Specialized Nurse Practitioners and their Practice

Guidelines

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NOTES

- The use of the term "person" in this text also includes the notions of "patient," "resident," "client," "beneficiary" and "user," or their legal representative, if applicable.
- In keeping with OIIQ editorial policy, the feminine gender has been used to simplify the text. No discrimination is intended.

Information Note – Medical assistance in dying

2024-02-19

Bill 11, An Act to amend the Act respecting end-of-life care and other legislative provisions, amends nurses' scope of practice and adds a reserved activity for specialized nurse practitioners (IPSs) in the Nurses Act (NA).

As of June 7, 2023, nurses' scope of practice includes providing nursing and medical care and treatment in order to [...] provide appropriate symptom relief (s. 36 para 1 NA).

As of December 7, 2023, IPSs may, in accordance with the terms and conditions under the Regulation respecting specialized nurse practitioners, perform a new activity, based on their class of specialization: administering the medication or substance allowing a person to obtain medical aid in dying under the Act respecting end-of-life care (s. 36.1 para 9 NA)

Information Note – Diagnosis of mental illnesses

2026-07-15

Bill 15, *An Act to amend the Professional Code and other provisions mainly to streamline the regulatory processes of the professional system and broaden certain professional practices in the field of health and social services* (Bill 8 of 2026) amended the *Regulation respecting specialized nurse practitioners*.

Since April 2, 2026, nurse practitioners specialized in primary care, adult care, and pediatric care are, under certain conditions, authorized to diagnose mental disorders other than intellectual disabilities.

The *Regulation respecting specialized nurse practitioners* sets out specific conditions related to this activity. In order to obtain an attestation allowing them to diagnose mental disorders, nurse practitioners specialized in primary care, adult care, and pediatric care must:

- complete OIIQ-recognized supplementary training lasting at least 65 hours, the contents of which are specified in Schedule I of the *Regulation*
  or
- obtain an exemption from taking the supplementary training by demonstrating an equivalent level of knowledge and skill

To learn more about this activity, obtaining an attestation or submitting an application for exemption, visit: ***Diagnostic des troubles mentaux | Volet IPS)***

Information Note – Prescription : anabolic steroids and their derivatives

2026-08-13

Although the *New Classes of Practitioners Regulations* restrict SNPs from prescribing certain substances, including anabolic steroids and their derivatives, a ministerial exemption was granted on November 29, 2023, under the *Controlled Drugs and Substances Act*.

SNPs may therefore prescribe these substances within the scope of their knowledge, skills and class of specialization.

Since this authorization stems from a federal legislative and regulatory framework that is subject to change, SNPs must ensure every prescription complies with the rules in effect on the date it is issued.

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List of Acronyms

CIPS*	Candidate infirmière praticienne spécialisée (specialized nurse practitioner candidate)
CMQ	Collège des médecins du Québec
EIPS*	Étudiante infirmière praticienne spécialisée (specialized nurse practitioner student)
IPS*	Infirmière praticienne spécialisée (specialized nurse practitioner)
IPSNN*	Infirmière praticienne spécialisée en néonatalogie (nurse practitioner specialized in neonatology)
IPSPL*	Infirmière praticienne spécialisée en soins de première ligne (nurse practitioner specialized in primary care)
IPSSA*	Infirmière praticienne spécialisée en soins aux adultes (nurse practitioner specialized in adult care)
IPSSM*	Infirmière praticienne spécialisée en santé mentale (nurse practitioner specialized in mental health)
IPSSP*	Infirmière praticienne spécialisée en soins pédiatriques (nurse practitioner specialized in pediatric care)
MSSS	Ministère de la Santé et des Services sociaux
OIIQ	Ordre des infirmières et infirmiers du Québec

* French acronyms of specialized nurse practitioner statuses and specialty classes are used in this document.

Preamble

As a professional order whose primary mission is to protect the public, the Ordre des infirmières et infirmiers du Québec (OIIQ) is responsible for regulate the practice of the profession, to ensure that its members perform the prejudicial activities that characterize the profession with competence and integrity.

January 25, 2021 marked the entry into force of *An Act to Amend the Nurses Act and Other Provisions in Order to Facilitate Access to Health Services* (Bill 6 of 2020). This was a historic achievement for the profession, as well as a recognition of the professional expertise and autonomy of the specialized nurse practitioner (infirmière praticienne spécialisée [IPS])[1], thereby improving access to health care for the benefit of Quebec's population. This law amended the *Nurses Act* and several other laws and regulations under the responsibility of other ministries, or governmental or para-governmental organizations other than the OIIQ.

In addition to making their practice autonomous, the law added three activities to the five that IPSs can already perform. To fulfill its mission and support IPSs in their practice, the OIIQ deems it appropriate to explain these reserved activities and associated regulations through a set of guidelines.

Unlike previous versions of the guidelines, the specifics of the five classes of specialization are grouped together in a single document that applies to all IPSs. A better understanding among IPSs of the classes of specialization will ensure optimal collaboration within the nursing profession.

[1] French acronyms of specialized nurse practitioner statuses and specialty classes are used in this document.

Introduction

These guidelines, adopted by the Board of Directors of the OIIQ, are derived from the *Regulation Respecting Specialized Nurse Practitioners* and are based on the *Nurses Act*. They do not have the force of law.

This document sets out rules and directives which, without being exhaustive or limiting, are intended to guide IPSs in understanding the reserved activities and the regulations governing them.

These guidelines are general in nature and apply to all IPSs, based on their class of specialization. The focus in particular is on professional activities and the terms and conditions of practice associated with them. Consequently, the guidelines do not address the organizational aspect. They are meant to complement the policies or rules in place at health care institutions and do not replace the laws and regulations in force.

Structure

The guidelines are divided into sections and subsections that describe the various classes of IPS specialization and each of the activities reserved to them. The scope of these activities, the ethical duties and obligations specific to their practice, as well as the principles guiding the practice of an IPS will also be broached.

In some places, further details in the form of questions are provided to assist IPSs in addressing issues that may arise during their practice. In addition, a glossary is included in the appendix to define certain words or expressions. A summary of the IPSs' academic and professional journey, as well as a diagram of the thought process for practicing activities reserved to them, are also provided in the appendix.

As mentioned above, Bill 6 of 2020 introduced changes to several laws or regulations that fall under the responsibility of other government ministries or agencies, such as the Société d'assurance automobile du Québec (SAAQ) or the Commission des normes, de l'équité et de la santé et de la sécurité du travail (CNESST). Although these changes have a significant impact on the practice of IPSs, they are not under the jurisdiction of the OIIQ. These guidelines deal only with aspects of practice that arise from the *Nurses Act* and the *Regulation Respecting Specialized Nurse Practitioners*. As such, aspects of practice that do not directly result from either, such as hospital discharge or levels of medical intervention, are not addressed. However, these highly important aspects of an IPS's practice will be developed and covered in future articles or FAQs in collaboration with the relevant parties.

1 What is a Specialized Nurse Practitioner (IPS)?

IPSs are advanced practice nurses whose practice is defined by their field of nursing practice.[2] In addition to the professional activities reserved to nurses in the *Nurses Act*, the IPS may perform eight more activities.

1.1 Training and Professional Examination

- The IPS has completed a 75-credit graduate training program leading to a specialist certificate.[3] This training consists of both a theoretical and practical component that includes internships.

- Training in advanced nursing practice has enabled nurses to deepen their expertise in nursing and acquire advanced knowledge in pathophysiology, pharmacology, clinical assessment, health and disease management, activities to promote health and healthy lifestyles, as well as harm reduction approaches and public health. The competencies developed in the course of their training allow nurses to practice autonomously in a context of interprofessional collaboration.

- In addition, the nurse has successfully completed a examination leading to a specialist certificate in one of the five IPS classes of specialization. Appendix 1 outlines the various stages of the IPS's academic and professional journey.

[2] On this topic, please refer to the OIIQ document *Le champ d'exercice et les activités réservées des infirmières et infirmiers* (2016).

[3] For more information on the training program, please see the web page on this topic.

1.2 Use of the Specialist Title

In Quebec, the use of a specialist title, such as that of an IPS, is protected by law, in this case the *Professional Code*. As such, only those who hold a specialist certificate corresponding to a class of specialization set out in the *Regulation Respecting Specialized Nurse Practitioners* may use the title. For more details on the various classes of IPS specialization and the associated specialist titles, please see section 2.2.

1.3 Role of the IPS

Direct care

The clinical practice of IPSs mainly involves providing direct care to the person, his or her family and significant others. Naturally, IPSs practice in collaboration with other members of the intra- and interprofessional health care team. In their clinical approach, IPSs seek to understand and analyze the biological, psychological, social, identity-related, cultural and spiritual dimensions, as well as the determinants of health. In their assessments, they take a holistic and integrated approach and consider the person being treated, his or her family and significant others as a whole, not just in terms of a health status (Canadian Nurses Association [CNA], 2019; Tracy & O'Grady, 2019).

IPSs use clinical reasoning (Audétat et al., 2011) to make clinical decisions that are relevant to the person, regardless of whether the diagnosis was established by them or another authorized health professional. Based on their class of specialization, as well as evidence-based results and the uniqueness of the person's health experiences, they make diagnostic hypotheses, perform clinical examinations and choose relevant paraclinical tests to support or rule out hypotheses, formulate diagnoses and conclusions (provisional or final), and then determine a personalized treatment plan.

The IPS may build a partnership with the person, his or her family and significant others in order to identify and personalize strategies and approaches aimed at developing their self-care skills and changing their lifestyle habits to promote good health. To do this, the nurse practitioner uses recognized strategies and approaches by drawing on the skills, abilities, expertise and beliefs of the person, his or her family and significant others with regard to health and disease management.

The IPS carries out activities to promote good health, prevent disease and injury, and help the person heal. At all times, the nurse practitioner ensures that the rights of the person, his or her family and significant others are respected throughout the various decision-making processes. In addition, the IPS reflects critically on sometimes complex care situations and contributes to ethical decision-making. It is acknowledged that the person, his or her family and significant others, if applicable, must be informed and treated with respect, have access to quality health care and services, and be able to express their needs and concerns freely.

In addition to direct care activities, IPSs integrate into their professional practice their skills in education, research, clinical ethics and leadership, as well as consultation and collaboration with the health care team and other professionals involved in the person's follow-up (CNA, 2019; Tracy & O'Grady, 2019). In this sense, IPSs support the nurses with whom they practice in

developing their professional role and collaborate in training future IPSs through academic teaching and supervision of internships. They also contribute to research projects involving their practice and that of their team and initiate or take part in projects to improve the quality of care and services, in addition to contributing to the development of the IPS's role with various decision-making authorities (professional orders, Ministère de la Santé et des Services sociaux [MSSS]). Through their clinical leadership and collaborative skills, the IPS may consult with other professionals, co-operate effectively and in a timely manner, and refer the person, his or her family and significant others to professional or community services and resources that are relevant or appropriate (CNA, 2019).

2

The IPS's Practice

2.1 Legislative and Regulatory Framework

2.1.1 Professional Code

As with the other regulated professions in Quebec, the legal framework applicable to the IPS stems primarily from the *Professional Code*, which is the framework law for professional matters, i.e., a law that defines general principles while leaving it up to the professional orders, including the OIIQ, to specify the terms of application.

