

**Tool promoting
interdisciplinarity:**

The collective prescription



This brochure is intended for FIQ local teams.
It is the result of a collaboration between the
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In 2003, the legislative framework for many healthcare professionals working in the domain of physical health was the subject of a reform, called an *Act to amend the Professional Code and other legislative provisions as regards the health sector* (called Bill 90). In all, 11 healthcare professions were affected, including nurses, licensed practical nurses and respiratory therapists.

The main objectives of this reform were notably:

- To abolish certain barriers between the professions;
- To ease and simplify their legal and legislative framework;
- To increase interdisciplinarity and multidisciplinary;
- To recognize and perfect the use of each one's skills.

In this sense, Bill 90 updated the field of practice of healthcare professionals and gave them reserved activities which are exclusive or shared between different professionals. Some of these activities are coupled with conditions for their practice, for example, the necessity to obtain a prescription. When the performance of a reserved activity is conditional to obtaining a prescription, the latter is either individual or collective.

A glance at collective prescriptions

The collective prescription is one of the mechanisms put forth by the legislator in order to attain the goals of Bill 90. It is a precious tool that enables better collaboration between nurses and physicians in certain clinical situations, and also between physicians and licensed practical nurses or respiratory therapists.

Are the workplaces using this tool to its full potential? Does it allow for the use of the healthcare professionals' skills included in Bill 90? Unfortunately, collective prescriptions are still poorly developed. Certain misunderstandings between the professional orders, more specifically between the *Collège des médecins*, the *Ordre des pharmaciens* and the *Ordre des infirmières et infirmiers du Québec*, have slowed down the implementation of some prescriptions, notably the adjustment of drug therapy. Furthermore, some of the resistance for implementing the prescriptions comes from the workplaces themselves. There is still a lot of road to cover!

Characteristics of a collective prescription

What is the difference between an individual prescription and a collective prescription?

An individual prescription is:

“A prescription given by a physician to an entitled person, specifying the medications, treatments, examinations or other forms of care to be provided to a patient, the circumstances in which they may be provided and the possible contraindications¹.”

The individual prescription:

- Is given by **only one** physician;
- **Covers only one** person.

Therefore, a medical assessment of the patient must be done prior to issuing an individual prescription.

A collective prescription is:

“A prescription given by a physician or a group of physicians to an entitled person, specifying the medications, treatments, examinations or other forms of care to be provided to a group of persons or for clinical situations stipulated in this prescription, the circumstance in which they may be provided and the possible contraindications².”

Different from the individual prescription, the collective prescription:

- Is issued by **one** or **several** physicians;
- May cover **several persons or clinical situations**.

This implies that the patient for whom the prescription is intended does not have to first be seen by a physician.

1. QUEBEC, “Regulation respecting the standards relating to prescriptions made by a physician”, article 2, paragraph 1.

2. QUEBEC, “Regulation respecting the standards relating to prescriptions made by a physician”, article 2, paragraph 2.

What must be included in a collective prescription?

If the prescription covers medications, it must notably contain:

- The name of the medication;
- The dosage;
- The method of administration;
- The length of the treatment;
- The number of renewals.

If it is a test, the prescription must provide for:

- The nature;
- The clinical information necessary to perform the test.

If the physician intends to prescribe a treatment, he must specify:

- Its nature;
- Its description and duration, if applicable.

A collective prescription must be written and contain the following additional information:

- The persons allowed to carry out the prescription;
- The circumstances such as the group of persons covered or the clinical situation covered.

For an exhaustive description of collective prescriptions, it is important to refer to the Regulation respecting the standards relating to prescriptions made by a physician.

Who are the professionals allowed to perform the professional activities under a collective prescription?

Several healthcare professionals are allowed to perform professional activities under medical prescription, whether the prescriptions are individual or collective.

The following professionals in particular are covered by Bill 90:

- Nurses;
- Licensed practical nurses;
- Respiratory therapists
- Pharmacists;
- Medical technologists;
- Radiology technologists.

What steps need to be taken in order to develop collective prescriptions?

The implementation of collective prescriptions must respect certain formalities. The conditions for the adoption of these prescriptions are not stipulated in the regulation. Therefore, they vary according to the workplaces or the institutions. However, certain formalities remain in force.

First, the institutions must decide to set up a process to develop the collective prescriptions, which can take the form of a committee, a writing team or a consultation group. This way of doing things is interesting because it allows for an interdisciplinary collaboration during the development of the collective prescriptions, which can be an advantage in making it easier for the different professionals to adhere to the idea once they are applied.

