



Alberta College of
Speech-Language Pathologists
and Audiologists

Guideline

Concurrent Practice

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Concurrent Practice By ACSLPA Regulated Members

Guideline: Provides guidance to regulated members to support them in the clinical application of Standards of Practice.

Preamble

For the purposes of this document, **concurrent practice** (otherwise referred to as concurrent intervention) refers to the independent provision of clinical interventions¹ to a client² for the same or related concern by two or more service providers. The provision of interventions can be face-to-face or via telepractice and may involve SLPs or audiologists within the province or may involve situations where some of the clinicians involved are located outside of the province. Although these guidelines are for ACSLPA regulated members, they may also be helpful when working concurrently with professionals from other health care disciplines (e.g., an occupational therapist and a speech-language pathologist both addressing feeding concerns).

This document does *not* address **consecutive practice**, which occurs when one clinician is involved with a client and their involvement is ceasing or ceases prior to the involvement of another clinician.

Regulated members may provide concurrent intervention where they have determined that the benefits outweigh the risks. This document provides a set of guiding principles that will aid regulated members as they reflect on the appropriateness of concurrent interventions and on situations when concurrent intervention may not be recommended. Strategies for effective communication and the resolution of disagreements between clinicians will also be addressed.

Background

Clients may desire intervention to be provided by more than one audiologist or speech-language pathologist. This has commonly occurred when the client wants to augment publicly funded services by obtaining private services; however, other situations may also occur such as engaging different clinicians to take advantage of different approaches to intervention, specialized skill sets or accessing more than one type of publicly funded service simultaneously.

Concurrent practice is typically, although not exclusively, provided by members of the same profession. A speech-language pathology example would include when one client receives language-based intervention from a publicly funded clinician while receiving articulation therapy from a clinician in private practice. Another speech-language pathology example might involve a publicly funded clinician providing articulation therapy and the family seeking a private practitioner to augment articulation services. An audiology example would be when a child receives audiological testing and hearing aid fitting from one audiologist and receives classroom consultation from an educational audiologist.

Concurrent practice can also occur across professions – for example, a speech-language pathologist and

¹ *Intervention* refers to “an activity or set of activities aimed at modifying a process, course of action or sequence of events in order to change one or several of their characteristics, such as performance or expected outcome”. In speech-language pathology and audiology, intervention is a term used to describe the various services provided to clients and their caregivers, including but not limited to individual and group treatment, counselling, home programming, caregiver training, and discharge planning.

² For the purposes of this guideline, “client” refers to a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient.

audiologist may provide treatment for the same condition, such as aural rehabilitation for an individual who is hard of hearing. Concurrent practice does *not* refer to a speech-language pathologist and an audiologist managing different aspects of communication within their respective scopes of practice – for example, a speech-language pathologist treating a language disorder and an audiologist testing hearing.

Assumptions

1. Provision of care provided by more than one clinician to a client must be in compliance with ACSLPA's *Code of Ethics, Standards of Practice*, and all relevant legislation.

In particular, regulated members have duties and responsibilities related to privacy, and the sharing of information regarding a client's condition or professional services, which should only occur when appropriate consent has been secured.

Provincial legislation that outlines how information must be managed in Alberta includes the *Health Information Act, Freedom of Information and Protection of Privacy Act, the Personal Information Protection Act*, and *Children First Act*. The legislation that is applicable will depend upon the practice setting. In addition, the *Personal Information Protection and Electronic Documents Act*, which is federal legislation, may be applicable in certain practice settings.

It is important to note that regulated members employed by public bodies (i.e., health or education settings) or under agreement with a public body (i.e., contractual workers), may be subject to the *Children First Act (2013)*, which indicates that service providers may share information with one another in the best interests of the child without having obtained the express consent of the parent or guardian. Hence, in the situation where two regulated members **employed or contracted by public bodies** might share information regarding a minor client under the provisions of this *Act*, they would need to be transparent and let the parent/guardian know that such disclosures may be undertaken.

Further information regarding relevant privacy legislation is available in the *Governing Legislation* section of the ACSLPA website at www.acslpa.ab.ca. Regulated members are also encouraged to consult their employer resources regarding organizational interpretations of governing legislation.

2. This *Concurrent Practice* guideline is consistent with ACSLPA's Practice Guidelines related to working with support personnel.

In keeping with these guidelines, the audiologist or speech-language pathologist maintains responsibility for all audiology or speech-language pathology service activities that have been assigned/delegated to a support person. Please refer to the *Working with Support Personnel Guidelines* for specific information.

3. Concurrent interventions are typically complementary, being combined in such a way as to enhance or emphasize the qualities of each other, resulting in benefit to the client. There may also be occasions where concurrent interventions are *not* complementary and do not benefit the client (i.e., two opposing approaches to treatment that could be potentially confusing to the client). Sometimes, concurrent interventions may also result in what is deemed by employer policies to be **duplication of services**. This occurs when two publicly funded programs provide either speech-language or audiology services to the same individual, or when a client is eligible for two publicly

funded services. Regulated members are advised to use these guidelines to assist them in deciding whether to participate in the provision of concurrent intervention.

Guiding Principles

1. In the course of taking a history from a client or at any time there is reason to believe concurrent practice may be occurring, regulated members should inquire if concurrent practice is occurring or planned. It may be helpful to the client to clarify that the concurrent intervention can include an array of service delivery models, including consultative services and/or direct intervention.
2. When a client indicates that concurrent practice is occurring or is planned, the regulated member should try to obtain consent to speak with the other clinician(s) in order to provide a coordinated service that will best meet the client's needs.

As noted in the Assumptions section of this guideline, regulated members employed by public bodies or under contract with public bodies are subject to the provisions of the *Children First Act*. In this situation, if the regulated member is unable to obtain express parental consent to speak with other clinicians and has determined that such communication would be in the best interests of the child, communication may proceed, giving ongoing consideration to the parent/guardian's wishes. Further information regarding what constitutes the best interests of the child can be found by accessing the link to the *Guide to Information Sharing Under the Children First Act*, referenced at the end of this guideline.

3. If consent to speak with the other regulated member is obtained or if contact is made under the authority of the *Children First Act (2013)*, collaboration and communication is encouraged to ensure that goals and interventions are complementary. When discussing concurrent practice with the other clinician, the following should be discussed and documented:
 - the rationale to support the provision of concurrent practice;
 - the goals of assessment and/or intervention and the role of each clinician in achieving those goals;
 - the method of ongoing communication between the clinicians;
 - the frequency of ongoing communication;
 - the method of communication with others involved with the client's care (such as significant others, teachers, support personnel, health care personnel or home/school care providers);
 - clinical reports should state that more than one clinician is involved.
4. When a client chooses not to provide consent for a regulated member to contact the other clinician(s), or the regulated member is unable to contact the other clinician(s), the regulated member needs to determine whether it is appropriate to continue services in isolation, and whether there are any known risks that might preclude the provision of ongoing services (e.g., therapy approaches appear to conflict with one another or there is no perceived benefit, as based on information provided by the client, parent, or caregiver). This would not prevent the regulated member from providing a second opinion to a client while still under the care of another regulated member.
5. When one regulated member discharges the client or discontinues service for an extended period and the care is taken over by the remaining regulated member(s), this should be documented by both parties. Referral(s) to other programs or agencies should also be documented.

6. The provision of concurrent intervention is appropriate when:
 - the intervention is complementary;
 - concurrent practice provides intervention that one of the regulated members is unable to provide either due to funding or caseload constraints or where the regulated member does not have the required expertise in a specific practice area; or
 - the client requests a second professional opinion.

7. The provision of concurrent intervention is not appropriate when:
 - clinicians are using conflicting approaches (i.e., conflicting articulatory strategies which may confuse a young client); in these cases, communication between providers to discuss rationale for varied approaches or the potential of implementing complementary approaches is encouraged;
 - one of the clinicians is bound by an employer policy which discourages concurrent intervention; and/or
 - it is determined that concurrent intervention is not in the client's best interest, and the risks outweigh the benefits.

8. In circumstances where the concurrent intervention is judged to be unnecessary, regulated members should clearly communicate this recommendation to the client, and document this in case notes or a report.

9. Regulated members involved with the client should monitor the efficacy and appropriateness of concurrent practice and discuss changing or discontinuing the practice if it is determined that the benefits no longer outweigh the risks.

10. When clients and/or their family members are counselled regarding assessment and intervention options available to them, regulated members should notify them of any agency policies on concurrent practice that could deny them access to publicly or alternatively funded services at the current time and/or in the future. Regulated members are responsible to be aware of any existing agency policies in this regard.

11. In situations where one or both of the regulated members disagree with the other service provider on an aspect of client services, the onus is on the regulated members to make reasonable attempts to resolve these disagreements. This is consistent with ACSLPA's *Code of Ethics*, which requires that regulated members will maintain respectful relations with colleagues and other professionals, and exhibit professionalism in all of their interactions.

Regulated members should document a brief synopsis of all relevant information pertaining to a disagreement including any attempts at resolving it.

If the disagreement is not resolved to the regulated member's satisfaction, they should:

- inform the client of the nature of the disagreement;
- inform the client of any other options, including that of obtaining another opinion;
- document all relevant information regarding the disagreement including information provided to the client, the nature of the disagreement and the protection of the best interests of the client; and
- respect the client's fully informed decision.

ACSLPA recognizes that in some situations it may not be possible for the regulated member to attempt to resolve the disagreement with the other clinician(s). In circumstances where a regulated member determines that the other clinician(s) should not be contacted, the regulated member should document the rationale for that decision.

Conclusion

In the provision of concurrent practice, ACSLPA regulated members must practice in compliance with the *Code of Ethics, Standards of Practice*, and all relevant governing legislation. Clients can expect that they are informed of the risks and benefits of concurrent practice and that due diligence has been carried out when making decisions regarding concurrent services. Regulated members should seek to obtain consent to speak with the other clinicians involved in the case and, if they work with children and are employed by public bodies or under contract with public bodies, should be aware that they are subject to the provisions of the *Children First Act*. Respectful communication among all parties involved is paramount, including written documentation related to decision-making and clinical services. Should any supportive personnel be involved in service delivery, it remains the responsibility of the supervising speech-language pathologist or audiologist to deal with concurrent practice issues. Regulated members should also strive for the effective resolution of conflict whenever it occurs.

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