2.1.2 Nurses Act

In addition to this framework law that is the *Professional Code*, there are professional laws, including those for the nursing profession, namely the *Nurses Act*. This law, which applies to the entire profession, defines nursing practice and sets out the activities reserved to nurses.

For IPSs, there are also the activities set out in section 36.1 and copied below, which they may perform **based on their class of specialization** (see section 2.2) and on the terms and conditions of practice prescribed in the *Regulation Respecting Specialized Nurse Practitioners*:

1. Diagnosing illnesses.
2. Prescribing diagnostic examinations.
3. Using diagnostic techniques that are invasive or entail risks of injury.
4. Determining medical treatments.
5. Prescribing medications and other substances.
6. Prescribing medical treatments.
7. Using techniques or applying medical treatments that are invasive or entail risks of injury.
8. Providing pregnancy care.

2.1.3 Regulation Respecting Specialized Nurse Practitioners

This new regulation of the OIIQ has the following aims:

- Regulate the various classes of specialization to which an IPS must belong in order to carry out the activities mentioned in section 36.1 of the *Nurses Act*.
- Determine the conditions for issuing the specialist certificate of an IPS, including the examination.
- Determine the terms and conditions under which the activities mentioned in section 36.1 of the *Nurses Act* are carried out.
- Determine standards for the form and content of prescriptions issued by an IPS, whether verbal or written.
- Establish an advisory committee on the practice of ipss.

In the following sections or subsections, clarifications and explanations are provided concerning this regulation's interpretation and application.

2.1.4 Other Regulations

In addition to the *Regulation Respecting Specialized Nurse Practitioners*, the following regulations define other aspects of an IPS's practice:

- *Code of Ethics of Nurses*

  Provides a set of duties and obligations that all nurses must adhere to, sometimes even outside the workplace, and whose violation may result in disciplinary measures. The Code applies to IPSs, both for nursing activities and the advanced practice activities set out in section 36.1 of the *Nurses Act*.

- *Règlement sur les stages et les cours de perfectionnement de l'Ordre des infirmières et infirmiers du Québec*

  Determines the cases where IPSs may be required to complete an internship and/or a professional development course, i.e. if IPSs have practised less than 1,300 hours in the four years prior to their declaration of practice. Note that this requirement to keep a record of practice hours began on February 1, 2018.

- *Regulation Respecting the Training and Clinical Experience Required of Nurses to Assess Mental Disorders*

  Determines the content of the university-level training and clinical experience in psychiatric nursing care required of nurses for assessing mental disorders, except mental retardation. As a result, specialized nurse practitioners who diagnose mental health disorders are required to meet these university-level training and clinical supervision requirements.

- *Regulation Respecting Professional Liability Insurance for Nurses*

  Makes it compulsory for all members of the nursing profession to have professional liability insurance and allows IPSs to benefit from insurance coverage for any liability they may incur as a result of mistakes or negligence in the practice of their profession.

- *Règlement sur les normes d'équivalence de diplômes ou de la formation aux fins de la délivrance d'un certificat de spécialiste d'infirmière praticienne spécialisée*

  For each class of IPS specialization, the regulation determines the standards of equivalence for diplomas and training applicable to candidates from outside Quebec.

- *Regulation Respecting the Diplomas Issued by Designated Educational Institutions Which Give Access to Permits or Specialist's Certificates of Professional Orders*

  Among other things, identifies the various diplomas that are eligible for an IPS certificate of specialization for each class of IPS specialization.

2.2 Classes of Specialization

The various classes of IPS specialization are defined in the *Regulation Respecting Specialized Nurse Practitioners*. More specifically, the regulatory framework in this section refers to the sections of the Regulation. The classes of specialization are as follows:

- Infirmière praticienne spécialisée en néonatalogie (IPSNN)
  (nurse practitioner specialized in neonatology)
- Infirmière praticienne spécialisée en santé mentale (IPSSM)
  (nurse practitioner specialized in mental health)
- Infirmière praticienne spécialisée en soins aux adultes (IPSSA)
  (nurse practitioner specialized in adult care)
- Infirmière praticienne spécialisée en soins pédiatriques (IPSSP)
  (nurse practitioner specialized in pediatric care)
- Infirmière praticienne spécialisée en soins de première ligne (IPSPL)
  (nurse practitioner specialized in primary care)

IPSs may practice in a variety of locations determined by the needs of the clients in their class of specialization. As such, the IPS's practice is not associated with a location, but rather with the nature and intensity of care provided, which are defined in terms of community-based care, specialized care and highly specialized care.

To understand the scope of each class of specialization, please refer to the following definitions:[4]

1. Community-based care:
   - Intended for persons having particular needs or usual and various health problems that do not require specialized or highly specialized care to be resolved.
   - Includes a series of care and health services, provided locally, that are based on a simple infrastructure in terms of diagnostic and therapeutic means.
2. Specialized care:
   - Intended for persons with complex health problems that cannot be resolved by community-based care.
   - Includes a series of care and health services that are mainly specialized and are based on an advanced infrastructure and technology in terms of diagnostic and therapeutic means.
3. Highly specialized care:
   - Intended for persons having health problems that are very complex or often have a lower prevalence and that cannot be resolved by specialized care.
   - Includes a series of health care and services that are based on a very advanced infrastructure and technology in terms of diagnostic and therapeutic means.

Additional Information

? Can IPSs provide palliative care?

YES – It is important to note that IPSs may practice in any location for clients requiring palliative care, but within the limits of their competencies and class of specialization.

? Can IPSs practice in an emergency department?

YES – In addition, it is now possible for all IPSs to practice in a hospital emergency department, as long as they practice within their competencies and class of specialization.

[4] Paragraphs 3 to 5 of section 2 of the *Regulation Respecting Specialized Nurse Practitioners*.

2.2.1 Infirmière praticienne spécialisée en néonatalogie (IPSNN) / Nurse Practitioner Specialized in Neonatology

Regulatory Framework

"23. A nurse practitioner specialized in neonatology performs the activities referred to in section 36.1 of the Nurses Act (chapter I-8) for neonatal clients requiring specialized or highly specialized care."

Scope of Specialization Class

The IPSNN practices professional activities for premature and full-term neonates[5] who have:

- complex and highly complex health problems (chronic, acute or critical) requiring specialized or highly specialized care that cannot be resolved through community-based care.

Additional Information

? Is it mandatory for IPSNNs to be certified in neonatal resuscitation, since they provide specialized and highly specialized care to neonates?

NO – The requirement for IPSNNs to be certified in neonatal resuscitation by the Canadian Paediatric Society is no longer included in the *Regulation Respecting Specialized Nurse Practitioners* as a condition of practice. However, given the intensity of care provided, it is important that the IPSNN be able to intervene in the event of a sudden life-threatening problem with a newborn, such as cardiopulmonary arrest. Although this requirement has not been renewed in the Regulation, training in this area remains essential in terms of the competencies and knowledge that the IPSNN needs. This requirement is now part of a more general ethical obligation whereby all members of the OIIQ must act competently by ensuring that their professional competencies are continually updated and developed.

[5] It is possible for an IPSNN to remain involved in the follow-up of these clients for several years, especially as part of monitoring the child's development.

2.2.2 Infirmière praticienne spécialisée en santé mentale (IPSSM) / Nurse Practitioner Specialized in Mental Health

Regulatory Framework

"24. A nurse practitioner specialized in mental health performs the activities referred to in section 36.1 of the Nurses Act (chapter I-8) in the field of mental health for clients of all ages requiring community-based, specialized or highly specialized care."

Scope of Specialization Class

- The IPSSM practices professional activities for clients of all ages in the area of mental health who require community-based care, specialized care or highly specialized care.

- The practice of an IPSSM is specifically aimed at persons showing mental health problems or mental disorders or at risk of developing them. IPSSMs are trained and qualified to assess mental disorders in compliance with the *Regulation Respecting the Training and Clinical Experience Required of Nurses to Assess Mental Disorders*.

Additional Information

? Can the IPSSM treat physical health problems?

YES – It is possible that physical health problems are discovered in a client with a mental disorder, in a consultation or if the client is hospitalized. In this case, the IPSSM must assess the person's physical condition to determine whether the problem is related to the mental disorder or its treatment, or whether the physical health problem has an impact on the reason for the consultation or hospitalization. If this is the case, IPSSMs may treat the physical health problem, if they have the knowledge and skills to do so. However, IPSSMs should not replace the appropriate authority or professional in providing care.

Examples of clinical situations

- Lithium-induced hyperthyroidism.
- Cellulitis related to a substance use disorder.

2.2.3 Infirmière praticienne spécialisée en soins aux adultes (IPSSA) / Nurse Practitioner Specialized in Adult Care

Regulatory Framework

"25. A nurse practitioner specialized in adult care performs the activities referred to in section 36.1 of the Nurses Act (chapter I-8) for adult clients requiring specialized or highly specialized care, including clients with mental health problems."

Scope of Specialization Class

The IPSSA practices activities for adult clients[6] who:

- Have complex and very complex health problems (chronic, acute or critical) requiring specialized or highly specialized care that cannot be resolved through community-based care.
- May show mental health problems.

While most of the practice of an IPSSA focusses on adult clients with complex and highly complex physical health problems, these clients may also have mental health problems.

IPSSAs have the knowledge and skills to perform an advanced clinical assessment. Indeed, depending on their professional activity, IPSSAs can and must assess the physical and mental condition of a symptomatic person and take action to treat people who demonstrate physical and mental health problems.[7]

This information is no longer current. See note on page 2

IPSSAs can detect and identify a mental health problem. However, **they cannot** diagnose a mental disorder or determine a treatment plan for a mental disorder, since confirming or ruling out a mental disorder is a reserved activity, due in part to the risk of irreparable harm that may result in a loss of rights, as well as significantly impact many areas of a person's life, not to mention the stigma and prejudice that may be attached to such a diagnosis.

What distinguishes a mental health problem from a mental disorder?

Mental health problems can develop in people who experience a major loss or a traumatic event. These situations may result in mental, emotional or behavioural disturbances, but they fall short of the disturbances associated with mental disorders. As such, mental health problems correspond to disturbances that interfere with the adult's usual functioning, as well as symptoms that resemble those associated with mental disorders, while being less severe and of shorter duration (Fortinash & Holoday Worret, 2016;

[6] To ensure continuity of care, the IPSSA may also provide care and services to adolescents if their developmental age, their needs for care and services or their lifestyle is more similar to that of an adult.

[7] For an example, the IPS can refer to the *Document de soutien pour le repérage, l'intervention et l'orientation pour les adultes présentant des symptômes associés aux troubles mentaux fréquents dans les services sociaux généraux* (MSSS, 2020a).

Institut national de santé publique du Québec [INSPQ], 2008).[8] A mental health problem generally involves psychological difficulties and distress that do not meet the diagnostic criteria for a mental disorder or have not been subject to such an assessment (Institut national d'excellence en santé et en services sociaux [INESSS], 2017; MSSS, 2020b).

