



SRNA Annual Meeting

May 5, 2021

Bylaws

The RN Act, 1988

SRNA Bylaws 2020

BYLAW IV MEMBERSHIP – Regulatory

Existing Bylaw	Proposed Bylaw	Explanation & Comments
SECTION 2. PRACTICING MEMBERSHIP		
<p>(2) Practicing membership entitles a person to the following privileges:</p> <p>(a) to practise registered nursing;</p> <p>(b) to use the title “registered nurse” or “nurse”;</p> <p>(c) to receive professional liability protection;</p> <p>(d) to vote and hold office at membership unit levels and provincial levels;</p> <p>(e) to participate in the annual meeting of the</p>	<p>(2) Practicing membership entitles a person to the following privileges:</p> <p>(a) to practise registered nursing;</p> <p>(b) to use the title “registered nurse” or “nurse”;</p> <p>(c) to receive professional liability protection;</p> <p>(d) to vote and hold office at membership unit levels and provincial levels;</p> <p>(e) to participate in the annual meeting of the</p>	<p>There is currently no provision in the council policies for members to receive financial assistance. Therefore, this item is to be removed and the remaining items renumbered.</p>

<p>association;</p> <p>(f) to be appointed to committees at membership unit levels and provincial levels;</p> <p>(g) to use the consulting and counselling services of the association;</p> <p>(h) to receive financial assistance for purposes specified in the policies of the association;</p> <p>(i) to receive a copy of association documents designated for distribution to practicing members;</p> <p>(j) to receive the newsbulletin of the association; and</p>	<p>association;</p> <p>(f) to be appointed to committees at membership unit levels and provincial levels;</p> <p>(g) to use the consulting and counselling services of the association;</p> <p>(h) to receive a copy of association documents designated for distribution to practicing members;</p> <p>(i) to receive the newsbulletin of the association; and</p>	
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<p>(k) to receive all privileges of membership in affiliated national and international associations.</p>	<p>(j) to receive all privileges of membership in affiliated national and international associations.</p>	
<p>(3) Practicing membership carries obligations including but not limited to the following:</p> <p>(a) to adhere to the Canadian Nurses Association <i>Code of Ethics for Registered Nurses</i> adopted at bylaw XIV;</p> <p>(b) to adhere to the nursing practice standards and entry-level competencies for the practice of registered nursing adopted at bylaw XV; and</p> <p>(c) To immediately report a conviction or finding of guilt for any criminal offence</p>	<p>(3) Practicing membership carries obligations including but not limited to the following:</p> <p>(a) to adhere to the Canadian Nurses Association <i>Code of Ethics for Registered Nurses</i> adopted at bylaw XIV;</p> <p>(b) to adhere to the nursing practice standards and entry-level competencies for the practice of registered nursing adopted at bylaw XV; and</p> <p>(c) As soon as reasonably practical report: a charge under the <i>Criminal Code</i></p>	<p>A question was posed about the bylaw requirements for timing of reporting in relation to the SRNA mandate for protection of the public. A legal opinion was sought regarding a proposed amendment to require immediate reporting at the time of a criminal charge as well as a criminal conviction. The timing proposed within this amendment would allow SRNA to fulfill its' mandate of public protection.</p> <p>A jurisdictional scan was completed to determine which Canadian regulatory body</p>

