COLLEGE AND ASSOCIATION OF NURSES
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Practice Standard for CANNN Nurses

Nurses in Independent Practice

Practice standards outline requirements related to specific aspects of nursing practice. They link to other standards, policies, and bylaws of the College and Association of Nurses of the Northwest Territories and Nunavut and all legislation relevant to nursing practice.

Introduction and Background

The College and Association of Nurses of the Northwest Territories and Nunavut (CANNN) recognizes that independent practice is a legitimate practice option for Registered Nurses (RN), Registered Psychiatric Nurses (RPN), Licensed Practical Nurses (LPN), and Nurse Practitioners (NP). There are, however, unique policy, practice, business, and liability issues that arise for nurses who are in independent practice. Consistent with the mandate to ensure public protection, CANNN is responsible for ensuring registrants have access to the information they require to deliver safe, competent, and ethical practice. With the growing number of nurses choosing to enter independent practice, it is critical to ensure that nurses understand the full extent of their professional responsibility.

This document was developed through a collaboration of the Registered Psychiatric Nurse Regulators of Canada (RPNRC), an umbrella organization representing the Registered Psychiatric Nurses regulators in Canada. Members of RPNRC include the British Columbia College of Nurses and Midwives (BCCNM), College of Registered Psychiatric Nurses of Alberta (CRPNA), College of Registered Psychiatric Nurses of Saskatchewan (CRPNS), College of Registered Psychiatric Nurses of Manitoba (CRPNM), College and Association of Nurses of the Northwest Territories and Nunavut (CANNN), College of Registered Nurses and Midwives Prince Edward Island (CRNMPEI), College of Registered Nurses of Newfoundland and Labrador (CRNNL), and Nova Scotia College of Nursing. It has been adapted from the original to reflect the legislation and regulatory framework of the Northwest Territories and Nunavut.

Nurses in independent practice are responsible for ensuring that all aspects of professional practice, liability, and risk management are properly addressed.

Definition of Independent Practice

Independent practice is the provision of nursing services with the application of nursing knowledge, practice, and principles in an unsupervised, self-employed setting. Nurses in independent practice must adhere to all legislation relevant to nursing practice as well as CANNN's Standards of Practice and Code of Conduct.

The Nurse in independent practice:

- is a graduate from an approved nursing program with additional education and/or experience in the area of practice.
- must be an active registrant in good standing with CANNN; and
- is legally responsible for their practice.

Is this Practice Considered Independent Practice?

Several key aspects of a nurse's professional life are evaluated when determining if a nurse is in independent practice, including control over their work, financial responsibilities, business operations, and legal obligations. Unlike traditional employment, where an employer dictates hours of work, duties, and compensation, independent practice offers autonomy but also requires managing various administrative, financial, and regulatory tasks. The checklist below will help assess if a nurse is functioning as an independent practitioner.

- ☐ Does the nurse have control over their hours of work?
- ☐ Does the nurse have control over the services they provide?
- ☐ Does the nurse make decisions about their business policies and procedures?
- ☐ Is the nurse responsible for the financial aspect of the business (billing, taxes, business expenses)?
- ☐ Does the nurse receive income based on the services provided?
- ☐ Has the nurse established their own business identity or registered as a business?
- ☐ Does the nurse manage their own client base?
- ☐ Does the nurse manage their own marketing?
- ☐ Does the nurse work independently without supervision or oversight of an employer?
- ☐ Is the nurse the custodian of the health record?

If the answer is yes to most or all of these questions, it is likely the nurse is in independent practice, meaning the nurse is an independent contractor or a business owner responsible for managing their practice, clients, financial matters, and legal obligations.

Independent nursing practice may occur in the domains of direct clinical practice, education, research, and administration.

Operating an independent practice has the potential to include activities that extend beyond the traditional roles and responsibilities of a nurse, which may increase the risk of practicing outside of one's

professional and personal scope. To ensure a nurse's practice aligns with recognized nursing practice hours and remains within scope, the nurse must consult with CANNN's Director of Quality Practice.

Preparation for Independent Practice

The public expects the nurse in independent practice to have the requisite knowledge, experience, skills, and competencies in their area(s) of practice. It is also expected that the nurse has made provisions for continued education and continued competence. Although this is not unlike the expectations for any nurse in any practice area, the self-employed nature of this practice puts greater responsibility on the nurse.

The identified area(s) of practice, or clinical focus of independent practice, is where the nurse has their primary area(s) of competence and is the basis of their practice. The nurse in independent practice is required to identify their area(s) of practice or primary clinical focus of practice based on the education and experience they have in a particular domain of practice or with a specific population, practice setting, or range of services they can provide.

