of a comprehensive health examination, or
- (iii) the results of any laboratory tests or other tests and investigations that the member is authorized to order or perform.⁵

An NP is not authorized to communicate a diagnosis under paragraph 1 unless he or she has complied with the prescribed standards of practice respecting consultation with members of other health professions.⁶

The prescribed standards of practice are those set out in the CNO publication, *Standards of Practice for Registered Nurses who hold an extended class*

³ *RHPA*, s. 29 and 35.

⁴ *RHPA*, s. 29 and 35.

⁵ *Nursing Act, 1991*, S.O. 1991, c.32, as amended, s.5.1(1) paragraph 1

⁶ *Nursing Act, 1991*, , s.5.1(2)

certificate of registration, as that publication exists and is amended by the CNO from time to time (Appendix A: O-1).⁷

Forms of Energy

NPs may order the application of a form of energy prescribed by the regulations under the Act.⁸

The Regulations prescribe: the application of sound-waves for diagnostic ultrasound of the abdomen, pelvis and breast.⁹

Procedures

NPs may perform any of the following procedures if they meet prescribed conditions:¹⁰

1. With respect to the care of a wound below the dermis or below the surface of a mucous membrane, any of the following procedures:

- (i) cleansing,
- (ii) soaking,
- (iii) irrigating,
- (iv) probing,
- (v) debriding,
- (vi) packing,
- (vii) dressing,
- (viii) suturing, except below the fascia and except in cases in which there may be underlying damage.

2. Venipuncture to establish peripheral intravenous access.

3. Venipuncture to obtain a blood sample for a test set out in Appendix C of Regulation 682, R.R.O. 1990 (Laboratories) made under the *Laboratory and Specimen Collection Centre Licensing Act* (Ontario).

4. A procedure that, for the purpose of assessing or treating an individual or assisting an individual with health management activities, requires putting an instrument,

- (i) beyond the point in the individual's nasal passages where they normally narrow,
- (ii) beyond the individual's larynx, or
- (iii) beyond the opening of the individual's urethra.

⁷ O.Reg.275/94, as amended, s.20; Appendix A: O-1

⁸ *Nursing Act, 1991*, as amended, s.5.1(1) paragraph 2

⁹ O.Reg.275/94, as amended, s.18

¹⁰ O.Reg.275/94, as amended, s.17

5. A procedure that, for the purpose of assessing or treating an individual, assisting an individual with health management activities or making a diagnosis with respect to an individual, requires putting an instrument or finger,

- (i) beyond the individual's anal verge, or
- (ii) into an artificial opening into the individual's body.

6. A procedure that, for the purpose of assessing or treating an individual, assisting an individual with health management activities or making a diagnosis with respect to an individual, requires putting an instrument, hand or finger beyond the individual's labia majora.

The prescribed conditions are:¹¹

1. The registered nurse has the knowledge, skill and judgment to perform the procedure safely, effectively and ethically.
2. The registered nurse has the knowledge, skill and judgment to determine whether the individual's condition warrants performance of the procedure.
3. The registered nurse determines that the individual's condition warrants performance of the procedure, having considered,
 - (i) the known risks and benefits to the individual of performing the procedure,
 - (ii) the predictability of the outcome of performing the procedure,
 - (iii) the safeguards and resources available in the circumstances to safely manage the outcome of performing the procedure, and
 - (iv) other relevant factors specific to the situation.
4. The registered nurse accepts accountability for determining that the individual's condition warrants performance of the procedure.

Drugs

NPs may prescribe a drug designated in the regulations.¹²

The regulations prescribe: immunizing agents as listed in Schedule 2 to O.Reg. 275/94; drugs as listed in Schedule 3 to O.Reg. 275/94, to be prescribed by NPs only in accordance with the circumstances as listed (i.e., for some of the drugs listed, NPs are authorized to order only renewals or in emergency circumstances); and any drug that may be lawfully purchased without

¹¹ O.Reg.275/94, as amended, s.15(5)

¹² *Nursing Act, 1991*, as amended, s.5.1(1) paragraph 3

prescription.¹³ Copies of the current Schedules 2 and 3 are attached together as Appendix A: O-2.

NPs may administer, by injection or inhalation, a drug that the NP may prescribe as set out above.¹⁴

Entry to practice requirements for NPs

In addition to the generally applicable registration requirements for RNs, NPs are required to demonstrate:¹⁵

- Graduation from an approved educational program or equivalent;
- Successful completion of approved examination;
- Safe nursing for at least two years, at least one of which must be in the extended role of an NP.

Specialty designations for NPs

A specialty certificate will be issued by the CNO in addition to an extended certificate of registration for that specialty for which the applicant successfully completed the required examinations:¹⁶

- Non-acute care specialty of Primary Health Care
- Within acute care, the following specialties:
 - Paediatrics
 - Adult
- Anaesthesia

Title protection for NPs

“Nurse practitioner” and “registered nurse” and variations, abbreviations and equivalents in other languages are protected titles.¹⁷ Protected variations of the title “registered nurse” would likely include “registered nurse (extended certificate)” and “registered nurse (extended class)”.

- NPs must use the title “Nurse Practitioner” or the abbreviation “NP” when practicing in that role.¹⁸
- NPs with the following titles may use the corresponding titles when practicing in that role, as follows:

¹³ O.Reg.275/94, as amended, s.19

¹⁴ *Nursing Act, 1991*, as amended, s.5.1(1) paragraph 4

¹⁵ O. Reg. 502/07, s.2 (amending O. Reg.275/94 to add s.11.1)

¹⁶ O. Reg. 502/07, s.2 (amending O. Reg.275/94 to add s.11.2)

¹⁷ *Nursing Act*, s.11

¹⁸ O. Reg. 502/07, s.2 (amending O. Reg.275/94 to add s.11.4)

- NPs with a Primary Health Care specialty certificate may use the title “Nurse Practitioner - Primary Health Care” or “NP-PHC”;
- NPs with a Paediatrics specialty certificate may use the title “Nurse Practitioner - Paediatrics” or “NP- Paediatrics”;
- NPs with an Adult specialty certificate may use the title “Nurse Practitioner - Adult” or “NP- Adult”;
- NPs with an Anaesthesia specialty certificate may use the title “Nurse Practitioner - Anaesthesia” or “NP- Anaesthesia”.

Continuing competence requirements for NPs

The Regulations establish a Quality Assurance Committee to administer the College’s quality assurance program, to consist of the following:¹⁹

- reflective practice requirements;
- maintenance of records;
- the assessment of members’ competence to practice;
- remediation; and
- the monitoring of members’ participation in, and compliance with, the program.

Reflective practice requirements are established by the Regulations for all members of the College including NPs. These provide that every NP (along with all other members of the College) shall complete the following reflective practice requirements on an annual basis:

1. Complete a personal assessment of the NP’s practice.
2. Obtain feedback with respect to the NP’s practice from a peer of his or her choice.
3. Evaluate the results of the implementation of the previous year’s learning plan.
4. Develop a learning plan for the current year, based on the information obtained from the personal assessment and the peer feedback and on the evaluation referred to in paragraph 3.
5. Implement the learning plan.

NPs are required to complete the reflective practice requirements in accordance with the standards of practice published by the College and provided to each member; to date no such standards have been established.

¹⁹ O.Reg.275/94, as amended, s.21-29

Insurance requirements for NPs

There is no mandatory insurance requirement for NPs in Ontario.

Anticipated legislative reform

HPRAC is currently reviewing NPs' scope of practice further to a referral of this issue from the Minister of Health and Long-Term Care.

2. NEWFOUNDLAND AND LABRADOR

Regulatory body

Association of Registered Nurses of Newfoundland and Labrador (the “Association”)

The Association is governed by a council (“Council”).

Legislation

Registered Nurses Act, R.S.N.L. 1990, c.R-9, as amended (the “*Registered Nurses Act* (NFLD & Lab.)” or the “Act”)

Nurse Practitioner Regulations, N.L. R. 65/98 (the “NFLD. & Lab. Regulations” or the “Regulations”)

Regulatory recognition of NPs

Yes.

Classes of registration for all nurses

- Registered nurses (“RNs”)
- Nurse practitioners (“NPs”)

Definitions of nursing practice

Not expressly defined by the Act or the Regulation.

Overview of regulatory approach to NP scope of practice

The Act gives broad authority to NPs as set out in Appendix A: N.L. –3.²⁰

The Regulations establish detailed requirements that limit this broad authority, which differ between NPs – primary health care and NPs – specialist.

A committee of health care professionals and administrators is required to annually review the activities of NPs and report to Council and to the Minister

²⁰ *Registered Nurses Act* (Nfld. & Lab.), s.11.1

responsible for the Act, and has other responsibilities regarding NPs set out in the Regulations. The committee is appointed by the Minister and must include:²¹

- A person nominated by the Newfoundland Medical Board;
- A person nominated by the Newfoundland Pharmaceutical Association;
- A person nominated by the Association; and
- Other persons the Minister considers appropriate.

Quorum on votes must include at least one member from each of the first three bodies identified above.

Authorized practice by NPs

- Nurse practitioner – primary health care. These NPs must meet the requirements for licensure established by Parts I-V of the Regulation (Appendix A: N.L. -4). These regulatory requirements establish parameters for practice by NPs that include requirements for a mandatory collaborative working relationship with a primary care physician, requirements for consultation and transfer of care, and Schedules (reviewed at least annually by the Committee) as follows:
 - Schedule A – Illnesses and injuries expectedly encountered in NP practice;
 - Schedule B – Diagnostic tests; and
 - Schedule C – Prescriptive authority.²²
- Nurse practitioner – specialist. These NPs must meet the requirements for licensure established by the Association (none specified in the Act or regulations) and must comply with the requirements of Part VI of the Regulation (Appendix A: N.L. -4). These requirements include the need to apply on an individual basis for a practice protocol that is developed by the NP and must be approved by the Committee.²³

The Association has developed Guiding Principles serving as a Preamble to Schedules A, B and C of the Regulations (Appendix A: N.L.-5) and *Standards of Practice and Competencies for Nurse Practitioners* (Appendix A: N.L.-6)

²¹ *Registered Nurses Act* (Nfld. & Lab.), s.22.1

²² Nfld. & Lab. Regulations, s.3-19.

²³ *Registered Nurses Act* (Nfld. & Lab.), s.22.1

Entry to practice requirements for NPs

In addition to the generally applicable registration requirements for RNs:²⁴

- Other programs provided by schools of nursing approved by the Association necessary to acquire specific licensure, unspecified by the Act or Regulation.

Specialty designations for NPs

- Nurse practitioner – primary health care
- Nurse practitioner – specialist

Title protection for NPs

“Nurse Practitioner” and the initials “N.P.”, either alone, or in combination with other words letters or description implying registration under the Act are protected titles.²⁵

Continuing competence requirements for NPs

Not expressly addressed in the Act or Regulation. The Association’s by-law currently purposes an hours requirement to establish continuing competence (1800 hours over three years). Work is underway to develop a more comprehensive program²⁶.

Insurance requirements for NPs

NPs receive mandatory insurance upon licensure by the Association through the Canadian Nurses Protective Society of the Canadian Nurses Association (the “CNPS”), with coverage of \$5 million per occurrence to a maximum of \$5 million per year. Additional insurance is optional²⁷.

Anticipated legislative reform

Significant legislative reform is now underway to amend the Act and Regulations. Anticipated changes include:

²⁴ *Registered Nurses Act* (Nfld. & Lab), s.9

²⁵ *Registered Nurses Act* (Nfld. & Lab.), s.18

²⁶ Personal communication from an Association representative.

²⁷ Personal communication from an Association representative.

- Moving authority to appoint the committee from the Minister to the Association. The Committee will be re-named the NP Standards Committee.
- The approach will shift from detailed and specific regulatory requirements to establish NP scope and authority in more general terms, with detailed requirements to be set out in standards of practice developed by the Association on the basis of recommendations by the Committee²⁸.

²⁸ Personal communication from an Association representative.

3. NOVA SCOTIA

Regulatory body

College of Registered Nurses of Nova Scotia (the “College”)

The College is governed by a council (the “Council”).

Legislation

Registered Nurses Act, S.N.S. 2001, c.10, as amended
(the “*Registered Nurses Act* (N.S.)” or the “Act”)

Registered Nurses Regulations, O.I.C. 2001-625 (December 21, 2001, effective January 2, 2002), N.S. Reg. 155/2001 as amended up to O.I.C. 2007-240 (April 24, 2007), N.S. Reg.240/2007
(the “N.S. Regulations” or the “Regulations”)

Regulatory recognition of NPs

Yes.

Classes of registration

For practicing nurses:²⁹

- Active-practicing class (“RN”)
- Primary health-care nurse practitioner (“PHC-NP”)
- Specialty nurse practitioner (“Specialty-NP”)

Definitions of nursing practice

The “practice of nursing” is defined as³⁰,

The performance of professional services requiring substantial specialized knowledge of nursing theory and the biological, physical, behavioral, psychological and sociological sciences as the basis for

- (i) assessment, planning, intervention and evaluation in
 - (A) the promotion and maintenance of health,

²⁹ N.S. Regulations, s.4

³⁰ *Registered Nurses Act* (N.S.), s.2(y)

- (B) the facilitation of the management of illness, injury or infirmity,
- (C) the restoration of optimum function, or
- (D) palliative care, or
- (ii) research, education, management or administration incidental to the objectives referred to in subclause (i),

and includes the practice of a nurse practitioner.

The “practice of a nurse practitioner” is defined as³¹,

The practice in which a nurse practitioner may, subject to a collaborative-practice agreement and in accordance with standards of practice of nurse practitioners,

- (i) make a diagnosis identifying a disease, disorder or condition,
- (ii) communicate the diagnosis to the client,
- (iii) order and interpret screening and diagnostic tests approved through the process set out in the regulations,
- (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 regulations.

Overview of regulatory approach to NP scope of practice

NPs must provide services as members of collaborative practice teams.³²

A “collaborative practice team”, is defined as,

... 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;³³

A “collaborative practice agreement” is defined as³⁴,

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:

³¹ *Registered Nurses Act* (N.S.), s.2(z)

³² *Registered Nurses Act* (N.S.), s.2(ac) and (ap)

³³ *Registered Nurses Act* (N.S.), s.2(e)

³⁴ *Registered Nurses Act* (N.S.), s.2(d)

- (i) the screening and diagnostic tests that may be ordered and interpreted by nurse practitioners,
- (ii) the drugs and interventions that may be chosen, recommended, prescribed and monitored by nurse practitioners,
- (iii) the procedures that are authorized to be performed by nurse practitioners, and
- (iv) the consultation process with physicians required for the above.

NPs must practice within, and shall not exceed, the parameters of their collaborative practice agreements.³⁵

Each NP must append to his or her collaborative-practice agreement, and adhere to, an “Authorized Practices Schedule” specific to primary health-care or a specialty (as relevant) that is developed by the Diagnostic and Therapeutics Committee as described below. All collaborative-practice agreements must be approved by the Committee.

The Diagnostic and Therapeutics Committee and the Diagnostic and Therapeutics Appeal Committee are statutory committees of the College, and each consist of equal representation from the College, the College of Physicians and Surgeons of Nova Scotia and the Nova Scotia Pharmaceutical Society, and quorum on the part of each body must include at least one member from each of the three disciplines of nursing, medicine and pharmacy.³⁶

Authorized practice by NPs

PHC-NP

“Primary health care” is defined as, “an individual’s or family’s initial and continuing contact with the health-care system”.³⁷

“Primary health-care services” are defined to include, “health promotion and disease prevention, acute episodic care, continuing care of chronic conditions and the education and advocacy relevant to the foregoing”.³⁸

The current “Authorized Practices Schedule – Primary Health-Care Nurse Practitioners” is developed by the Diagnostic and Therapeutics Committee to specify:

³⁵ N.S. Regulations, s.28(4) and (5), 29(5) and (6)

³⁶ *Registered Nurses Act* (N.S.), s.53 and 54

³⁷ *Registered Nurses Act* (N.S.), s.2(aa)

³⁸ *Registered Nurses Act* (N.S.), s.2(ab)

- The screening and diagnostic tests that may be ordered and interpreted;
- The drugs and interventions that may be chosen, recommended, prescribed and monitored; and
- Such other procedures as the Diagnostics and Therapeutics Committee may authorize to be performed by a PHC-NP.

