

# Review of a Professional Scope of Practice under the *Regulated Health Professions Act, 1991*

Application Guide

August 2014

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Health Professions Regulatory  
Advisory Council



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## Background Information

### About HPRAC

The Health Professions Regulatory Advisory Council (HPRAC) was established under the *Regulated Health Professions Act, 1991* (RHPA), with a statutory duty to advise the Minister of Health and Long-Term Care on the regulation of health professions and professionals in Ontario. This duty includes providing advice on:

- Whether unregulated health professions should be regulated;
- Whether regulated health professions should no longer be regulated;
- Amendments to the RHPA;
- Amendments to a health profession's Act or a regulation under any of those Acts;
- Matters concerning the quality-assurance programs and patient-relations programs undertaken by health colleges; and
- Any matter the Minister refers to HPRAC relating to the regulation of the health professions.

In providing its advice and preparing its recommendations, HPRAC is independent of the Minister of Health and Long-Term Care, the Ministry of Health and Long-Term Care, the regulated health colleges, regulated health professional and provider associations, and stakeholders that have an interest in issues on which it provides advice. This ensures that HPRAC is free from constraining alliances and conflict of interest and that it is able to carry out its activities in a fair and unbiased manner.

HPRAC presents its recommendations in a report to the Minister. Recommendations are advisory only and the Minister is not bound to accept HPRAC's advice. The report is confidential, although the Minister may choose to publicly release an HPRAC report. Any follow-up action is at the discretion of the Minister. Should the Minister choose to accept HPRAC's advice, the Ministry of Health and Long-Term Care is responsible for implementation based on the direction of the government.

In developing its advice to the Minister, HPRAC strives to ensure that its processes are thorough, timely and efficient, and built on a foundation of fairness, transparency and evidence-based decision-making. HPRAC undertakes research to support its conclusions, drawing on organizations and individuals with relevant expertise, in Ontario, other Canadian provinces and around the world, and adjusts its consultation process for each profession it considers.

### Introduction

The term "scope of practice" is used by regulatory colleges that register health professionals to define the procedures, actions, and processes that are permitted for a registered individual. The scope of practice is usually limited to that which individuals have received through education and clinical experience, and in which they have demonstrated competency. Each jurisdiction has specific regulations based on entry education as well as additional training and practice.

Within the Ontario health professions' regulatory framework, a scope of practice is defined as having four key elements:

- A scope of practice statement;
- Controlled and authorized acts;
- The harm clause;
- Title protections.<sup>1</sup>

When examining a profession's scope of practice, HPRAC takes the following elements into consideration:

- The scope of practice statement;
- Controlled or authorized acts granted to the profession;
- The harm clause;
- Title protections;
- Exemptions or exceptions under the RHPA that may apply to the profession;
- Other legislation that may affect the profession;
- Relevant regulations developed under the profession's own profession-specific Act; and
- Standards of practice, guidelines, policies and by-laws developed by the College.

All of these elements determine the profession's scope of practice.

## HPRAC's Criteria for Scope of Practice Reviews

HPRAC's recommendations will be based on its assessment of the profession's ability to meet the criteria for a change in its scope of practice, and the need for such a change.

When conducting a review of an application for a scope of practice change under the RHPA, HPRAC will use the following criteria as guiding principles.

### Relevance to the Profession

The profession should demonstrate that the requested change in scope of practice is rationally related to the practice of the profession and to the qualifications and competencies of members of the profession. It should describe whether the proposed change to the scope of practice provides recognition and authority for existing competencies, or seeks to expand the scope of the practice of the profession.

### Risk of Harm

If the proposed change in scope of practice presents an increased risk of harm to the public, the profession should demonstrate how it intends to mitigate that risk, and how the training and competencies of members of the profession provide assurance that patients or clients will be cared for within evidence-based best practices.

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<sup>1</sup> Bohnen, Linda *Guide to the RHPA*, 1994

## **Relevance to the Health Care System and Relationship to other Professions**

The profession should demonstrate that a change in the scope of practice is consistent with the evolution of the health care delivery system, and particularly with changing dynamics between health professionals who work in integrated, team-based and collaborative care models.

