

BYLAW II ELECTIONS – Administrative		
Existing Bylaw	Proposed Bylaw	Explanation & Comments
<b>SECTION 1. ELECTION OF COUNCIL</b>		
<p>(1) For the purposes of clause 7(2)(a) of the Act, the total number of practicing members to be elected to comprise the council is nine, including:</p> <p>(a) the president;</p> <p>(b) the president-elect; and</p> <p>(c) one member-at-large from each of the seven electoral regions established pursuant to Section 1(2).</p>	<p>(1) For the purposes of clause 7(2)(a) of the Act, the total number of practicing members to be elected to comprise the council is nine, including:</p> <p>(a) the president;</p> <p>(b) the president-elect;</p> <p>(c) <b>one member-at-large from each of the <u>five</u> electoral regions established pursuant to Section 1(2); and</b></p> <p><b><u>(d) one member-at-large from each of the two nursing practice areas established pursuant to Section 1(3).</u></b></p>	<p>In 2018, the <i>Regional Services Act</i> was repealed which abolished the twelve health regions in Saskatchewan. The Provincial Health Authority Act created a single health authority.</p> <p>Therefore, the electoral regions described in the SRNA bylaws no longer apply and the elections process needed to be revised. The proposed election process incorporates a combination of council representatives based on geographic representation and representatives from a cross-section of nursing practice areas.</p> <p>Public representatives continue to be appointed to council as outlined in <i>The Registered Nurses Act, 1988</i>.</p>
<p>(2) The electoral regions for election of members-at-large in the association are the following:</p> <p>(a) Electoral Region #01, consisting of the area comprising the Cypress and Heartland Health Regions;</p>	<p>(2) <b>The <u>five</u> electoral regions for election of members-at-large in the association are the following:</b></p> <p>(a) <b>Electoral Region #01, consisting of the <u>southwest integrated service area established by the Saskatchewan Health Authority;</u></b></p>	

<p>(b) Electoral Region #02, consisting of the area comprising Five Hills and Sun Country Health Regions;</p> <p>(c) Electoral Region #03, consisting of the area comprising Prairie North and Prince Albert Parkland Health Regions;</p> <p>(d) Electoral Region #04, consisting of the area comprising Kelsey Trail and Sunrise Health Regions;</p> <p>(e) Electoral Region #05, consisting of the area comprising Mamawetan Churchill River, Athabasca, and Keewatin Yatthé Health Regions;</p> <p>(f) Electoral Region #06, consisting of the area comprising Saskatoon Health Region; and</p> <p>(g) Electoral Region #07,</p>	<p>(b) <u>Electoral Region #02, consisting of the southeast integrated service area established by the Saskatchewan Health Authority;</u></p> <p>(c) <u>Electoral Region #03, consisting of the northeast and northwest integrated service area established by the Saskatchewan Health Authority and the Athabasca Health Authority established by the Government of Saskatchewan;</u></p> <p>(d) <u>Electoral Region #04, consisting of the integrated service area for Saskatoon as established by the Saskatchewan Health Authority; and</u></p> <p>(e) <u>Electoral Region #05, consisting of the integrated service area for Regina as established by the Saskatchewan Health Authority;</u></p> <p>(f) (delete)</p> <p>(g) (delete)</p>	
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<p>consisting of the area comprising Regina Qu'Appelle Health Region.</p>		
<p>(3) The president-elect shall be elected in odd years.</p>	<p>(3) <u>The two nursing practice areas for election of members-at-large in the association are the following:</u></p> <p>(a) <u>nursing education, nursing administration, policy or research area; and</u></p> <p>(b) <u>advanced practice nursing or direct care nursing area.</u></p>	
<p>(4) Council members-at-large from Electoral Regions #01, #02 and #05 shall be elected in 2011 and every three years thereafter.</p>	<p>(4) <u>Council members-at-large from the nursing education, administration, policy or research area shall be elected in 2020 and every three years thereafter.</u></p>	
<p>(5) Council members-at-large from Electoral Regions #04 and #06 shall be elected in 2012 and every three years thereafter.</p>	<p>(5) <u>Council members-at-large from the advanced nursing practice or direct care area shall be elected in 2021 and every three years thereafter.</u></p>	
<p>(6) Council members-at-large from Electoral Regions #03 and #07 shall be elected in 2013 and every three years thereafter.</p>	<p>(6) <u>The two nursing practice areas are defined as follows:</u></p> <p>(a) <u>the nursing education area includes a member involved in a nursing education institution, a clinical nurse educator or other nursing education area, and the</u></p>	

