



Guidelines for Physician to **RN** Delegation

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Purpose of the Guideline

The purpose of this document is to outline the principles, responsibilities and process of physician to RN delegation related to recent medical profession legislative changes and the applicable bylaw changes by the College of Physicians and Surgeons of Saskatchewan (CPSS).

The Medical Profession Act, 1981 was amended in September 2014, giving the College of Physicians and Surgeons of Saskatchewan (CPSS) “the authority to adopt bylaws that can allow physicians to delegate activities described in the College bylaws to other health care professionals” (CPSS, 2015a, p. 7). “After the change to the legislation, and consultation with interested stakeholders, the [CPSS] adopted a bylaw which ... allow[s] physicians to delegate certain specific activities to registered nurses” (CPSS, 2015a, p. 7).

Through the Transfer of Medical Function (TMF) process, RNs have been able to perform complex, highly-skilled activities which are outside the scope of registered nursing and within the scope of the practice of medicine. Collaboration between the Saskatchewan Registered Nurses’ Association (SRNA) and CPSS has led to the described legislative and bylaw changes and the development of this guideline to enable RNs to continue to provide safe, timely and specialized types of medical activities to clients.

CPSS Principles Associated with their Bylaw 23.3

The CPSS has described that the changes associated with CPSS Bylaw 23.3 are based on these principles:

1. Delegation will be from *a particular physician to a particular registered nurse* [emphasis added]. Delegation will not be by “category”;
2. The activities which may be delegated are specified in the [CPSS] bylaw;
3. When there is a specific program which is identified (such as the Neonatal Intensive Transport Team, the RN Pediatric Transport Team or Air Ambulance), it is not necessary to identify the specific procedures that may be provided by an RN as part of the program;
4. It will be the *responsibility of the physician who delegates the activity to assess the RN’s skill and knowledge to determine if, in the physician’s opinion, the RN has appropriate skill and knowledge to perform the delegated activity* [emphasis added];
5. *Delegation must be in writing* [emphasis added], except in the case of an emergency;

6. *The physician* who delegates the authority to the RN *must have a process in place to provide appropriate supervision* [emphasis added]" (CPSS, 2015a, pp. 7-8).

CPSS Bylaw 23.3 Outlining Physician to RN Delegation

The CPSS 23.3 regulatory bylaw specifically identifies which medical activities physicians are authorized to delegate to RNs. The CPSS and the SRNA have collaborated and agreed upon these activities. As the care of complex clients evolves, opportunities will arise for the inclusion of additional RN delegated medical activities and services within the CPSS bylaws, which will be amended as required to reflect this. It will be important to refer to resources provided by the SRNA and the current [CPSS 23.3 bylaw](#) to stay abreast with the potentially evolving activities that relate to physician to RN delegation. Physicians have also been directed to connect with CPSS for further discussion and clarification as needed.

CPSS Bylaw 23.3 Delegation to Registered Nurses

- “(a) A duly qualified medical practitioner may delegate to a Registered Nurse the following activities which are the practice of medicine as defined in the *Act*:
- (i) Services provided by a Registered Nurse while acting as a member of a Registered Nurse Neonatal Intensive Transport Team;
 - (ii) Services provided by a Registered Nurse while acting as a member of a Registered Nurse Pediatric Transport Team;
 - (iii) Services provided by a Registered Nurse while acting as a member of an Air Ambulance Team;
 - (iv) Services provided by a Registered Nurse while acting as a member of a STARS (Shock Trauma Air Rescue) team;
 - (v) The administration of laser radiation for a medical purpose, but only when the physician has first assessed the patient and established a treatment plan for the administration of laser radiation and the physician is present in the same location as the laser therapy is provided;
 - (vi) The injection of agents which have an effect on or elicit a response from living tissue (bioactive agents), but only when the physician has first assessed the patient and established a treatment plan for the injection;
 - (vii) Services when acting as a surgical assistant in an operating room, but only when the registered nurse has been given privileges to act as a surgical assistant by the Board of the Regional Health Authority where the Registered Nurse provides those services;
 - (viii) Services provided by a Registered Nurse when acting as a member of the Saskatchewan Transplant Program.
- (b) Except in the situation of an emergency, prior to delegating the authority for a Registered Nurse to perform an activity the physician must be satisfied that the individual to whom the act will be delegated has the appropriate knowledge, skill and judgment to perform the delegated act. The delegate must be able to carry out the act as competently and safely as the delegating physician.
- (c) Except in the situation of an emergency, the authority to delegate must be provided in writing to the delegate, and must contain:
- (i) a specific description of the activities which have been delegated;

- (ii) any conditions or restrictions associated with the delegation (only to be exercised after prior consultation with a physician, only to be exercised if a patient has a specific medical condition, any time limitation on the delegated authority, etc.)
- (d) A delegation is only valid if the delegate accepts the delegation.
- (e) A delegation may be revoked by the delegating physician at any time.
- (f) A physician who has delegated an activity shall retain a copy of the document which authorizes the delegation.
- (g) A delegation is only valid while the delegating physician is generally available to provide oversight and advice to the delegate. If the physician who has delegated the activity no longer has oversight responsibility for the delegated activity, the delegation is no longer valid.
- (h) A physician delegating an activity pursuant to this bylaw must provide the appropriate level of supervision to ensure that the act is performed properly and safely” (CPSS, 2015b, p. 63-64).

