

NURSE PRACTITIONERS

Entry-Level Competencies

Canadian Council of Registered Nurse
Regulators (CCRNR) | adopted by BCCNM



900 – 200 Granville St
Vancouver, BC V6C 1S4
Canada

T: 604.742.6200
Toll-free: 1.866.880.7101
bccnm.ca



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Please note that as of Sept. 4, 2018, the following nursing colleges amalgamated to become the British Columbia College of Nursing Professionals (BCCNP): College of Licensed Practical Nurses of British Columbia (CLPNBC); College of Registered Nurses of British Columbia (CRNBC); and College of Registered Psychiatric Nurses of British Columbia (CRPNBC).

As of September 1, 2020, the College of Midwives of BC (CMBC) and the BC College of Nursing Professionals (BCCNP) amalgamated to become the BC College of Nurses and Midwives (BCCNM).

This document will make reference to the regulatory body of nurses as CRNBC and/or BCCNP as relevant to events that occurred pre-amalgamation, and as BCCNM otherwise.

Introduction and Background

INTRODUCTION

The Canadian Council of Registered Nurse Regulators (CCRNRR) in 2012 embarked on a project to establish pan-Canadian entry-level competencies for nurse practitioners, as part of efforts to harmonize practice across the country and improve NP mobility. The resulting Entry-Level Competencies for Nurse Practitioners laid out in this document reflect the knowledge, skills, and judgement required of nurse practitioners (NPs) to provide safe, competent, ethical and compassionate care. While specific roles and responsibilities may vary by context and client population, this document outlines the essential competencies that all NPs must possess to be proficient when they begin practice.

BACKGROUND

The entry-level competencies (ELCs) outlined in this document were developed as part of a national analysis of three streams of NP practice: Family/All Ages (Primary care), Adult and Child/Pediatric. The identified competencies were based on an extensive review of Canadian regulatory documents (e.g., provincial/territorial competencies, standards, etc.), along with relevant research evidence and were validated through the practice analysis survey. See Appendix A for the process used by CCRNR in the development of the NP entry-level competencies.

The CCRNR Board established a national working group with representatives from all Canadian nursing regulatory bodies to coordinate all aspects of the practice analysis (Appendix B). In addition, a Research Advisory Committee (Appendix C) and three subject matter expert panels (Appendix D) were established to support the project. Finally, 27 NPs from the three streams of practice completed a pilot test of the practice analysis survey (Appendix E).

The entry level competencies outlined in this document are the product of the NP Practice Analysis carried out between February 2014 and May 2015, and reflect the trends in NP practice during that timeframe. There are, however, additional factors impacting healthcare delivery, which require NPs to develop knowledge and skill to effectively address these issues in their practice. They include cultural safety, the impact of power differentials in health service delivery with diverse populations, the increasing prevalence of concerns with mental health and addictions in Canada, and the recommendations of the [Truth and Reconciliation Commission of Canada \(2015\)](#).

First Nations Health

NPs use knowledge about the colonial origins and history of the persistent health disparities between the general population and the Aboriginal peoples of Canada, First Nations, Inuit and Metis. Through the lens of cultural safety and humility, NPs analyze the impact of power differentials in health service delivery that perpetuate the long standing inequities (see [First Nations Health Authority](#)). On this basis, NPs negotiate care with Aboriginal peoples.

Controlled Drugs and Substances

The prescribing of controlled drugs and substances is a new authority [included in NP scope of practice](#) in British Columbia in July 2016. It is important that the associated NP controlled drugs and substances prescribing [competencies](#) be reflected in NP entry level competencies and entry to practice registration exams. CRNBC convened an expert panel to develop a statement of NP competencies for the prescribing of controlled drugs and substances. These competencies are included in Appendix G.

Mental Health and Substance Use Disorders

Approximately one in five BC citizens experience a mental health condition and/or substance use disorder (British Columbia Ministry of Health, 2012) and over 80% of people with mental health issues received care exclusively within the primary care mental health system (CMHA, 2012). In working with the entry-level competencies, it is therefore vital that educators and NPs are mindful of the mental health-related dimensions of the NP entry-level competencies and work toward their full realization.

Purpose of the Entry-Level Competencies for Nurse Practitioners

Entry-level competencies are one of the sentinel documents used by regulatory bodies in the regulation of NP practice for the purpose of:

- recognizing nurse practitioner education programs in BC,
- development and approval of nurse practitioner entry-level examinations,
- assessment of individual applicants for nurse practitioner registration,
- assessment of nurse practitioners' ongoing continuing competence, and
- providing information to the public, NP education programs, employers and other stakeholders on the regulatory expectations of nurse practitioner practice

PROFILE OF THE ENTRY-LEVEL NURSE PRACTITIONER

Nurse practitioners (NPs) are registered nurses with experience and advanced nursing education at the master's level, which enables them to autonomously diagnose, treat and manage acute and chronic¹ physical and mental illnesses. As advanced practice nurses, they use their in-depth nursing and clinical knowledge to analyze, synthesize and apply evidence to make decisions about their clients' healthcare. They apply advanced nursing theory and knowledge from nursing and other disciplines to provide a comprehensive range of essential health services grounded in professional, ethical and legal standards within a holistic model of care. Nurse practitioners work collaboratively with their clients to establish measurable goals, and identify and advocate to close gaps in health outcomes.

