

## Network Decision-Making Framework: Scopes of Practice

Policy Name	Network Decision-Making Framework: Scopes of Practice
Policy Number	C-1
Applicable legislation	RHPN Act 2013 Section 6
Date initial approval	April 13, 2016
Approved by	RHPN Council
Date next review/revision	

Approved by the Nova Scotia Regulated Health Professions Network Council on April 13, 2016

**Motion:**

Whereas the duties of the Network include:

- (a) Be a forum to share resources, information, trends and issues among the regulated health professions and others;
- (b) Promote best practices in health-profession regulation while preserving the regulatory autonomy of each regulated health profession;
- (c) Enable Network members to build capacity for their regulatory functions by facilitating collaboration with other Network members and other bodies;
- (d) Facilitate the development of strategies and approaches that will enable Network members to respond individually and collectively to regulatory challenges and opportunities;
- (e) Encourage voluntary collaboration among Network members for any purpose that serves the public interest;

Be it resolved that the Regulated Health Professions Network endorse as good practice the approaches set out in the document “Network Decision-Making Framework: Scopes of Practice” and recommend adoption by Network members to the extent that is permitted by relevant legislation.



## Introduction

The legislated scope of practice for regulated health professionals is outlined in their respective legislation and complemented by standards, policies and competencies defined by the regulator. The legislated scopes of practice for most health professions, although not all, are sufficiently broad and flexible to enable the profession to evolve and respond to health care priorities. Scopes of practice decisions are influenced by a profession's core competencies, population health needs, context of practice, and the need to optimize health system performance to support improved health outcomes.

It is now accepted that no one-health profession has a completely unique scope of practice and that many professionals share competencies. It is also acknowledged that one task or activity does not define a profession; rather, it is the entire scope of practice that makes a profession unique. With increasing patient acuity, increasingly complex care, and the advent of new technologies, it is a health system expectation that all health professionals work to their optimal scope of practice. Regulators are increasingly receiving requests from other regulators, health professionals and the public seeking assistance in determining whether a particular task/function is within the scope of practice for that profession. The Regulated Health Professions Network Act (2013) (the "Network Act") provides for a mechanism to enable a process for regulators interpreting or modifying the scope of practice for regulated health professions in the best interest of the public (<http://www.nsrhpn.ca/about-us>).

This document is based on a decision-making framework developed by the College of Registered Nurses of Nova Scotia (2015). It has been developed to assist health professionals, employers, government, health profession regulators and others analyze and make decisions about individual health profession scope of practice in any practice setting to facilitate timely, accessible care in Nova Scotia.

The framework will assist in:

- facilitating a decision-making process to optimize scopes of practice
- identifying when an additional role or function can be interpreted as falling within the existing scope of practice of a profession or requires a modification to the scope of practice
- determining whether other processes should be utilized
- determining whether and when a health profession ought to collaborate with other relevant health professions in making decisions about scope of practice
- determining if a health profession is able to add a role or function from another health profession to their scope of practice where desired.

## **Scope of Practice of a Profession**

The legislated scope of practice as outlined in a respective legislation, sets the limits for the overall scope of the profession. It is the foundation upon which competencies and standards of practice are developed. The legislated scope of practice guides curriculum content for health profession education, assists employers with staffing decisions and the government with health human resource planning.

## **Individual Scope of Practice**

The individual scope of practice of most health professionals is narrower and within that of the profession. Continuing education, practice experience, patient population, and context of practice determine individual scope over the course of their career. While the scope of individual practice may be narrower than that of the profession, individuals may have more specialized and in-depth knowledge and competence in a particular area of practice.

## **Scope of Employment**

Scope of employment is the range of roles that are defined by the employer through legislation, job descriptions, policies and procedures, guidelines, orientation processes, and education. Individual practitioners may have competencies to perform a role or function that they are not authorized to implement in their current employment setting. Where the scope of employment requires a health professional to participate in a role or function that is outside their individual scope of practice, but within the scope of practice of the profession,

it is the employer's role to ensure the employee has the required education and practice experience to attain and maintain competence.

## **Addition of New Roles or Functions to the Scope of Practice of a Regulated Health Profession**

An interpretation of scope of practice is the addition of a new role or function to the scope of practice of a regulated health professional that is within the current legislated authority of that regulated health profession. The role or function has not traditionally been within the practice of the regulated health profession but is consistent with the definition of the practice as defined in its legislation. In some instances functions may be beyond entry-level practice and not taught in entry-to-practice education programs. A new role or function can be added to an individual health professional role as long as it is consistent with the legislated scope of practice of the profession, is not prohibited by other legislation and the health professional attains and maintains their competence.

