NOVA SCOTIA COLLEGE OF NURSING

NURSING SCOPE OF PRACTICE
PRACTICE GUIDELINE

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

Introduction - Why Not a Skills List? 2
Scope of Practice of the Nursing Profession 2
Individual Scope 2
Scope of Employment 3
LPN Professional Scope of Practice 3
RN Professional Scope of Practice 4
RPN Professional Scope of Practice 5
NP Professional Scope of Practice 5
Determining if an Intervention Falls Within Scope 5
Determining the Most Appropriate Care Provider 6
The Three-Factor Framework 6
Client Factors 6
Nurse Factors 6
Environmental Factors 7
Key Points 7
Suggested Reading 8
Appendix A – The Decision-Making Framework 9

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

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 These lists became difficult to manage because they outdated quickly, were often incomplete and excluded interventions that were outside of the domain of clinical practice.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.

> New nurses may apply for and work under a conditional license which has restrictions or conditions on their scope of practice. For information on conditional license visit Conditional Registration & Licensure.

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, RPNs 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 as the roles, functions and accountabilities 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. Beyond entry-level competencies (BELC) are advanced knowledge, skills and judgment gained through additional education, training and clinical experience outside the core knowledge, skills and judgment obtained through basic nursing education.

> 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.

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. Nurses are accountable to recognize their own competency, practice within their individual scope of practice and seek education when required to develop competencies.

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.

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

Nurses may have competencies to perform an intervention which they are not authorized to implement in their current employment setting due to their scope of employment. Scope of employment should be informed by the context of the practice setting. As a result of this, scope of employment changes across employment settings, and nurses are accountable to know what is expected of them in their current role.

The scope of employment has significant 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 within the appropriate context of care.

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 services[1]:

- 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.

> LPNs can collaborate with any care provider with the competence to provide such collaboration. The only collaborative partner with the authority to provide nursing consultation or guidance is the RN, and in some contexts, the RPN or NP. For the purposes of this document, it is assumed the RN is the LPN's first collaborative partner.

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.

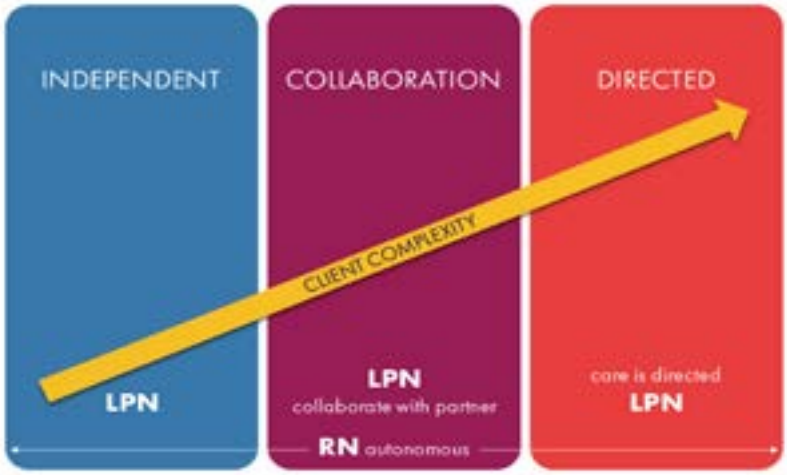
Entry-level education for LPNs in NS is at the post secondary diploma level. The education is based on *core nursing knowledge* derived from the nursing arts and physical, biological and behavioural sciences. Students are prepared at this level to respond to the expected responses to wellness and illness.

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, 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 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 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.

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]

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

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.

Clinical nurse specialists (CNS) are RNs with advanced nursing knowledge and skills, advanced judgment and clinical experience within a focused area of care. CNS do not have an expanded legislated scope of practice or a different professional designation.

Licensed Practical Nurses, Registered Nurses and Registered Psychiatric 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)

The RN prescriber is a nurse with an expanded scope of practice that enables them to prescribe medications and devices and order relevant screening or diagnostic tests within their specific area of prescribing competence and practice. RN-APs have completed additional education and have met additional registration requirements.

RPN Scope of Practice

Registered Psychiatric Nurse (RPN) practice is described as the provision of nursing services through the application of specialized and evidence-based knowledge of psychiatric nursing theory, health and biological, physical, behavioral, psychosocial or sociological sciences inclusive of the principles of primary health care.

The title "Registered Psychiatric Nurse" or 'RPN' is protected in Nova Scotia, therefore only registered psychiatric nurses who demonstrate the competencies for RPN practice and meet the regulatory requirements of NSCN are licensed as an RPN and can use this title.

Entry-level education for RPNs is an undergraduate psychiatric nursing program. This may be a baccalaureate program or a three year diploma in psychiatric nursing. RPNs study from the same body of nursing knowledge as other nursing designations.

RPNs are autonomous practitioners authorized to provide nursing services independently in a variety of settings, for individuals of all ages, families, groups, and communities, for clients with advanced psychosocial, mental health and physical needs regardless of their complexity. They have foundational knowledge of biological and physical sciences and have general medical and surgical nursing competencies. RPNs may further develop their general medical surgical competencies with additional post entry level education.

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 nurse practitioner or 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.

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

3 For full definition see the Nursing Act Section 174 (2) and RN Act Section 2 (ak)

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 supports (e.g. authorizing mechanisms) 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.

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 preform 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.

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

> 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 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 biopsycho-social, 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, RNs, RPNs and NPs 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 authorizing mechanisms such as 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
• The client needs are known • The intervention is part of an established plan of care • The client's response(s) to the intervention are known, consistent over time, or readily anticipated	• The intervention is within the nurse's scope of practice • The nurse has the necessary knowledge, skill and judgement (competence) to safely perform the intervention • The nurse is able to predict and manage the outcomes of their actions and/or the client's response to the intervention	• There are sufficient resources (e.g., staff, policy, and equipment) in the practice environment to support the client or the nurse if necessary • 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 (and in some contexts the RPN). If the factors are not in alignment the intervention would more likely be appropriate for RN (or in some contexts RPN) practice. If the intervention is determined to be more appropriate for the RN or the RPN, further evaluation should include an assessment of the RN or RPN's individual scope of practice to determine if the intervention falls within this scope. There may be times and contexts of practice when the NP is the most appropriate nurse to carry out the intervention.

If it is determined within the specific practice context the intervention is appropriate for the LPN, and the collaboration with the RN or RPN has to increase in frequency due to complexity of the client it may become

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

a barrier for care. In this case the intervention should be carried out by the RN or RPN (as appropriate). This doesn't necessarily mean the entire care of the client is moved to the RN or RPN (as appropriate), 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 (RPN in some contexts).
- Entry-level education for RNs 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 provides more professional autonomy.
- RPNs entry level education has a comprehensive focus on mental health, mental illness, while integrating physical health.
- NPs study longer than RNs, RPNs 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, RN or RPN.
- Determining if an intervention 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
- Entry Level Competencies for RPNs
- Nurse Practitioner Practice Guideline
- Conditional License FAQ
- RPN FAQ

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

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 employer 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 employer's risk management department;
  - NSCN; or,
  - The Canadian Nurses Protective Society for RNs, RPNs and NPs or Lloyd Sadd for LPNs.
- ☐ 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.

EMPLOYER 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 employer support the proposed intervention within the nurses' context of practice?
- ☐ Is the employer 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 safety preform 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 has the employer identified an appropriate person 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 the employer lacks the resources 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