The Committee is required to review and approve the Schedule at least annually.³⁹

A copy of the current Authorized Practices Schedule for Screening and Diagnostic Tests is attached as Appendix A: N.S. – 7.

A copy of the current Authorized Practices Schedule – Schedule of Drugs and Drug Interventions for Primary Health-Care Nurse Practitioners is attached as Appendix A: N.S. – 8.

Specialty-NP

A Specialty NP is defined as, "... a nurse practitioner who is providing specialized health care services ... to a designated client group requiring focused health and illness care ...".⁴⁰

Each such collaborative practice team is required to apply the Diagnostic and Therapeutics Committee (described below), on an individual basis, for approval of the screening and diagnostic tests, selected drugs and interventions, and any other procedures that may be authorized to be performed by a Specialty NP who is part of the collaborative-practice team. The content approved by the Committee is set out in an "Authorized Practices Schedule – Specialty Nurse Practitioners" that must be appended to the collaborative practice agreement of every Specialty-PHC working within that collaborative-practice team. A collaborative-practice team that disagrees with the Committee may appeal that decision to the Diagnostic and Therapeutics Appeal Committee.⁴¹

All Specialty NPs can order the screening and diagnostic tests set out in Appendix A: N.S. – 7 and prescribe the drugs set out in Appendix A: N.S. – 8.

The Diagnostic and Therapeutics Committee is required to review and approve the Schedule at the request of the team for which it was approved or otherwise as determined by the Committee.⁴²

Authorized Practices Schedule – Specialty Nurse Practitioners have been approved for a broad range of specialties including nephrology, multiple sclerosis, genetics and paediatric oncology.

³⁹ N.S. Regulations, s.29(1) and (2)

⁴⁰ *Registered Nurses Act* (N.S.), s.2(ap)

⁴¹ *Registered Nurses Act* (N.S.), s.54(5); N.S. Regulations, s.30

⁴² N.S. Regulations, s.29

General

The College has established *Guidelines for the Development and Approval of Collaborative Practice Agreements: Nurse Practitioners and Standards of Practice* applicable to all NPs (attached as Appendices A: N.S. – 9 & 10).

Entry to practice requirements for NPs

In addition to being licensed as an RN and meeting specified administrative requirements, must:⁴³

- Graduate from a PHC-NP or Specialty – NP program as relevant (defined as a university program approved by Council of the College, “that prepares nurses to engage in the practice of a specialty nurse practitioner”) or equivalent as determined by Council
- Where application is made more than two years after graduation, establish that he or she has completed at least 600 hours in the practice of a PHC-NP/Specialty - NP in those two years or satisfactorily complete a competence assessment to determine competence to practice as a PHC-NP/Specialty – NP
- Applicants who, prior to January 1, 2005, graduated from a nursing program and a nursing-education program approved by Council may be licensed on the basis that he or she has acquired the necessary experience to practice as a PHC-NP/Specialty - NP by establishing this fact to the satisfaction of the Nurse Practitioner Committee⁴⁴

The Education Advisory Committee of the College must ensure that nurse practitioner programs meet specified requirements.⁴⁵

Specialty designations for NPs

None beyond the protected titles (below).

Title protection for NPs

The following titles are protected by prohibiting any person from using them, either alone or in combination with other words, letters or descriptions to imply that the person is entitled to practice in that capacity:⁴⁶

⁴³ N.S. Regulations, s.12; related definitions in *Registered Nurses Act* (N.S.), s.2

⁴⁴ The Nurse Practitioner Committee is established by *Registered Nurses Act* (N.S.), s.10

⁴⁵ N.S. Regulations, s.26

⁴⁶ *Registered Nurses Act* (N.S.), s.20

- “Nurse Practitioner”, “N.P.” or “NP”
- “Primary Health-care Nurse Practitioner”
- “Specialty Nurse Practitioner”

Continuing competence requirements for NPs

A Continuing competence program” is defined to mean, “a program approved by Council that focuses on promoting the maintenance and enhancement of the continuing competence of nurses throughout their careers”; “continuing competency” is defined to mean, “the ongoing ability of a registered nurse to integrate and apply the knowledge, skills, and judgment required to practice safely and ethically in a designated role and setting”.⁴⁷

There is no further legislative provision specific to continuing competence requirements for NPs.

Insurance requirements for NPs

NPs receive legal liability protection upon licensure by the College through the CNPS, with coverage of \$5 million per occurrence to a maximum of \$5 million per year. Additional insurance is optional.⁴⁸

Anticipated legislative reform

Significant legislative change is anticipated in January 2008. In summary:

- Collaborative-practice relationships and agreements will continue to be required, but the agreements need not be approved by the College.
- The list of drugs that may be prescribed will be completely opened up; NPs will be able to prescribe any drug as long as it is within their competency (as reflected in the collaborative practice agreement). The Schedule of Screening and Diagnostic Tests will remain unchanged.
- There will only be one class of licensure and protected title: NP. There will be 4 possible areas of practice, as follows:
 - Family all ages
 - Specialty adult
 - Neonatal
 - Paediatric
- The Diagnostic and Therapeutics Committee will be eliminated and replaced by the Interdisciplinary NP Practice Review Committee. The role of this committee will be quality improvement. It will implement and

⁴⁷ N.S. Regulations, s.2(eb) and (ec)

⁴⁸ Personal communication from a College representative

administer a mandatory practice review program that will be applied to every NP every five years, and will consider how best to monitor NP practice to ensure compliance with legislative and standards requirements. It will be composed of:

- Four NPs (two primary health care/two specialty);
- One physician;
- One pharmacist;
- One public member; and
- One employer⁴⁹.

⁴⁹ Personal communication from a College representative.

4. NEW BRUNSWICK

Regulatory body

Nurses Association of New Brunswick (the “Association”)

The Association is governed by a board (the “Board”).

Legislation

Nurses Act, S.N.B. 1984, c.71, as amended (the “*Nurses Act* (N.B.)” or the “Act”)

Regulatory recognition of NPs

Yes.

Classes of registration

- “Nurse” is the main class for registration purposes (“RN”)
- “Nurse practitioner” is a nurse whose name is endorsed in the register as a nurse practitioner⁵⁰ (“NP”)

Definitions of nursing practice

“Nursing” is defined to mean, “the practice of nursing and includes the nursing assessment and treatment of human responses to actual or potential health problems and the nursing supervision thereof” and includes the practice of a nurse practitioner.⁵¹

“Practice of a nurse practitioner” is defined to mean, “the practice in which a nurse practitioner may⁵²

- (a) diagnose or assess a disease, disorder or condition, and communicate the diagnosis or assessment to the patient,
- (b) order and interpret screening and diagnostic tests, approved through the process set out in section 10.3,

⁵⁰ *Nursing Act* (N.B.), s.2(1), 11(1.1)

⁵¹ *Nursing Act* (N.B.), s.2(1)

⁵² *Nursing Act* (N.B.), s.2(1)

- (c) select, prescribe and monitor the effectiveness of drugs approved through the process set out in section 10.3, and
- (d) order the application of forms of energy approved through the process set out in sections 10.3.

Overview of regulatory approach to NP scope of practice

NPs are prohibited from practicing unless they have, “reasonable access to a medical practitioner for the purposes of consultation with respect to any patient and [are] able to refer or transfer any patient to the care of a medical practitioner.”⁵³

NPs and their employers (where relevant) must file written statements verifying that such reasonable access exists.⁵⁴

Authorized practice by NPs

NPs are authorized to engage in all practices specified in rules made by the Association’s Board.⁵⁵

NPs may, “diagnose or assess a disease, disorder or condition, and communicate the diagnosis or assessment to the patient”.⁵⁶

The Board receives recommendations from a Nurse Practitioner Therapeutics Committee (which must be made at least annually) with respect to:

- the screening and diagnostic tests that may be ordered and interpreted;
- the drugs that may be selected or prescribed, and
- the forms of energy that may be ordered and the circumstances under which they may be ordered,

by an NP.⁵⁷ These are currently listed in the Association’s document entitled, *Nurse Practitioner Schedules for Ordering: X-rays, Ultrasounds, Other Forms of Energy, Laboratory & Other Tests, Drugs* (Appendix A: N.B.-11).

NPs must act in accordance with the standards set out in the Association’s document, *Competencies and Standards of Practice for Nurse Practitioners in Primary Health Care* (Appendix A: N.B.-12).

⁵³ *Nursing Act* (N.B.), s.10.4

⁵⁴ *Nursing Act* (N.B.), s.10.5

⁵⁵ *Nursing Act* (N.B.), s.10.3(5)

⁵⁶ *Nursing Act* (N.B.), s.10.3(5)

⁵⁷ *Nursing Act* (N.B.), s.10.2(1) and (3)

The Nurse Practitioner Therapeutics Committee is a statutory committee of the Association consisting of 2 representatives from each of: the Association; the College of Physicians and Surgeons of New Brunswick; and the New Brunswick Pharmaceutical Society. Quorum consists of three persons, with at least one from each of these bodies.⁵⁸

The Board may accept or reject the recommendations of the Nurse Practitioner Therapeutics Committee, and may make or amend the rules in accordance with its recommendations.⁵⁹

The Board's rules and amendments to rules for NPs are not effective until approved by the Minister of Health and Wellness.⁶⁰

Entry to practice requirements for NPs

These are not specified in the *Nursing Act* (N.B.). The Board is authorized to make by-laws approving schools of nursing and “developing, establishing, maintaining standards for its members ... of education and experience for the general or specialized practice of nursing, including standards for post-basic specialty courses”.⁶¹

At present, only primary health care NPs are eligible for registration.

Specialty designations for NPs

None.

Title protection for NPs

The following words, and any other like words or expressions used alone or in combination with other words and expressions, are protected titles:

- “Nurse practitioner”, “N.P.”, “NP”
- “Duly qualified nurse practitioner”⁶²

⁵⁸ *Nursing Act* (N.B.), s.10.1(1) and (4)

⁵⁹ *Nursing Act* (N.B.), s.10.3(1) and (2)

⁶⁰ *Nursing Act* (N.B.), s.10.3(3)

⁶¹ *Nursing Act* (N.B.), s.5(1)(e) and (k)(iv)

⁶² *Nursing Act* (N.B.), s.2(3), 12(1.1), 19(c)

Continuing competence requirements for NPs

These are not specified in the *Nursing Act* (N.B.). The Board is authorized to make by-laws approving schools of nursing and “developing, establishing, maintaining standards for its members ... of continuing education and the participation therein of nurses”.⁶³

Insurance requirements for NPs

NPs receive legal liability protection upon licensure by the Association through the CNPS, with coverage of \$5 million per occurrence to a maximum of \$5 million per year. Additional insurance is optional.⁶⁴

Anticipated legislative reform

HPRAC has been advised that consideration is being given to whether there is a need for an NP role other than in primary health care.⁶⁵

⁶³ *Nursing Act* (N.B.), s.5(1)(e) and (k)(v)

⁶⁴ Personal communication from an Association representative.

⁶⁵ Personal communication from an Association representative.

5. PRINCE EDWARD ISLAND

Regulatory body

Association of Registered Nurses of Prince Edward Island (the “Association”)

The Association is governed by a council (the “Council”).

Legislation

Registered Nurses Act, R.S.P.E.I. 1988, Cap.R-8.1, as amended
(the “*Registered Nurses Act* (P.E.I.)” or the “Act”)

Nurse Practitioner Regulations
(the “P.E.I. Regulations” or the “Regulations”)

Regulatory recognition of NPs

Yes.

Classes of registration

- Registered nurse (“RN”)
- Registered nurse with a nurse practitioner endorsement (“NP”)⁶⁶

Definitions of nursing practice

The “practice of a registered nurse” is defined as⁶⁷,

The performance of professional services requiring specialized knowledge of nursing theory and the biological, physical, behavioural, psychological and sociological sciences as the basis for

- (i) assessment, planning, intervention and evaluation in
 - (A) the prevention of illness and the promotion and maintenance of health,
 - (B) the facilitation of the management of illness, injury or infirmity,

⁶⁶ *Registered Nurses Act* (P.E.I.), s.1(n) and (w)

⁶⁷ *Registered Nurses Act* (P.E.I.), s.1(s)

- (C) the restoration of optimum function, or
- (D) the provision of palliative care; and
- (ii) research, education, management or administration incidental to the objectives referred to in subclause (i);

The “practice of a nurse practitioner” is defined as,⁶⁸

The practice in which a nurse practitioner may, in accordance with any standards of practice for nurse practitioners established or adopted in the bylaws,

- (i) diagnose or assess a disease, disorder or condition, and communicate the diagnosis or assessment to the client,
- (ii) order and interpret screening and diagnostic tests,
- (iii) select, prescribe and monitor the effectiveness of drugs, subject to subsection 12(3), and
- (iv) order the application of forms of energy.

Overview of regulatory approach to NP scope of practice

NPs must provide services “in accordance with the collaborative working relationship with a collaborating medical practitioner”.⁶⁹

A “collaborating medical practitioner” is defined as, “a medical practitioner who is, at the relevant time, participating in a collaborative working relationship with the nurse practitioner”.⁷⁰

Authorized practice by NPs

In the context of the collaborative working relationship with a collaborating medical practitioner and subject to any standards of practice,⁷¹ the practice of a nurse practitioner consists of the following:⁷²

- (a) the diagnosis or assessment of a disease, disorder or condition, and the communication of the diagnosis or assessment to the client;

⁶⁸ *Registered Nurses Act* (P.E.I.), s.1(r)

⁶⁹ P.E.I. Regulations, s.6(1)

⁷⁰ P.E.I. Regulations, s.1(b)

⁷¹ “Standards of practice” for NPs are defined as, “the professional standards of practice for [NPs] that are established or adopted in the bylaws [of the Association]”: P.E.I. Regulations, s.1(g); at present there are no written standards published by the Association.

⁷² P.E.I. Regulations, s.6(1)

- (b) the ordering of, and interpreting reports of, X-Rays concerning the following areas of the body of a client:
 - (i) skeletal,
 - (ii) abdomen,
 - (iii) chest or breast;
- (c) the ordering of, and interpreting reports of, ultrasounds concerning the following areas of the body of a client:
 - (i) abdomen,
 - (ii) pelvis,
 - (iii) breast;
- (d) the ordering of, and interpreting of, laboratory tests and other screening and diagnostic tests;
- (e) the ordering of, and interpreting reports of, electrocardiograms;
- (f) the ordering of, and interpreting reports of, spirometry;
- (g) the ordering of the application of forms of energy for therapeutic purposes, including the application of
 - (i) TENS (transcutaneous electrical nerve stimulation),
 - (ii) thermal energy, or
 - (iii) therapeutic touch

The regulations establish specific circumstances in which consultation with a client's primary medical practitioner and/or transfer of the client's care to another medical practitioner or to a hospital are required.⁷³

In order to prescribe drugs, an NP must obtain a written authorization (i.e., on an individual basis) from the Minister of Health and Social Services under the *Pharmacy Act* that will specify the drugs or classes of drugs the NP is authorized to prescribe. The foundation for the Minister's authorization is written confirmation obtained from the Association that the NP has the necessary training and education to prescribe the drugs or classes of drugs. To obtain this confirmation, the NP must provide the Registrar of the Association with a completed application form and "such information or evidence as the Registrar may require to satisfy the Registrar that the applicant has the training and education to competently prescribe the drugs or classes of drugs specified in the application".⁷⁴

In deciding whether to provide the confirmation requested, the Registrar is required to apply the Nurse Practitioner Medication Prescription Guidelines established by the Nurse Practitioner Diagnostic and Therapeutics Committee. The Nurse Practitioner Diagnostic and Therapeutics Committee is a statutory committee of the Association comprised of six members including:⁷⁵

⁷³ P.E.I. Regulations, s.6(2)-(4); Appendix P.E.I. -13

⁷⁴ *Registered Nurses Act* (P.E.I.), s.12(3); and P.E.I. Regulations, s.7(1)-(4)

⁷⁵ P.E.I. Regulations, s.7(5) and 8

- Two Association members (1 NP and 1 non-NP);
- One member of the College of Physicians and Surgeons of P.E.I.;
- One licensed pharmacist of the Pharmacy Board; a person knowledgeable in pharmacology appointed by the Lieutenant Governor in Council; and
- One member of the Association appointed by the Lieutenant Governor in Council.

