

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.

The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs), registered psychiatric nurses (RPNs) 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 its registrants. The term nurse in this document refers to LPNs, RNs, RPNs and NPs, unless otherwise stated.

Contents

Becoming an RN Prescriber	2
Use of the Competencies	2
Assumptions	2
Scope of Practice	3
Context of the Practice Environment	3
RN Prescribers Competencies	4
1. Clinician	4
2. Communicator	5
3. Collaborator	6
4. Advocate	7
5. Educator	8
6. Leader	9
7. Professional	10
8. Scholar	11
Glossary	12

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Our practice support tools are developed using current reference material. The source of this material is available upon request.

The competencies for registered nurse (RN) prescribers fulfill three main purposes. First, they describe the integrated knowledge, skills and judgment required for safe and competent prescribing practice. Safe, competent, and ethical practice requires the integration and performance of many competencies simultaneously.

Additionally, the competencies inform stakeholders of the knowledge, skills and judgment necessary for RN prescribers to meet their practice expectations. RN prescribers may use the competencies to support their self-reflection, self-evaluation and continuing competence, as well as to educate others about their role.

Finally, the competencies guide the curriculum of the RN prescribing program. Education providers must demonstrate on an on-going basis that RN prescribing competencies are embedded and taught in their curriculum.

Becoming an RN Prescriber

There are additional registration and educational requirements to become an RN Prescriber. Once the additional requirements are met, the authorization to prescribe is issued by the Nova Scotia College of Nursing (NSCN). RN prescribers may use the identifier 'RN-AP'.

The RN prescribing regulatory model is enabled in the employment setting through employer authorizing mechanisms, policies, and processes. As such, RN prescribers may only prescribe for clients with specific health conditions, in contexts and under circumstances as identified by their employer.

Use of the Competencies

In addition to the competencies, RN prescribers are accountable to adhere to the *Standards of Practice for RN Prescribers*. These are companion documents and should be used together.

Additionally, RN prescribers in Nova Scotia are also accountable to the *Standards of Practice for Registered Nurses*, *Canadian Nurses Association's Code of Ethics for Registered Nurses and Nurse Practitioners*, and the *Entry-Level Competencies for Registered Nurses*.

Assumptions

The competencies were developed based on the following assumptions about the RN prescriber:

1. RN prescriber practice is grounded in the values, knowledge and theories of professional nursing practice.
2. RN prescriber competencies require additional education to expand upon the competencies required of an RN and form the foundation of all aspects of RN prescriber practice.
3. RNs must successfully complete RN Prescriber education to be authorized as an RN prescriber
4. RN prescribers have expertise in the nursing care of clients with the specific health conditions in which they are authorized to prescribe.
5. RN prescribers work in collaboration with the health care team to provide safe, high-quality health-care services.
6. RN prescribers develop the plan of care in collaboration with the client.
7. RN prescriber authorization applies only contexts, circumstances and parameters identified in employer policy and/or approved by NSCN.
8. RN prescriber authorization includes the ability to order screening and diagnostics tests within the prescribing context of the identified client health condition.
9. RN Prescriber authorization ceases when the RN prescriber changes practice settings or employers to care for clients with health conditions not endorsed by the employer **and/or** approved by NSCN.

Scope of Practice

The professional scope of practice for RNs and for RNs working in expanded scopes of practice such as RN prescribers is outlined in the Nursing Act (2019). The professional scope of practice encompasses the roles, functions and accountabilities that nurses are educated and authorized to perform. The nursing legislation is the foundation upon which entry-level competencies and standards of practice for nurses are developed.

The expanded scope of practice of the RN prescriber is further defined by a scope of practice statement;

The Registered Nurse Authorized to Prescribe (RN-AP) is a registered nurse with an expanded scope of practice which enables them to prescribe within their specific area of prescribing competence and practice from drug schedules I, II, III (Drug Schedules Regulations made under 2 Section 81 of the Pharmacy Act, 2017) with the exception of medical cannabis and drugs and medicines listed in the Controlled Drugs and Substances Act (Canada) and its regulations, methadone and investigational agents. The RN-AP has completed additional education and met additional registration requirements.

