



The New Classes of Practitioners regulations pursuant to the Controlled Drugs and Substances Act (CDSA) is federal legislation that we anticipate will be passed in 2012. Mandatory education is one of the requirements of this legislation. RN(NP)s must successfully complete an education module in order to prescribe drugs listed in this legislation. There are two options for RN(NP)s to obtain this education to meet the CDSA competency requirement. Either option can be chosen based on your preferred learning style.

The educational content of both programs is the same. This brochure provides information to help you choose between the different opportunities.

SIAST Option

Self study online. You will access the module materials by signing on to the World Wide Web on your home or work computer anytime it is convenient for you. You can work for half an hour or four hours at a time depending on your personal needs. Materials can be printed.

You will complete the examination online once you complete the module.

Registration available through Wascana Campus, Registration Services:

Toll free: 1-866-467-4278
Web: <http://gosiast.com/distance/index.php?p=47&c=964>
Inquiries: pcnp@siast.sk.ca

- Certificate of successful completion will be emailed to you
- SRNA will be notified of your successful completion

College of Nursing Option

Self study at home. Registration through Continuing Nursing Education.

On-line: <http://www.usask.ca/nursing/cne>
Telephone: (306) 966 – 8360
Facsimile: (306) 966 – 7356
Inquiries: Con.Nurse.Ed@usask.ca

Mail-in / fax-in registration form to:
Continuing Nursing Education, College of Nursing
Box 60000 RPO University
Saskatoon, Saskatchewan, S7N 4J8

Registrants will receive a course study package (workbook/DVD) by mail (Canada Post).

Self-study completion of learning modules:

- Study on your own time.
- Examination delivered on line.
- Certificates of successful completion will be emailed to participants.
- SRNA will be notified of your successful completion

Course Outline

A. Rationale for the current scheduling of drugs:

1. United Nations Drug Control Conventions
2. Canadian Food & Drugs Act and the Controlled Drugs & Substances Act – New Classes of Practitioners Regulations as they pertain to nurse practitioners
3. The Saskatchewan Prescription Review Program: redundancies and differences in relation to the federal list
4. SRNA Prescriptive Bylaw for Nurse Practitioners: CDSA revisions

B. Maintaining the lists of controlled drugs (process):

1. On who's authority, for what reasons, and how often are the lists reviewed/revised?
2. Mechanisms for RN(NP) involvement in the process of getting drugs on or off the list

C. Rationale for inclusion of the drugs on the list:

1. Limit potential for drug misuse, abuse, or diversion for illicit use
2. Drugs with potential to compromise the health of individuals and society
3. Drugs that alter mental processes, some leading to psychological or physical dependence
 - i. narcotics: mu and kappa opioid receptor agonists (analgesic, antitussive, antidiarrheal)
 - ii. benzodiazepines and related GABA-mediated chloride channel conductance modifiers (sedative, anxiolytic, hypnotic)
 - iii. amphetamines, their congeners and related stimulants (ADHD, appetite suppressants, narcolepsy)
 - iv. androgenic-anabolic steroids
 - v. substances implicated in drug-facilitated assault/sexual assaults
 - vi. natural and synthetic cannabinoids (appetite stimulants, analgesics, antiemetics, multiple sclerosis, Marijuana Medical Access Regulations)

D. Implications for practice:

1. RN(NP)'s authority and responsibilities under the federal CDSA and provincial Prescription Review Program
 - i. prescription elements: provincial registration number, dispensing limits
 - ii. record keeping
 - iii. security
2. Policing of the regulations:
 - i. Oversight: Who's monitoring the possession/prescribing/dispensing/disposal of controlled drugs?
 - ii. Compliance: What are they watching for?
 - iii. Enforcement: What can they do about non-compliance?
 - iv. Disclosure: high risk drugs and high risk patients: respect for privacy and duty to report
3. Clinical Expectations