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# NATIONAL ASSEMBLY

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FIRST SESSION

THIRTY-SIXTH LEGISLATURE

Bill 28  
(1999, chapter 24)

## **Midwives Act**

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**Introduced 11 May 1999**  
**Passage in principle 2 June 1999**  
**Passage 17 June 1999**  
**Assented to 19 June 1999**

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## **EXPLANATORY NOTES**

*This bill provides for the constitution of a professional order conferring on its members an exclusive right to engage in the practice of midwifery. The bill defines and regulates the field of practice of midwives, provides that the Order and its members will be governed by the Professional Code and specifies that, for the transitional period, an advisory council will advise the Bureau of the Order on matters concerning the regulations to be made by the Bureau.*

*The bill provides for the integration of midwives into the health and social services network.*

*Midwives will be authorized to practise under a service contract with an institution that operates a local community service centre. A council of midwives will be created in every institution in which at least five midwives are practising under a service contract and a coordinator of midwifery services will be appointed whenever two or more midwives are hired by the institution. The bill contains provisions to allow the making of agreements between the Minister of Health and Social Services and a body representing midwives, in particular as regards methods of remuneration.*

*Persons currently qualified to practise as midwives, within pilot projects pursuant to the Act respecting the practice of midwifery within the framework of pilot projects will become members of the new professional order in the manner set out in the bill.*

*Other provisions are introduced to enable the new professional order to establish its administrative structure as soon as possible in order to be able to adequately monitor the practice of midwifery once the Act respecting the practice of midwifery within the framework of pilot projects ceases to have effect.*

*Lastly, the bill contains transitional provisions which ensure continuity in the practice of midwifery, and makes consequential amendments to other Acts.*

**LEGISLATION AMENDED BY THIS BILL :**

- Health Insurance Act (R.S.Q., chapter A-29);
- Act respecting prescription drug insurance (R.S.Q., chapter A-29.01);
- Professional Code (R.S.Q., chapter C-26);
- Medical Act (R.S.Q., chapter M-9);
- Act respecting labour standards (R.S.Q., chapter N-1.1);
- Act respecting income security (R.S.Q., chapter S-3.1.1);
- Act respecting health services and social services (R.S.Q., chapter S-4.2);
- Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5);
- Act respecting administrative justice (1996, chapter 54);
- Act respecting income support, employment assistance and social solidarity (1998, chapter 36).



# **Bill 28**

## **MIDWIVES ACT**

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS :

### **DIVISION I**

#### **ORDRE DES SAGES-FEMMES DU QUÉBEC**

1. All the persons qualified to practise the profession of midwifery in Québec constitute a professional order called “Ordre professionnel des sages-femmes du Québec” or “Ordre des sages-femmes du Québec”.
2. Subject to this Act, the Order and its members shall be governed by the Professional Code (R.S.Q., chapter C-26).
3. The head office of the Order shall be within the territory of the Communauté urbaine de Montréal or at any other place in Québec determined by regulation of the Bureau pursuant to paragraph *f* of section 93 of the Professional Code.

### **DIVISION II**

#### **BUREAU**

4. The Order shall be governed by a Bureau constituted as provided in the Professional Code.
5. In addition to the regulations and by-laws the Bureau is required to adopt in accordance with the Professional Code, the Bureau shall, by regulation,
  - (1) determine standards relating to the form and content of the verbal and written prescriptions made by a midwife;
  - (2) determine the standards of practice and the conditions for engaging in the practice of midwifery that must be complied with for conducting home deliveries;
  - (3) determine the cases presenting a risk for a woman or her child during pregnancy, labour, delivery and the first six weeks of the postnatal period that requires, as a consequence, a consultation by a physician or the transfer of clinical responsibility to a physician, and the conditions under which the consultation or transfer is to be effected.

Section 95.2 of the Professional Code applies to a regulation made pursuant to subparagraph 1 of the first paragraph.

### **DIVISION III**

#### **PRACTICE OF MIDWIFERY**

6. Any act the purpose of which is to provide the professional care and services required by a woman during normal pregnancy, labour and delivery and to provide a woman and her child with the professional care and services required during the first six weeks of a normal postnatal period constitutes the practice of midwifery. The professional care and services concerned consist in

(1) monitoring and assessing a woman and her child during pregnancy, labour, delivery and the first six weeks of the postnatal period, and include the provision of preventive care and the detection of any abnormal conditions in the woman or child;

(2) conducting spontaneous deliveries;

(3) performing an amniotomy, performing and repairing an episiotomy and repairing a first or second degree perineal tear or laceration.

