

**BRIEF**

TABLED AT THE COMMISSION DE LA SANTÉ ET DES SERVICES SOCIAUX  
February 10, 2026

# **Bill 15: Commendable goals, an opportunity to go further**

*As part of the special consultations and public hearings on 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**

FÉDÉRATION  
INTERPROFESSIONNELLE  
DE LA SANTÉ DU QUÉBEC



# Foreword

The Fédération interprofessionnelle de la santé du Québec-FIQ, founded in 1987, is a labour organization dedicated to the representation and defence of the rights and interests of nearly 90,000 nursing and cardio-respiratory care professionals. It represents the vast majority of nurses, licensed practical nurses, respiratory therapists and clinical perfusionists working in the health and social services institutions across Québec.

The FIQ is a feminist organization composed of nearly 90% women, who are healthcare professionals, public and private network employees, and citizens who use healthcare services. It is actively involved in promoting and defending women's rights, while publicly denouncing injustices.

A staunch defender of social gains, equality and social justice, the FIQ works to improve the working and practice conditions of its members, as well as the quality of care provided to the population. It is also an essential pillar in the protection and promotion of Quebec's public health network.

As first-hand witnesses of how the healthcare system operates on a daily basis, FIQ members bring rich and diverse expertise thanks to their varied experiences with multiple beneficiaries of the health and social services network.

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# Summary

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The Fédération interprofessionnelle de la santé du Québec-FIQ welcomes the introduction of Bill No. 15, which is part of the reform of the professional system, insofar as it aims to facilitate access to quality professional care. However, the Federation believes that this piece of legislation should make it possible to formalize a greater number of concrete applications for healthcare professionals, to the benefit of patients, as soon as it is passed. To this end, Bill 15 would benefit from being amended to clarify expectations regarding its implementation and thus promote achieving its objectives.

This brief is structured in three parts. The first part focuses on the evolution of nursing practice and includes recommendations aimed at significantly increasing the role and contribution of nurses in various areas of care. In the second part, the Federation highlights the pertinence of broadening the scope of the bill to include professions other than those initially targeted, so that all healthcare professionals are included in this progress. Finally, the third part presents the Federation's recommendations concerning the organizational changes resulting from Bill 15 within professional orders and the Office des professions du Québec.

# Introduction

The Fédération interprofessionnelle de la santé du Québec-FIQ welcomes any initiative aimed at enriching the practice of healthcare professionals and improving the population's access to quality care. In this regard, Bill 15<sup>1</sup> is a step in the right direction, removing certain legislative barriers that hinder the evolution of the professional system within the public health network.

However, several of the advances announced in this bill will be specified at a later date through regulations. It therefore remains difficult at this stage to assess their actual scope and effects in concrete terms. There is no guarantee that these regulations, which are now exempt from legislative review, will fully achieve the objectives pursued by the Act. Therefore, although the aims of the bill are undeniably commendable, the Federation believes that the legislative text under consideration should allow for a greater number of concrete applications to be formalized as soon as it is passed. It is essential that the healthcare professionals, just like patients, can see tangible benefits as soon as possible. To this end, some of the recommendations in this brief propose amendments to other laws in order to make the necessary changes possible immediately.

Furthermore, the expansion of the scope of practice of certain professions, as set out in Bill No. 15, must be accompanied by legal and regulatory obligations requiring all stakeholders in the health network to comply with and implement professional activities that are already recognized but still too often not applied. Remember that in 2002, *An Act to amend the Professional Code and other legislative provisions in the field of health* had already paved the way for enhanced practice for healthcare professionals. However, more than twenty years later, numerous obstacles, particularly those related to restrictive clinical views, continue to hinder the full deployment of this potential for care and services in the field.

Bill 15 is therefore part of a professional reform process that began several years ago. However, in the context of a persistent crisis in the healthcare system, the time for gradual change is over. It is imperative to take full advantage of every legislative initiative in order to accelerate progress and achieve the desired objectives more quickly. For example, the provisions of Bill 15 on the broadening of the nurses' scope of practice does not take into account licensed practical nurses or respiratory therapists. However, in a contemporary approach to care that emphasizes interprofessional collaboration, these professionals have a major contribution to make to improving the quality and accessibility of care provided to the population.

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<sup>1</sup> *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.*

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In the following sections, the Federation proposes several measures aimed at strengthening this progress. Although some of the identified drivers may exceed the legislative powers of parliamentarians, their role in influencing government decision-makers and the sole employer, Santé Québec, provides crucial support in ensuring the effective implementation of the expected changes.

