Welcome to NP Update

It’s been just two years since nurse practitioners were introduced into British Columbia’s health care system and we are already seeing the impact you are having. Much of the work you are doing is new to nursing in B.C. Similarly, as the newest class of CRNBC registrant, much of the work we are doing in regards to the regulation of nurse practitioners is new and constantly evolving.

NP Update is intended to keep you informed about the latest changes to legislation, policy, and standards, limits and conditions that impact your practice. Conversely, if there is anything you think we ought to know about your evolving practice, we want to hear from you. NP Update will be sent to you several times throughout the year. Your feedback on its value to you is important to us. Please let us know what you think.

— Laurel Brunke, RN
CRNBC Executive Director
brunke@crnbc.ca

NURSE PRACTITIONER STANDARDS COMMITTEE
A meeting of the CRNBC Nurse Practitioner Standards Committee will be held on Thursday February 28, 2008. Items for consideration include:

• DNR and levels of intervention;
• prescribing blood;
• additional diagnostic service tests; and
• changes to prescribing authority.

If you have an item that you believe requires consideration by the committee, please contact Karen Kline, CRNBC Nursing Policy Consultant at kline@crnbc.ca

CONTINUING COMPETENCE: PERSONAL PRACTICE REVIEW
By now, most of you have renewed your nurse practitioner registration for 2008. All nurse practitioners must meet continuing competence requirements to renew nurse practitioner registration. A portion of the continuing competence program is the personal practice review. Nurse practitioners who renew their registration with CRNBC for the first time complete the modified personal practice review, which consists of a self assessment and the development of a learning plan. All other nurse practitioners complete the full personal practice review consisting of a self assessment, learning plan, peer feedback, and evaluation.

www.crnbc.ca
To meet requirements of the learning plan, nurse practitioners select a minimum of three activities from the following: attending continuing education forums; critically reviewing literature; enrolling in an accredited/academic program; teaching; writing for publication; conducting research. CRNBC developed draft criteria for fulfilling each of the six options. The draft criteria can be found on the CRNBC website.

CRNBC will be conducting a second survey in 2008 in which registrants will be asked to provide feedback on the draft criteria. The criteria will be finalized thereafter.

BOARD APPROVALS
In November 2007, the CRNBC Board approved the following changes/additions to the Scope of Practice for Nurse Practitioner (Family, Adult, Pediatric) Standards, Limits and Conditions:

- Section A, Part II – Limits and Conditions for Ordering Diagnostic Services:
  - Added Lactate (plasma) and ENA (Extractable Nuclear Antigens).
- Section B, Part II: Limits and Conditions on Prescribing Drugs:
  - Changed Hemostatic Agents (o) in Category 5 Blood Formers and Coagulators to (C) level of prescribing authority.
  - Changed Pituitary Agents (o) in Category 14 Hormones and Synthetic Substitutes by adding an exception to the exclusion stating that nurse practitioners (F) and (P) may prescribe Desmopressin for children with bedwetting.

Notification of changes to the nurse practitioner Scope of Practice documents are published in the Notices section on page 2 of Nursing BC. Be sure to check each issue to see if there are changes you need to be aware of. The changes will be published in NP Update and posted on the CRNBC website. Scope of Practice documents will updated accordingly.

LEGAL RESTRICTIONS
The CRNBC publication Legislation Restricting Nurse Practitioner Practice (pub. 466) is available from the Library & CRNBC Publications section of the CRNBC website www.crnbc.ca. The document summarizes provincial and some federal statutes that preclude nurse practitioners from undertaking certain activities, although the activity may be within the scope and competence of a nurse practitioner. In the majority of instances, nurse practitioners are precluded from undertaking the stated activity because there is no legal recognition of the nurse practitioner as an authorized provider. In other words, the statute does not prohibit the nurse practitioner from undertaking the activity, but neither does it designate the authority to the nurse practitioner to carry out the activity.

CONTROLLED DRUGS
Health Canada has reviewed feedback received from stakeholders to the July 2007 posting of the proposed New Class of Practitioner Regulation. Under this Regulation, nurse practitioners will be able to prescribe some controlled drugs on a Schedule set by CDSA. Health Canada has not yet indicated if or when the Regulation will be approved. However, it is not likely to occur until late fall 2008 at the earliest.

USE OF TITLE
Nurse practitioners are now required to include their stream of practice when officially documenting their title [e.g., Nurse Practitioner (Family) or NP(F)]. Read more about this in the CRNBC Practice Standard Appropriate Use of Titles by Nurses, which was included as an insert in the February 2008 issue of Nursing BC and is available from the Standards & Practice Support section of the CRNBC website www.crnbc.ca. NP(FAMILY): ENTRY-LEVEL PRACTICE CLARIFICATION
Nurse practitioners (family) are prepared in their education programs with the competencies to provide primary care health services (usually in a community setting) to clients across the lifespan. To provide clarity for nurse practitioner (family) registrants considering employment – and for employers seeking to hire them – in acute care or specialized practice, the statement below has been added to the CRNBC Scope of Practice for Nurse Practitioner (Family) Standards, Limits and Conditions (pub. 424, available from the CRNBC website www.cmbc.ca). The statement was developed in consultation with registrants, employers, and educators.

Entry-level nurse practitioners (family) are prepared at graduation with the competencies to work independently in practice with clients across the lifespan in primary care settings, such as community clinics, physician office
practices, community health care centres and other settings where primary care services might be delivered (e.g., emergency departments offering non-urgent care services). Entry-level nurse practitioners (family) effectively diagnose and treat common acute/episodic health conditions, diseases or disorders and chronic illnesses prevalent to the population served. They are not prepared to provide care for clients with complex health problems or chronic disease with multiple co-morbidities such as one would find in specialty practice areas, acute care settings and complex residential care. Nurse practitioners entering the latter practice settings are expected to negotiate a period of mentorship until they determine that they have the competencies to work independently.

**ON-CALL STANDARD**
Registrants practising as a primary care provider for patients are reminded of their on-call obligations. In the *Scope of Practice Standards*, Section A: Diagnosing and Health Care Management Standard 2 states: “Nurse Practitioners have an ethical obligation to be available to provide care for their established patients on a 24-hour basis either personally or through ongoing call schedules. Nurse practitioner call schedules are made at the level of the practice setting. When a nurse practitioner signs off to an alternative provider, there must be mutual agreement and willingness on the part of the alternate provider as to when and how the provider will assume the responsibility for the patient’s care.”

**QUALITY ASSURANCE**
All nurse practitioner registrants are required to have a quality assurance onsite peer review of their practice within the first two years of registration.

CRNBC will be holding three sessions for the nurse practitioner quality assurance onsite peer reviews of practice in 2008. Registrants who have not have had a peer review and registered before September 31, 2007 are eligible for a review. Those who registered in September 2007 will be reviewed in the October 2008 time slot.

Registrants will be notified before the end of February as to which session they are scheduled. The dates for the reviews are April 23 & 24, June 18 & 19 and October 22 & 23. Extra days may be added to the October review.

If you already know that you will not be able to participate, for reasons of pregnancy, illness or unemployment/insufficient work experience, please contact Karen Kline, CRNBC Nursing Policy Consultant at kline@crnbc.ca.

---

**CRNBC Resources**
Karen Kline, Nursing Policy Consultant. . . kline@crnbc.ca
Carla Tayor, Registration Advisor - NP. . . . taylor@crnbc.ca

Documents referred to in this newsletter are available from the CRNBC website www.crnbc.ca or the CRNBC Helen Randal Library.