


PRACTICE GUIDELINE

Medical Aesthetics





Mandate

Public protection through regulation of nurses in New Brunswick.

Under the [Nurses Act](#), the Nurses Association of New-Brunswick (NANB) is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick (NB). Regulation makes the profession, and nurses as individuals, accountable to the public for the delivery of safe, competent, and ethical nursing care.

Guidelines support best practice in nursing. They identify principles, give instructions, information, or direction, clarify roles and responsibilities, and/or provide a framework for decision making.

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Acknowledgements

Elements of this document have been adapted from the Nova Scotia College of Nursing [Nurses Who Provide Aesthetics Services to Clients Q&A \(2020\)](#), the College of Registered Nurses of Saskatchewan [Aesthetic Nursing \(2024\)](#), and the College of Registered Nurses of Alberta [Injectable Aesthetic Therapies \(2023\)](#).

Words in bold print are found in the glossary. They are shown in bold on first appearance.

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What Are Medical Aesthetic Services?

Medical aesthetic services are specialized elective non-surgical clinical procedures for the purpose of cosmetic treatment. These include injection treatments such as fillers, volume enhancers, collagen stimulators, lipolysis, and neurotoxin, but could include additional treatments and/or procedures as this area of practice continues to evolve. Medical aesthetic services are not benign procedures and pose potential risks to **clients** including an increased risk of morbidity.

It is important to note that some aesthetic services are not considered nursing practice, specifically those that do not need to be performed by a nurse¹ such as in **cosmetology** (e.g. facials, waxing, piercings, etc.). NANB does not consider such activities as nursing practice and individuals performing such services cannot use the title registered nurse (RN) or nurse practitioner (NP), nor count these hours as nursing practice for registration purposes².

The Role of Nurses

RNs and NPs can provide medical aesthetic services if the role or activity is consistent with legislation (**legislated scope of practice**), in accordance with the standards of practice and practice guidelines, supported by employer policy, and the nurse has acquired the knowledge, skills and **competency** to provide the care to the specific client.³

The Nurses Association of New Brunswick (NANB) considers medical esthetic services to require [beyond entry-level competencies](#), and as such additional education is required to attain and maintain the appropriate competencies to provide these services for all nurses. It is the responsibility of the nurse to ensure that any initial and ongoing education and training meets industry standards, is evidence informed and in compliance with best practices, and provides the competencies to integrate the knowledge, skills, abilities and judgment to perform medical aesthetic procedures safely, including but not limited to, being knowledgeable on indications for the procedures, identifying when reassessment is required and managing complications that arise.

¹ For the purposes of this guideline, the term “nurse” refers to registered nurses and nurse practitioners.

² Recognition of nursing practice is required when a nurse is engaging in a non-clinical role, an emerging field of nursing practice, or in self-employment. For more information on use of title and recognition of nursing practice, refer to:

- [Fact Sheet: Use of Professional Title](#)
- [Guideline for Recognition of Nursing Practice](#)

³ The [Practice Guideline: Scope of Practice](#) provides a decision-making tool to assist in defining the nursing scope of practice.

Nurses must work within their scope of practice and must consult and/or collaborate with an appropriate care provider when the needs of the client exceed their individual **competence**, scope of practice, or as required when clients are not achieving intended outcomes. Nurses must always follow all applicable legislation, the [Code of Conduct for Registered Nurses and Nurse Practitioners](#), the [Standards of Practice](#) and the Practice Guideline: Medical Aesthetics.

Registered Nurses

RNs are accountable to establishing, implementing, monitoring and revising the nursing component⁴ of the client's plan of care. In addition, to support medical aesthetic services, there needs to be the direct involvement⁵ of an **authorized prescriber**⁶ that is qualified and competent to provide care in the field of medical aesthetics, as medical aesthetic treatment decisions and prescriptions fall outside of the scope of RN practice. Client specific orders and directives provide authorization for the RN to proceed with the treatment once the treatment plan has been established by the authorized prescriber. In addition, RNs must ensure they have immediate access to the authorizing prescriber during the provision of aesthetic treatment for consultation, which may include direct assistance or being available to assess the client on site.