<p>under the <i>Criminal Code</i> (Canada), the <i>Controlled Drugs and Substances Act</i> (Canada) or any similar legislation in any province, territory, state, or country, or any offence in relation to the practice of nursing or another profession in any jurisdiction; and</p> <p>(d) each practicing member including those who</p>	<p>(Canada), the <i>Controlled Drugs and Substances Act</i> (Canada) or any similar legislation in any province, territory, state, or country, or any charge in relation to the practice of nursing or another profession in any jurisdiction; and</p> <p>(d) To immediately report: a conviction or finding of guilt for any criminal offence under the <i>Criminal Code</i> (Canada), the <i>Controlled Drugs and Substances Act</i> (Canada) or any similar legislation in any province, territory, state, or country, or any offence in relation to the practice of nursing or another profession in any jurisdiction; and</p> <p>(e) each practicing member including those who</p>	<p>jurisdictions currently require a nurse to report both a criminal charge and a criminal conviction versus those that require notification of a criminal conviction but not criminal charges. The trend is towards reporting both a criminal charge and a conviction. BC, AB, MB, ON, and Nova Scotia currently require nurses to notify the regulatory body at both points should they occur.</p> <p>BC and NS require notification immediately, while ON requires notification as soon as reasonably practical. MB's requirement is upon initial or subsequent registration, and AB is in the process of implementing Bill 46 which will require immediate notification by the nurse for both a charge and a conviction.</p>
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<p>hold an emergency or courtesy educator membership must hold and maintain liability protection.</p>	<p>hold an emergency or courtesy educator membership must hold and maintain liability protection.</p>	<p>NLL, QC and PEI currently only require nurses to give notice of a conviction. Both NLL and PEI require immediate reporting to the regulatory body when the conviction occurs while QC expects notification to occur within 10 days of the conviction. Upon being notified of a criminal charge, the SRNA registrar will maintain an awareness of the nature and existence of the charge(s) while awaiting the findings and outcome of the legal process. This action would be congruent with the current investigations process.</p>
<p>SECTION 3. GRADUATE NURSE MEMBERSHIP</p>		
<p>(3) Graduate nurse membership carries obligations including but not limited to the following:</p>	<p>(3) Graduate nurse membership carries obligations including but not limited to the following:</p>	

<p>(a) to adhere to the Canadian Nurses Association <i>Code of Ethics for Registered Nurses</i> contained in bylaw XIV;</p> <p>(b) to adhere to the nursing standards and competencies for the practice of registered nursing contained in bylaw XV;</p> <p>(c) To immediately report</p> <p>(i) a conviction or finding of guilt for any criminal offence under the <i>Criminal Code</i> (Canada), the <i>Controlled Drugs and Substances Act</i> (Canada) or any similar legislation in any province, territory,</p>	<p>(a) to adhere to the Canadian Nurses Association <i>Code of Ethics for Registered Nurses</i> contained in bylaw XIV;</p> <p>(b) to adhere to the nursing practice standards and entry-level competencies for the practice of registered nursing contained in bylaw XV;</p> <p>(c) As soon as reasonably practical report: a charge under the <i>Criminal Code</i> (Canada), the <i>Controlled Drugs and Substances Act</i> (Canada) or any similar legislation in any province, territory, state, or country, or any charge in</p>	<p>Terminology updated to improve accuracy and to align with current document titles.</p> <p>Rationale and comments from Bylaw IV, Section 2 (3) apply to this proposed amendment.</p>
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<p>state, or country, or any offence in relation to the practice of nursing or another profession in any jurisdiction; and</p> <p>(d) to maintain liability protection.</p>	<p>relation to the practice of nursing or another profession in any jurisdiction; and</p> <p>To immediately report:</p> <p>(d) a conviction or finding of guilt for any criminal offence under the <i>Criminal Code (Canada)</i>, the <i>Controlled Drugs and Substances Act (Canada)</i> or any similar legislation in any province, territory, state, or country, or any offence in relation to the practice of nursing or another profession in any jurisdiction; and</p> <p>(e) to maintain liability protection.</p>	
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**THAT Bylaw IV, Section 2, 2(h)(i)(j),
3(c)(d)(e) and Section 3, 3(b-e) be
revised as proposed to our membership.**

