

## Nurse Practitioner Scope of Practice Policy (2.7)

Policy:	NP Scope of Practice Policy	Effective Date: Feb, 2023	
Last Review Date:	February 2024	Next Review Date:	Nov, 2027
Review Frequency:	Every 3 years (November) Council	Related Supporting Documents:	Act Bylaws

### Purpose

The purpose of this policy is to establish scope of practice requirements for Nurse Practitioners (NPs) in relation to the following areas:

- A. Prescribing for Opioid Use Disorder (OUD) Treatment and/or Prescribing Methadone for Pain Management
- B. Common Medical Disorders

#### A. NP Prescribing Opioid Use Disorder (OUD) Treatment and/or Methadone for Pain Management

Pursuant to *The Registered Nurses Act, 1988*, Section 7 and Section 15(2)(d) and Section 15(2)(f.1) and current *Bylaws*, , Bylaw I, Subsection 3(1)(a) and Bylaw VI Subsection 3(3)(d)(i.1) and (i.2) and Section 4, the regulatory processes required for the NP to prescribe Opioid Use Disorder (OUD) treatment and/or methadone for Pain Management is further defined in this policy.

1. This Council Policy sets the requirements for NPs to be authorized to prescribe for OUD treatment and/or methadone for pain management.
  - 1.1 In accordance with the CRNS mandate to set standards for competence and to govern prescribing, the NP must meet all the following requirements prior to receiving authority to prescribe drug therapeutics for OUD treatment and/or methadone for pain management:
    - 1.1.1 Practice Requirements
    - 1.1.2 Practice Assessment Application
    - 1.1.3 Education Requirement
    - 1.1.4 Practicum Requirement
    - 1.1.5 Continuing Education/Competency Requirements
    - 1.1.6 Audit Requirements
    - 1.1.7 Monitoring Requirements

2. No NP shall prescribe drug therapeutics for the treatment of OUD and/or methadone for pain management unless the Registrar has granted approval for the NP to do so, with the following exceptions:
  - 2.1 There is no additional educational requirement or Registrar approval to prescribe buprenorphine in any form, or buprenorphine solely for the purpose of pain control.
  - 2.2 In a hospital setting, where the NP does not regularly prescribe OUD treatment or methadone for pain management and in which the client requires their continuing dose of treatment, the NP may prescribe a short-term continuation dosage while the client is under their professional treatment in a hospital setting. The NP must inform the primary prescriber of the hospitalization and anticipated discharge date.
    - 2.2.1 In this situation, the NP may not have the specialized knowledge of OUD or methadone but is responsible for the client to receive continuation of treatment for either.
  - 2.3 The Registrar may grant temporary approval to an NP who does not meet the requirements of this Council Policy to prescribe OUD treatment and/or methadone for pain management if the Registrar concludes that it is appropriate to grant that approval to ensure continuity of care to clients. The Registrar will, in granting that approval, state the period for which that approval is in effect and any conditions and/or restrictions on that approval.

### **3. Practice Requirements**

- 3.1 NPs authorized to prescribe OUD treatment and/or methadone for pain management are required to:
  - 3.1.1 Agree to follow the Bylaws, Practice Standards and Policies of the CRNS related to prescribing OUD treatment and/or methadone for pain management as they may be amended from time to time;
  - 3.1.2 Have access to the Saskatchewan electronic Health Record (eHR) Viewer or Pharmaceutical Information Program (PIP) to permit monitoring of prescribed medications, as well as laboratory results for those clients to whom they prescribe;
  - 3.1.3 Provide treatment options for OUD and/or methadone for pain management that are consistent with current evidence-informed practices and clinical practice guidelines;
  - 3.1.4 Have a current license to practice in Saskatchewan and be in good standing with CRNS;
  - 3.1.5 Notify the Registrar when the NP changes practice settings,
  - 3.1.6 Meet the education requirements outlined in this policy (see section 1.1.3 Educational Requirements); and
  - 3.1.7 Have a supportive practice environment to prescribe drug therapeutics for OUD.
- 3.2 The following must be in place in the practice setting prior to the NP prescribing:
  - 3.2.1 Employer support;
  - 3.2.2 Access to an OUD treatment and/or methadone for pain management initiating provider who meets all federal and provincial requirements;