In addition, in an emergency, while awaiting the required medical intervention or in the absence of medical intervention, applying suction, conducting a breech delivery, performing manual placental extraction followed by digital exploration of the uterus or performing resuscitation procedures on the woman or newborn also constitutes the practice of midwifery.

7. The practice of midwifery by a midwife also includes the provision of

(1) counselling and information on parenting, family planning, contraception, preparation for delivery and breastfeeding, the usual care to be provided to a child up to the age of one year, in particular as regards diet, hygiene and accident prevention, and on the resources available in the community; and

(2) counselling and information to the public on perinatal health care.

8. For the purpose of providing the professional care and services referred to in section 6, a midwife may prescribe or administer a drug designated on the list established by a regulation made under the first paragraph of section 9, according to such conditions as may be fixed in the regulation.

For the same purpose, a midwife may prescribe, conduct or interpret any examination or analysis designated on the list established by a regulation made under the second paragraph of section 9, according to such conditions as may be fixed in the regulation.

9. The Office des professions du Québec shall, after consultation with the Conseil consultatif de pharmacologie, the Ordre des sages-femmes du Québec, the Collège des médecins du Québec and the Ordre des pharmaciens du Québec, establish, by regulation, a list of the drugs that may be prescribed or administered by a midwife pursuant to the first paragraph of section 8 and determine, if necessary, the conditions according to which the drugs may be prescribed or administered.

The Office shall also, after consultation with the Ordre des sages-femmes du Québec and the Collège des médecins du Québec, establish, by regulation, a list of the examinations and analyses that may be prescribed, conducted or interpreted by a midwife pursuant to the second paragraph of section 8 and determine, if necessary, the conditions according to which the examinations and analyses may be prescribed, conducted or interpreted.

10. Midwifery may not be practised under a name other than that of the practising midwife.

However, midwives may practise under a firm name which may be the name of one, several or all of the partners. The name of any partner who has ceased to practise may be included in the firm name for a period not exceeding three years from the date on which the partner ceased to practise, provided the name of the partner was included in the firm name at the time the partner ceased to practise.

11. Midwives shall not, in their professional practice, hold themselves out otherwise than as midwives.

#### **DIVISION IV**

##### **ILLEGAL PRACTICE**

12. Subject to the rights and privileges granted by law to other professionals, no person may perform an act described in section 6 unless the person is a midwife.

In particular, section 6 shall not be construed as prohibiting nurses from providing a woman and her child with the nursing care required during pregnancy, labour and delivery and the postnatal period.

The provisions of the first paragraph do not apply to an act performed by a person acting in accordance with

(1) a regulation made under paragraph *h* of section 94 of the Professional Code;

(2) an agreement between the Government and a Native nation represented by the band councils of all the communities forming the Native nation, a Native community represented by its band council or by its council in the case

of a Northern village, a group of communities so represented or any other Native group, allowing a Native person who is not a member of the Order to perform acts described in section 6 in the territory defined in the agreement, in accordance with the conditions fixed therein and to the extent that the terms of the agreement are observed.

13. Every person who contravenes section 12 is liable, for each offence, to the penalties prescribed in section 188 of the Professional Code.

## **DIVISION V**

### **AMENDING PROVISIONS**

#### **HEALTH INSURANCE ACT**

14. Section 3 of the Health Insurance Act (R.S.Q., chapter A-29) is amended by replacing “or a dentist” in the sixth line of the third paragraph by “, a dentist or a midwife”.

#### **ACT RESPECTING PRESCRIPTION DRUG INSURANCE**

15. Section 8 of the Act respecting prescription drug insurance (R.S.Q., chapter A-29.01) is amended by replacing “or a dentist” in the fifth line of the first paragraph by “, a dentist or a midwife”.

#### **PROFESSIONAL CODE**

16. Section 31 of the Professional Code (R.S.Q., chapter C-26) is amended by replacing “21.2” in the second line by “21.3”.

17. Section 32 of the said Code is amended by replacing “or bailiff” in the fifth line by “, bailiff or midwife”.

18. Schedule I to the said Code is amended by inserting the following paragraph after paragraph 21.2:

“21.3 The Ordre professionnel des sages-femmes du Québec;”.

#### **MEDICAL ACT**

19. Section 19 of the Medical Act (R.S.Q., chapter M-9) is amended by striking out subparagraph *a* of the first paragraph.

20. Section 43 of the said Act is amended by striking out subparagraph *c* of the second paragraph.



## ACT RESPECTING LABOUR STANDARDS

21. Section 81.3 of the Act respecting labour standards (R.S.Q., chapter N-1.1) is amended by striking out “pursuant to the Act respecting the practice of midwifery within the framework of pilot projects (chapter P-16.1)” in the third and fourth lines of the first paragraph.

