

Frequently Asked Questions: Legislative, Regulatory, Organizational and Individual Competency Guidelines for Eating, Feeding, and Swallowing (EFS) Teams

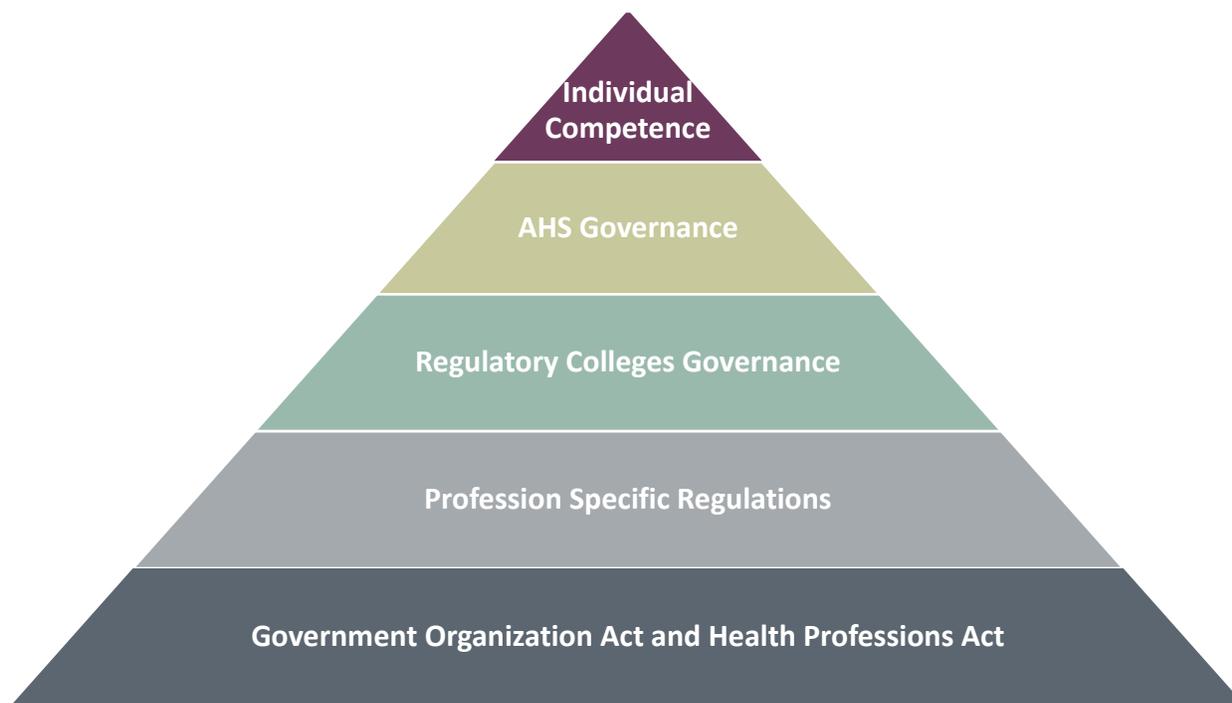
Introduction

In Alberta all Health Care Professionals (HCPs) are required to follow provincial health care laws (legislation and regulation), professional college standards, employer governance (unless self employed) and self regulation when they provide health care services to patients/clients. These requirements are primarily in place to ensure Albertans receive quality safe health care services.

HCPs from different disciplines may have similarities in their education and training programs. They may care for populations of patients with the same health issues and may also be qualified to perform some of the same health care activities and interventions.

Despite these parallels, the role of each profession remains distinct as defined by professional practice statements, regulatory college standards of practice and the competencies that are unique to each discipline.

The diagram below outlines each layer of professional governance ascending from legislation and regulation up to the individual professional's accountability and responsibility for their individual practice.



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Frequently Asked Questions (FAQs)

1. What are restricted activities and why can different professions perform some of the same restricted activities?

The [Government Organization Act Schedule 7.1](#) contains the “master list” of health care activities that are restricted. These activities are restricted because they are considered to be risky and require specific education, training, and competence to perform safely.

Some restricted activities are stated very broadly (for example 2 (1) (a) “to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue.....”) while others are specific (for example 2 (1) (f) “to prescribe a Schedule 1 drug....”).

Restricted activities are not intended to be profession specific. Different professions may have the education, training and competence to perform the same activity (for example, more than one profession can prescribe a schedule 1 drug, insert an instrument beyond the pharynx, and administer contrast agents).

2. Is diagnosing a restricted activity?

To “diagnose” is not a restricted activity. Some professions have it within their scope of practice (practice statements, college standards, and competency profiles) to “diagnose” and others do not. The Cambridge Dictionary defines diagnosis as “to recognize and name the exact character of a disease or a problem, by examining it.”

Diagnosis is typically determined through assessment of the individual using critical inquiry and information gathered from multiple sources, including the family, health record, other providers, and a variety of informal and formal measures. Many disciplines diagnose, some diagnose disease (typically MDs and NPs) while other professions diagnose conditions (for example, dysphagia related to cerebral vascular accident (CVA) is a “diagnosis”). The professional making the diagnosis of dysphagia is knowledgeable about dysphagia and conditions that may cause dysphagia. More than one profession may have the education, training, experience and competence to diagnose a condition or disease.

In some cases the term “diagnose” is used in a profession’s practice statement. Practice statements do not authorize a profession to perform an intervention or activity. Practice statements describe the role of a profession within the health care team. When the term “diagnose” is not included in a practice statement, this does not necessarily indicate that the profession does not make profession specific diagnosis.