As such, the IPSSA can:

- Detect mental health problems and form a clinical hypothesis.
- Determine the degree of severity or urgency of the person's health situation.
- Establish priorities for intervention.
- Initiate diagnostic tests to rule out or confirm a physical health problem.
- Monitor the health situation's evolution and if required, refer the person to a professional qualified to assess the mental disorder.
- Ensure clinical follow-up of a mental disorder, once it has been diagnosed by an authorized professional[9] and a treatment plan has been established. Clinical follow-up may include adjusting the treatment if appropriate and the IPSSA has the required knowledge and skills.

Example

Trouble sleeping following diagnosis of a serious illness.

[8] Please see the article from OIIQ (2020), *Problème de santé mentale et trouble mental : qu'est-ce qui les distingue?*

[9] In addition to IPSSMs, certified nurses, psychologists and physicians assess mental disorders, as well as certified guidance counsellors, some sexologists certified for sexual disorders, and speech therapists for certain language-related disorders.

Area of Care

The IPSSA must report the new area of care at least 30 days before performing professional activities in the new area of care, and establish that she has updated her knowledge in order to perform those activities
(see section 2.5.3 for details)

IPSSAs can practice in more than one area of care. They can add a new area, or change[10] areas if they wish to practice in a new field. These areas of care are clinical activity sectors involving groups of clients or a type of care that requires IPSSAs to have specific competencies.

Here are examples of areas of care in which an IPSSA may choose to practice:

- Cardiology
- Nephrology
- Neuroscience
- Oncology
- Internal medicine

Additional Information

? Can IPSSAs treat health problems that are outside of their declared area of care?

YES – The IPSSA must treat health problems that are within their declared area of care. However, it is possible that health problems are discovered upon hospitalization, or that these problems are related to the reason for hospitalization or consultation. When these identified problems could have an impact on the client's hospitalization or consultation if left untreated, the IPSSA may treat the problems if he or she has the knowledge and skills to do so. However, the IPSSA should not replace the appropriate authority or professional, if any, in providing care.

Example of clinical situation

Hypothyroidism is discovered upon hospitalization of an adult client being monitored by an IPSSA in cardiology care.

[10] To learn about the procedure and for more information, please see the section "Conditions et modalités d'exercice," on the page entitled *Encadrement de la pratique des IPS* of the OIIQ website.

2.2.4 Infirmière praticienne spécialisée en soins pédiatriques (IPSSP) / Nurse Practitioner Specialized in Pediatric Care

Regulatory Framework

"26. A nurse practitioner specialized in pediatric care performs the activities referred to in section 36.1 of the Nurses Act (chapter I-8) for pediatric clients requiring specialized or highly specialized care, including clients with mental health problems."

Scope of Specialization Class

The IPSSP practices professional activities with pediatric clients[11] who:

- Have complex and highly complex health problems (chronic, acute or critical) that require specialized or highly specialized care and cannot be resolved with community-based care.
- May have mental health problems.

While most of the practice of an IPSSP focusses on pediatric clients with complex and highly complex physical health problems, these clients may also show mental health problems.

The IPSSP has the knowledge and skills to perform an advanced clinical assessment. Indeed, IPSSPs can and must, depending on their professional activity, assess the physical and mental condition of a symptomatic person and take action with people who demonstrate physical and mental health problems.[12]

This information is no longer current. See note on page 2

IPSSPs can detect and identify a mental health problem. However, **they cannot** diagnose a mental disorder or determine a treatment plan for a mental disorder, since confirming or ruling out a mental disorder is a reserved activity, due in part to the risk of irreparable harm that may result in a loss of rights, as well as significantly impact many areas of a person's life, not to mention the prejudice and stigma that may be attached to such a diagnosis.

What distinguishes a mental health problem from a mental disorder?

Mental health problems can develop in people who experience a major loss or a traumatic event. These situations may result in mental, emotional or behavioural disturbances, but they fall short of the disturbances associated with mental disorders. As such, mental health problems correspond to disturbances that interfere with the adult's usual functioning, as well as symptoms that resemble those associated with mental disorders, while being less severe and of shorter duration (Fortinash & Holoday Worret, 2016;

[11] If a newborn up to 28 days old is not being cared for by a neonatal team, the IPSSP can intervene with this client.

[12] For an example, the IPS can refer to the *Document de soutien pour le repérage, l'intervention et l'orientation pour les adultes présentant des symptômes associés aux troubles mentaux fréquents dans les services sociaux généraux* (MSSS, 2020a).

INSPQ, 2008).[13] A mental health problem generally involves psychological difficulties and distress that do not meet the diagnostic criteria for a mental disorder or have not been subject to such an assessment (INESSS, 2017; MSSS, 2020b).

As such, the IPSSP can:

- Detect mental health problems and form a clinical hypothesis.
- Determine the degree of severity or urgency of the person's health situation.
- Establish priorities for intervention.
- Initiate diagnostic tests to rule out or confirm a physical health problem.
- Monitor the health situation's evolution and if required, refer the person to a professional qualified to assess the mental disorder.
- Ensure clinical follow-up of a mental disorder, once it has been diagnosed by an authorized professional[14] and a treatment plan has been established. Clinical follow-up may include adjusting the treatment, if appropriate and the IPSSA has the required knowledge and skill.

Example

A young person shows symptoms of anxiety in pediatric medicine.

[13] Please see the article from OIIQ (2020), *Problème de santé mentale et trouble mental : qu'est-ce qui les distingue?*

[14] In addition to IPSSMs, note that certified nurses, psychologists and physicians can assess mental disorders, as well as certified guidance counsellors, some certified sexologists for sexual disorders, and speech therapists for certain language-related disorders.

Area of Care

The IPSSP must report the new area of care at least 30 days before performing professional activities in the new area of care, and establish that she has updated her knowledge in order to perform those activities
(see section 2.5.3 for details)

IPSSPs can practice in more than one area of care. They can add a new area, or change[15] areas if they wish to practice in a new field. These areas of care are clinical activity sectors involving groups of clients or a type of care that requires IPSSPs to have specific competencies.

Here are examples of areas of care in which an IPSSP may choose to practice:

- Cardiology
- Respiratory medecine
- General pediatrics
- Hemato-oncology

Additional Information

? Can IPSSPs treat health problems that are outside of their declared area of care?

YES – IPSSPs must treat health problems that are within their declared area of care. However, it is possible that health problems are discovered when they are related to the reason for hospitalization or consultation. When these identified problems could have an impact on the client's hospitalization of consultation if left untreated, IPSSPs may treat the problems, if they have the knowledge and skills to do so. However, the IPSSP should not replace the appropriate authority or professional, if any, in providing care.

Example of clinical situation

An otitis is discovered upon hospitalization of a pediatric client in the area of cancer care.

? Does the IPSSP have to stop treating the person once he or she reaches the age of 18?

NO – The IPSSP may, in exceptional cases, support the transition of care when the adolescent becomes an adult, in order to ensure continuity of care. The IPSSP may, in exceptional cases, offer care and services to a young adult over the age of 18 who has been monitored for a chronic disease since childhood (e.g., cystic fibrosis). However, this provision of services must be temporary and support the transition to adult care with the aim of ensuring a proper transition by an adult care team.

[15] To learn about the procedure and for more information, please see the section "Conditions et modalités d'exercice," on the page entitled *Encadrement de la pratique des IPS* of the OIIQ website.

2.2.5 Infirmière praticienne spécialisée en soins de première ligne (IPSPL) / Nurse Practitioner Specialized in Primary Care

Regulatory Framework

"27. A nurse practitioner specialized in primary care performs the activities referred to in section 36.1 of the Nurses Act (chapter I-8) for clients of all ages requiring community-based care, including clients with mental health problems."

Scope of Specialization Class

The IPSPL works with clients of all ages who:

- Has special needs or common and varied health problems that do not require specialized or highly specialized care.
- May show mental health problems.

This statement does not exclude the possibility that an IPSPL may detect health situations that require specialized or highly specialized care. Indeed, the IPSPL may refer clients to care and services requiring specific expertise or prescribe diagnostic tests that are only available in places that rely on advanced infrastructure and technology in terms of diagnostic capacity. IPSPLs may continue to monitor their clients' health condition even when specialized or highly specialized care is in progress, not only when such care is no longer required. In this sense, they may continue or adjust a client's medical treatment in accordance with evidence-based results.

The practice of an IPSPL targets clients of all ages with physical health problems, in addition to mental health problems.

IPSPLs have the knowledge and skill to perform an advanced clinical assessment. Indeed, depending on their professional activity, IPSPLs can and must assess the physical and mental condition of a symptomatic person and take action to treat people who show physical and mental health problems.[16]

This information is no longer current. See note on page 2

IPSPLs may detect and identify a mental health problem. However, **they cannot** diagnose a mental disorder or determine a treatment plan for a mental disorder, since confirming or ruling out a mental disorder is a reserved activity, due in part to the risk of irreparable harm that may result in a loss of rights, as well as significantly impact many areas of a person's life, not to mention the stigma and prejudice that may be attached to such a diagnosis.

[16] For an example, the IPS can refer to the *Document de soutien pour le repérage, l'intervention et l'orientation pour les adultes présentant des symptômes associés aux troubles mentaux fréquents dans les services sociaux généraux* (MSSS, 2020a).

What distinguishes a mental health problem from a mental disorder?

Mental health problems can develop in people who experience a major loss or a traumatic event. These situations may result in mental, emotional or behavioural disturbances, but they fall short of the disturbances associated with mental disorders. As such, mental health problems correspond to disturbances that interfere with the adult's usual functioning, as well as symptoms that resemble those associated with mental disorders, while being less severe and of shorter duration (Fortinash & Holoday Worret, 2016; INSPQ, 2008).[17] A mental health problem generally involves psychological difficulties and distress that do not meet the diagnostic criteria for a mental disorder or have not been subject to such an assessment (INESSS, 2017; MSSS, 2020b).

As such, the IPSPL can:

- Detect mental health problems and form a clinical hypothesis.
- Determine the degree of severity or urgency of the person's health situation.
- Establish priorities for intervention.
- Initiate diagnostic tests to rule out or confirm a physical health problem.
- Monitor the health situation's evolution and if required, refer the person to a professional qualified to assess the mental disorder.
- Ensure clinical follow-up of a mental disorder, once it has been diagnosed by an authorized professional[18] and a treatment plan has been established. Clinical follow-up may include adjusting the treatment, if appropriate and the IPSSA has the required knowledge and skills.

Examples

- A person may present symptoms of anxiety or difficulty concentrating at work or at school, without this being a mental disorder.
- A person may also have difficulty falling asleep following an upsetting situation such as a relationship break-up, loss of a job or diagnosis of a serious illness.

[17] Please see the article from OIIQ (2020), *Problème de santé mentale et trouble mental : qu'est-ce qui les distingue?*

[18] In addition to IPSSMs, note that certified nurses, psychologists and physicians can assess mental disorders, as well as certified guidance counsellors, some certified sexologists for sexual disorders, and speech therapists for certain language-related disorders.

