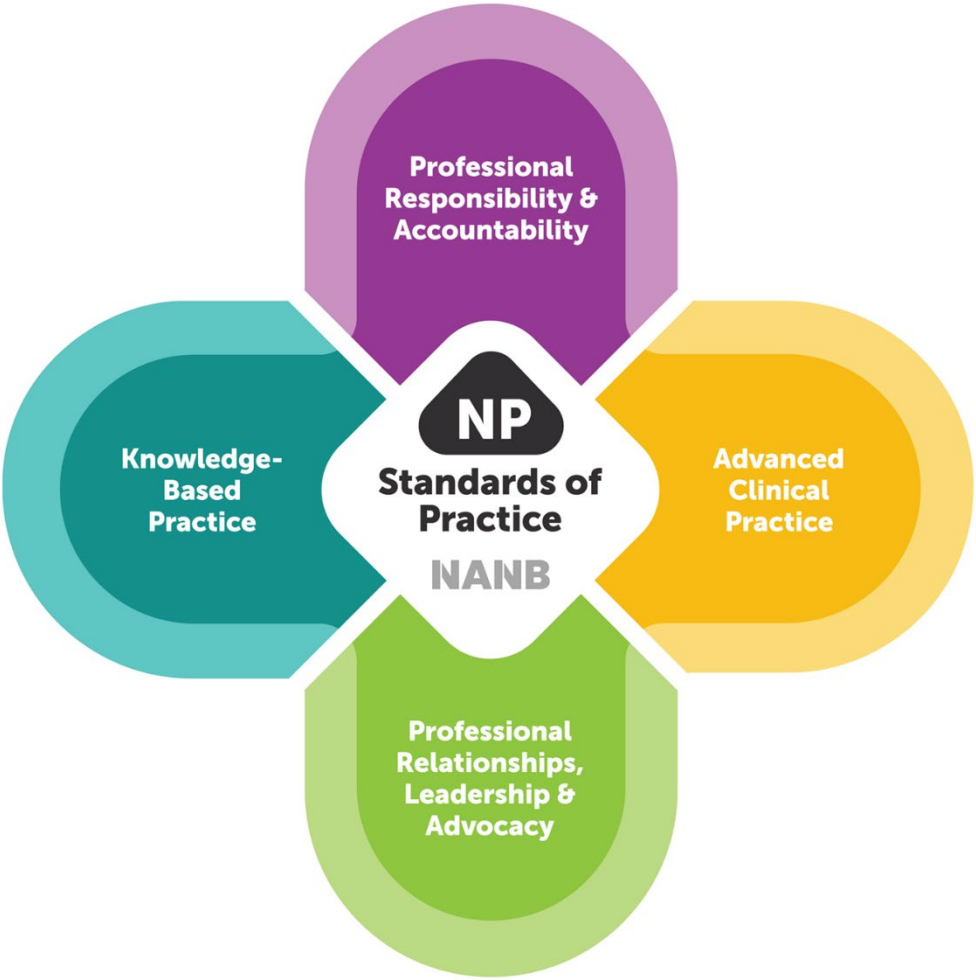
Standards of Practice for Nurse Practitioners



NANB

Effective July 1, 2024

Mandate

Regulation for safe, competent, and ethical nursing care.

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.

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Acknowledgments

This Nurse Practitioner (NP) Standards document was developed through a collaborative working group comprised of representatives from the College of Registered Nurses of Saskatchewan (CRNS) and the Nurses Association of New Brunswick (NANB).

In addition, CRNS and NANB stakeholders, including NPs, educators, advisory committees, council, government, and employers were consulted in the development of this document. NP standards of practice are reviewed every five years or as required to reflect current and new developments in NP practice.

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

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Introduction

The NANB has been the professional regulatory body for registered nurses (RNs) in NB since 1916. The *Nurses Act* defines the NANB's responsibilities and gives them the authority to establish, maintain, and promote standards of education and practice for RNs and NPs within NB to protect the public. The regulatory framework used by the NANB has 3 x components: promoting good practice, preventing poor practice, and intervening when practice is unacceptable. This is accomplished by setting standards, supporting NPs to meet those standards, and acting when standards are not met.