MOVED by: XXX

SECONDED by: XXX

CARRIED/DEFEATED

BYLAW V REGISTRATION – Regulatory

Existing Bylaw	Proposed Bylaw	Explanation & Comments
SECTION 3. MAINTAINING ELIGIBILITY FOR REGISTRATION		
<p>(1) To maintain eligibility for registration as a practicing member, a nurse must:</p> <p>(a) work in registered nursing activities approved by the association for at least eleven hundred and twenty-five hours in the five-year period immediately preceding the registration year for which registration is sought; and</p> <p>(b) hold a practicing membership with the association or a regulatory body recognized by the council while working in approved registered nursing activities for these</p>	<p>(1) To maintain eligibility for registration as a practicing member, a nurse must:</p> <p>(a) work in registered nursing activities approved by the association for at least eleven hundred and twenty-five hours in the five-year period immediately preceding the registration year for which registration is sought; and</p> <p>(b) hold a practicing membership with the association or a regulatory body recognized by the council</p>	<p>Provides clarity regarding the requirements for maintaining eligibility.</p> <p>Item (d) may apply to maintaining eligibility in some circumstances where practice hours requirements are not met, and successful completion of a re-entry program is not deemed adequate to prepare the nurse for safe, competent practice. They may be required to complete an approved nursing education program.</p>

<p>hours to contribute to eligibility for registration.</p>	<p>while working in approved registered nursing activities for these hours to contribute to eligibility for registration; or</p> <p>(c) have completed an approved re-entry program in the five-year period immediately preceding the registration year for which registration is sought; or</p> <p>(d) completed an approved nursing education program in the five-year period immediately preceding the registration year for which registration is sought.</p>	
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THAT Bylaw V, Section 3 (1)(a-d) be revised as proposed to our membership.

MOVED by: XXX

SECONDED by: XXX

CARRIED/DEFEATED

BYLAW VI CATEGORIES OF PRACTICE– Regulatory

Existing Bylaw	Proposed Bylaw	Explanation & Comments
SECTION 3. NURSE PRACTITIONER CATEGORY		
<p>(3) In the course of engaging in the practice of registered nursing in the nurse practitioner category in one of the four specialties, a registered nurse may, subject to conditions or restrictions imposed on their license, perform the following:</p> <p>(a) in accordance with the standards and competencies, diagnose and treat common medical disorders;</p>	<p>(3) In the course of engaging in the practice of registered nursing in the nurse practitioner category in one of the four specialties, a registered nurse may, subject to conditions or restrictions imposed on their license, perform the following:</p> <p>(a) in accordance with the practice standards and entry-level competencies, diagnose and treat common medical disorders;</p>	<p>Increases transparency and aligns with the title changes made to the documents adopted to establish the practice standards and entry-level competencies in Bylaw XV. Alignment with SRNA Style Guide for spelling of license.</p> <p>Note: This is the first instance of the word licence in the bylaw amendments. A motion will be made at the annual meeting to change all instances of the words licence/licences/licencing to license/licenses/licensing in accordance with the SRNA Style Guide.</p>
<p>(b) in accordance with the standards and competencies, order,</p>	<p>(b) in accordance with the practice standards and entry-level</p>	<p>This subsection has been updated to focus on diagnostic or screening testing that NPs</p>

