



# RN with Additional Authorized Practice [RN(AAP)] Practice Standards

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# Introduction

The College of Registered Nurses of Saskatchewan (CRNS) is a profession-led regulatory body established in 1917 by the provincial legislature. The CRNS is accountable through [The Registered Nurses Act, 1988](#) for public protection by ensuring members are safe, competent, and ethical practitioners. One of the ways CRNS does this is by establishing standards for Registered Nurse (RN) practice.

Practice standards documents convey the requirements for practice for all members under this legislation. Along with the [RN Practice Standards](#), all members must also comply with the [RN Entry Level Competencies](#) and the Canadian Nurses Association's [Code of Ethics for Registered Nurses](#).

The current *RN Practice Standards* apply to all members, and this document defines the further requirements for RNs with Additional Authorized Practice [RN(AAP)]. General information about the *RN Practice Standards* is outlined followed by the specific requirements for the RN(AAP).

## Background: RN Practice Standards

The *RN Practice Standards* are broad in nature, capturing the diverse practice settings and areas in which RNs practice. They reflect the philosophical values of the profession, clarify what the registered nursing regulatory body expects of its members and informs the public of acceptable practice of RNs. The *RN Practice Standards* apply to RNs in every setting and provide a benchmark for the basic level of safe registered nursing practice across Saskatchewan.

The primary purpose of the *RN Practice Standards* is to identify the minimum level of performance expected of RNs in their practice, against which actual performance can be measured. It is the responsibility of all RNs in Saskatchewan to understand the *RN Practice Standards* and be accountable to apply them to their own nursing practice, regardless of roles or practice settings.

“Responsibility” is the duty to satisfactorily complete their obligations. “Accountability” means the RN can explain why they did or did not meet these expectations.

The *RN Practice Standards*:

- apply at all times to all RNs in all practice roles and in all categories of registered nursing practice;
- provide guidance to assist RNs in their self-assessment as part of their continuing competence;
- may be used to develop position descriptions, performance appraisals and quality improvement tools;
- guide decision-making for registered nursing practice and when addressing professional practice issues;
- inform the public and others about what they can expect from practicing RNs; and,
- are used as a legal reference for reasonable and prudent registered nursing practice.

There are five *RN Practice Standards* that apply to all RNs practicing in Saskatchewan under *The Registered Nurses Act, 1988*:

Standard 1: Professional Responsibility and Accountability

Standard 2: Knowledge-Based Practice

Standard 3: Ethical Practice Standard

Standard 4: Service to the Public Standard

Standard 5: Self-Regulation

Each of the five standards include a list of indicators that describe how RNs demonstrate they comply with the standard. The indicators are interrelated and provide specific criteria against which actual performance is measured.

The client (individual, a family, group, community, or population) is central to each standard and to RN practice. No one standard is more or less important than any other, and they are all related. *RN Practice Standards* are developed in collaboration with members, the public and stakeholders and, when examined alongside the RN entry-level competencies, outline the basic expectations for RN practice in Saskatchewan.

It is important to note that no agency directive (policy, procedure, or guideline) can relieve an RN of the professional accountability for their own actions or decisions regarding the *RN Practice Standards*.

## RN(AAP) Indicators

This *RN(AAP) Practice Standards* document describes the further requirements for the RN(AAP). The five standards of RN practice remain constant and for the RN(AAP) there are additional indicators with which they must comply. The additional indicators for RN(AAP) practice are positioned within the first two standards only, namely **Standard 1: Professional Responsibility and Accountability** and **Standard 2: Knowledge-Based Practice**. The other three standards have no additional indicators for RN(AAP) practice.

The content that follows describes the context for RN(AAP) practice in Saskatchewan and finishes with the specific indicators within the standards.

## What is an RN(AAP)?

An RN(AAP) is

...a Registered Nurse in good standing in the general practice category who has:  
(a) successfully completed additional approved or recognized nursing education courses or successfully completed a prior learning assessment; and (b) completed an application for authorized practice; and (c) paid the requisite fees. (Saskatchewan Registered Nurses Association, 2020b, p. 31)

The RN(AAP) is authorized to treat limited common medical disorders according to specific clinical decision tools (CDT). This is enabled through *The Registered Nurses Act, 1988*, which states:

24 (3) Subject to any conditions or restrictions on the nurse's license, a Registered Nurse who meets the requirements set out in the bylaws may, in accordance with the bylaws:

- (a) order, perform, receive, and interpret reports of screening and diagnostic tests that are designated in the bylaws;
- (b) prescribe and dispense drugs in accordance with the bylaws;
- (c) perform minor surgical and invasive procedures that are designated in the bylaws;
- (d) diagnose and treat common medical disorders. (pp. 15–16)

