

Nurse Practitioner FAQs

1. I have recently graduated from an approved NP (Primary Health Care) program. How do I register as an NP?

You should contact the registration department at NANB as soon as possible for assistance or click on the registration department link at www.nanb.nb.ca. You are required to register for and then write the Canadian Nurse Practitioner entrance exam titled: Canadian Nurse Practitioner Exam.

2. What does NANB mean by a Consulting Physician?

The *Nurses Act* stipulates that the nurse practitioner must have reasonable access to a physician for the purpose of consultation with respect to any client and be able to refer or transfer any client to the care of a physician. The NP initiates a consultation with a physician when the diagnosis and/or treatment plan is unclear or beyond the scope of the NP. The NP consults with a physician when the expertise of a physician is required to diagnose and/or manage a client's health condition. Consultation takes place following a formal request and can occur in a variety of ways, for example, face to face, by telephone and/or in writing.

The nurse practitioner must provide to the NANB Registrar, annually, the employer's name and a statement from the employer verifying that the nurse practitioner, in the course of employment, has reasonable access to a physician for the purpose of consultation and referral or transfer of any client to a physician for care.

3. What happens if I have a change of employment or my Consulting Physician changes?

The nurse practitioner must notify the NANB Registrar immediately if employment circumstances change and submit a statement from the new employer regarding reasonable access to a physician for the purpose of consultation and referral or transfer of any client to a physician for care.

4. What are the registration requirements for NPs in New Brunswick?

To maintain and renew registration, NPs must have worked 600 hours as a NP in primary health care during the previous two calendar years, and must meet the requirements for the Continuing Competency Program. NPs also must provide to the NANB Registrar, annually, the employer's name and a statement from the employer verifying that the NP, in the course of employment, has reasonable access to a physician for the purpose of consultation and referral or transfer of any client to a physician for care.

5. Are NPs legislated to refer clients to medical specialists?

Yes. Since December 2009, the provincial legislation has been changed to enable medical specialists to be paid for referrals made from NPs without the co-signature of their consulting physician.

6. What does the privacy act mean to NPs?

The *Personal Health Information Privacy and Access Act* (PHIPAA) came into force on September 1st 2010. PHIPAA provides a set of rules that protects the confidentiality of personal health information and the privacy of the individual to whom that information relates. The Act also ensures that information is available, as needed, to provide health services to those in need and to monitor, evaluate and improve the health system in New Brunswick.

The Act applies generally to personal health information collected, used, stored, disclosed and maintained in the health system by a group of stakeholders in government and the health system referred to as “custodians”. The act defines a custodian as an individual or organization that collects, maintains or uses personal health information for providing or assisting in the provision of health care or treatment or the planning and management of the health-care system or delivering a government program or service. NPs are considered to be custodians. The following link will lead you to a toolkit for custodians and it provides great information regarding this act: <http://www.gnb.ca/0051/acts/index-e.asp>

7. What is a prescriber number?

A nurse practitioner who is registered with NANB will receive a prescriber number from the Practitioner Registrar at Medicare. The prescriber number identifies the NP to the pharmacist as a provider with the authority to write a prescription.

8. I just received my NP Registration. How do I sign my name?

Currently in New Brunswick, we only register Primary Health Care (PHC) Nurse Practitioners. Once registered, you are to sign your first and last name with NP or your first initial and last name with NP. You may also sign your specialty designation which is NP-PHC.

9. I am a NP working with clients with chronic pain. May I use a directive to provide narcotic medications to clients?

No. Health Canada, the federal department responsible for the Controlled Drugs and Substance Act (CDSA), does not allow directives to be used for drugs such as narcotics and benzodiazepines. NPs cannot prescribe drugs that are listed as Controlled Drugs and Substances by the CDSA. NANB will continue to

communicate with the New Brunswick Department of Health and the Canadian Nurses Association regarding this barrier to NP practice.

10. I work with registered nurses in providing care to clients. Am I able to write a Directive for registered nurses to follow?

Nurse practitioners may, in accordance with the competencies and standards established by the NANB Board of Directors, write a Directive. NANB encourages nurse practitioners to work with employers in developing policies and to practice within these policies when writing a Directive. NP standards stipulate that NPs are accountable for their prescribing decisions and must always act within their level of competence and scope of practice and to consult with other health care providers when the diagnosis and/or treatment plan is unclear or is not within the NP scope of practice.

The term Directive is used to apply to both medical practitioners and nurse practitioners as authorized prescribers. The NANB considers a Directive to be: a written order from an authorized prescriber for a procedure, treatment or drug for a number of clients, when specific conditions are met. There are a number of specific components required in a Directive, including:

- the name and description of the procedure, treatment or drug being ordered;
- specific client clinical conditions and situational circumstances that must be met before the Directive can be implemented;
- clear identification of the contraindications for implementing the Directive;
- the name and signature of the authorized prescriber approving, and taking responsibility for, the Directive; and
- the date and signature of the administrative authority approving the Directive, if required by the employer. (For example, the Director of Nursing may be required to sign off on all directives annually in some institutions).