When it is determined a new role or function is clearly not within the legislated scope of practice or where the new addition is restricted by a statute regulating the practice of another health profession, other mechanisms must be used to enable the health professional to perform the role or function. One is to seek a modification of the legislated scope of practice for that profession which adds the role or function to the scope of practice of the profession as a whole, not just an individual practitioner. Modification to legislation always requires regulatory oversight and involvement by the regulatory College(s) and consultation with all the other stakeholders via the mechanism established by the Nova Scotia Regulated Health Professions Network before submission to government.

The Network legislation (RHPN, 2013,17 and 18) has the potential to address interpretation and modification of scopes of practice. Specific processes for interpretation of scope of practice may require agreement of impacted regulators and may also require notification of the Minister. Specific processes established for modification of scope require the agreement of the impacted regulators, consent of the Minister, and formal approval through the Regulations under the RHPN Act (2013). It is sometimes difficult initially to determine if a proposed addition of a role or function is within the profession's current legislative authority. The decision-making framework will help regulators and other stakeholders determine if a proposed additional function is an interpretation of scope or requires an alternative process such as modification of scope of practice through legislative change.

Given that modification to the scope of practice of a regulated health profession can be arduous and lengthy, other process can be considered. One historical option is delegation that allows a health professional to incorporate a new role or function or competency to their individual scope of practice but not to the scope of practice of the profession. The governing legislation of most Network members requires that members of a given profession can only practice within their own individual scope of practice and that of their profession. Many of the Acts do offer some flexibility to practice outside of scope if there are other authorizations such as Regulations. However, not all Acts are consistent in the exceptions that are granted. There may also be barriers to delegation created by legislation outside of the governing legislation of each regulator, e.g., the Hospital Act. Delegation does not transfer accountability for the **outcome** of the delegated function. Regulated health professionals who delegate maintain the accountability and potential liability with the outcome of the delegation. The use of delegation is currently under review by many health profession regulators and it may be replaced with other processes in the future.

## **Decision-Making Framework for Adding a New Role or Function to the Scope of Practice of a Regulated Health Professional**

The decision-making framework for adding a new role or function to the scope of practice of a regulated health professional has been designed to assist health professionals, employers and other regulators to collaboratively determine if the roles or functions are consistent within the current scope of practice and whether the role or function will enhance client care. The framework consists of a series of questions that are organized into categories. If all of the decision points in the framework can be answered with a 'yes', then this requisite information can be used to make an informed decision regarding incorporating a new role or function in the health professional's scope of practice. The decision may be forwarded to the regulator for information.

Answering negatively to any of the questions in the framework does not necessarily mean that the role or function cannot be added, but it does mean additional analysis and consultation with the health professional regulator(s) is required before the role or function can be implemented.

The box below identifies when consultation with the respective regulatory organization should be considered.

### **When to Consult with the Regulator**

1. When it is not clear whether the role or function is actually within the health professions scope of practice as determined by answers to the framework questions
2. When there is a question about whether the potential risk to the client is acceptable
3. When the health professional is self-employed or does not have the available resources at their place of work to assess the appropriateness of an interpretation to scope
4. Any time there are questions when applying the decision-making framework

### **Conclusion**

This document provides direction to health professionals, employers, regulators and others to assist them interpreting a health profession's scope of practice using a decision-making framework. It is intended for use when a role or function not previously performed by a health professional is contemplated for use in the organization. The decision-making framework for adding a new role or function to the health professional's scope of practice outlines the various decision points when a role or function is interpreted as being within the current legislated scope of practice of the profession.

## Interpretation of Scope of Practice

### Decision-Making Framework for Adding a New Role or Function

#### Legislation and Scope

- Have you determined that the new addition or function is not within the exclusive domain of another regulated health profession?
- Have you determined that there are no prohibitions in any other health profession legislation or policy (government, employer or other) against the health profession performing the addition to scope?
- Has the profession evolved towards adding this new role/function?
- Is the new addition or function within the public domain?
- Is the scope of practice statement in the legislation sufficiently broad to incorporate the additions?
- Have you determined that there are no policies (regulatory, government, employer or other) prohibiting the health professional from performing the role or function?

**If yes, proceed**

#### Client Need

- Will the client benefit from this addition to the scope of practice of the profession? Please identify.
- Have you considered the consequences of not adding the new role/function in terms of client care?
- Have you considered and eliminated other options to meet the client need?
- Is the addition feasible and realistic at this time?

