



Registered Nurse Specialty Practice Guideline

Effective: February 17, 2026

Introduction

The Registered Nurse Specialty Practice (RNSP) model optimizes Registered Nurse (RN) practice to best serve the public (defined as client and client population) by providing a framework for activities beyond entry-level competence. Both employers and self-employed registrants utilize the RNSP model to develop, maintain and evaluate RN Clinical Protocols to meet the needs of the public in the practice environment. In all practice environments, RNs practice within their legislated scope of practice and personal competence, as well as work within employer policies and processes.

RN entry-level competencies (ELC) establish the foundation for nursing practice. RNSPs are activities beyond entry-level competence and within the legislated scope of RN practice. The level of complexity of the RNSP informs the requirements for additional education and experience provided by the employer. The RNSP model supports a proactive approach to the delivery of health care, with the client at the centre. The model recognizes the RN at the point of care as the expert in the practice environment. RNSPs are developed using current evidence-informed practices and are considered by the employer and direct care RNs to be in the best interest of the individual client or client population in a particular practice environment.

Employers collaborate with RNs to develop, maintain and evaluate the care delivered through the RNSP model. The model can be implemented when all four components of the RN Clinical Protocol are in place. It is designed to be responsive to meet evolving health care needs and delivery approaches in an interprofessional practice environment.

Regulatory Authority

The Registered Nurses Act, 1988 (the Act) provides the legislative authority for RN practice in Saskatchewan. The *RNSP Practice Guideline* is intended to support the professional practice of the College of Registered Nurses of Saskatchewan (CRNS) registrants in the interest of the public, to provide direction on the RNSP model and to support practice that is consistent with the current CRNS *Registered Nurse Practice Standards, Registered Nurse Entry-Level Competencies* and *CRNS Code of Conduct*.

The RN Specialty Practice Model

The RNSP model provides a framework for activities beyond entry-level competence and within the legislated scope of RN practice. Recognizing the diverse and evolving practice environment, the RNSP model may:

- be utilized in all practice settings across Saskatchewan;
- apply to all RNs who are licensed to practice in Saskatchewan; and,
- provide the opportunity for RNs to optimize their scope of practice safely and competently.

RNs play a key role in providing optimal care leading toward the best possible health outcomes for individual clients and client populations. Activities performed by RNs that are beyond entry-level are optimized through the RNSP model. In an employer setting, employers provide an environment for RNs to develop beyond entry-level competencies by providing education, resources and the creation of policies for the specific RNSP in the defined practice environment. RNSPs must be supported by an overarching employer policy that indicates RNs may provide the RNSP in the employer-defined practice environment. The RNSP model is intended to be developed collaboratively with partners (e.g., RNs, employers, clinical experts, interprofessional team members, etc.). RNs and employers share the responsibility of ensuring the RNSP is within the legislated scope of practice of RNs and that RNs have the personal competence to safely engage in the RNSP.

CRNS registrants engaged in self-employed practice, assume full responsibility and accountability for the provision of safe, competent and ethical client care. Additional responsibilities for a self-employed registrant include but are not limited to developing written policies and procedures and developing beyond entry-level competence. Please refer to the [CRNS Self-Employed Practice Guideline](#) for additional information on self-employed practice.