Prior to initiating independent practice, the nurse is required to inform the College.

Research indicates that it takes approximately 2 to 3 years of clinical practice for nurses to consolidate theoretical knowledge into competent, real-world decision-making (Benner, 1984; Missen et al., 2016; Kaihlanen et al., 2020). During this period, new graduates transition from novice to competent practitioners through direct experience, mentorship, and critical reflection. When a nurse moves to a new specialty or practice area, it is pertinent for the nurse to reflect on what knowledge, skills and abilities they possess and what their learning needs are.

Independent practice requires more than foundational competence; it demands a high level of professional autonomy—the ability to apply one's expertise independently and confidently in complex situations. Autonomy in nursing is a multidimensional concept that extends beyond routine care to include independent decision-making, role clarity, and professional accountability (Pursio et al., 2021). As Pursio et al. note, professional autonomy is realized not only in collaboration with other disciplines but also in the nurse's ability to manage their own clinical responsibilities and apply judgment rooted in experience.

It is recommended that nurses have at least 3 to 5 years of experience before assuming full independent practice roles. An additional 1-2 years beyond the consolidation of knowledge phase allows nurses to deepen their reflective practice, critically evaluate interventions, be exposed to varied medical/psychiatric conditions, and apply evidence-based frameworks in the promotion of safe, effective and ethical care.

Responsibilities of the Nurse in Independent Practice

1. The nurse must be an active registrant in good standing with CANNN to use the protected title of Registered Nurse (RN), Registered Psychiatric Nurse (RPN), Licensed Practical Nurse (LPN), or Nurse Practitioner (NP) in their course of business
2. The nurse must obtain and maintain additional professional liability protection

3. The nurse must provide written notice to CANNN if there is a change or addition to their location of practice or a change in the focus of their practice. They are responsible for offering only those services for which they are competent and ensuring they have obtained the additional education and supervision required when extending their area(s) of competence
4. The nurse must practice within the boundaries of legislative, regulatory, business, ethical and professional standards.

Service Delivery Plan

There are two distinct components to independent nursing practice: service delivery and business management. Service delivery includes, but is not limited to, law, ethics, and risk management. Business management includes the organization and operation of a business and the financial structures that support the delivery of nursing services. It is recommended that nurses in independent practice consult a business lawyer and/or accountant regarding business and financial structures.

The nurse in independent practice is responsible for developing a Service Delivery Plan. The Service Delivery Plan must include:

- an outline of the clinical focus and the scope of services
- the purpose, goals, and expected outcomes of the services or practice
- location of the business, telephone number, and hours of operation
- fees and payment schedules
- qualifications of the nurse in independent practice: education, experience, specialization, etc.
- expectations of the nurse/client relationship
- referral sources
- accountability for service, including scheduling of clients
- purchasing equipment and supplies
- paying bills and taxes
- report writing
- informed consent
- confidentiality
- conflict of interest
- ensuring that the minimum requirement for professional liability protection is sufficient for independent practice
- documentation and records, including electronic files
- continuous quality improvement/continuing competency
- contractual agreements with established agencies for third-party reimbursement
- termination of practice

Nurses in independent practice are required to keep copies of all their documentation.

Fees For Services

Nurses in Independent Practice set fees for the services they offer in their practice. CANNN does not determine or approve fees. Fees should be comparable to those of other nurses and health care providers who have similar competencies, experience and provide similar services.

Nurses who engage in Independent Practice are responsible for:

- Informing clients of fees and acceptable methods of payment before services are rendered
- Informing clients in advance of fees for missed appointments or late payments
- Providing clients with adequate notice before changing fees and informing clients in advance what the notice period is
- Providing clients with an official receipt listing the nursing services provided and products sold

The following activities could be considered unprofessional conduct and may lead to disciplinary proceedings:

- Submitting an account or charge for services that are false or misleading
- Failing to fulfill the terms of an agreement for professional services
- Charging a fee that is excessive in relation to the services provided
- Charging a fee to be available to provide services to a client
- Offering or giving a fee reduction for prompt payment
- Failing to itemize an account for professional services
- Selling or transferring any debt owed for professional services

The nurse in Independent Practice does not:

- Recommend or promote unnecessary services to clients
- Offer discounts or coupons for services
- Provide promotional offers or charge fees in advance for a service that has not been provided

Critical Considerations for Independent Practice Service Delivery

Nurses in independent practice must review the following considerations and create a plan to address them. A record of this plan should be maintained as a copy may be requested by CANNN at any time.

