
PRACTICE GUIDELINE

Beyond Entry-Level Competencies



Mandate

Regulation for safe, competent, and ethical care.

Under the *Nurses Act*, NANB is legally responsible to protect the public by regulating registrants of the nursing profession in New Brunswick. Regulation makes this profession, and nurses as individuals, accountable to the public for the delivery of safe, competent, and ethical nursing care.

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This content is adapted from the Nova Scotia College of Nursing's *Nursing Scope of Practice: Practice Guideline* (2020) available at <https://www.nscn.ca/>.

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

Table of Contents

Introduction	3
Beyond Entry-Level Competencies.....	4
Conclusion.....	5
Appendix A: Decision-Making Framework	6
Appendix B: Case Study.....	9
Glossary	11
References	12

Introduction

The entry-level registered nurse (RN) or nurse practitioner (NP) is a beginning practitioner that is prepared as a generalist to practice safely, competently, compassionately, and ethically (Nurses Association of New Brunswick [NANB], 2019). Through a combination of formal education, experiential learning, and mentoring, they have acquired the nursing knowledge, skill, and judgement expected of entry-level nurses¹. [Entry-level competencies \(ELCs\) for RNs](#) and [ELCs for NPs](#) establish the foundation for nursing practice. However, because of ongoing advances in research and technology, and changes in health care delivery systems, the practice of nursing continually evolves to respond to **clients'** care needs. This dynamic nature of nursing practice requires that nurses provide care and acquire knowledge and skills beyond the entry level.

This document outlines a collaborative decision-making framework for RNs, NPs, and employers to use when evaluating requests to introduce a new **beyond entry-level competency** into the practice of nursing. This decision-making process is designed to ensure:

- public safety;
- competent and ethical nursing practice;
- contextual issues are thoroughly explored; and
- necessary safeguards are established, including nursing resources, institutional supports, and policies.

¹ The term “nurse” refers to registered nurses and nurse practitioners.

Beyond Entry-Level Competencies

In **client-centered care**, clients are the central focus of nursing practice that leads the decision-making process related to the provision of care. Because of the dynamic nature of the health care environment and advances within the nursing profession, and to respond to clients' needs, nurses must not only maintain but also enhance their knowledge and skills.

Beyond entry-level competencies (BELCs) are advanced knowledge, skills, and judgment gained through additional education, training, and clinical experience outside the core **competencies** obtained through entry-level nursing programs (Nova Scotia College of Nurses, 2020). These competencies are not currently part of the nurse's work expectations and are being introduced into nursing practice in specific practice settings. The safe execution of BELCs encompasses the determination of when to perform the procedure, the planning and implementation of care, and the evaluation and management of the outcomes of the procedure. When considering a request to introduce a BELC into nursing practice, consideration must be given to the necessity for nurses to acquire not only the skill in performing the procedure, but also the need to attain **competence**. Competence involves the knowledge, skill, and judgement to ensure safe, competent, and ethical care. BELCs can also be referred to as advanced nursing tasks, added or advanced competencies, contextual competencies, and specialized skills.

BELCs should not be confused with delegated tasks. Once acquired and maintained, BELCs become part of the individual nurse's **scope of practice** for which they are responsible and accountable. In specific situations and to meet client care needs, other health professionals may delegate a task to a nurse. Delegated tasks are those tasks that are normally performed by other health professionals. A delegated task is always client and time specific (one client and one time only) and cannot be applied to other clients. The delegated task does not become part of the nurse's scope of practice. The health professional who delegates a task remains responsible for the delegation and the outcome of the task.

Determining if an intervention is a beyond entry-level competency

The complexity of the health care environment requires all nurses to work to their full scope of practice. This means nurses are utilized to the full range of their role, responsibility, and functions for which they are educated, competent, and authorized to perform. The [role of the nurse and their scope of practice](#) should be matched with the needs of the client population served, ensuring the right nurse is providing care at the right time to the right client.

When nurses and employers work together to optimize scope, they should consider whether an intervention falls within the nursing scope of practice. The decision can be guided by the following questions, including but not limited to:

- Is the proposed intervention consistent with the legislated scope of practice of the nurse?
- Is the proposed intervention prohibited or protected by other legislation?
- Is the intervention in accordance with the NANB nursing standards?
- Will the nurse be able to maintain their competence in its performance?
- Will performance of the intervention improve health outcomes of the client?

