



# Scope of Practice for Registered Nurses

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## Purpose

The purpose of this document is to articulate the **SCOPE OF PRACTICE**<sup>1</sup> of registered nurses (RNs) in Alberta, while outlining the boundaries of that practice for understanding by the public, **CLIENTS**, RNs and other stakeholders. Scope of practice refers to the interventions that RNs are authorized, educated and competent to perform. It further identifies and describes the domains of RN practice, as well as specific roles and responsibilities of RNs.

RNs are autonomous health-care professionals who practise collaboratively with others to enable individuals, families, groups, communities and populations to achieve their optimal levels of health and well-being. RNs use their diverse knowledge to deliver direct health-care services, coordinate care, and support clients in managing their own health throughout the continuum of care and at all stages of life. RNs view people as being unique and complex. RNs assess clients in the context of the whole person, to understand and effectively promote health and well-being according to individual life experiences and circumstances, health needs and goals.

RNs contribute to the health-care system by using their full breadth and depth of nursing knowledge, skills and competence in supporting and enhancing client-centred, culturally safe and inclusive practice across a wide range of settings: in clinical practice, administration, education and research.

## Scope of Practice Principles

1. The focus in scope of practice decisions is safe, competent and ethical care to clients.
2. The legislative boundaries of the RN profession's scope of practice in Alberta are broad to respond to client health-care needs and to optimize health outcomes. Legislation authorizes RNs to provide **HEALTH SERVICES** and restricted activities. This does not mean that in all settings or for all clients, every RN should provide every service or restricted activity allowed by legislation and regulation.
3. RNs are accountable and responsible for their own practice and expected to follow the requirements of legislation, regulations and standards of practice. Clear responsibility and **ACCOUNTABILITY** are fundamental to providing safe, competent and ethical care.
4. RNs are accountable for assessing their own **COMPETENCE** and making reasonable judgements to determine whether they should perform an intervention, or if it is beyond their scope of practice.

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<sup>1</sup> Words or phrases displayed in **BOLD CAPITALS** upon first mention are defined in the glossary.

5. The practice of RNs cannot be reduced to a list of tasks or interventions that are performed, as the complexity of practice includes assessment, critical thinking, priority setting, problem solving, and the ability to respond to a rapidly changing physical or psychological state of the client. The ‘hands-on’ and technical aspects of care are integrally related to the cognitive aspects of care and cannot be separated.
6. Many factors influence the scope of practice of an individual RN, such as client needs, the competence of an RN, employer requirements, and the practice environment.

## Scope of Practice Within a Regulatory Framework

### For the Registered Nurse Profession

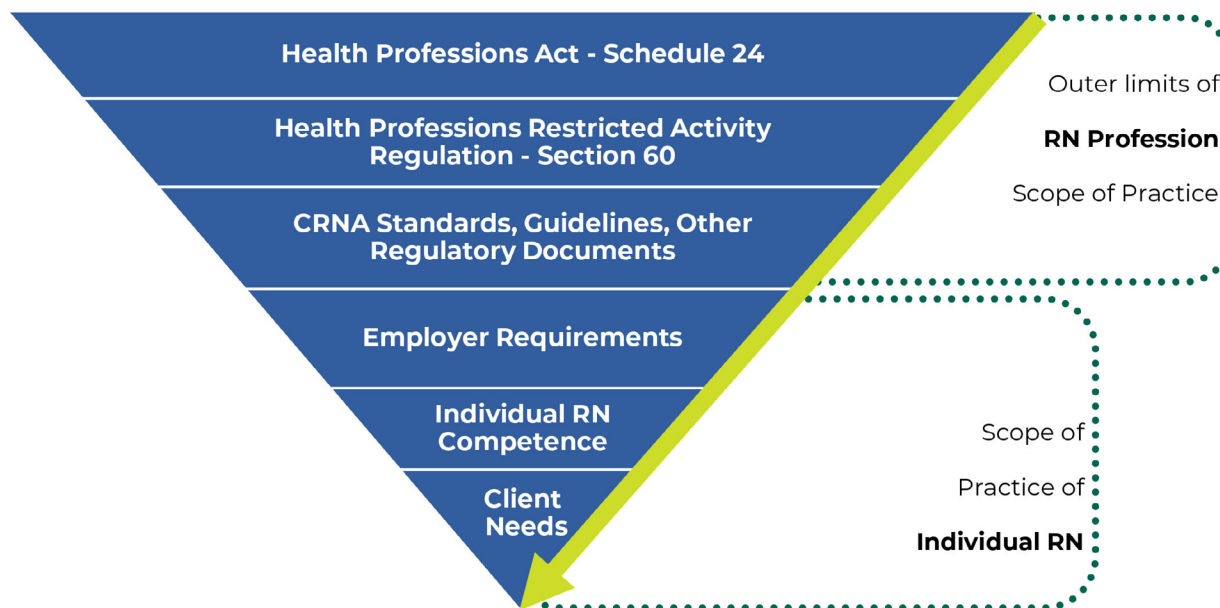
The overall scope of practice for the RN profession is described in Schedule 24 of the *Health Professions Act* (HPA, 2000), the *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) and in the CRNA standards of practice, guidelines, and other regulatory documents. These set the outer limits of practice for all RNs in Alberta and is illustrated in Figure 1. Figure 1 illustrates authorities that establish the scope of practice boundaries of RN practice within a regulatory framework.