22. Section 81.6 of the said Act is amended by adding the following sentence at the end of the first paragraph: “Where applicable, the medical certificate may be replaced by a written report signed by a midwife.”

## ACT RESPECTING INCOME SECURITY

23. Section 14 of the Act respecting income security (R.S.Q., chapter S-3.1.1) is amended by striking out “taking part in a pilot project governed by the Act respecting the practice of midwifery within the framework of pilot projects (chapter P-16.1)” in the third and fourth lines of subparagraph 7 of the first paragraph.

24. Section 16 of the said Act is amended by striking out “taking part in a pilot project governed by the Act respecting the practice of midwifery within the framework of pilot projects (chapter P-16.1)” in the fourth and fifth lines of subparagraph 2 of the first paragraph.

## ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

25. Section 34.1 of the Act respecting health services and social services (R.S.Q., chapter S-4.2), enacted by section 6 of chapter 39 of the statutes of 1998, is amended by replacing “and the personnel members of an institution” in the first and second lines by “, the personnel members of an institution, and midwives practising under a service contract entered into with the institution pursuant to section 259.2”.

26. Section 41 of the said Act, amended by section 173 of chapter 39 of the statutes of 1998, is again amended by replacing “or pharmacist” in the second line of the second paragraph by “, pharmacist or midwife”.

27. Section 131 of the said Act, amended by section 46 of chapter 39 of the statutes of 1998, is again amended by replacing “shall be elected, one by and from among the physicians, dentists and pharmacists practising in one of the centres operated by the institution, one by and from among the nurses employed by the institution,” in the sixth, seventh, eighth and ninth lines of paragraph 2 by “or, where the institution has entered into a service contract under section 259.2 with not fewer than five midwives, five persons shall be elected, one by and from among the physicians, dentists and pharmacists practising in one of the centres operated by the institution, one by and from among the nurses employed by the institution, one, where applicable, by and from among the midwives who have entered into such a contract.”.

28. Section 151 of the said Act, amended by section 58 of chapter 39 of the statutes of 1998, is again amended by inserting “, or a person practising under a service contract entered into pursuant to section 259.2,” after “Régie” in the fourth line of the first paragraph.

29. Section 159 of the said Act is amended by replacing “or pharmacist” in the third line by “, pharmacist or midwife”.

30. Section 173 of the said Act, amended by section 63 of chapter 39 of the statutes of 1998, is again amended by inserting the following paragraph after paragraph 4 :

“(4.1) enter into service contracts in accordance with section 259.2 whenever required;”.

31. The said Act is amended by inserting the following after section 208 :

“§5.1. — *Midwifery services coordinator*

“208.1. Every institution that operates a local community service centre in which midwifery is practised shall appoint a midwifery services coordinator. The coordinator must be a midwife.

“208.2. Under the authority of the executive director, the midwifery services coordinator must

(1) supervise and assure the quality of the acts performed for the institution by midwives ;

(2) define standards of care to be adhered to by midwives which take account of the necessity to provide appropriate and efficient services to the users and of the available resources of the institution ;

(3) assume the functions provided for in the first paragraph of section 225.3, where applicable.

“208.3. Subject to the provisions of the regulation made under paragraph 13 of section 505 and under the authority of the executive director, the midwifery services coordinator must

(1) ensure appropriate distribution of the midwifery services dispensed for the institution ;

(2) coordinate midwifery services in relation to the needs of the institution ;

(3) assume the functions provided for in section 225.4, where applicable ;

(4) assume any other function for which provision is made in the organization plan.”

32. The said Act is amended by inserting the following after section 225 :

“§8.1. — *Council of midwives*

“225.1. A council of midwives shall be established for every public institution which operates a local community service centre and has entered into a service contract pursuant to section 259.2 with not fewer than five midwives.

The council shall be composed of all the midwives who have entered into such a contract with the institution.

The board of directors formed in accordance with the second paragraph of section 126.1 may, however, determine that a single council of midwives is to be established for all the institutions under its administration.

“225.2. Notwithstanding section 225.1, an institution may, on the joint recommendation of the midwives practising under a service contract entered into with the institution and of the council of physicians, dentists and pharmacists of the institution, designate the council of physicians, dentists and pharmacists to exercise the functions of the council of midwives established under section 225.3. In such a case, the midwives practising under a service contract shall form part of the council of physicians, dentists and pharmacists, and shall appoint three of their number to sit on the executive committee of the council if such a committee is formed. They shall participate in the deliberations of the council and of the executive committee, if any, but have the right to vote only on matters relating to the functions of the council of midwives.

