

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.



College of

HEALTH AND CARE PROFESSIONALS OF BC



Standard Category:	Standard Title:	Standard #:
Professional Standard	Unique & Shared Scope of Practice	SOP-PROF-03
Regulation Bylaw Reference:		HPA Reference:
Speech & Hearing Health Professionals Regulation : Sections 1 & 4		
Authorization:	Date Approved:	Date Revised:
Board	September 8, 2017	June 29, 2020

DEFINITIONS

In this standard:

“Conditions” means the set of circumstances under which a registrant may carry out an activity. This may involve requirements which stipulate the knowledge, skills, abilities, and judgments necessary to perform the activity safely and competently.

“Entry level practice” means the general practice which registrants may engage in once they have met the registration requirements for the profession. This may include both restricted activities in some activities and aspects of practice that are not restricted.

“Limits” means the aspects of practice registrants may NOT perform, either as prescribed by legislation or as set by CHCPBC.

“Scope of practice” means the professional activities and aspects of practice that registrants are educated and authorized to perform. These activities are legislated in the Speech & Hearing Health Professionals Regulation and are complemented by national competency profiles and the CHCPBC standards of practice and limits and conditions for each profession.

“Standard” means the desired and achievable level of performance against which actual performance can be compared. It provides a performance benchmark below which is unacceptable.

SCOPE

All Full, Conditional, and Temporary registrants of CHCPBC.

STANDARD

Scope of Practice

Registrants must provide care within their designated scope of practice, unless a formal delegation process is in place with another regulated health professions’ regulatory college. Registrants must always be competent to carry out any activity or service they provide. The legislated scopes of practice, from the [Speech & Hearing Health Professionals Regulation](#) are as follows:



- **“Audiology”** means the health profession in which a person provides, for the purposes of promoting and maintaining communicative, auditory and vestibular health, the services of assessment, treatment, rehabilitation and prevention of auditory and related communication disorders and conditions; peripheral and central auditory system dysfunction and related peripheral and central vestibular system dysfunction.
- **“Hearing Instrument Dispensing”** means the health profession in which a person provides the services of assessment of hearing using an audiometer, or other methods, to identify hearing loss, and recommending, selecting, preparing, altering, adapting, verifying, selling and offering to sell hearing instruments.
- **“Speech-Language Pathology”** means the health profession in which a person provides, for the purposes of promoting and maintaining communicative health, the services of assessment, treatment, rehabilitation and prevention of speech, language and related communication disorders and conditions, and vocal tract dysfunction, including related feeding and swallowing disorders.

As registered health professionals, registrants are entitled to use the designated professional titles for all professions that they are registered in (see [Reserved Titles & Credentials \(POL-QA-01\)](#)). Registrants must ensure that any communication health assistants under their supervision are compliant with [Communication Health Assistants Titles & Credentials \(POL-QA-10\)](#).

Aspects of a profession’s scope of practice may be unique to that profession and must not be performed from that profession’s perspective by any other health profession. An example of a unique aspect of scope of practice would be determining an audiology or speech-language pathology diagnosis. More detailed information on scope of practice is contained in the competency profiles for each profession and within Appendices C, D, and E.

Other aspects of a profession’s scope of practice may be shared with other regulated health professionals. An example within CHCPBC would be that each RAUD, RHIP, and RSLP practitioners may perform hearing screening for the purpose of identifying a potential hearing problem. It is incumbent on registrants to be aware of other regulated health professionals’ scopes of practice. Unregulated care providers do not have a legislated scope of practice. There are other care providers (e.g. education professionals, social workers) who may have legislated scopes of practice, but they are under different legislation than the *Health Professions Act*.

Registrants must also consider the standard on [Inter-professional Collaborative Practice \(SOP-PROF-01\)](#) when describing and implementing their role with a specific clinical population. Knowledge and awareness of other team members’ roles is imperative to effective and safe care. Appendix A shows how scopes can be articulated in terms of unique or shared components with other team members.

Appendix B shows the inter-relationships between the scopes of practice for the 3 professions regulated by CHCPBC. It is incumbent on registrants to understand what is within their scope of practice and under what, if any, conditions.



Restricted Activities for Speech and Hearing Health Professionals

Restricted activities prescribed in the *Health Professions Act* are assigned to each profession in the [Speech & Hearing Health Professionals Regulation](#) and may have limits or conditions attached to them. In several instances, the legislation and bylaws prescribe the need for a Certified Practice (CP) certificate to perform certain activities. The CHCPBC outlines what the conditions are to demonstrate the necessary knowledge, skills, and abilities. (see *CHCPBC Certification Program & Application forms*). Other restricted activities do not have any additional conditions attached to them and are able to be performed by competent entry level registrants.

Entry-level Practice

Entry-level practice (with or without restricted activities) carries elements of risk to clients, and it is incumbent on registrants to know and to mitigate those risks when practising the profession.

Registered Audiologists (RAUD), Registered Hearing Instrument Practitioners (RHIP), and Registered Speech-Language Pathologists (RSLP) are independent in their practice at entry level and for Certified Practices if they hold a valid certificate. There is no need for a registrant to receive an order from another health care professional to practice any aspect of their profession.