This document is intended to identify the regulatory requirements for NP practice in NB. NPs providing care to residents of NB are accountable to the *Standards of Practice for Nurse Practitioners* and the *Entry-Level Competencies for Nurse Practitioners*. The NP must also practice in accordance with all standards relevant to the nursing profession including the Code of Conduct for Registered Nurses and Nurse Practitioners and the Standards of Practice.

Nurse Practitioner Practice

A NP is an RN with additional **graduate** level nursing education providing in-depth knowledge and **clinical expertise**. NP practice is clinically focused. As per their **legislated scope of practice,** the NP **autonomously** diagnoses diseases, disorders, or conditions; orders and interprets screening and diagnostic tests; prescribes pharmacological and non-pharmacological interventions; and performs procedures. As advanced practice nurses, NPs use their knowledge, skill, judgment, and expertise to analyze, synthesize, and apply evidence to make decisions. NPs apply theory and knowledge from nursing and other disciplines to provide a comprehensive range of essential services grounded in professional, ethical, and legal standards within a **holistic model of care**. The NP provides leadership and collaborates with health care professionals within and across communities, organizations, and populations to improve health and health system outcomes.

Overview: Standards of Practice and Indicators

Standards of Practice

The NP standards of practice are broad principle-based statements supporting varied population health needs and evolving health care systems, enabling advanced and autonomous NP practice. The NP standards establish the regulatory and professional foundation for NP practice and identify the expected level of performance of a NP. All NP standards are equally important, interrelated, and apply across the lifespan in all practice settings. The NP is responsible for understanding and practicing in accordance with the NP standards for safe, competent, compassionate, and ethical practice.

The NP Standards of Practice:

- apply to all NPs registered to practice in NB;
- guide NP practice in addition to the Code of Conduct for Registered Nurses and Nurse Practitioners;
- protect the public by setting expectations for safe, competent, compassionate, and ethical NP practice;
- inform the public and others about what they can expect from practicing NPs;
- provide guidance to support continued competence;
- may be used in conjunction with other resources to guide NP practice;
- inform decision-making for practice and when addressing professional practice issues;
- are used as a legal reference for reasonable and prudent practice; and
- may be used to develop position descriptions, performance appraisals, and quality improvement tools.

The four standards that apply to NP practice include:

- Standard 1: Professional Responsibility and Accountability
- Standard 2: Knowledge-Based Practice
- Standard 3: Advanced Clinical Practice
- Standard 4: Professional Relationships, Leadership, and Advocacy

The **client** is central to each standard and to NP practice. It is important to note that no agency directive (policy, procedure, or guideline) can relieve a NP of **professional accountability** for their actions or decisions regarding the *Standards of Practice for Nurse Practitioners*.

Indicators

Indicators support each standard of practice by further describing how each standard is to be met or applied in practice.

The indicators:

- are interrelated;
- provide specific criteria against which actual performance is measured;
- may be further interpreted based on the context of practice;
- may be interpreted to further describe the practice expectations of NPs of varying levels of **competence**, ranging from **entry-level** to **advanced level**; and
- are not written in order of importance or intended to be an exhaustive list of criteria for each standard.

Standards of Practice for NPs

Standard 1 - Professional Responsibility and Accountability

The NP is responsible and accountable for their own practice and **professional conduct**.

The NP:

1.1 maintains current registration to practice as a NP and complies with regulatory requirements;

1.2 practices in accordance with:

- applicable federal and provincial legislation[1]
- the *Nurses Act* and *Bylaws*
- the Code of Conduct for Registered Nurses and Nurse Practitioners , the Standards of Practice , the *Entry-level Competencies for Nurse Practitioners* and regulatory guidelines[2]
- employer policy;

1.3 attains, maintains, and enhances competence within own NP practice;

1.4 understands the role and relationship of the regulatory body to NP practice;

1.5 does not prescribe to family members, friends, and personal acquaintances except in urgent or emergent[3] situations when no other prescriber is available; and does not self-prescribe;

1.6 arranges appropriate follow-up of test results, implements reliable systems for test results to be received and communicated in a **timely** manner, and works with organizations to implement reporting systems.

