

Effective June 30, 2026, the Nova Scotia Nursing and Midwifery Regulator (NSNMR) was formed as a multi-profession regulator, replacing the former Nova Scotia College of Nursing (NSCN) and the Midwifery Regulatory Council of Nova Scotia (MRCNS). NSNMR will regulate licensed practical nurses (LPNs), registered nurses (RNs), registered psychiatric nurses (RPNs), nurse practitioners (NPs) and registered midwives (RMs) on behalf of the public.

While this document contains current information about this topic, some content references NSCN and previous legislation before June 30, 2026. We appreciate your patience as we continue updating our documents to align with our new name and legislation.

NURSE PRACTITIONER STANDARDS OF PRACTICE 2018

RESPONSIBILITY AND
ACCOUNTABILITY

ASSESSMENT AND
DIAGNOSIS

COLLABORATION,
CONSULTATION AND
REFERRAL

LEADERSHIP AND
ADVOCACY

CLIENT CARE
MANAGEMENT

NOVA SCOTIA
NURSING AND
MIDWIFERY
REGULATOR

CRNNS Nurse Practitioner Standards of Practice 2018

The Nova Scotia College of Nursing (NSCN) sets the practice **standards**¹ for registered nurses and nurse practitioners to support the delivery of safe, competent, compassionate and ethical care. Nurse practitioners care for various **client** populations in a variety of practice settings.

The *Nurse Practitioner Standards of Practice (2018)* outlines the professional and legal obligations and accountabilities of nurse practitioners and provides a common understanding of nurse practitioner practice expectations in Nova Scotia. The standards also identify the performance levels that nurse practitioners are required to achieve in practice.

This document is a complement to the *Entry-Level Competencies for Nurse Practitioners in Canada (2016)*. Competencies are the specific knowledge, skills, abilities and judgment required for a nurse practitioner to practise safely and ethically with a designated client population in a specific role and practice setting.

1 Terms in bold font are defined in the glossary.

As self-regulated professionals, nurse practitioners in Nova Scotia are accountable to both the *Standards of Practice for Registered Nurses* and the *Nurse Practitioner Standards of Practice* as well as the Canadian Nurses Association's *Code of Ethics for Registered Nurses*. Organizational policies do not relieve individual nurse practitioners of their **accountability** to meet the standards.

In addition to registered nursing practice, the *Nursing Act* and Regulations authorize nurse practitioners to independently manage their clients' health care needs, including diagnosing, ordering diagnostic tests, performing procedures, prescribing medications and consulting/referring to other health care providers. They may also practise in research, education, management, administration, regulation and policy/system development.

This document identifies five standards of practice:

Standard 1: **Responsibility** and Accountability

Standard 2: Leadership and **Advocacy**

Standard 3: Assessment and Diagnosis

Standard 4: Client Care Management

Standard 5: **Collaboration**, **Consultation** and **Referral**

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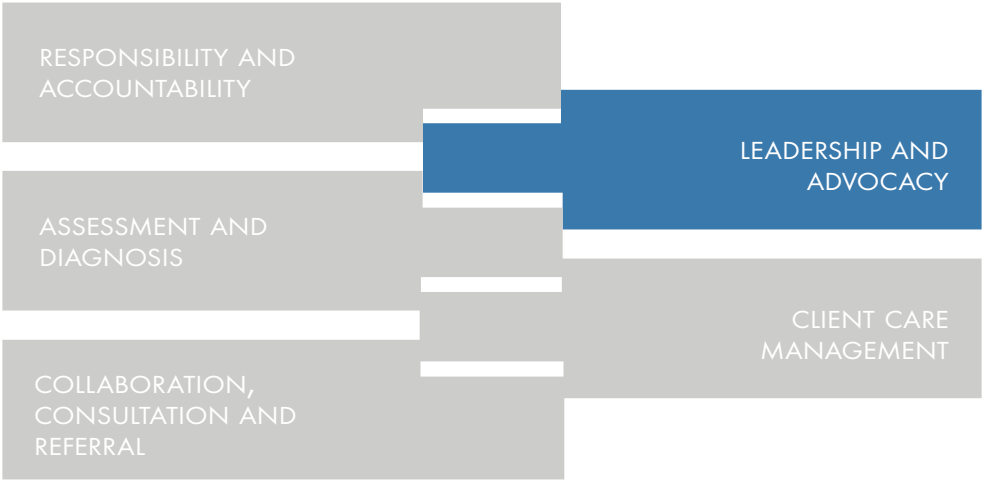
CLIENT CARE
MANAGEMENT