¹ In Quebec, initial diagnoses of chronic illnesses are made by physicians in primary care.

The principles of primary health care are foundational to nurse practitioner practice. These principles include accessibility, public participation, health promotion, use of appropriate technology and inter-sectoral collaboration (WHO, 1996). This lens of primary health care facilitates NP practice with diverse client populations in a variety of contexts and practice settings including acute care, primary care, rehabilitative care, curative and supportive care, and palliative/end-of-life care.

In addition to their role in clinical care, nurse practitioners have the knowledge and skills to play a broader role in the healthcare system. They provide leadership and collaborate with multiple stakeholders to improve health outcomes at the individual client, community and population health levels. Nurse practitioners understand the unique health needs of diverse populations, and the values that impact their access to care.

All entry-level health professionals including NPs require time and support from employers, mentors and the healthcare team to consolidate their knowledge, skills and judgment, develop their individual approach to care delivery and establish professional relationships. As NPs develop confidence in their clinical role, they integrate and further develop their leadership, research and mentoring skills that are a critical part of NP practice.

ASSUMPTIONS

The NP ELCs are based on the following assumptions:

1. NP practice is grounded in values, knowledge and theories of nursing practice.
2. ELCs form the foundation for all aspects of NP practice, and apply across diverse practice settings and client populations.
3. ELCs build and expand upon the competencies required of a registered nurse and address the knowledge, skills and abilities that are included in the NPs' legislated scope of practice
4. Nurse practitioners require graduate nursing education with a substantial clinical component.
5. Collaborative relationships with other healthcare providers involve both independent and shared decision making. All parties are accountable in the practice relationship as determined by their scopes of practice, educational backgrounds and competencies.

Entry-Level Competencies

The ELCs are organized into four competency categories: client care, quality improvement and research, leadership and education. The first competency area, client care is further divided into six sub-competency categories, which reflects the importance of the clinical dimension of the NPS professional role.

- I. **Client Care**
 - A. Client Relationship Building and Communication
 - B. Assessment
 - C. Diagnosis
 - D. Management
 - E. Collaboration, Consultation and Referral
 - F. Health Promotion

- II. **Quality Improvement and Research**

- III. **Leadership**

- IV. **Education**
 - A. Client, Community and Healthcare Team
 - B. Continuing Competence

COMPETENCY CATEGORY I. CLIENT CARE

Client Relationship Building and Communication

The competent, entry-level nurse practitioner uses appropriate communication strategies to create a safe and therapeutic environment for client care.

1. Clearly articulate the role of the nurse practitioner when interacting with the client
2. Use developmentally and culturally-appropriate communication techniques and tools
3. Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained
4. Use relational strategies (e.g., open-ended questioning, fostering partnerships) to establish therapeutic relationships
5. Provide culturally-safe care, integrating clients' cultural beliefs and values in all client interactions
6. Identify personal beliefs and values and provide unbiased care

7. Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)
8. Document relevant aspects of client care in client record

B. Assessment

The competent, entry-level nurse practitioner integrates an evidence-informed knowledge base with advanced assessment skills to obtain the necessary information to identify client diagnoses, strengths, and needs.

1. Establish the reason for the client encounter
 - a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available
 - b. Perform initial observational assessment of the client's condition
 - c. Ask pertinent questions to establish the context for client encounter and chief presenting issue
 - d. Identify urgent, emergent, and life-threatening situations
 - e. Establish priorities of client encounter
2. Complete relevant health history appropriate to the client's presentation
 - a. Collect health history such as symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescription and OTC medications, and complementary therapies
 - b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health
 - c. Determine the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)
 - d. Assess client's strengths and health promotion, illness prevention, or risk reduction needs
3. Perform assessment
 - a. Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems
 - b. Select relevant assessment tools and techniques to examine the client

- c. Perform a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental level, functional ability)
- d. Assess mental health, cognitive status, and vulnerability using relevant assessment tools
- e. Integrate laboratory and diagnostic results with history and physical assessment findings

C. Diagnosis

The competent, entry-level nurse practitioner is engaged in the diagnostic process and develops differential diagnoses through identification, analysis, and interpretation of findings from a variety of sources.