Entry to practice requirements for NPs

In addition to being licensed as an RN and meeting specified administrative requirements, must:⁷⁶

- Successfully complete a recognized NP education program; and
- Satisfy any endorsement requirements set out in the regulations.

These further endorsement requirements include the following:⁷⁷

- Graduation from an educational program for NPs that is approved by Council and is offered by an approved school of nursing;
- If graduation was more than three years prior to application, lawfully practiced as an NP in P.E.I. or another province for 1800 hours;
- Pass any NP examination required by Council; and
- Satisfactorily complete a competence assessment (at NP expense) if required by Council to establish that the applicant is competent to practice.

Specialty designations for NPs

None.

Title protection for NPs

The following designations, either alone or in combination with other words, letters or descriptions, are protected:⁷⁸

- “Nurse practitioner”
- “NP”, “RNNP”, “RN(NP)”

⁷⁶ *Registered Nurses Act* (P.E.I.), s.15

⁷⁷ P.E.I. Regulations, s.5(1)

⁷⁸ *Registered Nurses Act* (P.E.I.), s.18(2)

Continuing competence requirements for NPs

The continuing competence program is established by Association policy.

Insurance requirements for NPs

NPs receive legal liability protection upon licensure by the Association through the CNPS, with coverage of \$5 million per occurrence to a maximum of \$5 million per year. Additional insurance is optional.⁷⁹

Anticipated legislative reform

HPRAC has been advised that no legislative reform is presently anticipated.⁸⁰

⁷⁹ Personal communication from an Association representative.

⁸⁰ Personal communication from an Association representative.

6. QUEBEC

Regulatory body

Ordre des infirmières et infirmiers du Québec (the “Ordre”)

The Ordre is governed by a bureau (the “Bureau”).

Legislation

Nurses Act, R.S.Q. c.I-8 s1 (the “*Nurses Act* (Que.)” or the “Act”)

Regulation c.I-8, r.3.1 under the *Professional Code* (R.S.Q., c.C-26, s.93, par.c, s.94, par. E, h and I and 94.1); *Nurses Act* (R.S.Q., c.I-8, s.14, par.f) (the “Que. Specialist NP Regulation”)

Regulation c.M-9, r.1.3 under the *Medical Act* (R.S.Q., c.M-9, s.19, 1st par., subpar. b); *Professional Code* (R.S.Q., c.C-26, s.94.1) (the “Que. Medicine Regulation”)

Regulatory recognition of NPs

Yes.

Classes of registration

- Nurses (“RN”)
- Specialized nurse practitioners (“NP”) as follows:⁸¹
 - NP specializing in neonatology
 - NP specializing in nephrology
 - NP specializing in cardiology
 - NP specializing in first-line care

Definitions of nursing practice

The practice of nursing,

consists in assessing a person’s state of health, determining and carrying out of the nursing care and treatment plan, providing

⁸¹ Que. Specialist NP Regulation, s.3 (attached as Appendix A: Q-14); the term “first-line care” is analogous to “primary care” (as is clear from the Que. Medicine Regulation, s.8.1-8.5)

nursing and medical care and treatment in order to maintain or restore health and prevent illness, and providing palliative care.”⁸²

The following activities in the practice of nursing are reserved to nurses.⁸³

- assessing the physical and mental condition of a symptomatic person;
- providing clinical monitoring of the condition of persons whose state of health is problematic, including monitoring and adjusting the therapeutic nursing plan;
- initiating diagnostic and therapeutic measures, according to a prescription;
- initiating diagnostic measures for the purposes of a screening operation under the *Public Health Act* (chapter S-2.2);
- performing invasive examinations and diagnostic tests, according to a prescription;
- providing and adjusting medical treatment, according to a prescription;
- determining the treatment plan for wounds and alterations of the skin and teguments and providing the required care and treatment;
- applying invasive techniques;
- participating in pregnancy care, deliveries and postpartum care;
- providing nursing follow-up for persons with complex health problems;
- administering and adjusting prescribed medications or other prescribed substances;
- performing vaccinations as part of a vaccination operation under the *Public Health Act*;
- mixing substances to complete the preparation of a medication, according to a prescription; and
- making decisions as to the use of restraint measures.

Overview of regulatory approach to NP scope of practice

Nurses may, if authorized by the *Nurses Act* (Que.) and regulations under the *Medicine Act*, engage in one or more of the following activities.⁸⁴

- Prescribing diagnostic examinations;

⁸² *Nurses Act* (Que.), s.36

⁸³ *Nurses Act* (Que.), s.36

⁸⁴ *Nurses Act* (Que.), s.36.1; Que. Medicine Regulation, s.5

- Using diagnostic techniques that are invasive or entail risks of injury;
- Prescribing medications and other substances;
- Prescribing medical treatment;
- Using techniques or applying medical treatments that are invasive or entail risks of injury.

The Quebec Medicine Regulation (attached as Appendix A: Q-15) provides that a nurse who holds a specialist's certificate as established by the Quebec Specialist NP Regulation may do all of the medical activities listed above under stipulated terms and conditions set out in the regulation (discussed below).⁸⁵

Authorized practice by NPs

The Quebec Medicine Regulation (Appendix A: Q-15) establishes detailed terms and conditions under which NPs within each of the specialized classes may perform the activities set out in the general list of activities set out above.

Entry to practice requirements for NPs

These are established by the Quebec Specialist NP Regulation. They provide that a nurse who meets the following conditions (in addition to payment of required fees) shall be issued an NP specialist's certificate:⁸⁶

- Diploma recognized by government regulation (or equivalent, as set out in the regulation);
- Credentials specific to cardiology or neonatology, as relevant;
- Pass the specialty examination corresponding to the specialty concerned (as set out in the Que. Specialist NP Regulation).

Specialty designations for NPs

As set out above re classes of registration:

- NP specializing in neonatology
- NP specializing in nephrology
- NP specializing in cardiology
- NP specializing in first-line care

⁸⁵ Quebec Medicine Regulation, Division II, s.51

⁸⁶ Quebec. NP Specialty Regulation, s.3; attached as Appendix A: Q-14

Title protection for NPs

All persons without a valid permit and who are not entered on the roll of the Ordre are prohibited from using the title “nurse” or “any other title or abbreviation which may lead to the belief that he [or she] is one, or initials which may lead to the belief that he [or she] is one, or engage in a professional activity reserved to the members of a professional order, claim to have the right to do so or act in such a way as to lead to the belief that he [or she] is authorized to do so, ...”⁸⁷

Continuing competence requirements for NPs

Requirements have been established but the details are not yet confirmed.⁸⁸

Insurance requirements for NPs

All nursing professionals are required by regulation to be insured against liability owing to fault or negligence committed in the exercise of the profession, with an annual limit not less than \$ million. The Ordre has negotiated coverage with a commercial carrier with coverage of \$1 million per claim to a maximum of \$3 million annually. Access to this coverage is provided with payment of the annual licensing fee, although nursing professionals are free to seek alternative coverage.⁸⁹

Anticipated legislative reform

HPRAC has been advised that no legislative reform is presently anticipated.⁹⁰

⁸⁷ *Professional Code* (R.S.Q., c.C-26, s.32)

⁸⁸ Personal communication from an Ordre representative; further details may be forthcoming.

⁸⁹ Regulation c.I-8, r.3 under the *Professional Code* (R.S.Q., c.C-26, s.93, par.c, s.94.); and Nurses Act (R.S.Q., c.I-8), s.2.01

⁹⁰ Personal communication with an Ordre representative.

7. MANITOBA

Regulatory body

College of Registered Nurses of Manitoba (the “College”)

The College is governed by a board (the “Board”).

Legislation

The Registered Nurses Act, C.C.S.M., c.R40
(the “*Registered Nurses Act (Man.)*” or the “*Act*”)

Extended Practice Regulations
(the “*Man. Regulations*” or the “*Regulation*”)

Regulatory recognition of NPs

Yes.

Classes of registration

- Registered nurse (“RN”)
- Registered nurse (extended practice) (“RN(EP)”)

Definitions of nursing practice

The “practice of a registered nurse” is defined as,⁹¹

- (a) assessing health status;
- (b) planning, providing and evaluating treatment and nursing interventions;
- (c) counselling and teaching to enhance health and well-being; and
- (d) education, administration and research related to providing health services

In accordance with any requirements set out in regulations under the Act, an RN may do any of the following in the practice of nursing:⁹²

⁹¹ *Registered Nurses Act (Man.)*, s.2(1)

⁹² *Registered Nurses Act (Man.)*, s.2(2)

- (a) order and receive reports of screening and diagnostic tests designated in the regulations;
- (b) prescribe drugs designated in the regulations;
- (c) perform minor surgical and invasive procedures designated in the regulations.

Overview of regulatory approach to NP scope of practice

The parameters within which RN(EP)s independently order and receive reports of screening and diagnostic tests, prescribe drugs and vaccines and perform minor surgical and invasive procedures are set out in schedules established by regulation. RN(EP) may exceed these parameters for screening and diagnostic tests and for drugs only:

- as permitted by written policy of the regional health authority or health care facility within which they are employed; or
- in the context of consultation or collaboration with a physician or other health care provider (as described below).

RN(EP)s are required by regulation to comply with any written standards of practice established by the Board for extended practice nursing.⁹³ The current standards are attached as Appendix A: M-16. In summary, they require RN(EP)s:

- To consult and collaborate with other health professionals as appropriate and in accordance with the *Competencies for the Registered Nurse (Extended Practice) RN(EP) Register*, to ensure that the overall health care needs of their clients are met.
- To prescribe drugs relevant to the nurse's area of practice and client population served in accordance with the Regulation, all other relevant provincial and federal legislation, the *Competencies for the Registered Nurse (Extended Practice) RN(EP) Register*, and recognized best practices.
- To order specific screening and diagnostic tests relevant to the nurse's area of practice and client population served in accordance with the Regulation, the Laboratory Requisition Regulation of The *Health Services Insurance Act*, the *Competencies for the Registered Nurse (Extended Practice) RN(EP) Register*, and recognized best practices.
- To perform minor surgical and invasive procedures competently and in accordance with the Extended Practice Regulation, *Competencies for the Registered Nurse (Extended Practice)*, *RN(EP) Register* and recognized best practices.

⁹³ Man. Regulations, s.4

The schedules and written standards are established on the basis of recommendations by a statutory committee called the “extended practice advisory committee” (the “Committee”) composed of:

- Two RN(EP) appointed by the Board;
- Two appointees of the College of Physicians and Surgeons of Manitoba;
- Two appointees of the Manitoba Pharmaceutical Association;
- a faculty member from the Faculty of Nursing, University of Manitoba (non-voting); and
- An appointee of the Deputy Minister, Manitoba Department of Health (non-voting).⁹⁴

A quorum of the Committee is three voting members, including one representative of each of the College, the College of Physicians and Surgeons of Manitoba and the Manitoba Pharmaceutical Association. The Board may decide to accept or reject the Committee’s recommendations, but before doing so must consult with persons who employ NPs about the recommendations and consider their comments before making its decision.

Authorized practice by NPs

RN(EP)s may order and receive reports of screening and diagnostic tests listed in Schedule A to the Regulations (see Appendix A: M-17). RN(EP)s may order and receive reports of screening and diagnostic tests beyond those listed in Schedule A if:

- The nurse is an employee of a regional health authority or health care facility and is permitted to order the tests by a written policy of the authority or facility; or
- The test is required to monitor a patient’s chronic illness or injury and the nurse has consulted with the patient’s physician whose name appears on the test requisition.⁹⁵

RN(EP)s may prescribe (and distribute samples of) drugs and devices listed in Schedule B to the Regulations(see Appendix A: M-18). RN(EP)s may prescribe drugs beyond those listed in Schedule B:

- If the nurse is an employee of a regional health authority or health care facility and is permitted to do so by a written policy of the authority or facility; or

⁹⁴ Man. Regulations, s.9

⁹⁵ Man. Regulations, s.5

- For patients being managed collaboratively with another health care provider with authority to prescribe the drug.⁹⁶

RN(EP)s may prescribe vaccines:

- listed in the Specified Drugs Regulation (see Appendix A: M-18);
- not listed in the Specified Drugs Regulation but that may be dispensed through a retail pharmacy;
- used in a provincial immunization program when required to be prescribed for persons who do not meet the provincial criteria for free vaccine; and
- BCG vaccine and rabies vaccine.⁹⁷

RN(EP)s may perform the following minor surgical and invasive procedures.⁹⁸

- (a) Suturing, but not below the fascia or in a case where there might be an underlying injury;
- (b) Any of the following procedures when required for the purpose of treating, assessing or diagnosing a person or assisting them with health management:
 - (i) a procedure that requires putting an instrument beyond the point in the nasal passages where they normally narrow, beyond the uvula, beyond the opening of the urethra, or below the dermis or below a mucous membrane,
 - (ii) a procedure that requires putting an instrument or finger beyond the anal verge, or into an artificial opening into the body,
 - (iii) a procedure that requires putting an instrument, hand or finger beyond the labia majora,
 - (iv) creating an opening into the body that requires putting an instrument into the body.

Entry to practice requirements for NPs

In addition to being licensed as an RN and meeting specified administrative requirements:⁹⁹

- Graduation from the Masters of Nursing program (NP major) of the Faculty of Nursing, University of Manitoba, approved by the Board, or equivalent in another jurisdiction as determined by the Board;

⁹⁶ Man. Regulations, s.6

⁹⁷ Man. Regulations, s.7

⁹⁸ Man. Regulations, s.8

⁹⁹ Man. Regulations, s.2(1)

- Graduation from a nursing program at an advanced level that was, at the time the applicant graduated (as determined by the Board), substantially equivalent to the University of Manitoba program; or
- If the applicant did not graduate from any such program, successfully complete an assessment of his or her ability to perform the competencies established by the Board for extended practice nursing.
- All applicants must pass an examination established by the Board for extended practice nursing.

The Board is required to establish written competencies for extended practice nursing for the purposes of registration. The current written competencies (entitled, *Competencies for the Registered Nurse (Extended Practice), RN(EP) Register*) are attached as Appendix A: M-19 and address four areas:¹⁰⁰

- Assessment and Diagnosis of Client Health/Illness Status;
- Pharmacotherapeutics and other Therapeutic Interventions in Client Care Management;
- Population Health and Illness/Injury Prevention;
- Professional Responsibilities and Accountabilities

Specialty designations for NPs

None.

Title protection for NPs

- Registered nurse (extended practice) including variations, abbreviations (such as “RN(EP)” and equivalents in other languages).¹⁰¹

Continuing competence requirements for NPs

The Board is required to establish a continuing competence program to provide for the supervision of nursing practice including:¹⁰²

- Reviewing the professional competence of members;
- Conducting practice audits in accordance with the Act;¹⁰³ and
- Requiring members to participate in programs for ensuring competence.

¹⁰⁰ Man. Regulations, s.2(3)

¹⁰¹ Man. Regulations, s.3

¹⁰² *Registered Nurses Act* (Man.), s.15

¹⁰³ *Registered Nurses Act* (Man.), s.53

The Committee is required to review the outcomes of practice audits conducted by the College in relation to the following activities of RN(EP)s: ordering screening and diagnostic tests; prescribing drugs; and performing minor surgical and invasive procedures).¹⁰⁴

Details as to the specific requirements of the continuing competence program are established by Board policy.