<p>perform, receive and/or interpret reports of screening and diagnostic tests in the following areas:</p> <ul style="list-style-type: none"> (i) microbiology; (ii) cytology; (iii) biochemistry; (iv) immunology; (v) haematology; (vi) forms of non contrast radiographic energy except MRI; and (vii) virology. 	<p>competencies, order, request, perform, receive and/or interpret reports of screening and diagnostic tests in the following areas:</p> <ul style="list-style-type: none"> (i) microbiology; (ii) cytology; (iii) biochemistry; (iv) immunology; (v) haematology; and (vi) virology; 	<p>may require outside of medical imaging.</p>
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	<p>(c) in accordance with the practice standards and entry-level competencies, order or request medical imaging involving the application or detection of forms of energy for diagnostic or screening purposes, and receive and interpret reports; or perform medical imaging limited to forms involving ionizing radiation or soundwaves for the purposes of diagnosis or screening according to current best practice.</p>	<p>Amendments to this bylaw were proposed to the Legislation and Bylaws committee last fall and were approved; then presented to council in spring 2020 and approved; then approved by membership in May 2020 at the Annual Meeting. However, there were concerns identified regarding a lack of alignment with the Act, so the proposed amendments were voluntarily withdrawn and new amendments drafted and now proposed.</p> <p>The types of screening and diagnostic tests must be specified in the bylaws in accordance with the <i>Registered Nurses Act, 1988</i>. The proposed amendment has been validated through targeted consultation.</p>
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		<p>Routine x-rays and CTs require the application of ionizing radiation to provide medical imaging. MRI uses the presence of a magnetic field and application of radio frequency waves to generate an image. Ultrasounds require the application of sound waves, while PET scans detect radioactive particles.</p> <p>A jurisdictional scan revealed that NPs in BC, AB, MB, NB, NLL, NS and PEI have all been enabled to order CTs with contrast dye, and some MRIs with contrast dye in accordance with their applicable practice standards and competencies. By the end of 2020, ON had almost completed the required work to enable this as well, but has experienced some delays due to COVID-19.</p>
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		<p>MB requires no specific additional education. Both BC and NS require final interpretation of the imaging to be provided by a radiologist, but the NP is enabled to undertake appropriate treatment while awaiting that report then to interpret the findings in relation to care planning once the report is finalized.</p> <p>NLL has enabled NPs in accordance with standards and competencies, however, there have been restrictions imposed by the employers/RHAs related to waitlist and availability of resources.</p> <p>Enabling NPs to order a broad range of medical imaging is in the best interest of the public because it increases access to diagnostic testing, eliminates delays in care caused by clients</p>
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		<p>needing an extra visit to a physician to confirm the identified need for testing (which then decreases demands on physician time and allows focus on access for other patients who need care); and allows NPs to provide holistic care to clients while using expert judgment regarding need for consultation and referrals.</p> <p>Through these amendments, NPs are enabled to order or request medical imaging with contrast dye when clinical best practice evidence supports it. Nurse practitioners do not take responsibility for final interpretation of medical imaging studies but can interpret the findings in the report in relation to the care of the client. Appropriate treatment may be initiated while awaiting</p>
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		<p>final interpretation by the diagnostic radiologist.</p> <p>The selected wording is generic enough to include current and emerging technology.</p> <p>In Saskatchewan, specific credentials may be required to order a number of imaging exams, including some MRI and all PET/CT studies. These may typically be ordered only by a physician recognized in a specific specialty. If in doubt, communication with the local medical imaging department or group is encouraged.</p> <p>When NPs perform medical imaging using ionizing radiation or soundwaves, they are expected to do so within the limits permitted by radiology directives and agency policy and while abiding by the principle of</p>
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		as low as reasonably achievable (ALARA) exposure.
<p>(e) in accordance with the standards and competencies, and in accordance with federal legislation, prescribe and/or dispense:</p> <p>(i) drugs listed in schedules I, II and III of <i>The Drug Schedules Regulations, 1997</i>, as amended from time to time; ...</p> <p>(ii) drugs in the Health Canada Non-Insured Health Benefits list, as amended from time to time;</p> <p>(iii) drugs and Natural Health Products that may</p>	<p>(d) in accordance with the practice standards and entry-level competencies, and in accordance with federal legislation, prescribe and/or dispense:</p> <p>(i) drugs listed in schedules I, II and III of <i>The Drug Schedules Regulations, 1997</i>, as amended from time to time; ...</p> <p>(ii) drugs in the Health Canada Non-Insured Health Benefits list, as amended from time to time;</p>	<p>Increases transparency and aligns with the document titles adopted to establish practice standards and entry-level competencies for NPs (Bylaw XV, Section 1, Subsections 4 and 5).</p>

