

## Self Employed Practice Review

<b>Policy Section:</b> Administration of the Act	<b>Policy Number:</b> AA-17	<b>Approved By:</b> CEO/Registrar
<b>Regular Policy Review Frequency:</b> Every five years	<b>Date Approved:</b> September 26, 2014	<b>Date Reviewed/Revised:</b> July 2018

### Purpose:

To state the requirements for review of self-employed registered nursing practice.

### Policy:

- 1) Review of self-employed registered nursing practice will occur:
  - a) When registered nurses indicate on their registration renewal application that they are self-employed in nursing
  - b) When a registrant requests to have a self-employed practice reviewed to ensure it constitutes RN practice
- 2) Once a self-employed practice has been approved a review will occur every five years or with any substantial changes to the practice.
- 3) The review will require the registrant to submit a completed Recognition of Registered Nursing Practice form.
- 4) If self-employment has been selected in error on the registration renewal application form the registrant is required to notify the College in writing indicating their current place of employment as an RN. If there is any reason to believe that the information is inaccurate the College will require employer verification of RN hours.
- 5) Registrants will be notified in writing of the outcome of the review.
- 6) The outcome of the review will be recorded in the College database.

# Recognition of Registered Nursing Practice Form



College of  
Registered Nurses  
of Manitoba

All RNs RN(AP)s and RN(NP)s are accountable to all registered nursing legislation, regulations and practice directions. There are two parts to this assessment:

**Part 1** is the completion of this Recognition of Nursing Practice so we can learn more about your practice.

**Part 2** is the submission of your position description ([see Appendix 1](#))

Name: \_\_\_\_\_

College registration number: \_\_\_\_\_

You are an:  RN  RN(AP)  RN(NP)

Email: \_\_\_\_\_

Are you self-employed?  Yes  No

↳ If you indicate **no** to this question, go directly to **page 4** to sign a declaration that you are not self employed and return this document to [selfemployed@crnm.mb.ca](mailto:selfemployed@crnm.mb.ca).

Please complete this section of the form if you are self-employed.

Name of self-employed business: \_\_\_\_\_

Business address: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Who are your clients/population? \_\_\_\_\_

In determining whether a particular practice may be included as the practice of registered nursing the assessment has two parts. The first part is to determine whether the practice is in keeping with the definition of nursing practice as outlined in the next section. The second part takes into account whether the particular practice is grounded in the applicable entry level competencies gained in your nursing education programs and expanded through post-basic health-related education programs.

Based on the definition of scope of practice below, identify your nursing practice:

The regulations define RN scope of practice as the application of registered nursing skill, knowledge and judgment in order to:

- |   |  |
|---|--|
| <input type="checkbox"/> 1) assist individuals, families, groups, communities, and populations to achieve, maintain and restore their optimal physical, emotional, mental, spiritual and social health; | <input type="checkbox"/> 4) coordinate, supervise, monitor, deliver and evaluate the provision of health care;                           |
| <input type="checkbox"/> 2) assess, diagnose, plan and provide treatment and interventions and evaluate their effectiveness and to make referrals;  | <input type="checkbox"/> 5) manage, administer and develop systems related to registered nursing and the provision of other health care; |
| <input type="checkbox"/> 3) teach, counsel and advocate on behalf of their clients in order to enhance health and well-being;   | <input type="checkbox"/> 6) teach registered nursing theory and practice; and  |
|   | <input type="checkbox"/> 7) engage in research related to health or the practice of registered nursing                                   |

Will you be providing any reserved acts in your practice?  Yes  No

Select any reserved acts that you engage in when providing services in your practice (you can see the full descriptions of each reserved act in the [Scope of Practice for Registered Nurses](#)):

- |   |  |
|---|--|
| <input type="checkbox"/> Reserved Act 1: Diagnosis  | <input type="checkbox"/> Reserved act 10a-d: Applying ultrasound or electricity or non-ionizing radiation in the form of a laser |
| <input type="checkbox"/> Reserved Act 2: Order or receiving diagnostic tests or screening   | <input type="checkbox"/> Reserved Act 10a-b: Ordering x-rays   |
| <input type="checkbox"/> Reserved Act 3: Perform a procedure on tissue below the dermis, surface of a mucus membrane, or on the surface of the cornea | <input type="checkbox"/> Reserved act 10e: Applying x-rays   |
| <input type="checkbox"/> Reserved act 4: Insert or remove instrument, device, hand or finger  | <input type="checkbox"/> Reserved 11: Select and administer therapeutic diet   |
| <input type="checkbox"/> Reserved Act 5: Administering a substance  | <input type="checkbox"/> Reserved Act 13: Ear canal  |
| <input type="checkbox"/> Reserved Act 9: Administering a drug or vaccine  | <input type="checkbox"/> Reserved Act 14: Labour and delivery  |
|   | <input type="checkbox"/> Reserved Act 20: Psycho-social intervention   |
|   | <input type="checkbox"/> Reserved Act 21: Allergies  |

**RN(AP)s:** The above reserved acts also apply to RN(AP) practice. However, RN(AP)s have additional foundational education which means the following reserved acts also apply to RN(AP) practice.

If you're an RN(AP), select any of the following reserved acts that you engage in when providing services in your practice (you can see the full descriptions of each reserved act in the [Scope of Practice for RN\(AP\)s](#)):

- Reserved Act 6: Prescribing a drug or vaccine

**RN(NP)s:** The above reserved acts also apply to RN(NP) practice. However, RN(NP)s have additional foundational education which means the following reserved acts also apply to RN(NP) practice.