“225.3. In accordance with the regulations of the institution, the council of midwives is responsible to the board of directors for

(1) monitoring and assessing, generally, the quality and pertinence of the acts performed by midwives for the institution ;

(2) making recommendations on the standards of care to be adhered to by council members ;

(3) making recommendations on the appropriate distribution of the services provided by council members ;

(4) making recommendations on the qualifications and competence of a midwife who has submitted an application to the board of directors for the purpose of entering into a contract with the institution pursuant to section 259.2 ;

(5) making recommendations on the obligations to be attached to the practice of midwifery under a service contract made pursuant to section 259.2 ;

(6) assuming any other function assigned to it by the board of directors.

The council of midwives must report annually to the board of directors on the carrying out of its functions and its resulting opinions.

If there is no council of midwives and section 225.2 is not applied, the midwifery services coordinator shall carry out the functions described in the first paragraph.

“225.4. In accordance with the by-laws of the institution, the council of midwives or, where there is no such council, the midwifery services coordinator, is responsible for advising the executive director on the following matters :

(1) the scientific and technical organization of the local community service centre ;

(2) the means to be used to assess and maintain the professional standards of midwives ;

(3) any other matter submitted by the executive director.

“225.5. The council of midwives may adopt by-laws concerning its internal management, the creation and operation of committees and the pursuit of its objects. The by-laws come into force after they are approved by the board of directors.

“225.6. The responsibilities of the council of midwives shall be exercised by an executive committee composed of not fewer than three midwives, designated by the council, and the executive director.

The executive committee shall exercise all the powers of the council of midwives.”

33. Section 226 of the said Act, amended by section 75 of chapter 39 of the statutes of 1998, is again amended by replacing “or pharmacist” in the third paragraph by “, pharmacist or midwife”.

34. Section 236 of the said Act is amended by replacing “or dentist” by “, dentist or midwife”.

35. The said Act is amended by inserting the following after section 259.1 :

“§11.1. — *Midwives*

“259.2. A midwife who wishes to practise midwifery for an institution that operates a local community service centre designated by the regional board under section 347 must submit an application to the board of directors of the institution for the purpose of entering into a service contract with the institution.

The board of directors must, in such a case, obtain the recommendations referred to in subparagraph 4 of the first paragraph of section 225.3.

“259.3. The board of directors shall accept or refuse the application of a midwife having regard to the organization plan of the institution and the resources available.

The board of directors may also refuse the application of a midwife on the basis of criteria relating to qualifications, competence or conduct.

“259.4. The board of directors must transmit a written decision to the midwife within 90 days after receiving the application. If an application is refused, the reasons therefor must be given in writing.

“259.5. A service contract entered into with a midwife pursuant to section 259.2 must specify the rights and obligations of the midwife that are attached to the practice of midwifery for the institution.

The contract shall be entered into for a term of not more than three years and is renewable upon its expiry. Mechanisms for the termination of the contract before its expiry and the circumstances allowing such termination must also be provided in the contract.

“259.6. The board of directors may, after consultation with the council of midwives, the council of physicians, dentists and pharmacists or the midwifery services coordinator, as the case may be, take disciplinary measures against a midwife. The disciplinary measures that may be taken include a reprimand, modification or withdrawal of one or more rights under the contract and cancellation of the contract.

Every decision to take a disciplinary measure against a midwife must specify the reasons therefor and be based solely on lack of qualifications, incompetence, negligence, misconduct, non-compliance with the regulations of the institution or non-performance of the obligations determined in the contract.

Disciplinary measures must be taken in accordance with the procedure prescribed by a regulation of the Government made under section 506.2.

The executive director must send a copy of the decision to the professional order.

“259.7. In urgent cases, the midwifery services coordinator, the chair of the council of midwives or, where section 225.2 applies, the chair of the council of physicians, dentists and pharmacists or, if such persons are absent or fail to act, the executive director may suspend a midwife’s right to practise under a service contract.

The person imposing the suspension must immediately inform the chair of the executive committee of the council of midwives or, where section 225.2 applies, the chair of the council of physicians, dentists and pharmacists, and send a report within 48 hours.

The suspension is valid until the board of directors has made a decision on the suspension, but may not exceed 10 days.

“259.8. A midwife who is not satisfied with a decision rendered on the basis of criteria relating to qualifications, competence or conduct or with a decision concerning disciplinary measures may, within 60 days of receiving notification thereof, contest the decision before the Administrative Tribunal of Québec.