3. What is the Health Professions Act (HPA) and how does it direct health care activities?

The [HPA](#) is a framework document that provides common provisions that apply to all regulatory colleges and schedules that apply to specific professional colleges. The schedules include information such as the college name, titles the profession may use, and practice statements (what is the profession’s role in the provision of health care).

All regulated health care professionals have profession specific regulations that provide governance for each profession.

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These regulations provide direction for what restricted activities the profession is authorized to perform and under what circumstances they can be performed (i.e. the individual must be competent and the activity must be appropriate to their practice setting) registration requirements, continuing competence programs, who may perform restricted activities with the consent of and under the supervision of another regulated member, and how regulated members must supervise these persons. Examples include:

[Occupational Therapists Profession Regulation](#)
[Speech-Language Pathologists and Audiologists Profession Regulation](#)
[Registered Dietitians and Registered Nutritionists Profession Regulations](#)
[Psychologist Profession Regulation](#)

4. How do Regulatory Colleges govern professional practice?

Regulatory Colleges further define professional scope of practice by establishing practice standards and guidelines, code of ethics, continuing competency requirements, competency profiles and requirements for registration.

Practice Standards typically provide the minimal set of expectations that must be followed by the regulatory college members. The primary purpose of all regulatory colleges is to protect the public.

A college's competency profile often describes its profession's activities/interventions as "entry to practice" or "advanced". Advanced competencies are usually gained through additional education, training or work experience. Some colleges set additional expectations for members performing advanced activities (for example, the member may need additional authorization before being permitted to perform a certain restricted activity).

5. What is the difference between a Regulatory College and a Professional Association?

Some professions also have associations. Examples are Speech-Language Audiology Canada and the Canadian Association of Occupational Therapists. The role of an association is different than the regulatory college because it has no role in governing the profession or monitoring a member's practice. An association's mandate typically include advancing the profession through advocacy for the profession, offering additional education and certificates, developing policy statements and helping the public understand more about the profession.

6. What is the role of Alberta Health Services (AHS) in directing how professions practice?

AHS is accountable to uphold Canadian and Provincial legislation, regulation and accreditation standards. AHS develops processes, resources and tools that support regulated professionals (and all health care staff) to practice safely and to provide quality care. AHS strategies, values and competency statements help to describe expectation for staff working at AHS. For more information on AHS competencies and the role of AHS in supporting professional practice see [ahs-competencies.pdf](#) and [Professional Practice in Action](#)

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AHS has the authority to develop job descriptions for HCPs (or non-regulated health care providers) in their specific position, but they may not insist that a professional perform authorized restricted activities that are outside their professional scope (this is clearly stated in the Government Organization Act Schedule 7.1(4) “No person shall require another person to perform a restricted activity or a portion of a restricted activity if that other person is not authorized in accordance with subsection (1) to perform it”).

Sometimes, for a variety of reasons, operational staff and specific clinical areas make decisions to not permit HCPs to work to full scope. These decisions are typically made at the local operational and clinical site settings.

AHS has authority to create governance documents that direct behavior and practice for employees (for example policy, procedures, guidelines, protocols). These governance documents may be applicable to all AHS staff (provincial scope), zones, facilities or individual clinical settings. AHS is moving toward provincial governance and standardized services, particularly as Connect Care gets implemented, but it is accepted that there will still be a need for individual programs and clinical areas to create governance that is specific to their program or setting.

7. What is Individual Competence?

All regulated HCPs and non-regulated health care providers are responsible and accountable for the health care they provide.

Regulated HCPs are expected to “self-regulate” which refers to the individual’s assessment of their ability to perform an activity safely (restricted and non-restricted activities). Performing self-regulation, and not performing activities that you are not competent to perform mitigates risk.

When HCPs decide they are not competent to perform an activity, and that activity is essential to their role, the HCP and AHS work together to ensure the training and experience necessary to perform the activity safely are put in place.

In certain settings, regulated HCPs may assign activities to unregulated health care providers. Regulated HCPs are accountable to ensure the unregulated health care provider is competent to perform the activity when they assign it. The unregulated health care provider is also expected to only provide health care that is within their job description and that they can provide safely.

8. What is Collaborative Competence?

When working in a collaborative care environment where different regulated professions care for the same patient in a team environment, each regulated member works under their own legislative, regulatory and college standards and remains individually accountable for the care they provide.

9. When is an individual HCP accountable for the practice of another person on their collaborative team?

If a regulated HCP from one discipline is training/supervising a regulated HCP from another discipline who is learning a new skill/intervention, both educator and learner have responsibility

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and accountability to ensure safe, competent care. Additionally, both are responsible to work within their own scope.

If 2 or more HCPs or unregulated providers are looking after the same individual on a collaborative team, each individual remains accountable for their practice. From assigning of tasks to performing tasks, each individual is responsible for their actions.

If an incident were to occur where harm came to a patient, each individual is assessed in relation to the care they provided and their conduct.

The patient can choose to take legal action against all individuals/institutions involved in their care, however a patient can only recover damages from the individual/institution if it is determined by the courts that the care provided by that individual/institution was determined to be negligent.

When HCPs are providing education, training or coaching to others (e.g., family members, caregivers, and other regulated or unregulated HCPs) they are accountable for the information they provide and how it is provided. The individual providing the education, training and coaching is accountable to provide information that is accurate and appropriate to the context. The learner is then accountable for how they use the information in their own practice. .

Negligence and liability of each health care provider is typically assessed on an individual basis and is based on the specific facts of that case and the conduct and performance of each health care provider.

The Clinical Legal department can be contacted with specific concerns or for more information about liability at Clinical.Legal@ahs.ca