### For Individual Registered Nurses

Foundational nursing education obtained in an entry-level nursing education program, forms the base of the scope of practice of an individual RN. RN practice is dynamic and evolving and continues to advance with emerging evidence and technologies that may change, enhance, or support health care. Through an RN’s professional experience, continuing professional development, and individual competence, the scope of practice is shaped by specific experiences in response to client needs.

The CRNA’s *Entry-Level Competencies for the Practice of Registered Nurses* (2019), establishes the foundation for nursing practice and outlines the **COMPETENCIES** that RNs must meet at entry to the profession and throughout their careers. The scope of practice of an individual RN is generally narrower than that of the profession and is influenced by the needs of their clients, the practice setting, employer requirements, and their competence.

Figure 1: Scope of Practice Regulatory Framework



## Legislation

The HPA (2000) regulates health professions using a model that allows for non-exclusive, overlapping scopes of practice. No single profession has exclusive ownership of a specific restricted activity or health service, and different professions may provide the same intervention. The regulated health-care professional of each profession is responsible and accountable for the care they provide. Under the HPA, each regulated health profession has a legislated practice statement.

Schedule 24, Section 3 of the HPA (2000), defines the practice of the profession of registered nurses and encompasses all the interventions in which RNs provide:

- 3 In their practice, registered nurses do one or more of the following:
  - (a) based on an ethic of caring and the goals and circumstances of those receiving nursing services, registered nurses apply nursing knowledge, skill and judgment to
    - (i) assist individuals, families, groups and communities to achieve their optimal physical, emotional, mental and spiritual health and well-being,
    - (ii) assess, diagnose and provide treatment and interventions and make referrals,
    - (iii) prevent or treat injury and illness,

- (iv) teach, counsel and advocate to enhance health and well-being,
  - (v) coordinate, supervise, monitor and evaluate the provision of health services,
  - (vi) teach nursing theory and practice,
  - (vii) manage, administer and allocate resources related to health services, and
  - (viii) engage in research related to health and the practice of nursing,
- and
- (b) provide restricted activities authorized by the regulations.

## Restricted Activities

Restricted activities are high risk activities performed as part of providing a health service that require specific competencies to be carried out safely by authorized persons. The HPA (2000) provides authority to the regulatory college (the CRNA) to adopt standards of practice that set the minimum expectations for how a **REGISTRANT** performs a restricted activity, who is permitted to perform the restricted activity under the supervision of a registrant, and how a registrant must supervise persons who provide restricted activities under the registrant's supervision. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity. The breadth and depth of the scope of practice for the RN profession is not solely encompassed by restricted activities alone.

The *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) authorizes the restricted activities RNs may perform. However, the authorization of restricted activities in the regulation **does not mean that an individual RN can perform any restricted activity in any situation, in any clinical practice area**. RNs must refer to the *Restricted Activities Standards* (CRNA, 2022b) for direction and expectations related to the performance of restricted activities. The *Incorporating a Restricted Activity into Practice: Guidelines* (CRNA, 2022a) provides regulatory guidance and a decision-making framework regarding whether a specific restricted activity should become part of an individual RN practice, in a specific practice area.

