

(2) in the second paragraph by replacing “RP0 Standard 169-2002” by “NACE Standard SP0169” and “RP0 Standard 285-2002 Corrosion Control of Underground Storage Tank System by Cathodic Protection” by “NACE Standard SP0285 Corrosion Control of Underground Storage Tank Systems by Cathodic Protection”.

**26.** Section 219 is amended by replacing “Canadian Petroleum Products Institute” by “Canadian Fuels Association”.

**27.** Section 225 is amended in the first paragraph

(1) by replacing “CSA Standard B346-M1980” by “CSA Standard B346”;

(2) by replacing “Canadian Standards Association” by “CSA Group”.

**28.** Section 227 is amended

(1) by replacing “Table 1” by “Table 2”;

(2) by replacing “TABLE 1” in the heading of the table by “TABLE 2”.

**29.** Section 233 is amended by replacing “CAN/ULC Standard S612-99 Hose for Flammable and Combustible Liquids” by “CAN/ULC-S612 Standard for Hose and Hose Assemblies for Flammable and Combustible Liquids”.

**30.** Section 252 is amended by replacing “CAN/CSA Standard B836-2005 Storage, Handling and Dispensing of Aviation Fuel at Aerodromes, published by the Canadian Standards Association” by “CAN/CSA Standard B836, Storage, handling, and dispensing of aviation fuel at aerodromes, published by the CSA Group”.

**31.** Schedule I is amended in the third paragraph of the section concerning section 215

(1) by replacing “RP0 Standard 169-2002” by “NACE Standard SP0169”;

(2) by replacing “RP0 Standard 285-2002 Corrosion Control of Underground Storage Tank System by Cathodic Protection” by “NACE Standard SP0285 Corrosion Control of Underground Storage Tank Systems by Cathodic Protection”.

**32.** This Regulation comes into force on the forty-fifth day following the date of its publication in the *Gazette officielle du Québec*.

The former provisions of Chapter VI Petroleum Equipment Installation of the Safety Code, as they read on (*insert the date of the day before the date of coming into force of this Regulation*) may apply to a petroleum equipment installation until (*insert the date occurring 3 months after the date of coming into force of this Regulation*).

102928

## Draft regulation

Medical Act  
(chapter M-9)

### Physicians — Specialized nurse practitioners

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1), that the Regulation respecting specialized nurse practitioners, adopted by the board of directors of the Collège des médecins du Québec and appearing below, may be submitted to the Government which may approve it, with or without amendment, on the expiry of 45 days that following this publication.

This draft Regulation provides for new classes of specialization of specialized nurse practitioners and for the withdrawal of all lists of medications, laboratory analyses or diagnostic examinations. This draft Regulation also prescribes the imposition of a new condition of practice, namely, the need for the specialized nurse practitioner to record her partnership with a physician in a written agreement; this applied to all specialties. Finally, this draft Regulation creates a consultative committee on the practice of the specialized nurse practitioner.

The draft Regulation has no impact on the public and on enterprises, including small and medium-sized businesses.

Further information may be obtained by contacting, Mre Linda Bélanger, Assistant Director of the Legal Services Division, Collège des médecins du Québec, 1250, boul. René-Lévesque Ouest, Montréal (Québec) H3B 0G2; Telephone No.: 1 888 633-3246 or 514 933-4441, extension 5362; Fax No.: 514 933-3276; e-mail: lbelanger@cmq.org

Any person wishing to comment on the matter is requested to submit written comments within the 45-day period to the Chair of the Office des professions

du Québec, 800, place D'Youville, 10<sup>e</sup> étage, Québec (Québec) G1R 5Z3. The comments will be forwarded by the Office to the Minister of Justice and may also be sent to the Collège des médecins du Québec, as well as to interested persons, departments and bodies.

JEAN PAUL DUTRISAC,  
*Chair of the Office des  
professions du Québec*

## Regulation respecting specialized nurse practitioners

Medical Act  
(chapter M-9, s. 19, 1st par., subpar. b)

**1.** The purpose of this Regulation is to determine, among the professional activities that may be performed by physicians, those that pursuant to the terms and conditions set out in the Regulation, may be engaged in by the specialized nurse practitioner contemplated by the Regulation respecting the classes of specialities of specialized nurse practitioners (chapter I-8, r. 8) or another person.

### DIVISION I AUTHORIZED ACTIVITIES AND TARGETED CLIENTELE

**2.** A nurse who holds a specialist's certificate in any of the classes of specialties stipulated in the Regulation respecting the classes of specialities of specialized nurse practitioners (chapter I-8, r. 8) may perform the following medical activities under the terms and conditions prescribed in Division 2:

- (1) prescribe diagnostic examinations;
- (2) use diagnostic techniques that are invasive or entail risks of injury;
- (3) prescribe medications and other substances;
- (4) prescribe medical treatments;
- (5) use techniques or apply medical treatments that are invasive or entail risks of injury.