Important Considerations:

- Initial assessments followed by treatment decisions must be completed by an authorized prescriber and fall outside of the RN scope.
- Changes to the treatment plan, such as new injection sites or different dosages, require reassessment of the client by an authorized prescriber with updated orders.
- RNs must understand workplace policy outlining contexts requiring authorized prescriber consultation or involvement, e.g. change in client health status.

The practice context should guide the need for collaboration based on a variety of factors that need to be taken into consideration such as treatment, client status and nursing experience. RNs must recognize when, and with whom they should collaborate, and know how to access authorized prescribers when needed. If the RN determines that an order or directive should not be implemented, the authorized prescriber must be notified, and the discussion and outcome(s) must be documented.

RNs should recognize when the risk associated with a procedure, treatment plan, medication or situation is heightened (e.g. administering initial dosages of medications, changes in medication

⁴ The nursing component of the plan of care includes the nursing assessment and treatment of human responses to actual or potential health problems and the nursing supervision thereof. For more information, refer to the [Practice Guideline: The Nursing Care Plan](#).

⁵ See Table of *Important Considerations*.

⁶ A practitioner lawfully entitled to prescribe treatments or medications (New Brunswick College of Pharmacists, 2014). In NB current authorized prescribers include physicians, nurse practitioners, optometrists, dentists, pharmacists, midwives, veterinarians, and physician assistants (College of Physicians and Surgeons of New Brunswick, 2013).

dosages, new site and clients with a history of adverse or inconsistent response or reaction to previous treatments) and must ensure established protocols are in place to mitigate risks. RNs are expected to practice in accordance with the [Standards for Medication Management](#) when administering, dispensing or supplying medications and/or substances.

Nurse Practitioners

NPs are responsible and accountable for ensuring safe, competent and ethical prescribing practices including, but not limited to:

- developing a holistic and individualized plan of care with the client (in the context of a therapeutic **nurse-client relationship**) and other members of the healthcare team;
- ensuring they have completed an assessment of the client prior to prescribing any medications or recommending any therapies;
- ensuring appropriate follow up and evaluations; and
- acting in a reasonable and prudent manner for any urgent, emergent or adverse events.

NPs acting as authorized prescribers and/or employers for RNs providing medical aesthetic services must understand the differences in professional nursing scopes of practice to ensure care is designated appropriately, administered by qualified and competent nurses, and client safety is maintained. The NP must be accessible for immediate consultation as needed, including availability for on-site assessment.

Essential Components of Medical Aesthetic Practice

Clinical Practice Setting

Medical aesthetics services may take place in various settings and are not benign procedures. They can pose potential risks to clients including adverse effects and an increased risk of morbidity. Proper equipment and employer policies must be in place to support nursing practice and ensure client safety.

Managing Adverse-Events

- Nurses are expected to be prepared, and to always react in a safe and competent manner, including in an emergent or urgent situation where delay in treatment would place the client at risk of harm. Appropriate support must be readily available⁷ to manage potential side effects and risks, and procedures should only be performed in a clinical setting that prioritizes client safety.

⁷ RNs and NPs are expected to be prepared, and to react in a safe and competent manner at all times, including in an emergent situation. This includes ensuring that the necessary clinical supports are available, such as guidelines, directives and/or policies to guide and support nursing practice; proper equipment and/or supplies to safely perform the activity; and appropriate supervision as required.

Ask Yourself:

Do you have the resources, both human and material, to monitor and intervene in case of an adverse reaction?

Infection Prevention and Control

- Implementing **evidence-based** infection control prevention practices reduces the risk to the client and the nurse. Best practices include but are not limited to appropriate handling, cleaning and disposing of materials and equipment needed for the procedure. Nurses monitor for changing clinical infection control practices and adapt practice as required.