## Domains of RN Practice

The following are the four domains of RN practice:

- clinical practice
- administration
- education
- research

Schedule 24 does not specifically refer to policy in the practice statement for the profession of RNs, however the CRNA's *Entry-Level Competencies for the Practice of Registered Nurses* (2019) and *Practice Standards for Registrants* (2023b) demonstrate that practice in policy is considered part of RN practice.

Although clinical practice is fundamental to RN practice, the other domains are essential to the contribution of the provision of client care by

- supporting and enabling direct care providers
- developing and communicating knowledge and policy, and
- ensuring that the necessary resources are in place for safe, competent and ethical care.

RNs may practice in more than one domain within the context of their role. Regardless of the RN's domain of practice, all RNs are accountable to meet the expectations of the CRNA standards of practice, the responsibilities outlined in the CRNA adopted *Code of Ethics for Registered Nurses* (Canadian Nurses Association [CNA], 2017), the CRNA guidelines, and other regulatory documents, follow employer requirements, and practice within their own competence.

## Clinical Practice

RNs in clinical practice provide health services to help clients achieve their optimal level of health and well-being. In providing health services, RNs integrate the following roles as outlined in the CRNA's *Entry-level Competencies for the Practice of Registered Nurses* (2019) to provide safe, competent and ethical care in any practice setting:

- clinician
- professional
- communicator
- collaborator
- coordinator
- leader
- advocate
- educator
- scholar

The role of the RN in the clinical practice domain includes the assessment, planning, provision and coordination of care, ongoing communication and collaboration with other health-care professionals, supervision of regulated and unregulated health-care providers providing care, and monitoring and evaluating the provision of client care and health services.



The breadth and depth of knowledge of an RN enables comprehensive assessment of client needs, available resources, the context in a practice setting, and many other factors in complex and often rapidly changing situations. Safe and effective care requires critical thinking and accurate interpretation of complex information from a variety of sources: client data, environmental factors, diagnostic test results, and information from other professionals. RNs must use astute observation, sound judgment, decisive action, and problem solving when monitoring client progress and evaluating care. RNs demonstrate **EVIDENCE-INFORMED** practice, and participate in and lead research, quality improvement activities, and policy development to promote quality client care by ensuring nursing interventions are supported by evidence-informed rationale.

RNs establish and maintain **THERAPEUTIC RELATIONSHIPS** with clients and their families to provide nursing care expected to contribute to health and well-being. Using their broad knowledge base, innovative abilities and facilitative skills, RNs work collaboratively with clients, families, and other health-care professionals to plan, assess, deliver, and evaluate care according to individual needs and goals.

As members and leaders of inter/intra-professional teams, RNs effectively coordinate care as they possess the knowledge, skills and judgment to appropriately assign client care to other regulated or unregulated health-care providers. This optimizes the skills of team members and provides the most appropriate level of care by the most appropriate provider. The *Coordination of Client Care Guidelines* (CRNA, 2023a) provides guidelines and a decision-making framework for the coordination of client care at point-of-care to ensure registrants: make effective decisions using health-care providers for safe, ethical and competent care; understand their accountability and responsibility for coordination of client care, and; recognize the interconnectedness of the client needs, the health-care provider competencies, and the context of the practice environment during the decision-making processes.

## Administration

RN administrators direct and influence the work of others to enhance an organizational culture of a professional and safe practice environment. The goals of nursing administration practice include quality outcomes focused on safety, obtaining the required infrastructures that seek to meet the expectations of clients, the profession, and society. Nurse administrators

- are responsible for addressing issues that affect delivery of services to clients as well as issues on the employee or student level;
- create an environment that facilitates and encourages staff to engage and demonstrate accountability for their own practice;
- help define the culture and values of the organization, facility, or team;
- foster trust, collaboration, communication and goal setting; and
- strive for excellence among and across the continuum of care, and the populations they work with or affect.

## Roles and Settings

The role of the nurse administrator is multifaceted. It requires broad-level thinking, and skill in understanding and balancing business duties and obligations with the ongoing commitment to nursing. Achieving this balance can cause tensions or even conflicts of interest, as they seek to enhance quality nursing practice in organizations with values and resources that may not always reflect those of nursing. However, nurse administrators must act as RNs first by upholding the values of nursing (American Nurses Association, 2016), following the *Practice Standards for Registrants* (CRNA, 2023b) and *Code of Ethics for Registered Nurses* (CNA, 2017) when experiencing any conflicts of interest or unsafe practice situations.