**If yes, proceed**

#### Evidence

- Is there credible evidence (literature and best practice) to support this addition to the professional's scope of practice?

- Have you determined that there is no evidence that refutes this addition to the scope of practice of the profession?

**If yes, proceed**

### **Risk**

- Have you determined whether the level of risk to clients, health professionals, and/or organization is acceptable?
- Have you determined any potential unexpected outcomes and is there a plan to manage any potential risks?
- Have you investigated possible legal and liability implications with your risk management department, the respective insurer/protective society or regulator?
- Are there implications for the Agreement on Internal Trade?
- Have you assessed the need for the regulator to be consulted?

**If yes, proceed**

### **Organizational Support**

- Does the role or function fit within the context of practice?
- Has the impact of adding the role or function to the health professional's scope of practice been assessed in terms of workload and efficiency?
- Does the organization support adding this task to the individual scope of practice?
- Is the organization able to provide the necessary support and supervision to enable the health professional to develop the required competencies?
- Does the organization have clear policies and procedures to support the addition to the health professional scope of practice?
- Is there a plan/mechanism for ongoing monitoring and regular evaluation for the addition to the health professional's scope of practice?

**If yes, proceed**

### **Consultation**

- Have you determined how the addition to scope will impact the health care team?
- Will other health professions or stakeholders be impacted by the addition to the professional's scope of practice?



- Have the other health professions or stakeholders, potentially impacted by the addition, been consulted or informed?

**If yes, proceed**

### **Competence/Education**

- Have you determined what new competencies (knowledge, skills and ability) are required for the professional to add this to their scope of practice? For example, new education and training and/or organization policies.
- Have you determined what education programs (formal or otherwise) are needed to support this addition to the scope?
- Is there a plan for the review and maintenance of competence and is the responsible person/organization identified?

## Glossary

Accountability: the obligation to acknowledge the professional, ethical and legal aspects of one's role, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated.

Client: the individual, group, community or population who is the recipient of health care services and, where the context requires, includes a substitute decision-maker.

Collaborative practice: a process of active participation, communication and decision-making of two or more healthcare providers, in partnership with a person receiving care. Inter-professional collaborative practice is centered on the needs of clients; enabling them to be partners in their care, with the most appropriate health professionals providing the services required to meet their healthcare needs" (Health Professions Regulatory Network Joint Position Statement, 2008).

Competence: the ability to integrate and apply the knowledge, skills and judgment required to practice safely and ethically in a designated role and practice setting.

Complexity: the degree to which a client's condition and/or situation is characterized or influenced by a range of variables (e.g., multiple medical diagnoses, impaired decision-making ability, challenging family dynamics) (CRNBC, Practice Standard, 2005).

Context of practice: conditions or factors that affect the health care practice, including client population, (e.g., age, diagnostic grouping), location of practice setting (e.g., urban, rural), type of practice setting and service delivery model (e.g., acute care, community), level of care required (e.g., complexity, frequency), staffing (e.g., number, competencies); and availability of other resources. In some instances, context of practice could also include factors outside of the healthcare sector (e.g., community resources, justice).

Decision-making: the ability to draw on many models of thinking. Following assessment, decision-making involves interpreting health data, understanding and anticipating risks, benefits and outcomes beyond what is obvious and formulating a proactive plan of action based on this analysis. Critical thinking is an important component of effective decision-making.

Health care team: the client, regulated health professionals, unregulated care providers, and employers involved in the delivery of health care.

Individual scope of practice: means the roles, functions and accountabilities that a health professional is educated and authorized to perform. The scope of practice of an individual may be narrower than the scope of practice of the profession.

Interpretation scope of practice: the addition of a new role or function to the scope of practice of a regulated health professional that is within the current legislated authority of that regulated health profession.

Role or function: in this context refers to an action that could include a treatment, procedure or activity designed to achieve a specific health outcome for which the health professional is accountable.

Modification scope of practice: a modification to the legislated scope of practice for a regulated health profession is required when the addition of a new role or function cannot be considered to be within the scope of practice of the regulated health profession and requires changes to the Act or legislation governing that profession. Changes to the legislation impact the scope of practice of the profession as a whole, not just an individual practitioner.

Risk: possibility of harm or injury to a client.

Task: a procedure, treatment or action with clearly defined limits, which can be assigned or delegated within the context of client care.

Scope of employment: range of responsibilities defined by an employer through job descriptions and policies.

Scope of practice of the profession: the roles, functions and accountabilities a health care professional is educated and authorized to perform by legislation, regulatory authority and regulations.