Procurement, storage and handling of medications and substances

- Medications and substances for administration by injection (prescription or otherwise) must be procured through legitimate means (e.g., through a pharmacy or the pharmaceutical company).
- Manufacturer recommendations for storage and handling as outlined in standards, best practice guidelines and manufacturer recommendations must be followed.

Ask Yourself:

Does the physical environment, including access to equipment, support the safe performance of the procedure?

Accountabilities

- Nurses are accountable to NANB, the public, and the employer when practicing medical aesthetics. They must always meet the minimum expectations outlined in the standards of practice, code of ethics, and guidelines related to providing safe, competent, and ethical care.
- Before initiating a practice, nurses must be aware of their **accountabilities** and ensure there are directives and policies in place to authorize and support the nursing practice.

Ask Yourself:

Is the activity in the client's best interest? Am I authorized to perform this activity? Does evidence exist to support this practice?

Self-Employed Practice

- If considering self-employment in the field of medical aesthetics, all nurses must make NANB aware of their self-employed practice.
- More information regarding self-employment can be found in the [Recognition of Nursing Practice and Self-Employed Practice Toolkit](#) and the [Guidelines for Self-Employed Practice](#).

Informed Consent

Before providing any medical aesthetic service, the nurse must obtain a voluntary, valid*, and current **consent** prior to performing a procedure on a client.

**Six Criteria for Valid Consent by Canadian Courts⁸:*

1. The consent must be genuine and voluntary
2. The procedure must not be an illegal procedure
3. The consent must authorize the particular treatment of care as well as the particular provider
4. The consenter must have the legal capacity to consent
5. The consenter must have the necessary mental capacity to consent
6. The consenter must be informed

The purpose of an informed consent is to ensure the client understands the nature of the service, risks, benefits, and anticipated outcomes of treatment. The performance of aesthetic procedures is subject to increased and more complex requirements due to the risks associated with this type of procedure, which can lead to unexpected aesthetic results and serious complications. Nurses should know that there is a much wider range of legal implications that should be considered before entering into a professional agreement to provide medical aesthetic services, particularly when the services are to be provided in a private facility. Nurses should communicate the realistic expectations of results with the client, as well as the potential risks, and provide comprehensive discharge information.

For more information on consent, see NANB's [Fact Sheet: Consent](#) and visit the [Canadian Nurses Protective Society](#) for liability and legal guidance.

Documentation

As with all areas of nursing practice documentation is fundamental and must meet the legislative and regulatory requirements as per NANB's [Standards for Documentation](#). Nurses are legally required to document all nursing care provided, including the provision of aesthetic procedures and treatments, without exception.

Privacy & Information Security

- All nurses are required to safeguard client health information by maintaining **confidentiality**⁹ and acting in accordance with information retention and destruction policies and procedures that are consistent with professional and ethical standards, relevant legislation, and employer's policies.

⁸ See CNPS for more information: <https://cnps.ca/article/consent-to-treatment/#2>

⁹ For more information, refer to NANB's [Practice Guideline Privacy and Confidentiality](#).

Custodian of Client Records

- Nurses engaged in medical aesthetics must determine who is considered to be the custodian of the clients' health records and comply with applicable legislation prior to providing services.

The Personal Health Information Privacy and Access Act (PHIPPA):

In accordance with requirements of the Personal Health Information Privacy and Access Act (PHIPAA), personal health information shall be protected by adopting information practices that include reasonable administrative, technical and physical safeguards that ensure the confidentiality, security, accuracy and integrity of the information, which shall be based on nationally or jurisdictionally recognized information technology security standards and processes, appropriate for the level of sensitivity of the personal health information to be protected (PHIPAA, 2009).