- 3.2.3 Access to a multidisciplinary team including but not limited to counselling services, and pharmacy services, or other health care professionals (this means that prescribers are aware of the available services in their area, and that the prescriber knows how access these services or refer clients to the available services);
  - 3.2.4 Access to appropriate laboratory services to perform urine drug screens or to collect, store and transport urine for drug testing; and
  - 3.2.5 Access to after-hours care and continuity of care through a multidisciplinary team.
- 3.3 An initiating prescriber means an NP or Physician who prescribes OUD treatment and/or methadone to a client who is not currently being prescribed OUD treatment and/or methadone for pain management.
- 3.4 A maintaining prescriber means an NP or Physician who prescribes OUD treatment or methadone for pain management to a client after the client has been reasonably stabilized on that treatment by an initiating prescriber.
- 3.5 The NP will begin prescribing for OUD treatment and/or methadone for pain management as a maintenance prescriber where the clients have been stabilized on drug therapeutics by an initiating provider who meets all federal and provincial requirements.
- 3.6 To advance from maintenance prescriber to initiating prescriber, the NP must demonstrate the following:
- 3.6.1 Competence to evaluate the suitability of therapeutic management;
  - 3.6.2 Practice and collaborate within a multidisciplinary team;
  - 3.6.3 Regularly assess and treat clients with OUD or methadone for pain management; and
  - 3.6.4 Have ongoing mentorship and support from an established initiating prescriber.
- 3.7 Once all requirements are met by the NP, the approval to prescribe OUD treatment and/or methadone for pain management will be indicated on the Register.
- 3.8 The NP must complete an additional practice assessment at the following times:
- 3.8.1 When the NP has a change in practice setting; and/or
  - 3.8.2 When the NP advances to initiating prescriber for OUD treatment and/or methadone for Pain Management.
- 4. NP Maintenance Prescriber Application for Approval**
- 4.1 The initial application requirement for the NP to apply for approval to prescribe OUD treatment and/or methadone for pain management includes:
- 4.1.1 *NP Maintenance Prescriber Application - Opioid Use Disorder (OUD) Treatment and/or Methadone for Pain Management*

- 4.1.2 *NP Practice Assessment - Maintenance Prescriber for Opioid Use Disorder (OUD) Treatment and/or Methadone for Pain Management*
- 4.1.3 *NP Undertaking - Prescribing OUD Treatment and/or Methadone for Pain Management*

## **5. Education Requirements**

- 5.1 In order to receive approval to prescribe OUD treatment and methadone for pain management, the NP must have successfully completed an education program recognized by Council.
- 5.2 The NP must submit confirmation of completion of the required education to the Registrar.

## **6. NP Maintenance Prescriber Practicum Requirement**

- 6.1 In addition to completing a theoretical education program(s), the NP must complete:
  - 6.1.1 **OUD** – a minimum of 16 (sixteen) hours of clinical practicum with an OUD treatment initiating provider.
    - 6.1.1.1 The NP must submit confirmation documents of having completed the practicum to the Registrar.
  - 6.1.2 **Methadone for Pain Management** – a minimum of eight (8) hours of a clinical practicum with a methadone initiating prescriber
    - 6.1.2.1 The NP must submit confirmation documents of having completed the practicum to the Registrar.

