

Current Scope of Practice for Registered Nurse (Nurse Practitioners) [RN(NP)]s August 25, 2016

1. SRNA Bylaws

SRNA Bylaws, 2014, Section 3 provides authority for RN(NP)s to order diagnostics and prescribe medications. **Please note RN(NP)s in Saskatchewan currently do not have authority to prescribe MRIs, order contrast dye, or perform internal biopsies.** RN(NP)s are expected to work in collaboration with a physician if their client requires care beyond their scope of practice.

http://www.srna.org/images/stories/Nursing_Practice/SRNA_Bylaws_2014.PDF

Section (3) In the course of engaging in the practice of registered nursing in the nurse practitioner category, a registered nurse may, subject to conditions or restrictions imposed on the nurse's licence, perform the following:

(3)(a) in accordance with the standards and competencies, diagnose and treat common medical disorders;

(b) in accordance with the standards and competencies, order, perform, receive and/or interpret reports of screening and diagnostic tests in the following areas:

(i) microbiology;

(ii) cytology;

(iii) biochemistry;

(iv) immunology;

(v) haematology;

(vi) forms of non contrast radiographic energy except MRI; and

(vii) virology.

(c) in accordance with the standards and competencies, and in accordance with federal legislation, prescribe and/or dispense:

(i) drugs listed in schedules I, II and III of The Drug Schedules Regulations, 1997, as amended from time to time;

(ii) drugs in the Health Canada Non-Insured Health Benefits list, as amended from time to time;

(iii) drugs and Natural Health Products that may be sold without a prescription;

(d) in accordance with the standards and competencies, perform minor surgical and invasive procedures in the following areas:

- (i) suturing;*
- (ii) irrigation;*
- (iii) incision and drainage;*
- (iv) excisions;*
- (v) intubation; and*
- (vi) insertion.*

Schedule I & II drugs

<https://scp.in1touch.org/uploaded/58/web/site/Bylaws-Administrative-Sched-I-II-Mar2011.pdf>

Schedule III drugs

<http://scp.in1touch.org/uploaded/web/refmanual/Bylaws-Regulatory-Sched-III-Current.pdf>

2. RN(NP) have Authority to Prescribe Controlled Drugs and Substances

In January of 2015, RN(NP)s in SK received authority to prescribe Controlled Drugs and Substances. This is outlined in SRNA Bylaws, 2014, Section 4. (See Bylaw link listed above). There are some limits as to what controlled drugs and substances a RN(NP)s can prescribe. **Currently RN(NP)s do not have the authority to prescribe methadone, buprenorphine or medical marijuana.**

Please visit the SRNA web site for important information on the Prescription Review Program:

<http://www.srna.org/index.php/nurse-practitioner/prescription-review-program>

3. Medical Assistance in Dying (MAID)

The SRNA updates and resources for MAID are available on our website. Information available at:

<http://www.srna.org/index.php/17-main-section/340-medical-assistance-in-dying>

4. Medical Certificate of Death (MCOB) and Medical Certificate of Stillbirth (MCOS)

On January 1st, 2016 RN(NP)s were given legislative authority by the Saskatchewan Ministry of Health and regulatory authority through the SRNA to complete Medical Certificate of Death and Medical Certificate of Stillbirth. Please visit the Queen's printer to review amendments to The Vital Statistic Act and The Vital Statistics Regulations on their web site

<http://www.qp.gov.sk.ca>

Please view the SRNA web site for MCOB and MCOS guidelines at:

<http://www.srna.org/nurse-practitioner/rnnp-updates>

5. Family Physicians and RN(NP)s Working Together for Patient-centered Care

The Saskatchewan Medical Association, Saskatchewan College of Family Physicians, College of Physicians and Surgeons of Saskatchewan, Saskatchewan Association of Nurse Practitioners, Nurse Practitioners of Saskatchewan and the Saskatchewan Registered Nurses' Association released a joint collaborative statement. Family physicians and RN(NP)s are committed to successful collaboration to provide the people of Saskatchewan with high quality health care that is safe, compassionate and efficient.