Insurance requirements for NPs

RN(EP)s receive legal liability protection upon licensure by the College through the CNPS, with coverage of \$5 million per occurrence to a maximum of \$5 million per year. Additional insurance is optional.¹⁰⁵

Anticipated legislative reform

Manitoba may develop health professions legislation encompassing multiple health disciplines along the lines of Ontario and other provinces. The timing of this initiative is uncertain. For RN(EP)s it may include expanded title protection to include “Nurse Practitioner”.¹⁰⁶

Other

The Board is required to review the effectiveness of the Regulation no later than three years after coming into force, to consult with those affected by it in the course of doing so and to amend the regulation if it considers it advisable.¹⁰⁷ The Board is empowered to make regulations, but these do not come into force until approved by the Lieutenant Governor in Council.¹⁰⁸

¹⁰⁴ Man. Regulations, s.9(4)(c)

¹⁰⁵ Personal communication from a College representative

¹⁰⁶ Personal communication from a College representative.

¹⁰⁷ Man. Regulations, s.10

¹⁰⁸ *Registered Nurses Act* (Man.), s.51

8. SASKATCHEWAN

Regulatory body

The Saskatchewan Registered Nurses' Association (the "Association")

The Association is governed by a council (the "Council").

Legislation

The Registered Nurses Act, 1988, S.S. 1988-89, c.R-12.2, as amended (the "*Registered Nurses Act (Sask.)*" or the "Act")

Regulatory recognition of NPs

Yes.

Classes of registration

- Registered nurse, with two practice categories:
 - General practice category ("RN")
 - Nurse practitioner category ("NP")

Definitions of nursing practice

The practice of registered nursing is defined as,

the performance of coordination of health care services including but not limited to:¹⁰⁹

- (i) observing and assessing the health status of clients and planning, implementing and evaluating nursing care; and
- (ii) the counseling, teaching, supervision, administration and research that is required to implement or complement health care services; for the purpose of promoting, maintaining or restoring health, preventing

¹⁰⁹ *Registered Nurses Act (Sask.)*, s.2(k)

illness and alleviating suffering where the performance or co-ordination of those services requires:

- (iii) the knowledge, skill or judgment of a person who qualifies for registration pursuant to section 19 or 20;
- (iv) specialized knowledge of nursing theory other than that mentioned in subclause (iii);
- (v) skill or judgment acquired through nursing practice other than that mentioned in subclause (iii);
- (vi) other knowledge of biological, physical, behavioural, psychological and sociological sciences that is relevant to the knowledge, skill or judgment described in subclause (iii), (iv) or (v).

Overview of regulatory approach to NP scope of practice

The Board is empowered to pass by-laws (that are without force unless approved by the Minister responsible for the Act):¹¹⁰

- Governing the prescribing and dispensing of drugs by an RN;
- Designating the screening and diagnostic tests that a registered nurse may order, perform, receive or interpret and prescribing conditions or restrictions on the ordering, performing, receiving or interpreting of those tests;
- Designating the minor surgical and invasive procedures that a registered nurse may perform and prescribing conditions or restrictions on the performing of those procedures.

Authorized practice by NPs

The Association by-laws provide that NPs may, subject to conditions or restrictions imposed on his or her license, perform the services set out in section 3(2) of the Association By-law VI (Appendix A: S.-20).

The By-laws require compliance with competencies and standards established by Council. The current competencies and standards are set out in the Association's document, *Registered Nurse (Nurse Practitioner) RN(NP) Standards & Care Competencies 2003* (Appendix A: S.-21).

¹¹⁰ *Registered Nurses Act* (Sask.), s.15(2)(f.1)-(f.3)

Entry to practice requirements for NPs

Detailed requirements are set out in Sections 3(5) – (12) of the Association By-law VI (Appendix A:S.-20).

Specialty designations for NPs

The Association's By-law permits the Council to recognize and approve NP specialties.¹¹¹ The currently approved specialties are primary health care and neonatal. Applicants for the specialty designations must meet educational requirements and pass examinations approved by the Association.

Title protection for NPs

The following titles are protected including any word, title or designation, abbreviated or otherwise.¹¹²

- “Registered Nurse”; “Reg. N.”; “R.N.”

Continuing competence requirements for NPs

The Board is empowered to pass by-laws,

“establishing and governing a program for the purpose of reviewing and improving the quality of nursing care provided by members and requiring the participation of members in the program.”¹¹³

Section 1 of the Association By-laws V.1 sets out the basic parameters of the continuing competence program (Appendix A: S.-22), but the detailed content of the program is established by Association policy.

Insurance requirements for NPs

The Board is empowered to pass by-laws prescribing the minimum amount of liability protection that nurses or a category of nurses are required to obtain.¹¹⁴

NPs receive legal liability protection upon licensure by the Association through the CNPS, with coverage of \$5,000,000.00 per occurrence to a maximum of \$5,000,000.00 per year. Additional insurance is optional.¹¹⁵

¹¹¹ Association By-law VI, section 3(3)

¹¹² *Registered Nurses Act* (Sask.), s23(3)

¹¹³ *Registered Nurses Act* (Sask.), s.15(2)(e.1)

¹¹⁴ *Registered Nurses Act* (Sask.), s.15(2)(o)

Anticipated legislative reform

HPRAC has been advised that no legislative reform is presently anticipated.¹¹⁶

¹¹⁵ Personal communication from an Association representative.

¹¹⁶ Personal communication with a College representative.

9. ALBERTA

Regulatory body

College and Association of Registered Nurses of Alberta (the “College”)

The College is governed by a council (the “Council”).

Legislation

Health Professions Act, R.S.A. 2000, c.H-7 (the “*Health Professions Act (Alta.)*” or the “Act”)

Schedule 24 - Profession of Registered Nurses (“Schedule 24”)

(Registered Nurses Profession Regulation, Alta. Reg. 232/2005)
(the “Alta. Regulation” or the “Regulation”)

Regulatory recognition of NPs

Yes.

Classes of registration

- Registered nurse (“RN”)
- Nurse practitioner (“NP”)

Definitions of nursing practice

In their practice, RNs do one or more of the following:¹¹⁷

- (a) based on an ethic of caring and the goals and circumstances of those receiving nursing services, registered nurses apply nursing knowledge, skill and judgment to
 - (i) assist individuals, families, groups and communities to achieve their optimal physical, emotional, mental and spiritual health and well-being;
 - (ii) assess, diagnose and provide treatment and interventions and make referrals;

¹¹⁷ Schedule 24, s.3

- (iii) prevent or treat injury and illness;
 - (iv) teach, counsel and advocate to enhance health and well-being;
 - (v) co-ordinate, supervise, monitor and evaluate the provision of health services;
 - (vi) teach nursing theory and practice;
 - (vii) manage, administer and allocate resources related to health services;
 - (viii) engage in research related to health and the practice of nursing; and
- (b) provide restricted activities authorized by the regulations

Overview of regulatory approach to NP scope of practice

The *Health Professions Act* provides the regulatory structure for all self-governing health professions in Alberta. It establishes a common framework across all of the professions for registration, discipline, continuing competence and restricted activities. Schedule 24 to the *Health Professions Act* is specific to the Profession of Registered Nurses.

“Restricted activities are regulated health services which have been identified as involving a significant degree of risk to the public. They are also activities that demand specific competencies on the part of the person performing them.”¹¹⁸

Members of different health professions may be authorized to perform the same restricted acts.

Those restricted acts that may be performed by NPs are set out in the Regulation.

The Regulation also expressly provides that regulated members (including NPs) must:

- ... restrict themselves in performing restricted activities to those activities that they are competent to perform to those that are appropriate to the member’s area of practice and the procedures being performed”; and
- Perform the restricted activity in accordance with standards of practice adopted by the Council.¹¹⁹

¹¹⁸ Alberta Health & Wellness, 2000, as cited by the College in *Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities* (October 2005).

¹¹⁹ Alta. Regulation, s.16

Authorized practice by NPs

NPs are authorized to perform all of the restricted acts available to RNs¹²⁰ (Appendix A: A-23) and additional restricted acts available within the practice of nursing only to NPs (Appendix A: A-24).¹²¹

The restricted acts are generally stated and may encompass a range of different interventions. Detailed guidance as to the scope of practice of NPs, including how it differs from the scope of practice for RNs with respect to the shared list of restricted acts, is set out in the standards of practice established by the College for NPs (*Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities*; attached as Appendix A: A-26).

Entry to practice requirements for NPs

The Regulation requires that NPs must, in addition to being registered as an RN, have:¹²²

- Successfully completed a baccalaureate degree in nursing satisfactory to the College Registration Committee;
- Completed 4500 hours of RN practice satisfactory to the Registration Committee;
- Successfully completed an NP education program approved by the Council; and
- Passed any examination respecting NP practice approved by the Council.¹²³

Specialty designations for NPs

- NP – Primary health care – family
- NP – Adult
- NP – Child¹²⁴

¹²⁰ Alta. Regulation, s.15(1)

¹²¹ Alta. Regulation, s.15(2)

¹²² Alta. Regulation, s.4(1); the regulation provides for equivalency for some requirements

¹²³ There are no approved examinations at this time, but efforts are underway in this regard following recommendations made by the Canadian Nurse Practitioners Initiative (“CNPI”); personal communication from College representative

¹²⁴ Personal communication from College representative

Title protection for NPs

The following titles are protected:

- “Nurse practitioner”; “NP”¹²⁵

Continuing competence requirements for NPs

The regulation provides that all regulated members (including NPs) must, as part of the continuing competence program:¹²⁶

- Complete, in each membership year, a reflective practice review in a form satisfactory to the College Competence Committee, to include:
 - A personal assessment of the member’s own nursing practice against College standards;
 - The development and implementation of a written learning plan which follows from the assessment, and a written evaluation of the result of the learning;
 - Feedback regarding the member’s nursing practice;
- Meet stipulated renewal requirements of:
 - Within the previous five membership years, completing: 1125 hours of RN practice; an educational program satisfactory to the College Registrar; or an approved nursing refresher program; and
 - Evidence satisfactory to the Registrar of 600 hours of NP practice within the previous two membership years.

Insurance requirements for NPs

NPs receive legal liability protection upon licensure by the Association through the CNPS.¹²⁷

Anticipated legislative reform

HPRAC has been advised that no legislative reform is presently anticipated.¹²⁸

¹²⁵ Schedule 24 s.2(a); *Health Professions Act* (Alta.), s.128

¹²⁶ Alta. Regulation, s.19, 21(1)(d) and (3)

¹²⁷ Personal communication from a College representative.

¹²⁸ Personal communication with a College representative.

10. BRITISH COLUMBIA

Regulatory body

College of Registered Nurses of British Columbia (the “College”)

The College is governed by a board (the “Board”).

Legislation

Health Professions Act, R.S.B.C. 1996, c.183 (the “*Health Professions Act* (B.C.)” or the “Act”)

Nurses (Registered) and Nurse Practitioners Regulation, B.C. Reg.233/2005 (the “B.C. Regulation” or the “Regulation”)

Regulatory recognition of NPs

Yes.

Classes of registration

- Registered nurse (“RN”)
- Nurse practitioner (“NP”)

Definitions of nursing practice

“Nursing” is defined as¹²⁹

The health profession within which a person provides or performs the following services;

- (a) health care for the promotion, maintenance and restoration of health, and prevention, treatment and palliation of illness and injury, primarily by
 - (i) assessment of health status,
 - (ii) planning and implementation of interventions, and
 - (iii) coordination of health services.

¹²⁹ B.C. Regulation, s.1

Reserved actions are clinical activities that present a significant risk of harm and their performance is therefore restricted to specified health professions. Most activities that nurses carry out do not involve reserved actions.

The Regulation establishes three lists of reserved actions that may be undertaken by RNs during the course of practicing nursing: (1) a list of services that may be undertaken autonomously;¹³⁰ and (2) a list of services that may be performed to comply with an order of another health professional who is authorized to provide or perform the service.¹³¹

The Regulation establishes a third list of reserved actions that may be undertaken by individual RNs who successfully complete a certification program established or approved under College by-laws to ensure that they are qualified and competent to provide or perform that service in the practice setting in which it is to be provided or performed.¹³²

Overview of regulatory approach to NP scope of practice

The Regulation establishes a list of reserved actions that may be undertaken by NPs (described below).

The Regulation requires NPs performing these services to do so, “in accordance with all standards, limits and conditions for the practice of nursing by nurse practitioners” established by the Board on the recommendation of a committee¹³³ (the Nurse Practitioners Standards Committee) with the duty and power to develop and recommend standards, limits or conditions for the practice of nursing by nurse practitioners.¹³⁴

The Committee is composed of:

- Seven RNs and/or NPs, at least one of whom is a nurse educator from a nurse practitioner education program;
- One appointed Board member;
- Two physicians (one family physician and one specialist) approved by the College of Physicians and Surgeons of British Columbia;
- One pharmacist approved by the College of Pharmacists of British Columbia; and

¹³⁰ B.C. Regulation, s.8(1); see Appendix A: B.C. -27

¹³¹ B.C. Regulation, s.9; see Appendix A: B.C. –28. The term “order” is defined by B.C. Regulation, s.1 and must be specific to an individual, named client.

¹³² B.C. Regulation, s.10(1) and (3); see Appendix A: B.C. –29.

¹³³ *Health Professions Act* (B.C.), s.19(1)(t) empowers the Board to create such committees; College by-laws specify the composition and responsibilities of this Committee

¹³⁴ B.C. Regulation, s.11(1) and (3); see also s.6.

- One person nominated by the Ministry of Health Services.

Authorized practice by NPs

NPs may:¹³⁵

- (a) provide or perform an activity described in section 9 (1), except compound, dispense or administer a drug specified in Schedule 1A of the Drug Schedules Regulation, B.C. Reg. 9/98;
- (b) provide or perform an activity described in section 10 (1) (b) to (d);
- (c) set or cast a closed simple fracture of a bone, or reduce a dislocation of a joint;
- (d) apply X-ray for diagnostic or imaging purposes, except X-ray for computerized axial tomography;
- (e) give an order to apply one or more of the following forms of energy:
 - (i) ultrasound for diagnostic or imaging purposes, including any application of ultrasound to a fetus;
 - (ii) X-ray for computerized axial tomography, or;
- (f) prescribe or give an order to compound, dispense or administer by any method a drug that is specified in Schedule I or II of the Drug Schedules Regulation, B.C. Reg. 9/98.

The College has established detailed standards, limits and conditions for all three categories of NP practice: NP (Family); NP (adult) and NP(Paediatrics). These standards each focus on the following three areas:

- Diagnosis and health care management (Appendix A: B.C. 30);
- Prescribing and dispensing drugs (Appendix A: B.C. 31); and
- Physician consultation and referral (Appendix A: B.C. 32).

Entry to practice requirements for NPs

The Registration Committee of the College is responsible for granting registration to all members, including NPs, in accordance with the requirements of its by-laws.

Specialty designations for NPs

NPs are registered in three categories reflecting broad client populations:

¹³⁵ B.C. Regulation, s.11(1)

- Family
- Adult
- Paediatric

Title protection for NPs

- “Nurse practitioner”
- “Registered nurse practitioner”
- “Registered nurse”¹³⁶

Continuing competence requirements for NPs

These are not specifically provided for in the Act or Regulation. Detailed requirements are established by the College by-laws.

Insurance requirements for NPs

All NPs must be insured against liability for negligence in the provision of services that constitute the practice of nursing in an amount of at least \$5 million per claim in a form satisfactory to the College.¹³⁷

Anticipated legislative reform

HPRAC has been advised that no legislative reform is presently anticipated.¹³⁸

¹³⁶ B.C. Regulation, s.4

¹³⁷ College By-laws, Part 8

¹³⁸ Personal communication with a College representative.

