

Scope of Practice for Allied Health Professionals

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BCMA Position

- The BCMA supports efforts to maximize the use of all members of the healthcare team from within their training and expertise.
- The BCMA welcomes scope of practice changes for allied health professionals provided that such changes are substantiated with sufficient evidence of training and demonstrated expertise; are ethical, appropriate, and consistent with the best available scientific evidence; and protect the quality of care and the safety of patients.
- The provincial government must offer a meaningful stakeholder consultation process for any proposed scope of practice change.
- Titles of “doctor” and “physician” without qualifiers must be reserved for registrants of the College of Physicians and Surgeons of BC. Likewise, the use of “diagnosis” without qualifiers must be reserved for registrants of the College of Physicians and Surgeons of BC.
- Conflicts of interest on the part of allied health professionals that arise from scope of practice changes must be mitigated, and all practitioners must have adequate liability coverage.

Background

On December 12, 2008, the government announced the transition of regulations for various health professions to the new Health Professions Act and the repeal of its current statutes, effective June 1, 2009. This transition, initiated as part of *the Health Professions (Regulatory Reform) Amendment Act of 2008*, provided an opportunity for both the provincial government and the regulated health professions to examine how such regulatory reform can best improve British Columbians’ access to health care services while maintaining the quality of care and ensuring the public’s health.

Analysis

The only multi-professional collaborative analysis tool for scope of practice changes was created in the United States by representatives of the six major professional regulatory organisations (physicians, nurses, physical and occupational therapists, pharmacy, and social work). Their consensus was that scope of practice changes must undergo review in the following four areas:¹

1. Contextual basis. Changes in statutory scope of practice should fit within the historical, evolutionary, and present practice context of the profession.

2. Education and training. Entry-level training and its accompanying accrediting standards should provide the framework to acquire advanced skills once out in the field. It is necessary to implement appropriate accredited post-professional training programs and competence assessment tools confirming that the practitioner is competent to perform the advanced skill being proposed.
3. Supportive evidence. There should be evidence that the new skill or technique, as used by these practitioners, will promote access to quality care.
4. Appropriate regulatory environment. The regulatory board should be involved in the process and be prepared to deal with the regulatory issues related to the proposed scope of practice changes.

Policy makers must take into account several issues when assessing a proposed scope of practice change, including the effect on the health and safety of the public, the use of a meaningful consultation process, the appropriate use of key terms (e.g., “physician”), and provisions for mitigating potential conflicts of interest.

Protecting the health and safety of the public. Changes to scopes of practice are welcomed if they are substantiated with sufficient evidence of training and

demonstrated expertise in order to protect the quality of care and the safety of patients. Assessing changes to scopes of practice must involve consideration of practitioners' knowledge base, an assessment of benefit versus risk of harm for the public, and a review of education, training, and credentialing standards.

Consultation Process. A meaningful stakeholder consultation process for proposed scope of practice changes is necessary to ensure that the best interests of patients are upheld and access to health care services is enhanced. A successful stakeholder consultation process should include all of the following:

1. Adequate notice of scope of practice review;
2. Background information and supporting evidence for any proposed changes to scopes of practice; and
3. Adequate time for feedback.

Use of Terms Related To Scope. The BC Ministry of Health's former Health Professions Council stated that "reserved titles afford a means for consumers to identify the different types of health care providers, to distinguish the qualified from the unqualified and to differentiate those practitioners who are regulated from those who are not. Titles must adequately serve the public in describing the practitioner, and the services being provided and must distinguish the practitioner from others performing services outside the jurisdiction of the regulatory body."ⁱⁱ

It is recognized across Canada that the commonly accepted interpretation of "doctor" or "physician" within a clinical setting is for someone with a medical degree. No jurisdiction in Canada recognises the unqualified use of "doctor" or "Dr." or "physician" in a clinical setting for anyone other than a licensed practitioner with a medical degree.ⁱⁱⁱ British Columbians need to be assured that the unqualified use of "doctor" or "Dr." is reserved for registrants of the College of Physicians and Surgeons of BC. A broad use of "doctor" or "physician" without a qualifier can potentially lead to confusion by the public about the training and qualifications of the person providing care, and to issues with care quality and safety.

Diagnosis refers to a specific process within conventional medicine that is based on the International Classification of Diseases (ICD-10) published by the World Health Organization and the classification system of the American Psychiatric Association, the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). These are standard diagnostic systems understood and used by a wide range of health professions (e.g., pharmacists, nurse practitioners, nurses). Therefore, the

use of the term "diagnosis" must be reserved for health professionals who possess the competence to conduct a medical assessment and make ICD-10 and DSM-IV diagnoses. To avoid confusion within the clinical care setting, the use of "diagnosis" without qualifiers must be reserved for registrants of the College of Physicians and Surgeons of BC.

Conflicts of Interest. Strict guidelines on conflict of interest should be applied to all health professions. The College of Physicians and Surgeons of British Columbia provides the following guidelines to physicians about conflict of interest in their medical practice.^{iv}

"Physicians should consider first the interests and well being of their patients and avoid any situation that is, or may be reasonably perceived as, a conflict of interest. In any situation where there is a potential conflict of interest, members should seek direction from the College. In certain cases, the College may grant approval on the basis of specific conditions and restrictions."

For example, health professionals who can both prescribe and sell substances are under the possibility of a direct conflict of interest. Promoting and selling medical or non-medical products or supplies to patients can reasonably be perceived as self-serving and may compromise the fiduciary relationship between health professionals and their patients. Selling products to one's own patients should be prohibited in most circumstances, especially if the same or similar products can be purchased elsewhere for a comparable price.

References

ⁱ Association of Social Work Boards, Federation of State Boards of Physical Therapy, Federation of State Medical Boards, National Board for Certification in Occupational Therapy, National Council of State Boards of Nursing, and National Association of Boards of Pharmacy. Changes in Healthcare Professions' Scope of Practice: Legislative Considerations. February 2007.

ⁱⁱ Health Professions Council. Scope of Practice Review. Part 1- Volume 1. BC Ministry of Health Services. <http://www.health.gov.bc.ca/leg/hpc/review/part-i/scope-review.html>

ⁱⁱⁱ Canadian Medical Association. Legislative Prohibitions on Medical Titles. January 2009.

^{iv} College of Physicians and Surgeons of BC. Conflict of Interest Guidelines. February 2008. <https://www.cpsbc.ca/files/u6/Conflict-of-Interest.pdf>