
GUIDELINE for
Nurse
Practitioner
Practice



Mandate

Regulation for safe, competent, and ethical nursing care.

Under the *Nurses Act*, the Nurses Association of New-Brunswick (NANB) is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick (NB). Regulation makes the profession, and nurses as individuals, accountable to the public for the delivery of safe, competent, and ethical nursing care.

Guidelines support best practice in nursing. They identify principles, give instructions, information, or direction, clarify roles and responsibilities, and/or provide a framework for decision making.

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Elements of this document have been adapted from the Nova Scotia College of Nursing [Nurse Practitioner Practice Guideline](#) (2023).

Table of Contents

Introduction	4
Graduate Nurse Practitioners.....	4
Initiating a Practice.....	4
Nurse Practitioner Consultation and Referral Statement	4
Medicare Service Provider Registration	4
Shadow Billing.....	4
eHealth NB	5
Accepting clients	5
Privacy and Confidentiality	5
Terminating the NP-Client Relationship	6
Resignation from an employer.....	6
Closing, Leaving or Moving a Self-Employed Practice.....	7
Conclusion.....	7
References.....	7

Introduction

Nurse practitioners (NPs) are autonomous health professionals with advanced education who provide essential health services grounded in professional, ethical, and legal standards. They integrate their advanced nursing knowledge of nursing practice and theory, health management, health promotion and disease/injury prevention, and other relevant biomedical and psychosocial theories to provide comprehensive health services. NPs work in collaboration with their clients and other health care providers in the provision of high-quality, client-centered care. They work with diverse client populations, in a variety of contexts and practice settings.

Graduate Nurse Practitioners

RNs who have been deemed eligible to write the NP entry-to-practice exam, and have paid all applicable fees to NANB, may apply for temporary registration as a Graduate Nurse Practitioner (GNP) pending their exam session. Temporary registrations are issued for a nine-month period and confer to the registrant the entitlement to use the designation GNP. GNPs require the co-signature of a registered NP or physician on all orders for drugs and screening/diagnostic investigations. RNs who are unsuccessful on the NP entry-to-practice exam are not permitted to practice as GNPs.

Initiating a Practice

Nurse Practitioner Consultation and Referral Statement

NPs starting or joining a practice in NB must be registered with the [NANB](#). The [Nurses Act](#) stipulates that NPs 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. NPs must ensure a completed [Nurse Practitioner Consultation and Referral Statement](#) is submitted to the NANB annually. Should employment circumstances change, NANB must be notified, and a new completed NP Consultation and Referral Statement must be sent.

Medicare Service Provider Registration

The Department of Health (DH) requires that all newly employed NPs granted privileges with a Regional Health Authority be registered with NB Medicare by submitting a [Nurse Practitioner Medicare Registration Form](#). The Medicare Service Provider Registrar will review the application and issue a Medicare Service Provider Number. The process related to this requirement is not developed or managed by NANB. Questions regarding registration with NB Medicare can be directed to MedicareSPRegistrar@gnb.ca.

Shadow Billing

The DH requires all NPs submit claims regarding services provided to eligible Medicare clients. These shadow claims submitted to NB Medicare are used to maintain a history of the patients seen by NPs and for administrative purposes such as trending and research. NB Medicare provides training on the submission of these shadow billing claims as well as the use of the Medicare Claims Entry billing system.

Once the Medicare Service Provider Registration number has been received, NPs should contact a Medicare Practitioner Liaison Officer at (506) 457-6450 to arrange training. The authorization to submit shadow claims to Medicare can be delegated to one or more individuals by completing the [Medicare Delegate Authorization Form](#). Additional information on shadow billing can be found in the [NP Shadow Billing Manual](#).

eHealth NB

NPs are strongly encouraged to obtain eHealth NB access. This access allows NPs to view patient information through the provincial Electronic Health Record (EHR). Information available on the EHR includes, but is not limited to, patient demographics, medication summary profile, laboratory test results, diagnostic imaging reports and hospital visit history. This platform displays in real-time a patient's medication history of all prescriptions filled in NB community pharmacies. This includes access to the Prescription Monitoring Program (PMP) information, a clinical tool used by prescribers and pharmacists to support the safe use of monitored drugs. More information on eHealthNB, EHR, and PMP can be found on the Government of New Brunswick's (GNB) [Frequently Asked Questions](#).

