



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs and NPs unless otherwise stated.

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**DRAFT FOR
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This tool is a resource for nurses to help them understand the concepts related to scope of practice, including scope of the profession, individual scope of practice and scope of employment. Additionally this resource is intended to be used when nurses are considering if an intervention or competency falls within their scope of practice and if they should perform the intervention.

Like all regulatory tools, use this document in conjunction with employer policy, applicable legislation and the standards of practice and code of ethics for nurses.

Introduction - Why not a skills list?

In the past attempts were made to interpret the broad definition of scope of nursing practice by identifying tasks and interventions that nurses could perform. These lists became difficult to manage because they outdated quickly, were often incomplete and excluded interventions that were outside of the domain of clinical practice.

The boundaries of nursing practice cannot be determined by identifying tasks and procedures nurses can perform. Nursing practice is, in fact, far too complex to be reduced to lists of tasks and procedures. In contrast nursing practice must be considered in terms of competencies. The Nursing Act defines competencies as the knowledge, skills and judgement required to practise safely and ethically. Competencies are more than simply a task, skill set or intervention. Rather they are an integration of three concepts, knowledge, skills and judgement into nursing practice.

Scope of Practice of the Nursing Profession

The Nursing Act is the foundation upon which entry-level competencies (ELCs) and standards of practice for nurses are developed. Additionally, the ELCs inform the curriculum for nursing education programs, assists employers as they develop care delivery models and helps the government with health care workforce planning. The nursing act provides the framework for nursing practice and must be considered when making decisions about introducing interventions not previously considered to be within the nursing scope of practice.

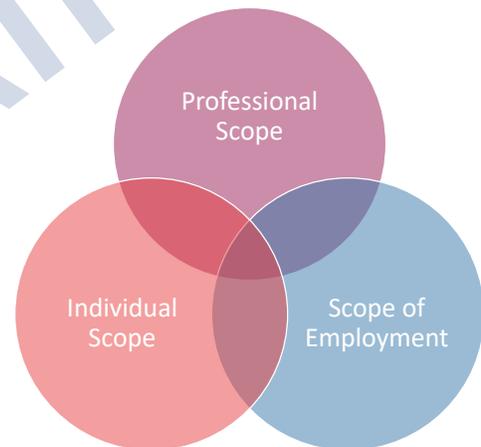
The legislated scopes of practice for nurses are outlined in the nursing act. The legislation defines the professional scope of practice which encompasses the roles, functions and accountabilities that nurses are educated and authorized to perform. The professional scope of practice can only be changed by a change in the legislation.

Regardless of education, experience and competencies, LPNs, RNs and NPs are different designations of nurses with different scopes of practice, professional authorizations around practice and differing capacities to make autonomous nursing decisions

Individual Scope

The individual scope of practice is defined in the nursing act as the services for which a registrant is educated, authorized and competent to perform. The individual scope of practice represents a nurse's practice based on their entry-to-practice education, practice experience, context of practice, and education (formal and informal) over the course of a career.

The individual scope of practice does not define a level of practice. Rather it identifies the range or extent of practice within specified limits which encompasses the nurse's competency. It can be visualized as a balloon which expands and contracts throughout a nurse's career. It evolves over time as nurses are required to gain additional competencies as their context of practice changes.



The individual scope of practice is narrower than that of the profession, however individuals may have more specialized, in-depth knowledge and competence in a specific area of practice.

Scope of Employment

The scope of employment is the description of the nurse's role within the employment setting. It is defined by the employer through job descriptions, policies, guidelines and context specific education.

Nurses may have competencies to perform an intervention which they are not authorized to implement in their current employment setting. Scope of employment changes from employment setting to employment setting and nurses are accountable to know what is expected of them in their current role.

The scope of employment has great impact on the individual scope of practice. Nurses are expected to optimize their individual scope of practice within the employer policies and advocate for policy change to support optimized practice.

The individual scope of practice and scope of employment may not exceed the professional scope of practice.

LPN Professional Scope of Practice

In the nursing act LPN practice is described as nursing services meaning the application of practical nursing knowledge and theory in the:

- assessment of clients;
- collaboration in the development of the nursing plan of care;
- implementation of the nursing plan of care, and;
- evaluation of the client.