## **Sufficiency of Supervision and Need for Autonomy**

The profession should demonstrate that a change in the scope of practice is the most appropriate, effective and efficient means to provide clinical and patient care services, that delegation or supervisory structures currently available are inadequate, and that the authority for independent or autonomous professional activity is required in the provision of patient care.

## **Body of Knowledge**

The profession should show that there is a systematic body of knowledge within the profession to perform the activities being requested and that this change in role is broadly accepted within the profession.

## **Education and Accreditation**

Members of the profession should demonstrate that they have, or will have, the knowledge, training, skills and experience necessary to carry out the duties and responsibilities involved in the proposed change in scope of practice. In addition, the profession should demonstrate that the education programs are appropriately accredited by an approved accreditation body.

## **Leadership's Ability to Favour the Public Interest**

The profession's leadership should show that it will distinguish between the public interest and the profession's self-interest and will favour the public interest at all times.

## **Profession's Support and Willingness to Comply with Regulation**

The profession should demonstrate that it supports the proposed change in scope of practice and that compliance with regulatory requirements is likely among its membership.

## **Economic Impact**

The profession should demonstrate an understanding and appreciation of the economic impact of the proposed change in scope of practice for the profession, the public and the health care system.

## **Public Need**

The profession should demonstrate that a significant public need would be met through the proposed change in scope of practice.

## Completing an Application

### Application Instructions

#### Overview

HPRAC will provide the applicant with a package of material, including this application guide (containing HPRAC's criteria for scope of practice reviews and standard application questions) and additional research documents. Other relevant questions may also be asked of the applicant. The application package will also be posted on HPRAC's website for public review and comment, along with the applicant's proposal, when it is received.

The onus is on the applicant to provide sufficient evidence to HPRAC. Professions are **strongly encouraged** to address HPRAC's criteria for scope of practice reviews noted above when answering the application questions below.

The review will only commence if the Advisory Council is satisfied, at its discretion, that all of the criteria have been addressed and all supporting documentation has been submitted.

#### Documentation of Evidence

The applicant is required to include evidence that contains the best of the current research related to the profession and/or issue. The evidence should logically support, and justify, the scope of practice review. See Appendix A of this guide for more information.

#### Application Format

The proposal should follow the format and numbering sequence of the questions noted in the section below.

The main body of the application should not exceed 40 pages in total with no more than 40 pages of accompanying documents (i.e., appendices) attached for a total of 80 pages at a maximum. The appendices may include items such as data tables, summaries of consultations/surveys, business plans, etc.

The proposal should be typed using Arial font, 12 points, single-spaced on letter- size (8.5 x 11 inches) paper.

The application and all supporting documents must be submitted in English. Two-sided printing is encouraged. Please place your contact details, completed proposal and appendices into a binder, suitably divided into different sections for each of the criteria.

In addition, the application and appendices must be submitted as one file in MS Word format. If it is not feasible to submit appendices in MS Word format, you may submit them in PDF format. Any security features in the PDF document must be disabled.

The completed application package should include:

- Proposal for a scope of practice review, including appendices; and
- Access to information consent form (see Appendix B)

Proposals not meeting these guidelines may be returned for revision prior to review by HPRAC.

## Deadline

The application and all supporting material must be submitted to HPRAC's office by the assigned due date.

## Questions

The questions in this section represent the structure of HPRAC's scope of practice review. When preparing an application for a change in scope of practice, the applicant should provide a response for each of the questions. As mentioned previously, the proposal should follow the format and numbering sequence of the following questions.

### General Questions/Information

1. Does your current scope of practice accurately reflect your profession's current activities, functions, roles and responsibilities?

*If the answer to question #1 is no, then please answer the remaining questions (only those that apply) as thoroughly as possible.*

2. Name the profession for which a change in scope of practice is being sought, and the professional Act that would require amendment.
3. Describe the change in scope of practice being sought.
4. Name of the College/association/group making the request.
5. Address/website/e-mail.
6. Telephone and fax numbers.
7. Contact person (including day telephone numbers).
8. List other professions, organizations or individuals who could provide relevant information with respect to the requested change in scope of practice of your profession.

### Details of the Proposal

#### *Legislative Changes*

9. What are the exact changes that you propose to the profession's scope of practice (scope of practice statement, controlled acts, title protection, harm clause, regulations, exemptions or exceptions that may apply to the profession, standards of practice, guidelines, policies and by-laws developed by the College, other legislation that may apply to the profession, and other relevant matters)? How are these proposed changes related to the profession and its current scope of practice?

