COTNS COLLEGE of OCCUPATIONAL THERAPISTS of NOVA SCOTIA

Practice Guideline:
Scope of Practice

Members of the College of Occupational Therapists of Nova Scotia are accountable for the practice they provide to the public. Guidelines are issued by the College for the assistance of the professional. They represent guidance from the College on how members should practice. Guidelines are intended to support, not replace, the exercise of professional judgment by therapists in particular situations.

Statement of Purpose

The purpose of this document is to act as a guideline to help occupational therapists determine the professional services they are authorized to perform. Scope of practice is defined as the activities in which health-care professionals are educated and authorized to perform and encompass multiple dimensions[1]. Scope of practice can include not only a profession's scope, but also an individual's competence as well as their employer defined roles and responsibilities. Although there are specific activities listed in this document, this is not an exhaustive list. If occupational therapists are still unsure whether a particular task is within their scope, they should contact the College.

Background Information

Within the current health-care system, regulated health professionals have shared and overlapping scopes of practice to allow efficient and effective delivery of services based on patient need[1]. With such overlap, it is now 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, progressively complex care, the advent of new technologies, public demand for accountability, and a health system expectation that all health-care professionals work to their optimal scope of practice, it is important that occupational therapists are aware of, and practice within, their scope of practice.

While the legislated scope of practice is defined in the *Occupational Therapists Act*, it is sufficiently broad and flexible to allow for interpretation. This has created some ambiguity as to the therapeutic activities occupational therapists are authorized to perform. Furthermore, current legislation provides limited direction on activities occupational therapists may perform. Therefore, this document seeks to provide further clarification as to what the College considers within the scope of practice and to guide registrants in interpreting the scope of practice of occupational therapists. This document may also be of use to employers and stakeholders as they apply the scope of practice of occupational therapists in their context.

Practice Guideline Organization

The scope of practice guideline is divided into the following headings:

1. Key Responsibilities
2. Definitions
3. Criteria:
    a. Regulatory Scope of Practice
    b. Individual Competence
    c. Scope of Employment
    d. Delegation and Medical Directive
4. References
5. Appendices
6. Frequently Asked Questions
7. Risk Assessment and Management Framework

1. Key Responsibilities

- Occupational therapists must be able to demonstrate their competence to the College
- Occupational therapists should contact the College if they are unclear if an assessment or intervention is within their scope of practice
- Occupational therapists are expected to limit their practice to their scope of practice, individual competence, and scope of employment (see Appendix B)
- On an on-going basis, occupational therapists are expected to evaluate their competencies and identify where they need improvement to practice within their scope of employment
- Occupational therapists are expected to use clinical judgment in determining the appropriate therapeutic activities to use with their clients

2. Definitions

A working understanding of the following definitions is essential for the appropriate interpretation of this document.

Client
An individual, family, caregiver, group, agency, organization, business, or other that forms a partnership with an occupational therapist. This includes individuals with occupational performance issues arising from physical, cognitive, psychosocial, social, and/or environmental barriers.

Competence
The habitual and judicious use of competencies in daily practice for the benefit of the individual and community being served[2].

Competencies
The set of knowledge, skills, values, and judgments required to provide safe, effective, and ethical care in an area of practice.

Delegation
A process whereby an individual occupational therapist receives the authority to perform an assessment or intervention on an individual client by a regulated health professional who is authorized under legislation and by their regulatory body to perform the activity[3].

Individual Competence
Therapeutic activities that an occupational therapist is competent to provide as determined by their education, practice experience, patient populations, context of practice and ongoing formal and informal education over the course of their career[1].

Informed consent
The voluntary agreement of the client to services upon being informed of the proposed services and their relative risks and benefits. This requires an ongoing communication process that enables the client to make an informed decision regarding their health-care.

Medical Directive
A written order authorizing occupational therapists to perform an assessment or intervention outside the scope of practice of occupational therapy on any client who meets the criteria set out in the medical directive[4].

Modality
The application of a therapeutic agent, such as ultrasound or electrotherapy, used during the course of occupational therapy intervention as a physical treatment of a disorder.

Occupational Performance (OP)
The ability to participate in the required or desired tasks and activities for the purpose of self-care, productivity, leisure and rest throughout the lifespan. OP is affected by the physical, cognitive, emotional, and spiritual components of the person. The physical, institutional, cultural

and social environments also impact one's performance. Occupational therapy services are required when there is an identified issue with occupational performance.