1. Determine differential diagnoses for acute, chronic, and life threatening conditions
 - a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination
 - b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks
 - c. Generate differential diagnoses
 - d. Inform the client of the rationale for ordering diagnostic tests
 - e. Determine most likely diagnoses based on clinical reasoning and available evidence
 - f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses
 - g. Assume responsibility for follow-up of test results
 - h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning
 - i. Confirm most likely diagnoses ²
2. Explain assessment findings and communicate diagnosis to client
 - a. Explain results of clinical investigations to client
 - b. Communicate diagnosis to client, including implications for short- and long-term outcomes and prognosis
 - c. Ascertain client understanding of information related to findings and diagnoses

² NPs have the authority to diagnose a client's health conditions autonomously according to their jurisdictional legislation/ regulations.

D. Management

The competent, entry-level nurse practitioner, on the basis of assessment and diagnosis, formulates the most appropriate plan of care for the client, implementing evidence-informed therapeutic interventions in partnership with the client to optimize health.

1. Initiate interventions for the purpose of stabilizing the client in, urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)
2. Formulate plan of care based on diagnosis and evidence-informed practice
 - a. Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)
 - b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice and client preferences
 - c. Initiate appropriate plan of care (e.g. non-pharmacological, pharmacological, diagnostic tests, referral)
 - d. Consider resource implications of therapeutic choices (e.g. cost, availability)
3. Provide pharmacological interventions, treatment, or therapy
 - a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference
 - b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up
 - c. Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements
 - d. Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response.
 - e. Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion
4. Provide non-pharmacological interventions, treatments, or therapies
 - a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference
 - b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up

- c. Order required treatments (e.g., wound care, phlebotomy)
 - d. Discuss and arrange follow-up
5. Perform invasive and non-invasive procedures
 - a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up
 - b. Obtain and document informed consent from the client
 - c. Perform procedures using evidence-informed techniques
 - d. Review clinical findings, aftercare, and follow-up
6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions
7. Follow up and provide ongoing management
 - a. Develop a systematic and timely process for monitoring client progress
 - b. Evaluate response to plan of care in collaboration with the client
 - c. Revise plan of care based on client's response and preferences

E: Collaboration, Consultation, and Referral

The competent, entry-level nurse practitioner identifies when collaboration, consultation, and referral are necessary for safe, competent, and comprehensive client care.

1. Establish collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care)
2. Provide recommendations or relevant treatment in response to consultation requests or incoming referrals
3. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)
4. Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations
5. Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate

F. Health Promotion

The competent, entry-level nurse practitioner uses evidence and collaborates with community partners and other healthcare providers to optimize the health of individuals, families, communities, and populations.

1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues
2. Analyze information from a variety of sources to determine population trends that have health implications
3. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention
4. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly

COMPETENCY CATEGORY II: QUALITY IMPROVEMENT AND RESEARCH

The competent, entry-level nurse practitioner uses evidence-informed practice, seeks to optimize client care and health service delivery, and participates in research.

1. Identify, appraise, and apply research, practice guidelines, and current best practice
2. Identify the need for improvements in health service delivery
3. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice
4. Implement planned improvements in healthcare and delivery structures and processes
5. Participate in quality improvement and evaluation of client care outcomes and health service delivery
6. Identify and manage risks to individual, families, populations, and the healthcare system to support quality improvement
7. Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies
8. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks
9. Participate in research
10. Contribute to the evaluation of the impact of nurse practitioner practice on client outcomes and healthcare delivery.

COMPETENCY CATEGORY III. LEADERSHIP

The competent entry-level nurse practitioner demonstrates leadership by using the NP role to improve client care and facilitate system change.

1. Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)
2. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care
3. Coordinate interprofessional teams in the provision of client care
4. Create opportunities to learn with, from, and about other healthcare providers to optimize client care
5. Contribute to team members' and other healthcare providers' knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)
6. Identify gaps and/or opportunities to improve processes and practices, and provide evidence-informed recommendations for change
7. Utilize theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management
8. Identify the need and advocate for policy development to enhance client care
9. Participate in program planning and development to optimize client care

COMPETENCY CATEGORY IV. EDUCATION

The competent, entry-level nurse practitioner integrates formal and informal education into practice. This includes but is not limited to educating self, clients, the community, and members of the healthcare team.

Client, Community, and Healthcare Team Education

1. Assess and prioritize learning needs of intended recipients
2. Apply relevant, theory-based, and evidence-informed content when providing education
3. Utilize applicable learning theories, develop education plans and select appropriate delivery methods, considering available resources (e.g., human, material, financial)
4. Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)

5. Recognize the need for and plan outcome measurements (e.g., obtaining client feedback, conduct pre- and post-surveys)

Continuing Competence

1. Engage in self-reflection to determine continuing education competence needs
2. Engage in ongoing professional development
3. Seek mentorship opportunities to support one's professional development

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Appendix A: CCRNR Process for Development of Entry Level Competencies

In 2012, CCRNR embarked on a project to analyze NP practice across Canada in three streams of practice (Adult, Family/All Ages and Pediatrics). The practice analysis was undertaken to inform future decisions about entry-to-practice exams in these three streams. The neonatal stream of practice was not included because the practice analysis was not intended to inform future decisions about a neonatal exam.