Implications for RN Practice

Physician delegation of medical activities to RNs who have acquired the required competence, provides for the more timely performance of critical medical interventions promoting better client outcomes. In some practice settings (e.g., client transport), the physician may not be in the physical presence of the client but is still accessible for consultation and direction (e.g., by telephone). The performance of a medical activity delegated from a physician to an RN, can often mean the difference between life and death for clients.

It is important to note that the new process (see Appendix A) permits delegation from **one physician to one RN**. RNs should ensure they have an understanding of their responsibilities in physician to RN delegation to ensure safe implementation and evaluation of the process. While it is the responsibility of the physician to ensure that the RN has the appropriate skill and knowledge specific to the delegated activity, it is the responsibility of the RN to also ensure that the Standards and Foundation Competencies of RN practice are met. Also, it should be emphasized that “a delegation is only valid if the delegate accepts the delegation” (CPSS, 2015b, p. 64). Any RN who is unsure whether or not it is appropriate to accept or perform a physician delegated medical activity should discuss this with the physician, the employer, and colleagues, and if necessary seek clarification with the SRNA.

Key Points for Physician to RN Delegation

- Physician delegation of a medical activity to an RN may only occur when the activity is outside the scope of registered nursing practice and within the scope of the practice of medicine.
- The delegation of the medical activity must be in the best interest of the client.
- Both CPSS and SRNA must agree that the medical activity is appropriate for physician delegation to RNs.

- The medical activities that may be delegated must be clearly identified in the current CPSS bylaws.
- The authority and responsibility to delegate a medical activity rests with the delegating physician.
- The delegation of medical activity from physician to the RN must be clearly established, in writing, and outlined in any employer documents addressing delegation.
- The RN is responsible and accountable for competently performing the delegated medical activity and managing intended and unintended consequences.
- The appropriate environment with adequate resources must exist to support physicians and RNs in delegation of medical activities and services, which allows them to meet their standards of practice and provide safe client care.
- Policies and procedures are developed collaboratively between the employer, physicians and RNs.
- Responsibility for appropriate implementation of the process of delegation is shared amongst the physician, RN and employer.
- Respectful collaboration and healthy communication are essential elements in the delegation process. Clarity of roles and responsibilities between the physician and RN must exist to facilitate the provision of timely, client appropriate services.
- Ongoing quality assurance, monitoring and evaluation of the delegation of medical activities must occur, which includes periodic evaluation of the delegation process itself.

Responsibilities for RNs in Physician Delegation

The RN:

1. Ensures practice is consistent with:
 - a. Federal and provincial legislation;
 - b. SRNA bylaws;
 - c. the most current version of the SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses*; and
 - d. the most current version of any other pertinent SRNA documents, including the Canadian Nurses Association *Code of Ethics for Registered Nurses*.
2. Accepts a delegation of a medical activity from a physician only if the activity is stipulated in the current CPSS bylaw.
3. Acts in a professional manner, is accountable, and maintains conduct, competence (knowledge, skill and judgment) and proficiency in all aspects of nursing practice, including the specialized competence required for a delegated medical activity. This includes:
 - a. not performing any delegated activity for which the RN is not

- competent.
 - b. possessing the competencies required to manage any outcomes of that activity, including intended and unintended consequences.
 - c. Obtaining the appropriate evidence-informed preparation to apply “the appropriate knowledge, skill and judgement to perform the delegated act” (CPSS, 2015b, p. 63).
 - d. maintaining the appropriate specialized competencies necessary to perform the delegated medical activity/service through regular, ongoing education, including validation of learning through demonstration of the activity.
4. Assesses the client’s need and determines that the delegated medical activity/service, is in the best interest of the client, including assessment of the risks and probable outcomes.
 5. Ensures appropriate supervision, support and communication avenues are in place before performing a delegated medical activity.
 6. Does not delegate any activity delegated by a physician, to another RN or any other health care provider.
 7. Adheres to the employer policy and procedure for a delegated medical activity/service. That said, no employer policy can relieve RNs of their professional accountability and responsibility. The RN must ensure that:
 - a. Roles, responsibilities and authority, specific for the physician and RN, are clearly outlined in the policies and procedures, including clear lines of reporting and communication.
 - b. A collaborative process with representation from appropriate professionals, guides the development of these policies and procedures, to ensure professional roles are accurate, professional accountabilities and standards can be met, and that the documents are based upon evidence-informed best practice.
 - c. There is ongoing monitoring and evaluation of the physician to RN delegation process.

In summary, the SRNA and CPSS have collaborated to ensure a safe and coordinated approach for physician to RN delegation as outlined in this guideline. The CPSS Bylaw 23.3 provides the opportunity for delegation of some specific medical activities. The CPSS (2015a) acknowledges that “the bylaw does not necessarily address all circumstances in which delegation may be appropriate” and encourages physicians to connect with them if there are “additional situations in which delegation to an RN should be authorized” (p. 8). Referral to this guideline and the most recent version of the CPSS bylaw is critical to ensure adherence with the principles, responsibilities and process for physician to RN

delegation. SRNA Practice Consultants are available to provide consultation to RNs and employers at practiceadvice@srna.org; (306)-359-4200; Toll free: 1-800-667-9945.

References

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Appendix A: Decision Tree for Physician to RN Delegation

This tool can be used to determine if a delegation of medical activity from a physician to an RN is appropriate for implementation:

