

Fitness to Practise: Standards for Registered Nurses and Nurse Practitioners

(Not in effect until approved)

Purpose

This standard applies to registered nurses and nurse practitioners, herein referred to as **REGISTRANT(S)**.¹ The purpose of this standard is to safeguard the public by promoting and ensuring registrants are fit to practise. **FITNESS TO PRACTISE** necessitates that a registrant has and maintains their physical and psychological (emotional, behavioural and cognitive) capacity to fulfill all aspects of practice. When a registrant is experiencing circumstances that may impact their ability to practise safely and competently, they are professionally and ethically accountable to take steps to address the issue(s). In some cases, this may involve seeking appropriate support to ensure continued practice.

Criteria

To meet this standard, registrants must meet the following criteria.

The registrant must

1. Engage in professional practice only when they are fit to do so.
2. Take responsibility to maintain the physical and psychological (emotional, behavioural and cognitive) capacity necessary to deliver safe, competent and ethical care.
3. Continually monitor and assess their fitness to practise, seek appropriate support when necessary and take action to ensure continued safe, competent and ethical care.
4. Be aware of factors that may impact fitness to practise, including both personal and professional factors that may include:
 - 4.1. Health, physical, cognitive, psychiatric or emotional conditions, whether acute or chronic.

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

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- 4.2. HIGHER-RISK SUBSTANCE USE or SUBSTANCE USE DISORDER**, current or past issues with alcohol, drugs or medications that impair performance.
- 4.3.** Fatigue and stress, arising from personal, professional or systemic pressures that negatively impact practice on a continual basis. Working **EXTRA HOURS** is a common cause of fatigue and stress, which may negatively impact patient care and safety.
- 4.4.** Treatment side effects, impacts of medications or medical interventions that affect function.
- 5.** Promptly take appropriate action if a physical or psychological (emotional, behavioural and cognitive) condition impacts their fitness to practise.
- 6.** Manage follow-up care in accordance with the College of Registered Nurses of Alberta (CRNA) standards when it is determined practice changes that impact continued patient care are required due to fitness to practice-related conditions. Continually assess fitness to practise when deciding to work extra hours.
- 7.** Document concerns related to requests or requirements to work extra hours that give rise to safety concerns for patients, coworkers or themselves, and provide written documentation of their concerns to the employer.

Professional Responsibility to Report

The registrant must

- 8.** Self-disclose the following to the employer and CRNA (self-employed registrants must take immediate steps to manage any associated patient risks):
 - 8.1.** Any present physical, cognitive, mental and/or emotional condition that negatively impacts, or is likely to impact the registrant's work. Conditions would include but are not limited to, the following:
 - a.** Conditions affecting primary senses: vision, hearing, etc.
 - b.** Neurological conditions affecting cognition, motor or sensory function, seizure disorder.
 - c.** Psychiatric conditions.
 - d.** Substance use disorder.
 - e.** Higher-risk substance use.
 - f.** Physical disability.

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- g. All forms of diverted substances, working while intoxicated, possession or distribution of controlled substances, or **FRAUD**.
 - h. Any instance where a registrant is employed and they are placed on probation or are terminated due to these issues.
9. Recognize when a colleague (or employee), or another professional's ability to practise safely, may be compromised and take appropriate steps to ensure timely intervention when required.
- 9.1. Notify the employer (if applicable) first so that action may be taken for patient and public safety.
 - 9.2. Reporting a colleague to the appropriate regulatory body is required if an employer has not effectively managed patient safety.
 - 9.3. When working with a student, notify the clinic or academic leader overseeing the student.
10. Record objective notes with dates and times of signs and symptoms of substance use disorder or high-risk substance use, when evident.
11. Only include documentation in a patient's record when the event is related to an instance involving patient care or patient harm occurred.

Glossary

EXTRA HOURS – “The number of hours worked during the reference week in excess of the usual hours reported in the main job” (Statistics Canada, 2011). These additional hours of work may take the form of planned or unplanned overtime, mandatory overtime, staying on after the end of a shift, or working extra shifts on scheduled days off or during vacation time.

FITNESS TO PRACTISE – Is a registrant's capacity to meet the CRNA standards of practice and the *Code of Ethical and Professional Conduct for Registered Nurses and Nurse Practitioners*, through professional conduct, clinical competence and the ability to provide safe and effective care. Being fit to practice includes having the physical and psychological (emotional, behavioural and cognitive) capacity to fulfill all aspects of nursing practice.

FRAUD – “Fraud consists of some deceitful practice or willful device, resorted to with intent to deprive another of their right, or in some manner, cause injury” (The Law Dictionary, 2025).

HIGHER-RISK SUBSTANCE USE – “Use that has harmful and negative impact on a person, their family, friends and others” (Government of Canada, 2024).

REGISTRANT(S) – Includes registered nurses (RNs), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs), graduate nurse practitioners (GNPs), and RN or NP courtesy registrants on the CRNA registry.

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SUBSTANCE USE DISORDER – “A treatable medical condition that affects the brain and involves compulsive and continuous substance use despite negative impacts to a person, their family, friends and others” (Government of Canada, 2024).

References

Acorn, M. (2015). Nurse practitioners as most responsible provider: Impact on care for seniors admitted to an Ontario hospital. *International Journal of Nursing & Clinical Practices*, 2(1). <http://dx.doi.org/10.15344/2394-4978/2015/126>.

The Law Dictionary. (2025). *Fraud*. <https://thelawdictionary.org/fraud/>.

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Statistics Canada. (2011). *Guide to the labour force survey*. <http://www.statcan.gc.ca/pub/71-543-g/71-543-g2011001-eng.pdf>.