RETIRED DOCUMENT

This document is retired, effective April 1, 2026, corresponding with the *Health Professions and Occupations Act* (HPOA) in-force date. As this document is retired, it is not considered a **Standard**, **Code of Ethics,** or **Code of Conduct** under the HPOA.

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For Audiologists, Hearing Instrument Practitioners, and Speech-Language Pathologists

Policy Category:	Policy Title:	Standard #:
Clinical Practice Standard	Provision of Clinical Services (Terms & Definitions)	SOP-PRAC-02
Regulation | Bylaw Reference:		**HPA Reference:**
Speech & Hearing Health Professionals Regulation: Section 4		Section 16
Authorization:	**Date Approved:**	**Last Revised:**
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DEFINITIONS

In this standard:

"Assessment" means the formal and/or informal analysis of communication and related disorders to determine the nature, quality, and severity of a delay or disorder and to inform the development of the client's care/management plan.

"Best practice" means a process or method that represents the most effective way of achieving a specific objective or which has been proven to work well and produce good results.

"**Concurrent services"** means services provided to client over the same time period by two or more registrants from the same profession or when a registrant is providing therapy for a client in more than one setting.

"Consultative services" means working with others (e.g., health professionals, families/care givers, educational professionals) to provide instruction, direction, and strategies which are designed to benefit a client(s).

"Counselling" is a broad term referring to profession-specific assistance and information given to clients and their families/caregivers to facilitate realistic and understood goals, prognosis, and improve quality of life.

"Diagnosis" means arriving at a profession-specific client diagnosis based on all available information including an assessment.

"Evaluation" means a systemic determination based on a set of standards which is often inter-professional and requires co-ordinated assessments to have the whole picture.

"**Evidence informed practice**" means an ongoing process that incorporates evidence from research, clinical expertise, client preferences, and other resources to make clinical decisions.

"Intervention" means a health intervention with, or on behalf of, a client or client population to improve, maintain, promote, or modify a health condition.

"**Reassessment**" means following up with formal or informal assessment measures to determine a client's change in status over time.

"**Scope of practice**" means the broad scope of a profession as outlined in the College of Health and Care Professionals, including, but not limited to, any restricted activities designated to the profession.

"**Screening"** means a tool that is used for the purpose of identifying a possible problem which requires further follow-up, assessment, or referral.

"Therapy" means services intended to restore optimal function or for maintaining skills and abilities.

"Treatment" means providing something health related that is intended to cure, improve, or prevent a condition.

"Virtual care" means the provision of health care services at a distance, using information and digital communications technologies and processes. Virtual care may include interactions between health professionals and clients and interactions between health care providers. Virtual care may be used in combination with traditional (in-person) provision of care and services and may include aspects of asynchronous virtual care and synchronous virtual care.

NOTE: The word "client" is used in this document to represent patients, clients, and BC residents who may be receiving speech and hearing services.

SCOPE

This standard applies to all CHCPBC Registrants who provide speech and hearing health services.

STANDARD

Registrants must be aware of the various clinical services that may be provided under the Speech & Hearing Health Professionals Regulation, which prescribes the scopes of practices for the professions of audiology, hearing instrument dispensing, and speech-language pathology. The scopes of practice contain broad, concise statements of what clinical activities and areas of professional practice that a profession provides, including, but not limited to, performance of activities that are restricted to a specific profession.

The scope of practice aligns with the competency profile for that profession. Aspects of practice are subsets of services provided by the profession under its scope of practice. Some aspects of practice overlap with, and are shared by, other health and education professionals. Registrants are advised to refer to the standard, *Unique & Shared Scope of Practice* (SOP-PROF-03).

Communication Health Assistants (CHAs) may be utilized by registrants in the provision of clinical services, if their service is supervised by a registrant and is within the acceptable activities based on

their knowledge, training, and competency for various activities. The requirements for assignment and delegation to can be found in the standard, *Communication Health Assistants (Delegation & Assignment)* (SOP-PRAC-04).

Terminology varies across regulated and unregulated professions. It is incumbent on registrants to confirm that a term being used is defined explicitly between various care providers so that there are no errors due to variations in terminology. Registrants can refer to the standard, *Inter-Professional Collaborative Practice* (SOP-PROF-01), for additional details.

It is an expectation that clinical services are anchored in best practices in the profession, regardless of the experience level of the registrant. Best practice represents quality care that is deemed optimal based on prevailing standards. Best practices are subject to change over time and are evidence-informed, proven, and recommended for use. They are the foundation of all CHCPBC standards and clinical practice guidelines/protocols, whether they are for entry-level or above-entry-level practices. Practice is constantly changing and evolving. Registrants must be aware of current changes in best practices including industry-wide changes in evidence and practice.