# An evolving nursing practice

Bill 15 introduces various changes to the *Nurses Act*. Those that are of particular concern to the Federation relate to the addition of activities reserved for nurses.

## **Broadening the nursing scope of practice: an intention that must be accompanied by concrete changes**

With Bill 15, nurses can initiate examinations and tests in the situations determined by a regulation rather than only as part of the activities arising from the application of the *Public Health Act*. They will also be able to prescribe medications, other substances, products and dressings in the cases and on the conditions determined by a regulation which is only possible now in specific situations set out in a regulation made under the *Medical Act*.

The Federation very much welcomes this enhancement of nursing practice, based on the recognized skills of these professionals. Changes in practice directly benefit patients by improving access to professional, quality care. They also enable nurses to practice more autonomously and enjoy greater job satisfaction.

However, the Federation wants to emphasize that the actual scope of the new activities planned will depend largely on the regulations that will be enacted at a later date. This approach is standard practice, but the FIQ fears that overly timid regulations could significantly limit the expected benefits of the bill. In order to standardize practice across clinical settings and maximize its potential, the FIQ believes that the collective prescriptions<sup>2</sup> currently used to allow nurses to initiate examinations and tests should be repealed, and that these activities should be permitted outright by regulation.

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<sup>2</sup> Collective prescriptions are clinical tools that can be implemented in healthcare settings. They are medical prescriptions that apply under certain conditions to groups of patients with common characteristics.

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**Recommendation 1**

The Federation recommends providing, pursuant to section 49 of the bill, that the regulations relating to new nursing activities (initiation of examinations and tests and prescribing) allow them to be carried out in all clinical situations compatible with the protection of the public.

In practical terms, allowing examinations and tests to be initiated in broader contexts will strengthen nurses' ability to provide rapid and appropriate care to patients. For example, if the regulations allow, nurses could initiate blood tests for geriatric patients at risk of cognitive impairment, falls, or weight loss, thereby facilitating timely follow-up. They could also, according to the rules stipulated, detect certain antibiotic-resistant bacteria that can be found in healthcare institutions, enabling the rapid deployment of the necessary preventive measures and ensuring appropriate treatment. This professional activity could therefore have major repercussions for the population.

With regard to nurse prescribing, the Federation considers it highly appropriate to incorporate it into the *Nurses Act*, as proposed in Bill 15, in order to promote its development. It emphasizes however, that relatively few nurses currently have the right to prescribe. In 2024-2025<sup>3</sup>, only 14,120 of the 86,136 practising nurses were authorized to do so. The current regulations<sup>4</sup> reserve this role mainly for nurses with a bachelor's degree, while all have the same scope of practice and the skills necessary to assess the physical and mental condition of a symptomatic person. To optimize the contribution of nurse prescribing and increase recognition of this role among patients and other professionals, it is imperative to increase the number of nurse prescribers. Without this, the expected benefits of the bill will not be realized.

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<sup>3</sup> ORDRE DES INFIRMIÈRES ET INFIRMIERS DU QUÉBEC (OIIQ). « Les faits saillants de l'effectif infirmier au Québec. [Online], [\[https://app.powerbi.com/view?r=eyJrjoiOTNiNjNhZDAtZmNjZi00Y2I3LWI0OTItZmE4OTgzMWM4MmYxliwidCI6ImM4NDZk2LTM5OTItNGViYi04YzYxLWlyMzY3MDY0NTZmMyIsImMiOjN9&pageName=ReportSection\]](https://app.powerbi.com/view?r=eyJrjoiOTNiNjNhZDAtZmNjZi00Y2I3LWI0OTItZmE4OTgzMWM4MmYxliwidCI6ImM4NDZk2LTM5OTItNGViYi04YzYxLWlyMzY3MDY0NTZmMyIsImMiOjN9&pageName=ReportSection) (Viewed January 15, 2026).

<sup>4</sup> *Regulation governing certain professional activities that may be performed by nurses.*

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**Recommendation 2**

**The Federation recommends that professional regulations provide for the expansion of the profile of nurses authorized to prescribe in order to increase their numbers, without limiting this access to those with a bachelor's degree.**

The current right to prescribe remains relatively limited. Under certain conditions, it applies to wound care (certain tests, products and dressings), public health (hormonal contraception, treatment of gonorrhoea and chlamydia, smoking cessation, lice treatment, vitamin supplements and folic acid in perinatal care) and certain common health problems (treatment of nausea and vomiting in pregnant women, fungal skin infections in babies and breastfeeding women).