Conflict of Interest

A **conflict of interest** occurs when a nurse's personal, business, commercial, political, academic, or financial interests, or interests of family and friends, interfere with professional responsibilities or a client's best interests. A conflict of interest can be actual, potential, or perceived and may or may not lead to negative outcomes. In medical aesthetic nursing, it is important for nurses to be aware of the ways that a conflict of interest can arise. Further, nurses need to show introspection when making decisions around situations which could be considered as potential, perceived, or actual conflicts of interest.

Examples of conflicts of interest in medical aesthetics:

- endorsing or promoting a product or service by using one's title to lend credibility or to promote interest;
- compensation arrangements based on selling higher volumes of injections;
- office space rentals based on revenues;
- solicited / non-solicited¹⁰ gratuity for treatment rendered;
- requirement to reimburse employer or owner in the event of a complication;
- paying kickbacks or referral fees; and
- advertising offering volume discounts or promotional offers on injectables.

When purchasing or recommending products or services, or prescribing drugs or equipment, nurses must ensure choices are evidence informed and always in the best interest of the client. For more information on conflicts of interest in nursing, refer to the [Practice Guideline: Conflict of Interest](#).

¹⁰ Even if gratuity is non-solicited there is potential to impact objectivity and create a potential conflict of interest or a perceived conflict of interest, which occurs when others perceive that a conflict of interest may influence a nurse's judgment.

Compensation

Nurses who provide services on a direct fee-for-service basis, with the fees being paid directly by the client or by the client's private insurance are responsible for making the client aware of the fees at the onset of the nurse-client relationship.

Soliciting gratuity in nursing practice presents a conflict of interest and is prohibited. Prompting for gratuity in nursing services presents ethical concerns blurring the lines between professional duties and financial gain, impacting the integrity of the nurse-client relationship.

Many nursing services are exempt from goods and services tax (GST) and harmonized sales tax (HST). Self-employed nurses should consult an accountant or other tax professional to understand any applicable obligations to register for, collect, and remit GST/HST.

Advertising

Advertising must be ethical, truthful, accurate, professional, verifiable, and maintain the public trust in the nursing profession. NANB requires that all advertising is consistent with federal and provincial legislation and nurses are encouraged to refer to the [Canadian Code of Advertising Standards](#) for guidance.

Nursing

- Nurses who are self employed must include their name and professional **designation** in any advertisement. Advertising must not mislead the public with exaggerated claims of the effectiveness of the service being provided. False or misleading advertising may be considered as **professional misconduct**.

Health Product

- [The Canadian Food and Drugs Act](#) (1985) defines an 'advertisement' as "any representation by means whatever for the purpose of promoting directly or indirectly the sale or disposal of any food, drug, cosmetic or device". Any person who promotes the sale of a specific health product, including medical aesthetic injectables, is subject to advertising legislation.
- Nurses should familiarize themselves with the [Food and Drugs Act](#) and [Regulations](#) to ensure product advertising is consistent with the legislative requirements specific to aesthetic practice.

Social Media

- Social media has become a popular form of promotion and advertisement of medical aesthetic services. When advertising on social media, nurses must continue to meet the standards of practice in all cases.
- Nurses must maintain professional boundaries, confidentiality and privacy while using social media. Nurses' individual actions can reflect negatively on their employer and/or the nursing profession.

When engaging in social media use for practice advertisement, nurses have the responsibility to:

- Maintain a professional presence
- Uphold the integrity of the nursing profession
- Ensure confidentiality and protect privacy at all time
- Set and maintain professional boundaries
- Remain accountable to relevant legislation, standards of practice, *Code of Ethics*, and employer policy

For strategies to minimize the risk of social media use, refer to the [Practice Guideline: Social Media](#).

Liability Insurance

Nurses are responsible for ensuring they have the appropriate professional liability insurance for performing medical aesthetics and should contact the Canadian Nurses Protective Society ([CNPS](#)) to determine if additional protection is required

Resources

Need More Information?

The [International Society of Plastic and Aesthetic Nurses](#) and the [Canadian Society of Aesthetic Specialty Nurses](#) provide members with opportunities to be professionally educated, trained and regulated to ensure patient safety in all aspects of aesthetic surgical and non-surgical procedures.