11. YUKON

Regulatory body

Yukon Registered Nurses Association (the “Association”)

The Association is governed by a board of directors (the “Board”).

Legislation

Registered Nurses Profession Act, R.S.Y. 2002, c.194, as amended (the “*Registered Nurses Profession Act* (Yuk.)” or the “Act”)

Yukon Registered Nurses Association Regulations, O.I.C. 1993/185 (the “Yukon Regulations” or the “Regulations”)

Regulatory recognition of NPs

No; see below regarding “Anticipated legislative reform”.

Classes of registration

- Registered nurses (“RNs”)

Definitions of nursing practice

“Nursing” is defined as,¹³⁹

the application of professional nursing knowledge or services for compensation for the purpose of

- (a) promoting, maintaining, and restoring health,
- (b) preventing illness, injury, or disability,
- (c) caring for persons who are sick, injured, disabled, or dying,
- (d) assisting in pre-natal care, childbirth, and post-natal care,
- (e) health teaching and health counseling,
- (f) coordinating health care, or
- (g) engaging in administration, teaching, or research to implement a matter referred to in paragraphs (a) to (f).

¹³⁹ *Registered Nurses Profession Act* (Yuk.), s.1

Overview of regulatory approach to NP scope of practice

N/A

Authorized practice by NPs

N/A

Entry to practice requirements for NPs

N/A

Specialty designations for NPs

N/A

Title protection for NPs

N/A

Continuing competence requirements for NPs

N/A

Insurance requirements for NPs

N/A

Anticipated legislative reform

To date, the Yukon has not introduced a regulatory framework for NPs based on the view that the broad definition of “nursing” under the *Registered Nurses Profession Act* (Yuk.) was sufficient to enable all RNs a broad scope of practice. There is, however, developing recognition of the need to develop a regulatory regime for NPs to ensure clear and consistent definition of scope of practice for those practicing in an extended role, and to facilitate recruitment and retention of nurses in rural communities.¹⁴⁰

¹⁴⁰ “Nurse Practitioners and Issues for the Yukon”, prepared by the Association (August 2004); personal communication from Association representative

12. NORTHWEST TERRITORIES AND NUNAVUT

Regulatory body

Registered Nurses Association of Northwest Territories and Nunavut (the “Association”)

The Association is governed by a board of directors (the “Board”).

Legislation

Nursing Profession Act, S.N.W.T. 2003, c.15, as amended (the “*Nursing Profession Act* (N.W.T. & Nun.)” or the “Act”)

Regulatory recognition of NPs

Yes.

Classes of registration

- Registered nurse (“RN”)
- Nurse practitioner (“NP”)

Definitions of nursing practice

RNs are entitled to apply nursing knowledge, skills and judgment (subject to by-laws established by the Association):¹⁴¹

- (a) to promote, maintain and restore health;
- (b) to prevent and alleviate illness, injury and disability;
- (c) to assist in prenatal care, childbirth, and postnatal care;
- (d) to care for the terminally ill and the dying;
- (e) in the coordination of health care services;
- (f) in administration, supervision, education, consultation, teaching, policy development and research with respect to any of the matters referred to in paragraphs (a) to (e); and
- (g) to dispense, compound and package drugs where the bylaws so permit.

¹⁴¹ *Nursing Profession Act* (N.W.T. & Nun.), s.2

Overview of regulatory approach to NP scope of practice

NPs' ability to practice within the generally authorized scope described below is subject to any guidelines respecting the practice of NPs recommended by the Association and approved by the Minister and subject to any regulations or by-laws.¹⁴²

In particular, the guidelines specify:¹⁴³

- screening and diagnostic tests that may be ordered and interpreted by NPs;
- drugs that may be selected, recommended, supplied, prescribed and monitored by NPs;
- procedures that may be performed by NPs.

Authorized practice by NPs

Subject to the regulations, by-laws and any guidelines and in addition to the functions of an RN, NPs are entitled to apply advanced nursing skills, knowledge and judgment:¹⁴⁴

- (a) to make a diagnosis identifying a disease, disorder or condition;
- (b) to communicate a diagnosis to a patient;
- (c) to order and interpret screening and diagnostic tests authorized in guidelines approved by the Minister;
- (d) to select, recommend, supply, prescribe and monitor the effectiveness of drugs authorized in guidelines approved by the Minister; and
- (e) to perform other procedures that are authorized in guidelines approved by the Minister.

The current guidelines are entitled, *Practice Guidelines for Primary Health Care Nurse Practitioners* dated August 2005 (Appendix A: N.W.T. & Nun. –33).

The *Prescriptive Authority Guidelines for N.W.T. Primary Health Care Nurse Practitioners* (Appendix A: N.W.T. & Nun.-34) are an addendum to the *Practice Guidelines*.

Entry to practice requirements for NPs

In addition to being licensed as an RN and meeting specified administrative requirements, must:¹⁴⁵

¹⁴² *Nursing Profession Act* (N.W.T. & Nun.), s.4(2), 5

¹⁴³ *Nursing Profession Act* (N.W.T. & Nun.), s.4(1) and (2)

¹⁴⁴ *Nursing Profession Act* (N.W.T. & Nun.), s.4(1)

- Satisfactorily complete an approved nursing education program (i.e., offered in the N.W.T. or Nunavut and approved by the Board), or advanced nursing education program outside the N.W.T. or Nunavut that prepares people to engage in the practice of NPs and is recognized by the Board; or
- Be registered in another province or territory in a category of nurses that may engage in practice comparable to the practice of NPs and satisfy the Registration Committee of the Association that he or she is qualified to engage in the practice of an NP.

Specialty designations for NPs

None.

Title protection for NPs

- “Nurse practitioner”; “N.P.”; “R.N.(N.P.)”¹⁴⁶

Continuing competence requirements for NPs

The Act allows for the creation of a continuing competence program to be established or adopted by the Association to which NPs must comply to ensure that NPs have the combined knowledge, skills and judgment necessary to meet accepted standards.¹⁴⁷ The details are established by Association policy.

Insurance requirements for NPs

NPs receive legal liability protection upon licensure by the Association through the CNPS, with coverage of \$5,000,000.00 per occurrence to a maximum of \$5,000,000.00 per year. Additional insurance is optional.¹⁴⁸

Anticipated legislative reform

Anticipated changes to the *Pharmacy Act* that may have implications for NPs.¹⁴⁹

¹⁴⁵ *Nursing Profession Act* (N.W.T. & Nun.), s.24(2)

¹⁴⁶ *Nursing Profession Act* (N.W.T. & Nun.), s.4(3), 70 (2)(b)

¹⁴⁷ *Nursing Profession Act* (N.W.T. & Nun.), s.29

¹⁴⁸ Personal communication from an Association representative.

¹⁴⁹ Personal communication from an Association representative.

PART 3 – SELECTED INTERNATIONAL JURISDICTIONS

1. NEW ZEALAND

Regulatory body

Nursing Council of New Zealand (the “Council”)

Legislation

Health Practitioners Competence Assurance Act 2003 (the “*Health Practitioners Act* (N.Z.)” or the “Act”)

Medicines (Designated Prescriber: Nurse Practitioners) Regulations 2005 (the “N.Z. Regulations” or the “Regulations”)

Regulatory recognition of NPs

Yes.

Classes of registration

- Registered Nurse (“RN”)
- Enrolled Nurse (“EN”)
- Nurse assistant (“NA”)
- Nurse practitioner (“NP”)

Definitions of nursing practice

Nursing practice, with reference to the scope of practice for RNs is prescribed by Council in an authoritative policy statement as follows:¹⁵⁰

Registered Nurses utilize nursing knowledge and complex nursing judgement to assess health needs and provide care, and to advise and support people to manage their health. They practice independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct Enrolled Nurses and Nurse Assistants. They provide comprehensive nursing assessments to develop, implement, and evaluate an integrated plan of health care, and provide nursing interventions that require substantial scientific and

¹⁵⁰ Scope of Practice, Nursing Council of New Zealand; attached as Appendix B: N.Z. -35

professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families, whanau and communities. Registered Nurses may practice in a variety of clinical contexts depending on their educational preparation and practice experience. Registered Nurses may also use this expertise to manage, teach, evaluate and research nursing practice. There will be conditions placed on the scope of practice of some Registered Nurses according to their qualifications or experience limiting them to a specific area of practice.

Overview of regulatory approach to NPs scope of practice

Application for an NP endorsement is made to Council on an individual basis.

Applicants propose a defined area or scope of practice (e.g., neonatal or mental health) and submit a portfolio describing the proposed area of practice and providing evidence that the applicant meets the defined competencies for NPs within that proposed area of practice.

An assessment panel is convened to evaluate each application and will undertake the following steps: portfolio review; reference checks; site visits (optional); and assessment interview.

Successful applicants will be granted an NP endorsement with either:

- NP (scope of practice); or
- NP (scope of practice) with endorsement for prescribing.

For more information, see Appendix B: N.Z. - 36 entitled, "Nurse Practitioner Endorsement "Guidelines for Applicants". The required NP Competencies are set out at Appendix 2 of this document.

Authorized practice by NPs

The scope of practice for NPs is prescribed by the Council as follows:¹⁵¹

Nurse Practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practice both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people's health needs. They provide a wide range of assessment and treatment interventions, including differential diagnosis, ordering, conducting and interpreting diagnostic and laboratory tests and administering therapies for the management of

¹⁵¹ See Appendix B: N.Z. -35

potential or actual health needs. They work in partnership with individuals, families, whanau and communities across a range of settings. Nurse Practitioners may choose to prescribe medicines within their specific area of practice. Nurse Practitioners also demonstrate leadership as consultants, educators, managers and researchers and actively participate in professional activities, and in local and national policy development.

Applicants seeking prescribing rights as part of NP practice must demonstrate in their applications for NP endorsement that they meet all NP competencies related to prescribing and relevant regulatory requirements as established by the Regulations. NPs seeking prescribing rights must meet specified training requirements (see Appendix B: N.Z. - 37) and are limited to prescribing from a Schedule established under the Regulations (see Appendix B: N.Z. - 38).

Entry to practice requirements for NPs

In addition to registration as an RN and relevant administrative requirements:¹⁵²

- “A minimum of four years of experience in a specific area of practice, and
- Successful completion of a clinically focused Masters Degree programme approved by the Nursing Council of New Zealand, or equivalent qualification, and
- A pass in a Nursing Council assessment of Nurse Practitioner competencies and criteria.
- NPs seeking registration with prescribing rights are required to have an additional qualification: successful completion of an approved prescribing component of the clinically-focused Masters’ programme relevant to their specific area of practice.”

Specialty designations for NPs

Specialty designations specific to NPs’ areas or scopes of practice are approved on an individual basis in response to the application made. The range of possibilities is not closed, although Council is attempting to keep the approved scopes broad. For example:

- Primary health care
- Neonatology
- Child and adolescent

¹⁵² Appendix B: N.Z. – 35

- Older persons' health
- Women's health
- Mental health
- Acute care

Title protection for NPs

“A person may only use names, words, titles, initials, abbreviations, or descriptions stating or implying that the person is a health practitioner of a particular kind if the person is registered, and is qualified to be registered, as a health practitioner of that kind.”¹⁵³

Continuing competence requirements for NPs

There are three main requirements:

- Practice hours (at least 60 days or 450 hours of practice within the past three years);
- Professional development hours (at least 40 hours per year in each of the past three years);
- Meet the competencies relevant to NP scope of practice

Insurance requirements for NPs

There is no requirement for mandatory insurance coverage. In New Zealand, the purpose of insurance is to cover costs associated with professional discipline as patients are compensated for personal injury arising from professional error under a no-fault compensation regime.

Anticipated legislative reform

HPRAC has been advised that no legislative reform is presently anticipated.¹⁵⁴

¹⁵³ *Health Practitioners Act (N.Z.)*, s. 7(1)

¹⁵⁴ Personal communication from a Council representative.

2. UNITED KINGDOM

Regulatory body

Nursing and Midwifery Council (the “Council”)

Legislation

The Nursing and Midwifery Order 2001 issued pursuant to the *Health Act 1999*, SI 2002 No. 253, (the “Nursing and Midwifery Order (U.K.)” or the “Order”)

Regulatory recognition of NPs

No.

Classes of registration

- Registered nurse (“RN”)
- Midwife
- Specialist community public health nurse (“SCPHN”)

Definitions of nursing practice

There is no legislative definition of nursing practice.

Overview of regulatory approach to NPs scope of practice

N/A

Authorized practice by NPs

N/A

Entry to practice requirements for NPs

N/A

Specialty designations for NPs

N/A

Title protection for NPs

N/A

Continuing competence requirements for NPs

N/A

Insurance requirements for NPs

N/A

Anticipated legislative reform

In 2005, the Nursing and Midwifery Council determined that “advanced nurse practitioner” should become a registrable qualification (i.e., class of registration) and sought Privy Council approval to do so by letter in December 2005.¹⁵⁵ Related debate is ongoing.

Other

The U.K. has developed a regulatory framework that enables a wide range of health professionals, including RNs and midwives, to supply and administer therapeutic drugs (including the ability to prescribe and, under exceptional circumstances, to dispense).

There are two main categories of RN prescribers:

- Independent nurse prescribers, who are authorized to prescribe within a formulary; and
- Supplementary nurse prescribers, who are authorized to change the drug, dosage frequency and timing of a patient’s medication (including a medicine prescribable by a doctor or dentist at the expense of the National Health Service) as agreed within a Clinical Management Plan (a

¹⁵⁵ “Advanced Nursing Practice – update 19 June 2007”, Nursing and Midwifery Council; attached as Appendix U.K. - 39

voluntary agreement between the independent prescriber, the supplementary nurse prescriber and the patient).

Both independent nurse prescribers and supplementary nurse prescribers must complete specified education and training (with more extensive requirements for the latter).¹⁵⁶

¹⁵⁶ See: "Nurse prescribing and the Supply and Administration of Medication Position Statement", Nursing and Midwifery Council (attached as Appendix U.K. – 40); and Guidelines for the administration of medicines, Nursing and Midwifery Council, guidance 01.04 (attached as Appendix U.K. – 41)

PART 4 – UNITED STATES - JURISDICTIONAL OVERVIEW

Introduction

This document is an overview of Nurse Practitioner (NP) regulation in the United States of America.

In the United States, the roles and functions of Nurse Practitioners are defined at the State or District level, in either statute, regulations or rules, and through a combination of education, accreditation and licensing requirements. This document identifies some of the general trends and common features across jurisdictions. This overview does not present an exhaustive examination of the roles and functions of Nurse Practitioners in all 51 jurisdictions.

To provide greater detail about each jurisdiction, we have attached two documents as APPENDIX D and APPENDIX E:

1. A chart that summarizes elements of Nurse Practitioner licensure and regulation in 26 American jurisdictions and the National Council of State Boards of Nursing's (NCSBN) *Model Nursing Practice Act* and Model Nursing Administrative Rules. The chart is designed to give a snapshot of how 26 jurisdictions certify and regulate NPs. The 26 jurisdictions are divided into three categories: jurisdictions with no requirement for physician involvement in diagnosing, treating and prescribing aspects of Nurse Practitioner practice (12); jurisdictions with no requirement for physician involvement in diagnosing and treating aspects of Nurse Practitioner practice (11); and jurisdictions with a requirement for physician involvement in Nurse Practitioners' diagnosis and treatment of patients but no requirement for written documentation of the relationship (3).¹⁵⁷ The chart is based on The Pearson Report and cites relevant statutes, regulations and rules that govern elements of Nurse Practitioner licensure and regulation, including Scopes of Practice.
2. The National Organization of Nurse Practitioner Faculties' (NONPF) 2006 Domains and Core Competencies for Nurse Practitioners. The Core Competencies represent the core functions that all NPs must be able to demonstrate upon graduation from an accredited education program, and provide a detailed examination of the practical capabilities that American NPs may be expected to demonstrate in practice.