2.3 Activities of the IPS

All IPSs may, in addition to the activities reserved to nurses (section 36 of the *Nurses Act*), practice the eight professional activities listed below:

1. Diagnosing illnesses.
2. Prescribing diagnostic examinations.
3. Using diagnostic techniques that are invasive or entail risks of injury.
4. Determining medical treatments.
5. Prescribing medications and other substances.
6. Prescribing medical treatments.
7. Using techniques or applying medical treatments that are invasive or entail risks of injury.
8. Providing pregnancy care.

However, these activities must be practiced in accordance with their class of specialization and under the terms and conditions set out in the *Regulation Respecting Specialized Nurse Practitioners*.

Principles for Guiding Practice

The decision whether or not to practice one of the eight reserved professional activities is based on a thought process illustrated in Appendix 2. To perform any of these activities, IPSs must ensure the following:

- **Compliance**: The activity is within their class of specialization.
- **Competence**: They have the competencies needed to perform the activity, as well as the clinical monitoring and clinical follow-up required.
- **Relevance**: The activity is required by the person's health condition.
- **Scientific**: The activity is consistent with evidence-based results.

If there is any doubt about the possibility of performing one of these reserved activities, IPSs should refrain from proceeding and transfer the case to another health care professional, if applicable.

IPSs may also contact the OIIQ at infirmiere.conseil@oiiq.org to get any clarification they need. However, they must allow time for the scope of the activity to be analyzed.

2.3.1 Diagnosing Illnesses

Legislative Framework

"Diagnosing illnesses."

Regulatory Framework

"22. A specialized nurse practitioner, based on her class of specialization, may perform the activities referred to in paragraphs 1 [diagnosing illnesses] [...] of section 36.1 of the Nurses Act (chapter I-8) for diseases that involve recognized diagnostic criteria and clinical manifestations."

Scope of Activity

- This activity means that IPSs may, based on their class of specialization, diagnose diseases that have recognized diagnostic criteria and clinical manifestations.

  What does "recognized diagnostic criteria and clinical manifestations" mean for the diagnostic activity?

  - On the one hand, this means that the IPS may diagnose diseases that involve diagnostic criteria presented and documented in the scientific literature or for which there is a consensus of experts recognized by learned societies.

  - On the other hand, the person being assessed by the IPS must have clinical manifestations known to be associated with the suspected pathology. If the clinical picture is consistent with the recognized clinical manifestations associated with the disease, the IPS may be able to establish a diagnosis. For the same disease, these recognized clinical manifestations may vary depending on sub-group, such as infants or the elderly.

- This activity is aimed at:

  - Establishing a diagnosis (differential, provisional or final) of diseases based on the IPS's class of specialization, taking into account at least the recognized diagnostic criteria and clinical manifestations.
  - Allowing for a treatment plan to be established in order to prevent, resolve, stabilize and alleviate.

Ethical Duties and Obligations

- The IPS has the responsibility to:
  - Provide a diagnosis in a timely manner.
  - Communicate the diagnosis to the person and, when appropriate, other health care professionals involved.
  - Confirm the person's understanding of the diagnosis.
  - Refer the person to another professional if the care and treatment required are beyond the IPS's competencies.
  - Document all the steps in the clinical process leading up to the diagnosis.

Principles for Guiding Practice

During the consultation, IPSs perform an advanced clinical assessment by gathering thorough, complete, accurate and situation-specific data using all available and relevant clinical data sources. Among other things, they compile a medical history, including the person's health history and the history of present illness, along with a review of systems and a physical and mental examination targeted at the problem. IPSs analyze all the data collected in a fair and careful manner, to make sound clinical judgments about the person's health situation and formulate the main diagnostic hypotheses. They choose the relevant diagnostic or clinical tests to support or rule out hypotheses, if any, and formulate findings and diagnoses (differential, provisional or final) to determine a personalized treatment plan and provide follow-up.

2.3.2 Prescribing Diagnostic Examinations

Legislative Framework

"Prescribing diagnostic examinations."

Scope of Activity

- IPSs may prescribe diagnostic tests, based on their class of specialization.
- This activity is aimed at:
  - Confirming or ruling out the presence of a health problem, condition[19] or injury.
  - Performing various screenings.

Ethical Duties and Obligations

- IPSs have the responsibility to:
  - Choose the most appropriate diagnostic tests.
  - Make sure a recent result for the same diagnostic test is not otherwise available.[20]
  - Explain to the person the need for and purpose of the test.
  - Ensure proper follow-up of diagnostic tests that they prescribe, or that an authorized person will do so on their behalf.
  - Analyze the results.
  - Communicate the results to the person and, where applicable, other health care professionals involved.
  - Refer the person to another health professional, or request the required consultations if the results are outside of their competencies.
  - Document all steps of this activity.

[19] For example, pregnancy or menopause.

[20] It may be appropriate to repeat certain tests, even if they were done recently, when the situation justifies it and requires it to ensure the quality and safety of care.

2.3.3 Using Diagnostic Techniques That Are Invasive or Entail Risks of Injury

Legislative Framework

"Using diagnostic techniques that are invasive or entail risks of injury."

Scope of Activity

- IPSs may use diagnostic techniques that are invasive or pose a risk of injury, based on their class of specialization.
- This activity is aimed at:
  - Confirming or ruling out the presence of a health problem, condition or injury.
  - Performing various screenings.

Ethical Duties and Obligations

- The IPS has the responsibility to:
  - Ensure that the indication for the technique is consistent with evidence-based results.
  - Ensure that the technique is performed at the right time based on the clinical situation.
  - Ensure that the measures chosen are appropriate and commensurate with the clinical situation.
  - Explain the reasons and the procedure to the person and confirm their understanding.
  - Determine and ensure the required clinical monitoring and follow-up.
  - Intervene as appropriate if there are signs of complications.
  - Communicate the results of the procedure to the person.
  - Document all steps of this activity.

2.3.4 Determining Medical Treatments

Legislative Framework

"Determining medical treatments."

Regulatory Framework

"22. A specialized nurse practitioner, based on her class of specialization, may perform the activities referred to in paragraphs [...] 4 [determining medical treatments] of section 36.1 of the Nurses Act (chapter I-8) for diseases that involve recognized diagnostic criteria and clinical manifestations."

Scope of Activity

- IPSs may determine medical treatments, based on their class of specialization, taking into account at least the recognized diagnostic criteria and clinical manifestations. This activity is closely related to the diagnosis of diseases (Office des professions du Québec, 2003).

  What does "recognized diagnostic criteria and clinical manifestations" mean with regard to the activity aimed at determining medical treatments?

  - On the one hand, this means that the IPS may determine medical treatments for diseases that involve diagnostic criteria documented in the scientific literature or for which there is a consensus of experts recognized by learned societies. This includes prescribing diagnostic or clinical tests to conduct an investigation aimed at establishing a diagnosis or ruling out a disease.

  - On the other hand, the person being assessed by the IPS must have clinical manifestations recognized to be associated with the suspected pathology. If the clinical picture is consistent with the recognized clinical manifestations associated with the pathology, the IPS may be able to determine the medical treatment. For the same disease, these recognized clinical manifestations may vary depending on sub-group, such as infants or the elderly.

- This activity is aimed at:

  - Preventing, treating, stabilizing or alleviating a symptomatology associated with a health problem, medical condition or injury.
  - Monitoring the clinical evolution of a symptomatology, health problem, medical condition or injury.
  - Maintaining or supporting functional autonomy (physical, mental, social), as well as health and well-being.

Ethical Duties and Obligations

- The IPS has the responsibility to:
  - Ensure that the treatment is appropriate and is consistent with evidence-based results.
  - Explain to the person the purpose of the treatment, the therapeutic effects, the procedure, possible side effects and complications, as well as precautions to take during treatment.
  - Intervene as appropriate in the event of signs of complications.
  - Determine and provide the required clinical monitoring and follow-up, as well as quickly detect signs of complications and intervene promptly if necessary, in collaboration with the care team, if applicable.
  - Refer the person to another professional or another IPS when the health condition requires it.
  - Document all steps of this activity.

2.3.5 Prescribing Medications and Other Substances

Legislative Framework

"Prescribing medications and other substances."

Scope of Activity

- IPSs prescribe, adjust, renew and discontinue medications and other substances,[21] based on their class of specialization.

- IPSs may prescribe any drug or substance when a prescription is required for sale or availability in Quebec. Likewise, the IPS may prescribe or recommend a drug or other substance that is available over the counter, provided that its use complies with evidence-based results. In addition, they may prescribe a drug containing more than one substance, as well as vaccines.

- This activity is aimed at:
  - Preventing, treating, stabilizing or alleviating a health problem, symptomatology, medical condition or injury.

[21] Substances may include blood products and their derivatives, such as WinRho at pregnancy follow-ups.

Ethical Duties and Obligations

- The IPS has the responsibility to:
  - Choose the appropriate drug or substance for the health condition, taking into account the person's pharmacological and non-pharmacological history and preferences.
  - Explain to the person the reason for choosing the drug or substance, the expected therapeutic effects, possible adverse reactions and interactions, as well as contraindications and precautions, while ensuring that the person understands the reasons for adhering to the prescribed dosage regimen and monitoring requirements.
  - Assess the effects of drug therapy and other substances, if applicable.
  - Ensure that the clinical monitoring and follow-up required by the health condition, or in connection with monitoring of the medication or other substance, are implemented.
  - Monitor, detect, prevent and treat adverse reactions and interactions as required.
  - Write prescriptions in compliance with the applicable provisions set out in the *Règlement sur les normes relatives aux ordonnances faites par un médecin*, with any adaptations required for the practice of an IPS (see section 2.4 on standards for prescriptions written by an IPS).
  - Apply strategies to reduce the risk of harm from controlled drugs, targeted substances and narcotics.
  - Document all steps of this activity and all information required.

Additional Information

? What substances can an IPS prescribe?

The IPS may prescribe the following substances under federal laws and regulations:[22]

- Any substance included in the Schedule under Part G of the *Food and Drug Regulations*, specifically controlled drugs which include, among others, amphetamines, barbiturates, and their respective salts and derivatives, as well as testosterone.
- Any substance set out in Schedule 1 of *Benzodiazepines and Other Targeted Substances Regulations*.
- Any substance listed in the Schedule of the *Narcotic Control Regulations*.

[22] Section 3 of the *New Classes of Practitioners Regulations*.

This information is no longer current. See note on page 2b

- Furthermore, the IPS is not authorized to prescribe the following substances:[23]
  - Substances set out in item 1 of Part III of Schedule G of the *Food and Drug Regulations*, namely anabolic steroids and their derivatives, except for the substance set out in paragraph 40, namely testosterone.
  - Substances set out in subsections 1(1) and 2(1) of the schedule of the *Narcotic Control Regulations*, namely opium and coca leaf.

For all these substances, the IPS must comply with federal legislation and regulations governing the use of narcotics and drugs in Canada.[24]

? Can an IPS prescribe treatment for a disorder related to opioid use?

YES – Depending on their class of specialization, IPSs may prescribe and adjust an opioid agonist therapy (OAT). To ensure safe practice, they must take into account the *Lignes directrices sur le traitement du trouble lié à l'utilisation d'opioïdes* (CMQ et al., 2020), which cover the regulatory and ethical context for professional practice in Quebec as it relates to the treatment of people with opioid use disorder, as well as evidence-based results.