However, nurses are the most numerous professionals in Québec and work in almost all healthcare settings. Enabling them to prescribe examinations, tests, medicines and other substances, as well as products and dressings in a wider range of situations, is a key way to improve access to care.

For example, nurses could prescribe treatments for common health problems such as urinary infections or yeast vaginitis when the diagnosis is known. Certain over-the-counter medications may also be included, as well as various blood and urine tests or certain X-rays. Finally, nurse prescribing could be extended to the screening and/or treatment of a wider range of sexually transmitted and blood-borne infections (Hepatitis B and C, Syphilis, etc.). These examples demonstrate that nurse prescribing can become a pillar of health problem prevention and treatment, enabling a rapid response to the needs of the population without having to consult a specialized nurse practitioner or doctor.

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**Recommendation 3**

**The Federation recommends broadening the scope of nurse prescribing through regulation.**

### Standardize the use of nurse prescribing to increase the benefits

Institutions sometimes restrict nurses' prescribing rights due to their internal nursing care rules. From the perspective of the Federation and its members, such restrictions should be exceptional. Santé Québec, as the sole employer in the network, has the power to take action to reduce barriers to nurse prescribing.

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#### Recommendation 4

The Federation recommends adding a paragraph to section 33<sup>5</sup> of *An Act respecting the governance of the health and social services system* to include, among Santé Québec's obligations, the standardization of professional activities across clinical settings so that they are applied as widely as possible. This obligation would include nurse prescribing and its mandatory implementation in all applicable settings within Santé Québec institutions.

### Nurses can contribute more to providing mental health care: let's give them the means to do so

The bill will allow marriage and family therapists to practice psychotherapy without a specific licence. Although their numbers are limited<sup>6</sup>, this measure will improve access to mental health services, a sector marked by significant access difficulties<sup>7</sup>. The Federation also points out that some nurses hold a psychotherapist licence. They are even fewer in numbers, 40 as of January 2026<sup>8</sup>, but their role needs to be further enhanced to improve access to services. It is essential to raise the profile and recognize the skills of nurses who are qualified to practise psychotherapy.

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<sup>5</sup> LGSSS, article 33, *Santé Québec instaure des mécanismes visant l'amélioration continue de ses services et de ses pratiques*.

<sup>6</sup> 302 thérapeutes conjugaux et familiaux en date du 31 mars 2025. Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec. (2025). *Rapport annuel 2024-2025*.

<sup>7</sup> LA PRESSE CANADIENNE. « Le Québec affichait l'un des plus faibles accès aux soins au Canada en 2024 », [Online], October 23, 2025 [<https://ici.radio-canada.ca/rci/fr/nouvelle/2201718/quebec-acces-fournisseur-soins-sante-faible>] (Viewed January 15, 2026).

<sup>8</sup> L. NORMAND, OIIQ, communication personnelle, January 13, 2026.

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**Recommendation 5**

**The Federation recommends that the Secretariat of the Treasury Board further enhance and promote the role of nurses who hold a psychotherapist licence by creating a specific job title of “psychotherapist nurse”.**

To obtain a psychotherapist licence<sup>9</sup>, nurses must have a master’s degree in a field linked to mental health and human relations, have completed a 600-hour internship and 765 hours of theoretical university training in psychotherapy. This training can be difficult to balance with professional and personal life. Therefore, the Federation calls on Santé Québec to implement measures facilitating access to this training, including leaves for study set out in the collective agreement.

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**Recommendation 6**

**The Federation asks Santé Québec, through healthcare institutions, to facilitate access to the necessary training in order to make psychotherapy practised by nurses more accessible.**

Finally, specialized nurse practitioners (SNP) can play a bigger role in mental health. For several years, they have been calling for the possibility of diagnosing certain mental disorders, subject to additional training. Such a change would have a noticeable impact on access to care, particularly in frontline care.

Currently, frontline (FLSNP), adult care (ACSNP), and pediatric care (PCSNP) specialized nurse practitioners (FLSNP) can assess patients’ mental conditions and identify mental health disorders. However, they must refer patients to a doctor or a mental health SNP for a diagnosis, which increases the number of steps involved and hinders continuity of care, in particular for vulnerable patients.

It seems logical to allow, under conditions that ensure public protection, that common mental disorders, such as adjustment disorder, can be diagnosed by FLSNPs, ACSNPs and PCSNPs. This observation seems to be widely shared. Work is underway between the organizations concerned, but progress is slow.