<p>be sold without a prescription;</p>	<p>(iii) drugs and Natural Health Products that may be sold without a prescription;</p>	
<p>(d)in accordance with the standards and competencies, perform minor surgical and invasive procedures in the following areas:</p> <ul style="list-style-type: none"> (i) suturing; (ii) irrigation; (iii) incision and drainage; (iv) excisions; (v) intubation; and (vi) insertion. 	<p>(e) in accordance with the practice standards and entry-level competencies, perform minor surgical and invasive procedures in the following areas:</p> <ul style="list-style-type: none"> (i) suturing; (ii) irrigation; (iii) incision and drainage; (iv) excisions; (v) intubation; and (vi) insertion. 	<p>Terminology updated to improve accuracy and to align with current document titles.</p>

<p>(4) In the course of engaging in the practice of registered nursing in the nurse practitioner category in one of the four specialties, the member shall meet the nurse practitioner standards and competencies.</p>	<p>(4) In the course of engaging in the practice of registered nursing in the nurse practitioner category in one of the four specialties, the member shall meet the nurse practitioner practice standards and entry-level competencies.</p>	<p>Increases transparency and aligns with the document titles adopted to establish practice standards and entry-level competencies for NPs (Bylaw XV, Section 1, Subsections 4 and 5).</p>
<p>(5) To obtain initial licensing in the nurse practitioner category in one of the four specialties, a registered nurse must:</p> <ul style="list-style-type: none"> (a) be a member in good standing; (b) be currently licensed as a registered nurse; (c) have satisfactorily completed: 	<p>(5) To obtain initial licensing in the nurse practitioner category in one of the four specialties, a registered nurse must:</p> <ul style="list-style-type: none"> (a) be a member in good standing; (b) be currently licensed as a registered nurse; and (c) have satisfactorily completed: <ul style="list-style-type: none"> (i) a nurse practitioner 	<p>Provides clarity regarding the requirements for initial licensure in the nurse practitioner category.</p>

<p>(i) a nurse practitioner category registered nursing program in one of the four specialties, or</p> <p>(d) have satisfactorily completed a demonstration of nurse practitioner competencies in one of the four specialties; and</p>	<p>category registered nursing program in one of the four specialties, and</p> <p>(ii) a demonstration of nurse practitioner competencies in one of the four specialties.</p>	<p>(d) becomes (ii)</p>
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**THAT Bylaw VI, Section 3
(3)(a)(b)(v)(vi)(c)(d)(e) and (4)(5)(b)(i)
and (ii) be revised as proposed to our
membership.**

MOVED by: XXX

SECONDED by: XXX

CARRIED/DEFEATED

BYLAW VIII EXAMINATIONS – Regulatory

Existing Bylaw	Proposed Bylaw	Explanation & Comments
SECTION 1. REGISTERED NURSE EXAM		
<p>(3) Upon application, the Registrar may, in exceptional circumstances, annul a written NCLEX® RN exam.</p>		<p>Given that there are unlimited writes available to recent nursing graduates within a three-year period, this is not required any longer and should be removed.</p>
SECTION 2. NURSE PRACTITIONER EXAMINATIONS		
<p>(1) To be eligible for registration and the issuance of a license to practice registered nursing in the nurse practitioner category, a person must write and pass the examination required for the particular nurse practitioner specialty, which exams are:</p> <p>(a) National Certification Corporation (NCC): Neonatal Nurse Practitioner</p>	<p>(1) To be eligible for registration and the issuance of a license to practice registered nursing in the nurse practitioner category, a person must write and pass the examination required for the particular nurse practitioner specialty, which exams are:</p> <p>(a) National Certification Corporation (NCC): Neonatal Nurse</p>	<p>(a) Council approved the inclusion of the Dalhousie University Objective Structured</p>