? Can an IPS prescribe cannabis for medical use?[25]

YES – IPSs may fill out the medical document allowing the person whose health status requires it to obtain cannabis for medical use. They must comply with the requirements of Part 14 of the *Cannabis Regulations* and use the official document produced by Health Canada for this purpose: *Medical Document Supporting the Use of Cannabis for Medical Purposes Under the Cannabis Regulations*.

[23] These exclusions are listed in section 4(2) of the *New Classes of Practitioners Regulations*.

[24] *Controlled Drugs and Substances Act*
Benzodiazepines and Other Targeted Substances Regulations
Narcotic Control Regulations
New Classes of Practitioners Regulations

[25] To ensure safe practice, the IPS should refer to the *directives sur l'ordonnance de cannabis à des fins médicales* published by the CMQ (2018).

2.3.6 Prescribing Medical Treatments

Legislative Framework

"Prescribing medical treatments."

Scope of Activity

- IPSs may prescribe, administer, adjust or discontinue medical treatments, which may include supplies, equipment or devices, based on their class of specialization.
- They may also adjust and discontinue such treatments, if required, based on diagnoses made by other IPSs or legally authorized health care professionals.
- This activity is aimed at:
  - Preventing, treating, stabilizing or alleviating a symptomatology associated with a health problem, a condition[26] or an injury.
  - Maintaining or supporting functional autonomy (physical, mental and social), health and well-being.
  - Monitoring the clinical evolution of a symptomatology, health problem, medical condition or injury.

Ethical Duties and Obligations

- The IPS has the responsibility to:
  - Ensure that the medical treatment prescribed is appropriate and is consistent with evidence-based results.
  - Explain to the person the purpose of the treatment, therapeutic effects, procedure, possible side effects and complications, as well as precautions to take during treatment.
  - Intervene as appropriate in the event of signs of complications.
  - Determine and provide the required clinical monitoring and follow-up, as well as quickly detect signs of complications and intervene promptly if necessary, in collaboration with the health care team.
  - Refer the person to another IPS or another health professional when the health condition requires it.
  - Document all steps of this activity.

[26] For example, pregnancy or menopause.

2.3.7 Using Techniques or Applying Medical Treatments That Are Invasive or Entail Risks of Injury

Legislative Framework

"Using techniques or applying medical treatments that are invasive or entail risks of injury."

Scope of Activity

- IPSs may use techniques or administer medical treatments that are invasive or pose a risk of harm, based on their class of specialization.
- This activity is aimed at:
  - Preventing, treating, stabilizing or alleviating a symptomatology associated with a health problem, a medical condition or an injury.
  - Monitoring the clinical evolution of a symptomatology, health problem, medical condition or injury.
  - Maintaining or supporting functional autonomy (physical, mental and social), health and well-being.

Ethical Duties and Obligations

- The IPS has the responsibility to:
  - Ensure that the use of techniques or apply treatments that are invasive or entail risk of injury is timely and appropriate to the clinical situation.
  - Ensure that the chosen techniques or medical treatments that are invasive or potentially harmful to the person are appropriate and commensurate with the clinical situation.
  - Explain the reason for using a technique or medical treatment that is invasive and potentially harmful to the person and confirming that the person understands.
  - Determine and provide the required clinical monitoring and follow-up, as well as quickly detect signs of complications in collaboration with the health care team, if applicable.
  - Intervene as appropriate in the event of signs of complications.
  - Inform the person of the results of using the technique or administering the medical treatment that was invasive or presented a risk of harm.
  - Document all steps of this activity and include all required information.

2.3.8 Providing Pregnancy Care

Legislative Framework

"Provinding pregnancy care."

Scope of Activity

- IPSs may conduct pregnancy follow-ups, based on their class of specialization. This activity does not include delivering newborn babies.
  - IPSPL may follow up on pregnancies that do not require specialized or highly specialized care. However, this does not exclude providing care to women with high-risk pregnancies, as long as the care provided is within their class of specialization.
  - IPSSA may follow up on high-risk pregnancies if this practice is within their area of care.
- This activity is aimed at:
  - Monitoring the clinical course of the pregnancy.
  - Maintaining or supporting the health and well-being of the pregnant woman and her unborn child.
  - Preventing, treating or alleviating discomfort and health problems associated with pregnancy.
  - Promptly detecting warning signs and symptoms associated with pregnancy.
  - Conducting prenatal screening based on the pregnant woman's risk factors and the gestational age.
  - Preventing certain mental health, physical and psychosocial problems.

Ethical Duties and Obligations

- The IPS has the responsibility to:
  - Provide the clinical follow-up required for the evolution of the pregnancy.
  - Refer the pregnant woman to the appropriate resources or professionals, if applicable.
  - Analyze and communicate the diagnostic and screening tests prescribed for the pregnant woman and ensure that they are properly followed up.
  - Intervene as appropriate in the event of signs of complications.
  - Practice within an interprofessional team that provides care to this type of client.
  - Support co-operation among various professionals.
  - Document the entire clinical process of the pregnant woman and her unborn child.

2.4 Standards for Prescriptions Written by an IPS

Regulatory Framework

"28. The Règlement sur les normes relatives aux ordonnances faites par un médecin (chapter M-9, r. 25.1), with the necessary modifications, applies to prescriptions given by specialized nurse practitioners."

Regulatory Scope

- Until the OIIQ has adopted its own standards for prescriptions made by an IPS, the *Règlement sur les normes relatives aux ordonnances faites par un médecin* of the Collège des médecins du Québec continues to apply, but with the required adaptations. As such, an IPS who writes or issues a verbal order must comply with the standards set out in this regulation.

- Note that the IPS must also comply with the procedures for issuing prescriptions that are defined by the institutions under the *Organization and Management of Institutions Regulation*.

- What does "required adaptations" mean?

  This term refers to the adaptations that must be made to the prescribing standards for physicians in order to accommodate the practice of the IPS and its specifics.

  For example, one adaptation is that in addition to putting their license number on a prescription that they write or issue, IPSs must also include their prescriber number and the abbreviation specific to their professional situation and specialization. These additions, compared to the standards applicable to physicians in the regulation, are needed to meet the objective of ensuring that the prescribing professional is authorized to prescribe, that there are no restrictions on their right to practice, and that the third-party payer can reimburse the client.

Thus, IPSs must always add the following to a prescription that they issue:

- Their name
- The abbreviation of their professional title and class of specialization (IPSPL, IPSNN, IPSSA, IPSSM, IPSSP)
- The number of their OIIQ licence to practice
- Their prescriber number[27]

> **Example:**
>
> **Irene Bloomfield IPSPL**
> **xx9898** (number of the OIIQ licence to practice)
> **81xxxx** (prescriber number)

In addition, IPS candidates (CIPS) and students (EIPS) must add the following details when issuing a prescription:

- Their name
- The abbreviation specific to their professional situation: a "C" if they are a candidate and an "E" if they are a student
- The abbreviation specific to their field of study (IPSPL, IPSNN, IPSSA, IPSSM, IPSSP)
- The number of their OIIQ licence to practice
- Their prescriber number[27]

> **Example for an IPS candidate:**
>
> **Irene Bloomfield CIPSPL** (EIPSPL for a student)
> **xx9898** (number of OIIQ licence to practice)
> **81xxxx** (prescriber number)

[27] Use only the first six digits of the number designated by the RAMQ for prescriptions.

Principles for Guiding Practice

- **Notion of a verbal order**

  To avoid confusion, it is important to be vigilant when an individual prescription is issued following a discussion between a physician and the IPS. Indeed, the prescription must be written in such a way as to unequivocally identify the prescriber, so that the pharmacist can contact the prescriber if necessary. In certain situations, this means that the IPS should record the prescription as being a verbal order from the physician. For example, if a medication is initiated following a discussion between the physician and the IPS, but the IPS, either due to his or her class of specialization or lack of knowledge, is unable to initiate the medication, he or she should indicate that it is a verbal order from the physician. It is important in terms of professional liability to determine who made the decision and to document this. It is also important to notify the physician involved of this verbal order.

- **Prescription for another professional**

  The IPS may prescribe interventions required by a person that another professional can administer. When writing such a prescription, the IPS must remain available to respond to requests from that professional or provide clarification as needed.

2.5 Other Terms and Conditions of IPS Practice

To practice the professional activities specified in section 36.1 of the *Nurses Act*, the IPS must comply with other terms and conditions of practice set out in the *Regulation Respecting Specialized Nurse Practitioners*, which are presented in this section.

2.5.1 Collaborative Mechanisms

Regulatory Framework

> **"21. A specialized nurse practitioner must take reasonable measures to ensure that collaborative mechanisms to provide continuity of care and services required by a client's state of health are in place throughout the care trajectory, or help establish such collaborative mechanisms."**

Regulatory Scope

- This obligation applies to all IPSs, regardless of their practice environment, and is in addition to existing ethical obligations.

- IPSs must take reasonable steps to ensure that collaborative mechanisms are in place with the various health care professionals they must work with. This obligation begins with identifying existing mechanisms.

- If these mechanisms are not already in place, the IPS must help set them up. To do this, the IPS is strongly encouraged to speak with nursing management or other colleagues, depending on the practice environment, to analyze the mechanisms to focus on. This responsibility can therefore be shared with the environment where the IPS practices.

- More specifically, reasonable measures are those available to the IPS, given the capabilities and possibilities of the practice context and practice environment, for initiating collaboration with other health care professionals.

- These mechanisms, which are aimed at ensuring the continuity of care and services required by the person's health condition, may include:

    - Establishment of "service corridors" when referral to another department or authority is required, e.g. identification and definition of a service corridor with the team of professionals authorized to provide care to the person at the time of childbirth.
    - Identification of shared time slots between the various professionals involved in the person's follow-up, to allow for discussions on complex care situations.
    - Identification of the various means of communication, to ensure continuity of care for the client.

Principles for Guiding Practice

- ### Interprofessional and intraprofessional collaboration with other IPS classes of specialization

  In accordance with section 46 of the *Code of Ethics of Nurses*, the IPS cannot refuse to collaborate with health care professionals who provide care, treatment or services necessary for the person's well-being. In practicing their various professional activities, IPSs will be called upon to practice closely with other professionals, including IPSs from other classes of specialization. Collaboration and sharing of expertise, particularly between IPSs and physicians, are essential for preventing fragmentation of care and working in silos. For example, for a complex or complicated health condition, this interaction could help facilitate the care trajectory of the person, his or her family and significant others, as well as broaden the spectrum of intervention options and offer the intensity of care required for that situation. The interprofessional collaboration to which the IPS contributes is optimized by the collaborative practice of all stakeholders, allowing for a dynamic process of interactions in the form of information exchange, education and shared decision-making for a person with a specific health situation.

Additional Information

? Can an IPS request medical consultations or professional services?

YES – IPSs may request a medical consultation and ask various health care professionals to intervene with their clients, to ensure that all their health care needs are met. When requesting a medical consultation, IPSs must make sure the physician consulted has access to all the relevant information. However, IPSs will remain the professional responsible for following up on the results of the consultation within the limits of their class of specialization.