Occupational Therapist
For the purpose of this document occupational therapist refers to an individual who is registered with the College. The occupational therapist is responsible and accountable for the development and implementation of an individual plan of care for his/her clients. This may include assignment of OT plan components to support personnel.

Occupational Therapy Assessment
An ongoing process of collecting, analyzing and interpreting information obtained through observation, interview, record review and testing. Occupational Therapists gather information through standardized, informal, or qualitative methodology in addition to report(s) from various other health disciplines, clients and others.

Occupational Therapy Intervention
A process in which two (client and occupational therapist) or more parties participate in a joint effort to promote, establish, maintain, and/or increase the level of occupational performance of a particular client. Some service components may be assigned to support personnel but the occupational therapist is identified as having ultimate responsibility for the quality of service to that client.

Regulatory Scope of Practice
Therapeutic activities that occupational therapists are authorized by the College to perform based on their education, registration, and licensing. The overall scope of practice for the profession sets the outer limits of practice for all occupational therapists and informs workforce planning, education, professional competencies, and standards of practice[1,5].

Scope of employment
The roles and responsibilities defined by the employer through job descriptions, policies and procedures, guidelines, orientation processes and education[1].

Support Personnel
Any service providers who are not qualified occupational therapists but are knowledgeable in the field of occupational therapy through experience, education and/or training and are directly involved in the provision of occupational therapy services under the supervision of an occupational therapist. These individuals may be referred to by various titles.

3. Criteria

a. Regulatory Scope of Practice

Occupational therapists will only perform professional services that are within the regulatory scope of practice as defined by subsection 2(p) of the *Occupational Therapists Act*[6]:

> *"occupational therapy" means the performance of professional services requiring substantial specialized knowledge of occupational therapy theory in order to promote, develop, restore, improve or maintain optimal occupational functioning in the area of self-care, productivity and leisure and includes, but is not limited to,*
>
> *(i) the application and interpretation of procedures designed to evaluate occupational functioning,*
>
> *(ii) the planning, administration and evaluation of developmental, restorative, maintenance, preventative and educational programs,*
>
> *(iii) providing education, health promotion, consultation, management, research or other such services that implement and advance the practice of occupational therapy;*

Occupational therapists may use a variety of treatment activities or modalities within their daily practice. These are considered within the regulatory scope of practice if they are used to promote, develop, restore, or improve the client's functional abilities in the domains of self-care, productivity, or leisure.

For greater clarity, the College considers the following therapeutic activities to be within the regulatory scope of practice. These activities are identified as high risk to perform and do not include low risk activities traditionally performed by occupational therapists. This list is not exhaustive.

1. Cutting body tissue for the purpose of wound debridement and management;
2. Inserting or removing fingers, instruments, or devices below the level of the dermis or into an artificial opening in the body for the provision of wound management;
3. Splinting or casting a fracture or joint for the purposes of maintaining alignment, promoting healing, and improving optimal functioning. Applying traction to a joint or fracture may be completed upon referral and monitoring from an appropriate regulated health professional (i.e. physician, surgeon, or nurse practitioner);
4. Inserting or removing instruments or devices beyond the level of the larynx for the purposes of ensuring optimal swallowing and respiratory function;
5. Applying or ordering ultrasound or electrical stimulation for the purposes of wound healing or promoting functional recovery;

6. Treating, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's substantial disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, behaviour, capacity to recognize reality, or ability to meet the ordinary demands of life;

7. Prescribing, manufacturing, modifying and applying braces, orthosis, taping, mobility aids or seating equipment.

For greater clarity, the College considers the following therapeutic activities to be outside the regulatory scope of practice:

1. Making a definitive medical diagnosis based on signs and symptoms;

2. Inserting or removing fingers, instruments, or devices

    a. Below the surface of a mucous membrane,
    b. Below the surface of the cornea,
    c. Beyond the external ear canal,
    d. Beyond the point in the nasal passages where they narrow,
    e. Beyond the opening of the urethra,
    f. Beyond the labia majora, and
    g. Beyond the anal verge;

3. Setting a fracture of a bone or dislocation of a joint by applying an external force;

4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust;

5. Administering or dosing a substance, other than oxygen, by injection or inhalation;

6. Prescribing, dispensing, selling or compounding a drug;

7. Prescribing a hearing aid for a hearing impairment or contact lenses or eye glasses for visual impairments, other than simple magnifiers;

8. Prescribing, fitting, or dispensing a dental prosthesis, orthodontic or periodontal appliance, or a device used inside the mouth to protect teeth from abnormal functioning;

9. Ordering or applying diagnostic imaging or ionizing radiation.

b. Individual Competence

Occupational therapists will only perform assessments and interventions that are within the context of their individual competence, which must be within the regulatory scope of practice (see Appendix B). This is determined by their education, practice experience, patient populations, context of practice and ongoing formal and informal education over the course of their career[1]. The scope of individual occupational therapists is narrower than that of the profession.