Nursing administration practice occurs in a wide variety of settings within private enterprises and the public sector, in large or small health-care facilities, integrated delivery systems, corporate health-care companies, professional organizations, academic settings, research facilities, government agencies, communities, correctional institutions, military health-care entities, and other settings. Nursing administration roles are also differentiated by their level of oversight and influence such as: system-wide, organization-wide, service/department/program, unit/team-wide, and project-based. Nurse administrators at every level must develop both management and leadership skills to be effective administrators. Good management skills require leadership to create a vision, and good management skills are necessary for leadership to effectively achieve outcomes (Scully, 2015).

Regardless of the setting or level of oversight, the following themes permeate all nurse administrator roles:

- safety, quality, and risk management
- advocacy
- building trust and accountability
- knowledge of business practices and processes
- optimizing care delivery and outcomes
- resource management
- collaboration
- mentorship

## Education

An RN in the education domain may focus on educating students in nursing, other health profession programs, RNs, other regulated professionals and/or unregulated health-care providers. RNs in the education domain use their in-depth knowledge and skills of education to support members of the health-care team as they care for clients, promote safe, competent and ethical care, and help nursing students enter the profession by planning, implementing, and evaluating nursing curricula.

Nursing education practice occurs in a wide variety of settings. Within an academic setting, the RN in an educator role ensures the development and implementation of a broad-based educational preparation for students that includes knowledge and skills from nursing and related disciplines to meet the complex health needs of clients in constantly evolving practice environments.

Nurse educators create a learning environment that facilitates student development and socialization using a variety of strategies to assess and evaluate learning and curriculum. Nurse educators engage in scholarship, and act as change agents and leaders for improvement in education and nursing (National League for Nursing, n.d.).

The RN in a clinical educator role promotes and facilitates staff in providing safe, competent, and ethical care through developing and implementing a variety of learning opportunities such as orientation programs, preceptorship and mentoring programs, and continuing professional development opportunities in the work environment.

## Research

RNs in the research domain have advanced knowledge and skills to generate high quality evidence through research activities.

In conjunction with practitioners, they identify and consider knowledge gaps and establish research priorities. RNs in the research domain review health-care evidence, ask questions, test hypotheses, highlight implications and disseminate findings. The nurse researcher validates and refines existing knowledge and generates new knowledge that influences all domains of nursing. From the knowledge generated, the nurse researcher engages in knowledge transfer, translation, and exchange to communicate relevant findings of the results of research to those who require this information (CNA, 2018). This exchange of knowledge is then used to support and guide nursing practice by informing decision-making and influencing policy to improve client outcomes, nursing care and the health-care system.

## Glossary

**ACCOUNTABILITY** – The obligation to answer for the professional, ethical and legal responsibilities of one’s activities and duties (Ellis & Hartley, 2009).

**CLIENT(S)** – The term client(s) can refer to patients, residents, families, groups, communities and populations.

**COMPETENCE** – The integrated knowledge, skills, judgment, and attributes required of a nurse to practise safely and ethically in a designated role and setting.

**COMPETENCIES** – The observable ability of an RN that integrates the knowledge, skills, abilities, and judgment required to practice nursing safely and ethically.

**EVIDENCE-INFORMED** – The process of combining the best available evidence through a variety of sources such as research, grey literature, experience, context, experts, and client experiences and perspectives.

**HEALTH SERVICE(S)** – “A service provided to people

- i. to protect, promote or maintain their health,
- ii. to prevent illness,
- iii. to diagnose, treat or rehabilitate, or
- iv. to take care of the health needs of the ill, disabled, injured or dying.”

(HPA, 2000)

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

**SCOPE OF PRACTICE** – The RN scope of practice refers to the interventions that RNs are authorized, educated, and competent to perform. Set out in provincial legislation and regulations, the RN scope of practice is complemented by the CRNA standards, guidelines, other regulatory documents, and the *CNA Code of Ethics for Registered Nurses* (2017).

**THERAPEUTIC RELATIONSHIP** – A relationship established and maintained with a client by the nurse through the use of professional knowledge, skills, and attitudes in order to provide nursing care expected to contribute to the client’s health outcomes.

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