Context of the Practice Environment

Employers are accountable to create and maintain practice environments that enable RN prescribers to meet their standards and provide safe, competent and ethical health care. They are responsible to determine the client health conditions to be served by the RN prescriber and create essential supports such as evidenced-informed organizational policies, decision support tools and processes enabling RN prescribers to consult or collaborate with other members of the health care team.

Finally, employers are accountable to verify that potential RN prescribers possess the necessary clinical expertise to qualify for the authorization to prescribe.

RN PRESCRIBERS SUPPORT ACCESS TO THE HEALTH SYSTEM

The role of the RN Prescriber is to support client's access to the health system. It is vitally important that prescribers and employers understand the RN Prescriber is not intended to replace, or substitute an existing care provider, be the most responsible care provider, or practice independently or autonomously without access to a NP or physician collaborator. It is also important that RN prescribers and employers understand that RN prescribing does not fall under the Treat and Release Policy. Finally, employers and RN prescribers should recognize that the scope of practice for the RN prescriber is limited to the *specific* health conditions identified by the employer and noted in an appropriate authorizing mechanism, such as a policy. For example, a prescriber may be authorized to prescribe for *clients* presenting to an ED with a **Health Condition A**, but cannot be authorized to prescribe for any client presenting to the ED.

1. Clinician

As clinicians, registered nurse prescribers apply unique knowledge, skills, judgement and professional values to provide safe, competent, compassionate, ethical and evidence-informed nursing care across the lifespan in response to client needs.

The RN prescriber:

- 1.1 Applies broad scientific knowledge to understand the human response to health conditions, diseases or disorders of the clients for which they are prescribing.
- 1.2 Demonstrates knowledge of the client's health conditions the natural progression of the conditions and how to assess the severity of the health conditions.
- 1.3 Completes a thorough and accurate health history and performs physical assessment of clients for whom they are prescribing.
- 1.4 Uses critical thinking and diagnostic reasoning skills in clinical decision-making by synthesizing health information to identify health risks and concerns.
- 1.5 Applies scientific knowledge with consideration for: etiology, developmental stage, physiology, pathophysiology and pathogenesis and the clinical manifestations of the disease processes or health concerns when making a diagnosis.
- 1.6 Applies critical thinking and knowledge of anatomy, physiology, pathophysiology and pharmacology to determine the plan of care in collaboration with the client and other members of the health care team as needed.
- 1.7 Develops plan of care in collaboration with the client based on evidence-informed practice and professional judgement.
 - 1.7.1 Evaluates the client's progress towards expected outcomes, including monitoring the client's response to medication therapy.
 - 1.7.2 Revises plan of care to continue, adjust or discontinue a medication or device they have prescribed based on the client's responses, evidence-informed practice and in consultation with the client and health care team.
- 1.8 Applies current evidence of medication reconciliation, medication interactions, use of natural health products and complementary interventions to support safe prescribing practices.
- 1.9 Completes prescriptions accurately, completely and legibly.
- 1.10 Selects screening and diagnostic tests to inform prescribing decisions.
- 1.11 Interprets findings of screening and diagnostic tests to inform prescribing decisions.
- 1.12 Prescribes medications or devices based on the client's goals for treatment, determinants of health, health history, physical assessment, current health status and stage of life.

2. Communicator

Registered nurse prescribers are communicators who use a variety of strategies and relevant technologies to create and maintain professional relationships, share information and foster therapeutic environments.

The RN prescriber:

- 2.1 Communicates effectively with other health care team members involved in the care of the client.
- 2.2 Communicates health findings, diagnostic test results and/or the diagnoses to the client and discusses health outcomes.
- 2.3 Engages the client in their treatment plan by reviewing treatment options, including potential risks, benefits and consequences with clients.
- 2.4 Comprehensively documents relevant information clearly and accurately according to policy and best practice.