After considering these factors, if it appears the intervention could fall within the scope of practice of the nurse, there should be a more in-depth review of the intervention and its impact on the nurse, the client, and the employer. The Decision-Making Framework in Appendix A helps nurses and employers determine collaboratively if a proposed intervention is consistent with the professional scope of practice. A case study intended to assist nurses considering the introduction of a new BELC into their scope of practice is presented in Appendix B.

If it is determined that a proposed intervention will be added to the scope of practice, the employer should develop policies and create a practice environment that supports the acquisition of additional knowledge and skills for the safe and competent delivery of BELCs. The nurse is accountable to engage in education and practice to build their capacity to perform the intervention safely and competently. Nurses in self-employed practice must seek an assessment of nursing practice with NANB if considering introducing new BELCs into their practice. More information on self-employment can be found in the [Guidelines for Self-Employed Practice](#).

Nurses are responsible for their own level of competence. When performing BELCs, they remain responsible for the knowledge, skill, and judgement required to perform the activity safely and ethically. For the safety of the clients, nurses should not perform any BELC before receiving education and having demonstrated competence.

Conclusion

Nurses are responsible to practice safely, competently, and ethically. This requires them to recognize and practice within their own level of competence and seek additional knowledge and assistance when needed. The determination of the most appropriate member of the **healthcare team** to provide a specific service or to perform a certain activity will depend greatly on the context of practice; therefore, when examining requests for BELCs, a decision-making process which is client-centered and employer or setting-specific must be used.

For any questions regarding BELCs, please contact a NANB Nurse Consultant at practiceconsultation@nanb.nb.ca.

Appendix A: Decision-Making Framework

This decision-making framework is recommended for introducing BELCs into nursing practice. Typically, if all decision points in the framework are favorable (i.e., can be answered ‘yes’), there is sufficient information to make an informed decision about the proposed intervention being within nursing scope of practice. Negative or unfavorable answers (i.e. can be answered ‘no’) do not necessarily disqualify the intervention but indicates that additional analysis and consultation with NANB is required.

Legislation, scope of practice and evidence	✓ or X
Does the proposed intervention meet the definition of nursing practice for the specific nurse’s designation (RN or NP) as defined in the nursing legislation?	
Has other relevant legislation or policy been examined for any indicators that would prevent the nurse from performing the intervention? If there are specific prohibitions in other legislation, DO NOT proceed and contact NANB.	
Is the proposed intervention supported by NANB’s Standards of Practice ?	
Is there credible evidence or best practices to support the addition of this intervention?	

If there are more unfavorable (X) than favorable (✓) responses, it is likely there is insufficient information to proceed and NANB should be consulted. Otherwise, PROCEED.

Client	✓ or X
Will performance of the proposed intervention by the nurse benefit clients?	

If the response is favorable (✓), there is likely sufficient information to make an informed decision, PROCEED. If the response is unfavorable DO NOT proceed.

Risk	✓ or X
Is the level of risk to the clients acceptable?	
Is the level of risk to the nurse acceptable?	
Is the level of risk to the employer acceptable?	
Is there a plan to manage known risks?	

Has there been consideration of unintended or unexpected outcomes and is there a plan to manage these?	
Has there been consideration of the possible legal and/or liability implications with: <ul style="list-style-type: none"> • The employer’s risk management department; • NANB; or, • The Canadian Nurses Protective Society. 	

If there are more unfavorable (X) than favorable (✓) responses, it is likely there is insufficient information to proceed and NANB should be consulted. Otherwise, PROCEED.

Employer support	✓ or X
Does the intervention fit within the context of practice? If not, DO NOT proceed and contact NANB.	
Has provider convenience been ruled out as the primary reason for considering a proposed intervention?	
Does the employer support the proposed intervention within the nurses’ context of practice?	
Is the employer able to provide the necessary support through clear policies, procedures, and supervision to enable the nurse to develop the required competencies?	
Is there a plan or mechanism to monitor and regularly evaluate the ongoing need for and efficacy of the added intervention?	

If there are more unfavorable (X) than favorable (✓), it is likely there is insufficient information to proceed and NANB should be consulted. Otherwise, PROCEED.

Competence and education	✓ or X
Does the intervention fit within the context of practice? If not, DO NOT proceed and contact NANB.	
Has provider convenience been ruled out as the primary reason for considering a proposed intervention?	
Does the employer support the proposed intervention within the nurses’ context of practice?	

If there are more unfavorable (X) than favorable (✓) responses, it is likely there is insufficient information to proceed and NANB should be consulted. Otherwise, PROCEED.