	<p><u>nursing administration, policy or research area includes a member involved in health human resources planning, strategic direction, implementing change, nursing management roles, policy development or research; and</u></p> <p><u>(b) the advanced practice nursing area includes a member employed in any advanced practice of nursing such as a nurse practitioner, an RN with additional authorized practice and any other advanced practice, or the direct nursing care area includes a member delivering point of care nursing services.</u></p>	
<p>(7) In the case of a vacancy during the first or second year of the term of a council member-at-large, an election shall be held at the next annual meeting to fill the remainder of the unexpired term.</p>	<p>(7) <u>The president-elect shall be elected in odd years.</u></p>	
<p>(8) For greater certainty, the health regions mentioned in subsection (2) are the health regions established pursuant to section 13 of <i>The Regional Health Services Act</i>, the names of which have been</p>	<p>(8) <u>Council members-at-large from Electoral Regions #01, #02 and #03 shall be elected in 2020 and every three years thereafter.</u></p>	

changed in accordance with section 22 of that Act as follows:

(a) Sun Country Health Region is Health Region #1;

(b) Five Hills Health Region is Health Region #2;

(c) Cypress Health Region is Health Region #3;

(d) Regina Qu'Appelle Health Region is Health Region #4;

(e) Sunrise Health Region is Health Region #5;

(f) Saskatoon Health Region is Health Region #6;

(g) Heartland Health Region is Health Region #7;

(h) Kelsey Trail Health Region is Health Region #8;

(i) Prince Albert Parkland Health Region is Health Region #9;  
and

<p>(j) Prairie North Health Region is Health Region #10.</p>	<p>(9) <u>Council members-at-large from Electoral Regions #04 and #05 shall be elected in 2021 and every three years thereafter.</u></p> <p>(10) <u>In the case where there are no candidates for an electoral region or a nursing practice area, or in the case of a vacancy during the first or second year of the term of a council member-at-large or president-elect, the council may appoint a person to that vacant position and an election shall be held at the next annual meeting to fill the remainder of the unexpired term.</u></p>	
<p><b>SECTION 3. NOMINATIONS</b></p>		
<p>(1) At least 90 days prior to polling day, the nominations committee established pursuant to Bylaw IX, Section 6, shall submit its list of nominations to the executive director so that the ballot can be prepared.</p>	<p>(1) At least 90 days prior to polling day, the nominations committee established pursuant to Bylaw IX, Section 6, shall submit its list of nominations to the executive director so that the ballot can be prepared.</p>	<p>No change.</p>

<p>(2) All nominations must be accompanied by the written consent of the nominees.</p>	<p>(2) All nominations must be accompanied by the written consent of the nominees.</p>	<p>No change.</p>
<p>(3) A person must live or work in the electoral region in which they are nominated.</p>	<p>(3) A person must live or work in the electoral region in which they are nominated.</p>	<p>No change.</p>
<p>(4) Notwithstanding subsection (3), where no nomination is received in an electoral region for election of a member-at-large, each candidate nominated for election as a member-at-large in all other electoral regions shall be invited to allow his or her name to stand for election in the electoral region where no nomination is received, as well as in the electoral region in which he or she was originally nominated.</p>	<p>(4) <b>A person must work in the nursing practice area in which they are nominated. Should they transfer nursing practice areas during their term, they remain eligible to complete their term.</b></p>	<p>This requirement is congruent with subsection (3) in the existing bylaws.</p>
<b>SECTION 6. COUNTING THE BALLOTS</b>		
<p>(1) In order to be counted, ballots must reach the executive director by noon on polling day.</p> <p>(2) The executive director shall appoint at least two scrutineers, and any candidate for election is entitled to have a scrutineer present when the ballots are counted.</p>	<p>(1) In order to be counted, ballots must reach the executive director by noon on polling day.</p> <p>(2) The executive director shall appoint at least two scrutineers, and any candidate for election is entitled to have a scrutineer present when the ballots are counted.</p>	