The midwife may also apply to the Tribunal within 60 days of the expiry of the time fixed in section 259.4, as if the decision were unfavourable, if no decision on the midwife’s application concerning the making of a service contract has been received by the midwife within the time fixed in that section.

“259.9. Midwives practising under a service contract entered into pursuant to section 259.2 must hold, for themselves and their succession, a valid liability insurance policy, accepted by the board of directors, and they must, each year, furnish proof that the policy is in force.

However, midwives may satisfy the requirement of the first paragraph by furnishing each year to the board of directors proof of coverage under an equivalent liability insurance policy.

“259.10. An institution that operates a local community service centre designated by the regional board under section 347 and that has entered into a service contract with a midwife pursuant to section 259.2 may enter into an agreement under section 108 with an institution operating a general and specialized hospital centre to allow the midwife to conduct deliveries and perform all other acts that may be required in the circumstances.

The agreement must determine the rights and obligations of the two institutions as regards the use by midwives of the premises and equipment of the institution operating the hospital centre, provide for cooperative arrangements between midwives and the physicians and nursing personnel practising in the hospital centre, and specify the admission and discharge procedures to be observed by midwives with respect to the women and children under their responsibility and any other administrative procedure necessary for the proper functioning of the agreement. The agreement must also establish the rules governing the application of section 259.7 with respect to a midwife performing an act in the hospital centre.

Notwithstanding the provisions of section 109, the agreement must also provide that all the physicians to whom the cooperative arrangements referred to in the second paragraph apply are bound by the agreement.

“259.11. An institution that operates a local community service centre designated by the regional board under section 347 and that has entered into a service contract with a midwife pursuant to section 259.2 must enter into an agreement with an institution operating a general and specialized hospital centre to ensure that medical support is provided to the midwife when required and that the necessary measures are taken in order to provide the woman or child with the care and services required by their condition in the case of a medical consultation or transfer.”

36. Section 347 of the said Act, amended by section 102 of chapter 39 of the statutes of 1998, is again amended by inserting the following paragraph after the third paragraph:

“The plans must identify the institutions operating a local community service centre which are authorized to offer midwifery services and which may enter into a service contract to that effect with a midwife pursuant to section 259.2.”

37. Section 398.1 of the said Act, amended by section 125 of chapter 39 of the statutes of 1998, is again amended by inserting “and no person having made a service contract under section 259.2,” after “latter,” in the fifth line of the second paragraph.

38. The said Act is amended by adding the following sections after section 432:

“432.1. The Minister may, with the approval of the Government, enter into an agreement for the purposes of sections 259.2 and following with any body representing midwives.

Such an agreement may in particular provide for different methods of remuneration and the payment, as compensation or reimbursement, of various amounts such as premiums, expenses or allowances.

Failing an agreement, the Government may fix the remuneration and methods of remuneration by a regulation which shall stand in lieu of an agreement.

Such an agreement is binding on the regional boards and on the institutions.

The provisions of the Labour Code (chapter C-27) and the Act respecting labour standards (chapter N-1.1) do not apply to a midwife governed by an agreement entered into under this section, who provides midwifery services for an institution under a service contract entered into pursuant to section 259.2.

“432.2. The provisions of an agreement entered into under section 432.1 shall continue to have effect after the expiry of the agreement; they shall remain effective until the coming into force of a new agreement, which may include provisions that have effect upon the expiry of the agreement it replaces.

“432.3. An agreement under section 432.1 is binding on all the midwives who are practising under a service contract entered into pursuant to section 259.2 whether or not they are members of the body with which the agreement was entered into.”

39. Section 505 of the said Act, amended by section 157 of chapter 39 of the statutes of 1998, is again amended by inserting “or that a midwife is required to hold under section 259.9” after “258” in the second line of paragraph 2.

40. The said Act is amended by inserting the following section after section 506.1:

“506.2. The Government may, by regulation, determine the procedure according to which disciplinary measures may be taken against a midwife by the board of directors.”

41. Section 530.24 of the said Act is amended by replacing “or pharmacists” in the first line of the second paragraph by “, pharmacists or midwives”.

42. Section 530.62 of the said Act, enacted by section 171 of chapter 39 of the statutes of 1998, is amended by replacing “elected by and from among the persons employed by the institution,” in the first and second lines of paragraph 3 by “or, where the institution has entered into a service contract pursuant to section 259.2 with not fewer than three midwives, four persons elected by and from among the persons employed by the institution or the midwives who have entered into such a contract,”.

43. The said Act is amended by inserting the following section after section 530.78:

“530.78.1. Where an institution enters into a service contract with a midwife pursuant to section 259.2, the agreement must include provisions concerning the particulars referred to in the second paragraph of section 259.10 insofar as they may be necessary to ensure the proper dispensing of midwifery services for the institution.”

#### ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES FOR CREE NATIVE PERSONS

44. The Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5) is amended by inserting the following sections after section 63:

“63.1. The regional council contemplated in this division may offer midwifery services and may to that effect enter into a service contract with a midwife.



Sections 259.2 to 259.9 of the Act respecting health services and social services (chapter S-4.2) apply, with the necessary modifications, to the making of such a contract, and the midwives concerned are subject to the provisions of the agreement referred to in sections 432.1 to 432.3 of that Act.

“63.2. Where the regional council avails itself of the provisions of section 63.1, the board of directors must, in its organization plan, provide for the setting up of the structures necessary to ensure the exercise of the functions provided for in sections 208.2, 208.3, 225.3 and 225.4 of the Act respecting health services and social services, or assign those functions to existing structures.

In addition, the regional council must provide for all the particulars that may be necessary to ensure the proper dispensing of midwifery services for the regional council, in particular cooperative arrangements between the midwives, the physicians and the nursing personnel.”

#### **ACT RESPECTING ADMINISTRATIVE JUSTICE**

45. Schedule I to the Act respecting administrative justice (1996, chapter 54), amended by section 871 of chapter 43 of the statutes of 1997, is again amended

(1) by replacing “or” in the second line of paragraph 12 of section 3 by a comma;

(2) by adding “or by midwives under section 259.8 of that Act” at the end of paragraph 12 of section 3.

#### **ACT RESPECTING INCOME SUPPORT, EMPLOYMENT ASSISTANCE AND SOCIAL SOLIDARITY**

46. Section 24 of the Act respecting income support, employment assistance and social solidarity (1998, chapter 36) is amended by replacing “signed by a midwife taking part in a pilot project governed by the Act respecting the practice of midwifery within the framework of pilot projects (R.S.Q., chapter P-16.1),” in the fourth, fifth and sixth lines of subparagraph 2 of the first paragraph by “, signed by a midwife and”.

47. Section 28 of the said Act is amended by striking out “taking part in a pilot project governed by the Act respecting the practice of midwifery within the framework of pilot projects” in the third, fourth and fifth lines of subparagraph 7 of the first paragraph.

#### **DIVISION VI**

##### **TRANSITIONAL AND FINAL PROVISIONS**

48. Notwithstanding section 4 of this Act, the first Bureau shall be composed of the following persons :

(1) six directors appointed by the Office des professions du Québec and chosen from among the persons who, on 30 June 1999, are certified to practise within the framework of pilot projects in accordance with the Act respecting the practice of midwifery within the framework of pilot projects (R.S.Q., chapter P-16.1); the directors are deemed to be elected directors;

(2) two directors appointed by the Office des professions du Québec in accordance with the first paragraph of section 78 of the Professional Code;

(3) a chair elected by the directors referred to in paragraph 1 from among their number by secret ballot; the chair is deemed to be elected in the manner provided in subparagraph *b* of the first paragraph of section 64 of the Professional Code.

49. For the purposes of section 75 of the Professional Code, the territory of Québec constitutes a single region until the date of the coming into force of a regulation made under section 65 of that Code.

50. The term of the directors of the first Bureau is four years, beginning on their appointment.

51. Any vacancy in the office of a director deemed elected shall be filled for the unexpired portion of the term by a new director appointed by the Office des professions du Québec from among the persons referred to in paragraph 1 of section 48, if the vacancy occurs before 24 September 1999, or from among the members of the Order, if the vacancy occurs after that date.

52. Every person who, on 30 June 1999, is the holder of a qualification certificate for the practice of midwifery within the framework of pilot projects issued by the committee on admission to the practice of midwifery, in accordance with the Act respecting the practice of midwifery within the framework of pilot projects, also becomes the holder of a permit for the practice of midwifery issued by the Bureau.

Every person who, on that date and in accordance with that Act, is deemed to be certified to practise within the framework of the perinatal care project under the responsibility of the Centre de santé Inuulitsivik also becomes the holder of a restricted permit issued by the Bureau. Under the permit, the person shall be allowed to practise midwifery only in a centre operated by the institution administering the project.

53. A candidate declared eligible by the committee on admission to the practice of midwifery but who has not, on 30 June 1999, satisfied all the conditions imposed by the committee to obtain a qualification certificate for the practice of midwifery within the framework of pilot projects, becomes the holder of a permit issued by the Bureau upon satisfying those conditions.