## **7. NP Initiating Prescriber Application for Approval**

To advance from a maintenance prescriber to initiating prescriber for OUD treatment and/or Methadone for pain management complete:

- 7.1 *NP Practice Assessment-Initiating Prescriber for OUD Drug Treatment and/or Methadone for Pain Management*
- 7.2 *NP Initiating Application-OUD Treatment and/or Methadone for Pain Management*
- 7.3 *NP Undertaking-Prescribing OUD Drug Treatment and/or Methadone for Pain Management*

## **8. Continuing Education/Competency Requirements**

- 8.1 The NP is required to participate in continuing education focused on OUD treatment and/or methadone for pain management as part of their Continuing Competence Program requirements.
- 8.2 The NP must retain documentation of continuing education focused on OUD treatment and/or methadone for pain management as they may be required to submit said documentation to the Registrar for the purposes of the Audit requirement(s).

## 9. Audit Requirements

- 9.1 For the purpose of this Council Policy, an undertaking is defined as a formal agreement between the Registrar and the NP. The undertaking states that the NP shall comply with the audit requirements as determined by the Registrar.
- 9.2 The NP must sign an undertaking in which the NP agrees to the following:
  - 9.2.1 To practice in accordance with the current Bylaws, Practice Standards, Council Policies and guidelines, and
  - 9.2.2 To comply with audit requirements, as determined by the Registrar.
- 9.3 The audit requirements may include but is not limited to a practice audit, an on-site audit, or a chart audit, as determined by the Registrar.
- 9.4 Audit requirements for OUD treatment and/or methadone for pain management is a supplementary process that is distinct from the verification process of the Continuing Competence Program.
- 9.5 Annually, a random number of NPs will be selected from all NPs prescribing for OUD treatment and/or methadone for pain management.
- 9.6 NP participation in the annual audit will be documented.
- 9.7 When concerns are identified in the audit, the Registrar or designate may follow up with the NP in accordance with Bylaw VI, Section 4.
- 9.8 When selected for an audit, the Registrar will notify the NP in writing.

## 10. Monitoring Requirements

- 10.1 In accordance with, Bylaw VI Section 4, Prescription Review Program, the prescribing profiles of the NP prescribing OUD treatment and/or methadone for pain management will be monitored by the Registrar or designate.
- 10.2 The NP must submit documentation as requested by the Registrar.

## 11. Process to Suspend Approval to Prescribe for OUD Treatment and/or Methadone for Pain Management

- 11.1 The Registrar may suspend the approval granted to an NP to prescribe OUD treatment and/or methadone for pain management if the Registrar concludes that the NP has failed to comply with the terms of the applicable bylaws, practice standards and/or council policies. Pursuant to *The Registered Nurses Act, 1988*, Section 26, a complaint shall be submitted to the Investigation Committee for further review.
- 11.2 A decision made by the Registrar is subject to appeal to Council under Subsection 21(3)(b) of *The Registered Nurses Act, 1988*.
- 11.3 At any time, the NP may surrender approval to prescribe OUD treatment and/or methadone for pain management. The NP must complete the required surrender form and submit it to the Registrar.

## References

Canadian Research Initiative in Substance Misuse (CRISM). (2021). *CRISM national guideline for the clinical management of opioid use disorder*. Retrieved from <https://crism.ca/projects/opioid-guideline/>

College of Physicians and Surgeons of Saskatchewan (CPSS). (2022). *Opioid agonist therapy program. Standards and guidelines for the treatment of opioid use disorder*. Retrieved from <https://www.cps.sk.ca/iMIS/Documents/Legislation/Policies/OAT Standards and Guidelines.pdf>

## B. Common Medical Disorders

### 1. AUTHORITY FOR POLICY

#### 1.1. *The Registered Nurses Act, 1988*, section 7(1):

7(1) The council shall govern, manage and regulate the affairs and business of the association.

#### 1.2. CRNS Bylaws, Bylaw I, Subsection 3(1):

(1) The council shall govern, manage and regulate the affairs and business of the association and without restricting the generality of the foregoing shall:

- a. establish policies as necessary to further the goals of the association;
- b. establish policies regarding examinations, registration and licencing, temporary licencing, and the admission of members;

#### 1.3. *The Registered Nurses Act, 1988*, section 19(4):

(4) The council may, in accordance with the bylaws, place conditions or restrictions on a licence issued pursuant to this section.