<p>(3) The executive director or his or her designate shall certify the eligibility of each voter and shall deliver the secure ballots to the scrutineers who shall count the votes and report the result of the vote to the executive director.</p> <p>(4) In the case of a tie vote for any office, the president shall cast the deciding vote.</p> <p>(5) If a candidate for member-at-large is elected in more than one electoral region, the candidate shall be declared elected in his or her region of residence and the candidate with the next highest number of votes in the other region shall be declared elected in that other region.</p>	<p>(3) The executive director or his or her designate shall certify the eligibility of each voter and shall deliver the secure ballots to the scrutineers who shall count the votes and report the result of the vote to the executive director.</p> <p>(4) In the case of a tie vote for any office, the president shall cast the deciding vote.</p>	<p>Subsection deleted as a result of changes to Section 1, subsection 10 of this bylaw.</p>
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BYLAW V REGISTRATION – Regulatory		
Existing Bylaw	Proposed Bylaw	Explanation & Comments
<b>SECTION 2 - Initial Registration as a Practicing Member</b>		
(1) A person applying for initial registration as a practicing member of the association must:  (a) meet the requirements for registration as defined in the Act;	(1) A person applying for initial registration as a practicing member of the association must:  (a) meet the requirements for registration as defined in the Act;	No change.
	(b) have either: (i) worked in registered nursing activities approved by the association in the three years immediately preceding the application for registration, or (ii) have completed an approved re-entry program in the three years immediately preceding the application for registration, or (iii) completed an approved nursing education program and passed the NCLEX-RN® exam in the three years immediately preceding the application for registration;	In order to fulfill the SRNA mandate of protection of the public, the bylaws must address currency of practice.  Ensuring currency of practice for initial registration is consistent with all other Canadian jurisdictions. The addition of this subsection enhances the transparency and clarity of requirements to obtain registration in Saskatchewan.  The wording aligns with right-to-work regulation principles and has also been vetted through the senior policy analyst for Labour Mobility at the Government of SK to ensure it is compliant with labour mobility principles and meets requirements of the <i>Canadian Free Trade Agreement</i> .
(b) complete the prescribed application forms and pay the fees	(c) complete the prescribed application forms and pay the fees	Editorial change. (b) now becomes (c). No change to content of bylaw.

set by the association in a manner prescribed by council policy;	set by the association in a manner prescribed by council policy;	
(c) provide references as required by the association;	(d) provide references as required by the association;	Editorial change. (c) now becomes (d). No change to content of bylaw.
(d) provide a vulnerable sector check (VSC) pursuant to the <i>Criminal Records Act</i> of Canada conducted by the local Canadian police service where the applicant lives or by an authorized body. The VSC must have been obtained within six months preceding the filing of the application; and	(e) provide a vulnerable sector check (VSC) pursuant to the Criminal Records Act of Canada conducted by the local Canadian police service where the applicant lives or by an authorized body. The VSC must have been obtained within six months preceding the filing of the application; and	Editorial change. (d) now becomes (e). No change to content of bylaw.
(e) disclose any outstanding allegations or findings of professional incompetence and/or misconduct in relation to the profession of nursing and/or any other profession in any province, territory, state or country.	(f) disclose any outstanding allegations or findings of professional incompetence and/or misconduct in relation to the profession of nursing and/or any other profession in any province, territory, state or country.	Editorial change. (e) now becomes (f). No change to content of bylaw.