¹⁵⁷ We have adopted the categories used by Linda Pearson in Map 1 and Map 2 of "The Pearson Report: A National Overview of Nurse Practitioner Legislation and Healthcare Issues", *The American Journal for Nurse Practitioners*, Vol. 11, No. 2, February 2007, Pages 24 and 25.

History of Nurse Practitioners in the United States

In the United States the term Advanced Practice Nurse is frequently used by both States and nursing associations to refer collectively to NPs, Clinical Nurse Specialists, Nurse Midwives, and Nurse Anesthetists. Nurse Practitioners differ from other Advanced Practice Nurses in that they offer a wider range of services to a wider range of the population.¹⁵⁸

Nurse Practitioners are Registered Nurses (RN) who are prepared, through a combination of advanced education and clinical training, to engage in advanced medical practice and provide a wide range of health services beyond those offered by RNs.¹⁵⁹ Nurse Practitioners in the United States have title protection under a variety of titles, including Nurse Practitioner, Advanced Practice Registered Nurses, Advanced Registered Nurse Practitioners or Advanced Practice Nurses among others. The titles that NPs are permitted to use vary from jurisdiction to jurisdiction.¹⁶⁰

Nurse Practitioners have been practicing in the United States since 1965, when the first NPs graduated from the University of Colorado¹⁶¹. Nurse Practitioners are regulated by both Federal and State governments. Federal law may preempt State law, and when Federal and State laws conflict, the State law will not have effect. Where no Federal law addresses an issue, or where the United States Congress has given States the authority and responsibility to make law on an issue, State law prevails. Federal law addresses the care of patients covered by Medicare or Medicaid, the care of residents in Nursing Homes and the prescription of controlled substances, among other issues.¹⁶² Laws governing Nurse Practitioner definition, Scope of Practice, prescriptive authority and requirements for physician collaboration may be enacted by a State Legislature.¹⁶³ Nurse Practitioners are regulated at the State (or District) level by their respective Boards of Nursing, and are currently licensed to practice in every State as well as the District of Columbia.¹⁶⁴

¹⁵⁸ Buppert, Carolyn., Nurse Practitioner's Business Practice and Legal Guide, Third Edition, Jones and Bartlett Publishers, 2008, Page 3.

¹⁵⁹ "Nurse Practitioner Scope of Practice", American College of Nurse Practitioners, <http://www.acnpweb.org/i4a/pages/index.cfm?pageid=3465>, accessed October 1, 2007.

¹⁶⁰ "The Pearson Report: A National Overview of Nurse Practitioner Legislation and Healthcare Issues", The American Journal for Nurse Practitioners, Vol. 11, No. 2, February 2007. See also Buppert, Carolyn., Nurse Practitioner's Business Practice and Legal Guide, Third Edition, Jones and Bartlett Publishers, 2008, Page 5-6.

¹⁶¹ "Frequently Asked Questions", American Academy of Nurse Practitioners, <http://npfinder.com/faq.pdf>, accessed October 1, 2007

¹⁶² Buppert, Carolyn., Nurse Practitioner's Business Practice and Legal Guide, Third Edition, Jones and Bartlett Publishers, 2008, Page 149.

¹⁶³ Buppert, Carolyn., Nurse Practitioner's Business Practice and Legal Guide, Third Edition, Jones and Bartlett Publishers, 2008, Page 123.

¹⁶⁴ "Frequently Asked Questions", American Academy of Nurse Practitioners, <http://npfinder.com/faq.pdf>, accessed October 1, 2007

As of 2006, there were nearly 140,000 NPs practicing in the United States, representing an almost 83 percent increase from 1999, when there were just over 76,000.¹⁶⁵ Over the past seven years, all American States and the District of Columbia have seen a net increase in the number of Nurse Practitioners. 19 States have reported over 100 percent growth in their NP populations since 1999¹⁶⁶, including Arkansas (355.42 percent growth), Connecticut (199.66 percent growth), Washington DC (200.84 percent growth), Florida (203.8 percent growth) and Wisconsin (267.63 percent growth). In the United States, there are 600 million visits per year to NPs.¹⁶⁷

Entry to Practice Requirements

The citation below provides an overview of the requirements to become certified and permitted to practice as an Advanced Practice Nurse.

Advanced practice registered nursing by nurse practitioners, nurse anesthetists, nurse midwives or clinical nurse specialists is based on knowledge and skills acquired in basic nursing education; licensure as a registered nurse; graduation from or completion of a graduate level APRN program accredited by a national accrediting body and current certification by a national certifying body in the appropriate APRN role and specialty.¹⁶⁸

This section examines many of the elements that contribute to the development of Advanced Practice Registered Nurses (APRN) or Nurse Practitioners.

Boards of Nursing

A Board of Nursing is a regulatory body charged by a State (or District) government with responsibility for regulating the practice of nursing within the

¹⁶⁵ "The Pearson Report: A National Overview of Nurse Practitioner Legislation and Healthcare Issues", The American Journal for Nurse Practitioners, Vol. 11, No. 2, February 2007, Page 14.

¹⁶⁶ "The Pearson Report: A National Overview of Nurse Practitioner Legislation and Healthcare Issues", The American Journal for Nurse Practitioners, Vol. 11, No. 2, February 2007, Page 14.

¹⁶⁷ "Frequently Asked Questions", American Academy of Nurse Practitioners, <http://npfinder.com/faq.pdf>, accessed October 1, 2007

¹⁶⁸ Citation from the National Council of State Boards of Nursing, Cited in Tarrant, F. and Associates *Literature Review of Nurse Practitioner Legislation and Regulation: Discussion paper prepared for the Canadian Nurse Practitioner Initiative*, published in the Technical Report, Section 2, Chapter 1, Appendix A, Page 144, 2005.

State. Boards of Nursing achieve this mission by establishing the standards for safe nursing care and issuing licenses to practice nursing.¹⁶⁹

The National Council of State Boards of Nursing (NCSBN) is an organization representing Boards of Nursing in the United States. The NCSBN is a forum through which Boards of Nursing act on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.¹⁷⁰ One of the NCSBN's main functions is to promote uniformity in relation to the regulation of nursing practice in the United States.¹⁷¹

Education

To become licensed as a NP, candidates must complete an advanced education requirement. By 2008, 27 States will require NPs to hold a master's degree.¹⁷²

Core Competencies

NONPF represents over 90 percent of education institutions in the United States with Nurse Practitioner programs¹⁷³ and is devoted to promoting quality NP education nationally and internationally.¹⁷⁴ NONPF promotes continuous quality improvement of NP education through the development of standards, guidelines, teaching instruments, resources, and networking exchanges for faculty.¹⁷⁵

In consultation with educators and experts in competency evaluation, NONPF has prepared a comprehensive list of Domains and Core Competencies in which, following graduation, NP candidates are expected to demonstrate their

¹⁶⁹ "What Boards Do", The National Council of State Boards of Nursing, <https://www.ncsbn.org/126.htm>, accessed October 1, 2007.

¹⁷⁰ "About NCSBN", The National Council of State Boards of Nursing, <https://www.ncsbn.org/about.htm>, accessed on October 4, 2007.

¹⁷¹ "About NCSBN", The National Council of State Boards of Nursing, <https://www.ncsbn.org/about.htm>, accessed on October 4, 2007.

¹⁷² "The Pearson Report: A National Overview of Nurse Practitioner Legislation and Healthcare Issues", The American Journal for Nurse Practitioners, Vol. 11, No. 2, February 2007 and Buppert, Carolyn., Nurse Practitioner's Business Practice and Legal Guide, Third Edition, Jones and Bartlett Publishers, 2008, Page 124.

¹⁷³ "Overview", The National Organization of Nurse Practitioner Faculties, <http://www.nonpf.com/NONPF2005/Overview/Overview.htm>, accessed October 4, 2007.

¹⁷⁴ "Welcome to NONPF", The National Organization of Nurse Practitioner Faculties, <http://www.nonpf.com/index.htm>, accessed October 4, 2007.

¹⁷⁵ "Overview", The National Organization of Nurse Practitioner Faculties, <http://www.nonpf.com/NONPF2005/Overview/Overview.htm>, accessed October 4, 2007.

competency.¹⁷⁶ The Core Competencies were first released in 1990, and updated in 1995, 2000, 2002, and 2006¹⁷⁷ to reflect changes in the field. The NONPF Core Competencies are appended to this document. The headings for NONPF's 2006 Core Competency areas are as follows:

- Management of patient health/illness status;
- The Nurse Practitioner-patient relationship;
- The teaching-coaching function;
- Professional role;
- Managing and negotiating health care delivery systems;
- Monitoring and ensuring the quality of health care practice; and
- Culturally-sensitive care.¹⁷⁸

The majority of education institutions in the United States that offer Nurse Practitioner education programs develop their curriculums to reflect NONPF's Core Competencies. To be permitted to offer degrees, these schools' NP programs must be accredited. The two main accrediting bodies in the United States are The Commission on Collegiate Nursing Education (CCNE)¹⁷⁹ and the National League for Nursing Accrediting Commission (NLNAC).¹⁸⁰ Accreditation demonstrates to both certification bodies and Boards of Nursing that an NP applicant has graduated from an education program that meets the necessary and relevant educational standards required to practice as a Nurse Practitioner.

Certification

After completing their education, most NPs seek certification from a national certification body. Certification is the process by which a non-governmental body recognizes individuals who have met specified requirements. Many Boards of Nursing use professional certification as a requirement toward

¹⁷⁶ "Domains and Core Competencies of Nurse Practitioner Practice March 2006", The National Organization of Nurse Practitioner Faculties, <http://www.nonpf.com/NONPF2005/CoreCompsFINAL06.pdf>, accessed October 4, 2007.

¹⁷⁷ "Welcome to NONPF", The National Organization of Nurse Practitioner Faculties, <http://www.nonpf.com/index.htm#Comp>, accessed October 4, 2007.

¹⁷⁸ "Domains and Core Competencies of Nurse Practitioner Practice March 2006", The National Organization of Nurse Practitioner Faculties, <http://www.nonpf.com/NONPF2005/CoreCompsFINAL06.pdf>, accessed October 1, 2007.

These are the headings of the National Organization of Nurse Practitioner Faculties Core Competencies. Please refer to the appendix to review the Core Competencies in their entirety.

¹⁷⁹ Further information on the Commission on Collegiate Nursing Education is available at <http://www.aacn.nche.edu/Accreditation/mission.htm>.

¹⁸⁰ Further information on the National League for Nursing Accrediting Commission is available at <http://www.nlnac.org/About%20NLNAC/whatsnew.htm>.

granting a license authorizing a Nurse Practitioner to practice.¹⁸¹ Certification allows States to meet their obligation to protect public safety, provided that the certifying exam is sufficient to demonstrate that the applicant has sufficient entry-level competencies, job-related knowledge and skills to meet the minimum-essential level for safe and effective practice.¹⁸² The American Board of Nursing Specialties (ABNS) defines certification as the formal recognition of the specialized knowledge, skills and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes.¹⁸³

There are two main certification bodies in the United States, the American Nurses Credentialing Centre (ANCC) and the American Academy of Nurse Practitioners (AANP). The AANP offers certification exams for Family, Adult and Geriatric Nurse Practitioner¹⁸⁴, while the ANCC offers exams in the following advanced specialties:

- Acute Care Nurse Practitioner;
- Adult Health Clinical Nurse Specialist;
- Adult Nurse Practitioner;
- Adult Psychiatric & Mental Health Clinical Nurse Specialist;
- Adult Psychiatric & Mental Health Nurse Practitioner;
- Child/Adolescent Psychiatric & Mental Health Clinical Nurse Specialist;
- Family Nurse Practitioner;
- Family Psychiatric & Mental Health Nurse Practitioner;
- Gerontological Clinical Nurse Specialist;
- Gerontological Nurse Practitioner;
- Pediatric Clinical Nurse Specialist;
- Pediatric Nurse Practitioner; and
- Public/Community Health Clinical Nurse Specialist.¹⁸⁵

In addition to their general certification, Nurse Practitioners can pursue further specialization in a subspecialty area, such as Adult Critical Care, Child Critical Care or a specific disease entity. Not all jurisdictions recognize the same advanced specialty or subspecialty areas, nor do they all list the specialty areas

¹⁸¹ "Practice and Discipline: Nurse Licensure and Certification", The National Council of State Boards of Nursing, <http://www.ncsbn.org/168.htm>, accessed October 1, 2007.

¹⁸² "Using Nurse Practitioner Certification: Background of the issue", The National Council of State Boards of Nursing, <https://www.ncsbn.org/938.htm>, accessed October 1, 2007.

¹⁸³ American Board of Nursing Specialties, <http://www.nursingcertification.org/>, accessed October 1, 2007.

¹⁸⁴ "Frequently Asked Questions", American Academy of Nurse Practitioners, <http://www.aanp.org/NR/rdonlyres/esnakleoyfpzpgaccmvvmiqssi75ktrstvtq4panj2a57zvc3g4bmdr37r5dwwebkfkvhvsbyljhomn3imvayogc5qbc/FREQUENTLY+ASKED+QUESTIONS+1-9-07.pdf>, accessed October 3, 2007.

¹⁸⁵ "Why ANCC Certification?", American Nurses Credentialing Centre, <http://www.nursecredentialing.org/cert/index.htm>, accessed October 3, 2007.

that they recognize in statute. Some leave it to the discretion of their Boards of Nursing to determine the specialty practice areas that will be licensed to practice within their territories.¹⁸⁶

According to the NCSBN's position paper on the regulation of Advanced Practice Nursing, many Advanced Practice Registered Nurses who are certified in a subspecialty have a narrow Scope of Practice and may not be able to deal with the wide variety of health disorders they would face in practice. The position paper states that it is very difficult to evaluate the validity and reliability of certification exams administered to a small pool of candidates, as is typical of subspecialty categories, making these exams unsuitable for regulatory purposes. The position paper concludes that it is inappropriate to continue expanding the number of available subspecialty programs because graduates expect to be licensed as Advanced Practice Registered Nurses, but legal recognition of a narrow Scope of Practice may not serve the public interest¹⁸⁷.

Licensure

After becoming certified, an NP must become licensed in the State where they wish to practice in order to be authorized to practice in their chosen specialty. Licenses are granted to NPs by their respective Boards of Nursing. Once a license is issued, the Board is responsible for monitoring licensees' compliance with State laws and taking action against nurses who have exhibited unsafe nursing practice.¹⁸⁸

Licensing requirements define what is necessary for practitioners to be authorized to practice their profession safely and validate that the license holder has met the requirements. Licensure includes both the determination that an individual has the qualifications necessary to safely perform a legally defined Scope of Practice and an evaluation of licensure applications to determine that the qualifications are met. Licensure provides that a specified Scope of Practice may only be performed legally by licensed individuals.¹⁸⁹

¹⁸⁶ "The Pearson Report: A National Overview of Nurse Practitioner Legislation and Healthcare Issues", *The American Journal for Nurse Practitioners*, Vol. 11, No. 2, February 2007. See also Buppert, Carolyn, *Nurse Practitioner's Business Practice and Legal Guide*, Third Edition, Jones and Bartlett Publishers, 2008, Page 6.

¹⁸⁷ "Regulation of Advanced Practice Nursing: 2002 National Council of State Boards of Nursing Position Paper", National Council of State Boards of Nursing, Pages 4-5.

¹⁸⁸ "What Boards Do", The National Council of State Boards of Nursing, <https://www.ncsbn.org/126.htm>, accessed October 1, 2007.

¹⁸⁹ "Practice and Discipline: Nurse Licensure and Certification", The National Council of State Boards of Nursing, <http://www.ncsbn.org/168.htm>, accessed October 1, 2007.

National Standards

In the United States there are several national organizations involved in setting broad national standards for the practice of nursing. The NCSBN, national certification bodies and regulatory organizations promote a level of consistency in a field with many players, including educators and patient advocates.