Occupational therapists will not perform assessments and interventions they are not competent in and will seek support from their employer to improve their competence in required practice areas. Occupational therapists are required to maintain competence within their individual scope of practice. Where available, occupational therapists will practice within evidence-based and best practice guidelines. Occupational therapists cannot assign service components to support personnel that are outside of their individual scope of practice and competence.

Occupational therapists, when obtaining informed consent, will identify those assessments and interventions within their level of competence and identify the risks and benefits associated with the proposed activity. When occupational therapists are not competent to provide the recommended intervention, they will provide the client with alternative resources.

c. Scope of Employment

Occupational therapists will only perform assessments and interventions that are within their scope of employment (see Appendix B). This is the range of roles and responsibilities that are defined by the employer through legislation, job descriptions, policies and procedures, guidelines, orientation processes and education[1].

Occupational therapists may have competencies to perform an assessment or intervention that is not within their current job description; however, they will not perform these interventions without manager or employer authorization. Occupational therapists cannot assign service components that are outside their scope of employment to support personnel.

Where the scope of employment requires an occupational therapist to participate in an intervention that is outside their competence, but within the profession, it is the responsibility of the occupational therapist to inform the employer of their level of competence and work with the employer to achieve competence and develop skills.

d. Delegation and Medical Directive

An occupational therapist may perform an assessment or intervention that is outside the regulatory scope of practice through delegation or a medical directive by a regulated health professional authorized to provide the activity. Delegation is the process where a particular occupational therapist receives the authority to perform a particular assessment or intervention on a particular client named in the delegation[3]. In contrast, a medical directive provides authorization to any occupational therapists within a team who can demonstrate competence on a particular assessment or intervention to perform this activity on any client that meets the criteria established in the medical directive[4].

Principles that ensure safe, effective, timely and ethical client care guide the decision-making process for the determination of appropriate delegation and medial directives[7,8]. Before completing an assessment or intervention under a delegation or medical directive, an occupational therapist must ensure the following principles have been met:

1. Delegation of the assessment or intervention is in the best interest of the client or patient;
2. Performance of the assessment or intervention is consistent with the definition of occupational therapy according to the *Occupational Therapists Act*;
3. Delegation is consistent with provincial and federal legislation;
4. Delegation is appropriate for the practice environment with consideration of the competencies of the healthcare team and available resources;
5. There are clearly established employer policies and/or guidelines for delegation or medical directives;
6. The occupational therapist is able to demonstrate competence and will be accountable for the delegated activity;
7. The occupational therapist has completed an independent assessment to determine the delegated activity is appropriate given the clients condition and circumstance;
8. The delegating health professional has delegated the assessment or intervention consistent with their regulatory bodies standards of practice;
9. The delegating health professional is willing and able to accept responsibility, ensure competence of the occupational therapist to provide the activity, and monitor performance of the occupational therapist;
10. Both parties are accountable for the proper delivery of the delegated activities and their outcomes;
11. The delegation or medical directive is clearly documented with any restrictions or conditions;
12. Activities being performed under delegation or a medical directive are not assigned to support personnel.

4. References

1. College of Registered Nurses of Nova Scotia (2015). Adding New Interventions to the Registered Nurse Role: Decision Making Framework. Halifax, NS.
2. Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *Journal of the American Medical Association, 287 (2)*, 226-235.
3. College of Registered Nurses of Nova Scotia (2012). Delegated Functions: Guidelines for Registered Nurses. Halifax, NS.
4. Nova Scotia College of Respiratory Therapists (2011). Care Directives. Halifax, NS.
5. Nelson, S., Turnbull, J., Bainbridge, L., Caulfield, T., Hudon, G., Kendel, D., … Sketris I. (2014) Optimizing Scopes of Practice: New Models for a New Health Care System. Canadian Academy of Health Sciences. Ottawa, Ontario.
6. Occupational Therapists Act, RSNS 1998, c. 21.
7. College of Occupational Therapists of Ontario (2000). Guideline on the Controlled Acts and Delegation. Toronto, ON.
8. College of Registered Nurses of Nova Scotia (2015). Interpreting and Modifying the Scope of Practice of the Registered Nurse. Halifax, NS.
9. Occupational Therapists Profession Regulation, AB Reg 217/2006, s. 17.