The CCRNR board established a national working group with representatives from all Canadian nursing regulatory bodies to coordinate all aspects of the NP Practice Analysis (Appendix B). CCRNR was awarded funding from Employment and Social Development Canada. A Request for Proposals (RFP) was disseminated and an external research firm was contracted to conduct the NP practice analysis. The practice analysis provided a comprehensive description of Canadian NP practice in the Adult, Family/All Ages and Pediatric streams.

A research advisory committee (RAC) was established comprised of Canadian educators, researchers and an administrator with expertise in advanced nursing practice (Appendix C). The role of the RAC was to develop, revise and review competencies and behavioral indicators for entry-level NPs based on Canadian and international evidence.

Three subject matter expert panels (SMEs) were established to bring clinical expertise and to explore commonalities and differences across the three streams of NP practice included in the study. Twenty-seven panelists were selected from 180 applicants (Appendix D). Each panel was designed to provide a balanced representation of NP practice within each stream including years of experience, diverse practice settings, geographic location (urban/rural, province/territory) and other demographics. The SME panelists refined the behavioral indicators developed by the RAC through an iterative process to improve clarity and specificity of each indicator statement within four competency categories. This iterative process provided a mechanism for continual improvement of the competency categories and behavioral indicators.

The competency categories and behavioral indicators formed the practice analysis survey. The survey was designed to determine the frequency with which NPs performed each indicator in the previous 12 months and the seriousness of the consequences if the indicator was not performed competently.

After pilot testing and refining the survey, it was disseminated to all family/all ages, adult and pediatric NPs in Canada. The survey was sent to 3,870 NPs; 909 responded for a 24.6% response rate, with representation from every jurisdiction in Canada. Results indicated that 54% of NP respondents agreed that the framework provided a complete listing of entry-level competencies, and another 42% indicated that they mostly described entry-level competencies.

To determine the representativeness of the participating NPs, a non-respondent survey was conducted with all NPs from the original sample who had not completed the primary survey. The non-respondent survey was sent to 2,798 NPs and 554 responded for a 19.8% response rate.

A survey was sent to all Canadian NP education programs to ascertain if there were any gaps between what is currently taught in NP programs and what the practice analysis was describing as entry-level NP practice. The majority of respondents indicated that their programs prepare NP graduates to perform the competencies.

The working group analyzed the data from the NP Practice Analysis and developed a document containing the draft NP entry-level competencies. Most jurisdictions then engaged in further NP and stakeholder consultation, including consulting with Neonatal NPs where applicable. Feedback from this consultation process was incorporated into the final draft.

For further information about the NP Practice Analysis study, visit www.ccrnr.ca.

Appendix B: NP Practice Analysis Working Group Members

Paul Boudreau, MN, RN
Association of Registered Nurses of Prince
Edward Island

Odette Comeau Lavoie, RN, BScN, MAdEd
Nurses Association of New Brunswick

Donna Cooke, RN, MN
Saskatchewan Association of Registered
Nurses

Teri Crawford, MN, RN, Chair
College of Registered Nurses of Nova Scotia

Suzanne Durand, inf., M.Sc., DESS bioéthique
Ordre des infirmières et infirmiers du Québec

Debra Elias, RN, MN, FRE
College of Registered Nurses of Manitoba

Lynda Finley, RN, MScN
Nurses Association of New Brunswick

Donna Harpell Hogg, RN, BScN, MS
College and Association of Registered Nurses
of Alberta

Carrie Huffman, RN, BScN
Yukon Registered Nurses Association

Rosanne Jabbour, RN, MHSc
College of Nurses of Ontario

Judith Leprohon, RN, Ph.D
Ordre des infirmières et infirmiers du Québec

Beverley McIsaac, RN, NP, MN (ANP)
Association of Registered Nurses of
Newfoundland and Labrador

Dr. Lynn Miller, DNP, NP
College of Registered Nurses of Nova Scotia

Michelle Osmond, MScN, RN
Association of Registered Nurses of
Newfoundland and Labrador

Dr. Christine Penney, RN, MPA, PhD
College of Registered Nurses of British
Columbia

Donna Stanley-Young, RN, BScN, MN
Registered Nurses Association of Northwest
Territories/Nunavut

Carolyn Trumper, BScN, MACT, RN
College and Association of Registered Nurses
of Alberta

Suzanne Wowchuk, RN, MN, FRE
College of Registered Nurses of Manitoba

Appendix C: Research Advisory Committee

A research advisory committee (RAC) was established comprised of Canadian educators, researchers and an administrator with expertise in advanced nursing practice; four of whom were NPs. The role of the RAC was to develop, revise and review competencies and behavioral indicators for entry-level NPs based on Canadian and International evidence.