Standard 2 - Knowledge-Based Practice

The NP integrates and applies a broad range of advanced theoretical and **evidence-based** knowledge to support safe, competent, and ethical NP practice.

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[1] The *Jurisprudence Study Guide* summarizes content from provincial and federal legislation that governs nursing practice in New Brunswick.

[2] NANB regulatory guidelines and other resources that guide NP practice can be found on the NANB website, in the Resource Library under the Nursing Practice Category.

[3] An urgent or emergent situation is considered as a situation where delay in treatment would place the client at risk.

The NP:

2.1 integrates in-depth knowledge from nursing and other disciplines, **critical inquiry**, research, and clinical expertise to maintain evidence-informed NP practice;

2.2 integrates qualitative and quantitative data from credible sources to make evidence-informed decisions and to initiate and manage change;

2.3 assesses, identifies, and critically analyzes information from various sources to establish health trends and patterns;

2.4 contributes to, leads, and evaluates the application of knowledge in **advanced nursing practice**;

2.5 evaluates the historical, political, economic, and social systems impacting health and participates in improving **global health**, **health equity,** and **health outcomes**;

Standard 3 - Advanced Clinical Practice

The NP applies advanced knowledge, skill, and judgment to assess, diagnose, and manage client care in accordance with client needs and evidence-informed practice.

The NP:

3.1 conducts an appropriate client assessment to inform **clinical decision-making**;

3.2 orders[4], performs, and interprets screening/diagnostic investigations (in accordance with Appendix 1 - Nurse Practitioner Schedules for Ordering : SCHEDULES A and B), and explains the rationale for ordering, the associated risks, and the benefits to the client;

3.3 applies **diagnostic reasoning** to generate differential diagnoses based on advanced clinical inquiry and clinical findings and formulates a final diagnosis;

3.4 communicates assessment findings, diagnoses, anticipated outcomes, treatment options, and prognosis to client and other health care professionals;

[4] Graduate NPs require the co-signature of a registered NP or physician on all orders for: screening/ diagnostic tests, medications, and application of forms of energy.

3.5 collaborates with the client to develop an individualized plan of care based on assessment, diagnosis, and evidence-informed practice;

3.6 provides education and counsels the client on pharmacological and **non-pharmacological** interventions;

3.7 obtains and documents the client's informed consent prior to interventions and as required;

3.8 performs invasive and non-invasive interventions;

3.9 provides counselling for clinical management and prevention of disease, injuries, disorders, or conditions;

3.10 provides accurate, complete, and relevant prescriptions/orders[3] based on client history, current evidence, **clinical reasoning,** and drug information systems, and in accordance with:

- Appendix 1: Nurse Practitioner Schedules for Ordering - SCHEDULE ''C''- Drugs and Drug Interventions[5]
- Appendix 2: Responsibility and Accountability When Prescribing

3.11 incorporates **harm-reduction** strategies into client care;

3.12 establishes a plan for follow-up and demonstrates the evaluation of responses to pharmaceutical and non-pharmaceutical interventions and revises the plan of care;

3.13 collaborates, **consults,** and/or **refers** to other health care professionals when required by the diagnosis and/or treatment plan, or when the client care needs are beyond the legislated scope of NP practice, and/or beyond the individual NP competence;

3.14 provides consultations and accepts referrals as appropriate from other health care professionals;

3.15 utilizes and evaluates mechanisms and processes to prevent **prescription fraud** and/or **drug diversion.**

[5] NPs practice in accordance with the provincial and federal legislations that govern prescribing, monitoring, and dispensing of monitored and controlled drugs, as per:

- Fact Sheet: Legal Consideration When Prescribing Controlled Drugs
- NANB Jurisprudence Guide, sections:
  4.1.12 Prescription Drug Monitoring Act
  4.2.1 Food and Drug Act
  4.2.2 Controlled Drugs and Substances Act

Standard 4 - Professional Relationships, Leadership, and Advocacy

The NP engages in professional collaboration, leadership, and advocacy to influence and support health care and **health care reform** and to achieve optimal outcomes in client care, nursing research, nursing education, health policy, and health systems.

