



College of  
Registered Nurses  
of Manitoba

# Scope of Practice for RN(AP)s

All RN reserved acts are also within the registered nurse (authorized prescriber) scope of practice (refer to the *Scope of Practice for RNs* document for this).

The information in this document is subject to change as the College of Registered Nurses of Manitoba (the College) policies are revised or legislation is amended. Where necessary, additional scope of practice information is included in College practice directions.

# Table of Contents

<b>Purpose</b>	<b>3</b>
<b>Scope of Practice of the RN(AP) in Manitoba</b>	<b>3</b>
<b>Practice Expectations and Employer Policies</b>	<b>3</b>
<b>Initiating a Reserved Act</b>	<b>3</b>
<b>Reserved Acts</b>	<b>4</b>
<b>Reserved Act 1: Diagnosis</b>	<b>4</b>
<b>Reserved Act 2: Order or receive screening or diagnostic tests</b>	<b>4</b>
<b>Reserved Act 6: Prescribing a drug or vaccine</b>	<b>5</b>
<b>Definitions</b>	<b>5</b>
<b>References</b>	<b>5</b>

## Purpose

The purpose of this document is to provide information about the scope of practice for Registered Nurse (Authorized Prescriber)s or RN(AP)s.

The information in this document is subject to change as the College of Registered Nurses of Manitoba (the College) policy is revised or legislation is amended. Where necessary, additional scope of practice information is included in the College's practice directions.

## Scope of Practice of the RN(AP) in Manitoba

Legislated authority for RN(AP) practice is found in the *Practice of Registered Nursing Regulation*. Scope of practice refers to the range of activities the RN(AP) is educated and authorized to perform.

RN practice forms the foundation for RN(AP) scope of practice. All reserved acts that are within the legislated scope of practice for the RN profession are also in the legislated scope of practice for the RN(AP). Please refer to RN scope of practice for a listing of these reserved acts.

The RN(AP) adds to their scope of practice through the application of knowledge, skill and judgment in authorized prescriber practice in one or more of the following areas:

1. travel health;
2. reproductive health, sexually transmitted infections and blood borne pathogens; or
3. diabetes health.

### Limit

RN(AP)s with an approved client population for diabetes health may practise as needed only in:

1. collaboration with a physician or RN(NP); or
2. an approved practice setting.

*The General Council Regulations* articulate the scope of practice under *The Regulated Health Professions Act* (RHPA) reserved act model. Reserved acts are those clinical activities listed in the RHPA. They are clinical activities done in the course of providing health care that are to be limited to certain regulated health professions and members of those professions who are qualified and competent to perform them because they present a significant risk of harm to the public when performed incompetently. Each reserved act may be performed by more than one category of health-care provider as determined by that health-care profession's regulations.

RN(AP)s may perform the same reserved acts as RNs plus three additional reserved acts:

- prescribing drugs or vaccines listed in the Schedule (insert link for RN(AP) Schedule);
- ordering and receiving screening or diagnostic tests listed in the Schedule; and
- making a diagnosis that is appropriate to one's practice as an RN(AP).

## Practice Expectations and Employer Policies

A practice expectation is the expected level of performance against which actual performance is compared. In addition to standards of practice in the *General Regulation*, RN(AP)s must meet all applicable practice expectations contained in practice directions.

RN(AP) practice is rooted in RN practice, so it is essential to:

- meet the practice direction Practice Expectations for RNs and any applicable practice directions;
- apply the requisite knowledge, skill and judgment to competently perform any act or service as part of RN practice;
- acknowledge any of their limitations in knowledge, skill and judgment;
- function within their practice limitations; and
- only perform a practice if it is both safe and appropriate for the practice to be provided.

Employer policies also provide further direction for RN(AP) practice in the facility or region which the RN(AP) works. Employer policies are expected to be consistent with the RHPA, regulations, bylaws, standards of practice, *Code of Ethics* and practice directions. Each RN(AP) is expected to follow practice directions and employer policies.

## Initiating a Reserved Act

Before deciding to initiate a reserved act, the RN(AP) must determine whether the client's condition warrants the performance of the reserved act.

*The RN(AP) scope of practice is more than a set of reserved acts.*

## Reserved Acts

The following describes reserved acts for RN(AP)s as set out in the *General Council Regulation*.

Because the reserved acts for RNs are included in the scope of practice for RN(AP)s, it is necessary to refer to the *Scope of Practice* for RNs for these additional reserved acts.

### Reserved Act 1 Diagnosis

*Make a diagnosis that is appropriate to the RN(AP)'s practice as an RN(AP) and communicate it to an individual or their personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care.*

Registered Nurses have within their legislated scope of practice, making a diagnosis that is appropriate to the RN's practice of registered nursing. However, with the additional education and clinical practice that the RN(AP) completes to obtain the authorized prescriber notation, the individual competence of the RN(AP) broadens the diagnoses that can be made in the practice areas of travel health, reproductive health, sexually transmitted infections and blood borne pathogens and/or diabetes health. The availability of diagnostic tools and clinical knowledge in the interpretation of assessment data both impact the diagnoses that a RN(AP) can skillfully make.