The [Canadian Nurses Protective Society](#) provides legal [considerations in cosmetic/medical aesthetic nursing](#).

Frequently asked questions are addressed in [Appendix I](#).

For more information regarding medical aesthetics, please contact a Nurse Consultant at practiceconsultation@nanb.nb.ca.

Resource Repertoire

Role of the Nurse

- [Nurses Act \(2002\)](#) [NANB]
- [Code of Ethics for Registered Nurses](#) [CNA]
- [Standards of Practice for Registered Nurses](#) [NANB]
- [Standards of Practice for Nurse Practitioners](#) [NANB]
- [Standards for Medication Management](#) [NANB]
- [Practice Guideline: Beyond Entry-Level Competencies](#) [NANB]
- [Fact Sheet: Directive](#) [NANB]

Consent, Liability & Conflict of Interest

- [Fact Sheet: Consent](#) [NANB]
- [Practice Guideline: Conflict of Interest](#) [NANB]
- [Canadian Nurses Protective Society](#) [web]
- [Cosmetic/Medical Aesthetic Nursing](#) [CNPS]

Self-Employed Practice

- [Recognition of Nursing Practice and Self-Employed Practice Toolkit](#) [NANB]
- [Guidelines for Self-Employed Practice](#) [NANB]

Documentation & Client Health Information

- [Standards for Documentation](#) [NANB]
- [Practice Guideline Privacy and Confidentiality](#) [NANB]
- [Personal Health Information Privacy and Access Act \(PHIPAA\)](#) [GNB]
- [Privacy and Access in New Brunswick](#) [GNB]
- [Guidelines for Custodians](#) [GNB]
- [Q&A for Custodians about the PHIPPA](#) [GNB]
- [PHIPPA Important Facts for Custodians](#) [GNB]
- [Are you the custodian/trustee of health records?](#) [CNPS]

Advertising

- [Fact Sheet: Use of Professional Title](#) [NANB]
- [Practice Guideline: Social Media](#) [NANB]
- [Canadian Code of Advertising Standards](#) [AD STANDARDS]
- [The Canadian Food and Drugs Act \(1985\)](#) [GC]
- [The Canadian Food and Drug Regulations](#) [GC]

Appendix I – FAQ Medical Aesthetics

1. What constitutes appropriate education and training to perform medical aesthetic interventions? Is on the job training sufficient? How do nurses stay current in their practice?

The employer and/or nurse is responsible for researching and identifying the course/program required to attain the knowledge and skills to deliver safe, competent and ethical medical aesthetic care. This includes determining if the course/program is reputable, approved and/or accredited, and if the course/program meets learning needs and professional development goals.

On-the-job training may not provide the necessary competencies to practise aesthetic nursing safely as this requires specific education including (but not limited to) anatomy and physiology of the skin and underlying tissue, assessment, knowledge of products being used (e.g. neuromodulators and dermal fillers), possible side effects and risk management. Nurses are responsible for ensuring that ongoing education supports safe, ethical and competent practice in this field and that they remain current on best practices as the area of practice continues to evolve.

2. Where do LASERS fit in the scope of medical aesthetic services?

Laser technology and several medical devices using related technologies are being used in the provision of medical aesthetic services. The nurse must ensure that the medical devices have been licenced by Health Canada for use for this indication. The nurse must also ensure that the knowledge, skills and competency to provide this type of treatment have been acquired, and that the proper authorizing mechanisms are in place. Nurses remain accountable to work within their scope of practice, meet their standards of practice, implement the nursing process, ensure appropriate policies support nursing practice and provide evidence-informed, safe, competent, ethical, and compassionate care in all areas of practice.

3. If a RNs practice is a blend of medical aesthetics and cosmetics - which practice hours can be used for license renewal? e.g. RN provides a 15-minute chemical peel and a 30-minute cleansing facial. Is the RN expected to record those hours differently?