In order to promote interdisciplinarity, the *Association québécoise d'établissements de santé et de services sociaux* (AQESSS) recommends that the process for developing a collective prescription be carried out jointly with the following persons involved:

- The head of the pharmacy department or, the head of pharmacy services, if applicable;
- The director of professional services;
- The director of nursing or the nurse in charge of nursing, if applicable;
- The director or the head of service for the authorized professionals;
- The professionals involved.

In an institution, the head of clinical services, the head of medical services or the physician appointed is responsible for the content, which must conform to scientific data. The collective prescription must then be approved by the Council of Physicians, Dentists and Pharmacists (CPDP) of the institution. In the Family Medicine Groups, the process is similar and must involve the director of nursing who is the superior of the nurses concerned.

The collective prescriptions may be complete in themselves or refer to additional tools, notably the care protocols. The protocols are “the description of procedures, methods, limits or standards applicable for a specific condition in the institution³.”

The process of developing the prescriptions in the institutions requires the involvement of the healthcare professionals and the director of nursing or professional services must demonstrate leadership in promoting their role in the delivery of care. Therefore, the FIQ urges the nurses, licensed practical nurses and respiratory therapists wanting the collective prescriptions to be implemented in their areas, to demonstrate initiative in this regard.

What is the physician's responsibility in the development of collective prescriptions and the healthcare professionals in their application?

There is some reluctance on the part of several professionals to the adoption of collective prescriptions, who question the responsibility of each person in the event of a mistake or an error following the development or application of a collective prescription.

The responsibility of physicians comes down to:

- “Ensuring that the clientele covered by the collective prescription are properly identified;
- Ensuring that the medical staff is available to intervene when there are complications;
- Ensuring that nurses receive an answer if precisions are needed;
- Ensuring the follow-up of clients under a collective prescription, when required⁴.”

The nurses' responsibility must cover the following principles:

- “Possess the scientific knowledge, the skills required and the clinical judgment;
- Assess the state of the person before applying a collective prescription;
- Know the inherent risks in the activity;
- Ensure that the medical resources are available to intervene in the event of complications;
- Be able to speak to the physician who responds if precisions are required⁵.”

The responsibility of respiratory therapists and licensed practical nurses working with a collective prescription is similar to that of the nurses, but according to their

4. *Ordre des infirmières et infirmiers du Québec and the Fédération des médecins omnipraticiens du Québec, Rapport du groupe de travail OIIQ/FMOQ sur les rôles de l'infirmière et du médecin omnipraticien de première ligne et les activités partageables, October 2005, p. 29.*

5. *Ibid.*

respective field of practice. They must make sure that the conditions of application for the prescription are met before proceeding with the planned activity.

Thus, the responsibility of physicians and healthcare professionals is shared, according to their respective contributions.

What are the advantages of collective prescriptions?

Several elements of the current context of organization of work in the institutions means that it is necessary to find innovative means to counter the shortage of healthcare professionals while enriching their role in order to attract and retain them in the network. The collective prescription is one of the means to promote!

The main objective of the collective prescriptions is to promote interdisciplinary team work. In some circumstances, the healthcare professionals do not have to wait for an individual prescription and the physicians will then be freed from certain tasks, which will enable them to see a greater number of patients. Thus, the professionals may contribute more to the team and have greater autonomy. Their role will inevitably be enriched.

Also, the development of collective prescriptions allows for better knowledge of the skills as well as the respective fields of practice for each one. Working together on the care teams can only improve the work and the contribution of the healthcare professionals is enriched. This being said, greater confidence in others' work allows for better cohesiveness within the teams and, consequently better stability of the teams.

The development of collective prescriptions also has the advantage of promoting discussions and the standardization of ways of doing things according to the best available practice. The prescriptions enable a better follow-up of clients, notably in first-line, which can reduce resorting to the Emergency Department. This way of doing things leads to re-focusing on the professionals' vision of the patient as the beneficiary of the care.

Collective prescriptions in the nurses practice

The professional activities subject to prescription are still limited to the most simple state in many workplaces. The following activities can be performed by nurses, as long as there is an individual or collective prescription:

- Initiate diagnostic and therapeutic measures;
- Perform invasive examinations and diagnostic tests;
- Provide and adjust medical treatments;
- Administer and adjust medications and other substances;
- Mix substances to complete the preparation of a medication⁶.

The importance of collective prescriptions is particularly significant in the context of first-line care. To better collaborate with the physician and thus gain precious time, collective prescriptions allow ER nurses to initiate certain diagnostic or therapeutic measures, such as a urine culture, pregnancy test, X-ray and electrocardiogram.