10. How does current legislation (profession-specific and/or other) prevent or limit members of the profession from performing to the full extent of the proposed scope of practice?

### *Collaboration*

11. Do members of your profession practice in a collaborative or team environment where a change in the scope of practice and the recognition of existing or new competencies will contribute to interprofessional health care delivery? Please describe any consultation process that has occurred with other professions.

### *Public Interest*

12. Describe how the proposed changes to the scope of practice of the profession are in the public interest. Please consider and describe the influence of any of the following factors:

- Gaps in professional services;
- Epidemiological trends in illness and disease;
- Changing public need for services and increased public awareness of available services;
- Waiting times for health care services;
- Geographic variation in availability and diversity of health care providers across the province;
- Changing technology;
- Demographic trends;
- Promotion of collaborative scopes of practice;
- Patient safety;
- Wellness and health promotion;
- Health human resources issues;
- Professional competencies not currently recognized; and
- Access to services in remote, rural or under serviced areas.

13. How would this proposed change in scope of practice affect the public's access to health professions of choice?

14. How would the proposed change in scope of practice affect current members of the profession? Other health professions? The public? Describe the effect the proposed change in scope of practice might have on:

- Practitioner availability;
- Education and training programs, including continuing education;
- Enhancement of quality of services;
- Costs to patients or clients;
- Access to services;
- Service efficiency;
- Interprofessional health care delivery;
- Economic issues; and
- Other impacts.

15. Are members of your profession in favour of this change in scope of practice? Please describe any consultation process and the response achieved.



16. Describe any consultative process with other professions that might be impacted by these proposed changes.

#### *Risk of Harm*

17. How will the risk of harm to the patient or client be affected by the proposed change in scope of practice?
18. What other regulated and unregulated professions are currently providing care with the competencies proposed as an expansion to your scope of practice? By what means are they providing this care (e.g. under delegation, supervision or on their own initiative)?
19. Specify the circumstances (if any) under which a member of the profession should be required to refer a patient/client to another health professional, both currently and in the context of the proposed change in scope of practice.
20. If this proposal is in relation to a current supervisory relationship with another regulated health profession, please explain why this relationship is no longer in the public interest. Please describe the profession's need for independence/autonomy in practice.
21. Does the proposed change in scope of practice require the creation of a new controlled act or an extension of or change to an existing controlled act? Does it require delegation or authority to perform an existing controlled act or subset of an existing controlled act?
22. If the proposed change in scope of practice involves an additional controlled act being authorized to the profession, specify the circumstances (if any) under which a member of the profession should be permitted to delegate that act. In addition, please describe any consultation process that has occurred with other regulatory bodies that have authority to perform and delegate this controlled act.

#### *Competencies/Educational Requirements for Practice*

23. Are the entry-to-practise (didactic and clinical) education and training requirements of the profession sufficient to support the proposed change in scope of practice? What methods are used to determine this sufficiency? What additional qualifications might be necessary?
24. Do members of the profession currently have the competencies to perform the proposed scope of practice? Does this extend to some or all members of the profession?
25. What effect will the proposed change in scope of practice have on members of your profession who are already in practice? How will they be made current with the changes, and how will their competency be assessed? What quality improvement/quality measurement programs should or will be put into place? What educational bridging programs will be necessary for current members to practise with the proposed scope?
26. How should the College ensure that members maintain competence in this area? How should the College evaluate the membership's competence in this area? What additional demands might be put on the profession?
27. Describe any obligations or agreements on trade and mobility that may be affected by the proposed change in scope of practice for the profession. What are your plans to address any trade/mobility issues?

### *Public Education*

28. How do you propose to educate or advise the public of this change in scope of practice?

### *Other Jurisdictions*

29. What is the experience in other Canadian jurisdictions? Please provide copies of relevant statutes and regulations.

30. What is the experience in other International jurisdictions?

### *Costs/Benefits*

31. What are the potential costs and benefits to the public and the profession in allowing this change in scope of practice? Please consider and describe the impact of any of the following economic factors:

- Direct patient benefits/costs;
- Benefits and costs to the broader health care service delivery system;
- Benefits and costs associated with wait times;
- Workload, training and development costs; and
- Costs associated with educational and regulatory sector involvement.