To review the Collaborative Statement please visit:

http://www.srna.org/images/stories/Nursing_Practice/Resources/Family_Physicians_and_NPs_working_together_2016_04_14.pdf

6. SRNA RN(NP) Standards and Core Competencies, 2011

http://www.srna.org/images/stories/pdfs/communications/pdf/standards_and_comp_2011.pdf

7. SRNA Clinical Expectations for RN(NP)s, 2003

http://www.srna.org/images/stories/Nurse_Practitioner/Clinical_Expectations_for_RNNPS_2003_10.pdf

8. RN(NP) Entry-Level Competencies and Provincial RN(NP) Practice Standards

The SRNA is participating in developing **national RN(NP) Entry-level Competencies (ELCs)** and provincial **RN(NP) Practice Standards**. The RN(NP) ELCs and RN(NP) Practice Standards will replace the SRNA RN(NP) Standards and Core Competencies, 2011 and the SRNA Clinical Expectations for RN(NP)s, 2003 in early 2017.

Please visit the SRNA web site for more information:

- <http://www.srna.org/nurse-practitioner/rn-np-and-ccnr>
- <http://www.srna.org/nurse-practitioner/rnnp-standards>

9. RN(NP) Role in Long-Term Care (LTC) settings

Currently, *The Attending Health Professionals Regulations* do not give RN(NP)s the authority to admit to an in-patient facility. A facility is defined in *The Regional Health Services Act* as "Facility means a facility in or from which health services are provided." This definition would apply to long-term care facilities. Therefore, residents must be admitted under a physician, however the RN(NP) plays a significant role in the activities surrounding facility admission, and the ongoing care of the resident.

RN(NP)s have been included in policy around admission activities to long term care facilities by the government. According to Section 10.3 of the *Program Guidelines for Special-care Homes-Physician Services*, a physician must be designated for each resident. This policy goes on to identify that the admission examination can be completed and documented by either a physician or a RN(NP). This means that essentially the RN(NP) can provide the assessment and the orders for the resident, but the resident must still have a designated physician. In section C of the policy, it describes the key points that must be established between the physician and the NP for a collaborative arrangement that provides for the care and treatment of the resident.

For more information, you can view the following resources:

- Government of Saskatchewan, *Program Guidelines for Special-care Homes, 2013*
- Government of Saskatchewan, *The Attending Health Professionals Regulations*
- Government of Saskatchewan, *The Regional Health Services Act*

10. Other Recent Advances in SK RN(NP) Scope of Practice

- Changes to the Mental Health Act – Nov. 2015
<http://www.publications.gov.sk.ca/details.cfm?p=626>
- Authority to Complete Pre-operative Assessments – Nov. 2014
<http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/SR331-79.pdf>
- Workers Compensation Board – Recognized as primary care providers – Apr. 2013
<http://www.wcsask.com/care-providers/nurse-practitioner/>
- Authority to Refer Directly to Specialists – 2012
http://www.srna.org/images/stories/Nursing_Practice/Resources/RNNP_Patient_Referrals_to_Specialists_Winter_2012NB.pdf

11. What is the Scope of practice of a Graduate RN(NP) who is waiting for RN(NP) License?

Graduate RN(NP) require appropriate supervision. All orders and diagnostics test requisitions written by an RN(GNP) must be co-signed by an RN(NP) or physician. That means there needs to be an RN(NP) or physician on-site at all times with the new RN(GNP).

12. Can RN(NP)s order Blood and Blood Products?

Yes, RN(NP)s can order blood and blood products. Guideline 13 page 64 of the Administration of Blood products section of the *Saskatchewan Transfusion Resource Manual* gives authority for RN(NP)s to prescribe blood products.

<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/blood-and-blood-borne-illness/transfusion-medicine>

If you have any additional questions please contact the SRNA practice team at 1-800-667-9945 or email practiceadvice@srna.org .