A registrant may only use the protected title of registered nurse (RN) and nurse practitioner (NP) or accrue hours of nursing practice for the purpose of registration, for activities recognized as nursing practice. To determine what constitutes nursing practice, an assessment of the nursing services is required; refer to the [Guideline for Recognition of Nursing Practice](#) for more information. When practising in both a nursing and non-nursing capacity, the hours worked in a non-nursing capacity cannot be counted as nursing practice hours. This requires ensuring separate and distinct tracking of services.

*As regulated professionals, nurses demonstrate **accountability** for their conduct and nursing practice; provide information allowing clients/co-workers/employers to understand the scope of*

nursing practice, set clear practice expectations, and identify accountabilities; and ensure the client health record clearly reflects the nursing services provided.

4. When are direct (client-specific) orders and directives appropriate in medical aesthetics? Are standing orders or a clinical decision tool disallowed?

In medical aesthetics, initial assessments and treatment decisions are the responsibility of the authorized prescriber. Interventions that require assessment of the client by an authorized prescriber require direct orders. Changes to the treatment plan, such as new injection sites or different dosages, also require reassessment of the client by an authorized prescriber with updated orders. Direct orders provide authorization for the RN to proceed with the treatment once the client has been assessed and the medical aesthetic treatment plan has been established by the authorized prescriber.

Directives apply to more than one client when specific conditions are met and when specific circumstances exist. The health care team needs to determine whether an intervention can safely be ordered by means of a directive, or whether assessment of the client by an authorized prescriber is required before an intervention is implemented.

Employer policies are required to support the use of orders, directives, standing orders and decision-making support tools related to medical aesthetics procedures. If the RN determines that an order or directive should not be implemented, the authorized prescriber must be notified, and the discussion and outcome(s) must be documented.

5. Is it permitted to accept an unsolicited tip?

Soliciting or prompting for gratuity in nursing practice presents a conflict of interest and is prohibited, including embedding a gratuity percentage in the price of the service. Even if gratuity is non-solicited, there remains a potential that the nurse's objectivity could be impacted and create a potential conflict of interest or a perceived conflict of interest, which occurs when others perceive that a conflict of interest may influence a nurse's judgment. Nurses are expected to recognise the potential for conflict of interest, disclose any situation that could create a conflict of interest, and refrain from accepting any form of gratuity.

6. I know NPs and MDs are authorized prescribers, but can a dentist provide a nurse with an order to inject Botox in NB?

Dentists are authorized prescribers in NB and use Botox to treat a variety of cosmetic and therapeutic purposes. To support medical aesthetic services, there needs to be the direct involvement of an authorized prescriber that is qualified and competent to provide care in the field. Therefore, a qualified dentist that has established a treatment plan for a client could provide

an order for a nurse to inject Botox for the client. The nurse must also ensure competency to provide care for this client.

7. What constitutes an appropriate practice setting for medical aesthetics? (Are Botox parties appropriate?)

Medical Aesthetics occur in various practice settings, while these services are usually administered in medical settings, it is not always the case. Regardless, proper equipment and employer policies must be in place to support nursing practice and ensure client safety in all practice settings. The practice environment must respect

- Infection Prevention and Control (IPC) and handling practices*
- allow for appropriate support to be readily available to manage potential side effects and risks*
- respect privacy and confidentiality and consent procedures,*
- support documentation of care provided,*
- allow access to an authorized prescriber,*
- prioritize client safety, and*
- allow to plan for appropriate follow-up.*

Botox parties are described as social events often casual and informal, where Botox injections are administered to groups, often in a person's home or salon; this setting is not considered to be safe or in accordance with best practices or the standards of practice.

8. What are the guidelines regarding before and after photos? And testimonials?

NANB establishes standards and guidelines that apply to the practice of nursing in all settings. Subject matter experts (SMEs) have specialized knowledge and competencies in specific areas of practice. Nurses are accountable to use credible research findings and apply evidence-informed practices established by SMEs. Nurses would be expected to follow best practices and industry standards for before and after photos.