32. Is there any other relevant information that HPRAC should consider when reviewing your proposed request for a change in scope of practice?

***In addition to questions 1-32, HPRAC may require the applicant to answer additional questions.***

## Appendix A: What is Evidence?

Evidence concerns facts (actual or asserted) intended for use in support of a conclusion<sup>2</sup>

Types of evidence that inform the policy process can be grouped as research, knowledge/information and economics (see table below). Evidence is usually sought to show effectiveness, the need for policy action, guide effective implementation and/or show cost effectiveness (feasibility).<sup>3</sup> The table below is designed to act as a guide for the applicant, as to what constitutes appropriate evidence for their proposal. The type of evidence required will differ based on which criteria the proposal is addressing.

Types of Evidence	Examples*
Research	Empirical evidence from randomized control trials (1) and other trials
	Analytic studies such as cohort (2) or case control studies (3)
	Time series analyses (4)
	Anecdotal (5)
	Qualitative studies (6)
	Before and after studies (7)
	Surveys (8)
Knowledge and information	Results of consultation processes with networks/groups
	Expert knowledge (9)
	Grey Literature (10)
Economics	Financial Sustainability (11)

\* See notes for definitions and further details.

**Notes:**

**(1) Randomised control trials:**<sup>4</sup> Randomised controlled trials are the most rigorous way of determining whether a cause-effect relation exists between treatment and outcome and for assessing the cost effectiveness of a treatment. They have several important features:

- Random allocation to intervention groups;
- Patients and trialists should remain unaware of which treatment was given until the study is completed-although such double blind studies are not always feasible or appropriate;
- All intervention groups are treated identically except for the experimental treatment;
- Patients are normally analyzed within the group to which they were allocated, irrespective of whether they experienced the intended intervention (intention to treat analysis); and
- The analysis is focused on estimating the size of the difference in predefined outcomes between intervention groups.

<sup>2</sup> Oxman, A. D., Lavis, J. N., Lewin, S., and Fretheim (2009). A support tools for evidence-informed health policymaking (STP) 1: What is evidence-informed policymaking? *Health Research Policy and Systems* 7(Suppl 1):S1. Retrieved from: <http://www.health-policy-systems.com/content/pdf/1478-4505-7-S1-s1.pdf>

<sup>3</sup> Bowen, S., and Zwi, A. B. (2005) Pathways to "evidence-informed" policy and practice: A framework for action. *PLoS Med* 2(7): e166. Retrieved from: <http://www.who.int/rpc/evipnet/Pathways%20to%20Evidence-informed%20Policy%20and%20Practice%20a%20framework%20for%20action.pdf>

<sup>4</sup> Sibbald, B., and Roland, M. Understanding controlled trials: Why are randomized controlled trials important? *British Medical Journal (BMJ)*, 316 : 201. Retrieved from: <http://www.bmj.com/content/316/7126/201.full>

**(2) Cohort Study:**<sup>5</sup> This study identifies a group of people and follows them over a period of time to see how their exposures affect their outcomes. This type of study is normally used to look at the effect of suspected risk factors that cannot be controlled experimentally, for example the effect of smoking on lung cancer.

**(3) Case Control Study:**<sup>6</sup> A case-control study is an epidemiological study (epidemiology is the study of factors that affect the health and illness of populations) that is often used to identify risk factors for a medical condition. This type of study compares a group of patients who have that condition with a group of patients that do not have it, and looks back in time to see how the characteristics of the two groups differ.

**(4) Time Series Analysis:**<sup>7</sup> A time series is a collection of observations of well-defined data items obtained through repeated measurements over time. For example, measuring the value of retail sales each month of the year would comprise a time series. Data collected irregularly or only once are not time series. An observed time series can be decomposed into three components: the trend (long term direction), the seasonal (systematic, calendar related movements) and the irregular (unsystematic, short term fluctuations).

**(5) Anecdotal:** This may include observations, experiences etc., which are non-scientific in nature.

**(6) Qualitative Studies:**<sup>8</sup> Qualitative research uses individual in-depth interviews, focus groups or questionnaires to collect, analyse and interpret data on what people do and say. It reports on the meanings, concepts, definitions, characteristics, metaphors, symbols and descriptions of things. It is more subjective than quantitative research and is often exploratory and open-ended.