2.5.2 Declaration of Practice

Regulatory Framework

"19. To perform the activities referred to in section 36.1 of the Nurses Act (chapter I-8), a specialized nurse practitioner must, within 30 days of obtaining a specialist's certificate and not later than 1 April of each subsequent year, file a statement with the secretary of the Order on the prescribed form, containing the following information:

(1) her class of specialization;

(2) the name, address and telephone number of the institution, clinic, dispensary or other place where she performs professional activities;

(3) the area of care in which she performs professional activities, where applicable."

Regulatory Scope

- IPSs must also report in writing, following the process established by the OIIQ, any change to the information contained in their declaration of practice within 30 days following the change. However, one exception concerns the area of care in which IPSs perform their professional activities, if applicable, and is the topic of the next sub-section.

2.5.3 Changing Areas of Care (IPSSP and IPSSA)

Regulatory Framework

"20. A specialized nurse practitioner must report to the secretary of the Order, in writing, any change in the information referred to in paragraph 2 or 3 of section 19.

The change must be reported within 30 days of its occurrence, except if it concerns the area of care. In the latter case, a specialized nurse practitioner must report the new area of care at least 30 days before performing professional activities in the new area of care, and establish that she has updated her knowledge in order to perform those activities."

Regulatory Scope

- The change in area of care applies to only two classes of specialization, i.e. the IPSSP and the IPSSA.
- As such, IPSSPs or IPSSAs who decide to add an area or change their area of care must notify the Secretary of the OIIQ in writing at least 30 days before beginning to practice their new activities.
- IPSs who add an area or change their area of care must prove, to the satisfaction of the OIIQ, that they have updated their knowledge pertaining to their new area or change in area of care. To do this, IPSs must complete a period of integration, based on their need to update their knowledge and the nature of the area of care concerned, so that they can practice in this new area, depending on what the director of nursing has decided in collaboration with the various parties involved.
- All relevant information on this topic is available on the OIIQ website in the section "Conditions et modalités d'exercice," on the page entitled *Encadrement de la pratique des IPS*.

2.5.4 Transitional Provision for Training on Elderly Persons: IPSPL

Regulatory Framework

"36. A specialized nurse practitioner or specialized nurse practitioner candidate who obtained the diplomas giving access to a specialist's certificate in primary care before 1 September 2017 must complete the training recognized by the Order before performing the activities referred to in section 36.1 of the Nurses Act (chapter I-8). The same applies to a specialized nurse practitioner student who, before that date, was enrolled in a university-level training program leading to the diplomas giving access to a specialist's certificate in primary care.

The same also applies to a nurse practitioner specialized in primary care who obtained her specialist's certificate before 8 March 2018 based on recognition of equivalence in accordance with the Règlement sur les normes d'équivalence de diplôme ou de la formation aux fins de la délivrance d'un certificat de spécialiste d'infirmière praticienne spécialisée (chapter I-8, r. 15.2).

The training, which lasts 35 hours, specifically focuses on the elderly and includes the following: advanced clinical evaluation, advanced physiopathology and advanced pharmacology. At least 10 hours focus on the elderly who present behavioural and psychological symptoms of dementia.

The persons referred to in the first and second paragraphs must complete the training within 2 years from the date of coming into force of this Regulation."

Regulatory Scope

- As or now, all IPSPLs or nurse practitioner candidates (CIPSPLs) who received their diploma leading to an IPSPL specialist certificate before September 1, 2017, must undergo training recognized by the OIIQ in order to practice the activities referred to in section 36.1 of the *Nurses Act*. The same applies to nurse practitioner students (EIPSs) who were previously enrolled in a university training program resulting in a diploma leading to such a certificate. This is also the case for IPSP:Ls who earned their specialist certificate before March 8, 2018, through recognition of equivalency of a degree or through training that complies with the *Règlement sur les normes d'équivalence de diplôme ou de la formation aux fins de la délivrance d'un certificat de spécialiste d'infirmière praticienne spécialisée*.

- Consequently, regardless of their place of practice, IPSPLs and other persons subject to this obligation must have completed training recognized by the OIIQ within two years after January 25, 2021. The IPS must provide proof of training to the OIIQ by January 25, 2023.

- All relevant information on this topic is available on the OIIQ website in the section "Conditions et modalités d'exercice," on the page entitled *Encadrement de la pratique des IPS*.

3

Special Conditions Applicable to the EIPS and the CIPS

3.1 Conditions of Practice Applicable to the Specialized Nurse Practitioner Student (EIPS)

According to the *Regulation Respecting Specialized Nurse Practitioners*, the specialized nurse practitioner student (étudiante infirmière praticienne spécialisée [EIPS]) meets one of the following criteria:

- A nurse registered in a university-level training program leading to the diplomas giving access to a specialist's certificate as a specialized nurse practitioner pursuant to the *Regulation Respecting the Diplomas Issued by Designated Educational Institutions Which Give Access to Permits or Specialist's Certificates of Professional Orders*.

  or

- A nurse who, in order to obtain equivalence for the issue of a specialist's certificate as a specialized nurse practitioner, is required to complete a clinical placement at a site appearing on the list of training environments drawn up by the program review subcommittee pursuant to the *Regulation Respecting the Committees on Training of the Ordre des infirmières et infirmiers du Québec.*

Regulatory Framework

"29. A specialized nurse practitioner student holding a clinical placement authorization may perform the activities referred to in section 36.1 of the Nurses Act (chapter I-8) provided that

(1) she complies with the terms and conditions prescribed in Divisions V and VI, with the necessary modifications;

(2) she performs the activities in a site appearing on the list of training environments drawn up by the program review subcommittee in accordance with the Regulation respecting the committees on training of the Ordre des infirmières et infirmiers du Québec (chapter I-8, r. 11);

(3) she performs the activities under the responsibility of a specialized nurse practitioner or a physician designated as a supervisor for the clinical placement;

(4) the activities are supervised on-site by a specialized nurse practitioner, a physician or a person authorized to perform those activities who is designated by the supervisor for the clinical placement; and

(5) the performance of the activities is required to complete the program in which she is enrolled or, where applicable, to complete a clinical placement period for the recognition of equivalence."

Regulatory Scope

- The terms and conditions of practice applicable to the IPS also apply to the IPSS, with the required adaptations. In this regard, it should be noted that the required adaptations include the obligation for the EIPS to have a internship authorization.

Scope of Supervision

- Although it is highly preferable that the supervisor in charge of the internship be involved on an ongoing basis, supervision of certain activities of the EIPS may be assigned to another IPS or a physician, or another person authorized to perform these activities, who must be present on site. The supervisor must also have beforehand assigned this responsibility.

- Consequently, the level of supervision must be adjusted based on the circumstances, including the activities performed by the EIPS, the types of clientele and the competencies and experience of the EIPS. In this regard, judgment is left up to the supervisor.

- However, this supervision requires the supervisor or the authorized person designated by the supervisor to be present on site.

    - The supervisor decides how much he or she needs to be near the student based on the student's learning progress. This could mean being in the same room, on the same floor or in the same building. It is up to the supervisor to determine the intensity of supervision that the EIPS needs.

Additional Information

? Does the supervisor have to countersign prescriptions written by an EIPS?

NO – Since there is no regulatory requirement to do so, the educational institution may or may not set guidelines for countersigning prescriptions made by an EIPS.

3.2 Conditions of Practice Applicable to the Specialized Nurse Practitioner Candidate (CIPS)

According to the *Regulation Respecting Specialized Nurse Practitioners*, the specialized nurse practitioner candidate (candidate infirmière praticienne spécialisée [CIPS]) meets the following criteria:

- A nurse who holds the diplomas giving access to a specialist's certificate as a specialized nurse practitioner pursuant to the *Regulation Respecting the Diplomas Issued by Designated Educational Institutions Which Give Access to Permits or Specialist's Certificates of Professional Orders*.

  or

- A nurse who has obtained equivalence for the issue of such a certificate pursuant to the *Règlement sur les normes d'équivalence de diplôme ou de la formation aux fins de la délivrance d'un certificat de spécialiste d'infirmière praticienne spécialisée*.

  and

- A nurse who is eligible to take the specialization examination.

Regulatory Framework

"30. A specialized nurse practitioner candidate holding an attestation of practice may perform the activities referred to in section 36.1 of the Nurses Act (chapter I-8) provided that

(1) she complies with the terms and conditions prescribed in Divisions V and VI, with the necessary modifications;

(2) she performs the activities in

***(a)* a centre operated by an institution where a director of nursing care has been appointed;**

***(b)* a medical office, a medical clinic, a dispensary or any other place providing care, to the extent that she is employed by an institution where a director of nursing care ensures the supervision of the care they provide; and**

(3) a specialized nurse practitioner or a physician practising in the area of care is designated as a supervisor and is available at all times to intervene quickly."

Regulatory Scope

- The CIPS may practice only in places authorized by regulation and with an appointed director of nursing.
- The terms and conditions of practice applicable to the IPS also apply to the CIPS, with the necessary adaptations. In this regard, it should be noted that necessary adaptations include the requirement for CIPS to hold a certificate of practice.
- Private clinics are excluded, unless the CIPS is employed by an institution where the director of nursing supervises the care provided by the CIPS.

Scope of Supervision

- The supervisor is not required to be on site to supervise the CIPS. As of now, it is the supervisor's responsibility to determine the appropriate level of supervision for the CIPS involved. However, the supervisor must be available at all times in order to respond quickly.
- The level of supervision for the CIPS may be adjusted to reflect the circumstances (including the activities performed by the CIPS, the types of clientele served, and the competencies and experience of the CIPS). In this regard, it is at the supervisor's discretion.

Additional Information

? Does an IPS or a physician have to countersign prescriptions for controlled drugs written by an CIPS?

NO – Since there is no regulatory requirement to do so, there are no longer guidelines for countersigning prescriptions made by an CIPS.

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4

Control Mechanisms for a Safe Nursing Practice

The primary mission of professional orders is to protect the public. To do this, various control mechanisms are available to them. As such, controlling admission, monitoring professional practice and overseeing the competence and integrity of members are key mechanisms to protect the public for a professional order such as the OIIQ.

Several offices of the OIIQ see to the implementation of these control mechanisms, as well as ensuring compliance with the laws and regulations governing the practice, in order to provide the public with a safe nursing practice, which naturally includes the practice of IPSs.

4.1 Direction, Admissions et registrariat (DAR)

The Direction, Admissions et registrariat is responsible for applying the regulations that govern admission to the profession, the right to practice, the issuing of licences, as well as certification of specializations. The Office also assists clients in the administrative processes required by the regulations.

The Direction, Admissions et registrariat:

- Issues training authorizations for EIPS, liaises with the Régie de l'assurance maladie du Québec to obtain prescriber numbers, and issues certificates of practice for CIPS, ensuring that the required regulatory conditions are met.
- Receives, analyzes and makes decisions on requests for equivalency by applicants from other Canadian provinces and other countries through the Admission by Equivalence Committee for IPSs.[28]
- Sends out notifications to attend specialization examinations, as well as newsletters and group qualitative feedback, and organizes the examinations.