Dr. Faith Donald, PhD, NP-PHC
Associate Professor, Ryerson University

Dr. Kathleen F. Hunter, PhD, RN, NP, GNC(C), NCA
Associate Professor, University of Alberta
Nurse Practitioner Specialized Geriatric Services, Glenrose Hospital
Assistant Adjunct Professor Faculty of Medicine/Division of Geriatric Medicine

Dr. Kelley Kilpatrick, PhD, RN
Assistant Professor, Université de Montréal

Dr. Mary McAllister, PhD, RN
Associate Chief, Nursing Practice - The Hospital for Sick Children

Dr. Ruth Martin-Misener, PhD, NP
Associate Professor, Dalhousie University

Dr. Esther Sangster-Gormley, PhD, RN
Associate Professor, University of Victoria

Appendix D: Subject Matter Expert Panels

Three subject matter expert panels (SMEs) were established to bring clinical expertise and to explore commonalities and differences across the three streams of NP practice included in the practice analysis. Twenty-seven panelists were selected from 180 applicants. Each panel was designed to provide a balanced representation of NP practice including years of experience, diverse practice settings, geographic location (urban/rural, province/territory) and other demographics within each stream. The SME panelists refined the behavioral indicators developed by the RAC through an iterative process to improve clarity and specificity of each indicator statement within four competency areas. This iterative process provided a mechanism for continual improvement of the competency areas and behavioral indicators.

ADULT SUBJECT MATTER EXPERT PANEL

Michelle Bech, BSN, MN, ACNP, NP(A)
Vancouver, BC,
Hospital Inpatient-Geriatric

Teresa Ruston,
Edmonton, AB
Hospital -Ambulatory Clinic

Cynthia Kettle, RN, BN, MN
St. John's, NF
Inpatient - Travelling Vascular Clinics (First Nations Communities/Vascular Surgery)

Barbara K. Currie, MN, RN-NP
Halifax, NS
Inflammatory Bowel Disease Ambulatory Clinic

Marilyn Oishi, NP, BScN, MN
Edson, AB
Hospital-Inpatient / Home Care / LTC / Family Practice Office

Mary Dimeo, RN(EC), BScN, MN, ENC(C), NP-Adult
Toronto, ON
Hospital- Emergency Department
Veronique Belec,
St. Jerome, QC
Hospital – Inpatient Nephrology

Shannon McNamara, RN, MScN, SNP, CCNC (c)
Montreal, QC
Inpatient Cardiology and Cardiac Surgery

PEDIATRIC SUBJECT MATTER EXPERT PANEL

Sara Breitbart, RN(EC), MN, NP-Pediatrics
Toronto, ON
Hospital Inpatient / Ambulatory Clinic - Neurosurgery

Susie McRae NP(P), MN-NP, RN,
Vancouver, BC
Ambulatory Clinic

Alissa Collingridge, MN, NP(P)
Vancouver, BC
NP Child & Youth Primary Care Clinic / Ambulatory Care

Lisette Lockyer, RN, NP, ACNP (Child)
Calgary, AB
Hospital Inpatient / Ambulatory clinic / NP-Led Clinic – Child Trauma

Laura Jurasek, NP, MN
Edmonton, AB
Hospital Inpatient / Ambulatory clinic –
Pediatric Neurology

Kristina Chapman, MN, NP, CPHON
Halifax, NS
Hospital Inpatient / Ambulatory clinic –
Hematology/Oncology

Melissa Manning, RN, BScN, MN, NP
St. John's, NL
Pediatric - Hospital

Dr. Vera Nenadovic, RN(EC), PhD
Toronto, ON
Hospital Inpatient – Epilepsy and Epilepsy
Surgery Program

FAMILY/ALL AGES SUBJECT MATTER EXPERT PANEL

Karen Irving, FNP, MScN, BScN
Kamloops, BC
Primary Health Care - Aboriginal/Marginalized
Populations

Jennifer Farrell, NP, BScN, MN:ANP, COHN
Edmonton, AB
Family Practice/Urgent Care, Addictions,
Recovery Centre, Student Health Services

Jana Garinger, RN(NP), MN
Moose Jaw, SK
Primary Care - Immigrant Health

Susan T. McCowan, BSc, BN, MS(NP)
Selkirk, MB
Quick Care Clinic

Erin Kennedy, RN(EC), BScN, MScN, PHC-NP
Kitchner, ON
Emergency Department

Sophie Charland, BSc, MSc, IPSPL
Laval, QC
Family Practice Clinic

Dawn LeBlanc, MN, NP
Oromocto, NB
Canadian Armed Forces / Government of
Canada
Military Clinic – Primary Health Clinic

Dr. Cheryl A. Smith, RN, NP, DNP
Amherst, NS
Long Term Care -C-Manager SOME
Polypharmacy