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<sup>9</sup> *Regulation respecting the psychotherapist’s permit*

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Recommendation 7

The Federation recommends including, following section 49 of the bill, the right for FLSNPs, ACSNPs and PCSNPs to diagnose certain mental disorders, subject to additional training.

# Professions missing from Bill 15

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The Federation welcomes the progress made by the nursing profession, as well as by other professions covered by Bill 15. However, it notes that there are no provisions concerning the professional practice of certain other groups covered by the *Professional Code* and represented by the FIQ, such as licensed practical nurses and respiratory therapists. However, these professionals play an essential role within the health and social services network (RSSS).

## **Full deployment of the scope of practice of healthcare professionals: a responsibility of nursing management to be strengthened**

To truly improve access to care, as well as its effectiveness and continuity, the practice of all healthcare professionals must be fully deployed and continue to evolve. This need applies to frontline care as well as hospital and long-term care settings. Respiratory therapists and licensed practical nurses play a central role in the nursing and cardiorespiratory care provided to patients and are present in large numbers in virtually all healthcare settings. In order to avoid bottlenecks in episodes of care, it is therefore imperative that their respective fields of practice be fully utilized. However, although their professional activities are already extensive, their skills are not being used optimally in the RSSS.

The Federation finds that in the field, the practice of healthcare professionals remains inconsistent. Several factors, such as the culture of the healthcare settings, local rules that can sometimes be restrictive or the scope of collective prescriptions available, influence the deployment of professional practice. This situation can be seen both within healthcare institutions and in external practice settings, particularly family medicine groups (GMF). As the sole employer of the RSSS, Santé Québec has a key role to play in harmonizing practices and ensuring that there are no local restrictions on professional practice, except in exceptional circumstances. This harmonization is essential to guaranteeing patients' access to quality professional care and to attracting and retaining staff by limiting obstacles to their practice.

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**Recommendation 8**

The Federation recommends amending sections 299 and 310 of *An Act respecting the governance of the health and social services system* to require directors of nursing and directors of multidisciplinary health services to ensure the full deployment of the scope of practice of nurses, licensed practical nurses, respiratory therapists, and clinical perfusionists in all RSSS care settings. Accountability for this should be provided for.

In order to fully benefit from the skills of healthcare professionals, it also goes without saying that they should be present in environments where their contribution is relevant. However, the Federation observes that certain professions, particularly licensed practical nurses, are still viewed with scepticism in some clinical settings. There remains a reluctance to integrate them into new healthcare settings, despite their skills and availability. The RSSS is therefore slow to include them systematically and extensively in settings such as emergency rooms, GMFs or even intensive care units.

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**Recommendation 9**

The Federation asks that Santé Québec issue a directive promoting the presence of licensed practical nurses in all healthcare settings where they can practice.

**Licensed practical nurses and respiratory therapists: professions whose practice must also evolve**

Enabling licensed practical nurses and respiratory therapists to perform new activities, or to perform their current activities in new contexts, is essential to improving access to quality professional care and consolidating their role in new practice settings. However current regulations still impose certain limits to the conditions in which these activities can be carried out.

For example, licensed practical nurses are requesting to be able to perform all of their already-recognized professional activities with all client groups and in all healthcare settings.

Respiratory therapists want to be able to initiate certain diagnostic measures, broaden their role in vaccinations and obtain the possibility of prescribing a wider range of medications. They could also make greater use of their skills in assessing cardiorespiratory fitness and contribute more broadly to assessing the health status of patients.

For example, when a respiratory therapist observes symptoms suggesting a pulmonary overload, she must currently refer the patient to another professional (nurse, SNP or doctor) for an x-ray to be ordered. If she is authorized to initiate certain diagnostic measures, access to these examinations could be sped up and more appropriate interventions implemented, enabling faster relief for patients. Furthermore, an expanded role for respiratory therapists in vaccination would promote better vaccination coverage and would avoid trips to vaccination clinics for certain vulnerable individuals already receiving home care. Finally, the ability to prescribe certain medications related to cardiorespiratory health, such as bronchodilators or certain antibiotics, would allow ineffective treatments to be adjusted and reduce additional medical consultations, particularly at the level of frontline care. This change in practice is all the more relevant in a context where climate change is exacerbating the symptoms of many respiratory diseases<sup>10</sup>.