The NP:

4.1 leads the coordination and supports implementation of **primary health care** efforts at local, national, and global levels;

4.2 collaborates and proactively develops and sustains partnerships and networks to influence and improve health outcomes and health care delivery;

4.3 applies advanced research methodology to improve client and system outcomes;

4.4 identifies and implements research-based **innovations** for improving client care, organizations, and systems;

4.5 engages and demonstrates leadership in research activities to explore, evaluate, advance, and disseminate evidence to support **knowledge translation**;

4.6 designs, implements, and evaluates approaches, services, and programs in response to health services and health system issues;

4.7 engages in designing, implementing, and evaluating **digital health** technology, services, and processes;

4.8 develops, implements, and evaluates initiatives, programs, and policies that support equitable access to care and foster **equity**, **diversity**, and **inclusion**;

4.9 leads, develops, and contributes to quality improvement and educational initiatives to improve client, organization, and system outcomes;

4.10 applies leadership models to lead intraprofessional and interprofessional teams in health care services and nursing education;

4.11 leads, implements, and evaluates health promotion and disease prevention strategies and initiatives;

4.12 contributes to developing initiatives and policies that promote antiracism, health equity, and social justice in health care;

4.13 develops services in response to client needs, considering epidemiological, cultural, demographical, social, legal, ethical, political, and professional trends and developments;

4.14 proactively assesses and **mitigates risk** by generating solutions that may lead to practice innovations;

4.15 advocates for improved access to health care by promoting the NP role to nurses and other health professionals, the public, legislators, and policymakers;

4.16 demonstrates leadership in formal and informal education and mentorship to enhance and support the professional development of others.

Appendix 1: Nurse Practitioner Schedules for Ordering

Graduate NPs require the co-signature of a registered NP or physician on all orders for screening/ diagnostic tests, medications and application of **forms of energy**.

SCHEDULE "A" – Medical Imaging Tests

Based on their client population, and as part of their practice, NPs have the authority to order medical imaging tests as listed below. Nurse practitioners will base decisions for definitive treatment plans on a radiologist's interpretation of medical imaging tests.

Nurse practitioners may, in accordance with the competencies and standards established by the NANB Board of Directors, order medical imaging tests using forms of energy in the following areas:

- General Radiology
- Ultrasound
- Bone Density
- Mammography
- Nuclear Medicine
- Magnetic Resonance Imaging (MRI)
- Computed Tomography (CT scan)

SCHEDULE "B" – Laboratory and Other Non-Laboratory Tests

Based on their client population, and as part of their practice, NPs have the authority to order and interpret laboratory and other non-laboratory tests.

Nurse practitioners may, in accordance with the competencies and standards established by the NANB Board of Directors, order laboratory and other non-laboratory tests in the following areas:

LABORATORY TESTS

- Anatomical Pathology
- Biochemistry
- Coagulation
- Cytopathology
- Hematology
- Immunology
- Microbiology
- Molecular Genetics
- Serology
- Therapeutic Drug Monitoring
- Transfusion Medicine
- Virology

OTHER NON-LABORATORY TESTS

Additional tests required by the client population may include, but are not limited to:
BP Monitoring, Holter Monitoring, ECG, 24-hour Pulse Oximetry, Sleep Apnea Test, and Pulmonary Function Tests.

SCHEDULE "C" – Drugs and Drug Interventions

Based on their client population, and as part of their practice, NPs have the authority to prescribe drugs and immunizations.

Nurse practitioners are authorized, in accordance with the competencies and standards established by the NANB Board of Directors, to prescribe all drugs with the exception of:
o opium
o coca leaves

Health Canada's Drug Product Database can be used to verify whether a medication includes one of these excluded substances.

