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**SELF-EMPLOYED REGISTERED NURSES
AND
NURSE PRACTITIONERS**



Association of
Registered Nurses
of Newfoundland
and Labrador



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the ARNNL Council in 2016.

Self-Employed Registered Nurses and Nurse Practitioners

This *Regulatory Document* provides direction for registered nurses (RNs) and nurse practitioners (NPs) in relation to regulatory responsibilities for self-employed practice. In addition, self-employed RNs and NPs must adhere to all other legislation, standards, ethical codes, and current policies and guidelines relevant to his/her practice. ARNNL through the *Registered Nurses Act, 2008* is granted authority “to advance and promote the ethical and professional standards of the nursing profession” and “to promote proficiency and competency in the nursing profession”. Thus ARNNL is accountable to define the scope of nursing practice, including the scope of practice for self-employed RNs and NPs.

Self-employed registered nurses are practicing RNs or NPs, who hold a practicing license and who operate their own economic enterprise. They may operate as a sole practitioner, own a business or professional practice, or have a business relationship in which they perform specific work for another party in return for payment (College of Nurses of Ontario [CNO], 2013). Self-employed RNs or NPs are also referred to as nurses in independent or private practice.

Self-employed RNs and NPs apply nursing knowledge, skill and judgment in the provision of health services to clients in a variety of settings in the areas of direct care, education, research, administration and/or consultation (College & Association of Registered Nurses of Alberta [CARNA], 2010). Clients may be individuals, families, groups, communities, educational institutions, organizations, corporations and/or health care agencies. Self-employed RNs and NPs may provide these services independently, in partnership with other self-employed practitioners, or employ others to do so (College of Registered Nurses of Nova Scotia [CRNNS], 2014). The services offered by a RN or NP in self-employed practice must fall within the boundaries established by relevant legislative, regulatory, ethical, and business standards.

Examples of self-employed nursing services may include, but are not limited to:

- Health promotion and preventative services (e.g., health education, health risk screening);
- Acute, restorative or palliative care (e.g., foot care, private duty nursing, mental health counseling, respite care, medication administration, wound care); and,
- Consulting services to agencies or organizations on health/social issues (e.g., policy development, change management) (CRNNS, 2014).

It is important to understand that even though some activities may be carried out by a RN or NP they may not constitute practice of a RN. Therefore, all self-employed business activities may not always be applied toward required RN or NP practice hours. It may be necessary to distinguish what components of a business are nursing (e.g., use of the nursing process) and what components are non-nursing (e.g., sales). Further, some tasks, although enhanced by nursing knowledge are not nursing practice (e.g., infection control principles enhances quality of tattooing business). To determine if a practice will be accepted as nursing practice, the RN should consult with ARNNL. Through consultation with ARNNL, the percentage of the practice that will be recognized as nursing practice hours will be determined.



Standards, Code and Scope of Practice

The standards of practice and the code of ethics for RNs and NPs apply in all contexts of practice including self-employment. Self-employed RNs and NPs use the standards and the code to support their practice and guide their conduct, to develop policies and procedures for their specific area of practice, and to assist in decision-making in relation to their nursing practice. They are accountable to be knowledgeable of and uphold any specialty standards and other standards related to their practice.¹

Self-employed RNs and NPs must be knowledgeable about regulatory policy, relevant federal and provincial legislation and regulation, any other requirements, and must integrate it appropriately into practice.

Self-employed RNs and NPs are responsible for the services they deliver and for the nature of the nurse-client relationship. They are directly accountable to the client to whom, or on behalf of whom, nursing services are provided, and any third party with whom the RN or NP may have contracted for payment of nursing services.

RNs and NPs are required to practice within their legislated scope of nursing practice and to practice only those competencies for which they have appropriate education, authority and competence. Information related to scope of practice can be found in the ARNNL regulatory document, *Scope of Nursing Practice - Definition, Decision-Making and Delegation (2006)*.