BYLAW VI CATEGORIES OF PRACTICE- Regulatory		
Existing Bylaw	Proposed Bylaw	Explanation & Comments
<b>SECTION 3 NURSE PRACTITIONER CATEGORY</b>		
<p>(13) Only a registered nurse licensed to practise in the nurse practitioner category shall, while practising as a nurse practitioner:</p> <p>(a) follow her/his name with RN(NP) and an indicator of one of the four specialties on the licence;</p>	<p>(13) Only a registered nurse licensed to practice in the nurse practitioner category shall, while practicing as a nurse practitioner:</p> <p>(a) follow <b>their</b> name with <b>“nurse practitioner” or “NP”</b>; and</p>	<p>This is a follow-up to a resolution adopted at the 2018 annual meeting resolving that SRNA Bylaws be changed to allow the nurse practitioner credential to be changed from being written as RN(NP) to now be written as NP with no parentheses.</p> <p>SRNA council has determined that this revision will advance role clarity for the public and other health care providers. Using the title NP is more consistent with most Canadian jurisdictions and wording contained in provincial and federal legislation.</p> <p>This amended bylaw gives title protection to the words ‘nurse practitioner’ and ‘NP’. Also, the title ‘nurse’ is already protected in <i>the Registered Nurses Act, 1988</i> and this revision of title does not change the requirements of nurse practitioners in the bylaws.</p> <p>The terminology in all SRNA references and supporting documents will be</p>

		updated over the next year to achieve consistency.
(b) when wearing identification for professional reasons, follow her/his name with RN(NP) and an indicator of one of the four specialties on the licence.	(b) when wearing identification for professional reasons, follow <b>their</b> name with <b>“nurse practitioner” or “NP”</b> .	See above.
2.1 A graduate nurse practitioner licence allows the individual to use the title “Registered Nurse (Graduate Nurse Practitioner) RN(GNP) and an indicator of one of the four specialties.	2.1 A graduate nurse practitioner licence allows the individual to use the title <b>“Graduate Nurse Practitioner “or “GNP”</b> .	Consequential amendment if the above proposed bylaw amendments regarding nurse practitioner title are approved.

There are 51 entries of RN(NP) over 12 pages of the bylaws. In each instance, the bylaw will be amended to read ‘nurse practitioner’ where the title Registered Nurse (Nurse Practitioner) is used, or ‘NP’ where the designation RN(NP) is used. The title Registered Nurse (Graduate Nurse Practitioner) will be amended to read Graduate Nurse Practitioner and RN(GNP) will be amended to read GNP.

<b>BYLAW IV MEMBERSHIP – Regulatory</b>		
<b>Existing Bylaw</b>	<b>Proposed Bylaw</b>	<b>Explanation &amp; Comments</b>
<b>SECTION 5- LIFE MEMBERSHIP</b>		
(2) Life membership entitles a person to the following privileges without payment of fees:  (a) to vote and to hold office at the membership unit level;  (b) to be appointed to committees at the provincial level;	(2) Life membership entitles a person to the following privileges without payment of fees:  (a) to vote and to hold office at the membership unit level;  (b) to be appointed to committees at the provincial level;	Consequential amendment if proposed bylaw amendments to Bylaw VI regarding nurse practitioner title pass.

<p>(c) to attend the annual meeting of the association;</p> <p>(d) to receive the newsbulletin of the association and the Canadian Nurse Journal; and</p> <p>(e) to use the title “registered nurse(retired)”, “RN (retired)”, “registered nurse (NP)(retired)”, “RN(NP)(retired)”, or “nurse (retired)” consistent with their former registration eligibility.</p>	<p>(c) to attend the annual meeting of the association;</p> <p>(d) to receive the newsbulletin of the association and the Canadian Nurse Journal; and</p> <p>(e) to use the title “registered nurse(retired)”, “RN (retired)”, “nurse practitioner (retired)”, “NP (retired)”, or “nurse (retired)” consistent with their former registration eligibility.</p>	
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<b>BYLAW IV MEMBERSHIP – Regulatory</b>		
Existing Bylaw	Proposed Bylaw	Explanation & Comments
<b>SECTION 8 RETIRED MEMBERSHIP</b>		
<p>(2) Retired membership entitles a person to the following privileges:</p> <p>(a) to use the title “registered nurse (retired)”, “RN (retired)”, “registered nurse (NP)(retired)”, “RN(NP)(retired)”, or “nurse (retired)” consistent with their eligibility at time of retirement;</p>	<p>(2) Retired membership entitles a person to the following privileges:</p> <p>(a) to use the title “registered nurse (retired)”, “RN (retired)”, “nurse practitioner (retired)”, “NP (retired)”, or “nurse (retired)” consistent with their eligibility at time of retirement;</p>	<p>Consequential amendment if proposed bylaw amendments to Bylaw VI regarding nurse practitioner title pass.</p>