Nursing services are provided for the purposes of: promoting health; preventing illness; providing palliative and rehabilitative care, and; assisting clients to achieve an optimal state of health. It involves the provision of nursing services¹:

- independently for clients with predictable outcomes;
- in consultation with appropriate care providers, for clients whose outcomes are variable, or;
- under the guidance or direction of a RN, medical practitioner or other health care professional authorized to provide such guidance or direction for clients with unpredictable outcomes.

The title LPN is protected in Nova Scotia (NS), therefore only LPNs who demonstrate the competencies for LPN practice and meet the regulatory requirements of NSCN can be licensed as an LPN and use this title.

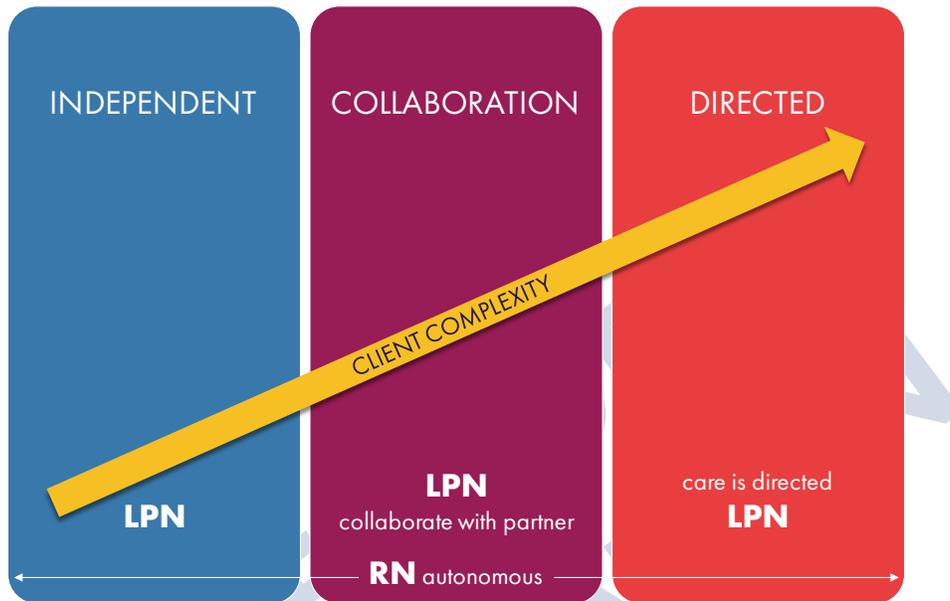
Entry-level education for LPNs in NS is at the post secondary diploma level. The education is based on *core nursing knowledge* derived from the nursing arts and physical, biological and behavioural sciences. Students are prepared at this level to respond to the expected responses to wellness and illness.

Although LPNs can collaborate with any care provider with the competence to provide such collaboration, for the purposes of this document it is assumed the RN is the LPN's first collaborative partner.

Licensed Practical Nurses practice autonomously within a collaborative relationship with other care providers. This level of autonomy enables them to provide professional nursing services to individuals of all ages, groups (including families) and communities, in a variety of care settings in three different ways independent, collaborative or with guidance or direction.

1 For full definition see the Nursing Act Section 174 (1) and LPN Act Section 2 (ae), (ah)

Licensed Practical Nurses make independent nursing decisions for clients with less complex care needs within an established plan of care. As the client’s nursing needs become more complex or variable LPNs are expected to work in collaboration with the RN to identify, meet and manage these needs by adjusting the nursing care plan as necessary. When client needs are very complex and variable, the LPN works with guidance and direction of the RN. The more complex or variable the client’s needs, the greater the need for guidance.



Collaboration happens when two or more individuals discuss the needs of a client, offer their unique perspective based on their professional capacity and collectively come to consensus regarding a decision to address the issue. Collaboration is an ongoing process that requires effective communication among nurses and members of the health care team and a clear understanding of the roles of the individuals involved. The nature and intensity of collaboration, guidance and direction vary based on the client’s needs and the individual nurses’ capacity.

