



College of Nursing
of New Brunswick

GUIDELINE for **Nurse Practitioner Practice**



Mandate

Public protection through regulation of nurses in New Brunswick

Under the *Nurses Act*, the College of Nursing of New Brunswick (CNNB) is legally responsible for protecting the public by regulating registrants of the nursing profession in New Brunswick. Regulation makes this profession, as well as individual nurses, responsible for safe, competent, compassionate and ethical nursing practice.

Acknowledgements

Elements of this document have been adapted from the Nova Scotia College of Nursing [Nurse Practitioner Practice Guideline \(2023\)](#) and the [Nurse Practitioner Client Admission and Discharge from Hospital Settings Practice Guideline \(2025\)](#).

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Table of Contents

Graduate Nurse Practitioners.....	4
Initiating a Practice.....	4
Nurse Practitioner Consultation and Referral Statement	4
Medicare Service Provider Registration	4
Provincial Electronic Health Record.....	5
Prescription Monitoring Program	5
Hospital Practice Privileges	5
Legislative Authority	5
Professional Accountability.....	6
Accepting clients in their practice	7
Privacy and Confidentiality	7
Terminating the NP-Client Relationship	7
Resignation from an employer	8
Closing, Leaving or Moving a Self-Employed Practice.....	9
References.....	9

Nurse practitioners (NPs) are autonomous health professionals with advanced education who provide essential health services grounded in professional, ethical, and legal standards. They integrate their advanced nursing knowledge of nursing practice and theory, health management, health promotion and disease/injury prevention, and other relevant biomedical and psychosocial theories to provide comprehensive health services. NPs work in collaboration with their clients and other health care providers in the provision of high-quality, client-centered care. They work with diverse client populations, in a variety of contexts and practice settings.

Graduate Nurse Practitioners

Registered Nurses (RNs) who have been deemed eligible to write the NP entry-to-practice exam, and have paid all applicable fees to the CNNB, may apply for temporary registration as a Graduate Nurse Practitioner (GNP) pending their exam session. Temporary registration is issued for a nine-month period and confers to the registrant the entitlement to use the designation GNP. GNPs require the co-signature of a registered NP or physician on all orders for drugs and screening/diagnostic investigations. RNs who are unsuccessful on the NP entry-to-practice exam are not permitted to practice as GNPs.

Initiating a Practice

Nurse Practitioner Consultation and Referral Statement

NPs practicing in New Brunswick (NB) must be registered with the [CNNB](#). The [Nurses Act](#) stipulates that NPs must have reasonable access to a physician for the purpose of consultation with respect to any client and be able to refer or transfer any client to the care of a physician. NPs must ensure a completed [Nurse Practitioner Consultation and Referral Statement](#) is submitted to the CNNB annually. Should employment circumstances change, the CNNB must be notified, and a new completed NP Consultation and Referral Statement must be sent.

Medicare Service Provider Registration

New Brunswick Medicare is a provincially administered plan in accordance with the terms of the [Canada Health Act](#). All NPs who provide insured health services to eligible NB residents are required by the New Brunswick Department of Health to register and submit information to Medicare.

- For more information: [Health Professionals – section: Medicare ► Nurse Practitioner Shadow Billing](#)
- For questions: MedicareSPRegistrar@gnb.ca

Provincial Electronic Health Record

The provincial electronic health record (EHR) provides authorized health professionals licensed in New Brunswick access to clinically relevant and real-time client information through a secured single point of access. NPs must request access to the EHR, complete required training, and be granted a unique user ID and password.

- For more information: [Electronic Health Record](#)
- For questions: EHRAccess@gnb.ca.

Prescription Monitoring Program

The NB Prescription Monitoring Program (PMP) is a clinical tool used by prescribers and pharmacists, and operates within the province's broader EHR network, tracking the prescription and dispensing of controlled to improve client safety and coordinate care. Registration is required to access the PMP.

- For more information: [Prescription Monitoring Program](#)
- To register or for questions: pmp.psp@gnb.ca.

