You are working in a clinic when a client arrives with a new-fangled line in situ requiring ongoing care. This includes administration of medications and line maintenance, such as, flushing and changing. What do you do? The first question often raised is, “Am I allowed to do anything?” ARNNL’s new Scope of Practice: Definition, Decision-Making, and Delegation document approved by ARNNL Council in June, should make it easier for you to find the answers to this type of question. Read on to learn more!

What’s new in the document?

Three things in the new Scope of Practice document have changed: 1) language, 2) approval process, and 3) lists.

All new and emerging competencies, above and beyond what is taught in the basic nursing education program, as well as competencies that had been classified as advanced nursing and/or medical nursing shared skills, are collectively called specialty competencies. To determine if you can perform a specialty competency you will need to go through your agency/board specific review process which is based upon the new ARNNL decision-making principles and criteria. ARNNL and College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) approval will no longer be required. A provincial list of approved nursing specialty competencies will not be maintained. Agencies may keep their own list for internal purposes, such as, for use in orientations and performance reviews.

Why Change?

The old approval process ARNNL followed was very time consuming as it involved provincial and interdisciplinary consultation, and thus delayed timely implementation. The centralized decision-making process also limited health agencies’ ability to make decisions based upon their client needs, area resources, and furthermore, limited opportunities for RNs to make judgments about the boundaries of their practice. The old list of advanced and medical nursing skills was neither exhaustive nor exclusive and did not capture the complexity or holistic nature of nursing practice or keep up with the new skills required in today’s rapidly changing health system.

What is ARNNL’s role now?

ARNNL is responsible for regulating RN practice in NL. We set the standards that RNs apply within their practice setting. Approving the specific competencies that a professional RN can do, is micromanagement. The legislation governing the practice of nursing in our province does not mandate this level of detail or approach to determining the scope of nursing practice. Consequently, ARNNL has introduced a mandatory but more flexible framework. We will continue to assist nurses and agencies on scope of practice questions as requested.

Has the definition of RN scope of practice changed?

No. ARNNL defines the scope of RN practice as the range of roles, responsibilities and activities for which the RN is educated and authorized to perform. The key clause in this definition is the reference to being educated and authorized. Education refers to both formal and informal learning. Authority occurs at two levels: 1) what is required in legislation and national/provincial standards, and 2) what is specified in agency policies. The latter will now have more of a direct influence on your actual practice.

What are specialty competencies?

Competencies are defined as the integrated knowledge, skills, attitudes, and judgment required to safely and effectively practice nursing. Competencies reflect what is required to function in a specific role or practice setting. Specialty Nursing Competencies are identified as activities currently practiced and new/emerging interventions that involve a higher level of complexity then entry level competencies in application and/or critical thinking. The concepts underlying these competencies may have been introduced in a basic nursing education program but further learning and/or experience must be obtained through continuing education before these competencies can be implemented in clinical practice.
What are the principles and criteria for determining my scope of practice?

The principles mandate that scope of practice decisions must reflect client needs, competency of available professionals, and the context of practice. A step-by-step process is provided to stimulate a consistent and comprehensive critical evaluation of proposed new specialty nursing competencies.

Are there competencies that cannot be added to the scope of nursing practice?

Decisions regarding performance of non-delegated acts cannot be made at the agency level. Non-delegated competencies are defined as activities that are articulated in legislation, or directives arising out of legislation (e.g., regulations, agency by-laws) to be the exclusive domain of a particular profession or professions. Authority to perform competencies in this category by members of another discipline requires a change in the related legislation or delegation of function. There is no consolidated list of competencies that are not delegated to nursing. To find out if a competency falls in this category will require homework: We will help as requested.

What happens in emergency situations?

Our professional standards identify that we are to “provide the best care we can in the circumstances”. If you find yourself in situations where you are required to perform competencies outside of the approved scope of nursing practice within your agency, do the best you can and report the situation to administration. If the practice occurs routinely the competency in question must go through the agency approval process.

What needs to be set up in our agency before a new competency can be implemented?

Agencies must first develop or adopt a standard review process for their organization that reflects the ARNNL principles and criteria outlined in the document. This includes the identification of the agency authority and procedure, whereby scope of practice requests are submitted, reviewed, and approved. A sample of review criteria is provided in the document.

Do we need permission from the College of Physicians and Surgeons (CPSNL) to make this change?

No. The authority to change the way nursing scope of practice decisions are made is within ARNNL's mandate. However, we have kept CPSNL informed of our activities and sought their input throughout the process as appropriate. Within the new process it is mandatory that collaboration occurs between all relevant parties, which will likely involve physicians and the local medical advisory committee.

What happens with the old list of advanced and medical nursing shared skills?

The list and related document has been rescinded and replaced with the new document. Nurses can continue to practice the skills previously approved as nursing practice by ARNNL and their employing agency. Although competencies previously identified as non-delegated, are no longer restricted by ARNNL, the new agency based approval process must be followed before the competency can be introduced into practice.

Does this apply to NPs?

As RNs the processes outlined can also apply to NP competencies. However there are additional regulations, guidelines, and protocols in effect which determine NP roles and responsibilities. NPs can contact the ARNNL Consultant for Advanced Practice & Administration for further information.

What happens if I am self-employed?

The decision-making processes can still be followed. However, as you may be challenged to meet all the outlined criteria, self-employed nurses are required to seek counsel from ARNNL.

What does this document replace?

This document replaces the following ARNNL documents: Scope of Practice (1995) and the Advanced Nursing Medical Nursing Shared Skills (1993) document and its most recent Appendix.

Where can I get a copy of the new document?

The Scope of Practice: Definition, Decision-Making, and Delegation document is available on www.arnnl.nf.ca. Copies have been/will be forwarded to select nursing leaders and educators throughout the province and to all holders of the ARNNL Resource Manual.

Where can I learn more?

You can contact me by phone 753-6193; 1-800-563-3200 or email lpower@arnnl.nf.ca. And participate in a special ARNNL teleconference scheduled for Tuesday October 31st, 1415-1530hrs. I am also available to visit your agency.

Conclusion

Supporting nurses to work to their full scope of practice has been a common cry heard from nurses, published in research papers, national advisory committee reports, and reflected in government policy and union proposals. ARNNL has responded by creating a new approach to RN scope of practice decision-making, one that is based upon professional values and reflective of available supports and client needs.