3. Collaborator

Registered nurse prescribers are collaborators who play an integral role in the health care team partnership.

The RN prescriber:

- 3.1 Collaborates with nurse practitioner(s), physician(s) and other members of the health care team when the needs of the client exceed their individual or professional scope of practice.
- 3.2 Consults with appropriate members of the health care team as necessary.

4. Advocate

Registered nurse prescribers are advocates who support clients to voice their needs to achieve optimal health outcomes. Registered nurses prescribers also support clients who cannot advocate for themselves.

The RN prescriber:

- 4.1 Advocates for organizational policy/protocol that supports safe prescribing practices for RN prescribers.
- 4.2 Advocates for the client's equitable access to prescribed medications and/or devices.

5. Educator

Registered nurse prescribers are educators who identify learning needs with clients and apply a broad range of educational strategies towards achieving optimal health outcomes.

The RN prescriber:

- 5.1 Educates clients about prescription and non-prescription medications and/or devices that they have prescribed as well as any recommended follow up.
- 5.2 Confirm the client's understanding of the education they have provided related to their prescribed medications, devices, screening and diagnostic tests.

6. Leader

Registered nurse prescribers are leaders who influence and inspire others to achieve optimal health outcomes for all.

The RN prescriber:

- 6.1 Explains the role and responsibilities of the RN prescriber to the client and the health care team.
- 6.2 Participates in the review, development and improvement of prescribing practice, such as but not limited to: quality assurance and risk management practices, prescribing auditing tracking systems and organizational policies to support safe prescribing practices.
- 6.3 Considers resource implications of screening and diagnostic tests and prescribing decisions (i.e.. cost, availability).

7. Professional

Registered nurse prescribers are professionals who are committed to the health and well-being of clients. Registered nurse prescribers uphold the profession's standards of practice and ethical values and are accountable to the public and the profession.

The RN prescriber:

- 7.1 Practises in accordance with legislative requirements, standards of practice, code of ethics and related guidelines.
- 7.2 Identifies and communicates the limits of their prescriptive authority to clients and other members of the health team.
- 7.3 Prescribes only within their competence, individual scope of practice, professional scope of practice and employment policy.
- 7.4 Articulates their professional accountability for prescribing decisions and selecting screening and diagnostic tests, including actions and omissions and cannot delegate this accountability to any other person.
- 7.5 Identifies adverse medication reactions and follows legislation and organizational reporting requirements.
- 7.6 Articulates an understanding of and adheres to federal and provincial legislation and ethics related to registered nurse prescribing decision making.
- 7.7 Maintains prescribing competence within the specific identified client population.
- 7.8 Articulates an understanding of the NSCN continuing competence requirements for RN prescribers.

8. Scholar

Registered nurse prescribers are scholars who demonstrate a lifelong commitment to excellence in practice through continuous learning while applying evidence to practice and supporting research activities.

The RN prescriber:

- 8.1 Identifies current evidence and best practice in prescribing.
- 8.2 Identifies and analyzes emerging health care evidence and technologies that may change, enhance or support prescribing practices.
- 8.3 Participates in research activities.
- 8.4 Promotes implementation of evidence-informed changes in the practice environment.

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 within an individual's role and can never be shared or delegated.

Agency: facility or organization through which health services are provided or offered (i.e. health authority, hospitals, community health centres, physicians offices, home care programs).

Client(s): the individual, group, community or population who is the recipient of nursing services and, where the context requires, includes 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 in the collaboration process.

Compassionate: the ability to recognize another's pain and suffering, experience feelings of empathy for that person and to take action to ease the suffering.

Competence: the ability to integrate and apply competencies in a designated role and practice setting.

Consultation: a request for advice on the care of a 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.

Context of practice: parameters or other factors that affect the practice of nursing, including client population, (i.e., age, diagnostic grouping), location of practice setting (i.e., urban, rural), type of practice setting and service delivery model (i.e., acute care, community), level of care required (i.e., complexity, frequency), staffing (i.e., number, competencies) and availability of other resources. In some instances, context of practice could also include factors outside of the health care sector (i.e., community resources, justice).