**(7) Before and After Study:**<sup>9</sup> A before and after study measures particular characteristics of a population or group of individuals at the end of an event or intervention and compares them with those characteristics before the event or intervention. The study gauges the effects of the event or intervention.

**(8) Surveys:**<sup>10</sup> Survey research is one of the most important areas of measurement in applied social research. The broad area of survey research encompasses any measurement procedures that involve asking questions of respondents. A survey can be anything from a short paper-and-pencil feedback form to an intensive one-on-one in-depth interview.

**(9) Expert Knowledge:** Expert knowledge will be acquired through key informant interviews.

**(10) Grey literature:**<sup>11</sup> Grey literature is defined as: "Information produced on all levels of government, academia, business and industry in electronic and print formats not controlled by commercial publishing i.e. *where publishing is not the primary activity of the producing body.*"<sup>12</sup>

Grey literature (also known as greylit) is not published commercially or indexed by major databases. While some greylit may be of questionable quality, it can nonetheless have an impact on research, teaching and learning. Greylit may sometimes be the only source for specific research questions. Although some grey literature research is published eventually, in many cases it is not. Since greylit is often not subject to peer review, it must therefore be scrutinized accordingly. Some examples of grey literature include:

- Theses and dissertations;
- Conference proceedings and abstracts;
- Newsletters;
- Research reports (completed and uncompleted);

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<sup>5</sup> National Health Service (NHS), Retrieved from: <http://www.nhs.uk/news/Pages/Newsglossary.aspx>

<sup>6</sup> Ibid

<sup>7</sup> Australian Bureau of Statistics (2008) Retrieved from: <http://www.abs.gov.au/websitedbs/d3310114.nsf/4a256353001af3ed4b2562bb00121564/b81ecff00cd36415ca256ce10017de2f!OpenDocument>

<sup>8</sup> Supra, see note 5

<sup>9</sup> Supra, see note 5

<sup>10</sup> Colorado State University, Retrieved from: <http://writing.colostate.edu/guides/research/survey/>

<sup>11</sup> University of British Columbia Library (2011). Retrieved from: <http://tohy.library.ubc.ca/subjects/subjpage2.cfm?id=878>

<sup>12</sup> International Conference on Grey Literature, Luxembourg definition, 1997 - Expanded in New York, 2004

- Published documents/reports (including policy evaluations and statistical analyses; and
- Technical specifications, standards, and annual reports.

**(11) Financial Sustainability:** In order to demonstrate financial sustainability, a business plan is required. A business plan allows a business to look ahead, allocate resources and prepare for problems and opportunities. A vital part of the business plan is a projected budget template. A budget template should include projected profit and loss, costs (salaries, legal costs, rent, etc), cash flow etc.

## Appendix B: Access to Information Consent Form

Proposals submitted will be considered by the Health Professions Regulatory Advisory Council (HPRAC) and will help it to determine appropriate recommendations to make to the Minister. To ensure transparency and encourage open dialogue, the information received by HPRAC may be posted on our website in accordance with our Privacy Statement, available at [www.hprac.org/en/privacy.asp](http://www.hprac.org/en/privacy.asp).

Please note that unless requested and otherwise agreed to by HPRAC, any information or comments received from organizations will be considered public information and may be used and disclosed by the HPRAC. HPRAC may disclose materials or comments, or summaries of them, to other interested parties (during and after the consultation period). An individual who makes a submission and who indicates an affiliation with an organization in his or her submission will be considered to have made his or her submission on behalf of the affiliated organization.

HPRAC will not disclose any personal information contained in a submission of an individual who does not specify an organizational affiliation in his or her submission without the individual's consent unless required to do so by law. However, HPRAC may use and disclose the content of the individual's submission to assist it in fulfilling its statutory mandate.

HPRAC reserves the right to refuse to post a submission, in whole or in part, that, in its sole discretion is unrelated to the issue under consultation, and/or, is abusive, obscene, harassing, threatening or includes defamatory comments. If you have any questions about the collection of this information, you can contact HPRAC at 416-326-1550.

By signing below I agree to the above statement.

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Signature

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Date





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