



Is my practice registered nursing practice?

Question #1

I'm a registered nurse employed in an administrative role that requires no direct client contact. Do I need to maintain registration on the College's practicing register?

Question #2

I'm an RN and am also certified to provide a type of complementary therapy. I'm thinking about offering the complementary therapy as a service to clients. Can I count the hours providing this additional service towards the total minimum number of practice hours for registration renewal?

Question #3

I'm an RN employed in a position that now considers other types of regulated health-care providers equally qualified. Can I still accrue nursing practice hours?

Question #4

I work part-time as a general duty nurse in a hospital. I also have a private contract with a clinic to provide counseling services. Can I use the RN designation on my business card at the clinic?

Although these questions may appear to be different, they are all essentially asking the same thing. The individuals who posed them are trying to determine whether the work they are doing, or are considering doing, constitutes registered nursing practice, or whether this work can be counted as registered nursing practice hours for the purpose of registration renewal. To practise as an RN in Manitoba, an individual's name must appear on the College's current practicing register. According to Section 2.39(1&2) of *The Regulated Health Professions Act* general regulations, "while

engaged in the practice of registered nursing, a member who is registered in the class listed in the first column of the following table and who holds a valid certificate of practice is entitled to use the title and abbreviation set out opposite in the second column:

Membership class	Title and abbreviation
registered nurse	Registered Nurse RN
registered nurse who also meets the authorized prescriber requirements set out in subsection 2.23(1)	Registered Nurse (Authorized Prescriber) RN(AP)
registered nurse (interim practice)	Registered Nurse (interim) RN (interim)
registered nurse (temporary practice)	Registered Nurse (temporary) RN (temporary)
registered nurse (nurse practitioner)	Registered Nurse (Nurse Practitioner) RN(NP)
registered nurse (nurse practitioner – interim practice)	Registered Nurse (Nurse Practitioner interim) RN (NP interim)
registered nurse (nurse practitioner – temporary practice)	Registered Nurse (Nurse Practitioner temporary) RN (NP temporary)
registered nurse (graduate nurse practitioner)	Registered Nurse (Graduate Nurse Practitioner) RN(GNP)
graduate nurse	Graduate Nurse GN

No person – other than a person who is registered in a membership class listed in the first column of the table in subsection (1) and who holds a valid certificate of practice – shall use any title or abbreviation listed in the second column of the table in subsection (1) or a variation of any of those titles and abbreviations alone or in combination with other words, in a manner that states or implies that the person is a member of that membership class.”

A registrant may only accrue hours of nursing practice for the purposes of registration renewal (minimum 1,125 hours in the five preceding years or 450 hours in the two years preceding renewal) while registered as a practicing member of the College and only for activities recognized as the practice of nursing.

Developments in medical technology and health-care research create opportunities for the advancement of nursing. These opportunities also serve to challenge the scope of registered nursing practice. While there are new procedures and approaches to health care being explored and implemented as nursing practice, there are an equal number of past practices being re-evaluated. Determination of what constitutes registered nursing practice in Manitoba involves evaluating the specific practice in question in the context of *The Regulated Health Professions Act* and the *Practice Expectations for RNs*. It is not enough to say that because an RN is employed in a particular position that the work being done is that of registered nursing. Furthermore, the fact that nursing knowledge helps to inform or perform a particular practice or type of work does not mean that the practice is RN practice.

Practice of Registered Nursing Regulation, Section 5 provides the following definition for the practice of nursing: “*The practice of registered nursing is the application of registered nursing skill, knowledge and judgment to:*

- a) *assist individuals, families, groups, communities and populations to achieve, maintain and restore their optimal physical, emotional, mental, spiritual and social health;*
- b) *assess, diagnose, plan and provide treatment and interventions and evaluate their effectiveness and to make referrals;*
- c) *teach, counsel and advocate on behalf of their clients in order to enhance health and well-being;*

- d) *coordinate, supervise, monitor, deliver and evaluate the provision of health care;*
- e) *manage, administer and develop systems related to registered nursing and the provision of other health care;*
- f) *teach registered nursing theory and practice; and*
- g) *engage in research related to health or the practice of registered nursing.*

In determining whether a particular practice may be included as the practice of registered nursing, part of the assessment includes evaluating whether the practice is in keeping with the above definition of nursing practice and also takes into account whether the particular practice is grounded in the competencies gained in basic nursing education programs and expanded through post-basic health-related education programs. It is also important to evaluate whether the practice is currently considered to be best-practice and evidence-based. This means assessing whether the practice in question is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data (Canadian Health Service Research Foundation, 2005).

The *Practice Expectations for RNs* have three primary purposes:

1. To articulate the expectations the public can have of a registered nurse in any practice setting, domain and/or role.
2. To articulate the expected and achievable levels of practice against which actual performance can be measured.
3. Serve as a legal reference to describe “reasonable and prudent” nursing practice.

It is the responsibility of all RNs on the College’s practicing register to understand the practice expectations and apply them to their own nursing practice, regardless of nursing roles or practice settings. The practice expectations are the foundation upon which the College’s continuing competence program was built. When determining whether a particular practice or type of work is considered to be nursing practice in Manitoba, it is imperative to evaluate

whether each of the practice expectations can be met while the RN is engaged in the particular activity or work, and how the RN will demonstrate an ability to meet continuing competence program requirements.

While there are many types of work, practice and professional roles that are of value and benefit to the public, the College is legislated to ensure that the public receives safe, competent nursing care. The determination of what work or practice constitutes RN practice rests with the College. Nursing knowledge, skill and judgment must be integral to the execution of the role and work, and be deemed nursing practice when viewed through the lenses of *The Regulated Health Professions Act* and the *Practice Expectations for RNs*.

References

The Regulated Health Professions Act (C.C.S.M. c. R117)
Practice of Registered Nursing Regulation

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