**3.** A nurse practitioner specialized in neonatology is authorized to perform an activity stipulated in section 2, in neonatology, in a hospital centre at which secondary and tertiary care is provided.

For the purpose of performing the activities contemplated in the first paragraph, the nurse must maintain their skills in neonatal resuscitation by obtaining an attestation in resuscitation issued by the Canadian Paediatric Society.

**4.** A nurse practitioner specialized in pediatric care is authorized to perform an activity stipulated in section 2 on a pediatric clientele in a hospital centre or in a clinic in which secondary and tertiary care is provided.

**5.** A nurse practitioner specialized in adult care is authorized to perform an activity stipulated in section 2 on an adult clientele in a hospital centre or in a clinic in which secondary and tertiary care is provided.

**6.** A nurse practitioner specialized in mental health is authorized to perform an activity stipulated in section 2 in the field of mental health and human relations on a clientele of any age.

**7.** A nurse practitioner specialized in primary care is authorized to perform an activity stipulated in section 2 on a clientele of any age, ambulatory or housed in a residential centre or a child and youth protection centre presenting one of the following conditions:

- (1) a common health problem;
- (2) a stable chronic disease;
- (3) requiring the monitoring of a normal or low risk pregnancy;
- (4) requiring end-of-life care.

The pregnancy monitoring noted in subparagraph 3 is performed according to conditions established with the partner physician and described in the partnership agreement.

**8.** For the purposes of this Regulation, "common health problem" means a health problem that presents the following characteristics:

- (1) a relatively high incidence in the community;
- (2) clinical symptoms and signs usually affecting a single system;
- (3) an absence of deterioration in the general condition of the person;
- (4) usually a quick and favourable course.

**9.** For the purposes of this Regulation, “stable chronic disease” means a disease that has been the subject of a diagnosis by a physician and of a medical treatment plan giving the expected results.

**10.** Besides the activities stipulated in section 7, a nurse practitioner specialized in primary care who practices in isolated region facility may perform the following activities:

(1) medical activities in advanced cardiac life support, advanced pediatric life support, advanced neonatal life support and advanced trauma life support, including the prescription of the drugs and substances necessary for such care;

(2) perform an emergency delivery and treat postpartum hemorrhages;

(3) provide treatment for intoxication.

For the purposes of this Division, “an isolated region facility” means a primary care facility or a dispensary listed in Schedule II.

**11.** To perform an activity stipulated in section 10, the nurse must acquire and maintain skills, as appropriate:

(1) in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) by obtaining an attestation issued by the Heart and Stroke Foundation of Québec in accordance with the standards of the Heart and Stroke Foundation of Canada;

(2) in neonatal resuscitation by obtaining an attestation issued by the Canadian Paediatric Society;

(3) in trauma nursing care (Trauma Nursing Core Course (TNCC)) by obtaining an attestation issued by the National Emergency Nurses’ Affiliation (NENA, Canada) and the Emergency Nurses Association (ENA, United States).

In addition to all of the training provided in the first paragraph, the nurse practitioner specialized in primary care who practices in an isolated region must, in order to perform the activities provided in section 7, hold an attestation, issued by the Ordre des infirmières et infirmiers du Québec, that he or she has successfully completed a nine-week clinical training structured as follows:

(1) 5 weeks of emergency care in a hospital centre with a high-volume emergency department;

(2) 2 weeks of pediatric emergency care in a hospital centre with a high-volume emergency department;

(3) 2 weeks in the delivery room in a hospital centre which offers high-volume obstetric services.

During the training period stipulated in the second paragraph, the nurse may perform the professional activities required for the purpose of completing this training, in the presence of a physician.

**12.** For the purposes of sections 3 to 6, meant by:

(1) primary care: care offered at contact points of the population with the health and social services network. These include a series of common health services that are based on a light infrastructure of diagnostic and therapeutic means allowing resolution of most common health concerns and problems of the population. They are intended for a population living at home during any new episode of care or as part of periodic monitoring;

(2) secondary care: care addressing complex health problems. It includes assistance, support, housing services and a series of mostly specialized health services based on an adapted infrastructure and a heavy but widespread diagnostic and therapeutic technology. It is intended for persons who can no longer remain in their natural habitat because of a severe loss of functional or psychosocial autonomy or for persons dealing with complex health problems that cannot be solved by primary care;

(3) tertiary care: as ultraspecialized care, tertiary services are intended for persons presenting health problems that are very complex or have a low prevalence. They rely on a concept of rarity.