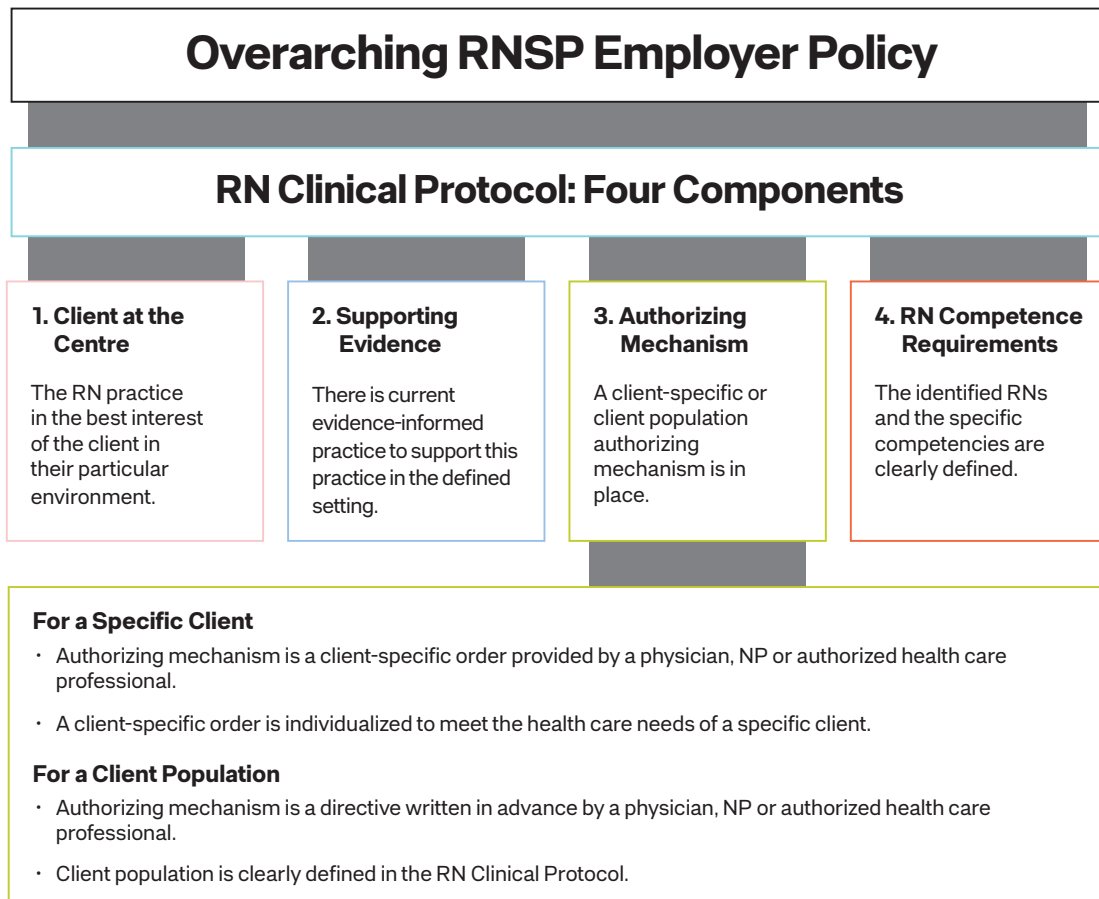
In all practice settings, RNs have the obligation to comply with the current CRNS *Practice Standards*, *ELCs* and *CRNS Code of Conduct*, as a foundation for their practice. RNs use reflective decision-making, critical thinking and clinical reasoning to determine the appropriateness of implementing the RNSP. This includes determining the associated risks, contraindications, available resources (human or otherwise) and the ability to manage potential intended or unintended outcomes.

RN Clinical Protocol

An RNSP is enabled through an RN Clinical Protocol. These protocols are developed through collaboration between the employer, if applicable, RNs and other health care professionals who have an awareness of the care environment and are clinical experts. Collaboration with RNs in other similar practice environments across Saskatchewan and Canada may also be beneficial to strengthen and standardize the process. RN Clinical Protocols:

- contain all four essential components (see RNSP model below);
- are approved by the employer prior to implementation of the practice, if applicable; and,
- are reviewed and revised through an internal evaluation process.

RN Specialty Practices Model



Roles and Responsibilities

When establishing RNSPs, all partners actively collaborate and participate in the development of the RNSP. Partners understand their roles and professional responsibilities while recognizing and having an awareness of the roles and professional responsibilities of others.