Continuing competence: the ongoing ability of a registered nurse or a nurse practitioner to integrate and apply the knowledge, skills and judgment required to practise safely and ethically in a designated role and setting.

Decision Support Tool: Evidence-informed resources based on but not limited to published research, clinical best practice guidelines and expert opinion (i.e. in The Canadian Immunization Guide, Public Health Agency of Canada, 2015). Decision support tools are used by RN prescribers in conjunction with their clinical judgement to ensure appropriate prescribing practices.

Delegation: transferring the responsibility to perform a function or intervention to a care provider who would not otherwise have the authority to perform it (i.e., function/intervention is within the delegating provider's scope of practice, but not within that of the care provider to whom it is being delegated). Delegation does not involve transferring accountability for the outcome of the function or intervention.

Device: Any article or health care product intended for use in the care, treatment or prevention of disease which does not achieve any of its primary intended purposes by chemical action or by being metabolized. This may include but is not limited to: wound care and ostomy supplies, diabetic supplies, contraceptives, etc.

Documentation: written or electronically generated information about a client that describes the care, including the observations, assessment, planning, intervention and evaluation or service provided to that client.

Evidence-informed practice: Practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including the client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data.

Family: those identified by a client receiving care or an individual in need of care as providing familial support, whether or not there is a biologic relationship. In matters of legal decision-making, it must be noted that provincial legislation may define family.

Health care team: providers from different disciplines, often including both regulated health professionals and unregulated workers, working together to provide care for and with individuals, families, groups, populations or communities.

Indicators: specific criteria that illustrate how standards of practice are to be applied and met and against which the actual performance of an individual registered nurse is measured.

Individual scope of practice: the roles, functions, and accountabilities which members of a profession are legislated, educated and authorized to perform. The individual scope of practice for a registered nurse is based on the scope of practice of the nursing profession and further defined by the registered nurse's specific education, experience, and context of practice (i.e., hospital, community).

Intervention: a task, procedure, treatment or action with clearly defined limits that can be assigned or delegated within the context of client care.

Leadership: is a relational process in which an individual seeks to influence others towards a mutually desirable goal. It not limited to formal leadership roles.

Nursing plan of care: an individualized, comprehensive and current guide to nursing care designed to appropriately identify priority problems, targets outcomes and specify nursing interventions to meet the client's nursing needs. It is developed by registered nurses in collaboration with other members of the health care team, including clients. These plans serve as vehicles to communicate, monitor and track progress related to nursing interventions.

Plan of care: an individualized, comprehensive and current guide to clinical care designed to identify and meet the client's health care needs. It may or may not be developed by registered nurses in collaboration with other members of the health care team, including clients.

Prescribe: to advise or authorize the use of a medication, device, treatment and/or order relevant screening or diagnostic tests for the management of a client's diagnosis. The act of prescribing involves assessing and monitoring the safety and efficacy of the prescribed medication, device or treatment.

Professional relationship: refers to the relationships within a health care team that includes both members from the same profession and members from other professions.

Professional therapeutic relationship: A client relationship that is established and maintained by the registered nurse through the use of professional knowledge, skills and attitudes in order to provide nursing care that is expected to contribute to the client's well-being. It is central to all nursing practice.

Quality Practice Environments: environments in which nurses are able to provide safe, compassionate, competent and ethical nursing care with sufficient organizational and human supports.

Refer: 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.

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 registered nurses is defined within the *Nursing Act*.

Self-employed: earning a living directly from one's own profession or business and being the owner of that business rather than as an employee earning salary or commission from another.

Self-regulation: the relative autonomy by which a profession is practised within the context of public accountability to serve and protect the public interest.

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

Standards for nursing practice: the minimal professional practice expectations for any registrant of a particular designation in a setting or role, approved by the Board.

Timely: ensuring that a response or action occurs within a timeframe required to achieve safe, effective and positive client outcomes.