Standard 1: Responsibility and Accountability

Nurse practitioners are accountable to provide safe, competent, compassionate and ethical care within their legislated [scope of practice](#), educational preparation and individual [competence](#). In their role, nurse practitioners are accountable to critically appraise evidence and to apply best practice in their client care.

Nurse practitioners:

- 1.1 Practise according to ethical, legal and professional standards, competencies and guidelines that reflect their increased level of responsibility, accountability and scope of practice.
- 1.2 Practise autonomously as a member of an interprofessional team.
- 1.3 Meet all requirements for licensure, quality assurance and auditing programs.
- 1.4 Communicate with clients in a sensitive, honest and respectful manner that anticipates and responds to their questions and concerns.
- 1.5 Collaborate with clients to develop their plan of care, including discussing the rationale, benefits and risks of investigations, interventions, management and follow-up.
- 1.6 Confirm clients' understanding of their plan of care.
- 1.7 Document client care as required by federal and provincial legislation, regulations and organizational policies.
- 1.8 Use a systematic and timely process to receive, document, track and communicate results of diagnostic tests and referrals.
- 1.9 Maintain, store and transfer personal health information and client health records according to federal and provincial legislation, regulations and organizational policies.
- 1.10 Engage in education and professional development activities to maintain their competence.
- 1.11 Arrange with health care team members and/or employer for ongoing client care when absent from or leaving the practice setting.

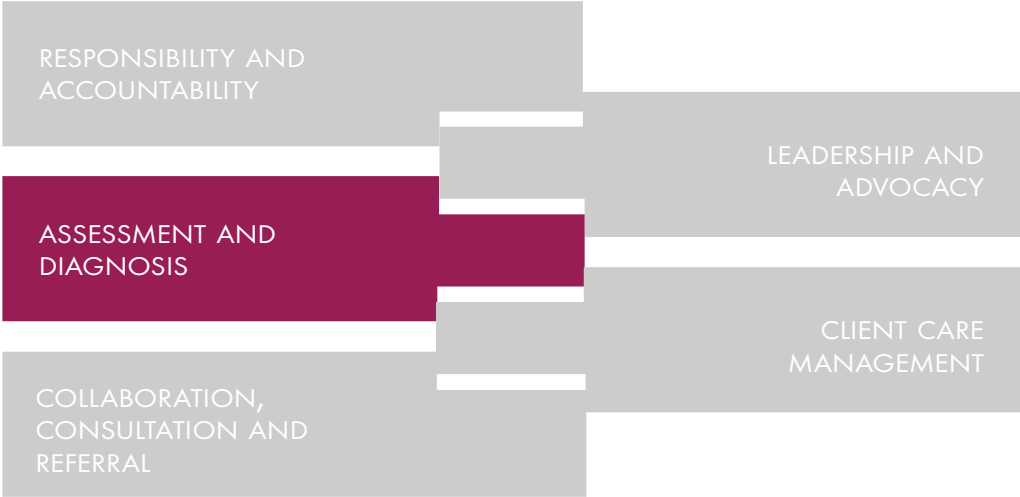


Standard 2: Leadership and Advocacy

Nurse practitioners have a leadership and advocacy role in the health care system to enhance quality of care, to influence policy decisions and to improve the delivery of health services.

Nurse practitioners:

- 2.1 Develop, implement and evaluate initiatives to promote health and to prevent injury and illness.
- 2.2 Contribute to the development of federal and provincial legislation, standards, policies and practice guidelines related to client care and nurse practitioner practice.
- 2.3 Apply the best evidence in practice, engage in research and/or quality improvement, share information and provide education to peers, other health professionals and clients.
- 2.4 Act as role models and mentors to registered nurses, other nurse practitioners, students and other health professionals.