[28] *Règlement sur les normes d'équivalence de diplôme ou de la formation aux fins de la délivrance d'un certificat de spécialiste d'infirmière praticienne spécialisée.*

- Is responsible for the Specialty Nurse Practitioners Committee on Training and the Program Review Subcommittee.[29]
- Prepares and maintains a list of training environments recognized by the Program Review Subcommittee for the purpose of completing a training program. The Office also coordinates visits to IPS training programs and follows up on notices pertaining to these visits.[30]
- Is responsible for managing changes in areas of care that are reported by IPSSA and IPSSP,[31] and for applying transitional measures for training IPSPL on caring for elderly persons.
- Oversees the annual declaration process and compliance with entry on the Roll. In this way, the reported hours of practice are recorded and monitored. The IPS must achieve the required number of hours of practice, i.e. 1,300 hours as an IPS over the four years preceding their declaration of practice.[32]

4.2 Direction, Surveillance et inspection professionnelle (DSIP)

As its title indicates, the Direction, Surveillance et inspection professionnelle is responsible for the oversight and professional inspection of OIIQ members. Like all members of the nursing profession, IPSs are subject to the professional inspection process and are required to submit to it, both for their nursing activities provided for in section 36 of the *Nurses Act* and for those activities authorized under section 36.1 of the *Nurses Act*.

The Direction, Surveillance et inspection professionnelle:

- Oversees the practice of members, including IPSs, by conducting an inspection of professional competence.[33] Professional competence is defined as the ability to act appropriately in a complex care situation by using knowledge, clinical skills and judgment to provide safe and ethical care.
- Verifies that members have the competence required to practice safely, in compliance with standards of practice, laws and regulations, or assesses the know-how of members whose competence is in question.
- Aims to raise members' awareness of their professional duties and obligations, make them responsible for maintaining and developing their professional competencies and help them improve their practice in compliance with professional standards. Consequently, the professional inspection is educational in nature.

[29] To learn about the mandate, please see the web page of the Committee.

[30] *Regulation Respecting the Committees on Training of the Ordre des infirmières et infirmiers du Québec*.

[31] *Regulation Respecting Specialized Nurse Practitioners*.

[32] *Règlement sur les stages et les cours de perfectionnement de l'Ordre des infirmières et infirmiers du Québec*.

[33] As provided for in section 112 of the *Professional Code*.

4.3 Direction, Bureau du syndic (DBDS)

The Direction, Bureau du syndic monitors the integrity and conduct of OIIQ members by conducting activities related to the disciplinary process.

The Direction, Bureau du syndic:

- Processes any information related to a breach of the *Professional Code*, the *Nurses Act* and the regulations governing the practice of the nursing profession, in particular the *Code of Ethics of Nurses*. As such, the Syndic may conduct an inquiry after receiving information indicating that a member, including an IPS, has committed a breach of any of the provisions of the professional laws or regulations.[34] Inquiry are conducted on a case-by-case basis. As such, after obtaining all the necessary information, the Syndic[35] must make a decision and may, among other things, file a complaint with the Disciplinary Council of the OIIQ.
- Receives and processes requests to conciliate accounts.
- Oversees the evolution of the *Code of Ethics of Nurses* and makes it available to members, among other things through its advisory service, the publication of articles on ethics and online training.

[34] Under section 122 of the *Professional Code*.

[35] The term "Syndic" refers both to syndics and assistant syndics.

5

Advisory Committee on the Practice of IPS

Regulatory Framework

The Advisory Committee on the Practice of IPS was established in compliance with the *Regulation Respecting Specialized Nurse Practitioners*.

Mandate of the Committee

The committee's mandate is to examine:

1° the terms and conditions for performing the activities referred to in section 36.1 of the *Nurses Act* by specialized nurse practitioners and the standards for prescriptions made by specialized nurse practitioners.

2° The issues connected with the clinical practice of specialized nurse practitioners.

3° The new clinical practices of specialized nurse practitioners or improvements that take into account scientific developments or new evidence-based results.

4° Any other matter related to the professional activities of specialized nurse practitioners.

Composition of the Committee

The Committee is made up of 13 members appointed, depending on the case, by the Board of Directors of the OIIQ or that of the Collège des médecins du Québec (CMQ), the Bureau de coopération interuniversitaire (BCI), or the Direction nationale des soins et des services infirmiers (DNSSI) of the Ministère de la Santé et des Services sociaux (MSSS):

1° A representative of the OIIQ.

2° A representative of the CMQ.

3° A physician specializing in family medicine appointed by the CMQ.

4° A physician specializing in a field other than family medicine appointed by the CMQ.

5° A nurse practitioner specialized in neonatology appointed by the OIIQ.

6° A nurse practitioner specialized in mental health appointed by the OIIQ.

7° A nurse practitioner specialized in adult care appointed by the OIIQ.

8° A nurse practitioner specialized in pediatric care appointed by the OIIQ.

9° A nurse practitioner specialized in primary care appointed by the OIIQ.

10° A specialized nurse practitioner with teaching duties in a university-level training program relevant to the activities referred to in section 36.1 of the *Nurses Act* appointed by the BCI.

11° A representative of the DNSSI of the MSSS.

12° A director of nursing care appointed by the OIIQ.

13° A patient partner appointed by the OIIQ.

Additional Information

? As an IPS, can I sit on the Committee?

To sit on the Committee as an IPS member, you must first apply to a call for candidates issued by the OIIQ to its members, based on the established selection criteria and conditions. These calls for candidates are generally issued every three years, which is the fixed term of a mandate, or when a position needs to be filled during a mandate due to a leave of absence or an inability to serve.

Glossary

Activity sector
Physical location (department or unit) or grouping of clients by medical specialization (cardiology, nephrology, oncology, etc.) or type of care (intensive care, intermediate care, etc.).

Advanced nursing practice
Advanced nursing practice is characterized by in-depth knowledge of nursing and advanced competencies developed through a master's degree in nursing.

Competencies
The ability to act appropriately, particularly with respect to care situations, by mobilizing knowledge and clinical skills, and exercising judgment to provide safe and ethical care.

Diagnosis
Identification of a health problem or disease following an assessment by a legally authorized professional, which may require a full examination of all organs, apparatuses and systems of the human body. Establishing a diagnosis involves making a differential diagnosis of diseases through a process of clinical reasoning that is essential to the approach. This clinical reasoning is not limited to one symptom, sign, organ or system. It is a process of integration and synthesis of all the information received from all systems of the human body.

Diagnosis, Differential
The differential diagnosis is a list of relevant and possible diagnoses explaining a particular clinical situation. Based on this list, and following the appropriate investigations, the IPS can then confirm the diagnosis or diagnoses that explain the person's situation, from which the IPS can then determine the medical treatment. IPSs are trained in all systems of the human body (anatomical, physiological, psychological, functional and pathological aspects), which gives them unique expertise in the field. The differential diagnosis is not a simple exhaustive list of diagnoses that can be found in a medical reference manual or even on websites. It takes into account the discriminating factors gathered subjectively or objectively by the IPS and demonstrates the IPS's clinical reasoning.

Diagnosis, Provisional
A diagnosis made by a professional authorized by law when the information required to draw a conclusion does not allow for a final diagnosis.

Disease and injury prevention

The set of measures taken to reduce the risk factors and consequences of a disease or an injury (CNA, *Canadian Nurse Practitioner Core Competency Framework*, 2010).

Evidence-based practice

Evidence-based practice is a process of consciously incorporating evidence-based results, experiential knowledge and the unique health experience of the person and his or her environment, in order to support clinical decisions. Evidence-based results come from published research, grey literature, practice guidelines and expert consensus, among others.

Health promotion

"The process of enabling people to increase control over and improve their health. It embraces actions directed not only at strengthening the skills and capabilities of individuals, but also at changing social, environmental, political and economic conditions to alleviate their impact on public and individual health." (CNA, *Canadian Nurse Practitioner Core Competency Framework*, 2010)

Institution

Institution as defined in the *Act Respecting Health Services and Social Services* or the *Act Respecting Health Services and Social Services for Cree Native Persons*.

Medical treatments

A set of interventions identified by legally authorized professionals to maintain and restore a person's health or provide appropriate alleviation of the symptoms that the person presents.

Mental disorders

"A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above" (American Psychiatric Association, *DSM-5: Diagnostic and Statistical Manual of Mental Disorders*, 2013).

Principles for guiding practice

These are the basic rules and assumptions on which an appropriate clinical approach is based.

Special needs

Special needs refer to required services that do not necessarily result from health problems, such as having a health check-up required by some organizations.

Treatment plan

Intervention strategies that are aimed at an evolving health situation are derived, among other things, from the results of the investigation, diagnosis and prognosis. The treatment plan is tailored to the person and includes at least the treatment objectives (e.g., therapeutic targets), the intensity of the follow-up and the reassessment required.

References

Act respecting Health Services and Social Services, CQLR, chapter S-4.2.

Act Respecting Health Services and Social Services for Cree Native Persons, CQLR, chapter S-5.

An Act to Amend the Nurses Act and Other Provisions in Order to Facilitate Access to Health Services (Bill 6), S.Q. 2020, chapter 6.

Audétat, M.-C., Laurin, S., & Sanche, G. (2011). Aborder le raisonnement clinique du point de vue pédagogique, partie 1 : un cadre conceptuel pour identifier les problèmes de raisonnement clinique. *Pédagogie médicale*, *12*(4), 223–229.

Benzodiazepines and Other Targeted Substances Regulations, SOR/2000-217.

Canadian Nurses Association. (2019). *Advanced practice nursing: A pan-Canadian framework*. https://cna-aiic.ca/-/media/cna/page-content/pdf-en/advanced-practice-nursing-framework-en.pdf

Cannabis Regulations, SOR/2018-144.

Code of Ethics of Nurses, CQLR, chapter I-8, r. 9.

Collège des médecins du Québec. (2018). *Ordonnance de cannabis à des fins médicales : directives*. http://www.cmq.org/publications-pdf/p-1-2018-09-20-fr-ordonnance-cannabis-fins-medicales.pdf

Collège des médecins du Québec, Ordre des infirmières et infirmiers du Québec, & Ordre des pharmaciens du Québec. (2020). *Le traitement du trouble lié à l'utilisation d'opioïdes (TUO) : lignes directrices*. https://www.oiiq.org/documents/20147/1306027/lignes-directrices-TUO-20032020-vdef.pdf

Controlled Drugs and Substances Act, S.C. 1996, chapter 19.

Food and Drug Regulations, C.R.C., chapter 870.

Fortinash, K. M., & Holoday Worret, P. A. (Eds.). (2016). *Soins infirmiers : santé mentale et psychiatrie* (C. Page, J.-P. Bonin, & D. Houle, Sc. Eds; 2nd ed.). Chenelière Éducation.

