



College of Registered Nurses
of Nova Scotia

Joint Position Statement on Nurses Holding Dual Licensure



Nurses are responsible and accountable for their own practice and actions at all times. However, their accountabilities can become blurred when they hold licences to practise concurrently as both a licensed practical nurse and a registered nurse (i.e., holding licences with both the College of Licensed Practical Nurses of Nova Scotia and the College of Registered Nurses of Nova Scotia, respectively).

Although dual licensure is permitted within the law, the College of Licensed Practical Nurses (CLPNNS) and the College of Registered Nurses (CRNNS) do not support it and do not recommend that nurses practise concurrently as licensed practical nurses (LPN) and registered nurses (RN). In nurses' work environments, dual licensure can create role confusion, accountability/liability issues for nurses and their employers, and potentially impact the quality of care provided to clients and their families.

Nurses holding dual licensure may be put in vulnerable positions or professionally compromised if an employer is unaware of or disregards the differences in the responsibilities and accountabilities associated with each category of nursing licence. For example, a nurse may be employed as an LPN but requested by an employer to function at the level of an RN. Nurses holding dual licensure, along with their employers, are responsible to communicate with each other in regards to the employers' expectations and the nurses' responsibilities.

Scope of Practice/Scope of Employment

Nurses holding dual licensure, as well as their employers, must be aware of and understand the distinct scope of practice associated with each of their two nursing licences. Nurses holding dual licensure must also balance their job responsibilities (i.e., scope of employment) with their individual knowledge, skills and judgment (competencies) in order to provide safe, ethical, compassionate, and competent care.

The scope of practice of RNs is broader than that of LPNs. Within their scope of practice, RNs are authorized to work autonomously regardless of the complexity of client care or predictability of client outcomes. RNs are also responsible for coordinating the delivery of client services and resources required for optimal health care.

Within their scope of practice, LPNs are authorized to work independently when providing care to stable clients with predictable outcomes. When a client's complexity increases, or the context of practice changes, an LPN would be required to consult with an authorized healthcare professional (e.g., registered nurse) to assess the client's condition or the practice environment. If it is determined that the client is unstable with unpredictable outcomes, the RN would assume accountability for the client's care and discuss with the LPN which of the following three options

would be most appropriate for her/his practice. To:

1. work collaboratively with the RN to provide the required care
2. work under the guidance or direction of the RN
3. relinquish the client's care to the RN.

When an LPN with dual licensure is caring for a client whose condition deteriorates unexpectedly (e.g., an emergency situation), the LPN would be expected to perform at her/his highest level of accountability and scope of practice until relieved by an RN. In other words, the LPN would be expected to immediately function as an RN until relieved of that responsibility.

Risks for Nurses Holding Dual Licensure

Role confusion and the potential to practise outside one's scope of practice are two significant risks for nurses holding dual licensure.

Role confusion can be an issue for clients and nurses. For example, a nurse who is working as an RN on one shift initiates a care plan for a new client admitted to her unit. On the following day, while working as an LPN, her RN colleagues might expect her to do the same thing when they are all busy and a new client is admitted.

Nurses holding dual licensure may also find it difficult to remember which scope of practice applies when they change their nursing role from one day to another or within one shift. For instance, a nurse working as an RN in an emergency department for one shift and then extending her shift by four hours to work as an LPN may forget that as an LPN she might share responsibility, but not assume accountability, for an unstable trauma client that she cared for earlier in the day.

In the event that a complaint is lodged against an LPN holding dual licensure, the LPN may be held to the RN level of accountability and, as a result, have complaints submitted to both regulatory bodies (i.e., College of Licensed Practical Nurses [CLPNNS] and College of Registered Nurses [CRNNS]).

NOTE: These same risks would apply when RNs or LPNs are employed as unregulated care providers.

Recommendations

The regulatory bodies for nursing in Nova Scotia (CLPNNS and CRNNS) recommend that nurses who hold dual licensure choose one licence and voluntarily rescind the other to the relevant regulatory body.

The colleges also recommend that employers not permit nurses holding dual licensure to practise concurrently as both an LPN and an RN (e.g., to not allow nurses to practise on one unit as both an RN and an LPN, and not to allow them to practise as both an RN and LPN during any employment shift).

The regulatory bodies also advise nurses who choose to maintain dual licensure to not practise on one unit (care area) as both an RN and an LPN, and not to practise as both an RN and LPN during any employment shift. In the event that a nurse holding dual licensure chooses to practise concurrently as both an LPN and RN on one unit or during one shift, they are advised to inform their clients and the interdisciplinary team as to whether they are practising as an LPN or RN. The same would apply to those employed by external or contract agencies.

Operational Definitions

Accountability: answering for the professional, ethical, and legal responsibilities within one's role (i.e., decisions, activities, interventions): can never be shared or delegated.

Complaint: a written notice to CLPNNS or CRNNS indicating possible professional misconduct, conduct unbecoming the profession, incompetence or incapacity of a member.

Context of practice: conditions or factors that affect the practice of nursing, including client population, (e.g., age, diagnostic grouping), location of practice setting (e.g., urban, rural), type of practice setting and service delivery model (e.g., acute care, community), level of care required (e.g., complexity, frequency), staffing and availability of other resources. In some instances, context of practice could also include factors outside the healthcare sector (e.g., community resources, government).

Responsibility: an activity, behaviour or intervention expected or required to be performed within a professional role and/or position: may be shared, delegated or assigned.

Scope of employment: the range of responsibilities defined by an employer through job descriptions and policies, which are required to be within the legal legislated scope of practice.

Scope of practice: the range of roles, functions and accountabilities which nurses are educated, legislated and authorized to perform. In Nova Scotia, the scopes of practice for LPNs and RNs are defined, respectively, in the *Licensed Practical Nurses Act* and the *Registered Nurses Act*.