Further to this, the bylaws (BYLAW VI, Section 2. GENERAL PRACTICE CATEGORY) describe the process for RN(AAP) practice as follows:

(3) In the course of engaging in the practice of registered nursing in the general practice category, a Registered Nurse with Additional Authorized Practice may, subject to conditions or restrictions imposed on their license, perform the following:

- (a) in accordance with standards, and competencies adopted by the association, diagnose and treat limited common medical disorders by using the process in the clinical decision tools.
- (b) in accordance with standards, and competencies adopted by the association, order, perform, receive and/or interpret reports of screening and diagnostic tests by using the process in the clinical decision tools.
- (c) in accordance with standards, and competencies adopted by the association, prescribe and/or dispense drugs by using the process in the clinical decision tools and in accordance with provincial and federal legislation:
  - (i) drugs listed in schedules I, II and III as amended from time to time;
  - (ii) drugs in the Health Canada Non-Insured Health Benefits list, as amended from time to time; and

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

(d) in accordance with standards, and competencies adopted by the association, perform minor surgical and invasive procedures by using the process in the clinical decision tools.

(4) In the course of engaging in the practice of registered nursing with additional authorized practice, the member shall meet the registered nurse with additional authorized practice standards and competencies. (p. 32)

## **RN(AAP) Practice**

The RN(AAP) who is licensed to practice is authorized to treat limited common medical disorders according to specific CDTs.

### **Limited Common Medical Disorders**

Limited common medical disorders:

- are episodic in nature;
- are health conditions that may be acute but non-urgent, as well as conditions that are chronic without evidence of significant deterioration;
- have defined signs and symptoms;
- have stable signs and symptoms;
- have predictable outcomes;
- require advanced assessment, diagnosis, and treatment with pharmacological or non-pharmacological interventions, for which the RN has had additional education in regulatory body-approved or recognized education courses;
- have an assigned CDT that is readily available to the RN;
- are not subject to evidence of rapid deterioration or change, except to stabilize and transfer; and,
- have anticipated consequences that are able to be managed by the RN(AAP) through application of a CDT.

### **Clinical Decision Tools (CDT)**

[CDTs](#) are evidence-informed resources based on published research, grey literature, clinical best practice guidelines, expert opinion, and other resources as required. CDTs are specific to RN(AAP) practice and must be used by the RN(AAP) in conjunction with their clinical knowledge and judgment to ensure appropriate client care is provided. CDTs are created by subject matter experts and adopted by CRNS Council. They are used by the RN(AAP) for the assessment, diagnosis, and treatment of limited common medical disorders.

The format of the CDTs may include:

- a definition of the limited common medical disorder;
- an indication for when immediate consultation is necessary;
- causes, predisposing and risk factors;
- history, physical findings, and investigations and diagnostic tests;
- making the diagnosis, and differential diagnoses; management and treatment, including the goals of treatment;
- appropriate consultation;
- pharmacological and non-pharmacological interventions;
- client and caregiver education;
- complications, monitoring and follow-up; and,
- referral and references.

## Practice Environment

The CRNS sets the formal education requirements, ensures a process for reporting RN(AAP) hours, and ensures the CRNS Council-adopted CDTs are updated and consistent with RN(AAP) practice and best practice for the pre-determined limited common medical disorders. The employer provides the environment for the RN(AAP) to practice, consistent with these standards in a clinical setting that includes, for example, policies to support RN(AAP) practice and provides access to a physician and/or an NP for collaboration and consultation. The RN(AAP) recognizes that they may also engage in RN Specialty Practices to meet the needs of the client within the collaborative practice environment.

## Standard 1: Professional Responsibility and Accountability

The Registered Nurse is responsible for practicing safely, competently, and ethically, and is accountable to the client, public, employer and profession.

The RN(AAP) complies with this standard by:

1. Practicing according to the current CRNS *Registered Nurse Practice Standards* and *RN(AAP) Practice Standards*, as well as the *Registered Nurse Entry-level Competencies* and the *CNA Code of Ethics for Registered Nurses*.
2. Maintaining competence in all aspects of nursing practice required for an RN(AAP).
3. Independently managing only those health conditions which are within the limited common medical disorder definition and for which a CDT exists.
4. Practicing within the limits of RN(AAP) practice, and only performs those services for which they are competent to perform and in accordance with the CDTs.
5. Seeking consultation with, and guidance from, a physician and/or NP, to ensure client's needs are met in a timely manner, when:
  - a. addressing the needs of the client in emergency situations beyond RN(AAP) practice contained in the CDTs;
  - b. the client's condition deteriorates, or symptoms persist despite treatment,
  - c. the care exceeds what an RN(AAP) can perform for a limited common medical disorder as described in the CDT; or
  - d. there are no other employer-approved means to provide the necessary care (i.e., RN Specialty Practices Clinical Protocol).
6. Diagnosing, treating, and prescribing medications and treatments only for the limited common medical disorders contained within the CDTs.
7. Dispensing and/or prescribing specific limited pharmacotherapy in accordance with:
  - a. the CDT for a limited common medical disorder;
  - b. provincial, territorial and/or federal standards, legislative requirements; and current CRNS Bylaws; or/and
  - c. the [CRNS Guideline for Prescribing Medication](#).
8. Refraining from prescribing any medication regulated by the *Controlled Drugs and Substances Act* and related regulations.
9. Restricting their RN(AAP) practice to the:
  - setting they are hired to practice as an RN(AAP);
  - description of their roles and responsibilities;
  - directives of the CDTs and the health needs of the client; and
  - the activities they are competent to perform.
10. Refraining from independent self-employed practice.



11. Recognizing that an RN(AAP) is not required to manage a limited common medical disorder if it would be inappropriate to do so and takes steps to ensure client needs are met.
12. Refraining from diagnosing, treating, or prescribing for oneself, friends, co-workers, or family members who are not under their authority to treat and when other RN(AAP)s, physicians or NPs are available.

## Standard 2: Knowledge-Based Practice

The Registered Nurse practices using evidence-informed knowledge, skills and judgment from diverse sources of knowledge and ways of knowing.

The RN(AAP) complies with this standard by:

13. Applying knowledge of the etiology, pathophysiology, risk factors, predisposing factors, clinical manifestations, communicability, complications, diagnostic findings, epidemiology, evidence-informed research, differential diagnosis and diagnosis and management of the limited common medical disorders according to the CDTs.
14. Diagnosing limited common medical disorders in accordance with the CDTs.
15. Using clinical reasoning to determine appropriate diagnostic tests in accordance with the CDTs.
16. Collecting specimens, ordering specific limited diagnostic, and screening tests, interpreting results, taking appropriate action and assuming responsibility for timely follow-up and referral.
17. Selecting appropriate treatment regimens from the CDTs by developing and implementing the appropriate care plan in consultation with the client.
18. Adhering to and applying the principles of prescribing and dispensing consistent with the [CRNS Guideline for Prescribing Medication](#).
19. Engaging in evidence-informed and best practice in prescribing, monitoring and dispensing drugs according to the CDT for a limited common medical disorder.
20. Recognizing adverse effects of pharmacological or non-pharmacological treatment and taking appropriate action to manage adverse effects.
21. Counseling the client on medication therapy, benefits, potential side effects, interactions, importance of compliance and recommended follow-up as it relates to the limited common medical disorder.
22. Participating in quality assurance/client safety programs [e.g., the Canadian Adverse Drug Reaction Monitoring Program (CADRMP)].
23. Participating in client prescribing information systems [e.g., the Pharmaceutical Information Program (PIP)].

## Standard 3: Ethical Practice

The Registered Nurse applies the principles in the current CNA *Code of Ethics* for Registered Nurses when making practice decisions and using professional judgment. The RN engages in critical inquiry to inform clinical decision-making and establishes therapeutic caring and culturally safe relationships with clients and the health care team.

There are no additional indicators for RN(AAP) practice.

## Standard 4: Service to the Public

The Registered Nurse demonstrates leadership in quality and ethical nursing practice, delivery of health care services and establishing professional relationships.

There are no additional indicators for RN(AAP) practice.

## Standard 5: Self-Regulation

The Registered Nurse demonstrates accountability to regulate themselves in accordance with their legislated scope of practice.

There are no additional indicators for RN(AAP) practice.

## References

Government of Saskatchewan. (1988). *The Registered Nurses Act, 1988*. Retrieved from <https://publications.saskatchewan.ca/#/products/815>

Saskatchewan Registered Nurses Association (2019). *Registered Nurse Practice Standards*. Regina, SK: Author. Retrieved from <https://www.crans.ca/wp-content/uploads/2019/09/RN-Practice-Standards-2019.pdf>

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Saskatchewan Registered Nurses Association. (2021). *Saskatchewan Registered Nurses Association Bylaws 2021*. Regina, SK: Author. Retrieved from <https://www.crans.ca/wp-content/uploads/2021/09/SRNA-Bylaws-2021.pdf>