Accountability

The nurse in independent practice demonstrates accountability to the client, the public and CANNN by:

- recognizing personal and professional boundaries and limitations
- making appropriate referrals
- seeking out appropriate personal and professional resources
- continually maintaining and upgrading skills and education in clinical areas of focus
- applying the concepts of accountability, responsibility and continuing competence
- knowing professional issues in nursing practice
- knowing and applying CANNN's Standards of Practice and Code of Conduct
- identifying and incorporating best practices

Informed Consent

The nurse in independent practice demonstrates knowledge and understanding that issues of competency, capacity, and consent arise in numerous contexts, including, but not limited to:

- consent and competency/capacity to consent to admission/entry to a hospital/facility, agency/service or nursing care, treatment, nursing interventions, tests and procedures, research and release of information

The nurse in independent practice demonstrates understanding of the legal principles governing competence/capacity to consent vary depending on the context:

- age of consent identified under the Northwest Territories and/or Nunavut legislation
- client's ability to understand the nature of the treatment or procedure, the benefits, and the risks
- client's intellectual capacity to understand what is proposed
- client's cognitive capacity to understand and comprehend what is being proposed
- client's mental status

The nurse in independent practice demonstrates knowledge and effective application of the principles of consent as it applies to nursing practice, including, but not limited to:

- implicit or explicit consent
- consent is considered valid only when given "voluntarily" (client's decision is the product of the conscious mind) and not coerced in any way
- consent is considered to be valid only if the client is competent
- consent of next-of-kin is only relevant if the client is not capable of consenting and if the next-of-kin is duly appointed as the substitute decision-maker
- consent is to be obtained in advance of the initiation of any test, procedure, or nursing intervention
- consent must relate to specific treatment or nursing intervention(s) undertaken
- record keeping, reporting, and other disclosures of information
- full and frank disclosure of the nature of the intervention(s), the risks and alternatives
- the scope of consent
- withdrawal of consent
- emergency treatment under territorial or federal law, risk of serious harm to the health or safety of the individual the information is about or another individual, or of the public health or public safety

The nurse in independent practice must clearly identify processes to be followed to address issues of consent in their practice. If conditions that the client imposes would render the intervention(s) futile or harmful, the nurse should withdraw from the relationship.

Confidentiality

Professionally acquired information must be treated as confidential communication. The obligation of confidentiality begins in any situation in which there would be a reasonable expectation of privacy.

The nurse in independent practice demonstrates knowledge and application of confidentiality principles in the therapeutic relationship. They manage and store all information about clients in ways that maintain and safeguard confidentiality.

The nurse in independent practice remains up to date on the *Health Information Act (SNWT 2020,c.13)*, the *Consolidation of Access to Information and Protection of Privacy Act. (S.N.W.T. 1994,c.20)* and the *Access to Information and Protection of Privacy Act (C.S.Nu. 2024, c.A-20)*, ethical guidelines concerning confidentiality, and demonstrates knowledge and ability to define circumstances where confidentiality can be breached.

These include:

- a risk of harm to the health and safety of a minor
- risk of serious harm to the health or safety of the individual the information is about or another individual, or to the public health or public safety
- court subpoena or when required by law
- where the nurse is a defendant in a civil, criminal, or disciplinary action arising from the professional relationship

Every disclosure must be limited to the minimum amount of information necessary to accomplish the purpose for which the information is disclosed.

Conflict of Interest

Independent practice creates an increased risk of a conflict of interest. The need to establish a business base as a way of creating an income can influence behavior that might be considered a conflict of interest.

Conflict of interest issues include, but are not limited to:

- directly or indirectly recruiting clients from one's employer
- providing services to a client personally known to the nurse on a social basis
- a dual relationship of any form
- recognition of conflict-of-interest situations

When unsure if a situation is a conflict of interest, ask the following self-reflective questions:

- Are referrals made based on the client's best interest, not personal or financial gain?
- Are services marketed in a way that is truthful and do not mislead potential clients?
- Are clients provided with comprehensive information to make informed decisions without pressure?
- Does the nurse regularly review and assess their practice to identify and address any potential conflicts of interest?
- Does the nurse seek guidance from peers, mentors, or professional organizations on managing conflicts of interests?

- Does the nurse follow CANNN's *Code of Conduct* and Standards of Practice to avoid conflicts of interest and maintain professional integrity?

Any "no" responses to the above self-reflective questions may indicate a potential conflict of interest or highlight areas of practice that could benefit from self-reflection, clinical support and/or consultation to ensure that client care is being prioritized over competing business interests. It is essential to implement proactive plans that prioritize client care and uphold professional integrity.