Kelsey MacPhee, BScN, RN, MN, NP
O'Leary, PEI
Community Health Centre

Glenda Stagg Sturge, BN, RN, NP, MN
St. John's, NL
Community Health Centre, Family Practice,
Public Health

Jo-Anne Hubert, MN, NP
Yellowknife, NT
Director Primary Health Care - Yellowknife
Health and Social Services Authority

Appendix E: Survey Pilot Testers

Coralie Buhler, MN, RN, NP
Winnipeg, MB
Adult

Kathryn Eager, NP
London, ON
Pediatric

Kate Burkholder, NP- PHC
Blacks Harbour, NB
Family/All Ages

Celia Evanson, MN, NP
Rock Creek, BC
Family/All Ages

Jessica Caceres, MN, NP-PHC
Guelph, Ontario
Primary Care and Emergency

Wendy Gillespie, MN, NP
Edmonton, AB
Pediatric

Elizabeth Cook, MN, NP, CDE
Yellowknife, NWT
Family/All Ages

Lynn Haslam, RN(EC), NP-Adult, MN, PANC(C),
Certificate in Anesthesia Care
Toronto, ON
Adult

Manon Couture, Inf. M. Sc., IPSPL
Varenes, Québec
Soins de première ligne

Laura Johnson, DNP, RN(NP)
Winnipeg, Manitoba
Adult

Brenda Dawyduk, RN, NP, BN, MSc
Thompson, Manitoba
Family (specializing in Pediatrics)

Karen T. Legg, RN, MN-NP
Halifax, NS
Adult - Neurology; Epilepsy

Maria DeAngelis, MScN, NP
Toronto, Ontario
Pediatrics - GI transplant

Stewart Maclennan, MN, NP
Edmonton, AB
University of Alberta - Lecturer
Correctional Health (Adult)

Charlene Downey, RN, MN, CON(C), NP
St. John's, Newfoundland
Adult - Hematology and Stem Cell
Transplants

Kimberly Newton, RN-NP, MN:ANP, BScN,
BACS
Middle Musquodoboit, NS
Family/All Ages

Liane Dumais, IPS
Quebec, QC
Néphrologie

Alison Ross, MN, NP
Slave Lake, AB
Family/All Ages

Beryl Dziedzic, MN, RN, NP
Lundar, MB
Family/All Ages

Leland Sommer, RN(NP)
Balgonie, SK
Family/All Ages

Emily Tai, NP(P)
Vancouver, BC
Pediatric

Gregg Trueman, PhD, MN, NP
Calgary, Alberta
Adult Hospice Palliative Care/Chronic Pain
and Adult Primary Care

Krista Van Roestel, BScN, MN, NP-Paediatrics
Toronto, ON
Pediatrics

Audré Verville, IPS
Montréal, QC
Infirmière praticienne spécialisée en
cardiologie (NP-Cardiology)

Heather Whittle, RN(EC), MScN, GDipNPAC
London, Ontario
Adult, Department of Anesthesia and
Perioperative Medicine, Comprehensive Pain
Program

Celina Woo, MN, NP(P)
Vancouver, BC
Division of Hematology/Oncology/BMT,
Pediatric Inherited Bleeding Disorders Clinic

Linda Yearwood, RN, MSN, NP (A)
Hope, BC
Primary Care & Residential Care

Appendix F: Glossary

Advanced nursing practice: “An umbrella term describing an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge, and expertise in meeting the health needs of individuals, families, groups, communities and populations. It involves analyzing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the profession as a whole” (CNA, 2008).

Adverse event: An event that results in unintended harm to the client and is related to the care and/or service provided to the client, rather than the client’s underlying condition (CNA, 2010).

Advocate: To actively support a right and good cause; to support others in speaking for themselves; to speak on behalf of those who cannot speak for themselves (CNA, 2010).

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, 2010a).

Collaboration: “Client care involving joint communication and decision-making processes among the client, nurse practitioner and other members of a health-care team who work together to use their individual and shared knowledge and skills to provide optimum client-centred care. The health-care team works with clients toward the achievement of identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team” (CNA, 2010).

Competence: The ability to integrate and apply the knowledge, skills, abilities and judgment required to practise safely and ethically with a designated client population in a specific nurse practitioner role and practice setting (CRNNS, 2011).

Competencies: The specific knowledge, skills, abilities, and judgment required for a nurse practitioner to practice safely and ethically with a designated client population in a specific role and practice setting (CRNNS, 2011).

Complementary and alternative therapies: Health modalities or interventions that tend to be used alongside conventional healthcare services, while alternative therapies tend to be used in place of conventional healthcare (CRNBC, 2012).

Consultation: A request for another health professional’s advice on the care of a client. The goal is to enhance patient care and/or improve the skills and confidence of the professional making the request (consultee). The consultant may or may not see the client directly. The responsibility for clinical outcomes remains with the consultee, who is free to accept or reject the advice of the consultant (CRNNS, 2011).