Competence

Self-employed RNs and NPs are expected to practice within their area of competence. Prior to the initiation of self-employed nursing practice, RNs and NPs must critically assess their nursing knowledge, skills, competence, and experience to ensure that they possess the competencies for the professional nursing service they wish to provide. Generally, the more specialized the service or greater the client risk, additional clinical qualifications may be required. Additional education, such as post-basic educational courses in a specific area of practice and practice experience are often prerequisites when considering self-employment. Provision of specialized nursing services requires adherence to all relevant evidence-informed guidelines and specialty standards developed for that area of practice (e.g., foot care, diabetes management).

Self-employed RNs and NPs may not have internal access to nursing colleague consultation/ supervision as nurses employed in health care agencies. Therefore, it is helpful to identify professional support systems (e.g., special interest groups and mentors) that can assist in identifying, attaining and maintaining competence and practice standards.

Self-employed RNs and NPs must maintain their competence through ongoing participation in continuing education and professional development. The self-employed RN and NP must fulfill the requirements for the ARNNL Continuing Competency Program (CCP) which requires reflection on their practice through self-assessment, development and implementation of a learning plan, and evaluation of the impact of the learning.

¹Specialty or other standards define in more detail expectations specific to an area of practice, (e.g., critical care or mental health), or they may address components of practice such as documentation or medication administration. These standards complement the *Standards of Practice for Registered Nurses* and provide additional information on specific topics.



The following information will guide the RN and NP in meeting accountability in their self-employed nursing practice:

Licensure Information:

The titles “RN” and “NP” are protected, and can only be used by RNs and NPs holding a current practicing license and in association with the provision of nursing service (*Registered Nurses Act, 2008*). Before beginning self-employed nursing practice, RNs and NPs should review ARNNL’s regulatory document, *Scope of Nursing Practice - Definition, Decision-Making and Delegation (2006)* and other resources to determine whether the planned service falls within the practice of a RN.

To clarify if a practice constitutes nursing practice or to determine the percentage of a business that may qualify as nursing hours RNs and NPs should contact ARNNL at registration@arnnl.ca.

RNs and NPs are required to obtain a specified number of hours of nursing practice for renewal of licensure in accordance with *Registered Nurses Regulations (2013)*. Documentation confirming their hours of self-employed nursing practice must be verified by an independent third party, such as an accountant, tax specialist or office manager. Self-report of hours will not be accepted by ARNNL. For further information related to hours submission they need to contact ARNNL at registration@arnnl.ca

The Registered Nurses Regulations (2013) require RNs and NPs to notify ARNNL of any change in employer, including the addition of self-employment, within 30 days of the change or addition. They must update this information at *MyARNNL.ca* on the ARNNL website. In addition, the NP must also provide ARNNL with their business and telephone information.

Professional Liability Information

The *Registered Nurses Act (2008)* requires that all RN’s and NP’s maintain professional liability insurance. Self-employed RNs and NPs are responsible for investigating the level of liability risk associated with their nursing practice in order to determine the appropriate liability coverage. All RNs and NPs who hold a practicing license with ARNNL pay for professional liability protection through the Canadian Nurses Protective Society (CNPS) for their personal practice. Nurses who own a professional corporation or nursing practice, who operate a clinic or otherwise operate a business providing nursing services, should consider liability insurance for their business, in addition to their individual professional liability protection. RNs and NPs considering self-employed practice should contact CNPS (www.cnps.ca) and/or their lawyer or business consultant to discuss issues related to professional liability, general liability and any other forms of insurance.

Policies and Guidelines

Self-employed RNs and NPs shall develop written guidelines/policies to guide their practice and the business aspects of their practice. Examples of such guidelines/policies where relevant to a particular practice include: documentation, record management, informed consent, cleaning of equipment, compliance with Personal Health Information Act (PHIA), collaborative services with other providers, payment for services, succession planning and closing a practice.