These longstanding demands of licensed practical nurses and respiratory therapists must be heard. When healthcare professionals can fully carry out their activities or broaden their scope of practice, they are able to respond proactively to patients' needs without increasing the number of medical referrals. This reduces the burden on patients and limits avoidable use of healthcare services, particularly through prevention-focused interventions. For example, a respiratory therapist offering expanded vaccination services could help prevent avoidable hospitalizations among vulnerable individuals.

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**Recommendation 10**

**The Federation recommends that, following section 49 of the bill, licensed practical nurses be allowed to practise their profession with all clientele and in all healthcare settings.**

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<sup>10</sup> INSTITUT NATIONAL DE SANTÉ PUBLIQUE DU QUÉBEC. *Les changements climatiques – Abrégé à l'intention des professionnels de la santé*, 2021.

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**Recommendation 11**

The Federation recommends expanding the practice of respiratory therapists by including, in Bill 15, new professional activities, such as:

- ◆ The initiation of certain diagnostic measures;
- ◆ Vaccination in more diverse settings;
- ◆ Prescribing a wider range of medications.

It also recommends making better use of their skills in assessing cardiorespiratory fitness and enabling them to contribute more broadly to assessing the health status of patients.

### **Benefits of a fully utilized professional practice in frontline care**

For the Federation, primary care must be accessible to all Quebecers. It must also be of high quality, professional and respect the public nature of the health network. To achieve these three objectives, one condition is key: the full deployment of the scope of practice, and even its expansion, for all healthcare professionals. The latter are present in large numbers in all regions and in all settings. They are the driving force behind frontline care. The Government and Santé Québec therefore have every advantage in maximizing their presence and contribution by allowing them to work with patients in an enriched practice setting.

According to the report by experts commissioned by the government to review government policy on frontline care and services, “the increased use of an expanded scope of nursing practice is likely to improve both the accessibility of care and the efficiency of service delivery”<sup>11</sup>.

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<sup>11</sup> Contandriopoulos D, Perroux M, Cockenpot A, Duhoux A, Jean E. *Analytical typology of multiprofessional primary care models*, BMC family practice, 2018;19 : 1-11., Hysong SJ, Amspoker AB, Hughes AM, et coll. *Impact of team configuration and team stability on primary care quality*, Implementation Science, 2019;14 : 1-9 and Duhoux A, Dufour É, Sasseville M, Laroche D, Contandriopoulos D. *Rethinking primary care delivery models: can integrated primary care teams improve care experience?*, International Journal of Integrated Care, 2022;22(2), dans Élise Boulanger, Mylaine Breton et Antoine Groulx. *Soutenir l'élaboration d'une première politique gouvernementale de soins et de services de première ligne au Québec*, Canada Research Chair in Clinical Governance of Primary Care Services, 31 March 31, 2025, p. 22.

To this end, the Federation is making specific demands aimed at improving the practice of its frontline members and ensuring optimal organization of work.

### **Practical examples**

If all constraints were removed, here are some examples of what frontline healthcare professionals could achieve within their current scope of practice.

A nurse could:

- ◆ Screen for sexually transmitted and blood-borne infections, in accordance with current Québec standards;
- ◆ Close a non-surgical wound using sutures or staples;
- ◆ Perform a cervical examination;
- ◆ Coordinate care to prevent the deterioration of the health of a person with a chronic illness;
- ◆ Administer the required immunizations;
- ◆ Prescribe a contraceptive pill (nurse with the right to prescribe), etc.

A frontline specialized nurse practitioner (FLSNP) could:

- ◆ Independently provide care for patients living with chronic illnesses;
- ◆ Refer patients to specialists, as required;
- ◆ Prescribe the abortion pill;
- ◆ Complete the CNESST or SAAQ documents, where applicable, etc.

A licensed practical nurse could:

- ◆ Take vital signs, assess pain symptoms and neurological signs, etc.;
- ◆ Contribute to screening for wound risk;
- ◆ Inform patients and their families (e.g.: signs and symptoms to monitor, available resources);

- ◆ Take various samples as prescribed;
- ◆ Clean wounds and change dressings;
- ◆ Administer various medications, according to a prescription, etc.

A respiratory therapist could:

- ◆ Prescribe medications for smoking cessation (respiratory therapist with the right to prescribe);
- ◆ Administer medications, according to a prescription;
- ◆ Perform an electrocardiogram (ECG), etc.