Non-prescription drugs can be obtained without a prescription, however, NPs can write a prescription for such drugs, if required.

NPs prescribe vaccines in accordance with the New Brunswick Immunization Program Guide and/or the Canadian Immunization Guide.

Appendix 2: Responsibility and Accountability When Prescribing

1. The NP completes a prescription accurately and completely according to relevant legislation, standards and policies.

   Prescriptions must include:

   a. date;
   b. client name;
   c. address (if known);
   d. name, strength, and quantity of prescribed drug (refer to generic name of the drug when possible for single entity products; brand name may be used for compound products);
   e. directions for use; including dose, frequency, the route and expected duration of treatment (if known);
   f. number of refills; and
   g. NP's name, designation, NANB registration number, business address and signature (written legibly).

2. The NP may prescribe using written, faxed or electronic prescriptions. Under extenuating circumstances NPs may telephone a prescription to a pharmacist on behalf of a client.

3. A prescription may be transmitted by facsimile (fax) to a pharmacy, in accordance with relevant NB legislation or regulation provided that the following requirements are met:

   a. The prescription must be sent only to pharmacy of the client's choice with no intervening person having access to the prescription.
   b. The prescription must be sent directly from the health institution or the prescriber's office or from another location providing that the pharmacist is confident of the prescriber's legitimacy.
   c. The prescription must include all information listed above and, in addition, must include:
      i. Date and time of transmission;
      ii. Name and fax number of the pharmacy intended to receive the transmission.

4. Blank prescriptions must be stored in a secure area that is not accessible to the public.

5. The NP does not provide any person with a blank, signed prescription.

Glossary

Advanced-level competency/Beyond entry-level competency: Advanced knowledge, skills and judgment gained through additional education, training and clinical experience outside the core knowledge, skills and judgment obtained through entry-level nursing programs.

Advanced nursing practice (ANP): Reflects the integration and application of a broad range of theoretical and evidence-based knowledge that occurs as part of graduate nursing education. ANP encompasses all the domains of nursing practice, the entire field of nursing and does not necessarily refer only to direct clinical care. Nurses in ANP roles may include those with graduate education working in policy, administration, nursing informatics, etc.

Autonomously/Autonomous practitioners: Having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base.

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.

Clinical decision-making: A complex cognitive process that requires nurses to recognize a clinical problem in their client and respond promptly through implementing interventions to improve their client's health status. Clinical decision-making is a dynamic process where care choices are made based on balanced involvement between the health professional and the client.

Clinical expertise: The proficiency or judgment that a license holder in a particular profession acquires through clinical experience or clinical practice and that is not possessed by a lay person. Clinical expertise means demonstrated proficiency in a specialized area of direct patient care.

Clinical reasoning: A skill, process, or outcome where a clinician observes, collects, and interprets data to diagnose and treat clients. Multiple components of clinical reasoning include information gathering, hypothesis generation, forming a problem, generating a differential diagnosis, selecting a leading or working diagnosis, providing diagnostic justification, and developing a management or treatment plan.

Consultation: Consultations may be formal or informal. A formal consultation is the referral of a client to a specialist or another health provider for advice on care. Informal consultation is when a provider informally seeks advice or answers to specific questions from another provider. Informal consultation may involve coordination of care in addition to advice seeking.

Critical inquiry: Expands upon critical thinking to encompass critical reflection on actions. Critical inquiry is a process of purposeful thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions in the context of nursing practice.

Diagnostic reasoning: Ability to integrate multiple data sources and thinking strategies during a patient encounter to accurately identify diagnoses and implement appropriate management plans.

Digital health: The field of knowledge and practice associated with the development and use of digital technologies to improve health. Digital health expands the concept of eHealth to include digital consumers, with a wider range of smart devices and connected equipment. It also encompasses other uses of digital technologies for health such as the Internet of things, artificial intelligence, big data, and robotics.

Diversity: Any collective mixture characterized by differences including (but not limited to) socioeconomic status, race, ethnicity, language, religion, sexual orientation, gender identity, ability status, or veteran status. Diversity focuses on representation.