Delegation & Assignment of Services

Communication Health Assistants (CHAs) do not have a regulated scope of practice but may be delegated and/or assigned speech and hearing activities under the supervision of a registrant. Section 5 within Schedule 17 of the CHCPBC Bylaws sets the limits for CHA practice and is supplemented by the CHCPBC standards of practice and clinical decision support tools (see [Communication Health Assistants \(Delegation & Assignment\) \(SOP-PRAC-04\)](#)). Registrants may delegate to CHA non-registrants where this remains in accordance with the legislation and related CHCPBC documents.

Practice that is delegated to a registrant from another health profession is considered out of scope and can only be performed if there is a formal agreement between CHCPBC and the other regulatory college. Any such agreement would stipulate the conditions of that delegation and any aspects of shared accountability and responsibility.

Authority to Set Standards, Limits, & Conditions

CHCPBC has the authority to establish, develop, monitor, and enhance the standards of practice and limits and conditions for registrants. This is particularly important when there are new, emerging, and/or changing practices in each profession. Registrants must be up to date on their knowledge of CHCPBC documents and requirements.



APPENDIX A: DETERMINING UNIQUE & SHARED SCOPE OF PRACTICE

Q: What clinical population is being reviewed?

Q: Who are the core team members with your clients?

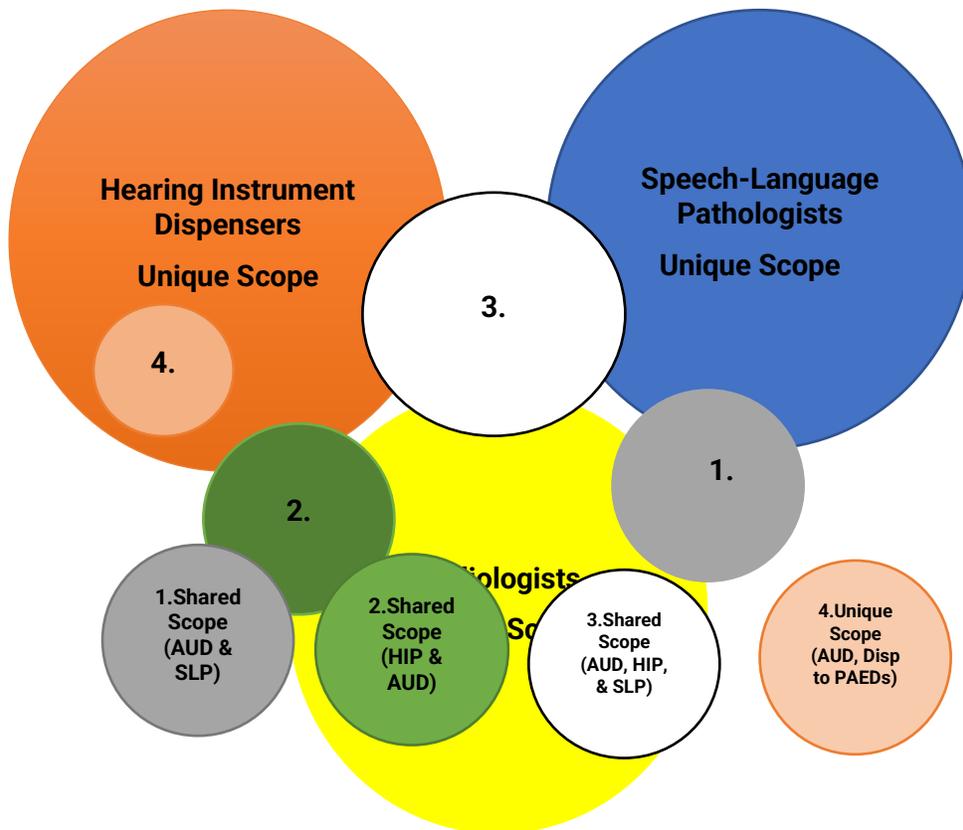
Q: What is your key role in serving this clinical population?

Q: What unique contributions do you bring to their care?

Q: What aspects of care may be shared with or by other team members?



APPENDIX B: UNIQUE & SHARED SCOPE OF PRACTICE FOR AUDIOLOGISTS, HEARING INSTRUMENT PRACTITIONERS, & SPEECH-LANGUAGE PATHOLOGISTS





CHCPBC RELATED DOCUMENTS

[*Attaining & Maintaining Practice Competence \(SOP-PROF-02\)*](#)

[*Certified Practice \(SOP-PROF-06\)*](#)

[*Communication Health Assistants \(Delegation & Assignment\) \(SOP-PRAC-04\)*](#)

[*Inter-professional Collaborative Practice \(SOP-PROF-01\)*](#)

[*Professional Accountability & Responsibility \(SOP-PROF-05\)*](#)

APPENDIX C: [NATIONAL AUDIOLOGY COMPETENCY PROFILE](#)

APPENDIX D: [NATIONAL SPEECH-LANGUAGE PATHOLOGY COMPETENCY PROFILE](#)

APPENDIX E: [BC HEARING INSTRUMENT DISPENSING COMPETENCY PROFILE](#)