This reserved act is only completed when the RN(AP) communicates the diagnosis to the individual client (or their personal representative). Communicating a diagnosis provides a basis from which the individual (or their representative) decides on goals of care and continues to work toward achieving their health-care goals.

#### Limits and Criteria

To competently and safely make a diagnosis according to this reserved act, the RN(AP) must:

- use diagnostic reasoning skills to generate diagnosis; and
- meet all other practice expectations and applicable practice directions.

### Reserved Act 2: Order or receive screening or diagnostic tests

*Order or receive reports of screening or diagnostic tests listed in the [Schedule](#).*

RN(AP)s order or receive reports of screening or diagnostic tests in order to confirm or rule out a diagnosis as suggested by the client's history and/or physical findings, assess/monitor ongoing conditions of clients with chronic illnesses, or carry out screening activities.

#### Limits and Criteria

To competently and safely perform the ordering or receiving of reports of screening or diagnostic tests, the RN(AP) must:

- consider evidence-informed practice to determine the appropriateness, contraindications, safety and cost-effectiveness of screening and diagnostic tests as well as relevant provincial and federal legislation and standards;
- establish efficient and safe processes for response to critical screening and diagnostic test results including any necessary collaboration with other health-care providers;
- maintain accurate information about their current employer and work contact information in their CRNM profile to inform other relevant health-care partners (e.g. Diagnostic Services Manitoba); and
- meet all other practice expectations and applicable practice directions.

**To ensure their authorization for ordering/receiving are in place, the [Shared Health Laboratory Information System \(LIS\) Provider Update Form \(LIS Provider Update form\)](#) must be completed and submitted for each clinical setting in which they work. This ensures their individual authorization mechanism is in place.**

#### Diagnostic and Screening Test Requisitions require:

- RN(AP)'s full name and CRNM registration number (unique identifier)**
- Generic billing number 004A**

In addition to ordering/receiving reports of screening/diagnostic tests listed in the Schedule, the RN(AP) scope of practice includes the RN scope of practice. This includes the ordering and receiving of screening/diagnostic tests, as long as the RN uses a clinical decision tool in place at the approved practice setting or collaborates with one of the following who is legally permitted and competent to order and receive those reports: RN(NP), RN(AP), physician, clinical assistant, physician assistant or pharmacist. See the RN Scope of Practice document for details on RN scope of practice for ordering/receiving screening or diagnostic tests.

### Reserved Act 6: Prescribing a drug or vaccine

Prescribe a drug or vaccine listed in the [Schedule](#).

The regulations stipulate that the RN(AP) may prescribe specific devices necessary for their client population.

#### Limits and Criteria

To competently and safely prescribe a drug/vaccine listed or a device listed in the legislation, the RN(AP) must:

- a. prescribe only those medications, devices and vaccines listed in the regulations; and
- b. meet all other practice expectations and applicable practice directions.

## Definitions

**Approved practice settings:** a health care facility operated by the government or other organization listed in the CRNM General Regulations.

**Order:** an instruction or authorization for a specific client that is given to a member to perform a reserved act by a person who is legally permitted and competent to give the order and is either:

- an RN (nurse practitioner), RN(NP);
- an RN (authorized prescriber), RN(AP);
- physician; or

- any other person who engages in health care as a practising member of a health profession regulated under the Act or a profession-specific Act listed in Schedule 2 of the Act.

**Practice Direction:** A document, issued by Council with the purpose to enhance, explain, add or guide members with respect to the subject matters described in the *College of Registered Nurses of Manitoba General Regulations* or any other matter relevant to the practice of registered nursing.

**RN (authorized prescriber):** an RN who holds a valid certificate of practice with the notation (Authorized Prescriber).

**Reserved acts:** clinical activities that are determined to present a significant risk of harm to the public when performed incompetently and as such, are reserved in legislation to only be performed for qualified and competent health professions. Reserved acts are identified in section 4 of *The Regulated Health Professions Act*.

## References

Canadian Nurses Association (2017). *Code of Ethics*.

College of Registered Nurses of Manitoba (2024). *RN(AP) Schedule*.

Government of Manitoba (2017). *College of Registered Nurses of Manitoba General Regulation* (Aug. 31, 2017).

Government of Manitoba (2009). *The Regulated Health Professions Act S.M. 2009. c.15*.

Government of Manitoba (2017). *Practice of Nursing Regulation*.

Published: 05/2018

Reviewed: 12/2024

For more information please contact one of our quality practice consultants at

204-774-3477

800-665-2027 (Manitoba toll-free)

Scope of practice is defined in the Practice of Registered Nursing Regulation and the College of Registered Nurses of Manitoba General Regulation. For additional information, please see *The Regulated Health Professions Act*.

Our publications are available on our website at [www.crnmb.ca](http://www.crnmb.ca)