The potential of frontline healthcare professionals comes in to its own in CLSCs. Present throughout the territory and accessible to all citizens, CLSCs serve the entire population and do not require registration, unlike family medicine groups (GMFs), to which patients must be affiliated. Moreover, the CLSCs' vision combines physical and mental health with social services in order to take a holistic approach to health. Through their population-based approach, CLSCs aim to improve the health of the population through preventive measures focused on the social determinants of health, such as income, housing, the environment and working conditions. This care perspective also corresponds to the values of the cardiorespiratory professions.

Furthermore, as CLSCs are public settings where greater emphasis is placed on professional autonomy and interdisciplinary work, they should be at the forefront of frontline care. This interprofessional work promotes continuous, consistent and comprehensive care for individuals by the same healthcare team.

CLSCs facilitate this collaboration not only because they bring together professionals from various disciplines, but also because they do not place any profession in a position of authority over others. Conversely, GMFs, which also offer frontline services, place non-medical professionals under the “functional authority” of the medical team<sup>12</sup>.

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<sup>12</sup> Anne PLOURDE. *CLSC ou GMF ? Comparaison des deux modèles et impact du transfert de ressources*, IRIS, [Online], May 2017, pages 10-11, [[https://iris-recherche.qc.ca/wp-content/uploads/2021/03/Note\\_CLSC\\_02.pdf](https://iris-recherche.qc.ca/wp-content/uploads/2021/03/Note_CLSC_02.pdf)] (Viewed January 20, 2026).

Finally, if CLSCs were fully supported by healthcare professionals able to carry out all the activities within their scope of practice, and supported by an ambitious political vision, they would certainly be able to meet many of the population's health needs.

# Changes in the functioning of professional orders

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Bill 15 introduces various changes to the processes of professional orders, particularly in terms of regulation. The Federation finds it particularly interesting that certain regulations no longer need to be approved by the Office des professions du Québec before their adoption, subject to compliance with the guidelines established by that body. Another change, relating to certain regulations resulting from a conciliation process conducted by the syndic (disciplinary officer) of a professional order, also caught the Federation's attention.

The possibility of adopting certain regulations more quickly is a positive development, considering the cumbersome nature of the current regulatory process. Although these regulations generally have a limited impact on the public, they can nevertheless have significant repercussions for professionals, particularly in terms of continuing education or professional inspection. Despite this accelerated process, it appears essential to continue consulting with various stakeholders in the health and social services network in order to align regulations with the reality in the field and enable professional orders to take a variety of perspectives into account in their regulatory process. Furthermore, questions remain regarding the responsibility for compiling, updating and publishing information relating to the regulations adopted by the various professional orders.

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## Recommendation 12

**The Federation recommends adding to section 18 of the bill a requirement for professional orders to consult with various organizations, including labour organizations representing the professionals concerned, before adopting regulations that go beyond their internal operations.**

Although an accelerated regulatory process is a step in the right direction, it must be noted that the regulations in question do not directly concern professional practice. This new mechanism could therefore have little impact on access to care or on professionals' satisfaction with their practice.

The Federation understands the legislator's caution regarding the possibility for professional orders to adopt, almost unilaterally, regulations that could have an impact on the population. However, when changes in professional practice become necessary, for example to improve the management of mental health disorders by specialized nurse practitioners in frontline care, delays at each stage of the regulatory process hinder the alignment between regulations and clinical settings. It is the patients who ultimately suffer the consequences.

The Federation is therefore questioning what measures could be put in place to accelerate regulatory changes affecting professional practice, while ensuring public protection.

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**Recommendation 13**

**The Federation recommends providing, pursuant to section 18 of the bill, an expedited mechanism at the Office des professions du Québec for the approval of regulations aimed at developing professional activities in order to align them with the needs of the population.**

With regard to conciliations that may be conducted by the syndic of a professional order, the Federation notes that Bill 15 provides for amendments to the Professional Code that could have adverse effects on professionals. Currently, when a conciliation leads to a regulation and it is carried out, the request for an inquiry shall be deemed to have been withdrawn. However, section 21 of the bill provides instead that this request be “closed”. Although this change may seem minor, it raises major concerns for the Federation. In some cases, in particular when it is situations that could be considered as frivolous complaints, simply closing the request for an inquiry could result in a record of the report remaining on the professional’s file, which could be detrimental to them.

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**Recommendation 14**

**The Federation recommends removing section 21 from the bill.**

# Increased responsibilities for the Office des professions du Québec

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Bill 15 introduces new responsibilities for the Office des professions du Québec, two of which mainly caught the attention of the Federation.

