Facility:

Effective date: *Date of the signature indicating the adoption of the collective prescription or date subsequent to the signing determined by the institution.*

Date of last review (if applicable):

Scheduled date of next review: *Maximum validity period is 36 months.*

Reference to a protocol (if applicable): *Enter the number of the internal protocol or of the INESSS protocol, with the web link.*

CLINICAL situation OR TARGET POPULATION

Individual being screened under Québec national medical protocol No. 888039, entitled *Initiating and following up on cervical cancer screening with an HPV test.*

Indications

* Immunocompetent individual for whom a colposcopy is recommended, based on the follow-up algorithm in Appendix 1 of the protocol

**OR**

* Immunocompromised individual with a positive HPV test result. See table from section 4 of the protocol for the recommended time limit for colposcopy consultation based on the cytology result

POINT OF SERVICE

*Indicate the* ***sector(s)*** *(e.g., obstetrics or home care) or the* ***setting(s) affiliated with an institution*** *(e.g., CLSC, CHSLD or hospital) or the* ***non-institutional setting(s)*** *(FMG, private clinic or community pharmacy).*

AUTHORIZED Health professionAL(s) oR OTHER AUTHORIZED person(S)

*Enter the name of the authorized professional or other person authorized to use the collective prescription for the performance of a professional activity. Certain qualifications or training may be required.*

*Example: Nurse clinicians who have had the “x” training available on the digital learning environment (DLE) website.*

PROFESSIONAL ActivitY OR ACTIVITIES CONCERNED

*The collective prescription must stipulate the activity or activities reserved for the authorized persons concerned by the prescription. A list of the activities that can be performed under a collective prescription is available on the Collège des médecins du Québec’s website (*[*Tableau des professionnels et intervenants pouvant répondre à une OC*](https://cms.cmq.org/files/documents/Pratiquer-medecine/activites-partageables/liste-act-reservees-avec-sans-ordonnance.pdf)*).*

*Example: Initiating diagnostic and therapeutic measures in accordance with a prescription.*

contrAindications

* No contraindications.

MEDICAL PROTOCOL

Refer to the Institut national d'excellence en santé et en services sociaux National Medical Protocol [No. 888039](https://www.inesss.qc.ca/en/themes/medicaments/medical-protocols-and-related-prescriptions/medical-protocols-and-related-prescriptions/translate-to-english-depistage-du-cancer-du-col-de-luterus.html) published on its website at the time of application of this prescription.

Limits or situationS WHERE A consultation IS MANDATORY

* Follow-up of colposcopy results: indicate the name of the SNP or ordering physician as the referring party on the requisition form.

mode OF communication

*If applicable, plan the preferred mode of communication between the health professional (physician or SNP) and the authorized professional or the authorized person referred to in the CP for information considered essential.*

reference tools and sources

*The main reference items used, namely, protocols, guidelines and reference documents that were used to develop this collective prescription, are to be mentioned in this section.*

Identification of prescribing professioNAL

*The collective prescription must specify the names of all the prescribing professionals, that is, those who participate in the collective prescription, their telephone numbers and their license numbers.*

identification OF RESPONDING PROFESSIONAL

This section should help the authorized professional or the other authorized person who uses the collective prescription to identify the responding professional(s) or to provide a mechanism of identifying them.

Example: The on-duty physician or SNP at the FMG’s walk-in clinic.

IMPLEMENTATION process

1. **DEVELOPMENT OF CURRENT VERSION**

*Identification of the physician(s), the SNP and the collaborators involved. It is important to identify, when first starting to develop the CP, all the professionals who will participate in it.*

1. **VALIDATION OF CURRENT VERSION**

*Identification of those responsible with regard to their reserved professional activities.*

1. **APPROVAL OF CURRENT VERSION WITHIN THE INSTITUTION**

*Via the signature of the representative of the Conseil des médecins, dentistes, pharmaciens et sages-femmes (CMDPSF) when a physician acts as the prescriber and responding professional.*

*Via the signature of the Director of Nursing (DN), if the SNP is the prescriber and responding professional*.

***!*** *The CP must be signed by the CMDPSF representative and the DN when it involves both parties.*

**Representative of the *Conseil des médecins, dentistes, pharmaciens et sages-femmes (CMDPSF)***

Last name: First name:

Signature: Date:

**Director of Nursing (DN)**

Last name: First name:

Signature: Date:

1. **APPROVAL OF CURRENT VERSION OUTSIDE THE INSTITUTION**

*Via the signature of each of the prescribing professionals for whose patients the collective prescription can be initiated.*

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| --- | --- | --- | --- |
| Last name and first name | License No. | Signature | Telephone |
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