The degree to which client conditions and situational circumstances are specified will depend on the client population, the nature of the orders involved and the expertise of the health care professionals implementing the Directive.

11. Can NPs order vaccines?

Yes. NPs are authorized to prescribe vaccines in accordance with the immunization standards for New Brunswick Public health services as outlined in the *New Brunswick Immunization Handbook* and the *Canadian Immunization Guide* as

revised and “vaccine” means any biological product used in the New Brunswick immunization program.

12. What is the New Brunswick Prescription Drug Program Formulary?

The [New Brunswick Prescription Drug Program \(NBPDP\) Formulary](#) is a listing of all drugs and drug products which have been determined by the Minister of Health to be entitled benefits. Such drugs and drug products must be listed in the Formulary in order to be considered current eligible benefits. The formulary is published semi-annually in April and October.

13. If I am registered as a NP, can I still work as a RN?

Yes, but there are several things to consider. Nurse practitioners in NB are also Registered Nurses and accountable for both the Standards of Practice for NPs and RNs.

Before accepting to take on the role of an RN you must determine whether or not you have the knowledge and competence to work with this specific client population. Once this determination is made and you accept the work assignment, it has to be clear to the employer, the health care team and clients that you are practicing as a registered nurse and not as a NP. When being asked to work with admitted patients, you have to practice as an RN; you cannot work as an NP because NPs in New Brunswick don't have the authority to practice on in-patient units. This means you are not authorized to diagnose, order tests and prescribe medication and furthermore, these functions are outside the scope of practice of an RN. Also, you must utilize the designation RN when identifying yourself or when providing your signature.

However, because you are also an NP, you will be expected to apply your knowledge in advanced health assessment which means that you may assess and identify client issues that an RN might not. If so, you would be expected to report your assessment findings to another provider (for example, a physician) for follow up.

14. What if as a NP employed in the emergency department I am asked to replace a RN colleague in the emergency department?

In this particular scenario there is a higher risk of role confusion for clients and colleagues alike. It may be tempting to respond to clients' need as an NP since this is what would normally be expected of you when working as an NP in the ER, but since you are working as a RN, your role has to stay within the limits of the RN's scope of practice. The employer, health care team and patients must clearly understand that you are not authorized to provide services such as diagnosing and prescribing when working as an RN even if it's in within the same work setting as where you normally practice as an NP.

NANB does not support concurrent or simultaneous practice where within the same position, shift, or clinical situation, an individual practices both as an NP and as an RN. This would contribute to role confusion and blurring of accountability.

15. Does the hours worked as a RN count for my NP registration?

No. When working as a RN, those hours cannot be reported as NP hours for registration purposes.

16. What about liability protection?

The Canadian Nurses Protective Society (CNPS) is a not-for-profit society owned and operated by nurses for nurses. It offers legal liability protection related to nursing practice to eligible registered nurses and nurse practitioners, by providing them with information, education, as well as financial and legal assistance when appropriate.

CNPS services and assistance are available free of charge as a benefit of practicing membership with the Nurses Association of New Brunswick. CNPS Plus is an optional extended coverage plan that is available for an additional cost. CNPS Plus was designed primarily for those nurses working in independent practice, as independent contractors and as nurse practitioners, who may wish to augment the protection currently available from CNPS for liability protection (malpractice) and other CNPS services.

Contact CNPS for more information about CNPS liability protection and services:

Tel: (613) 237-2092

Toll-free: 1 800 267-3390

Email: info@cnps.ca

Web site: www.cnps.ca

17. There is a client relationship that is becoming increasingly difficult and I want to terminate the NP-client relationship. Am I able to do this and what must I consider?

Unless alternate care can be immediately arranged, such a decision should only be made in unusual circumstances and for the best of reasons.

Clients have the right to information, to ask questions, to insist on informed consent, and to make reasonable requests for second opinions. They also have the right to accept or reject any intervention or treatment offered by the NP. Only when a client does something to adversely affect the NP-patient relationship in a fundamental way, may the NP consider the option of asking the patient to find care elsewhere. Some examples may include: the client repeatedly rejects interventions, repeatedly misses appointments, or threatens the NP.

In those circumstances, the NP is obligated to communicate the nature of the problem directly to the patient, making it clear that there is a potential for the patient to be discharged from the practice. It is only if the situation does not resolve after such notice that the NP can formally advise the patient that the relationship is being concluded.

When such a final decision has been made, it should be communicated directly to the patient, preferably by registered mail. The patient should be advised that ongoing care will be provided for a reasonable period of time to allow them to make alternate arrangements. In some circumstances, a period of two to three months is considered appropriate. The patient should also be advised that relevant records will be forwarded to a new primary care provider upon request.

It is in the best interest of the NP to discuss termination of a provider-client relationship with the employer to see if there are employer policies in place to support the NP.