54. A person whose qualification certificate for the practice of midwifery within the framework of pilot projects has on 30 June 1999 been suspended by

the committee on admission to the practice of midwifery becomes the holder of a permit issued by the Bureau upon satisfying the conditions imposed by the committee for the lifting of the suspension.

55. The persons referred to in section 52 and the persons who obtain a permit upon satisfying the conditions referred to in section 53 or 54 shall be entered on the roll of the Order if they meet the requirements of section 63 of this Act and the other conditions for entry on the roll set out in section 46 of the Professional Code.

However, Divisions IV, VI, VII and VIII of Chapter IV and section 192 of the Professional Code do not apply before 24 September 1999.

56. Where a midwife holds a permit and is on the roll of the Order at the time the committee on admission to the practice of midwifery decides to suspend the midwife's qualification certificate, the midwife's name is struck from the roll by the Bureau and cannot be re-entered until the conditions imposed by the committee are satisfied.

The Bureau shall revoke a permit issued to a person whose qualification certificate for the practice of midwifery within the framework of pilot projects is revoked by the committee on admission to the practice of midwifery.

57. The provisions of the Regulation respecting the general standards of competence and training for midwives within the framework of pilot projects, made pursuant to the third paragraph of section 23 of the Act respecting the practice of midwifery within the framework of pilot projects and approved by Order in Council 1193-92 (1992, G.O. 2, p. 4343), apply until the coming into force of the regulation to be made by the Government pursuant to the first paragraph of section 184 of the Professional Code for the purpose of determining the diplomas which give access to the permit concerned.

58. The provisions of the Regulation respecting obstetrical and neonatal risks made pursuant to the third paragraph of section 23 of the Act respecting the practice of midwifery within the framework of pilot projects and approved by Order in Council 413-93 (1993, G.O. 2, p. 2009), apply until the coming into force of the regulation to be made by the Bureau pursuant to subparagraph 3 of the first paragraph of section 5 of this Act.

59. Until the coming into force of the regulations to be made by the Office des professions du Québec in accordance with section 9, midwives are authorized to prescribe or administer the same drugs and to prescribe, conduct or interpret the same examinations and analyses as in the case of pilot projects.

60. The provisions of the code of ethics for midwives, adopted by the Regroupement Les sages-femmes du Québec on 4 December 1997, apply until the coming into force of the regulation to be made by the Bureau pursuant to section 87 of the Professional Code.

61. Midwives may not conduct home deliveries before the coming into force of the regulation to be made by the Bureau pursuant to subparagraph 2 of the first paragraph of section 5.

62. Notwithstanding the provisions of the second paragraph of section 86 of the Professional Code, the resolution to be adopted by the Bureau for the purpose of fixing the first annual assessment need not be approved by a majority of the members of the Order in order to come into force.

63. Until the coming into force of the regulation to be made by the Bureau pursuant to paragraph *d* of section 93 of the Professional Code, the security to be furnished in accordance with paragraph 3 of section 46 of the Professional Code must be at least equivalent to the security required within the framework of pilot projects.

64. The records, registers and documents kept by the committee on admission to the practice of midwifery and relating to the persons who have applied for admission, in accordance with subparagraph 2 of the first paragraph of section 23 of the Act respecting the practice of midwifery within the framework of pilot projects, become the records, registers and documents of the Order.

65. The chair of the committee on discipline of the Collège des médecins du Québec shall act as chair of the committee on discipline of the Order until replaced or reappointed in accordance with section 117 of the Professional Code.

66. An institution which, pursuant to the Act respecting the practice of midwifery within the framework of pilot projects, is responsible for a pilot project on 24 September 1999 is deemed to be an institution designated by the regional board under the fourth paragraph of section 347 of the Act respecting health services and social services, as amended by section 36 of this Act.

67. The midwives employed under a contract by an institution responsible for a pilot project pursuant to section 9 of the Act respecting the practice of midwifery within the framework of pilot projects, and who hold a position on 24 September 1999 shall continue to practise under that contract until 31 March 2000 or any later date determined by the Government.

By the latter date, the midwives must have entered into a service contract in conformity with the provisions of sections 259.2 and 259.5 of the Act respecting health services and social services, enacted by section 35 of this Act, and have furnished proof of compliance with section 259.9 of that Act, enacted by section 35 of this Act.

68. Every public institution referred to in section 66 must ensure that the midwifery services coordinator and the council of midwives, if any, are able to exercise their functions on 31 March 2000 or any later date determined by the Government. Until that date, the multidisciplinary board established for

the institution under section 11 of the Act respecting the practice of midwifery within the framework of pilot projects shall exercise their functions.

On the date mentioned in the first paragraph, the records and other documents of the multidisciplinary board shall be transferred to the midwifery services coordinator, to the council of midwives or, where section 225.2 of the Act respecting health services and social services, enacted by section 32 of this Act, applies, to the council of physicians, dentists and pharmacists, according to their respective requirements.

69. The rules of care established by the multidisciplinary board under subparagraph 1 of the first paragraph of section 16 of the Act respecting the practice of midwifery within the framework of pilot projects shall continue to apply until new rules of care established under paragraph 2 of section 208.2 of the Act respecting health services and social services, enacted by section 31, come into force.

70. The board of directors of a public institution not governed by section 66 that wishes to enter into a service contract with a midwife pursuant to section 259.2 of the Act respecting health services and social services, enacted by section 35 of this Act, is not required to obtain the recommendations referred to in the second paragraph of that section 259.2 before the midwifery services coordinator is appointed by the institution in accordance with section 208.1 of the Act respecting health services and social services, enacted by section 31 of this Act.

71. An advisory council is hereby instituted within the Order for a term of four years, which may be renewed by the Government.

72. The mandate of the advisory council is to advise and make recommendations to the Bureau concerning the draft regulations of the Order, before their adoption by the Order, and concerning any other matter pertaining to the practice of midwifery which the Bureau considers expedient to submit to the advisory council.

The advisory council shall also, through the agency of the Bureau, advise and make recommendations to the Minister responsible for the administration of legislation respecting the professions or to the Office des professions du Québec concerning any matter they consider expedient to submit to the advisory council in relation to the practice of midwifery.

73. The advisory council shall be composed of the following six members appointed by the Government and chosen by reason of their knowledge of and experience with the professional system or their professional expertise in the fields related to the practice of midwifery :

(1) one midwife, after consultation with the Bureau ;

(2) two physicians, after consultation with the Collège des médecins du Québec ;

(3) one nurse, after consultation with the Ordre des infirmières et infirmiers du Québec;

(4) one pharmacist, after consultation with the Ordre des pharmaciens du Québec;

(5) one representative of the public, after consultation with interested groups.

The advisory council may consult any person whose particular expertise is required and any person representing a body concerned with the practice of midwifery and authorize them to participate in its meetings.

74. The advisory council may, by by-law, adopt rules governing the conduct of its affairs.

75. The advice and recommendations submitted by the advisory council must, if necessary, contain explanations on the particular position of each member.

The advice and recommendations are filed with the Bureau which shall transmit them to the Office des professions du Québec or, as the case may be, to the Minister responsible for the administration of legislation respecting the professions.

76. The secretary of the Order shall provide the required administrative support to the advisory council, see to the preparation and conservation of its minutes, advice and recommendations and convene its meetings when requested.

The Order shall defray the operating costs of the advisory council, including the travel and lodging expenses of its members and the flat-rate fees determined by resolution of the Bureau that are granted to them.

77. Not later than six months before the expiry of the term of the first Bureau and after consultation with the bodies concerned, the Office des professions du Québec shall report to the Minister responsible for the administration of legislation respecting the professions on the functioning of the Order, the efficiency of its human and financial resources and the advisability of renewing the term of the advisory council.

78. To enable the Order to fulfil all the obligations imposed on it by this Act and the Professional Code for the protection of the public during its first eight years of activity, a fund is hereby established consisting of the balance remaining on the amounts reserved for the financing of pilot projects.

The fund, to be managed by the Office des professions du Québec, shall transfer each year to the Order a sum calculated on a regressive averaging basis.

The costs incurred for the management of the fund shall be paid out of the interest it produces.

The annual report of the Order must contain a note to its financial statements detailing the use of the sum transferred pursuant to the second paragraph.

79. Not later than six months before the expiry of the eight years of financial assistance granted to the Order in accordance with section 78, the Office des professions du Québec shall report to the Minister responsible for the administration of legislation respecting the professions on the Order's ability to fulfil the duties imposed on it by this Act and the Professional Code.

80. The reports referred to in sections 77 and 79 shall be tabled in the National Assembly by the Minister responsible for the administration of legislation respecting the professions within 30 days after receiving them or, if the Assembly is not sitting, within 30 days after resumption.

81. Unless the context indicates a different meaning, the provisions of any regulation or other document referring to the practice of midwifery within the framework of pilot projects shall be interpreted to refer to the practice of the midwifery profession pursuant to this Act.

82. The provisions of sections 1 to 5, 16 to 20, 48 to 56, 62, 63, 71 to 76 and 78 of this Act come into force on 30 June 1999. The other provisions of this Act come into force on 24 September 1999.