Employer Role and Responsibilities

Employers play a key role in meeting the needs of the public by establishing RN Clinical Protocols for RNSPs. Employers:

- recognize they may limit RN scope of practice but cannot expand it;
- recognize that employer policies cannot supersede RN Practice Standards;
- approve the RN Clinical Protocol, which is consistent with the overarching RNSP policy;
- ensure the speciality practice is in the best interest of the client in their environment;
- establish the timeline for the review of the RN Clinical Protocol and evaluate the impact on care delivery, revising the Protocol, as required;
- support the communication, accessibility and uptake of the RN Clinical Protocol with partners in the defined practice environment;
- engage the appropriate individuals/team members (e.g., clinical educators, RNs, Nurse Practitioners [NP], clinical experts and physicians) in a collaborative process, consulting with others (e.g., managers, pharmacists, quality assurance/risk managers, laboratory services, etc.), as required;
- consult and obtain clarity on legislated scope of practice and professional responsibilities, as needed;
- assess and provide the essential human and environmental resources;
- describe the risks associated with the RNSP and develop a mitigation strategy for those risks;
- develop an RN Clinical Protocol that incorporates the four essential components prior to implementing the RNSP;
- describe the documentation and communication requirements;
- define the inclusion and exclusion criteria of the intended client or client population within the practice environment;
- identify the indicators and the process for consultation/collaboration/referral for clinical situations when immediate consultation with a physician or NP is required;
- provide and support initial opportunities for RNs to acquire specialized competencies specific to the RNSP through appropriate education and clinical skill development; and,
- provide and support ongoing competence opportunities, as indicated in the RN Clinical Protocol, or when RNs self-assess and identify learning needs.

When developing, maintaining and evaluating RN Clinical Protocols, the critical element is ensuring the client remains at the centre of care. The client and their environment are closely linked. Employer decisions should consider both the client's needs and available resources.

CRNS registrants engaged in self-employed practice assume full responsibility and accountability for establishing RN Clinical Protocols.

Authorizer Role and Responsibilities

The authorizing mechanism is one of the essential components of the RN Clinical Protocol and must be obtained prior to implementing the RNSP in an employer setting or self-employed practice. Authorization can be provided by a physician, NP, or other authorized health care professional. Authorizers play a key role in establishing RN Clinical Protocols. Authorizers of RN Clinical Protocols:

- comply with their professional college's legislation and bylaws;
- demonstrate competence in the related speciality practice;
- ensure the RN, who will be providing the services, has the appropriate knowledge, skill and judgment;
- ensure requirements for consultation with the authorizer are clear;
- provide professional expertise;

- ensure that the RN Clinical Protocol incorporates the other three essential components prior to providing the authorization for the RNSP;
- actively participate in the development, maintenance and evaluation of the RN Clinical Protocol;
- accurately completes the authorizing mechanism;
- have the capacity to manage unintended outcomes, and provide oversight and supervision, as required;
- ensure timely and ongoing evaluation of the RN Clinical Protocol, including the assessment that the RN Clinical Protocol is meeting the intended health outcomes;
- may choose to renew the authorizing mechanism, if assuming the professional responsibility for the continuation of the RN Clinical Protocol, completing the required documentation;
- provide a dated directive that indicates the period the directive is effective for; and,
- may revoke authorization at any time, when deemed necessary.

Self-Employed Registrant Role and Responsibilities

Prior to engaging in self-employed practice, CRNS registrants must ensure the services they plan to offer are [recognized and approved nursing services](#) – falling within the definition of registered nursing practice in accordance with the Act. If offering services beyond entry-level competence, self-employed registrants must use the RNSP model and ensure that there is an RN Clinical Protocol that includes all four essential components.

Assigning Specialty Practice Care

RNs cannot assign RNSPs to non-RNs in their entirety, however, aspects of nursing care within a specialty practice may be assigned to other health care providers, including unregulated health care providers, when outlined by the specific RNSP and employer policy and determined as appropriate at the point of care by the RN. RNs work collaboratively with other health care providers to meet the care needs of the client in a safe, competent and client-centered manner. The RN has a professional responsibility for the coordination of health services, as outlined in The Act, within the team-based practice environment. Please access the following link for additional information on RNs [Working with Unregulated Care Providers](#).

Graduate Nurse Engagement with Specialty Practice

[Graduate Nurses \(GN\)](#) cannot independently perform RNSPs. When GNs have completed the employer-provided education and have the required competencies to safely perform the RNSP, they may do so only under the direct supervision of an RN who has employer's approval to perform the RNSP.