Nurses in independent practice are advised to seek professional assistance and/or consultation with CANNN's Director of Quality Practice if it is unclear whether a specific situation constitutes a conflict of interest.

Professional Liability Protection

CANNN requires all members with active registration to obtain and maintain professional liability protection or liability insurance through the Canadian Nurses Protective Society (CNPS).

Independent practice introduces additional liability protection needs. It is recommended that nurses in independent practice consult CNPS to review their current professional liability protection to determine what additional supplemental protection coverage is required based on their specific practice.

Documentation

Nurses in independent practice must be familiar with the *Health Information Act (SNWT 2020,c.13)* and understand the responsibilities of being a custodian or trustee of a health record.

Records refer to documentation kept about clients, whether on paper, on computer, or by any other means and include appropriate storage, retention and authorized release of client information.

Health record documentation includes:

- a general client information form
- a voluntary consent form signed and dated by the client or by a duly appointed substitute decision-maker
- documentation of services provided, and any organizational/operational policies used in practice
- times and dates of contacts with clients
- referral forms for consultation with other professionals in situations requiring additional expertise
- a signed release of information in the event of referral to other health care professionals or agencies

Client files (electronic or hard copy) and all pertinent documentation must be properly secured and maintained at all times to ensure confidentiality. Files and documentation must be maintained in

accordance with privacy legislation in the Northwest Territories and Nunavut. Nurses in independent practice will be held accountable for the proper handling, protection, use and disclosure of personal and personal health information.

The nurse in independent practice is required to keep accurate and adequate records. Failure to do so could be considered to be unprofessional conduct.

Continuous Quality Improvement

The nurse in independent practice ensures mechanisms are in place to evaluate nursing practice and services. Working in independent practice may increase practice isolation. It is the responsibility of the nurse to ensure they have processes and policies in place for enhancing patient care and maintaining high standards of professional practice. This includes but is not limited to:

- integrating the latest research and clinical guidance into daily practice to ensure care is evidence-based
- establishing measurable and clear goals to improve client outcomes
- ongoing participation in professional development and adherence to CANNN's Quality Assurance Program
- engaging in a community of practice for ongoing professional development, clinical accountability, reflective practice, and ethical decision making

Advertising

The nurse in independent practice must ensure that all advertising complies with CANNN's *Advertising* Standard of Practice: Advertising-Practice-Standard-CANNN.pdf

The nurse in independent practice shall **NOT** engage in advertising that is untruthful, inaccurate or otherwise capable of misleading or misinforming the public. It is expected that the public will be provided with accurate information that does not exaggerate the benefits of the services provided or detract from the public image of the nursing profession.

When advertising to the public you are responsible for:

- Including a description of your services to the public to help clients make informed decisions
- Include your name and protected title
- Include only accurate, factual and verifiable information

The nurse in independent practice is prohibited from including testimonials. This restriction is designed to maintain the integrity of nursing practice, protect the public from misleading information, and ensure that all claims about nursing services are evidence-based.

Financial incentives or discounts for services are not permitted and may contribute to the appearance of impropriety, potentially undermining the trust in the therapeutic relationship. Endorsements are not appropriate in advertising material. Private for-profit services are to be

structured to reflect the true costs of providing care, ensuring that all clients receive equitable services.

Nurses are also required to comply with CANNN's *Social Media* Standard of Practice: Social-Media-SOP.pdf. Social media use that undermines the public's confidence in the nursing profession may be subject to review.

Use of the CANNN logo is prohibited, as are any communications that imply the nurse is speaking on behalf of, or as representing CANNN.

Risk Management

Working in independent practice presents a unique set of challenges that can create a higher-risk environment compared to traditional healthcare settings. Unlike working within a hospital or clinic, nurses in independent practice are highly autonomous, without the immediate support of a larger team or supervision. This isolation can lead to increased responsibility for clinical decision-making, client safety, and business operations. Additionally, nurses in independent practice are tasked with managing both the clinical and administrative aspects of their practice, including financial management, legal compliance, and marketing.

The absence of built-in support systems, such as other nurses to transfer client care, peer consultation, and numerous other readily available resources, heightens the risk of burnout and legal liability, as well as environmental and operational disruptions. A robust risk management plan is essential to ensure potential hazards are mitigated while high standards of client care are maintained.