Cultural safety: “Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment

free of racism and discrimination, where people feel safe when receiving health care” (First Nations Health Authority, 2015).

Determinants of health: The range of social, economic, geographic and systemic factors that influence a person’s health status and outcomes. These factors include: access to appropriate health services, biology, coping abilities, culture, education, employment and working conditions, environment (natural and built, emotional and psychological), gender, genetics, health behaviours, income, lifestyle, and social status (CNA, 2010).

Entry-level competencies: The specific knowledge, skills, abilities, and judgment required for a newly-graduated nurse practitioner to meet the minimum requirements for entry to practise (NANB, 2010a).

Evidence-informed practice: An approach to clinical practice that requires the nurse practitioner to conscientiously integrate critically appraised evidence with their experience and knowledge of contextual factors to decide (in consultation with clients) what best suits clients’ needs. Evidence may include, but is not limited to, published and unpublished research, clinical practice guidelines, consensus statements, expert advice, and quality assurance and patient safety data (CNA, 2010).

Health: “A state of complete physical, mental, spiritual and social wellbeing, and not merely the absence of disease” (WHO, 1946).

Health promotion: The process of enabling people to increase control over and improve their health. It embraces actions directed not only at strengthening the skills, confidence and capabilities of individuals, but also at changing social, environmental, political and economic conditions to alleviate their impact on public and individual health (CNA, 2010).

Referral: An explicit request for another health professional to become involved in the care of a client. Accountability for clinical outcomes is negotiated between the health care professionals involved (CRNNS, 2011).

Scope of practice: The roles, functions, and accountabilities that nurse practitioners are educated and authorized to perform, as established through legislated definitions of nurse practitioner practice, and complemented by standards, guidelines and policy positions issued by nursing regulators (CARNA, 2011).

Standards: Authoritative statements that describe the required behavior of every nurse practitioner, and are used to evaluate individual performance. They provide a benchmark below which performance is unacceptable (CNA, 2010).

Appendix G: Competencies for Nurse Practitioner Prescribing of Controlled Drugs and Substances

INTRODUCTION AND PURPOSE

In November 2012, the federal government approved the New Classes of Practitioner Regulations. The regulations were created under the Controlled Drugs and Substance Act (Government of Canada, 2014). They allow NPs to prescribe medications with controlled drugs and substances, provided provincial legislation authorizes them to do so.

In anticipation of the B.C. government passing such legislation, the College of Registered Nurses of B.C. (CRNBC) started developing the regulatory elements needed to fulfill its mandate. This work began with creating:

- a. NP standards, limits and conditions for the prescribing of controlled drugs and substances; and
- b. a statement of competencies for NP prescribing of controlled drugs and substances (CDSs).

COMPETENCIES AND COMPETENCY STATEMENTS

- Competencies are statements about the knowledge, skills and judgments required to perform safely within an individual's nursing practice in a designated role or setting.
- They provide the broad framework to develop outcomes relevant to nursing practice. They are also used for curricula building and teaching.
- BCCNM uses them to determine registration and examination requirements, in practice assessment and quality assurance.
- They will be used as a touchstone in professional development plans that NPs will be required to fulfill to meet conditions established for NP CDS prescribing.

Assumptions used to develop competency statements specific to prescribing CDS and substances are presented below. They help define the NP role as unique but built upon RN level practice competencies. NP practice incorporates both national (CNA, 2010) and provincial level competencies (CRNBC, 2011).

To strengthen the provincial level competencies for NPs, CRNBC developed a statement of competencies for NP CDS prescribing. For a full description of the process and analysis, see the report *Analysis of the Proceedings of the Expert Panel: Development of Competencies for Nurse Practitioner Prescribing of Controlled Drugs and Substances, 2014*.

In brief, following a comprehensive literature review, CRNBC contracted with Washington State University to support its work. The principal investigator was an NP and nursing faculty member with recognized expertise in NP prescribing competencies. This investigator led an expert panel of NPs and other health professionals in the development of a statement of competencies for NP CDS prescribing. The process began with a review of assumptions presented in *Competencies for Registered Nurse Practitioners in British Columbia* (CRNBC, 2011). The panel then developed a set of

additional assumptions specific to NP CDS prescribing. With this information and a preliminary draft of a statement of competencies prepared by the consultant, the panel created a statement of competencies.

The statement of competencies should be considered in conjunction with federal and provincial legislation and the standards in BCCNM's *Standards, Limits and Conditions for Nurse Practitioner Prescribing*.

ASSUMPTIONS

The assumptions used to develop competencies are essential to understanding how they are applied to NP practice. They are not specific to a particular client population or practice environment.