Essential Components of RN Clinical Protocols

RN Clinical Protocols contains four essential components:

1. Client at the Centre.
2. Supporting Evidence.
3. Authorizing Mechanism.
4. RN Competence Requirements.

All four components of the RN Clinical Protocol must be established prior to implementation of the RNSP. RNs at the point of care must also possess the capacity to determine if the implementation of the RNSP meets all the essential components at each client interaction. Each component is of critical importance to help ensure safe, competent and ethical care.

The primary questions to explore when developing an RN Clinical Protocol include:

1. **Client:** Is the RN practice in the best interest of the client in their **particular environment**?
2. **Supporting Evidence:** Is there current evidence-informed practice to support this practice in the defined setting?
3. **Authorizing Mechanism:** Which authorized prescriber will provide the authority for the RN Clinical Protocol? Does the health care provider have the authority to authorize the RN Clinical Protocol in the practice environment? Has authority been obtained? Will the RNSP be for an individual client or a client population?
4. **RN Competency Requirements:** Are the RNs who can perform this RNSP and the specific competencies defined in the RN Clinical Protocol?

These questions, although not exhaustive, form the foundation for all RN Clinical Protocols. To support the development, documentation, communication and ongoing evaluation of the RN Clinical Protocol, a checklist maybe used (see Appendix A).

1. Client at the Centre of the RN Specialty Practice

Within the RNSP model, there is an opportunity for clients and client populations to receive beyond entry-level care through the optimization of RN practice. This is true in all practice environments where RNs are employed and authorized. RNs engage in the nursing process to treat clients or client populations who meet the required criteria, when assessed, using an RN Clinical Protocol.

When creating an RN Clinical Protocol, it is important to first consider what is in the best interest of the client in their environment. Inclusion criteria for which client or client population can be cared for and the potential risk to the client should be considered and addressed in the RN Clinical Protocol. In all practice environments, risks need to be identified and mitigated to enable RNSP implementation. Through optimized RN practice, the client is supported to receive timely, safe, competent and ethical care.

The Environment Surrounding the Client

A critical factor in the assessment of the client's needs and interests is to determine that the environment has the appropriate resources to meet the practice requirements described in the RN Clinical Protocol. This includes but is not limited to appropriate equipment, health care personnel and contingency plans for client transfer to an alternate care provider in the current practice environment, or transfer to a different practice environment or facility, as well as other environmental resources for effective application of the RNSP in the interest of the client or client population. Decision-makers must consider the resources available in their practice environment. Implementing an RNSP in one practice setting may not be appropriate in another due to differences in the availability of health care team members with specialized expertise and/or equipment, supplies or other resources.

Prior to engaging in an RNSP, the RN assesses the environment to ensure it supports RNs to meet their professional and ethical obligations. If the appropriate resources outlined in the RNSP are absent or unavailable, RNs advocate for client safety and for the availability or access to the required resources to safely, competently and ethically perform the RNSP. RNs use internal safety procedures for the purposes of client or client population advocacy and escalation of safety concerns, as needed. Simultaneous assessment of client and environmental factors helps to support the development of a robust RN Clinical Protocol and its delivery at the point of care.

2. Supporting Evidence for the RN Specialty Practice

Once it has been determined that the development of an RN Clinical Protocol is in the best interest of the client or client population, evidence needs to be gathered to support the specialty practice. Current evidence gathering includes but is not limited to peer-reviewed literature, applicable legislation, clinical practice guidelines, evidence-informed practices, cultural considerations, safety practices, nursing process elements and competency requirements. Next, determine if there is evidence to support the implementation of the RNSP

in the identified practice environment. It will be prudent to explore if RNs are currently engaged in this specialty practice in other practice environments, elsewhere in the province, country or other countries. The evidence also includes an employer assessment of the resources required in the environment in which the RNSP will occur. All requirements are described clearly in the RN Clinical Protocol.