In 2004, the NCSBN produced the third major revision of its *Model Nursing Practice Act* and *Model Nursing Administrative Rules*.¹⁹⁰ This document is intended to provide both an overview of the current state of regulation and legislation as well as new ideas, approaches and suggestions for the future of NP regulation. In the context of the evolutions in nursing education, practice and policy, *the Model Nursing Practice Act* aims to promote a degree of uniformity among jurisdictions and a common national understanding of what constitutes the practice of nursing, while allowing State Boards to gain new ideas and different approaches to regulation or use them to test their existing regulatory structures.¹⁹¹ Advanced Practice Registered Nurses were first incorporated into the *Model Nursing Practice Act* in 1993.¹⁹²

Another national initiative is the Nurse Licensure Compact (NLC). Dating to a 1998 policy statement by the NCSBN's Board of Directors¹⁹³, the NLC is designed to facilitate the movement of Registered Nurses and Licensed Practical/Vocational Nurses and the recognition of credentials across borders by allowing a nurse to have one license (in their State of residency) and to practice in other States, subject to each State's law and regulations. In order to achieve mutual recognition, each State must enact legislation or regulations authorizing the NLC and adopt administrative rules and regulations to implement it. As of October, 2007, 22 States had implemented the NLC.¹⁹⁴

A similar initiative for APRNs began in 2000. The APRN Compact offers states a mechanism for mutually recognizing APRN licenses and authority to practice. A State must either be a member of the NLC, or choose to enter into both Compacts simultaneously to be eligible for the APRN Compact.¹⁹⁵ To date three States have passed APRN Compact Legislation, although they have not

¹⁹⁰ "Introduction to the Revised Models", The National Council of State Boards of Nursing, <https://www.ncsbn.org/ModelRulesIntro.pdf>, accessed on October 17, 2007.

¹⁹¹ "Model Nursing Act and Rules", The National Council of State Boards of Nursing, <https://www.ncsbn.org/312.htm>, accessed October 2, 2007

¹⁹² Model Nursing Practice Act, Adopted August 1993, Revised, August 1994, National Council of State Boards of Nursing, page ii, 1994.

¹⁹³ "Background information about the RN and LPV/VN Nurse Licensure Compact", The National Council of State Boards of Nursing, <https://www.ncsbn.org/156.htm>, accessed October 3, 2007.

¹⁹⁴ "Participating States in the NLC", The National Council of State Boards of Nursing, <https://www.ncsbn.org/158.htm>, accessed October 3, 2007.

¹⁹⁵ "APRN Compact", The National Council of State Boards of Nursing, <https://www.ncsbn.org/917.htm>, accessed October 3, 2007.

begun drafting the rules. As such, there are currently no nurses practicing under the APRN Compact.¹⁹⁶

Regulation of the Practice of Nurse Practitioners

Subject to the legislative requirements of the jurisdictions where they practice, NPs are able to perform the following medical services:

- Take health histories;
- Provide complex physical examinations;
- Diagnose and treat many common acute and chronic problems;
- Interpret laboratory results and X-Rays;
- Prescribe and manage medications and other therapies;
- Provide health teaching and supportive counseling with an emphasis on the prevention of illness and health maintenance; and
- Refer patients to other health professionals as needed.¹⁹⁷

The Pearson Report includes two maps that give an overview of two aspects of a Nurse Practitioner's practice: their ability to diagnose and treat patients independently of a physician; and their ability to prescribe medication to patients independently of a physician. These maps reveal the American jurisdictions where NPs have a high degree of autonomy.

Pearson's first map identifies 23 jurisdictions with no requirement for physician involvement in diagnosing and treating aspects of Nurse Practitioner practice. In these jurisdictions, an NP's Scope of Practice is defined either in legislation or regulation and applies to an individual Nurse Practitioner.

Map 1: Overview of Diagnosing and Treating Aspects of NP Practice

The 23 jurisdictions with no requirement for physician involvement in NPs diagnosis or treatment of patients¹⁹⁸ are:

Alaska	New Jersey
Arizona	New Mexico
Colorado	North Dakota
District of Columbia	Oklahoma
Hawaii	Oregon

¹⁹⁶ "Background information on the APRN Compact", The National Council of State Boards of Nursing, <https://www.ncsbn.org/156.htm>, accessed October 3, 2007.

¹⁹⁷ "Nurse Practitioner Scope of Practice", American College of Nurse Practitioners, <http://www.acnpweb.org/i4a/pages/index.cfm?pageid=3465>, accessed October 1, 2007.

¹⁹⁸ "The Pearson Report: A National Overview of Nurse Practitioner Legislation and Healthcare Issues", The American Journal for Nurse Practitioners, Vol. 11, No. 2, February 2007, Page 24.

Idaho	Rhode Island
Iowa	Tennessee
Kentucky	Utah
Maine (after the first 2 years of practice)	Washington
Michigan	West Virginia
Montana	Wyoming
New Hampshire	

Pearson cites an additional four States: Connecticut, Indiana, Pennsylvania and Minnesota, with a requirement for physician involvement in NPs diagnosis and treatment of patients, but no requirement for written documentation of the relationship. In these States, the relationship could vary from collaboration, supervision, authorization, and/or delegation to direction of activities. Although Pearson classified Pennsylvania as not requiring written documentation of a Nurse Practitioner’s relationship with a physician, further research and discussion with the Legal Counsel to the Pennsylvania State Board of Nursing revealed that there is a requirement for a written collaborative agreement. We have therefore not included Pennsylvania in the chart attached as Appendix D. The remaining 24 States have a requirement for physician involvement that must be documented in writing.¹⁹⁹

Map 2: Overview of Prescribing Aspect of NP Practice

Twelve of the 23 jurisdictions mentioned above grant Nurse Practitioners prescribing privileges, in accordance with, and subject to, their Scopes of Practice, certification and licensure requirements, that are not subject to any requirement for physician involvement (Alaska, Arizona, the District of Columbia, Idaho, Iowa, Maine (after the first two years of practice), Montana, New Hampshire, New Mexico, Oregon, Washington and Wyoming).

In the remaining 39 American States, there is a requirement for physician involvement in the prescribing of Nurse Practitioner practice. This relationship must be documented in writing and may vary from collaboration, supervision, authorization and/or delegation, or direction of activities.²⁰⁰

Continuing Competence

A majority of American jurisdictions require re-licensure on average every two years. The provisions for re-licensure tend to be found in either legislation or

¹⁹⁹ “The Pearson Report: A National Overview of Nurse Practitioner Legislation and Healthcare Issues”, The American Journal for Nurse Practitioners, Vol. 11, No. 2, February 2007, Page 24.

²⁰⁰ “The Pearson Report: A National Overview of Nurse Practitioner Legislation and Healthcare Issues”, The American Journal for Nurse Practitioners, Vol. 11, No. 2, February 2007, Page 25.

regulations, and Boards of Nursing are responsible for ensuring that the qualifications and competencies of the nurses they regulate remain at an appropriate standard. The vast majority of jurisdictions require mandatory continuing education and the maintenance of national certification as requirements for Nurse Practitioners to maintain their licenses. Some also require a satisfactory employer evaluation of the NP's performance or participation in a peer review process.²⁰¹

Conclusion

To provide greater detail about each jurisdiction, we have attached the two documents noted in the introduction.

The chart attached as Appendix D is divided into three sections, as follows:

- Section 1 summarizes the *Model Nursing Practice Act* and Model Nursing Administrative Rules, and the 12 jurisdictions with no requirement for physician involvement in diagnosing, treating and prescribing aspects of Nurse Practitioner practice;
- Section 2 summarizes 11 jurisdictions with no requirement for physician involvement in diagnosing and treating aspects of Nurse Practitioner practice; and
- Section 3 summarizes three jurisdictions with a requirement for physician involvement in Nurse Practitioners' diagnosis and treatment of patients, but no requirement for written documentation of the relationship.

The chart is based on information found in The Pearson Report and cites relevant statutes, regulations and rules that define Nurse Practitioners Scopes of Practice, and where possible, quality assurance or continuing education requirements.

While the chart is designed to give an overview of how these jurisdictions regulate NPs and determine their Scopes of Practice, it does not represent an exhaustive legal review of the legislation, regulation and rules from each jurisdiction. Appendix D should not be relied upon as an up to date review of the legislative and regulatory frameworks from the jurisdictions cited.

²⁰¹ "The Pearson Report: A National Overview of Nurse Practitioner Legislation and Healthcare Issues", The American Journal for Nurse Practitioners, Vol. 11, No. 2, February 2007

PART 5 – SELECTED U.S. JURISDICTIONS

1. COLORADO

Regulatory body

Colorado State Board of Nursing (the “Board”)

Legislation

Colorado Nurse Practice Act, C.R.S. Title 12, Article 38 (the “*Colorado Nurse Practice Act*” or the “Act”)

Nursing Board Rules (3 CCR 716-1)
(the “Colorado Rules” or the “Rules”)

Regulatory recognition of NPs

Yes.

Classes of registration

- Registered nurse or registered professional nurse (“RN”)
 - The term “advanced practice nurse” (“APN”), is an umbrella term that includes nurse practitioners (“NPs”) and other specialties of advanced practice nurses. The advanced practice and prescriptive authorities are authorities that attach to the RN license.²⁰²
- Practical nurse, trained practical nurse, licensed vocational nurse, licensed practical nurse (“PN”)

Definitions of nursing practice

The “practice of professional nursing” is defined to mean,²⁰³

²⁰² *Colorado Nurse Practice Act*, s.12-38-111.5(3); the other categories of APNs are: certified nurse midwife (“CNM”); clinical nurse specialist (“CNS”); certified registered nurse anesthetist (“CRNA”)

²⁰³ *Colorado Nurse Practice Act*, s.12-38-103(10)

The performance of both independent nursing functions and delegated medical functions in accordance with accepted practice standards. Such functions include the initiation and performance of nursing care through health promotion, supportive or restorative care, disease prevention, diagnosis and treatment of human disease, ailment, pain, injury, deformity, and physical or mental condition using specialized knowledge, judgment, and skill involving the application of biological, physical, social, and behavioral science principles required for licensure as a professional nurse pursuant to section 12-38-111.

- (i) The “practice of professional nursing” shall include the performance of such services as:
- (ii) Evaluating health status through the collection and assessment of health data;
- (iii) Health teaching and health counseling;
- (iv) Providing therapy and treatment that is supportive and restorative to life and well-being either directly to the patient or indirectly through consultation with, delegation to, supervision of, or teaching of others;
- (v) Executing delegated medical functions;
- (vi) Referring to medical or community agencies those patients who need further evaluation or treatment;
- (vii) Reviewing and monitoring therapy and treatment plans.”

The term “diagnosing” as used in the Act is defined to mean,²⁰⁴

The use of professional nursing knowledge and skills in the identification of, and discrimination between, physical and psychological signs or symptoms to arrive at a conclusion that a condition exists for which nursing care is indicated or for which referral to appropriate medical or community resources is required.

The term “treating” as used in the Act is defined to mean,²⁰⁵

The selection, recommendation, execution, and monitoring of those nursing measures essential to the effective determination and management of actual or potential human health problems and to the execution of the delegated medical functions. Such delegated medical functions shall be performed under the responsible direction and supervision of a person licensed under the laws of this state to practice medicine, podiatry, or dentistry.

²⁰⁴ *Colorado Nurse Practice Act*, s.12-38-103(5)

²⁰⁵ *Colorado Nurse Practice Act*, s.12-38-103(12)

Overview of regulatory approach to NP scope of practice

NPs are APNs.

APNs are RNs licensed to engage in the “practice of professional nursing” (defined as set out above) who have been accepted by the Board as having specialized education or training sufficient to be included in the Board’s Advanced Practice Registry.²⁰⁶

The only detailed legislative provisions specific to NP scope of practice (i.e., beyond the general definitions pertinent to the “practice of professional nursing” as set out above) pertain to prescriptive authority.

Authorized practice by NPs

The following extracts from the Board’s policy, “Overview of the scope of practice of advanced practice nursing” explain NPs’ scope of practice as APNs:²⁰⁷

Advanced Practice Nursing – Scope of Practice

The APN scope of practice is founded on the specialized education or training acquired by the professional nurse in preparation for advanced practice [referred to as the NP’s “preparation”]. It is within the independent scope of advanced practice nursing to order diagnostic testing, treatment and other nursing services. Prescribing or ordering medication is not within the APN scope of practice unless the APN has prescriptive authority.

Prescriptive Authority

The scope of prescriptive authority is founded on the practice area in which the APN received graduate or post-graduate education and experience, and the practice area recognized on the Advanced Practice Registry.

An advanced practice nurse who has prescriptive authority must have a currently valid collaborative agreement with a licensed physician. The nurse must keep the information regarding the collaborative agreement and the identity of the licensed physician current with the Board. An advanced practice nurse with prescriptive authority may prescribe only those prescription drugs and controlled substances that are appropriate for treating patients within the nurse’s area of practice. Consistent with that limitation on the scope of prescriptive authority, the advanced practice

²⁰⁶ *Colorado Nurse Practice Act*, s.12-38-111.5(2)

²⁰⁷ Board Policy Number 30-05; a complete copy of this policy is attached as Appendix C.- 42

nurse with prescriptive authority may accept, possess, administer and dispense medication including samples. The drugs prescribed may include drugs for routine health maintenance, for routine preventive care, for an acute self-limiting condition, for the care of a chronic condition that has stabilized, or for terminal comfort care.²⁰⁸

The Act expressly states that nothing in the section granting prescriptive authority to NPs is to be construed as permitting dispensing or distribution of drugs (other than samples).²⁰⁹

Entry to practice requirements for NPs

The Act requires NPs to be licensed RNs and meet the following requirements for inclusion in the Advanced Practice Registry:²¹⁰

- From July 1, 1995 to July 1, 2008, the requirements must include successful completion of a nationally accredited education program for preparation as an APN or a passing score on a certification examination of a nationally recognized accredited agency, or both, as defined in the Rules; and
- On and after July 1, 2008, the requirements shall include the successful completion of a graduate degree in the appropriate specialty (except for those previously included in the registry on the basis of the former requirements).

More detailed requirements specific to NPs are established by the Rules, and require NPs to:²¹¹

- Complete a nationally accredited educational program for NPs; or
- Pass a national advanced practice certification examination.

The authority to prescribe is a separate authority which must be applied for, and which has its own entry to practice requirements. In addition to holding an RN license in good standing and various administrative requirements, these include:

- Listing on the Advanced Practice Registry;
- Completion of specified coursework, either as part of a Master's degree in nursing program or post basic professional nursing in an accredited institution;
- At least 1800 hours of precepted post graduate experience during the last five years which includes a structured plan of precepted experience addressing the areas of advanced health/physical and

²⁰⁸ *Colorado Nurse Practice Act*, s.12-38-111.6; Colorado Rules, Chapter XV (attached as Appendix C-43)

²⁰⁹ *Colorado Nurse Practice Act*, s.12-38-111.6(10)

²¹⁰ *Colorado Nurse Practice Act*, s.12-38-111.5(4)(b) and (c)

²¹¹ Colorado Rules, Chapter XIV, s.2.4

psychological assessment, clinical diagnosis and management, and advanced pharmacology.

Specialty designations for NPs

None beyond specialization as an NP.²¹²

Title protection for NPs

- “Nurse practitioner” and “NP”²¹³

Continuing competence requirements for NPs

The Board is authorized to require no more than 20 hours of continuing education every two years as a condition of renewal of licenses and to establish procedures and standards for such educational requirements in the Rules.²¹⁴

The Rules do not currently establish any continuing competence requirements specific to NPs.

Insurance requirements for NPs

No mandatory insurance requirement²¹⁵.