If you're an RN(NP), select any of the following reserved acts that you engage in when providing services in your practice (you can see the full descriptions of each reserved act in the [Scope of Practice for Registered Nurse \(Nurse Practitioner\)s](#)):

- |  |   |
|--|---|
| <input type="checkbox"/> Reserved Act 6: Prescribing a drug or vaccine                   | <input type="checkbox"/> Reserved Act 12: Set or cast a fracture or dislocation |
| <input type="checkbox"/> Reserved act 10: Ordering or applying ultrasound or electricity |   |

Describe your current and ongoing knowledge, experience and education that are relevant to your nursing practice:

Describe your support structure and referral process (peer support, referral system if outside of your scope of practice, inter-professional team). Who would you consult with to discuss complex client care needs?

Describe your ongoing evaluation and quality improvement strategies (what quality metrics are you collecting, i.e. client satisfaction):

Identify the policies and procedures you developed or adopted for your practice. You may develop your own policies and procedures for your practice or you may access/use policies and procedures developed by other credible sources i.e WRHA, RHA, Nursing Skills Online.

- informed consent
- assessment
- documentation
- client record management
- infection control

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## APPLICANT DECLARATION

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I understand that I am accountable and it is my professional responsibility to:

- ensure that my nursing practice is compliant with all federal, provincial, and municipal laws and to seek the necessary expert advice,
- investigate the risk to myself and my clients arising from my self employed nursing practice,
- consult the Canadian Nurses Protective Society (CNPS) to ensure I have adequate professional liability coverage,
- restrict my activities to those I am qualified and competent to perform and which are appropriate to my area of practice, and
- comply with *The Regulated Health Professions Act*, RN regulations including *Practice Expectations*, *Practice Directions* and *Code of Ethics*.

I \_\_\_\_\_ certify that the information I have provided in this document is a true and accurate reflection of my nursing practice. I do solemnly declare that the foregoing information and statements are true in every particular, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

I understand it is my responsibility to advise the College of Registered Nurses of Manitoba if there are any substantive changes to my practice or if I close my practice, cease to practice in Manitoba, relocate my practice or take a leave of absence of more than 6 months.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**If you are not self-employed, please complete the declaration below:**

I \_\_\_\_\_ certify that the information I have provided in this document is a true and accurate reflection of my nursing practice. I do solemnly declare that the foregoing information and statements are true in every particular, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Date of last assessment in iMIS:**

\_\_\_\_\_

**Reviewed by practice consultant(s):**

\_\_\_\_\_

Date reviewed: \_\_\_\_\_

**Reviewed by practice consultant(s):**

\_\_\_\_\_

Date reviewed: \_\_\_\_\_

**Reviewed practice with RN, RN(AP) or RN(NP):**

\_\_\_\_\_

Date reviewed: \_\_\_\_\_

**Reviewed practice with RN, RN(AP) or RN(NP):**

\_\_\_\_\_

Date reviewed: \_\_\_\_\_

**Approved**

**Not approved**

**Approved**

**Not approved**

**Signature(s):**

\_\_\_\_\_

\_\_\_\_\_

Date of decision: \_\_\_\_\_

**Signature(s):**

\_\_\_\_\_

\_\_\_\_\_

Date of decision: \_\_\_\_\_

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## APPENDIX 1 – POSITION DESCRIPTION

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Name: \_\_\_\_\_

College registration number: \_\_\_\_\_

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### Job Title

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*For example: Foot Care Nurse, Diabetic Educator*

### Position Summary

**Answer the Question:**

*Why does this position exist?*

**For Example:** To provide excellent care and support to clients requiring foot care services in the Province of Manitoba. This is accomplished through evidence informed practice that is consistent with the College of Registered Nurses of Manitoba Practice Directions, Scope of Practice and 2017 Code of Ethics.

Your job summary should also include an overview of your company. This may be similar to what you may have posted on your website.

### Qualifications and Education

**Please include education, certifications and experience.**

**For Example:**

- Certificate of Practice with the College of Registered Nurses of Manitoba
- Foot Care Certificate Course from (organization name)
- Attendance at workshops, webinars or in services to maintain continued competence in the service provided (list)
- Additional college approved criteria for reserved act X

## Responsibilities and Duties

The responsibilities and duties section is an important part of the job description. You should outline the functions this position will perform on a regular basis and identify how this job functions with the CRNM expectations.

The registered nurse applies knowledge and judgment to contribute to a client's achievement of healthcare. The registered nurse provides care that is holistic, compassionate, culturally sensitive and respectful of the individuality of the patient, family and their support system.

This process includes but is not limited to the following:

- a) Assessment
- b) Planning
- c) Implementation of the client's care plan
- d) Evaluation

**For Example:**

- Complete a comprehensive client-centered assessment
- Develops plan of care with the client
- Provide information to clients, client's families or groups related to their healthcare needs
- Maintain confidentiality of client information
- Evaluates, with clients and families, the achievement of health goals.
- Participates in quality improvement activities

## Client Records (Personal Health Information)

All trustees (Registered Nurse) are required to have a policy or procedure in place which outlines client record security.

Trustees (Registered Nurse) comply with the personal health information act related to the security of client records, provisions for the recording of any security breaches, corrective procedures to address security breaches and provisions regarding the retention and destruction of personal health information.