Drug diversion: The transfer of a medication from a lawful channel of distribution or use, including by medication tampering. Controlled substances can be diverted anywhere along the supply and distribution chain. Methods of drug diversion include prescription forgery; telephone fraud; drug seeking from physicians, NPs, dentists, or veterinarians; Indiscriminate prescribing; theft: external or internal (e.g., by employees); fraudulent orders made for a drug abuser by a pharmacy employee.

Entry-level competency: An observable ability of a registered nurse at entry-level that integrates the knowledge, skills, abilities, and judgment required to practice nursing safely and ethically.

Equity: The absence of unfair, avoidable, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being.

Evidence-based/Evidence-informed: 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.

Forms of Energy: An overarching term describing the application of energy (i.e., electricity, electromagnetism, ionizing and non-ionizing radiation, and soundwaves) for the purpose of screening, diagnostic investigation, and treatment.

Global health: An area of research and practice committed to the application of overtly multidisciplinary, multisectoral, and culturally sensitive approaches for reducing health disparities that transcend national borders.

Graduate level/graduate education: Education beyond the baccalaureate level, including master's, doctoral and postdoctoral levels.

Harm reduction: Refers to policies, programs, and practices that aim to minimize negative health, social, and legal impacts associated with drug use, drug policies and drug laws. Key principles include respecting the rights of people who use illicit substances; commitment to evidence, social justice, and collaboration with people who use illicit substances; and avoidance of stigma.

Health care reform: Deliberate attempts by governments to substantially change health policies, structures, and processes with the objective of improving their functioning or performance.

Health equity: Absence of unfair, avoidable, or remediable differences in health status among groups of people. Health equity is achieved when everyone can attain their full potential for health and well-being.

Health outcomes: The events occurring as a result of a health intervention. They may be measured clinically, self-reported, or observed.

Holistic model of care/Holistic: A system of comprehensive or total patient care that considers the physical, emotional, social, economic, and spiritual needs of the person; his or her response to illness; and the effect of the illness on the ability to meet self-care needs. Holistic nursing is the modern nursing practice that expresses this philosophy of care.

Inclusion: Creating a culture that strives for equity and embraces, respects, accepts and values difference.

Innovations: The ability to actively seek and develop new methods, new technologies, and new tools to promote health, prevent disease, improve quality of care of patients, and apply innovation to work through teamwork and reasonable support channels.

Knowledge translation: A mutually collaborative process that includes synthesis, dissemination, exchange, and ethically sound application of knowledge to improve nursing practice and patient outcomes.

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.

Mitigate risk: Process of reducing risk exposure and minimizing the likelihood of an incident.

Non-pharmacological interventions: Interventions intended to improve the health or the well-being of individuals that do not involve the use of any drugs or medicine. They aim to prevent, treat, or cure health problems.

Prescription fraud: When medication is obtained by deception. This may be through forged prescriptions, such as stolen, altered, or copied prescriptions. A prescription may also be completely or partially falsified with elements taken from a valid client or prescriber, or through identity.

Primary health care: Essential health care (promotive, preventative, curative, rehabilitative, and supportive) that focuses on preventing illness and promoting health with optimal individual and community involvement. It is both a philosophy and an approach that provides a framework for health care delivery systems. The five principles of primary health care are accessibility, public participation, health promotion, appropriate technology, and intersectoral collaboration.

Professional accountability: A nurse's legal, professional, and ethical responsibilities to themselves, their clients, regulatory body, and employer. The nurse is answerable to themselves and others for their actions and must satisfy formal obligations to the law, their employer, professional codes of conduct, and their own moral principles.

Professional conduct: A set of established professional norms and behaviors which extend beyond the workplace.

Referral: A consultation with another health care professional when client care needs are beyond the scope of practice for nurse practitioners or beyond their individual competence, and/or when client care would benefit from the expertise of another health care professional. Referral decisions are made in collaboration with the client.

Timely: Ensuring that a response or action occurs within a timeframe required to achieve safe, effective, and positive client outcomes.

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