Hospital Practice Privileges

Legislative Authority

The [Nurses Act](#) defines the legislated scope of practice. Admitting to, providing care and discharging clients from a hospital facility is within the scope of practice of NPs. Other provincial laws¹ authorize NPs to admit, provide care, and discharge specific client populations, and use diagnostic services within the facilities of the RHAs² when they are granted privileges. Privileges are permissions granted by a board of the RHAs for the delivery of health care services within their facilities (NEW BRUNSWICK REGULATION 2002-27 under the RHA, 2002).

According to NB Regulation 2002-27 under the *Regional Health Authorities Act*, NPs may be granted the following privileges:

- (i) to admit a patient to the extra-mural service delivered by a RHA or by a person under an agreement with the Minister;

¹Provincial legislation authorizing NPs to admit, provide care and discharge from hospital facilities, and use diagnostic services:

- The [Regional Health Authorities Act 2011, c. 271](#) and [General Regulations 2002-27](#) under this Act.
- The [Hospital Act H-6.1](#) and [General Regulation 92-84](#) under this Act.

²Vitalité and Horizon Health Networks are the two health authorities responsible for managing and delivering health services in the province of NB.

- (ii) in the case of a person requiring family medicine care³, to admit the person to a hospital facility, to render health care to the patient and to discharge the patient from a hospital facility;
- (iii) in the case of an alternative level of care⁴ patient, to render health care to the patient and to discharge the patient from a hospital facility, and
- (iv) to use the diagnostic services in a hospital facility or a community health centre for the care of a patient.

NPs must work with the respective RHA to obtain these privileges and attain the necessary education and related competencies.

Professional Accountability

NPs are accountable to practice in accordance with the [Code of Conduct](#), the [CNNB standards of practice](#) and organizational requirements to ensure they are providing safe, competent, compassionate, and ethical nursing services at all times. In addition, an NP who is granted RHA privileges is accountable to practice in accordance with employer policies, processes, practices and/or guidelines related to these privileges.

NPs should consider the following (not an exhaustive list) as they engage in the practice of client admission and discharge from hospital settings

Admission -

- Ensuring that client's diagnosis (supported by the client's assessment) indicates in-hospital care is appropriate.
- Informing client about the diagnosis, treatment plan and need for hospital admission.
- Consulting and collaborating with the interdisciplinary team or another provider as needed.
- Collaborating with other care facilities to obtain information on the client's health as needed.
- Following employer policies, processes and guidelines related to client admission, care and transfer of care.

Discharge -

- The client's assessment supports discharge from hospital.
- The post-discharge care can be managed in a setting outside of the hospital.
- A discharge plan is in place and includes consideration of:
 - the need for support services, or equipment;
 - referral to other care facilities or agencies; and
 - follow up care needs post-discharge.
- The education and information needs of the client, family or other caregivers.

³ Family Medicine care means care provided through the family medicine unit of a hospital facility ((NEW BRUNSWICK REGULATION 2002-27 under the Regional Health Authorities Act, 2002.)

⁴ Alternate level of care (ALC) refers to patients no longer requiring acute care services that hospitals provide but cannot be medically discharged because they need extra services in place before they can safely return home or to a community setting (GNB, n.d.)

Accepting clients in their practice

NPs must understand their professional obligations when accepting clients in their practice. Once a client has been accepted into a practice, discontinuing care could be considered abandonment. Additional information can be found in the [Fact Sheet: Abandonment](#). If a client exceeds an NP's scope of practice, the NP is obligated to consult or refer them to another health care provider.

NPs accept consults from other healthcare professionals. When consulted, NPs use their expertise to provide direction and advice. They are accountable to their competencies to provide appropriate advice based on the information shared by the healthcare professional.