Evaluation

Client evaluation is often inter-professional in nature and includes all components of screening assessment and diagnosis made by multiple professionals to arrive at an accurate, overall answer of a client' s condition. In some instances, this may be extremely complex (e.g., cranio-facial anomalies). Other evaluations may be simpler and involve fewer professionals and their assessments.

Registrant screening and assessment aspects of practice may be part of a larger evaluation that will ultimately arrive at the client's diagnosis and client management/care plan. The client plan may be inter-professional in nature and include the speech and hearing specific recommendations and information for interventions, treatment, therapy, and consultative services.

The term assessment is often used interchangeably with the term evaluation. It is incumbent on registrants to know if the reference point in discussions with other team members is a profession-specific assessment or a broader, inter-professional evaluation, which may include registrant assessment results.

Clinical Activities

Clinical activities are complex, and not all registrants will need to provide all clinical activities and services. They are context-specific and tailored to the individual practice setting(s).

A. Screening

Screening is used for the identification of a possible problem and may be informal (e.g., observation) or based on a formal protocol or screening procedure. Screening must not involve clinical judgment or interpretation and must result in a pass or require further assessment, referral, or follow-up. Screenings may be conducted for individuals or groups (e.g., population-based screening). Screening results must never be used to draw diagnostic conclusions or to develop any interventions or treatment plans/goals.

Registrants with current and adequate training can provide screenings that are within their applicable scope of practice (e.g., hearing, speech, language, or swallowing related). Some screenings have specific training requirements, and the appropriate training and competency review must be completed (e.g., Early Hearing Program screening).

Registrants may train other registrants of CHCPBC for screenings as appropriate. Registrants may train and determine screening competencies of CHAs and other health professionals if the screening is in keeping with the parameters as noted above.

Registrants may be trained and be determined as competent to provide screenings that are outside their scope of practice (e.g., cognitive, behavioural, educational, pandemic (COVID-19) screening). Specific training and competency requirements must be completed prior to administration of any screening. The purpose of the screening and its outcome must comply with the requirements set out in this standard.

B. Assessment

Assessment is a systematic process using formal and/or informal measures which may include, but are not limited to, observation, standardized tests, instrumental procedures, or other related investigations.

The purpose of an assessment is to determine the nature, quality, severity, and prognosis of a communication or related disorder. Some aspects of assessment may be suitable for virtual provision (see *Virtual Care* (SOP-PRAC-03)). An assessment requires clinical judgment and interpretation and includes a synopsis of the client's strengths and weakness for intervention.

An assessment must be client-appropriate and include all aspects of assessment that are necessary to arrive at an accurate decision regarding the client's communication or related disorder. Formal tests must be used in accordance with the validity and reliability data provided by the publisher. Registrants must use tests that are current and valid. The specific test validity information is available from the publishers. Once a formal test is no longer valid, test protocols are no longer available for purchase.

Registrants must not delegate assessments to non-registrants (CHAs), or to other health professionals. CHAs may assist in the assessment process under the supervision of a registrant. Assessments must not be conducted, and tests must not be administered, by unqualified third parties including family members or caregivers.

C. Diagnosis

As prescribed by the Speech & Hearing Health Professionals Regulation, the scope pf practice for audiology includes the restricted activity of making a diagnosis. Audiologists can diagnosis as the anatomical cause of behavioural, psychological, or language related signs or symptoms of an individual, an auditory or related communication disorder.

Speech-language pathologists can make a diagnosis as the anatomical cause of behavioural, psychological, or language related signs or symptoms of an individual, a speech, language, or related communication disorder (including swallowing disorders).

A profession-specific diagnosis is not synonymous with a medical diagnosis. Examples of profession-specific diagnoses may include:

1. Audiology: the client demonstrates a profound, unilateral hearing loss that is unaidable.
2. Speech-language pathology: the client demonstrates severe apraxia of speech.

Assessment results and diagnostic statements inform the development of the client's management or care plan. Depending on the practice context, management and care plans for communication and related disorders may be part of a larger inter-professional management or care plan for the client.

D. Reassessment

Reassessments may be required at prescribed intervals or as needed by the client's signs and symptoms. The reassessment may include formal and informal measures designed to examine positive or negative changes over time. Registrants must ensure that they follow established standards and best practices for reassessment and check with publishers of formal tests to understand how standardized tests can be used in part or whole and how frequently. Results of a reassessment may necessitate updating or changing the client's care plan or management strategies. Reassessments must be performed by registrants (and may be assisted by CHAs).