Trust, respect and communication are the cornerstones for effective collaboration.

RN Professional Scope of Practice

In the nursing act registered nursing practice is described as the application of specialized and evidence-based knowledge of nursing theory, health and human sciences, inclusive of principles of primary health care, in the provision of professional services to a broad array of clients ranging from stable or predictable to unstable or unpredictable...²

The title ‘RN’ is protected in NS, therefore only registered nurses who demonstrate the competencies for RN practice and meet the regulatory requirements of NSCN can be licensed as an RN and use this title.

Entry-level education for RNs in NS is at the post secondary undergraduate level. This education is in-depth and comprehensive, studying both the expected and unexpected responses to wellness and illness. As a result, the professional scope of practice of the RN is broader than the LPN professional scope of practice and with more professional autonomy.

Registered Nurses are autonomous practitioners. Their level of autonomy authorizes them to provide nursing services independently in their practice context for individuals of all ages, groups (including families) and communities, in a variety of care settings. Registered Nurses make independent nursing care decisions regardless of the client’s acuity or complexity.

Registered Nurses and Licensed Practical Nurses have unique and shared roles related to the nursing care plan. For more information on nursing care plans please see the [Nursing Care Plan Guidelines for Nurses](#).

² For full definition see the Nursing Act Section 174 (1) and RN Act Section 2 (al)

Advanced practice roles currently exist within the RN professional scope of practice, these include clinical nurse specialist and nurse practitioners. Clinical nurse specialists (CNS) are RNs with advanced nursing knowledge and skills, advanced judgment and clinical experience within a focused area of care. Clinical nurse specialist do not have an expanded legislated scope of practice or different professional designation. Graduate education in nursing (e.g., a Masters or Doctorate degree) is the minimum educational preparation required for a CNS.

NP Professional Scope of Practice

Nurse Practitioners have an expanded legislated scope of practice from that of the RN. They have a different professional designation and defined scope of practice.

According to the nursing act, the scope of practice for an NP means the application of advanced nursing knowledge, skills and judgement in addition to the scope of practice for the RN designation under this Act...³, in which an NP may, in accordance with standards for nurse practitioners, do one or more of the following:

- (a) Make a diagnosis identifying a disease, disorder or condition;
- (b) Communicate the diagnosis to the client and other health care professionals as appropriate;
- (c) Perform procedures;
- (d) Initiate, order or prescribe consultations, referrals and other acts;
- (e) Order and interpret screening and diagnostic tests;
- (f) Recommend, prescribe or reorder drugs, blood, blood products and related paraphernalia, including research, education, consultation, management, administration, regulation, policy or system development relevant to clauses (a) to (f).

The title 'NP' is protected in Nova Scotia, therefore only registered nurses who demonstrate the competencies for nurse practitioner practice and meet the regulatory requirements of NSCN can be licensed as an NP and use this title.

Graduate education in nursing (e.g., a Masters or Doctorate degree) is the minimum educational preparation required for NPs. For more information on the NP scope of practice see the [Nurse Practitioner Practice Guideline](#).

Newly graduated nurses may apply for and work under a conditional license which may have restrictions or conditions on their scope of practice. For information on new grad conditional license see this [link](#) for LPN, this [link](#) for RN.

Determining if an Intervention Falls Within Scope

The complexity of today's health care environment requires all nurses to work to their optimized 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 nurses' 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 population.

When nurses and employers work together to optimize scope they should ask the following questions to determine whether an intervention falls within the scope of practice of a nurse, including but not limited to:

- Is the proposed intervention consistent with the legislated scope of practice of the profession of that designation?
- Is the proposed intervention prohibited or protected by other legislation?
- Will the nurse be able to attain and maintain their competence in its performance?
- Will performance of the intervention improve health outcomes of the population?

If, after consideration of these factors, 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, clients and the employer. Appendix A - The Decision-Making Framework helps nurses, employers and stakeholders determine collaboratively if a proposed intervention is consistent with the professional scope of practice.

If it is determined that a proposed intervention will be added to the scope of practice, the employer is responsible to provide the nurse with the required education and practice experience to gain and maintain competence of the intervention. Additionally, they are accountable to implement the necessary organizational supports (e.g. policy) to support the practice. The nurse is accountable to engage in the education and practice to build their capacity to perform the intervention safely and competently.