The following assumptions, present in *Competencies for Registered Nurse Practitioners in British Columbia* (CRNBC, 2011), were adopted as context for the development of NP CDS prescribing competencies:

- The practice of nurse practitioners is grounded in the values, knowledge and theories of professional nursing practice.
- Nurse practitioner competencies build and expand upon the competencies required of a registered nurse.
- Nurse practitioner practice is advanced in the application of in-depth knowledge and theory from nursing and other fields, including experiential knowledge gained from clinical practice experience as registered nurses.
- Nurse practitioners have achieved additional competencies at the graduate level of nursing education, with a substantial clinical component.
- Nurse practitioner core competencies are the foundation for all Nurse Practitioner practice and apply across diverse practice settings and client populations. A common set of NP core competencies is essential to all Nurse Practitioner education and practice regardless of practice stream (family, adult, or pediatric). A description of each stream of practice demonstrates how the core competencies are applied by family, adult or pediatric Nurse Practitioners.
- Nurse practitioner core competencies are an essential element of Nurse Practitioner competence assessment.
- Nurse practitioner practice is grounded in the five World Health Organization (WHO) principles of primary health care: accessibility, public participation, health promotion, appropriate technology and intersectoral collaboration.
- Nurse practitioners provide services relating to health promotion, illness/injury prevention, rehabilitative care, curative and supportive care, and palliative/end-of-life care.
- The identified competencies incorporate those of advanced nursing practice and specifically address the activities that are included in the additional legislated scope of practice of Nurse Practitioners, e.g., advanced health assessment, diagnosis of acute and chronic illnesses and their therapeutic management.
- Nurse practitioners engage in inter-professional collaborative practice to provide safe, client-centered, high quality health care services.

- Newly graduated nurses practitioners gain proficiency in the breadth and depth of their practice over time with support from employers, mentors and health-care team members.

ADDITIONAL ASSUMPTIONS: SELECTION AND MANAGEMENT OF CONTROLLED DRUGS AND SUBSTANCES

The additional assumptions used to develop controlled drugs and substances competencies are essential to understanding how they are applied to Nurse Practitioner practice in any role and setting that include responsibilities for prescribing. The following additional assumptions were made:

- Nurse practitioners develop and implement a plan of care that includes appropriate controlled and non-controlled medications as well as non-pharmacologic therapeutic options.
- There are a unique set of competencies for nurse practitioner prescribing, management and dispensing specific to controlled drugs and substances.
- Nurse practitioners practice within the BCCNM Standards, Limits and Conditions for Nurse Practitioner Prescribing.
- The identified competencies for prescribing controlled drugs and substances may be integrated into advanced pharmacotherapeutic education obtained during or after initial nurse practitioner education and practice.
- Nurse practitioners are responsible to obtain and maintain competence in controlled drugs and substances prescribing congruent with their scope of practice, stream in which they are registered, role, populations served, and practice setting-specific standards.
- Nurse practitioners engage in evidence informed prescribing of controlled drugs and substances.
- Nurse practitioners communicate, as appropriate, with inter-professional colleagues involved in a client's care both before and after prescribing controlled drugs and substances.

COMPETENCY STATEMENTS

1. Knowledge of Legislation

The nurse practitioner establishes and maintains knowledge in federal and provincial legislation related to controlled drugs and substances.

2. Ethical Practice

The nurse practitioner demonstrates ethical practice in prescribing controlled drugs and substances.

3. Assessment

The nurse practitioner performs and documents relevant and thorough baseline and ongoing assessments when initiating, modifying, continuing or discontinuing controlled drugs and substances.

4. Identification and Management of Risk of Aberrant Drug Related Behaviours and Harms

The nurse practitioner identifies and manages the risk of aberrant drug related behaviours and harms associated with prescribing controlled drugs and substances.

5. Diagnosis

The nurse practitioner demonstrates competence in diagnosis prior to prescribing controlled drugs and substances.

6. Knowledge Synthesis in Therapeutic Management

In making treatment decisions, the nurse practitioner synthesizes knowledge of a wide range of appropriate controlled, non-controlled and non-pharmacologic therapeutic options.

7. Advanced Communication, Negotiation and Facilitation Skills in Relation to Controlled Drugs and Substances Prescribing

The nurse practitioner demonstrates advanced skill in communication, negotiation, and facilitation of shared decision-making related to the initiation, utilization or discontinuation of controlled drugs and substances.

8. Education

The nurse practitioner educates clients, and as appropriate families, regarding safe and appropriate use of controlled drugs and substances.

9. Decision-Making in Prescribing

The nurse practitioner demonstrates competence in dosing, conversion, adjustment, titration, tapering, continuation and discontinuation when prescribing controlled drugs and substances.

10. Documentation

The nurse practitioner documents all elements required for legal, safe and appropriate controlled drugs and substances provision in a timely and professional manner.

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900 – 200 Granville St
Vancouver, BC V6C 1S4
Canada

www.bccnm.ca

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