Institut national de santé publique du Québec. (2008). *Avis scientifique sur les interventions efficaces en promotion de la santé mentale et en prévention des troubles mentaux*. https://www.inspq.qc.ca/pdf/publications/789_Avis_sante_mentale.pdf

Institut national d'excellence en santé et en services sociaux. (2017). *Accès équitable aux services de psychothérapie au Québec : état des connaissances*. https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/ServicesSociaux/INESSS_Acces-equitable-psychotherapie.pdf

Ministère de la Santé et des Services sociaux. (2020a). *Document de soutien pour le repérage, l'intervention et l'orientation pour les adultes présentant des symptômes associés aux troubles mentaux fréquents dans les services sociaux généraux*. https://publications.msss.gouv.qc.ca/msss/fichiers/2020/20-914-02W.pdf

Ministère de la Santé et des Services sociaux. (2020b). *Programme québécois pour les troubles mentaux : des autosoins à la psychothérapie (PQPTM) : document d'information à l'intention des établissements*. https://publications.msss.gouv.qc.ca/msss/fichiers/2020/20-914-07W.pdf

Narcotic Control Regulations, C.R.C., chapter 1041.

New Classes of Practitioners Regulations, SOR/2012-230.

Nurses Act, CQLR, chapter I-8.

Office des professions du Québec. (2003). *Loi 90 (2002, chapter 33), Loi modifiant le Code des professions et d'autres dispositions législatives dans le domaine de la santé (sanctionnée le 14 juin 2002) : cahier explicatif*. https://www.opq.gouv.qc.ca/fileadmin/documents/Système_professionnel/08_Cahier-explicatif-PL90.pdf

Ordre des infirmières et infirmiers du Québec. (2016). *Le champ d'exercice et les activités réservées des infirmières et infirmiers* (3rd ed.). https://www.oiiq.org/documents/20147/237836/1466_doc.pdf

Ordre des infirmières et infirmiers du Québec. (2020, September 28). *Problème de santé mentale et trouble mental : qu'est-ce qui les distingue?* https://www.oiiq.org/en/probleme-de-sante-mentale-et-trouble-mental-qu-est-ce-qui-les-distingue

Ordre des infirmières et infirmiers du Québec, Collège des médecins du Québec, & Ordre des pharmaciens du Québec. (2015). *Énoncé de position conjoint sur la collaboration interprofessionnelle : rehausser la qualité et la sécurité des soins*. https://www.oiiq.org/documents/20147/237836/3436-enonce-collaboration-professionnelle.pdf

Organization and Management of Institutions Regulation, CQLR, chapter S-5, r. 5.

Professional Code, CQLR, chapter C-26.

Règlement sur les normes d'équivalence de diplôme ou de la formation aux fins de la délivrance d'un certificat de spécialiste d'infirmière praticienne spécialisée, CQLR, chapter I-8, r. 15.2.

Règlement sur les normes relatives aux ordonnances faites par un médecin, CQLR, chapter M-9, r. 25.1.

Règlement sur les stages et les cours de perfectionnement de l'Ordre des infirmières et infirmiers du Québec, CQLR, chapter I-8, r. 19.1.

Regulation Respecting Professional Liability Insurance for Nurses, CQLR, chapter I-8, r. 6.

Regulation Respecting Specialized Nurse Practitioners, O.C. 1347-2020, (2020) 152 G.O. II, 3637.

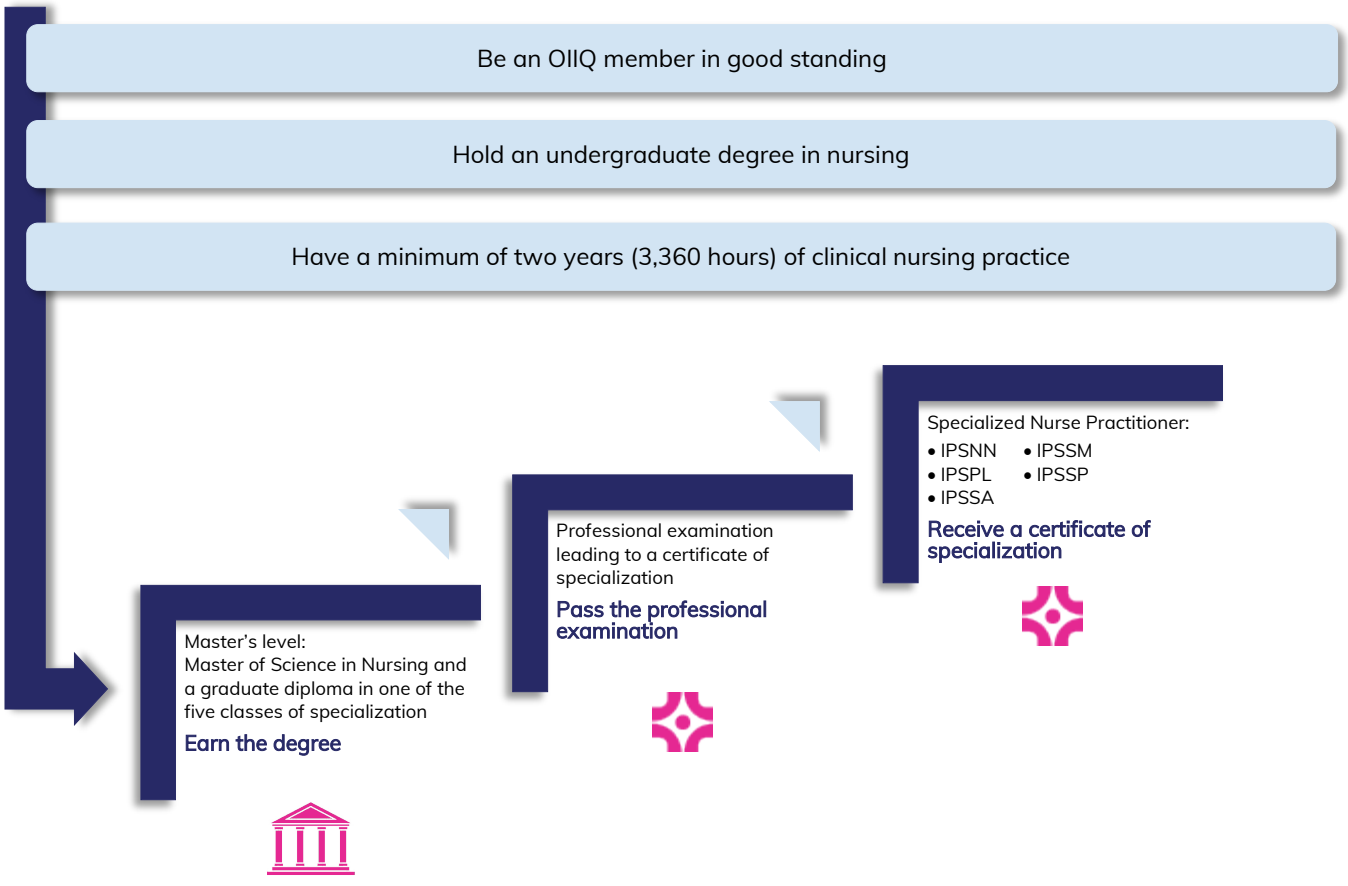
Regulation Respecting the Committees on Training of the Ordre des infirmières et infirmiers du Québec, CQLR, chapter I-8, r. 11.

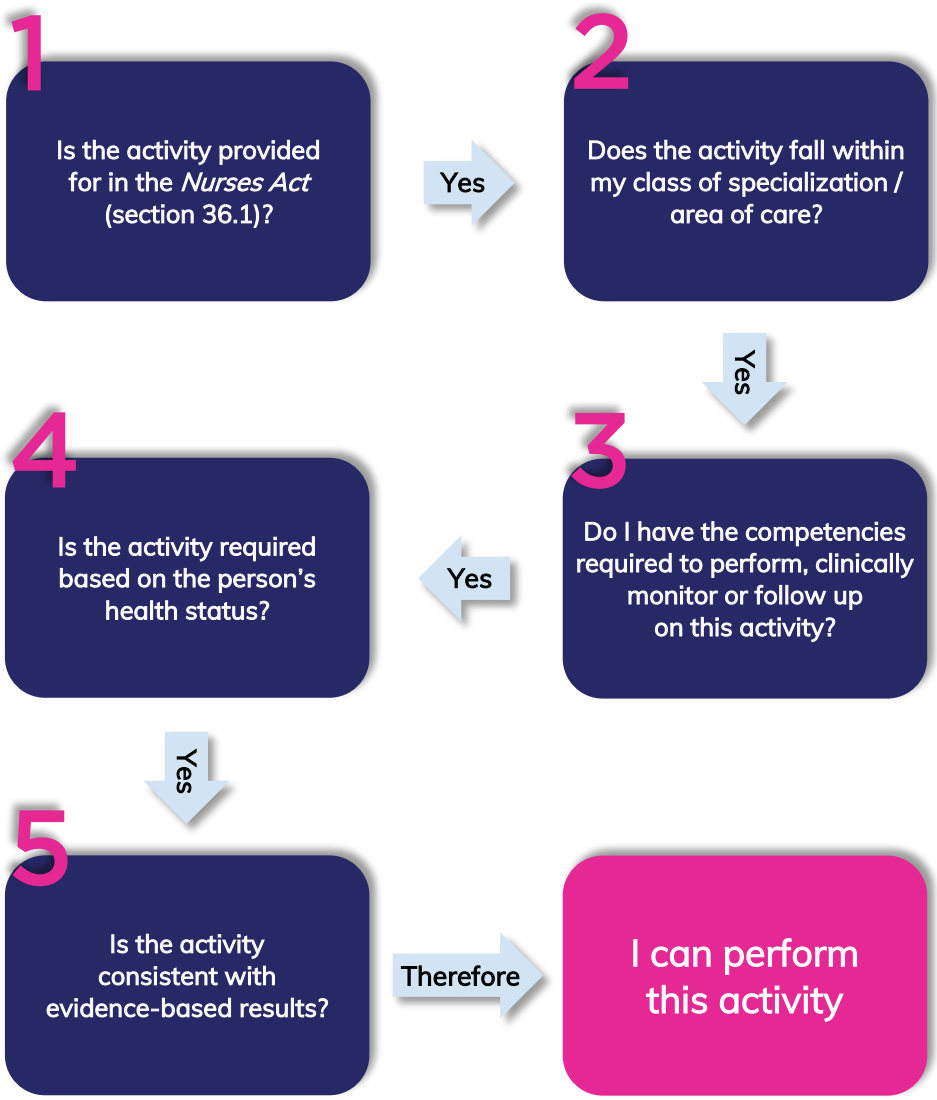
Regulation Respecting the Diplomas Issued by Designated Educational Institutions Which Give Access to Permits or Specialist's Certificates of Professional Orders, CQLR, chapter C-26, r. 2, s. 1.17.

Regulation Respecting the Training and Clinical Experience Required of Nurses to Assess Mental Disorders, CQLR, chapter I-8, r. 15.1.

Tracy, M. F., & O'Grady, E. T. (Eds). (2019). *Hamric & Hanson's advanced practice nursing: An integrative approach* (6th ed.). Elsevier.

Appendix 1
Academic and Professional Journey of the IPS



Appendix 2
Section 36.1-Related Activities: Diagram of the Thought Process for Performing the Professional Activities of an IPS

Here is a list of questions to ask before performing a professional activity under the *Nurses Act*. The IPS must answer YES to questions 1 to 5 before performing the activity.