

# **Guidance Document** **Dual Registration**

**Prince Edward Island College of  
Nursing and Midwifery**

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## *Introduction*

As self-regulating professionals, nurses and midwives are accountable for their actions and are expected to practice within their own level of competence. They use current theoretical knowledge and professional judgment, critical inquiry, and reflection in making decisions and implements actions relevant to the needs of the client. Nurses and midwives are always responsible and accountable for their actions and decisions.

Dual registration is when an individual holds a registration in two different designations. For example, an individual has both a Licensed Practical Nurse (LPN) registration and a Registered Nurse (RN) registration. This document also discusses a registrant who chooses to work as an unregulated health care worker (for example an RCW or doula) or when a Nurse Practitioner (NP) works in the scope of an RN.

It is important to note that an individual cannot work using a designation that they do not hold a registration for. For example, an RN cannot work as an LPN unless they also have an LPN registration. Please note that an NP may work as an RN though.

Although dual registration is allowed under the Regulated Health Professions Act (RHPA), PEICNM does not recommend the practice.

## *Risks of Dual Registration*

With dual registration accountability becomes blurry and there is the potential for role confusion. This has risks associated with it and may negatively impact client care. The uncertainty of the registrant's scope of practice may be unclear to the client, healthcare team, and employer. For example, if an individual was caring for a client in the role of an RN one day and then was caring for the same client in the role of an LPN the following day, it would lead to confusion regarding the nurse's responsibilities and accountabilities from both the client and the health care team.

If a complaint was issued against a registrant who holds dual registration, their care would be compared against their highest level of accountability and education. It does not matter which role they were working in at the time the care was provided. For example, if the nurse was working as an LPN, but they also hold an RN license, they may be expected to practice to the RN level of accountability and scope of practice in certain circumstances, such as an emergency or deteriorating client.

## *Expectations*

If a registrant chooses to work with a dual registration, they are expected to:

- Understand the scope of practice and accountabilities related to both registrations.
- Clearly communicate to their clients, coworkers, and employers the scope they are practicing.
- Ensure the client health record clearly reflects the services provided and the role they were working in.
- Meet currency and registration requirements for each designation. For example, the hours worked as an LPN cannot be counted towards their RN hours.
- Consult with their Professional Liability Protection provider.

## *Other situations*

If a Nurse Practitioner (NP) decides to practice as an RN, they must communicate very clearly to their employer, co-workers, and clients that they are working as an RN. This is not an encouraged practice. Even though they are working as an RN, they remain accountable to their advanced NP knowledge and skills. Their primary concern should be client safety and provide the most appropriate care in each situation.

If a nurse or midwife decides to work as an unregulated health care worker (eg: Resident Care Worker, Patient Support Worker, doula), they also remain accountable to their scope of practice and knowledge. They are responsible for ensuring the client receives the appropriate care despite what role they are currently working in. They should understand the limits of the unregulated health care worker role but also recognize when they may need to step out of that role and use their nursing or midwifery competence.

If a nurse or midwife holds a registration with another regulatory body, they should contact the other regulatory body to discuss additional guidance on practicing in this context. For example, if a nurse was also registered as a Registered Massage Therapist (RMT).

## *Recommendations*

- It is recommended to choose one registration and relinquish the other.
- If a nurse decides to keep both registrations, it is recommended that they don't work in the different scopes on the same unit or area. For example, not working one day as an RN and then working on the same unit the next day as an LPN.
- If a nurse does decide to practice with both registrations in the same area, it is important that they clearly communicate with clients and co-workers which scope they are practicing on that shift.

- Employers should optimize the scope of practice of nurses by employing them in the highest level of accountability.

## Conclusion

A nurse or midwife holding dual registration must balance their job responsibilities and scope of employment with their individual knowledge, skills, and judgment. The primary concern is to provide safe, ethical, compassionate, and competent care to clients.

## References

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