Employers and nurses share the accountability to make sure the appropriate supports are in place for the provision of safe care

Determining the Most Appropriate Care Provider

Once it has been determined the nursing intervention is within the scope of practice of the nurse it will need to be decided which nursing designation is most appropriate to perform the interventions within the specific context of care. The three factor framework can assist nurses and employers to determine the most appropriate nurse to carry out the intervention.

Just because the nurse has the regulatory authority through the professional scope of practice doesn't necessarily mean the intervention is appropriate for all contexts of care.

The Three-Factor Framework

Nurses and employers are responsible to ensure that clients receive care from nurses whose scope of practice best meets their health care needs. Determining which designation of nurse most appropriately matches the client's needs requires an analysis of three equally important factors: the client, the nurse and the environment.

The three factors of the Three-Factor Framework are not considered in isolation, but rather in combination with each other.

Client Factors

Client factors refer to the overall complexity of the client's needs including the predictability and consistency of responses to interventions or achieving expected outcomes and the risk of negative outcomes. The client's biopsychosocial, cultural and emotional needs can influence client complexity and it can vary on a continuum from less complex to highly complex.

Nurse Factors

Regardless of education, experience and competencies, LPNs and RNs are different designations of nurses with different scopes of practice, professional authorizations around practice and differing capacities to make autonomous nursing decisions. Other nurse factors include their individual capacity to provide safe and competent care in a given situation and their ability to predict and manage the outcomes of their actions or the client's response to interventions.

Environmental Factors

Environmental factors include available policies, resources and mentors, and mechanisms for effective communication and consultation. Geographical proximity to resources and services are also environmental factors that can affect client care.

Application of the three-factor framework would consider the following:

CLIENT FACTORS	NURSE FACTORS	ENVIRONMENTAL FACTORS
<ul style="list-style-type: none"> the client needs are known and; the intervention is part of an established plan of care and; the client's response(s) to the intervention are known, consistent over time, or readily anticipated. 	<ul style="list-style-type: none"> the nurse has the necessary knowledge, skill and judgement (competence) to safely perform the intervention and; the nurse is able to predict and manage the outcomes of their actions and/or the client's response to the intervention 	<ul style="list-style-type: none"> there are sufficient resources (e.g., staff, policy, and equipment) in the practice environment to support the client or the nurse if necessary and; the resources are readily accessible to the nurse and others.

The more the three factors align, the more likely it is the LPN can perform the intervention independently within their collaborative relationship with the RN. If the factors are not in alignment the intervention would more likely be appropriate for RN practice. If the intervention is determined to be more appropriate for the RN, further evaluation should include an assessment of the RN's individual scope of practice and determining if the intervention falls within this scope.

In contexts where the RN is not part of the care team, LPNs are accountable to collaborate with a medical practitioner or other health professional authorized to provide such consultation to determine who is the most appropriate to perform the intervention.

If it is determined within the specific practice context the intervention is appropriate for the LPN, and the collaboration with the RN increases in frequency or complexity and becomes a barrier for care, the intervention should be considered to be carried out by the RN. This doesn't necessarily mean the entire care of the client is moved to the RN, but portions may need to be transferred. The nurses in the collaborative team will need to determine which is safest for the clients, portions of the care transferred or all the care.

Key Points

- The concepts related to scope of practice of all designations of nurses including scope of the profession, individual scope of practice and scope of employment.
- Scope of practice is not a skills list.
- All nurses practice in a manner that is consistent with legislation, their standards of practice, codes of ethics and scopes of practice.
- All nurses are autonomous practitioners; however, LPNs practice their autonomy within a collaborative relationship with other care providers, most frequently with the RN.
- All nurses study from the same body of nursing knowledge. Registered Nurses study longer and as result have a more in-depth, comprehensive nursing knowledge base and a broader scope of practice with more professional autonomy than the LPN. Nurse Practitioners study longer than RNs and LPNs and as a result have a more in-depth, comprehensive nursing knowledge base and a broader scope of practice with more professional autonomy than the LPN or RN.
- Determining if an invention falls within the nursing scope of practice requires an in-depth analysis; the framework in this practice support tool can assist with this analysis.
- The Three-Factor Framework can assist in determining who is the most appropriate nurse to provide the care or enact the intervention.
- NSCN Practice Consultants are a resource for nurses and employers who may have questions about scope of practice.