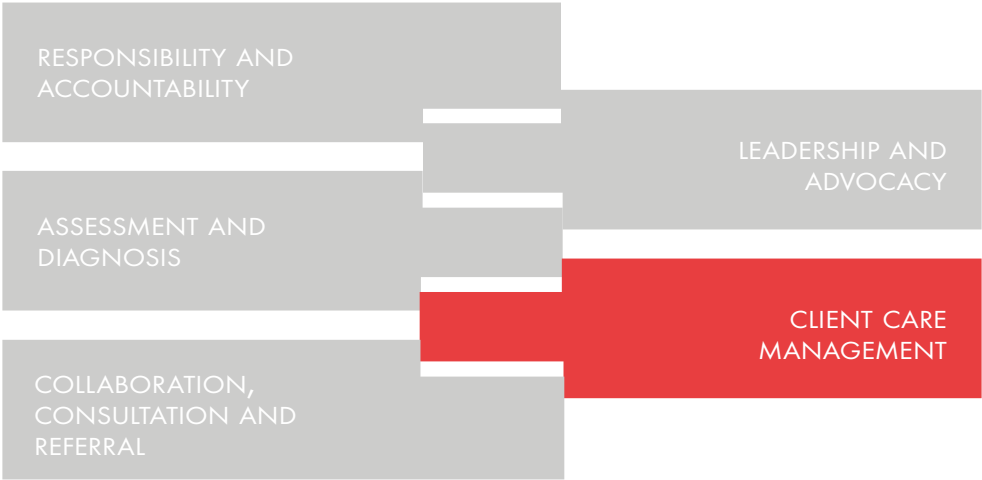


Standard 3: Assessment and Diagnosis

Using a holistic client-centred approach, nurse practitioners assess and diagnose clients, including those with acute and/or chronic health conditions and potential life threatening/emergent situations. Assessment and diagnosis are guided by the best available evidence and the determinants of health.

Nurse practitioners:

- 3.1 Perform comprehensive or focused assessments appropriate to clients' situations.
- 3.2 Determine clients' health risks and differential diagnoses based on findings of assessments and investigations.
- 3.3 Select screening and diagnostic tests based on the best available evidence, provincial and organizational policies and standards.
- 3.4 Discuss the rationale as well as the potential benefit(s) and risk(s) of screenings and diagnostic tests with clients.
- 3.5 Formulate differential diagnosis/diagnoses, including potential implications, treatment options and expected outcomes/prognoses.
- 3.6 Explain the diagnosis/diagnoses, potential implications, treatment plans, expected outcomes and overall prognosis with clients.



Standard 4: Client Care Management

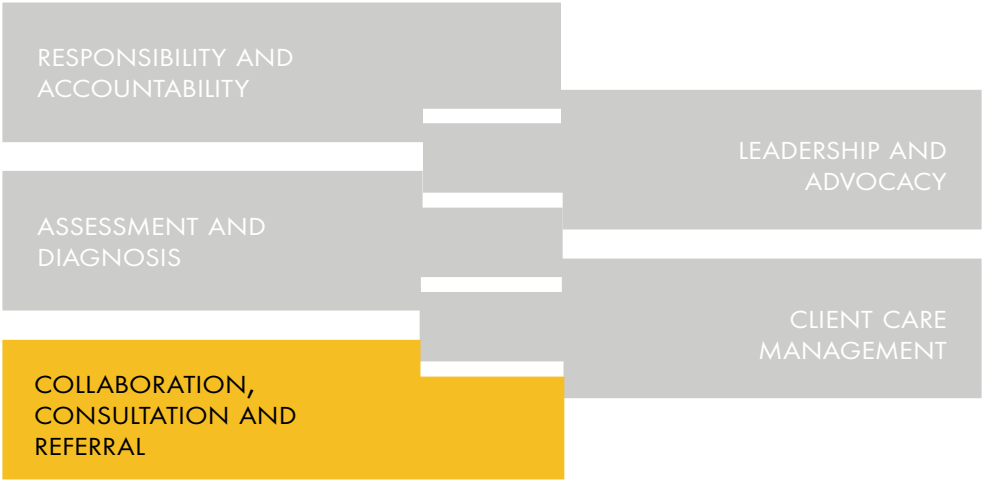
Client care management is guided by the best available evidence and the determinants of health.