**BYLAW IX COUNCIL AND STATUTORY COMMITTEES– Administrative**

Existing Bylaw	Proposed Bylaw	Explanation & Comments
<b>SECTION 1. COUNCIL COMMITTEES</b>		
<p>(1) A council committee is any committee created by these Bylaws or the Act or by council.</p>	<p>(1) <b>The council may establish any council committee that it considers necessary or that are provided for by the Bylaws and delegate to it powers or duties as allowed by section 13 of <i>The Registered Nurses Act, 1988</i>.</b></p>	<p>A council committee is any committee established by the Bylaws. These are not committees established by <i>The RN Act</i>. Those established by the Act are statutory committees, being the Investigation Committee and the Discipline Committee.</p>
<p>(2) Each council committee with the exception of a statutory committee shall:</p> <p>(a) perform its duties subject to direction of the council;</p> <p>(b) meet as frequently as required to fulfill its terms of reference; and</p> <p>(c) report to the council on the business of the council committee.</p>	<p>(2) Each council <b>committee shall:</b></p> <p>(a) perform its <b>powers or duties as delegated to it by</b> council;</p> <p>(b) meet as frequently as required to fulfill its terms of reference; and</p> <p>(c) report to the council on the business of the council committee.</p>	<p>Since the Investigation Committee and Discipline Committee are statutory committees with duties and responsibilities established by the Act and not by council, Section 2(a) is amended to make it clear that a council committee is exercising powers or duties delegated to it by council pursuant to section 13(4) of the Act.</p>
<p>(3) The council shall make all council committee appointments with the exception of the elected members of the Nominations Committee and shall specify an alternate who may be called upon to complete the term of any committee</p>	<p>(3) The council shall make all council committee appointments with the exception of the elected members of the Nominations Committee. <b>The council shall name</b> an alternate who may be called upon to complete the term of any</p>	

<p>member who resigns during her/his term of office. If the alternate is called upon to complete the term of a committee member that term shall not be considered as a term of the alternate.</p>	<p><b>council</b> committee member who resigns during <b>their</b> term of office. If the alternate is called upon to complete the term of a committee member that term shall not be considered as a term of the alternate.</p>	
<p>(4) Policies shall be maintained to guide the council in appointing the registered nurse members of council committees.</p>	<p>(4) <b>Council may adopt a policy</b> to guide <b>it</b> in appointing <b>members to</b> council committees.</p>	<p>This clarifies that it is a council responsibility to adopt policies. It is in keeping with section 7 of the Act which gives council the power to govern, manage and regulate the affairs and business of the SRNA. Bylaw I, Section 3 states that council has the power to establish policies to further the goals of the association.</p>
<p>(5) Where membership on a council committee includes a public representative, unless otherwise specified, the public representative shall be selected by <b>the</b> council from a list of nominees preferably submitted by voluntary organizations named by <b>the</b> council.</p>	<p>(5) Where membership on a council committee includes a public representative, unless otherwise specified, the public representative shall be selected by council from a list of nominees preferably submitted by voluntary organizations named by council.</p>	<p>Minor changes removing the word ‘the’ and renumbering.</p>
<p>(6) Unless the chairperson is elected or named in the bylaws, <b>the</b> council shall appoint the chairperson.</p>	<p>(6) Unless the chairperson is elected or named in the bylaws, council shall appoint the chairperson.</p>	<p>Minor changes removing the word ‘the’ and renumbering.</p>
<p>(7) Each council committee appointment shall be for a term specified in <b>the</b> council policies.</p>	<p>(7) Each council committee appointment shall be for a term specified in council <b>policy</b>.</p>	<p>Minor changes removing the word ‘the’ and renumbering. It is not necessary to speak of policy in the plural since it would be more appropriate to have one</p>

		council policy dealing with all council committee appointments.
(8) Each member of a council committee shall have voting power, unless otherwise specified.	(8) <b>Only non-staff members</b> of a council committee shall have <b>the right to vote</b> , unless otherwise specified.	By re-wording this subsection, it eliminates the need for existing subsection 10.
(9) A quorum for a council committee shall be the majority of its members.	(9) A quorum for a council committee shall be the majority of its members.	No change.
(10) No staff member shall have voting privileges on a council committee.		Deleted. The proposed subsection 8 eliminates the need for the existing subsection.