5. Appendices

Appendix A: Principles related to Scope of Practice

1) Protection of the public is the priority in scope of practice decisions.
2) Primary reason for any proposed change in scope of practice of a profession is to meet client health needs and enhance client care outcomes.
3) Health professions are continuously evolving to meet population health needs.
4) No health profession today has a completely unique scope of practice, so overlapping scopes of practice and competencies are common and interdisciplinary practice is encouraged.
5) Scope of practice of a profession needs to be flexible enough to respond to health care needs.
6) Regulators, employers, educators, and government must be responsive to changes to support evolving scopes of practice.
7) Occupational therapists are accountable for making professional judgments about when an activity is beyond their competence or scope of practice.
8) Occupational therapy practice is complex and cannot be reduced to a list of tasks or activities.
9) There are many factors that influence individual scope of practice including provider education, experience, employer policy, patient population, context of practice, risk management framework and organizational culture.
10) Decisions related to interpretation and modification of scope of practice must be made in a collaborative context with regulators, educators, employers, the public and other stakeholders.
11) Health profession regulators cannot control every aspect of the practice of the profession; rather provide direction through the development of standards, guidelines and policy documents.

These principles are adapted from College of Registered Nurses of Nova Scotia (2015). Interpreting and Modifying the Scope of Practice of the Registered Nurse. Halifax, NS.