## **DIVISION II** **TERMS AND CONDITIONS OF PRACTICE**

### **§1. Partnership**

**13.** A specialized nurse practitioner engages in the activities provided in this Regulation in partnership with a physician who practices in the fields in which the nurse practices, and their partnership must be recorded in a written agreement. The partner physician may practice in physical locations separate from those of the nurse but must have established care trajectories that ensure continuity of care.

A nurse may establish a partnership with more than one physician to cover all of the activities he or she performs. Excluding the specialization in primary care, the partnership may also be established with a department or clinical service of a hospital centre.

**14.** The partnership agreement must include at least the following elements:

- (1) the name of the partner physicians collaborating in the agreement;
- (2) the type of clientele served by the nurse or the one excluded;
- (3) the services or care that are offered by the nurse or those excluded;
- (4) the procedure to follow for the requests for assistance from the physician;
- (5) the procedure to follow for the requests for a medical consultation;
- (6) the forms of communication between the nurse and the physician;
- (7) the monitoring mechanisms provided in Division IV;
- (8) the process applicable to revising or amending of the agreement;
- (9) the term of the agreement and its resiliation or renewal procedure;
- (10) the rules for the conservation or transfer of records when the partnership agreement ends.

**15.** The specialized nurse practitioner must request the intervention of the partner physician in the following cases:

- (1) when the care required by the patient exceeds their competencies, field of intervention or is intended for a clientele of a different specialty;
- (2) the signs, symptoms or results of diagnostic examinations indicate that the patient's health condition has become destabilized or deteriorated, and the nurse is not able to ensure its management;
- (3) the results expected from the therapy have not been obtained or the therapeutic target has not been achieved and the patient does not respond to the usual treatment.

In a request for intervention addressed to the partner physician, the nurse must state the reason for the request and specify its urgency and the type of intervention desired. After the intervention by the partner physician, the nurse may continue to perform activities within the limits of the medical treatment plan determined by that physician.

**§2. Prescription of tests and diagnostic examinations**

**16.** The specialized nurse practitioner prescribes diagnostic examinations according to his or her specialty. Before prescribing a diagnostic examination, a nurse must make sure that a recent result for this examination is not otherwise available.

**17.** The specialized nurse practitioner prescribes the medications and other substances necessary for the patient's health condition that he or she determines within the framework of his or her specialty.

In performing the activities contemplated in the first paragraph, the specialized nurse practitioner respects the limits provided in Schedule I for certain classes of medications.

**18.** The specialized nurse practitioner prescribes, within the framework of his or her specialty, the medical treatments, supplies, equipment or apparatus necessary for the patient's condition.

**19.** The nurse engages in the activities provided in sections 16 to 18 in accordance with the provisions applicable to individual prescriptions provided in the Règlement sur les normes relatives aux ordonnances faites par un médecin (chapter M-9, r. 25.1).

**20.** The specialized nurse practitioner, within the framework of his or her specialty, uses techniques or applies medical treatments that are invasive or presenting risks of injury that are necessary for the patient's condition.

**§3. Place of practice**

**21.** The specialized nurse practitioner may not exclusively perform her activities in the emergency department of a hospital centre.

**DIVISION III**  
**CONSULTATIVE COMMITTEE ON THE PRACTICE OF THE SPECIALIZED NURSE PRACTITIONER**

**22.** A consultative committee on the practice of the specialized nurse practitioner is created. The committee's mandate is to:

(1) examine generally the quality of clinical practice of the specialized nurse practitioner in the various specialties in application of the regulations, in particular with respect to:

- (a) quality of the prescription;
- (b) quality of interventions;

(c) quality of interprofessional collaboration;

(2) recommend new clinical practices or improvements to respond to scientific developments and new conclusive data;

(3) make recommendations to the Board of Directors of the Collège des médecins du Québec and of the Ordre des infirmières et infirmiers du Québec on the terms and conditions of practice of the specialized nurse practitioner as well as amendments to be made to the regulations governing the practice of the specialized nurse practitioner;

(4) analyze any issue related to the practice of the specialized nurse practitioner.

**23.** This committee consists of eleven members, appointed, as appropriate, by the Board of Directors of the Collège des médecins du Québec or of the Ordre des infirmières et infirmiers du Québec. Its composition is as follows:

- (1) one representative of each of the two Orders;
- (2) one physician partner in acute care;
- (3) one physician partner in primary care;
- (4) one nurse practitioner specialized in primary care;
- (5) one nurse practitioner specialized in neonatology;
- (6) one nurse practitioner specialized in adult care;
- (7) one nurse practitioner specialized in pediatric care;
- (8) one nurse practitioner specialized in mental health;
- (9) one specialized nurse practitioner with teaching responsibilities in a university program for the practice of the specialized nurse practitioner;
- (10) one representative of the Direction nationale des soins infirmiers of the ministère de la Santé et des Services sociaux.

The Committee may add any person deemed necessary to achieve its mandate.