The RN Clinical Protocol should contain evidence-informed process steps for the specialty practice and the nursing process including assessment, nursing diagnosis, planning, implementation and evaluation requirements. Relevant treatment plans, protocols, procedures and interventions, including laboratory tests and medications, are clearly described in the RN Clinical Protocol and authorized by client-specific orders, order sets or medical directives. The communication and documentation requirements are also included in the RN Clinical Protocol. When considering the evidence component of RNSPs there needs to be assurance that:

- evidence affirms that the RNSP is in the best interest of the client in their current environment;
- evidence indicates that the practice is consistent with RN legislated scope of practice and all other relevant legislation;
- interprofessional collaboration is evident in the development, maintenance, and evaluation of the RN Clinical Protocol in the practice environment, as appropriate;
- evidence informs the frequency of the RN Clinical Protocol evaluation;
- ongoing evaluation of various sources of data related to the RNSP, including but not limited to incident reports, foundational education curriculum inclusion, certification maintenance and population data;
- evidence informs the nursing process contained in the RN Clinical Protocol;
- evidence informs the competency requirements for the practice;
- cultural competency and safety for the RNSP has been taken into consideration and incorporated into the RN Clinical Protocol; and,
- the risks, limits and immediate consultation requirements are described.

3. Authorizing Mechanisms for RN Specialty Practice

The following authorizing mechanisms provide RNs with the authority to implement an RN Clinical Protocol once they have obtained the competency requirements to manage the client or population outlined in the protocol. The two authorizing mechanisms within the RNSP model are client-specific orders (for individual clients) and directives (for a client population). The authorizing mechanism is specified in the RN Clinical Protocol and must be documented according to professional standards, relevant legislation and employer policies.

Client-Specific Order

A client-specific order provided by a physician, NP or other authorized health care professional is required to authorize the care described in an RN Clinical Protocol when it applies to an individual client. A client-specific order is individualized to meet the health care needs of a specific client.

Directive

A directive is a written order that identifies the client population described in the RN Clinical Protocol. A directive is always authorized in advance by a physician, NP or authorized health care professional. Directives may be written by a physician, NP or authorized health care professional, who has the legislated scope of practice, possesses the knowledge, skills and judgement to implement the directive safely, and has the employer authority to authorize the specific RNSP for the practice environment, if required.

4. RN Competency Requirements for the RN Specialty Practice

The employer determines which RNs are approved to perform a specific RNSP in the practice environment. Employers also determine the competency requirements and education for RNs to provide the RNSP. RNs and employers participate in a collaborative process to inform and define initial and ongoing competency requirements for RNs involved in the RNSP, as outlined in the RN Clinical Protocol. Similarly, CRNS registrants engaged in self-employed practice assume full responsibility and accountability for determining the initial and ongoing competency requirements and education to provide the RNSP, outlining same in the RN Clinical Protocol.

Questions to consider include, but are not limited to:

- What are the specialized competencies that are required to safely perform the RNSP?
- What are the specialized competencies required to manage unintended outcomes?
- Can the specialized competencies and the related education be acquired by the individual RN?
- What is the education plan for providing RNs with the initial and ongoing specialized competencies to meet the client's needs?
- Are there education courses developed by expert health care organizations or other evidence-informed practice resources that can be used to develop the specialized competencies, or does the employer need to create them?
- Which qualified professionals will be available to teach the RNSP competency requirements?
- Is there a practical component when obtaining the specialized competencies that will require supervision? If so, who will provide the supervision?
- Has the frequency of performing the activity in the practice environment been determined? Does the frequency of performing the activity support competency?
- Are there situations where the frequency of performing an activity is low, but RN competence is required? Are plans for these situations defined in the RN Clinical Protocol?
- What opportunities are there for RNs to maintain their specialized competencies?
- Are records of RN specialized competencies required? If so, how are these records maintained and who has access to them?

The determination of the need for timely, safe, competent and ethical care is considered throughout the process of development, implementation, and evaluation of the competency requirements for the RNSP. RNSPs determined to have less unanticipated or unpredictable outcomes may require less formal education and/or supervision. RNSPs with a higher risk of unpredictable outcomes may require more specialized education and/or supervision.

When RNs have completed the employer-provided/self-employed education and have the required competencies to safely perform the RNSP, they may do so, per RN Clinical Protocol.