Appendix B: Occupational Therapy Scope of Practice

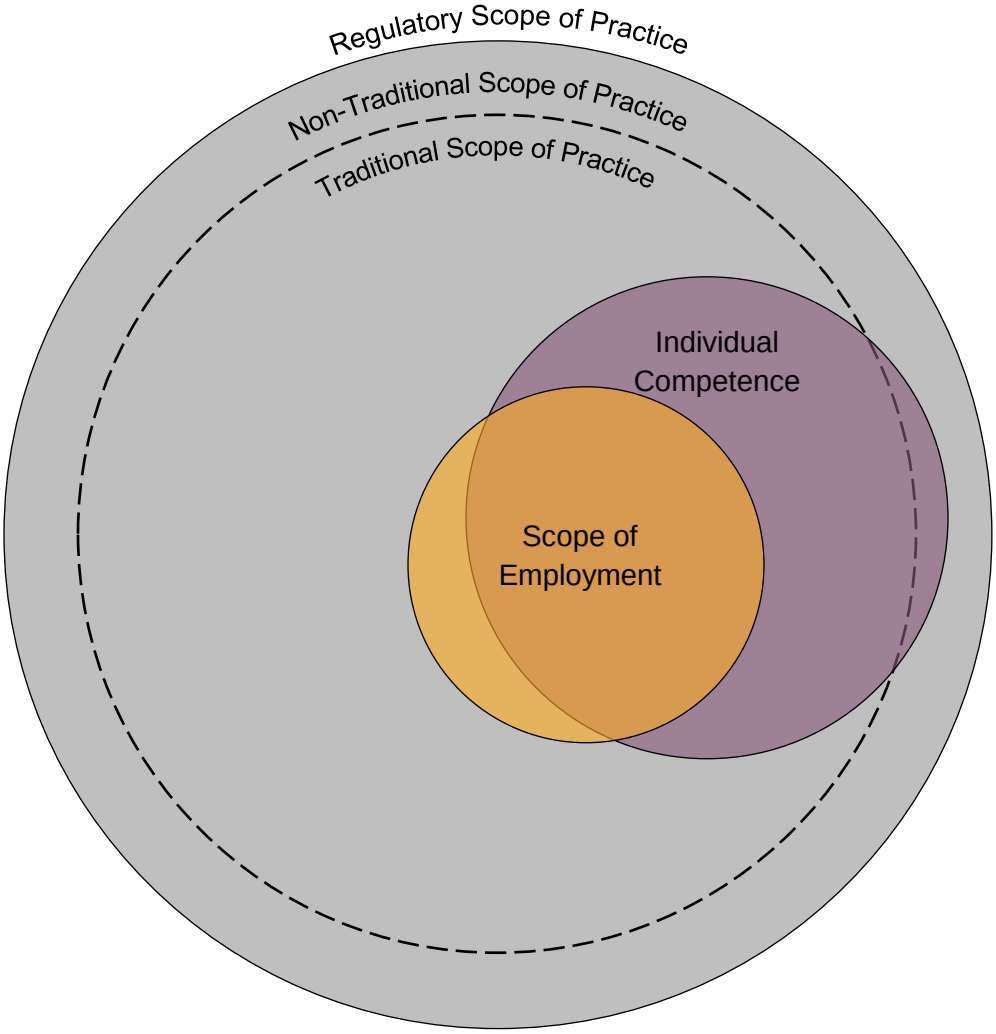
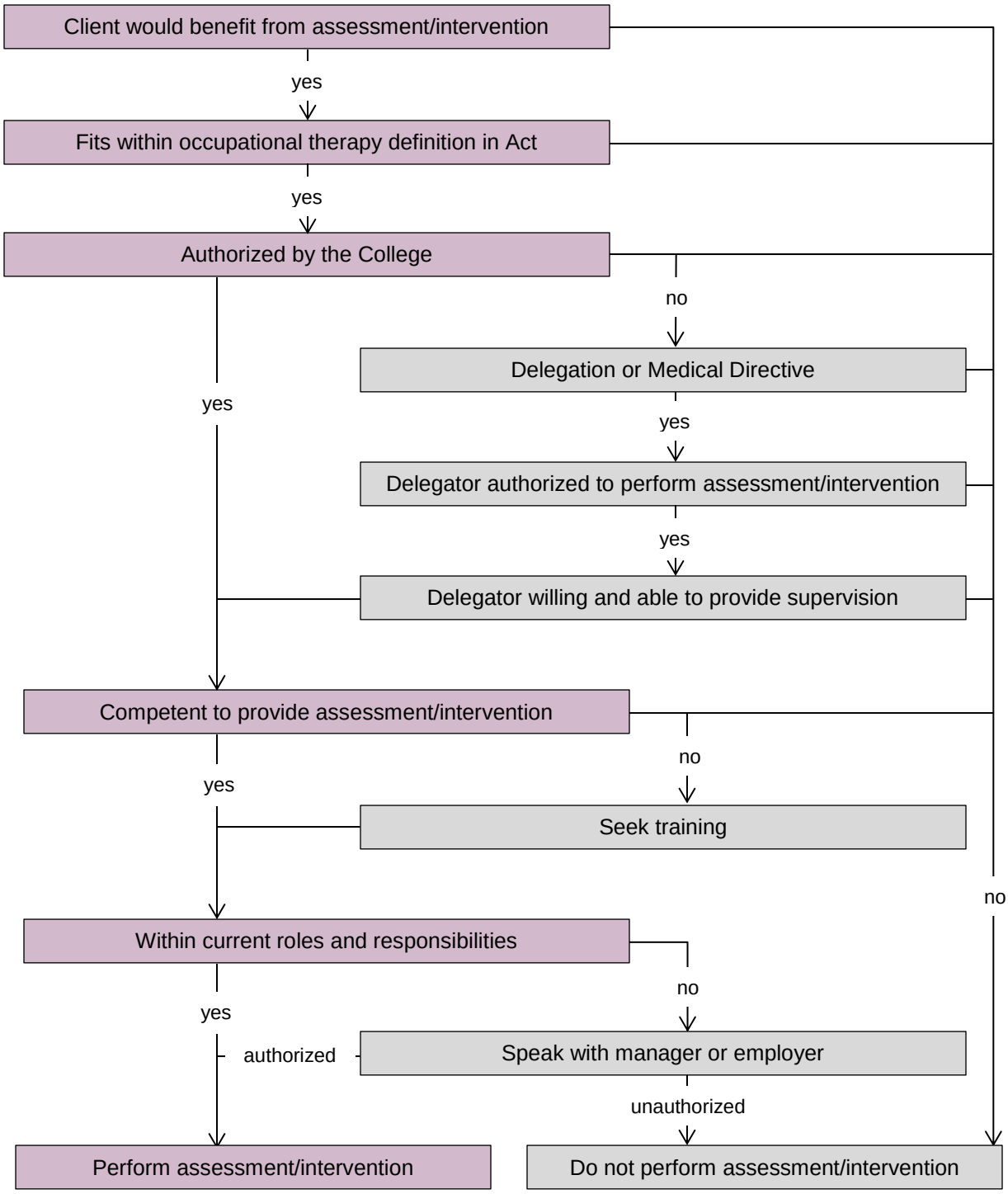