<p>Certification Examination;</p> <p>(b) Canadian Nurse Practitioner Exam: Family/All Ages (CNPE : F/AA);</p> <p>(c) American Academy of Nurse Practitioners Certification Board (AANPCB) – Adult – Gerontology Primary Care Nurse Practitioner Examination (A-GNP); and</p> <p>(d) Pediatric Nursing Certification Board (PNCB) – Certified Pediatric Nurse Practitioner – Primary Care</p>	<p>Practitioner Certification Examination; or Dalhousie University Objective Structured Clinical Exam (OSCE);</p> <p>(b) Canadian Nurse Practitioner Exam: Family/All Ages (CNPE : F/AA);</p> <p>(c) American Academy of Nurse Practitioners Certification Board (AANPCB) – Adult – Gerontology Primary Care Nurse Practitioner Examination (A-GNP); and</p> <p>(d) Pediatric Nursing Certification Board (PNCB) – Certified</p>	<p>Clinical Exam (OSCE) at the November 2020 board meeting. Including the Dalhousie OSCE will remove barriers to initial licensure for graduates of a Canadian neonatal NP program from obtaining initial licensure with the SRNA.</p>
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(PNCB PNP) Examination.	Pediatric Nurse Practitioner – Primary Care (PNCB PNP) Examination.	
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**THAT Bylaw VIII, Section 1 (3) and
Section 2 (1)(a) be revised as proposed
to our membership.**

MOVED by: XXX

SECONDED by: XXX

CARRIED/DEFEATED

BYLAW IX COUNCIL AND STATUTORY COMMITTEES – Administrative (Sections 1-3)

Existing Bylaw	Proposed Bylaw	Explanation & Comments
SECTION 1. COUNCIL COMMITTEES		
<p>(3) The council shall make all council committee appointments with the exception of the elected members of the Nominations Committee. The council shall name an alternate who may be called upon to complete the term of any council committee member who resigns during their 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>(3) The council shall make all council committee appointments with the exception of the elected members of the Nominations Committee. The council may name an alternate who may be called upon to complete the term of any council committee member who resigns during their 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>Shall indicates a mandatory action. May is the more appropriate term.</p>

**THAT Bylaw IX, Section 1 (3) be revised
as proposed to our membership.**

MOVED by: XXX

SECONDED by: XXX

CARRIED/DEFEATED

BYLAW XV STANDARDS AND COMPETENCIES – Regulatory

Existing Bylaw	Proposed Bylaw	Explanation & Comments
SECTION 1. STANDARDS AND COMPETENCIES		
<p>(3) The association adopts the standards and competencies contained in its February 2018 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 August 2020 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>In the fall of 2019, the title of Nurse Practitioner, NP or Graduate Nurse Practitioner, GNP was put into effect. As such, all references in this document that remained as Registered Nurse (Nurse Practitioner), RN(NP), Graduate Registered Nurse (Nurse Practitioner), or GRN(NP) needed to be updated. During this document revision, title changes as listed above were the only content within the document that was altered and presented to Council in August 2020 on their required approvals agenda. The approval by Council of these changes results in a change to the date of the document. Overall, this is</p>

		considered a minor document revision.
(4) The association adopts the competencies contained in its November 2016 publication entitled Nurse Practitioner Entry-Level Competencies.	(4) The association adopts the competencies contained in its August 2020 publication entitled Nurse Practitioner Entry-Level Competencies.	Rationale as above. Three documents were presented to Council at the same time in August 2020. This was the second.
(5) The association adopts the standards contained in its November 2016 publication entitled Nurse Practitioner Practice Standards.	(5) The association adopts the standards contained in its August 2020 publication entitled Nurse Practitioner Practice Standards.	Rationale as above. Three documents were presented to Council at the same time in August 2020. This was the third.

**THAT Bylaw XV, Section 1 (3) (4) and (5)
be revised as proposed to our
membership.**

MOVED by: XXX

SECONDED by: XXX

CARRIED/DEFEATED

THAT the bylaws will be revised to read ‘license’ in every instance where the word “licence” is currently used, as proposed to our membership.

MOVED by: XXX

SECONDED by: XXX

CARRIED/DEFEATED