#### 1.4. CRNS Bylaws, Bylaw VI, Subsection 3(12):

(12) Council may place conditions or restrictions on a licence in the nurse practitioner category taking into account the need to protect the public, the particular circumstances of the registered nurse and the context of practice including client population, type of care, service delivery model and/or staffing.

### 2. NURSE PRACTITIONER CATEGORY

#### 2.1. *The Registered Nurses Act, 1988* was amended in 2001 to expand the scope of practice of the registered nurse. Section 24 of *The Registered Nurses Act, 1988* was amended to include subsection (3) as follows:

(3) Subject to any conditions or restrictions on the nurse's licence, a registered nurse who meets the requirements set out in the bylaws may, in accordance with the bylaws:

- (a) order, perform, receive and interpret reports of screening and diagnostic tests that are designated in the bylaws;
- (b) prescribe and dispense drugs in accordance with the bylaws;
- (c) perform minor surgical and invasive procedures that are designated in the bylaws;
- (d) diagnose and treat common medical disorders.

As a result of this legislative amendment, the Association adopted Bylaw VI, section 3 to establish the nurse practitioner category. Current Bylaws, Bylaw VI, Subsection 3(3)(a) states as follows:

- (a) in accordance with the standards and competencies, diagnose and treat common medical disorders.

Current Bylaws, Bylaw VI, Subsection 1(1)(b) outlines the nurse practitioner category four specialties.

- (i) NP - Primary Care – The NP with a Primary Care Specialty provides NP services to individuals and families across the lifespan.
- (ii) NP - Adult - The NP with an Adult Specialty provides NP services to young, middle-aged and older adults.
- (iii) NP - Pediatrics - NP with a Pediatrics Specialty provides NP services to children from newborn infants to toddler, school-aged children and adolescents.
- (iv) NP - Neonatal - The NP with a Neonatal Specialty provides NP services to high-risk newborns.

### 3. NO LEGAL DEFINITION OF COMMON MEDICAL DISORDERS

The term common medical disorders is not defined in the legislation and the bylaws. The legislation and the bylaws provide the framework for this council policy in order to permit NPs to treat common medical disorders.

### 4. CONCEPT OF COMMON MEDICAL DISORDERS IS EVOLVING

This policy assists NPs, the public and health care partners to understand the evolving scope of diagnosing and treating common medical disorders.

Common medical disorders refer to health disorders that NPs regularly assess, diagnose, and treat with clients and families. Uncommon medical disorders are outside of the scope of practice for NPs. There is recognition that some medical disorders may be uncommon for some NPs, but common for others in their NP practice. It is also recognized that an NP at the beginning of their career may encounter medical disorders that are uncommon for their practice, but over time become common.

### 5. PRINCIPLES OF COMMON MEDICAL DISORDERS

The NPs must adhere to the principles when completing assessments that lead to diagnosing and treating common medical disorders:

- 5.1. NPs need to consider their area of specialty practice, the diverse populations encountered, and the variety of clinical practice settings.
- 5.2. NPs require continuing professional development to ensure safe and competent diagnosis and treatment of the common medical disorders within their practice.
- 5.3. NPs must consider the trajectory of clients' health needs across the lifespan as well as the nature of a team-based approach, including collaborative relationships with other healthcare providers.
- 5.4. NPs must be able to provide applicable health services considering *The Registered Nurses Act, 1988*, the bylaws, the standards and competency documents and the policies of council of the CRNS.

**6. REFERENCES**

*The Registered Nurses Act, 1988*

*NP Entry-Level Competencies, 2023*

*NP Practice Standards, 2024*

*Current Bylaws*

Review

Every three years by Council