Areas of Risk:

- Client safety
- Infection Prevention and Control
- Crisis management
- Management of adverse reactions
- Boundary violations
- Environmental risk (uncontrolled settings, working alone)
- Confidentiality breaches
- Scope of practice violations
- Workplace safety
- Business continuity
- Financial management
- Legal compliance
- Public perception
- Lack of support
- Burnout

Termination of Practice

Nurses in independent practice must have a plan for the termination of practice as it relates to:

- clients of the service
- referral sources
- professional colleagues
- transfer of clients
- transfer of client files when appropriate written permission has been obtained from the client
- maintaining or destroying client files in a confidential manner and in accordance with territorial legislation
- arranging for the transfer of client files to a trustee under territorial legislation
- closure of business accounts and payment of fees
- catastrophic events such as death or unforeseen circumstances

When an independent practice is terminated, the nurse must inform CANNN.

Conclusion

Independent practice as a nurse (RN, RPN, LPN, or NP) demands advanced clinical competence, professional practice, accountability, and risk management. It requires a strong commitment to CANNN's Standards of Practice and Code of Conduct. The increased autonomy and reduced oversight inherent in independent practice increase the potential for risk to clients and the nurse.

It is recommended that nurses in independent practice review this document regularly. It is the responsibility of the nurse to remain up to date on changes to CANNN's Standards of Practice, Scope of Practice and Code of Conduct as well as relevant legislation, trends, evidence-based practice, and legal liability.

The final section of this document includes an Independent Practice Checklist to help nurses assess their readiness to engage in independent practice. This checklist is not exhaustive and is intended as a guiding tool.

Independent Practice Checklist

1. Practice Guidelines and Scope of Practice

- ☐ Have you reviewed CANNN's *Nurses in Independent Practice* Standard of Practice Document?
- ☐ Is your independent practice business within the scope of practice for your nursing designation (RN, RPN, LPN or NP)?
- ☐ Does the service you provide fall within the defined scope of practice for your nursing designation (RN, RPN, LPN or NP)?
- ☐ Is the service evidence-based and aligned with current best practices?
- ☐ Are the services you provide effective and beneficial for your clients?
- ☐ Who is the target client for your services (individuals, families, groups, communities, populations)?

- ☐ Do you utilize the steps of the nursing process (assessment, diagnosis, planning, implementation, and evaluation) as an integral part of your practice?
- ☐ Do the services you offer require the specialized knowledge, skills, and judgment of your nursing designation (RN, RPN, LPN or NP)?

2. Competence in Your Chosen Practice Area

- ☐ Are you competent in the specific area of independent practice you've chosen?
- ☐ Do you have the necessary knowledge, skills, judgment, and experience to meet the standards of practice?
- ☐ Are you capable of performing any reserved acts within the defined scope of practice for your nursing designation (RN, RPN, LPN or NP) that require additional education or training?
- ☐ Do you have a process in place for referral and peer support when your clients need services beyond your own competence or capacity?
- ☐ Do you have mechanisms in place to evaluate and improve your practice regularly?
- ☐ Can you meet the expectations of responsibility and accountability as outlined in relevant legislation, CANNN's Entry-level Competencies, Standards of Practice and Code of Conduct?

3. Addressing Limitations

- ☐ Are there any practice expectations or requirements that cannot be met in the services you are providing? If so, how will you address these limitations?

4. Policies, Procedures, and Professional Standards

- ☐ Do you have policies and procedures in place to support your practice and maintain professional standards?
- ☐ Is there a plan in place for regularly reviewing and updating these policies and procedures?

Key policies and procedures to establish in an independent practice:

- ☐ **Client Assessment:** Ensuring proper assessment processes are followed.
- ☐ **Managing and Reporting Adverse Effects:** Mechanisms for managing, tracking, and reporting any negative outcomes or side effects related to your interventions.
- ☐ **Consent Forms:** Ensuring you have valid, informed consent from all clients before providing services.
- ☐ **Infection Prevention and Control:** Protocols to prevent infection and promote client safety.
- ☐ **Documentation:** Maintaining accurate and appropriate documentation for all client interactions and services provided.
- ☐ **Health Information Act:** Adhering to privacy regulations for managing clients' health information.
- ☐ **Client Record Management/Storage:** Proper systems for storing and managing client records securely.
- ☐ **Conflict of Interest:** Clear policies for identifying and managing any potential conflicts of interest.

- ☐ **Client Relationships:** Clear processes for accepting, refusing, or terminating client relationships.
- ☐ **Notice of Required Payment:** Clear communication regarding fees, payment schedules, and any financial policies.
- ☐ **Request by Client to View Health Information:** Procedures for providing clients with access to their health information upon request.
- ☐ **Advertising:** Ensuring advertising practices are ethical and compliant with relevant legislation and CANNN's Standards of Practice.

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