In addition, NPs refer to ARNNL's *Standards of Nurse Practitioner Practice in Newfoundland and Labrador (2013)* for further direction on establishing policies and procedures in accordance with legislation, evidence-informed practices and other regulatory requirements to guide their practice and when closing a practice. There is no established template for policy structure, this would be at the discretion of the self-employed RN or NP.

Documentation/ Information Management

The management of client information is an important consideration for self-employed nursing practice. Documentation is a practice expectation, and one of the RN and NP practice standards. RNs and NPs should review ARNNL's *Documentation Standards for Registered Nurses (2010)*.

The Personal Health Information Act (PHIA) in Newfoundland and Labrador governs the collection, use, and disclosure of health information. It is essential that self-employed RNs and NPs understand all obligations as custodian of health information, and other requirements under PHIA. Self-employed RNs and NPs should refer to the Government of Newfoundland and Labrador website for information related to PHIA and available on-line learning modules (health.gov.nl.ca/health/phia).

Consent

Self-employed RNs and NPs have a legal and ethical responsibility to obtain valid documented consent from clients for any nursing service and to ensure their practices regarding the informed consent process comply with the law as it is currently and as it evolves. They may refer to the CNPS InfoLAW bulletins for more detailed information on consent.

Advertising

Advertising of nursing services by RNs and NPs must be conducted in a responsible and transparent manner. Any advertising undertaken must not be reasonably expected to mislead the public. RNs and NPs must act in a manner that is consistent with the public image and is within legal limits, the CNA Code of Ethics, ARNNL standards and guidelines and other relevant documents such as the *Canadian Code of Advertising Standards*. RNs and NPs shall also review ARNNL's regulatory document *Advertising Nursing Services (2011)*.

Conflict of Interest

Self-employed RNs and NPs avoid conflict of interest or manage perceived conflict of interest in their practice. For example, when self-employed and also under the employment of a health care organization RNs and NPs need to be cognizant of the ethical implications of engaging in both roles (CARNA, 2010). RNs and NPs should inform their employer of self-employed practice and know the employer's conflict of interest policies/positions. RNs and NPs should not refer clients from their employment-related contacts to their private practice. For RNs and NPs who are also involved in sales or product promotion, they must ensure their personal or private interests do not interfere with the interests of the person receiving care or with the nurse's own professional responsibilities (Code of Ethics, 2008).



Payment for Services

Currently, RNs and NPs in Newfoundland and Labrador are not eligible to access monies for nursing service through the provincial medical care plan (MCP). Self-employed RNs and NPs provide services on a direct fee-for-service basis, with the fees being paid either by private 3rd party payers such as insurance companies, employers, or directly by clients. ARNNL does not determine or approve fees or processes for collection and accounting for self-employed nursing services. It is the responsibility of the self-employed RN and NP to set reasonable fee structures that are in line with the nursing services being provided, and ensure the client is aware of the fees at the onset of the professional relationship. Self-employed RNs and NPs are accountable to meet all Canada Revenue Agency and any provincial expectations such as HST, payroll, payers account number, Health and Post Secondary Education Tax, Workplace Safety Registration, and well as annual filing of income.

Business Consideration

Self-employed RNs and NPs should obtain business and legal advice as needed to identify, understand, and comply with the laws that apply to their practice and to their business (e.g., laws relating to employment standards, WHSCC and taxation). The ARNNL does not provide business advice on this matter. Failure to comply with relevant legislation is a breach of the standards of practice and potentially subject to a quality or conduct review.

Consultation

ARNNL is available to assist you in your exploration of self-employed nursing practice and related regulatory requirements. ARNNL can provide information on the standards of practice, the code of ethics, and scope of practice to assist RNs and NPs with issues related to self-employed nursing practice. Additional resources related to self-employed nursing practice are also available on ARNNL's website.



References and Resources

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