**BYLAW X- STAFF ADVISORY COMMITTEES – Administrative**

Existing Bylaw	Proposed Bylaw	Explanation & Comments
<b>SECTION 1- STAFF ADVISORY COMMITTEES</b>		
	(1) The executive director may appoint any staff advisory committee to provide advice to the executive director regarding carrying out the Executive Director mandate.	Improved clarity for the Executive Director appointing staff advisory committees and that these advisory committees can only provide advice to the executive director. The Executive Director retains the full power to make all decisions that fall within the mandate of the Executive Director.
(1) A staff advisory committee focuses on products that contribute to the Ends established by council.	(2) A staff advisory committee shall focus on products that contribute to the Ends established by council and must be carried out by the Executive Director.	It is to clarify that the role of a Staff Advisory Committee is to advise the Executive Director on how to better carry out their mandate.
(2) The authority for staff advisory committees comes from the executive director; however, these committees may have a reporting, approval or appeal mechanism relationship with council.		Deleted. New subsection (1) clarifies that it is the Executive Director that appoints a Staff Advisory Committee. A Staff Advisory Committee should not have a reporting, approval or appeal mechanism directly to council. The Staff Advisory Committee is established by the Executive Director and is to make recommendations or provide advice to the Executive Director and not to council.
(3) Staff advisory committees are established by an impartial selection process.	(3) Using an impartial selection process, the executive director may appoint members, non-members or a staff person to a staff advisory committee.	It clarifies that an advisory committee can be composed of RNs, non-RNs, or a staff person as necessary. The power lies with

		the Executive Director to name people to an advisory committee.
(4) Staff advisory committees shall include, but not be limited to, the nursing education program approval committee and the registration and membership committee.	(4) Staff advisory committees shall include, but not be limited to the registration and membership committee.	It is necessary to remove the Nursing Education Program Approval Committee (NEPAC) since it is a council committee and not a staff advisory committee appointed by the Executive Director. This reflects the power of council to establish NEPAC and to delegate its powers or duties regarding nursing program approval. It implements council's decision to delegate the nursing program approval process to NEPAC and to simply retain the right of appeal from a NEPAC decision. This adds clarity and consistency to the decision-making process for nursing program approval.

BYLAW XI- SPECIAL COMMITTEES– Administrative		
Existing Bylaw	Proposed Bylaw	Explanation & Comments
<b>SECTION 1- SPECIAL COMMITTEES</b>		
(1) Special committees may be appointed by the council at any time to carry out the objectives of the association and may be dissolved by a resolution of the council.	(1) <b>By council resolution, special committees who carry out the objectives of the association may be appointed or dissolved by council at any time.</b>	This clarifies that special committees can be established by council via a resolution. Specific special committees do not need to be established in bylaw.
(2) Unless established by bylaw, the council shall establish for all special committees:  (a) terms of reference;  (b) membership and terms of appointment;  (c) chairperson;  (d) budget allocation.	(2) Unless established by bylaw, the council shall establish for all special committees:  (a) terms of reference;  (b) membership and terms of appointment;  (c) chairperson; <b>and</b>  (d) budget allocation.	Editorial change.

BYLAW XII- AD HOC COMMITTEES – Administrative		
Existing Bylaw	Proposed Bylaw	Explanation & Comments
<b>SECTION 1- AD HOC COMMITTEES.</b>		
(1) Ad hoc committees may be appointed by the council for a specific purpose on precise terms of reference which state that the committee shall cease to function upon completion of the specific task.	(1) <b>By council resolution,</b> ad hoc committees may be appointed by council for a specific purpose on precise terms of reference and <b>that provides</b> that the committee shall cease to function upon completion of the specific task.	This clarifies that ad hoc committees or council committees can be established by resolution and need not be established in bylaw.
(2) The council shall establish for all ad hoc committees:  (a) terms of reference;  (b) membership and term of appointment;  (c) chairperson;  (d) budget allocation.	(2) The council shall establish for all ad hoc committees:  (a) terms of reference;  (b) membership and term of appointment;  (c) chairperson; <b>and</b>  (d) budget allocation.	Editorial change.

