Scope of Practice for Nurse Practitioners

(Not in effect until approved)

Purpose

This document applies to nurse practitioners (NPs), neonatal NPs, and graduate NPs (GNPs), herein referred to as registrants unless otherwise specified. This document outlines the scope of practice for registrants in Alberta. Its purpose is to protect the public through clear, consistent expectations about what registrants are educated, authorized and competent to do. It applies whenever registrants plan, provide, or evaluate care, decide to enter a new area of practice or perform **RESTRICTED ACTIVITIES**[1], in any practice setting.

This document explains when and why registrants may provide care. It sets the limits of practice through legislation, standard of practice and regulations and confirms that registrants are accountable to both the registered nurse (RN) and NP scope of practice. It clarifies that practice settings and local requirements may restrict how or where services are delivered but cannot expand scope beyond what legislation and regulations permit. Individual competence determines what each registrant may safely provide.

Registration Categories in Alberta

Under Alberta's *Health Professions Act* (HPA), registrants are regulated as a single profession. The College of Registered Nurses of Alberta (CRNA) issues two types of practice permits:

- **Nurse Practitioner:** Authorizes care across the lifespan in diverse practice settings. This does not include authorization to provide neonatal intensive care. The neonatal NP is an authorization on the NP permit that allows the registrant to provide specialized care for premature and critically ill **NEONATES**. This authorization is population-specific and requires neonatal NP education and clinical preparation. It is acceptable to use the title neonatal NP and the abbreviation NNP.
- **Graduate Nurse Practitioner:** A time-limited registration category available to graduates of either NP or neonatal NP programs who have not yet met all registration requirements. A GNP practices in accordance with the CRNA standards, including the

1 Words and phrases displayed in BOLD CAPITALS upon first mention are defined in the Glossary.

limits on activities they are not authorized to perform. A GNP may provide care only with supervision as required by the CRNA's supervision standard.

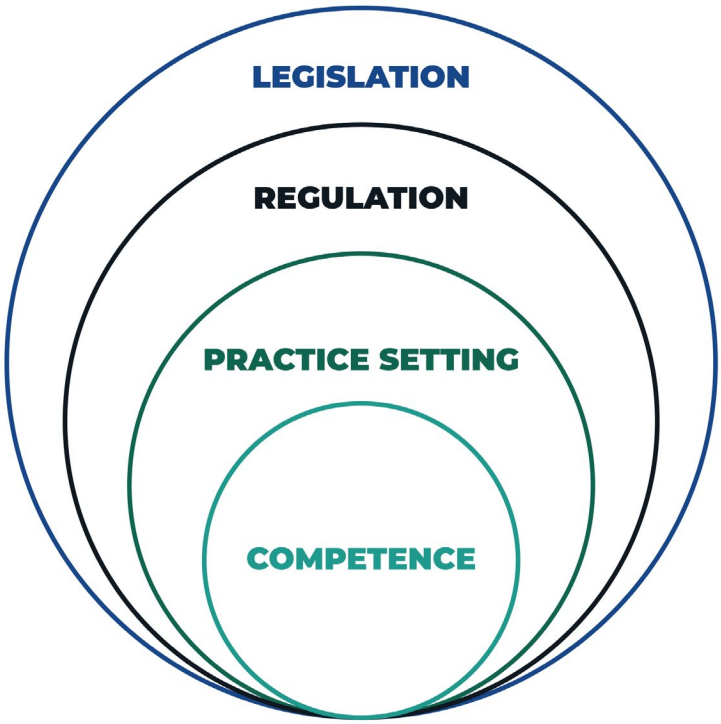
Practice permits are not interchangeable. To change from one permit type to the other (e.g., NP to neonatal NP or vice versa), registrants must successfully complete the required approved education program and meet the CRNA registration requirements. Registrants may hold both NP and neonatal NP permits if they meet the requirements and remain competent in both roles.

Note: As of the 2026-2027 registration year, registrants previously permitted under All Ages, Adult or Child will transition to the NP permit through regular renewal Neonatal NP permits are not affected by this transition, as they are already registered under a separate population-specific category.

Registrant Scope of Practice in Alberta

Registrants are autonomous, licensed health professionals with graduate-level education and advanced clinical preparation. Their scope of practice builds on the RN foundation and includes additional authority to independently assess, order and interpret diagnostic tests, diagnose, prescribe and perform procedures consistent with registrant practice.

Registrants work both independently and collaboratively, applying clinical expertise and **EVIDENCE**-informed practice to promote health, prevent illness and provide person-centred, culturally safe care.



Legislation

Schedule 24 of the HPA defines the scope of practice and protected titles for both RNs and NPs. The legislated practice statement in Schedule 24 applies to the profession of nursing and encompasses all CRNA registrants.

The *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s. 60) authorizes NPs to perform all restricted activities permitted to RNs, as well as additional restricted activities specific to NP practice, as per the CRNA restricted activities standard.

Registrants must comply with all applicable federal and provincial legislation. Despite registrant authorization under Alberta legislation, some laws and policies may not recognize registrant authority for particular activities; registrants are responsible for being aware of and adhering to legislation that affects their practice.

Regulation

Registrants are regulated by the CRNA. The CRNA:

- establishes entry-level competencies and standards of practice
- sets registration and continuing competence requirements
- establishes, maintains and enforces the code of ethics
- manages complaints, investigations and discipline

Practice Setting

Registrants practice in diverse health-care environments, providing a wide range of health services. The scope of a registrant's role may vary based on population needs, service models, practice setting and health-system priorities. While practice settings may determine the registrant role, the practice setting cannot expand what is authorized. Scope is determined by legislation, the CRNA restricted activities standard and the registrant's competence.

In some settings, additional requirements (e.g., employer policy) may limit services. Registrants are responsible for knowing and following the requirements that apply to their practice context.

Competence

Registrants are responsible for maintaining and demonstrating competence throughout their career. Competence means having the knowledge, skills and judgement to provide safe, effective care. Entry-level NP education prepares registrants to practice across the lifespan and in diverse settings, as outlined in CRNA's *Entry-level Competencies for Nurse Practitioners*. Registrants with a neonatal NP permit must complete additional population-specific education and clinical preparation. Holding a permit does not, on its own, expand a registrant's competence. Competence must be continuously developed through formal and informal learning. Registrants must provide only the care they are competent to provide.

SIGNIFICANT CHANGES IN PRACTICE

The registrant permit authorizes practice across the lifespan for NP permits or within the neonatal population for neonatal NP permits. However, this does not override the professional requirement to practice only in areas where you are competent.

When planning to change or expand scope, such as entering a new clinical area, performing unfamiliar procedures or serving a different population, registrants must take reasonable steps to ensure they are prepared for safe, competent practice.

Preparation may include completing education and practice support (e.g., mentorship) until competence is demonstrated. The steps should match what is needed to achieve competence and will vary by registrant and situation. A smaller change (e.g., adding a new skill in the same setting) may require a targeted course and practice support from an experienced peer, while a larger change (e.g., changing populations) may require formal coursework and structured supervised time with a preceptor.

Registrants are expected to keep documentation that shows how competence was achieved and maintained. This expectation applies to both new and experienced registrants and reflects their ongoing professional responsibility.

Professional Role and Responsibilities

Registrants assess, diagnose, treat and manage health conditions, provide preventative care and coordinate services across a wide range of practice settings. They may serve as part of a patient's care team, **MOST RESPONSIBLE PRACTITIONER (MRP)** or **NP CLINIC DIRECTOR**.

Across all practice settings, registrants are responsible for

- conducting advanced health assessments,
- making and communicating medical diagnoses,
- ordering and interpreting **DIAGNOSTIC TESTS**,
- prescribing pharmacotherapy,
- performing procedures and interventions,
- monitoring patient outcomes and adjusting care accordingly,
- providing follow-up care, education, and health promotion,
- referring to other health professionals and providing consultation as required, and
- admitting, transferring and discharging patients in accordance with organizational policies and the practice setting.

Registrants are accountable for role clarity and for working within the responsibilities authorized as defined by legislation, the CRNA standards and relevant policies.

Transition to Registrant Practice and Mentorship

Although registrants are authorized to practice autonomously, the transition from RN to NP involves a significant shift in responsibility, decision-making and scope of practice. Mentorship and peer support are important for developing and maintaining competence, especially in early practice or during significant changes in practice.

New registrants are encouraged to seek environments that provide:

- opportunities for mentorship and collaboration
- access to experienced peers
- team-based care models that support consultation and shared learning

Regardless of setting, registrants should identify and maintain both formal and informal professional support that allow for reflection, shared learning and ongoing development.

Glossary

DIAGNOSTIC TEST – Includes diagnostic imaging, laboratory tests, and other assessments used to detect, diagnose, monitor, or rule out health conditions.

EVIDENCE – Knowledge derived from research and other credible sources that support decision-making in registrant practice.

MOST RESPONSIBLE PRACTITIONER (MRP) – The regulated health professional designated as having overall responsibility for directing and coordinating a patient's care. In primary care, the MRP is typically the patient's longitudinal primary care provider. In other settings, such as hospitals, the MRP may be the NP responsible for a defined episode of care.

NEONATE – A newborn infant, or neonate, refers to a baby in the first 28 days of life, a period marked by the highest risk of morbidity and mortality (World Health Organization, n.d.).

NP CLINIC DIRECTOR – An NP designated to oversee clinical operations. GNPs cannot hold this role. The Clinic Director ensures alignment with legislation, CRNA standards, and applicable policies.

RESTRICTED ACTIVITIES – High risk activities that require specific competencies and skills to be carried out safely and are listed in the HPA (2000) and the *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) that are part of providing a health service. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity.

References

Health Professions Act, RSA 2000, c H-7. https://kings-printer.alberta.ca/documents/Acts/H07.pdf

Health Professions Restricted Activity Regulation, Alta Reg 22/2023, s 60. https://kings-printer.alberta.ca/documents/Regs/2023_022.pdf

World Health Organization. (n.d.). *Newborn health*. https://www.who.int/westernpacific/health-topics/newborn-health#tab=tab_1