

FAQ -Standards of Practice for NPs

1. Was the revision of the Standards of Practice for NPs part of the National NP Regulation Plan Project (NPR-FIPP)? What other jurisdictions were involved in the revision of the Standards of Practice for NPs?

The revision of the *Standards of Practice for NPs* was outside of the scope of the NP Regulation Project.

The Standards of Practice for NPs of the Nurses Association of New Brunswick (NANB) and the NP Standards of the College of Registered Nurses of Saskatchewan (CRNS) were both due for revision. As such, both jurisdictions agreed to collaborate on the revision.

2. Are there any differences in the NANB & CRNS Standards of Practice for NPs?

The NANB & CRNS standards of practice for NPs have slight variations based on differing legislation and regulatory policies. For example, NANB uses the term: Standards of Practice for NPs and the CRNS uses the term: NP Practice Standards.

The *Standards of Practice for NPs* require board/council approval in their respective jurisdictions. Additionally, the CRNS standards require approval from the Saskatchewan Minister of Health.

CRNS has moved to recognize all domains of practice for NPs. NANB continues with a clinical focus, with the hope that future revisions of the NANB <u>Nurses Act, 2002</u> will recognize all domains of NP practice.

3. What processes were completed in revising the Standards of Practice for NPs?

The Evidence Framework of the *Standards of Good Regulation* defined by the Professional Standards Authority guided the revision process.

The revision process included:

- Development of guiding principles for the revision:
 - avoid duplication of Practice Standards for RNs and the <u>NP Entry-Level</u> Competencies (NP ELCs).
 - build on the Standards of Practice for RNs to reflect the advanced NP scope of practice.
 - provide broad guidance that articulates professional practice and applies to all settings and domains of NP practice; and
 - o align with NP ELCs.
- Review of other health care professionals' Practice Standards.



- Comprehensive mapping exercises of the standards of practice for RNs and the standards
 of practice for NPs to all Canadian jurisdictions (with the exception of Quebec) was
 completed to identify similarities, differences, gaps, and language.
- Environmental scan of related documents and trends:
 - o <u>The Canadian Association of Schools of Nursing (CASN) National Nursing Education</u> Framework
 - The Canadian Nurses Association (CNA) Advanced Practice Nursing A Pan Canadian
 Framework
 - o The Guidelines on Advanced Practice Nursing of the International Council of Nurses
- Internal regulatory consultation.
- External stakeholder and NP consultation.
- Review and consideration of all internal and external feedback.
- Identification and incorporation of content to address gaps, to ensure up-to-date NP practice trends, to address complexity of client needs and current healthcare state and align with current legislation.
- Submission for regulatory and legislative approval as per jurisdictional requirements.

The following broad concepts were also considered:

- Recognition of the diversity of registrants and the diverse client populations they serve.
- Acknowledgement of diverse practice settings.
- Increased complexity of client care needs and the current state of health care.
- Evidence of prioritization of care and safety.
- Incorporation of up-to-date practice trends and applicable legislation.

4. How do the revised Standards of Practice for NPs compare to the previous version?

The revised *Standards of Practice for NPs* do not duplicate the *Standards of Practice for RNs* since the NP is accountable to both the RN and NP standards of practice. The *Standards of Practice for NPs* better define the advanced scope of practice of the NP and reflect all domains of practice.

5. How were NPs involved in the revision of the Standards of Practice for NPs?

During the consultation period, NPs had the opportunity to provide feedback on the revised *Standards of Practice for NPs* through survey consultation. All NP feedback was reviewed and considered.

Additionally, an NP was part of the working group.



6. Why does the revised Standards of Practice for NPs not include streams or areas of NP Speciality Practice?

The direction of the Canadian Councial of Registered Nurse Regulators (CCRNR) is that in the future, regulators will only license in one NP registration category based on NP entry-level competencies. Please refer to the NP Regulation Project Summary and the CCRNR website for more information about these changes.

7. Why does the *Standards of Practice for NPs* not have more specifics about MAID or other specific areas of care?

The *Standards of Practice for NPs* provide guidance and set expectations for the professional practice of all NPs in all areas and domains of practice. Regulatory Guidance regarding more specific areas of practice is provided through more specific standards or guidelines, e.g., Standards for Documentation, and Standards for the practice of NPs providing MAID.

8. Some of the enhanced *Standards of Practice for NPs* seem inspirational. How can each NP meet all the *Standards of Practice for NPs*?

The Standards of Practice for NPs set the expectations for NPs in all domains and practice settings, therefore all NPs are accountable to the Standards of Practice for NPs in their practice. This revision of the Standards of Practice for NPs includes enhanced indicators for Professional Relationships, Leadership, and Advocacy which demonstrates the advanced scope and knowledge of NP practice and related expectations.

9. If employer policy does not match the Standards of Practice for NPs, which would take precedence?

The practice and conduct of nurses must comply with the legislated scope of practice and standards of practice. While employer policy supports nursing practice and defines lines of accountability at the organizational level, the practice and conduct of nurses must always comply with the legislated scope of practice and the standards of practice. Employers cannot expand the scope of practice of an NP; however, they can limit scope within their place of employment/organization.