Consultation	✓ or X
Has there been consideration of the effect the proposed intervention will have on the health care team and stakeholders, and is there a plan to manage this?	
Have other healthcare providers or stakeholders been consulted and informed? If the consultation and feedback suggest adding the intervention could have a negative impact on stakeholders DO NOT proceed. Contact NANB.	

If there are more unfavorable (X) than favorable (✓), it is likely there is insufficient information to proceed and NANB should be consulted. Otherwise, PROCEED.

Consultation with NANB should occur when:	✓ or X
It remains unclear if the intervention falls within the scope of nursing practice.	
There is a question about the level of risk to clients.	
The employer lacks the resources to adequately assess the appropriateness of the intervention.	
The nurse is self-employed.	
There are questions about the application of the decision-making framework.	

Appendix B: Case Study

Mykala works as an RN in long-term care and has been approached to provide foot care for residents who have diabetes. Mykala is competent in cutting toenails with nail clippers, but after her assessment of the residents' feet, she decides that the care they require is beyond her current level of knowledge.

What should Mykala do?

1. Does the proposed intervention meet the definition of nursing practice and is not prohibited by legislation?
Mykala considers the definition of nursing practice and determines that foot care requires the application of professional nursing knowledge, skill, and judgment, including nursing assessment, treatment, and response to the intervention. She confirms that no legislation prohibits nurses from obtaining additional foot care competence for clients.
2. Is the intervention within the nursing scope of practice?
Mykala reviews the Standards of Practice for Registered Nurses and the NANB Scope of Practice toolkit to determine that foot care is within the scope of nursing practice. She reviews her organization's policy on foot care and learns that RNs working in this long-term care setting must have a certificate in foot care to be able to provide this intervention for residents.
3. Has she considered whether the intervention is within her own nursing scope of practice?
Mykala has already identified that foot care is currently beyond her level of knowledge, and she is interested in adding this to her scope of practice. She recognizes that this additional competence could be added to her scope of practice because it is within the nursing scope of practice, and it is supported by employer policy.
4. Has she considered the evidence supporting this intervention and will this benefit clients?
Mykala analyzes credible research and evidence-informed practices to determine that additional foot care competencies can decrease the risk of complications from diabetes and other circulatory system disorders. She understands that more residents will have access to this beneficial care if she proceeds with attaining additional training related to foot care.
5. Has she considered the risks of adding this BELC to her practice?
Mykala determines whether the level of risk to clients, the employer, and herself are acceptable by consulting with the Canadian Nurses Protective Society and with her employer's risk department.

6. Does the BELC have employer support?

Mykala learns that there are RNs in her work setting who already provide foot care to the residents. Nevertheless, Mykala still contacts her employer to discuss her interest in foot care and ensure she has employer support. She also needs to ensure there are mechanisms in place to regularly monitor and evaluate the added intervention in her work setting. Mykala learns that there are clear policies in place for nurses who have obtained additional education in foot care.

7. What education is needed to perform this intervention safely and competently?

Mykala understands that employers often have specific BELC educational requirements, but she learns that her employer does not recommend any particular course. She therefore understands that she is responsible for doing her research and determining if a particular course/program is reputable, approved and/or accredited, and then determining if the course/program meets her learning needs and professional development goals.

8. How will Mykala ensure she maintains this competence once it is added to her scope of practice?

Mykala understands that she will be responsible for the knowledge, skill, and judgment required to perform foot care safely, competently, and ethically once she has added this BELC to her scope of practice. After completing an accredited foot care course for RNs, she decides to develop an annual learning plan where she identifies potential knowledge gaps and keeps up to date on foot care best practices.

Glossary

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 (NSCN, 2020). These competencies are not currently part of RN or NP work expectations, and are being introduced into nursing practice in specific practice settings.

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 (NANB, 2018).

Client-centered care: An approach in which clients are viewed as whole persons. It is not merely about delivering services where the client is located. Their care involves advocacy, empowerment, and respecting the clients’ autonomy, voice, self-determination and participation in decision-making (RNAO, 2010).

Competency: A component of knowledge, skill, and/or judgement, demonstrated by an individual, for safe, ethical, and effective nursing practice (Moghabghab, Tong, Hallaran, & Anderson, 2018).

Health-care team: Providers from different disciplines, often including both regulated health professionals and unregulated workers, working together to provide care for and with individuals, families, groups, populations or communities. The team includes the client (CNA, 2017).

Scope of Practice: The roles, functions, and accountabilities for which individuals are educated and authorized to perform as well as the limitations under which these services are provided. For members of a regulated profession (e.g. RN, LPN) these roles, functions, accountabilities and limitations are also defined by legislation (CRNNS & CLPNNS, 2017).

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