Fig.1. Scope of practice can be viewed as three overlapping rings[1,5]. The regulatory scope of practice defines the outer limit of practice for all occupational therapists. It encompasses both the traditional scope based on historical practice as well as areas of practice that have expanded beyond traditional roles[5]. The individual competence defines the activities an occupational therapist is competent to provide within the regulatory scope of practice. The scope of employment defines the roles and responsibilities that an occupational therapist is authorized to perform by their employer. Occupational therapists must limit their practice to the activities that fall within the three rings. An occupational therapist may be competent in interventions outside of the scope of employment, but must not perform these interventions without authorization from the manager or employer. Alternatively, an occupational therapist may have a scope of employment that is outside their individual scope of practice. The occupational therapist and their employer must collaborate to expand the occupational therapist's individual competence to meet the scope of employment.

Appendix C: Decision-Making Algorithm



6. Frequently Asked Questions

Q1. An intervention I am considering is not listed in the regulatory scope of practice. Does this mean I cannot perform this activity?

A. The list provided in this document for activities consider within or outside the regulatory scope of practice is intended to be broad in nature and is not intended to be exclusive. First, consider if your purposed intervention may be encompassed by a broader category listed within this document. Second, consider the risks and benefits to the client and whether you have the skills and knowledge to adequately perform the activity. If in doubt, you should contact the College for clarification. Finally, if a purposed activity is deemed outside the regulatory scope of practice, you may still perform this activity under a delegation or medical directive; speak with your employer and the College prior to initiating the intervention.

Q2. I have completed the education for another regulated health profession. Can I complete assessments and interventions under their scope of practice?

A. You may only complete the assessments and interventions that are within your scope of employment and your level of competence. If these include activities that are considered outside the scope of practice for occupational therapy but within the scope of practice of another regulated profession, you may complete these activities if you maintain registration with this regulatory body, complete their continuing competence requirements, and be accountable to this regulatory body. Please be aware that you may be subject to investigation by both regulatory bodies when a complaint is filed.

Q3. My client would benefit from a particular intervention that I do not have any experience providing but is not available to the client from another source. What should I do?

A. In such a situation, you will need to complete a risk assessment (see Risk Assessment and Management) to determine the most appropriate course of action. In addition, you will want to consider if you have any competencies that may support the use of the intervention or if you can receive support from colleagues both locally and provincially. Finally, you will need to consider if it is ethically permissible to deny service to the client. Activities that are identified to be lower probability and degree of harm, where you have competencies to support the intervention, and/or have the support of a colleague, it may be appropriate to provide the intervention. In such situations, it is important to obtain and document informed consent. In doing so, you must outline the risks and benefits of the proposed intervention, any alternative intervention options or resources, and your level of competence to provide these interventions. You will need to confirm the client understands the risks and benefits and provides informed consent to proceed. Please

contact the College as needed for guidance.

Q4. I have been asked to participate in making a diagnosis. What are my restrictions?

A. Making a definitive diagnosis is considered outside the scope of practice of occupational therapy. However, the College is aware that occupational therapists in particular practice settings are being asked to document a provisional diagnosis. In such situations, and consistent with employer policies, occupational therapists may document a provision diagnosis if they have: documented the signs and symptoms on which the provisional diagnosis is provided; documented that the provisional diagnosis must be confirmed by a physician, nurse practitioner, or a regulated health professional authorized to make a diagnosis; and includes a referral to the appropriate regulated health professional to confirm a diagnosis. In documenting a provisional diagnosis, occupational therapists may not order or apply diagnostic imaging. The occupational therapist should be cautious about communicating a provisional diagnosis to the client; where information is communicated, it should occur in a manner that will not result in the client relying upon the information as a definitive diagnosis.

Q5. How do I demonstrate my level of competence?