BYLAW XV- STANDARDS, COMPETENCIES AND NURSING EDUCATION PROGRAM APPROVAL – Regulatory		
Existing Bylaw	Proposed Bylaw	Explanation & Comments
<b>SECTION 1- STANDARDS, COMPETENCIES AND NURSING EDUCATION PROGRAM APPROVAL</b>		
(1) Effective December 1, 2013, the association adopts the standards and competencies contained in its May 1, 2013 publication entitled Standards and Foundation Competencies for the Practice of Registered Nurses as the standards and competencies required by and for registered nurses pursuant to the relevant bylaws.	(1) <b>The</b> association adopts the competencies contained in its 2019 publication entitled <i>Registered Nurse Entry-Level Competencies</i> as the competencies required <b>of</b> registered nurses.	The previous document that contained both the RN standard and foundation competencies has been revised to create two documents, one that is focused on RN standards and one focused on RN entry-level competencies.  The entry-level competencies document was completed at a national level by a working group of representatives from 11 jurisdictions of registered nurse regulators. Having consistency between jurisdictions supports the workforce mobility requirements of the Canadian Free Trade Agreement.  Editorial change for plain language.
	(2) <b>The</b> association adopts the standards contained in its 2019 publication entitled <i>Registered Nurse Practice Standards</i> as the standards required <b>of</b> registered nurses.	See above.
(2) The association adopts the standards and competencies contained in its February 2018	(3) The association adopts the standards and competencies contained in its February 2018	Editorial change for plain language.

<p>publication entitled <i>Standards and Competencies for the RN with Additional Authorized Practice</i> as the standards and competencies required by and for registered nurses practicing with Additional Authorized Practice.</p>	<p>publication entitled <i>Standards and Competencies for the RN with Additional Authorized Practice</i> as the standards and competencies required of registered nurses practicing with Additional Authorized Practice.</p>	
<p>(3) The association adopts the standards and competencies contained in its November 2016 publication entitled <i>Registered Nurse (Nurse Practitioner) Entry-Level Competencies</i>.</p>	<p>(4) The association adopts the competencies contained in its November 2016 publication entitled <i>Nurse Practitioner Entry-Level Competencies</i>.</p>	<p>If bylaw VI, Section 3 is passed by membership, this is a consequential amendment.</p>
<p>(4) The association adopts the standards and competencies contained in its November 2016 publication entitled <i>Registered Nurse (Nurse Practitioner) Practice Standards</i>.</p>	<p>(5) The association adopts the standards contained in its November 2016 publication entitled <i>Nurse Practitioner Practice Standards</i>.</p>	<p>If bylaw VI, Section 3 is passed by membership, this is a consequential amendment.</p>
	<p>(6) <b>A nursing education program has a right of appeal to council from any decision made by the Nursing Education Program Approval Committee (NEPAC).</b></p>	<p>Section 13 of the Act allows council to establish any committees that are provided for by the bylaws or that it considers necessary. It is recommended that NEPAC be established as a council committee pursuant to a bylaw to ensure transparency and to enhance the objectivity of council in the event of an appeal.</p> <p>Section 13(4) of the Act allows council to delegate to a committee such as NEPAC</p>