Nurse practitioners:

- 4.1 **Prescribe** medications according to federal and provincial legislation, regulations and organizational policies.
- 4.2 Prescribe pharmacological and non-pharmacological therapies, including controlled drugs and substances, using best evidence and considering potential therapeutic benefit(s) and risk(s).
- 4.3 Advise clients of the appropriate use of prescription and non-prescription medications and required follow-up.
- 4.4 Monitor and evaluate clients' response(s) to the treatment plan and adjust accordingly.
- 4.5 Document and report **harmful incidents**, **near misses** and **no-harm incidents**, including those associated with pharmacological and non-pharmacological therapies, according to federal and provincial legislation, regulations and organizational policies.
- 4.6 Perform both non-invasive and invasive interventions for which they have developed and maintained competence.
- 4.7 Obtain and document clients' informed consent prior to performing interventions.
- 4.8 Use available drug information systems² to verify history of clients' prescribed medications, including controlled drugs and substances, when initiating, changing or discontinuing medications.
- 4.9 Comply with federal³ and provincial regulations related to prescribing controlled drugs and substances as required under the *Controlled Drugs and Substances Act* and *New Classes of Practitioners Regulations*.
- 4.10 Do not prescribe for themselves or family members except in an urgent or emergent situation when there is no other prescriber available.

2 For example, the Nova Scotia Prescription Monitoring Program (NSPMP) E-Access Portal or the Nova Scotia Department of Health and Wellness Drug Information System (DIS).

3 Health Canada – Office of Controlled Substances Section 56 exemption



Standard 5: Collaboration, Consultation and Referral

Nurse practitioners establish collaborative relationships with other health professionals. They initiate and accept consultations and referrals related to client care. Consultations and referrals may occur in person, by telephone, in writing or electronically, as appropriate to individual situations.

Nurse practitioners:

- 5.1 Communicate with the most appropriate health professional(s) for consultation or referral when clients' health care needs go beyond the nurse practitioner's individual or regulated scope of practice or when another professional's expertise is required.
- 5.2 Evaluate advice and recommendations for treatment from other health professionals.
- 5.3 Communicate recommendations from consultations or referrals with clients and appropriate members of the health care team.
- 5.4 Provide consultations and accept referrals from other health professionals when appropriate.

GLOSSARY

Accountability: the obligation to acknowledge the professional, ethical and legal aspects of one's activities and duties and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated.

Advocacy: actively supporting, protecting and safeguarding clients' rights and interests. It is an integral component of nursing and also contributes to the foundation of trust inherent in nurse-client relationships.

Client(s): the individual, group, community or population who is the recipient of nursing services, and where the context requires, may include a substitute decision-maker for the recipient of nursing services.

Collaboration: working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health care team and a clear understanding of the roles of the individuals involved.

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 role and practice setting.

Consultation: a request for advice on the care of the client from another health professional. 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 (Barron & White, 2009).

Harmful incident: a client safety incident that results in harm to the client.

Individual scope of practice: the roles, functions and accountabilities that an individual is educated, authorized and competent to perform.

Near miss: a client safety incident that does not reach the client and therefore no harm occurs.

No-harm incident: a client safety incident that reaches the client but no discernible harm occurs.

Prescribe: to advise or authorize the use of a medication or treatment for the management of a client's diagnosis or diagnoses. The act of prescribing involves assessing and monitoring the safety and efficacy of the prescribed medication or treatment.

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 professionals involved (Barron & White, 2009).

Responsibility: an activity, behaviour or intervention expected or required to be performed within a professional role and/or position. Responsibility may be shared, delegated or assigned.

Scope of practice: the roles, functions and accountabilities which members of a profession are legislated, educated and authorized to perform. In Nova Scotia, the scope of practice of a nurse practitioner is defined in the *Nursing Act*.

Standards: authoritative statements that promote, guide, direct and regulate professional nursing practice. They describe the desirable and achievable level of performance expected of all registered nurses, including nurse practitioners, against which actual performance can be measured.

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