A. Your level of competence may be obtained in a number of ways, including: formal education, continuing competence courses or workshops, review of literature or best practice guidelines, consultation with colleagues, work experience, reviewing College standards and guidelines, and participating in the College's Continuing Competence Program. Competence may be demonstrated to the College through documentation of the above activities, completion of peer assessment forms, participation in the College's Continuing Competence Program, a practice audit or onsite assessment, and review of clinical documentation. Occupational therapists should regularly consider how they could demonstrate competence to the College if they were the subject of a complaint. When investigating a complaint, the College may use any of the above approaches to evaluate your level of competence to provide safe, effective, and ethical care.

Q6. How were the inclusion and exclusion lists under 3a developed?

The lists of activities determined to be within or outside of the regulatory scope of practice were determined by the Practice Committee's review of controlled or restricted activities assigned to occupational therapists in other Canadian jurisdictions[9]. These were confirmed to represent current OT practice through registrant and stakeholder consultation.

7. Risk Assessment and Management Framework

In determining what assessments or interventions to perform, occupational therapists must make reasoned decisions that have benefits and risks to the therapist and the client. The College recommends occupational therapists use a risk management framework to minimize risk and prevent harm. A risk management framework is a tool that assists registrants to identify potential risk factors, assess their probability and degree of harm, and take steps to mitigate any associated risk. Risk management is a cyclical process, requiring on-going monitoring and review.

1. Identify Risk Factors:

Client

- Complexity of client's condition, including physical, mental, cognitive, social, and environmental
- Stability of condition
- Past medical history and comorbid conditions, including allergies
- Client's capacity to consent to assessment or intervention
- The cultural beliefs and values of the client and their family members
- Previous experience with assessments and interventions
- Ability to give accurate and complete information due to language barrier, speech deficits, poor comprehension, or visual or sensory deficits

Assessment/Intervention

- Contraindications of the proposed assessment or intervention
- Potential benefit and side effects
- Complexity and frequency of assessment or intervention
- Supported by current evidence
- The existence of best practice guidelines
- Alternative assessment or intervention options

Practice Environment

- Client population and frequency of referrals
- Practice setting (urban vs. rural, in-patient vs. out-patient, public vs. private practice)
- Access to reliable and appropriate resources
- Availability and competence of other health-care providers
- Employer policies and procedures
- Time limitations

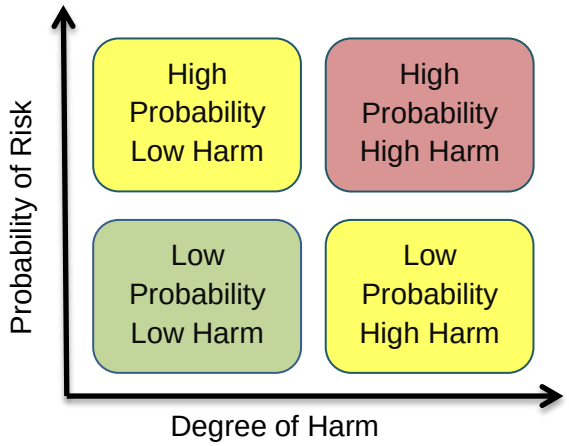
Occupational Therapist

- Knowledge and experience with proposed assessment or intervention
- Scope of employment
- Ability to communicate to client and family at an appropriate level
- Therapeutic relationship with the client and family

- Skill and experience in report writing and documentation

2. Assess Probability and Degree of Harm:

Once risk factors are identified, the occupational therapist needs to assess how likely the risk factors are to occur (their probability) and the degree of harm or impact to the client, the occupational therapist, the organization, the profession, and the public.



3. Mitigation Strategies:

Listed below are some potential strategies to mitigate risk. This list is not meant to be exhaustive, but to provide ideas:

- Honest and transparent communication with the client regarding risks and benefits of an activity, alternative options, and the level of competence of the occupational therapist
- Clearly document risks, benefits, progress and outcomes
- Frequent monitoring of outcome for high risk activities
- Seek supervision from another occupational therapist
- Seek supervision from another regulated health professional
- Refer to appropriate resources where the occupational therapist does not have the level of competence to perform the recommended activity
- Only perform activities that are low risk for areas of competence that are developing
- Only perform activities under delegation or medical directive where they are clearly documented and supported by employer policies and guidelines
- Seek current evidence that supports the recommended activity
- Review employer policies and procedures
- Contact your employer's legal department or your liability insurance for legal counsel
- Review College standards and guidelines
- Contact the College for support