## **Diplomas: consult for better alignment**

Initially, following consultations with the relevant professional orders and certain stakeholders in the education sector, the Office des professions du Québec will be able to identify the diplomas that qualify for professional order licenses and specialist certificates. It is appropriate for the Office to take a more active role in determining the required diplomas. Such decisions require careful consideration, and it is desirable that this work be carried out by a neutral body.

Extensive consultation prior to any decision regarding diplomas is necessary to ensure that initial training, as well as training leading to a specialist certificate, is closely aligned with the reality of the field and enables the development of the skills required to provide quality care.

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### **Recommendation 15**

**The Federation recommends that section 3 of the bill include a requirement to consult with organizations representing the professionals concerned, including labour organizations, when analyzing the diplomas required to obtain a license to practice or a specialist certificate.**

## **A risk of de-professionalization to be prevented**

Secondly, the Office des professions du Québec must approve the regulations that allow individuals including those who are not members of a professional order, to perform certain activities, according to the conditions determined by the orders. The option to delegate certain professional activities is not new. However, the Federation would like to point out that there is a real risk of deterioration in the quality and safety of care when professional activities are performed by individuals who are not members of a professional order.

The Federation therefore calls on both professional orders and the Office des professions du Québec to exercise the utmost caution in this regard. Although this approach may seem attractive in the context of staff shortages in the health and social services network (RSSS), it ultimately undermines the recognition of healthcare professionals' skills and puts undue pressure on patients and their family members, who are then forced to take on the role of caregivers. And the majority of these people are women<sup>13</sup>. De-professionalization is thus likely to compromise the health of the population more broadly, by increasing the number of sick people while reducing the resources available in the system. This results in a vicious circle that puts additional pressure on the health network.

Unlike expanding the scope of practice, entrusting professional activities to individuals who are not members of a professional order, whether or not they are employees of the RSSS, is not a solution for improving access to safe, quality care. These individuals do not necessarily have the initial and continuing training required and do not have the supervision provided by the professional system. For example, they are not subject to any code of ethics and are not required to comply with professional standards aimed at protecting the public. It is therefore essential that a neutral body remain responsible for approving any regulations authorizing the performance of professional activities in order to avoid a lowering of requirements and skills.

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**Recommendation 16**

**The Federation recommends including in section 16 of the bill, the obligation to maintain current levels of competence and requirements for the performance of professional activities.**

Lastly, the Federation hopes that the Office des professions du Québec will have the necessary resources to assume the new mandates set out in Bill 15, without them slowing down or interrupting the work already in progress. The Federation would like to point out that certain professions, particularly clinical perfusionists, face significant challenges in attracting and retaining staff, which some describe as a crisis, and are still awaiting professional supervision. This situation has persisted for many years. Clinical perfusionists also assert that the lack of professional supervision directly hinders the attraction and retention of staff.

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<sup>13</sup> INSTITUT DE LA STATISTIQUE DU QUÉBEC. *Les personnes proches aidantes au Québec en 2018*, [Online], February 9, 2022, [<https://statistique.quebec.ca/fr/produit/publication/personnes-proches-aidantes-quebec-2018>] (Viewed on January 15, 2026).

It is therefore urgent to allow them to join a professional association. The shortage of clinical perfusionists has serious consequences for the RSSS, including the deaths of dozens of patients<sup>14</sup>. In addition, this shortage is forcing the postponement of many surgeries, to the detriment of patients' health<sup>15</sup>. The current situation cannot therefore be taken lightly.

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Recommendation 17

The Federation requests that the Office des professions du Québec prioritize and finalize the work relating to clinical perfusionists so that these professionals can quickly benefit from professional supervision.

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<sup>14</sup> RADIO-CANADA. *Des médecins blâment la pénurie de perfusionnistes pour des dizaines de décès au Québec*, [Online], September 27, 2025, [<https://ici.radio-canada.ca/nouvelle/2195529/plainte-protecteur-citoyen-perfusionnistes-quebec>] (Viewed on January 15, 2026).

<sup>15</sup> *Ibid.*

# Conclusion

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The population's needs in terms of health services and care are considerable, while the available resources, particularly medical resources, remain limited. However, a vast pool of nurses, nurse practitioners, licensed practical nurses, respiratory therapists, and clinical perfusionists has largely untapped potential to contribute to universal, public access to quality professional care. Bill 15 is an opportunity to provide the necessary impetus for this priority change.

The Federation hopes that its observations and recommendations will be taken into consideration in order to increase their scope, both to improve the bill and to develop professions that are not currently covered by it. An opportunity to broaden professional practices, strengthen the autonomy of healthcare professionals and better meet the needs of the population rarely arises. The Federation therefore strongly hopes that Bill No. 15 will go further and result in more structural and ambitious measures.