Advertising must be ethical, truthful, accurate, professional, verifiable, and maintain the public trust in the nursing profession. NANB requires that all advertising is consistent with federal and provincial legislation and nurses are encouraged to refer to the [Canadian Code of Advertising Standards](#) for guidance on use of testimonials.

If using photos and testimonials, it is important to ensure that the nurse upholds and protects clients' privacy and confidentiality in all forms of communication including but not limited to e-records, verbal, written and social media.

9. Do nurses providing medical aesthetic services have to include the name of their Authorized Prescriber on their website or social media profile, so it is transparent to the public?

NANB requires that all advertising is consistent with federal and provincial legislation and nurses are encouraged to refer to the [Canadian Code of Advertising Standards](#) for guidance. NANB does not have any requirements regarding the publication of the authorized prescriber's name.

10. Are nurses authorized to sell or dispense prescription medications used for aesthetic purposes (such as LATISSE®)?

RNs are expected to meet their Standards of Practice and the [Standards for Medication Management](#) when administering, dispensing and supplying medications and substances. RNs may provide samples of medication to clients pursuant to an authorized prescriber's order. According to the [Food and Drug Regulations C.01.041](#), no person shall sell a prescription drug unless they are entitled under the laws of a province to dispense a prescription drug and they sell it in that province under a verbal or written prescription that they received.

Glossary

Accountability: The obligation to acknowledge the professional, ethical, and legal aspects of one's activities and duties, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated.

Authorized Prescriber: A practitioner lawfully entitled to prescribe treatments or medications (New Brunswick College of Pharmacists [NBCP], 2014). According to the [Controlled Drugs and Substances Act](#), a practitioner means a person who is registered and entitled under the laws of a province to practise in that province the profession of medicine, dentistry or veterinary medicine, and includes any other person or class of persons prescribed as a practitioner (Government of Canada, 2019b). In addition, a practitioner is defined by the New Classes of Practitioners Regulations as midwives, nurse practitioners and podiatrists (Government of Canada, 2019c). In NB current authorized prescribers include physicians, nurse practitioners, optometrists, dentists, pharmacists, midwives, veterinarians and physician assistants.

Client: Individuals, families, groups, populations, or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant.

Competency: A component of knowledge, skill, and/or judgement, demonstrated by an individual, for safe, ethical, and effective nursing practice.

Confidentiality: The ethical obligation to keep someone's personal and private information secret or private.

Conflict of Interest: Occurs when the nurse either makes or is in a position to make a decision based upon what is good for the nurse's own best interests, not the best interest of others who might be affected.

Consent: The voluntary agreement to some act or purpose made by a capable individual. Criteria for consent include the person or substitute decision-maker being adequately informed and being capable of giving (or refusing) consent without coercion, fraud, or misrepresentation).

Cosmetology: The work and services carried out by aestheticians, certified cosmetologist instructors, hairstylists, nail technicians, make-up artists, technical cutting stylists or specific cosmetologists.

Designation: A professional title attributed to a category of nursing professional that is granted by the individual's professional regulatory authority.

Evidence-based: The ongoing process that incorporates evidence from research findings, clinical expertise, client preferences, and other available resources to inform decisions that nurses make about clients.

Legislated scope of practice / Scope of practice: The activities that registered nurses are educated and authorized to perform, as set out in legislation, and described by standards, limits, and conditions set by regulators.

Nurse-client relationship: The nurse-client relationship is a planned, time-limited, and goal-directed connection between a registered nurse and a client and his significant others, for the purpose of meeting the client's health care needs. Regardless of the context or length of the interaction, the nurse-client relationship protects the patient's dignity, autonomy and privacy and allows for the development of trust and respect.

Professional misconduct: Means a digression from established or recognized professional standards or rules of practice of the profession and includes the sexual abuse of patients.

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