Suggested Reading

- [Care Plan Guidelines](#)
- [Entry-to-Practice Competencies for Licensed Practical Nurses](#)
- [Entry-Level Competencies for Nurse Practitioners in Canada](#)
- [Entry-Level Competencies for the Practice of Registered Nurses](#)
- [New Graduate as a Leader Practice Guideline](#)
- [Nurse Practitioner Practice Guideline](#)

For further information on anything contained within this tool, please contact an NSCN Practice Consultant at practice@nscn.ca.

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Appendix A – The Decision-Making Framework

Typically, if all of the decision points in the framework can be answered ‘yes’, there is sufficient information to make an informed decision about the proposed intervention being within scope. Negative answers do not necessarily disqualify the intervention. It is, however, an indication that additional analysis and consultation with NSCN is required

LEGISLATION, SCOPE AND EVIDENCE

- Does the new intervention meet the definition of the practice of nursing of the specific nurses designation 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 NSCN
- Does the College’s Standards of Practice for nurses support the proposed intervention?
- Is there credible evidence or best practices to support this addition?
- If available, has any contradictory evidence been considered and evaluated? Is the evidence credible?
- If there are more unfavorable (no) than favourable (yes) responses, it is likely there is insufficient information to proceed and NSCN should be consulted. PROCEED

CLIENT

- 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

- Is the level of risk to clients acceptable?
- Is the level of risk to the nurse acceptable?
- Is the level of risk to the organization 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 the:
 - The organization’s risk management department;
 - NSCN; or,
 - The Canadian Nurses Protective Society.
- If there are more unfavorable (no) than favourable (yes) responses, it is likely there is insufficient information to proceed and NSCN should be consulted. Otherwise, PROCEED.

ORGANIZATIONAL SUPPORT

- Does the intervention fit within the context of practice? If no, DO NOT proceed and contact NSCN.
- Has there been consideration of the unintended or unexpected outcomes that the proposed intervention may have on nurses’ workloads and efficiency and is there a plan to manage this?
- Has ‘provider convenience’ been ruled out as the primary reason for considering a proposed intervention?

- Does the organization support the proposed intervention within the nurses' context of practice?
- Is the organization 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 (no) than favourable (yes) responses, it is likely there is insufficient information to proceed and NSCN should be consulted. Otherwise, PROCEED.

COMPETENCE AND EDUCATION

- Do nurses have the necessary knowledge, skill and ability to safely perform this intervention?
- If not, is there an appropriate plan to develop the necessary competencies?
- Does the plan account for the differences in entry-to-practice education of the LPN and RN?
- Does the plan address the differences in the autonomy of the LPN and RN?
- Is there an appropriate plan for the review and maintenance of the nurse's competence and is there an appropriate person in the organization identified to do this?
- If there are more unfavorable (no) than favourable (yes) responses, it is likely there is insufficient information to proceed and NSCN should be consulted. Otherwise, PROCEED.

CONSULTATION

- Has there been consideration of the affect the proposed intervention will have on the health care team, other health professionals and stakeholders and is there a plan to manage this?
- Have other health professionals or stakeholders been consulted and informed? If the consultation and feedback suggests adding the intervention could have a negative impact on stakeholders DO NOT proceed. Contact NSCN.
- If there are more unfavorable (no) than favourable (yes) responses, it is likely there is insufficient information to proceed and NSCN should be consulted. Otherwise, PROCEED.

When to Consult with NSCN

1. When it is not clear if the intervention is within the nursing scope of practice.
2. When there is a question about the level of risk to clients.
3. When there is a lack of resources in the organization to adequately assess the appropriateness of the intervention.
4. When the nurse is self-employed.
5. When there are questions about determining the most appropriate designation of nurse to implement the intervention.
6. Any time there are questions about the application of the decision-making framework