Anticipated legislative reform

In accordance with standard legislative practice in Colorado, the Act “sunsets” in 2009, meaning that it must be re-enacted. At present, no specific changes to the regulation of NPs have been proposed.²¹⁶

²¹² *Colorado Nurse Practice Act*, s.12-38-111.5(3)

²¹³ *Colorado Nurse Practice Act*, s.12-38-111.5(3)

²¹⁴ *Colorado Nurse Practice Act*, s.12-38-127

²¹⁵ Personal communication from Board representative

²¹⁶ Personal communication from Board representative

2. MICHIGAN

Regulatory body

Michigan Board of Nursing (the “Board”)

Legislation

Public Health Code, Act 368 of 1978, Part 172 (Nursing)
(the “*Michigan Code*” or the “Code”)

Board of Nursing – General Rules (R 338.10101 – R 338.10705)
(the “Michigan Rules” or the “Rules”)

Regulatory recognition of NPs

Yes.

Classes of registration

- Registered professional nurse (“RN”);
- Nurse specialists, who are RNs certified in one of the following specialties:
 - Nurse anesthetist
 - Nurse midwife
 - Nurse practitioner (“NP”)²¹⁷
- Licensed practical nurse (“LPN”).

Definitions of nursing practice

The practice of nursing is defined to mean,²¹⁸

The systematic application of substantial specialized knowledge and skill, derived from the biological, physical, and behavioral sciences, to the care, treatment, counsel, and health teaching of individuals who are experiencing changes in the normal health processes or who require assistance in the maintenance of health and the prevention or management of illness, injury, or disability.

²¹⁷ *Michigan Code*), Sec.17210

²¹⁸ *Michigan Code*, Sec.17201(1)(a)

Overview of regulatory approach to NPs scope of practice

Neither the Code nor the Rules delineate a scope of practice for NPs beyond the definition of nursing practice set out above.

As summarized by the Michigan Nursing Association:²¹⁹

In the Michigan Public Health Code, all health professionals have a broad definition of their practice such as the above and definitive tasks or roles are not encoded for any specialty area for any health occupation. Therefore, the State of Michigan does not delineate by law a scope of practice specific to nurse practitioners.

A nurse practitioner is a registered nurse with advanced education and training in a health care specialty area. All nurses are responsible and accountable for recognizing the limits of their knowledge and skill.

Authorized practice by NPs

General

Again, as summarized by the Michigan Nursing Association:²²⁰

A nurse practitioner is a registered nurse with advanced education and training in a health care specialty area. All nurses are responsible and accountable for recognizing the limits of their knowledge and skill.

In the state of Michigan, nurse practitioners practice within a scope of practice that is defined by their specialty education and training. The depth of scope of practice is further defined by the knowledge base of the nurse practitioner, the role he/she is in, and the client population within the practice environment. The American Nurses Association has developed two publications to assist nurse practitioners in explaining their scope of practice: *Scope and Standards of Advanced Practice Registered Nursing* and *Standards of Clinical Practice and Scope of Practice for the Acute Care Nurse Practitioner*.

Prescribing

Independent prescribing by NPs is removed from the scope of activities open to NPs by provisions in the *Michigan Code* that limit the right to administer and prescribe drugs to licensed dentists, physicians, doctors of osteopathic

²¹⁹ "How do I explain my scope of practice as a nurse practitioner?", Michigan Nursing Association: www.minurses.org/apn/apn-npfaq.shtml#scopeofpractice

²²⁰ "How do I explain my scope of practice as a nurse practitioner?", Michigan Nursing Association: www.minurses.org/apn/apn-npfaq.shtml#scopeofpractice

medicine and surgery, and doctors of podiatric medicine and surgery.²²¹ NPs are only authorized to prescribe and administer drugs under the delegation of a physician (as a “physician’s assistant”).²²²

When such delegation occurs, the NP must use both his or her name and the name of the delegating physician. The delegation must also be performed under the “supervision” of the delegating physician, defined to mean:²²³

“circumstances where at least all of the following conditions exist:

- (a) The continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed health professional;
- (b) The availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to further educate the supervised individual in the performance of the individual’s functions;
- (c) The provision by the licensed supervising health professional of predetermined procedures and drug protocol.”

Ultimate responsibility for the quality of delegated services remains with the physician.²²⁴

Entry to practice requirements for NPs

NP specialty certification will be granted to RNs who, in addition to holding a current and valid RN license and meeting relevant administrative requirements, meets the advanced practice certification standards of one of the following organizations:²²⁵

- The American nurses credentialing center, whose standards are adopted by reference and are set forth in the publication entitled “American Nurses Credentialing Center (ANCC) Certification, Advanced Practice and Informatics Nurse, Computer-Based Testing” 2002
- The National Certification Board of Pediatric Nurse Practitioners and Nurses, Inc. whose standards are adopted by reference to these rules and are set forth in the publication entitled National Certification Board of Pediatric Nurse Practitioners and Nurses, Inc. National Qualifying Exam and Certification Maintenance Program, 2003”

²²¹ *Michigan Code*, Sec.333.17708(3), 333.16104(1)

²²² *Michigan Code*, Sec. 333.17048(5), 333.17212(1)

²²³ *Michigan Code*, Sec.333.16215(1) and 333.16109(2)

²²⁴ *Michigan Code*, Sec. 333.17048(4)

²²⁵ Michigan Rules, R 338.10404(3)

- The National Certification Corporation (NCC) for obstetric, gynecologic, and neonatal nursing specialties, whose standards are adopted by reference in these rules and are set forth in the publication entitled “NCC Registration Catalog” 2003 edition
- The American Academy of Nurse Practitioners, whose standards are adopted by reference in these rules and are set forth in the publication entitled “American Academy of Nurse Practitioners report on Certification Methodologies 1997”
- Oncology nursing certification corporation, whose standards are adopted by reference to these rules and are set forth in the publication entitled “The 2003 Oncology Nursing Certification Corporation Certification Bulletin.

Specialty designations for NPs

As noted above, to obtain certification as an NP is a specialty in and of itself.²²⁶ Further specialty designations are as provided for by the national organization, the American Nurses Credentialing Center. These are as follows:²²⁷

- NP Adult
- NP Family
- NP Acute
- NP Family, psychiatric and mental health
- NP Gerontology
- NP Pediatric
- NP Adult psychiatric and mental health
- NP Diabetes management (advanced)

Title protection for NPs

- “Nurse practitioner”²²⁸

Continuing competence requirements for NPs

NPs who held a specialty certification for the two year period immediately preceding license renewal shall meet requirements including:²²⁹

²²⁶ *Michigan Code*, Sec.333.17210

²²⁷ Personal communication from Board representative

²²⁸ *Michigan Code*, Sec.333.17211(2) and Michigan Rules, R 338.1043

²²⁹ Michigan Rules, R 338.10405(2)(c)

- Those holding national certification as an NP shall have obtained re-certification or maintained certification within the prior two years that meets the requirements of the following organizations:
 - (A) The American Nurses Credentialing Center as set forth in the publication, “Recertification Catalog” 2003
 - (B) The National Certification Board of Pediatric Nurse Practitioners and Nurses as set forth in the publication, “National Certification Board of Pediatric Nurses Practitioners and Nurses, Inc. National Qualifying Exam and Certification Maintenance Program, 2003”
 - (C) The National Certification Corporation (NCC) for obstetric, gynecologic, and neonatal nursing specialties set forth in the publication, “NCC Certification Maintenance Program” 2003 edition.
- For those NPs who obtained board certification before 1991, 40 continuing education units in the nursing specialty filed within the two years immediately preceding the application.
- Otherwise the Board relies upon certification at the national level to ensure ongoing competency.²³⁰

Insurance requirements for NPs

No mandatory insurance requirement.²³¹

Anticipated legislative reform

HPRAC has been advised that no legislative reform is presently anticipated.²³²

²³⁰ Personal communication from Board representative

²³¹ Personal communication from Board representative

²³² Personal communication from Board representative.

3. OREGON

Regulatory body

Oregon State Board of Nursing (the “Board”)

Legislation

Nurse Practice Act (Oregon Revised Statutes, Chapter 678.380)
(the “*Nurse Practice Act* (Ore.)” or the “Act”)

Oregon State Administrative Rules, Division 50, Nurse Practitioner Scope of Practice and Division 56, Clinical Nurse Specialist and Nurse Practitioner Authority to Prescribe and Dispense
(the “Ore. Rules” or the “Rules”)

Regulatory recognition of NPs

Yes.

Classes of registration

- Registered nurse (“RN”)
- Licensed practical nurse (“LPN”)
- Nurse practitioner (“NP”)
- Clinical nurse specialist (“CNS”)
- Nurse anesthetist (“NA”)
- Registered nurse first assistant (“RNFA”)

Definitions of nursing practice

The practice of nursing is defined to mean,²³³

diagnosing and treating human responses to actual or potential health problems through such services as identification thereof, health teaching, health counseling and providing care supportive to or restorative of life and well-being and including the performance of such additional services requiring education and training which are recognized by the nursing profession as proper to be performed by nurses licensed under ORS 678.010 to 678.410 and which are recognized by rules of the board.

²³³ *Nurses Act* (Ore.), ORS 678.010(8)

“Practice of nursing” includes executing medical orders as prescribed by a physician or dentist but does not include such execution by a member of the immediate family for another member or execution by a person designated by or on behalf of a person requiring care as provided by board rule where the person executing the care is not licensed under ORS 678.010 to 678.410. The practice of nursing includes providing supervision of nursing assistants.

The practice of registered nursing is defined to mean,²³⁴

the application of knowledge drawn from broad in-depth education in the social and physical sciences in assessing, planning, ordering, giving, delegating, teaching and supervising care which promotes the person’s optimum health and independence.

Overview of regulatory approach to NPs scope of practice

The Rules provide a comprehensive statement of NP scope of practice, as set out below.

Within this broadly stated scope, however, NPs are expressly limited to practicing within the limits of their educational preparation and established competency.

The Rules state:²³⁵

- The nurse practitioner is responsible for recognizing limits of knowledge and experience, and for resolving situations beyond his/her nurse practitioner expertise by consulting with or referring clients to other health care providers.
- The nurse practitioner will only provide health care services within the nurse practitioner’s scope of practice for which he/she is educationally prepared and for which competency has been established and maintained. Educational preparation includes academic coursework, workshops or seminars, provided both theory and clinical experience are included.

The specialty categories for NPs (set out below) serve to delineate the populations to be served by NPs.²³⁶

²³⁴ *Nurses Act (Ore.)*, ORS 678.010(10)

²³⁵ Oregon Rules, 851-050-0005(7)-(8)

²³⁶ Oregon Rules, 851-050-0005(9)

Authorized practice by NPs

The comprehensive statement of NP scope of practice established by the Rules includes the following key provisions:²³⁷

- “The nurse practitioner provides holistic health care to individuals, families, and groups across the life span in a variety of settings, including hospitals, long term care facilities and community-based settings.”
- “Within his or her specialty, the nurse practitioner is responsible for managing health problems encountered by the client and is accountable for health outcomes. This process includes:
 - (a) Assessment;
 - (b) Diagnosis;
 - (c) Development of a plan;
 - (d) Intervention;
 - (e) Evaluation.”
- “The nurse practitioner is independently responsible and accountable for the continuous and comprehensive management of a broad range of health care, which may include:
 - (a) Promotion and maintenance of health;
 - (b) Prevention of illness and disability;
 - (c) Assessment of clients, synthesis and analysis of data and application of nursing principles and therapeutic modalities;
 - (d) Management of health care during acute and chronic phases of illness;
 - (e) Admission of his/her clients to hospitals and/or health services including but not limited to home health, hospice, long term care and drug and alcohol treatment;
 - (f) Counseling;
 - (g) Consultation and/or collaboration with other health care providers and community resources;
 - (h) Referral to other health care providers and community resources;
 - (i) Management and coordination of care;
 - (j) Use of research skills;
 - (k) Diagnosis of health/illness status;
 - (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.”

²³⁷ Oregon Rules, 851-050-0005(3)-(5); a complete copy of the Rules pertaining to NPs is attached at Appendix C: Ore.-44

The Act further provides that NPs are authorized:

- To complete and sign death certificates.²³⁸
- To prescribe drugs for the use of and administration to other persons if approval has been given under the Act, with the qualification that the drugs the NP is authorized to prescribe shall be included within the NPs scope of practice and the drugs shall be listed on a formulary established by the Board to include medicines that may be prescribed by an NP or CNS.²³⁹ The authority to prescribe is a separate authority although, as a practical matter, all NP's must have the necessary qualifications to have prescriptive authority in order to be certified as an NP.²⁴⁰
- To dispense prescription drugs upon application to the Board in circumstances in which there is a lack of readily available access to pharmacy services in the NPs practice area that would be corrected by granting the NP authority to dispense²⁴¹.

Entry to practice requirements for NPs

NP certification will be granted to RNs who, in addition to holding a current and valid RN license and meeting relevant administrative requirements:²⁴²

- Hold a Master's Degree in Nursing or a Doctorate in Nursing from a CCNE (Commission on Collegiate Nursing Education) or NLNAC (National League for Nursing Accreditation Commission) accredited graduate nursing education program;
- Have satisfactorily completed an NP program (that meets prescribed requirements²⁴³) and is specific to the expanded specialty role / category for which application is made (see the categories set out below); and
- Meet the prescribed practice requirements.²⁴⁴

Specialty designations for NPs

NPs are RNs who are additionally certified in an advanced practice specialty category that delineates the population served, from among the following:²⁴⁵

²³⁸ *Nurses Act* (Ore.), ORS 678.375(3), 678.375, 675.390(1)

²³⁹ *Nurses Act* (Ore.), ORS 678.375(4), 678.375

²⁴⁰ Oregon Rules 851-056-0000 to 851-056-0026; appended in their entirety as Appendix C:

Ore.- 45

²⁴¹ *Nurses Act* (Ore.), ORS 675.390(2) - (4)

²⁴² *Nurses Act* (Ore.), ORS 678.380; Oregon Rules, 851-050-0002 and 851-050-0004

²⁴³ Oregon Rules, 851-050-0001; see Appendix C: Ore.- 44;

²⁴⁴ Oregon Rules, 851-050-0004; see Appendix C: Ore.- 44; see also the requirements specific to prescribing authority; Appendix C: Ore. - 45

²⁴⁵ Oregon Rules, 851-050-0005(9)

- Acute care nurse practitioner (“ACNP”)
- Adult nurse practitioner (“ANP”)
- Nurse midwife nurse practitioner (“NMNP”)
- College health nurse practitioner (“CHNP”)
- Family nurse practitioner (“FNP”)
- Geriatric nurse practitioner (“GNP”)
- Neonatal nurse practitioner (“NNP”)
- Pediatric nurse practitioner (“PNP”)
- Psychiatric/mental health nurse practitioner (“PMHNP”)
- Women’s health care nurse practitioner (“WHNP”)

Title protection for NPs

The title “nurse practitioner” (including the initials, name, title, designation of and abbreviation) is a protected title, as are the titles and corresponding abbreviations set out in the preceding section.²⁴⁶

Continuing competence requirements for NPs

The requirements for renewal of NP certification are, in addition to holding a current and valid RN license and meeting relevant administrative requirements:²⁴⁷

- Completion of 100 clock hours of continuing education related to advanced practice nursing and the area(s) of specialty certification, with further details prescribed;²⁴⁸
- Verification of practice hours which meet prescribed requirements.²⁴⁹

Insurance requirements for NPs

No mandatory insurance requirement.²⁵⁰

Anticipated legislative reform

None presently anticipated, although there is periodic discussion about moving away from a formulary approach to prescriptive authority.

²⁴⁶ *Nurses Act (Ore.)*, ORS 678.021, 678.375(2)

²⁴⁷ Oregon Rules, 851-050-0138

²⁴⁸ Oregon Rules, 851-050-0138(1)(c); see Appendix C: Ore.- 44

²⁴⁹ Oregon Rules, 851-050-0138(2); see Appendix C: Ore.- 44

²⁵⁰ Personal communication from Board representative