Collective prescriptions are useful for the nurses in CLSC's or FMG's in the follow-up of clients or for the front line services. A prescription allows nurses to perform an ear wash, among others, after having assessed the patient. They may also carry out the follow-up on certain people, notably those who suffer with hypertension, diabetes or who are on anticoagulant therapy. Also, an important application for nurses is in the initiation of emergency oral contraceptives or hormonal contraception. These collective prescriptions may involve the performance of one or several reserved professional activities.

The number of workplaces in which it is conceivable to implement collective prescriptions to promote collaboration in the interdisciplinary teams is not restrictive. It is possible to adopt them on specialized teams, notably in perinatology where the nurse could start a treatment for thrush on the mother or the child or still, in certain environments such as schools, for the treatment of lice.

6. QUEBEC, "Nurses Act", article 36.

Collective prescriptions in the licensed practical nurses practice

Collective prescriptions are much fewer in number within the context of the licensed practical nurses practice, even nearly non-existent. There is still much resistance to adopting these prescriptions in the workplaces and by the professional orders concerned. There are even some beliefs that licensed practical nurses not be able to work under collective prescriptions. This is false!

In fact, licensed practical nurses can perform the following professional activities with an individual or collective prescription:

- Take specimens;
- Provide care and treatment for wounds or alterations of the skin and teguments, according to a prescription or the nursing care plan;
- Mix substances to complete the preparation of a medication;
- Administer medications or other substances via routes other than the intravenous route;
- Introduce an instrument or finger beyond the nasal vestibule, labia majora, urinary meatus, anal margin or into an artificial opening in the human body⁷.

The *Ordre des infirmières auxiliaires du Québec* states that they are open to their members practicing under collective prescriptions. However, it will be necessary to obtain an agreement with the *Ordre des infirmières et infirmiers*, the *Collège des médecins* as well as the *Ordre des pharmaciens*, when needed, in order to determine the conditions of involvement could be for the licensed practical nurse in the initiation of such prescriptions.

Collective prescriptions in the respiratory therapists practice

The following activities may be performed by a respiratory therapist when there is an individual or collective prescription:

- Provide ventilator assistance;
- Take specimens;
- Test cardiopulmonary function;
- Administer and adjust medication or other substances;
- Mix substances to complete the preparation of a medication;
- Introduce an instrument into a peripheral vein or an artificial opening or in and beyond the pharynx or beyond the nasal vestibule⁸.

Collective prescriptions are possible in most of the workplaces where respiratory therapist practice. For example, they cover a rapid intervention team in intensive care, which includes nurses and respiratory therapists that perform ventilator assistance for a person in respiratory distress, among others. A collective prescription in intensive care increases the team's effectiveness in the event that the respiratory therapists are allowed to adjust oxygen therapy or to extubate or intubate certain patients according to pre-established protocols.

Similar prescriptions also cover spirometry, as well as specimens such as cultures of expectorants. Prescriptions are also possible for respiratory therapists working in CLSC's and who provide home care.

8. Professional Code, article 371, paragraph 7.

The union demands

Collective prescriptions are tools which can bring about an appreciation of the practice of the nursing and cardio-respiratory professions. However, implementing collective prescriptions must not be done without an analysis of the organization of work in the area covered by the prescription. The employers have a certain responsibility for the implementation and deployment of collective prescriptions.

According to the purpose of Bill 90, the sharing of the reserved activities must however be done in such a way as to ensure better continuity of care and more effective collaboration between professionals, in order to better meet the needs of the patients. Despite their management rights, the employers must ensure that Bill 90 is applied in such a way as to achieve these goals. The implementation of collective prescriptions in the institutions is another element of Bill 90.

The unions must demand that prescriptions be implemented jointly with an offer of training for the professionals concerned. They must demand that the *Human Resources Development Plan* (HRDP) in their institution contain such training in order to support the professionals in the application of prescriptions.

In addition, the healthcare professionals must not end up with new tasks, which could prove to be demanding, without their being relieved of some of those already assigned to them. It is therefore important to review the organization of work for the work team taking into account this reality.

Any issue concerning the implementation of collective prescriptions can be submitted to the committee on care. The mandate of this committee is to study any complaint concerning workload, but it can also look into any question regarding care. The FIQ reminds its professionals to use this union structure as a priority in order to become more involved in the decision-making process linked with such organizational changes.

The FIQ believes that it is necessary to promote a decision-making structure such as the committee on care, compared with the structures which are more consultative. However, the issues regarding the implementation of collective

prescriptions can also be submitted to the Council of Nurses, the Committee of Licensed Practical Nurses or the Multidisciplinary Council. These are places of influence whose involvement proves pertinent in certain circumstances.

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