Accepting clients

NPs must understand their professional obligations when accepting clients in their practice. Once a client has been accepted into a practice, discontinuing care could be considered abandonment. Additional information can be found in NANB's [Fact Sheet: Abandonment](#). If a client exceeds an NP's scope of practice, the NP is obligated to consult or refer them to another health care provider. NANB has a [decision making tool](#) that can be used to define scope of practice.

NPs accept consults from other healthcare professionals. When consulted, NPs use their expertise to provide direction and advice. They are accountable to their competencies to provide appropriate advice based on the information shared by the healthcare professional.

Privacy and Confidentiality

NPs may be considered custodians of their clients' records under the [Personal Health Information Privacy and Access Act](#) (PHIPAA). PHIPAA provides a set of rules that ensure the privacy and protection of personal health information. 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 NB. PHIPAA applies to personal health information held by any custodian in NB, regardless of format. It further 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 healthcare system or delivering a government program or service. Personal health information is defined in part as identifying information about an individual pertaining to that person's mental or physician health, family history or health care history. A [toolkit for custodians](#) is available on the GNB website. Additional information on privacy and confidentiality can be found in NANB's [Practice Guideline: Privacy and Confidentiality](#). NPs in self-employed practices are encouraged to seek legal advice about proper management of confidential information by contacting the [Canadian Nurses Protective Society](#) (CNPS).

Terminating the NP-Client Relationship

NPs have a duty to provide care to clients accepted into their practice. If an issue arises that may potentially impact the NP-client relationship, the NP should make reasonable attempts to address or resolve the situation. When circumstances affect the NP's ability to provide safe, competent, and ethical care, they may decide it is necessary to end the NP-client relationship. In some instances, the client may decide to end the relationship. To ensure their professional obligations are met, prior to the termination of the NP-client relationship, NPs should:

- discuss their concerns with their employer and identify any employer policies, processes or resources that may be of help;
- discuss the issues and concerns with the client;
- work with the client and others relevant stakeholders to implement strategies to address or resolve the issues; and
- consult with the CNPS.

Additional information on when to terminate the NP-Client relationship can be found in the [NANB Standards for the Nurse-Client Relationship](#).

When the decision to terminate the NP-client relationship has been made, the NP must advise the client in writing of their intent to end the relationship, including the rationale for the decision and the date the relationship will terminate. Unless the client poses a safety risk to office staff, other clients, or the NP, the NP should plan to withdraw services over an agreed upon timeframe. If transferring the accountability of the client's care to another provider, the NP should transfer the client record in accordance with employer policy. If another health care provider is not available, the NP should provide the client with information about how to find another provider and how to access emergency care.

The NP is expected to document in the client's record the reasons for ending the relationship, an overview of the actions taken to resolve the issues and the client's response to them, as well as any information provided to the client about the service withdrawal plan.

Resignation from an employer

NPs must give reasonable notice that they are leaving or resigning from their current position. The employer may have a policy to consider in this regard. NPs remain accountable to work with the employer to facilitate continuity and transfer of client care. This could include:

- notifying clients of the date they will be leaving the practice and giving them information regarding how their health care needs will be met;
- ensuring client records are up to date;
- prioritizing high -risk clients for appointments; and
- ensuring the clinic is aware of pending diagnostic investigations.

It is recommended that NPs discuss with their employer the strategies in place to address client-care needs while their replacement is being recruited. Once no longer employed in that position, NPs should not access client health records, including diagnostic investigations and consultations.

Closing, Leaving or Moving a Self-Employed Practice

Self employed NPs closing their practices for reasons of retirement, extended absence, relocation, or any other reason need to make adequate provisions to minimize any impact on their clients. Clients who may be affected should be provided with adequate written notice including specific information as to when the NPs' services will no longer be available. This should also include information on where and how to access their health records. NPs should provide clients with information about how to find another provider and how to access emergency care.

Once the decision has been made to close, leave, or move a self-employed practice, it would be inappropriate to accept new clients for whom it is unlikely the expected services would be concluded by the time of the NP's departure.

NPs in self-employed practice should contact CNPS for additional information on closing, leaving, or moving their practice.

Conclusion

NPs are accountable for practicing in accordance with the *Nurses Act* and all [NANB Nursing Standards](#). When initiating a practice, accepting clients into their practice, ending the NP-client relationship, or leaving a practice, it is important for NPs to understand their professional obligations. NPs are accountable to take action to minimize interruptions to client care.

References

Nova Scotia College of Nursing. (2023). *Nurse Practitioner Practice Guideline*.
https://cdn3.nscn.ca/sites/default/files/documents/resources/NP_Practice_Guideline.pdf



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