Summary

The RNSP model provides a framework for activities beyond entry-level competence, optimizing RN practice to best serve the public. RN Clinical Protocols are developed collaboratively by employers and RNs. Employers and self-employed registrants support safe and competent practice by ensuring all four essential components of the protocol are in place. Authorizing mechanisms provide the authority for RN Clinical Protocols, and authorizers provide their professional expertise and participate in the development, maintenance and evaluation. RNSPs support safe, competent and ethical client care by optimizing RN practice.

Bibliography

- College of Nurses of Ontario. (2023). Practice standard: Scope of practice. Retrieved from <https://cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/49041-scope-of-practice.pdf>
- College of Registered Nurses of Manitoba. (2025). Scope of practice for RNs. Retrieved from <https://www.crnmb.ca/resource/scope-of-practice-for-rns/>
- College of Registered Nurses of Newfoundland and Labrador. (2022). Scope of practice framework. Retrieved from <https://crnml.ca/wp-content/uploads/2022/06/scope-of-practice-framework.pdf>
- College of Registered Nurses of Saskatchewan. (2024). Aesthetic nursing resource. Retrieved from <https://www.crnsc.ca/wp-content/uploads/2023/04/Aesthetic-Nursing-Resource.pdf>
- College of Registered Nurses of Saskatchewan. (2024). Registered nurse entry-level competencies. Retrieved from <https://www.crnsc.ca/wp-content/uploads/2024/06/RN-Entry-Level-Competencies.pdf>
- College of Registered Nurses of Saskatchewan. (2024). Self-employed practice guideline. Retrieved from <https://www.crnsc.ca/wp-content/uploads/2023/04/Self-Employed-Practice-Guideline.pdf>
- Nurses Association of New Brunswick. (2023). Fun sheets: Directive. Retrieved from https://nanb.nb.ca/media/documents/NANB-FactSheet-Directive-June_23-E.pdf

Appendix A

This RN Clinical Protocol Checklist is intended and may be utilized for the development, implementation and evaluation of the RNSP for employers and/or self-employed registrants. This checklist may also serve as a means of documentation of the RNSP development, implementation, evaluation and evolution for internal purposes. This checklist is not exhaustive and may be modified by the user. The CRNS does not require RNSP to be submitted for approval.

RN Clinical Protocol Checklist

Title of the RNSP

Prepared by: _____ Effective date: _____

Approved by: _____ Review date: _____

Ensure the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> There is an overarching RNSP employer/self-employed policy | <input type="checkbox"/> The RN Clinical Protocol is consistent with the overarching RNSP employer/self-employed policy | <input type="checkbox"/> The beyond-entry level activity is within the legislative scope of RN practice |
|---|---|---|

Client at the Centre

- Affirmation it is in the best interest of the client or client population

Supporting Evidence

Current evidence needs to be gathered to support the RNSP. Evidence gathering includes but is not limited to:

- | | | |
|---|---|--|
| <input type="checkbox"/> Determination of the appropriate practice environment | <input type="checkbox"/> Immediate consultation requirements, including care escalation | <input type="checkbox"/> Cultural competence |
| <input type="checkbox"/> Required resources | <input type="checkbox"/> Risk mitigation and management | <input type="checkbox"/> Communication processes |
| <input type="checkbox"/> Engagement in the nursing process: Assessment, nursing diagnosis, planning, implementation, and evaluation | <input type="checkbox"/> Documentation requirements | <input type="checkbox"/> References |

Additional Evidence:

- _____ _____ _____

Authorizing Mechanism

Client-specific Order (For an individual client)

Directive (For a client population)

Describes the specific population to which the RNSP applies: _____

Physician, NP or other authorized health care professional:

Authorizer (Print):

Authorizer (Signature):

Date:

RN Competency Requirements

Currently licensed with the CRNS

Specifies the details of initial and ongoing competency requirements

Specifies which RNs in which practice environments, geographic locations, employer, etc. who are approved to perform this RNSP:

Practice environment:

Geographic location:

Which RNs in the practice environment (e.g., staff RN, charge RN, nurse educator, observation unit, etc.):