**24.** Quorum for this committee is six members, made up of three specialized nurse practitioners, one partner physician and the representatives of the two professional orders.

**25.** The members of the committee are appointed for a term of three years and remain in office until they are re-appointed or replaced.

#### DIVISION IV MONITORING OF PRACTICE BY THE PHYSICIAN

**26.** The partner physician exercises general monitoring of the quality and relevance of the medical activities or the observance of standards for these purposes associated with the practice of medical activities.

General monitoring by the physician includes particularly the following elements:

- (1) meetings to discuss collaboration mechanisms;
- (2) case discussions selected by the partner physician or the specialized nurse practitioner;
- (3) selection and review of records of the specialized nurse practitioner by the partner physician to evaluate the quality and relevance of the medical activities engaged in by the former;
- (4) evaluation of the prescription of medications, analyses and diagnostic examinations.

The meetings contemplated in subparagraph 1 of the second paragraph must take place on a regular basis and may be conducted remotely using technological resources.

#### DIVISION V OTHER AUTHORIZED PERSONS

**27.** A student specialized nurse practitioner contemplated in the Regulation respecting the classes of specialties of specialized nurse practitioners (chapter I-8, r. 8) may perform an activity provided in section 2, in accordance with the terms and conditions provided in the Regulation by making the necessary modifications and by respecting the following conditions:

- (1) the activities are performed in a site determined in application of the Regulation respecting the classes of specialties of specialized nurse practitioners (chapter I-8, r. 8), under the supervision of a specialist physician in his field of activities or by a specialized nurse practitioner practicing in his or her field of activities physically present;
- (2) the activities are required to complete the program in which the student nurse is registered or, where appropriate, to complete a training period or training for the recognition of an equivalence.

**28.** The candidate specialized nurse practitioner who holds an attestation of practice issued in application of the Regulation respecting the classes of specialties of specialized nurse practitioners (chapter I-8, r. 8) may perform an activity provided in section 2 in accordance with the terms and conditions provided in the Regulation by making the necessary modifications and by respecting the following conditions:

(1) in a centre operated by an institution in the meaning of the Act respecting health services and social services (chapter S-4.2) or by an institution within the meaning of the Act respecting health services and social services for Cree Native persons (chapter S-5) where a director of nursing care has been appointed;

(2) in a medical office, medical clinic, dispensary, residential centre or other place offering primary care, to the extent that the nurse is employed by an institution within the meaning of Act respecting health services and social services (chapter S-4.2) or by an institution within the meaning of the Act respecting health services and social services for Cree Native persons (chapter S-5) where a director of nursing care has been appointed and where the supervision of the nursing care provided by the candidate specialized nurse practitioner is the responsibility of the director of nursing care of that institution;

(3) under the supervision of a specialist physician in his field of activities or by a specialized nurse practitioner practicing in his or her field of activities, who is physically present.

**29.** Sections 13 and 14 do not apply to the student specialized nurse practitioner or to the candidate specialized nurse practitioner.

#### **DIVISION VI** **TRANSITIONAL AND FINAL PROVISIONS**

**30.** A specialized nurse practitioner in primary care who has obtained the diploma giving rise to the certificate of specialist nurse practitioner specialized in primary care before [insert date] and who decides to practice their activities in a long-term care centre must first pass the supplementary 35-hour theoretical and practical training on the clinical examination and the treatment of persons living in long-term care facilities, of which at least 14 hours is on persons presenting the behavioural and psychological symptoms of dementia.

**31.** This Regulation replaces the Regulation respecting the activities contemplated in section 31 of the Medical Act which may be engaged in by classes of persons other than physicians (chapter M-9, r. 13).

**32.** This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

#### **SCHEDULE I** (s. 17, 2nd par.)

##### **Limitation with respect to the prescription of medications**

1. The specialized nurse practitioner may not prescribe, adjust or renew:

(1) medical marijuana;

(2) methadone and buprenorphine/naloxone for the treatment of opioid dependence.

#### **SCHEDULE II** (s. 10, 2nd par.)

1. A primary care facility located in the Basse-Côte-Nord territory and managed by the Centre de santé et de services sociaux de la Basse-Côte-Nord.

2. A primary care facility located in the territory of Nunavik and managed by the Inuulitsivik Health Centre or the Tulattavik Health Centre.

3. A primary care facility located in the James Bay territory and managed by the Cree Board of Health and Social Services of James Bay.

4. A dispensary serving First Nations communities and located in the following regions:

(1) Basse-Côte-Nord;

(2) Moyenne-Côte-Nord;

(3) Schefferville;

(4) Haute-Mauricie.

5. A dispensary managed by the First Nations and Inuit Health Branch of Health Canada and located in the following regions:

(1) Haute-Gatineau (Algonquins of Barrière Lake);

(2) Témiscamingue (Long Point First Nation).

102933