This responsibility does not, however, rest solely with the legislator. This is why the Federation has made recommendations addressed to other key stakeholders as well, with the aim of contributing to the achievement of the objectives pursued by Bill 15.

# Recommendations

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## RECOMMENDATIONS FOR THE LEGISLATOR

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### Recommendation 1

The Federation recommends providing, pursuant to section 49 of the bill, that the regulations relating to new nursing activities (initiation of examinations and tests and prescribing) allow them to be carried out in all clinical situations compatible with the protection of the public.

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### Recommendation 4

The Federation recommends adding a paragraph to section 33<sup>16</sup> of *An Act respecting the governance of the health and social services system* to include, among Santé Québec's obligations, the standardization of professional activities across clinical settings so that they are applied as widely as possible. This obligation would include nurse prescribing and its mandatory implementation in all applicable settings within Santé Québec institutions.

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### Recommendation 7

The Federation recommends including, following section 49 of the bill, the right for FLSNPs, ACSNPs and PCSNPs to diagnose certain mental disorders, subject to additional training.

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### Recommendation 8

The Federation recommends amending sections 299 and 310 of *An Act respecting the governance of the health and social services system* to require directors of nursing and directors of multidisciplinary health services to ensure the full deployment of the scope of practice of nurses, licensed practical nurses, respiratory therapists, and clinical perfusionists in all RSSS care settings. Accountability for this should be provided for.

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### Recommendation 10

The Federation recommends that, following section 49 of the bill, licensed practical nurses be allowed to practise their profession with all clienteles and in all healthcare settings.

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<sup>16</sup> LGSSS, article 33, *Santé Québec instaure des mécanismes visant l'amélioration continue de ses services et de ses pratiques*.

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**Recommendation 11**

The Federation recommends expanding the practice of respiratory therapists by including, in Bill 15, new professional activities, such as:

- ◆ The initiation of certain diagnostic measures;
- ◆ Vaccination in more diverse settings;
- ◆ Prescribing a wider range of medications.

It also recommends making better use of their skills in assessing cardiorespiratory fitness and enabling them to contribute more broadly to assessing the health status of patients.

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**Recommendation 12**

The Federation recommends adding to section 18 of the bill a requirement for professional orders to consult with various organizations, including labour organizations representing the professionals concerned, before adopting regulations that go beyond their internal operations.

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**Recommendation 13**

The Federation recommends providing, pursuant to section 18 of the bill, an expedited mechanism at the Office des professions du Québec for the approval of regulations aimed at developing professional activities in order to align them with the needs of the population.

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**Recommendation 14**

The Federation recommends removing section 21 from the bill.

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**Recommendation 15**

The Federation recommends that section 3 of the bill include a requirement to consult with organizations representing the professionals concerned, including labour organizations, when analyzing the diplomas required to obtain a license to practice or a specialist certificate.

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**Recommendation 16**

The Federation recommends including in section 16 of the bill, the obligation to maintain current levels of competence and requirements for the performance of professional activities.

**RECOMMENDATIONS FOR SANTÉ QUÉBEC**

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**Recommendation 6**

The Federation asks Santé Québec, through healthcare institutions, to facilitate access to the necessary training in order to make psychotherapy practised by nurses more accessible.

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**Recommendation 9**

The Federation demands that Santé Québec issue a directive promoting the presence of licensed practical nurses in all healthcare settings where they can practice.

**RECOMMENDATION FOR THE OFFICE DES PROFESSIONS DU QUÉBEC**

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**Recommendation 17**

The Federation requests that the Office des professions du Québec prioritize and finalize the work relating to clinical perfusionists so that these professionals can quickly benefit from professional supervision.

## RECOMMENDATIONS FOR THE PROFESSIONAL ORDERS

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**Recommendation 2**

The Federation recommends that professional regulations provide for the expansion of the profile of nurses authorized to prescribe in order to increase their numbers, without limiting this access to those with a bachelor's degree.

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**Recommendation 3**

The Federation recommends broadening the scope of nurse prescribing through regulation.

## RECOMMENDATION FOR THE SECRETARIAT OF THE TREASURY BOARD

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**Recommendation 5**

The Federation recommends that the Treasury Board Secretariat further enhance and promote the role of nurses who hold a psychotherapist licence by creating a specific job title of "psychotherapist nurse".