Privacy and Confidentiality

NPs may be considered custodians of their clients' records under the [Personal Health Information Privacy and Access Act](#) (PHIPAA). PHIPAA provides a set of rules that ensure the privacy and protection of personal health information. The Act also ensures that information is available as needed to provide health services to those in need and to monitor, evaluate and improve the health system in NB. PHIPAA applies to personal health information held by any custodian in NB, regardless of format. It further defines a custodian as an individual or organization that collects, maintains or uses personal health information for providing or assisting in the provision of health care or treatment or the planning and management of the healthcare system or delivering a government program or service. Personal health information is defined in part as identifying information about an individual pertaining to that person's mental or physician health, family history or health care history. A [toolkit for custodians](#) is available on the GNB website. Additional information on privacy and confidentiality can be found in the [Practice Guideline: Privacy and Confidentiality](#). NPs in self-employed practices are encouraged to seek legal advice about proper management of confidential information by contacting the [Canadian Nurses Protective Society](#) (CNPS).

Terminating the NP-Client Relationship

NPs have a duty to provide care to clients accepted into their practice. If an issue arises that may potentially impact the NP-client relationship, the NP should make reasonable attempts to address or resolve the situation. When circumstances affect the NP's ability to provide safe, competent, and ethical care, they may decide it is necessary to end the NP-client relationship. In some instances, the client may decide to end the relationship. To ensure their professional obligations are met, prior to the termination of the NP-client relationship, NPs should:

- discuss their concerns with their employer and identify any employer policies, processes or resources that may be of help;

- discuss the issues and concerns with the client;
- work with the client and others relevant stakeholders to implement strategies to address or resolve the issues; and
- consult with the CNPS.

Additional information on when to terminate the NP-Client relationship can be found in the [Standards for the Nurse-Client Relationship](#).

When the decision to terminate the NP-client relationship has been made, the NP must advise the client in writing of their intent to end the relationship, including the rationale for the decision and the date the relationship will terminate. Unless the client poses a safety risk to office staff, other clients, or the NP, the NP should plan to withdraw services over an agreed upon timeframe. If transferring the accountability of the client's care to another provider, the NP should transfer the client record in accordance with employer policy. If another health care provider is not available, the NP should provide the client with information about how to find another provider and how to access emergency care.

The NP is expected to document in the client's record the reasons for ending the relationship, an overview of the actions taken to resolve the issues and the client's response to them, as well as any information provided to the client about the service withdrawal plan.

Resignation from an employer

NPs must give reasonable notice that they are leaving or resigning from their current position. The employer may have a policy to consider in this regard. NPs remain accountable to work with the employer to facilitate continuity and transfer of client care. This could include:

- notifying clients of the date they will be leaving the practice and giving them information regarding how their health care needs will be met;
- ensuring client records are up to date;
- prioritizing high-risk clients for appointments; and
- ensuring the clinic is aware of pending diagnostic investigations.

It is recommended that NPs discuss with their employer the strategies in place to address client-care needs while their replacement is being recruited. Once no longer employed in that position, NPs should not access client health records, including diagnostic investigations and consultations.

Closing, Leaving or Moving a Self-Employed Practice

Self employed NPs closing their practices for reasons of retirement, extended absence, relocation, or any other reason need to make adequate provisions to minimize any impact on their clients. Clients who may be affected should be provided with adequate written notice including specific information as to when the NPs' services will no longer be available. This should also include information on where and how to access their health records. NPs should provide clients with information about how to find another provider and how to access emergency care.

Once the decision has been made to close, leave, or move a self-employed practice, it would be inappropriate to accept new clients for whom it is unlikely the expected services would be concluded by the time of the NP's departure.

NPs in self-employed practice should contact CNPS for additional information on closing, leaving, or moving their practice.

NPs are accountable for practicing in accordance with the *Nurses Act*, the *Code of Conduct* and the [Standards of Practice](#). When initiating a practice, obtaining privileges to practice in the hospital setting, accepting clients into their practice, ending the NP-client relationship, or leaving a practice, it is important for NPs to understand their professional obligations. NPs are accountable to take action to minimize interruptions to client care.

References

Government of New Brunswick (n.d.) *Transition of appropriate alternative level of care seniors to special care home*. <https://www.gnb.ca/en/campaign/healthy-seniors/transition.html>

NEW BRUNSWICK REGULATION 2002-27 under the Regional Health Authorities Act, O.C. 133 (2002). <https://laws.gnb.ca/en/document/cr/2002-27%20/>



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