E. Management and Care Plans

The terminology for client follow-up and care depends on the practice context and may be part of a larger, inter-professional plan in some settings (e.g., Individualized Education Plans). Registrants may use the client's care plan or management plan to outline a variety of specific health interventions that are in the client's best interest. Interventions may help improve, maintain, promote, or modify a health condition. Examples of interventions include, but are not limited to, fitting a client with hearing aids, assisting clients with funding requests, equipment repairs, referrals to other professionals, client education and counselling. The care plan may also include aspects of treatment, therapy, and consultative services as described below. In some practice contexts the management or care plan is referred to as the 'treatment plan'.

i. Treatment

The management and care plan includes registrant recommendations for the provision of treatment. Some treatments are provided by qualified registrants (e.g., cerumen management with Certified Practice (CP) Certificate C) while other treatments must be referred to other professionals (e.g., cerumen management without CP Certificate C). Other examples of treatment include insertion of a voice prosthesis, mapping for cochlear implants, or insertion of a feeding tube. Treatments are either in scope for registrants or out of scope. Some diagnostic and instrumental procedures that may be part of an assessment may also be appropriate as part of the client's treatment (e.g., biofeedback, videofluoroscopy)

ii. Therapy

Management and care plans must include specifics about client therapy when recommended for a client based on their assessment and diagnosis. Registrants must always recommend what therapy a client needs, not what a particular setting can provide. Therapy recommendations may require more service than a specific care setting can provide. It is unethical for one service provider to withhold therapy services because the client chooses to seek additional therapy at another care setting.

iii. Consultative Services

Consultative services may be the best care recommendation for some clients, which means working through others to achieve client-related goals and objectives. The registrant may provide consultative services in a variety of settings with the client and retains accountability for any professional services provided.

iv. Concurrent Services

Concurrent service is defined as two or more registrants from different practice settings providing therapy for a client or when a registrant is providing therapy for a client in more than one setting over the same time period.

Collaboration is required between registrants who are providing concurrent services and they must share pertinent information with client consent. In situations where one registrant is providing services in two setting (e.g., public and private) it is important for the registrant to avoid direct conflict of interest and to mitigate any perceived conflict of interest. For example, registrants in the public sector must not solicit clients for their private practice. Where a client requests private sector therapy services from a registrant in the public sector, there is a need to mitigate any actual or perceived conflict of interest. This includes, but is not limited to, being transparent with employers, colleagues, and the client, and documenting how the referral for private therapy occurred. Registrants can refer to the standards *Professional Accountability & Responsibility* (SOP-PROF-05) and the *Registrant Code of Ethics* (SOP-PROF-08) for additional details and must comply with these standards when providing concurrent services.

Concurrent services may be provided in a combination of consultative services and therapy. For example, a Registered Speech-Language Pathologist (RSLP) in a school setting may provide consultative services at school while another RSLP provides private individual therapy. The same rules for real and perceived conflict of interest apply. There is no actual or perceived conflict of interest for registrants who provide services to clients when their public provider is closed (e.g., school districts do not provide services in the summer).

v. Service Delivery Models

Established service delivery models in some practice settings may outline how services are provided (e.g., 1:1 in person or virtual therapy, group in person or virtual therapy, consultative services (or any combination)) as well as when services are provided (e.g., ongoing basis, block system). Client therapy and follow-up recommendations must still represent what the client needs, not what the service delivery model allows.

RELATED CHCPBC RESOURCES

Client Consent (SOP-PRAC-06)

Communication Health Assistants (Delegation & Assignment) (SOP-PRAC-04)

Competency profiles for Audiology, Hearing Instrument Dispensing, and Speech-Language Pathology

Documentation and Records Management (SOP-PRAC-01)

Inter-professional Collaborative Practice (SOP-PROF-01)

Professional Responsibility and Accountability (SOP-PROF-05)

Registrant Code of Ethics (SOP-PROF-08)

Unique and Shared Scope of Practice (SOP-PROF-03)

Virtual Care (SOP-PRAC-03)

REFERENCES

ASHA: Assessment and Evaluation of Speech-Language Disorders in Schools

ASHA: Counselling

ASHA: Direct and Consultative Services

National Library of Medicine: Best practice in Nursing: A concept analysis

Tasmanian Government, Department of Health: Evidence Informed Practice