		any of its powers or duties on terms or conditions that the council may determine. It provides a right of appeal by a nursing program to council, if it disagrees with a NEPAC decision.
(5) For the purposes of the approval of the registered nursing education programs pursuant to section 19 of <i>The Registered Nurses Act, 1988</i> , the association adopts its June 2015 Program Approval for Established RN Education Programs.	(7) For the purposes of the approval of the registered nursing education programs pursuant to section 19 of <i>The Registered Nurses Act, 1988</i> , the association adopts its June 2015 Program Approval for Established RN Education Programs.	Renumbered.
(6) For the purposes of the approval of the registered nursing education programs pursuant to section 19 of <i>The Registered Nurses Act, 1988</i> , the association adopts its September 2015 <i>Program Approval for New and Dissolving RN or RN Re-Entry Education Programs</i> .	(8) For the purposes of the approval of the registered nursing education programs pursuant to section 19 of <i>The Registered Nurses Act, 1988</i> , the association adopts its September 2015 <i>Program Approval for New and Dissolving RN or RN Re-Entry Education Programs</i> .	Renumbered.
(7) For the purposes of Subsection 24(3) of <i>The Registered Nurses Act, 1988</i> the association adopts its February 2011 publication entitled, <i>Nursing Education Program Approval Process – Administrative Document for Approval of Nursing Education for</i>	(9) For the purposes of Subsection 24(3) of <i>The Registered Nurses Act, 1988</i> the association adopts its February 2011 publication entitled, <i>Nursing Education Program Approval Process – Administrative Document for</i>	Renumbered. If bylaw VI, Section 3 is passed by membership, this is a consequential amendment.

<p><i>Registered Nurse (Nurse Practitioner)s.</i></p>	<p><i>Approval of Nursing Education for Nurse Practitioners.</i></p>	
<p>(8) For the purposes of Subsection 24(3) of <i>The Registered Nurses Act, 1988</i>, the association adopts its July 2013 publication entitled, <i>Nursing Education Program Approval Process Administrative Document for the Registered Nurse with Additional Authorized Practice Courses.</i></p>	<p>(10) For the purposes of Subsection 24(3) of <i>The Registered Nurses Act, 1988</i>, the association adopts its July 2013 publication entitled, <i>Nursing Education Program Approval Process Administrative Document for the Registered Nurse with Additional Authorized Practice Courses.</i></p>	<p>Renumbered.</p>
<p>(9) The association adopts the <i>Standards and Competencies for RN Specialty Practices</i>, effective May 4, 2017 as the standards required by and for registered nurses.</p>	<p>(11) The association adopts the <i>Standards and Competencies for RN Specialty Practices</i>, effective May 1, 2018 as the standards <b>and competencies</b> required by and for registered nurses.</p>	<p>Document was gazetted Feb. 23,2018 and was in effect May 1,2018. Approved by membership May 4<sup>th</sup>, 2018. -Included 'and competencies' to make statement consistent with other subsections within the bylaws where both standards and competencies are required by and for registered nurses.</p>



Bylaw XV- STANDARDS, COMPETENCIES AND NURSING EDUCATION PROGRAM APPROVAL– Regulatory		
Existing Bylaw	Proposed Bylaw	Explanation & Comments
<b>SECTION 2- DELEGATION FROM A PHYSICIAN TO A REGISTERED NURSE</b>		
<p>(1) A registered nurse may practice outside the scope of registered nursing as defined in the Act and in the Standards and Foundation Competencies for the Practice of Registered Nurses if a duly qualified medical practitioner has delegated the authority for the registered nurse to perform the activity pursuant to the bylaws of the College of Physicians and Surgeons of Saskatchewan.</p>	<p>(1) A registered nurse may practise outside the scope of registered nursing as defined in the Act, if:</p> <p>(a) a duly qualified physician has delegated the authority for the activity pursuant to the bylaws of the College of Physicians and Surgeons of Saskatchewan;</p> <p>(b) <u>the nurse has obtained the required education and developed the required skills and competencies; and</u></p> <p>(c) <u>is practising in accordance with: Registered Nurse Practice Standards (2019), and Registered Nurse Entry-Level Competencies (2019).</u></p>	<p>Delegation from a physician to an RN only occurs when the practice is outside of the scope of an RN. A physician must comply with the CPSS bylaws in order to delegate a medical act to an RN. The SRNA amends this bylaw to ensure that an RN only accepts a delegated medical function once the nurse has the required education, skills and competencies to carry out the delegated medical act. The SRNA sought consultation from the CPSS regarding this amendment.</p> <p>Details of the collaboration between the SRNA and the CPSS in developing the processes that enable delegation from physician to RN is described in the <i>Guidelines for Physician to RN Delegation</i> (2016).</p> <p>A duly qualified physician is a physician who has the required skills and competencies themselves, is able to complete an assessment of the registered nurse’s ability to accept and safely perform the delegated activity, and is able to provide the appropriate oversight, supervision and collaboration.</p>