

Scope of Practice for Health Professionals

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Doctors of BC Position

Doctors of BC supports high-functioning health care teams whose members are empowered to work to the full depth of their scope of practice. Where changes to scopes of practice for health professionals are being explored, any proposed changes should support optimization of each team member's skills and expertise and continue to protect quality of care and safety of patients.

Doctors of BC recommends that any proposed scope of practice modifications for health professionals:

- Include a meaningful consultation process with relevant stakeholders, including health professionals who may be either directly or indirectly impacted by such changes.
- Be supported with evidence of appropriate knowledge, training, and judgment of the professionals involved and consistent with current best practices.
- Are integrated in team-based, collaborative care contexts to mitigate the potential for parallel or duplicative care.
- Provide supports and training to professions impacted by scope changes to facilitate collaboration through inter-professional information sharing, communication, and coordination.
- Be supported with evidence of cost-effectiveness prior to adoption and subject to rigorous monitoring, evaluation, and reporting post-implementation to evaluate outcomes for patients, health professionals, and the health system.
- Be subject to regulatory oversight to ensure appropriate practice standards are in place and to eliminate potential conflicts of interest.
- Coincide with adequate liability coverage for the affected health care profession that is proportional to their scope of practice.
- Avoids any net increases in burdens on physicians, including increases in paperwork, electronic medical records (EMR) management, and/or other administrative burdens.
- Be communicated to the public in an accurate, objective manner that clearly articulates the changes to scope that are occurring for affected health professionals.

Background

Scope of practice is a broad term that refers to the professional delivery of care that either a single individual or an entire discipline provides and can encompass both clinical and non-clinical activities [1]. In the context of this statement, scope of practice refers to the activities that a person licensed to practice as a health professional is permitted to perform.

Having a clearly defined scope of practice for each member of the health care team ensures a collective understanding of the roles and responsibilities for each type of health professional. For example, the roles of patient assessment and prescribing authority were historically delegated to physicians exclusively. However, both in British Columbia and globally, there

has been a shift in the last several decades towards expanding the number of health care professions whose scopes of practice can provide independent care to patients. Expansions of scopes of practice for nurse practitioners, and more recently pharmacists [2], to include patient assessment and prescribing in certain circumstances are examples of this.

In BC, the rationale for these expansions is primarily to improve access to care in a health system that is overburdened. However, care must be taken to ensure that scope of practice modifications do not cause negative unintended effects on patients, physicians, other health professionals, or the broader health system. Discussing the impacts of scope of practice changes on other aspects of the health system should be part of a healthy and collaborative discourse between all health professionals and helps to ensure such changes result in a net positive impact for all affected.

This policy statement offers recommendations outlining critical considerations that should be accounted for to ensure scope of practice changes for health professionals achieve their intended goals and do not detract from health system efficiency and quality of care.

Analysis

Quality of Care and Patient Safety

Changes to scopes of practice should require sufficient evidence of training and demonstrated expertise to maintain quality of care and protect the safety of patients. Assessing changes to scopes of practice must involve consideration of practitioners' knowledge base and an assessment of benefit versus risk of harm to the public. In the case of expansion, existing education and training must adapt to ensure relevant practitioners demonstrate continued competence to perform new skills [3].

Additionally, conflict of interest is a potential risk to quality of care and patient safety when scope of

practice changes are considered. For example, practitioners who are permitted to both prescribe and dispense medication are under the possibility of a direct conflict of interest, which may compromise the fiduciary relationship between health professionals and their patients. For this reason, physicians in BC who wish to sell and dispense medication to their patients must seek formal approval to do so by their regulatory college, and strict practice standards apply even if permission is granted [4]. Similarly stringent measures should be required for any practitioner who is in a similar position to prevent conflicts of interest and uphold patient safety.

Finally, all practitioners must have adequate liability coverage that is proportionate to the scope of their practice, and scope of practice expansions should coincide with increased medico-legal responsibility. While practitioners are generally not held liable for the actions of others, physicians and other health professionals may be exposed to joint liability if they are made aware of an erroneous prescribing decision for their patient by another practitioner and fail to act [5]. As the Canadian Medical Association's policy outlines, "scopes of practice should reflect the degree of accountability, responsibility, and authority that the health care provider assumes for the outcome of his or her practice [6]." Furthermore, a joint statement from the Canadian Medical Protective Association and the Canadian Nurses Protective Society highlighted joint liability risks and the importance of liability coverage, stating health professionals should ensure that "...other health care professionals with whom they work collaboratively are also adequately protected so that neither is held financially responsible for the acts or omissions of another [7]."

Collaboration and Efficiency

The evidence points to integrated, team-based models of care as being the optimal context for scope of practice changes; when new roles, task-shifting, and other scope of practice modifications are implemented in an interprofessional and collaborative setting, both

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health professional and patient satisfaction outcomes are consistently positive [8]. This demonstrates the value of incorporating scope of practice changes in collaborative contexts where health professionals have strong and frequent lines of communication with each other. Team-based collaboration helps reduce fragmentation, prevent duplication of care, and improve health system efficiency.

In contrast, implementing scope of practice changes in isolated care contexts can have the opposite effect. Duplication of care and patient safety issues can arise when assessments and prescriptions are not available to all health professionals caring for a patient. Additionally, physicians experience an added administrative burden when caring for patients, such as reviewing and responding to other health professionals' assessments or prescriptions. As highlighted in our policy paper, *Creating Space for Doctors to be Doctors: A Cumulative Impact Lens on Physician Demands*, reducing burdens on physicians is critical to reducing physician burnout and improving health system efficiency. Meaningful consultation with all health professionals who may be impacted must be conducted prior to scope of practice changes to ensure these types of negative downstream impacts are understood and avoided.

Additionally, supports for team-based care, information sharing, and coordination are needed to foster the collaborative inter-professional relationships that are necessary for effective and efficient scope of practice modifications. Clarity with respect to roles, workflows, and reporting is needed in these contexts to ensure that the delineation of responsibilities is understood by all practitioners. Training should be provided based on best practices and evidence of which roles/responsibilities are ideally suited for each type of health professional.

Finally, robust evaluation of scope of practice changes must be conducted to fully understand the downstream impacts they create. We echo the Royal College of Physicians and Surgeons' recommendation that

“evaluation of changes of scope of practice should be built into appropriate provincial/territorial programs...” and that “research literature should be of sufficient rigour and scale, also capturing the full breadth of competencies that the professional brings to their practice, to validate scaling up of the results to the general population [3].” Much of the evaluation literature on scope of practice expansions are somewhat limited in scope. Holistic cost-benefit and evaluation analyses must be broad enough to capture potential negative externalities and fully understand the net impact of scope of practice modifications. Outcomes such as quality of care, access to care, cost-effectiveness, administrative efficiency, and patient and health professional satisfaction should all be examined to ensure that such interventions are a net benefit for BC's health care system.

Conclusion

Clearly defined scopes of practice for health professionals are critical to ensuring a functional, efficient health care system. A profession's scope of practice should be based on its level of training and expertise to ensure patient safety is maintained and supports should be in place to ensure that professionals can work collaboratively while mitigating duplication of care. Scope expansions should also be justified with demonstrable cost-effectiveness and accompanied with robust evaluations to prevent unintended negative impacts, such as downstream increases to administrative burden and associated reduced access to clinical care time. Doctors of BC strongly encourages scope of practice modifications to consider these recommendations to ensure patients, health professionals, and the health system as a whole can effectively navigate and benefit from these changes.

FOR FURTHER INFORMATION

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