

PURPOSE OF THE BACKGROUND RESEARCH PAPER FOR MCP²

THE PROJECT:

The Multidisciplinary Collaborative Primary Maternity Care Project (**MCP²**) is an initiative that is attempting to develop guidelines for a model of multidisciplinary collaborative maternity practice that may address health human resource shortages and increase access to primary maternity care.¹ The overarching goal of **MCP²** is to reduce key barriers and facilitate the implementation of national multidisciplinary collaborative primary maternity care strategies as a means of increasing the availability and quality of maternity services for all Canadian women.

The human resource shortage in primary maternity care in Canada, which includes family physicians, obstetricians, nurses and midwives, is a crisis that has been well documented. **MCP²** proposes that the impact of the human resource shortages can be addressed by maximizing the interaction and collaboration of health care providers through the implementation of multidisciplinary collaborative maternity care models.

There are significant barriers to multidisciplinary collaborative primary maternity care. These include jurisdictional issues, flawed regulatory and funding mechanisms, a lack of policy development in professional associations and regulatory bodies, and medico-legal issues. **MCP²** was designed to address some of these barriers including developing recommendations to address: consistent use of terminology; guidelines for scopes of practice, and facilitation of the harmonization of legislation and policies as they relate to the provision of multidisciplinary primary maternity care.

The *Background Research Paper* was prepared in the fall of 2004 with the assistance of a consultant group.² This paper catalogues both the scopes of practice of maternity care providers in Canada and the current terminology used to describe these scopes of practices.

DEFINITIONS:

A **scope of practice** is defined as the activities that an individual health care practitioner is permitted to perform within a specific profession. These activities should be based on appropriate education, training, and experience. Scope of practice is established by the practice act of the specific practitioner's board. The scopes of practices of health care professionals often overlap, reflecting

¹ A schematic diagram which describes the other objectives of the project is attached.

² Solugik Public Affairs, *Background Research Paper*, December 2004, available from www.mcp2.ca

shared competencies.³ As the *Background Research Paper* demonstrates, scopes of practice may be described within legislation or they may be defined by the regulatory body.

Legislation is a proposed or enacted law or group of laws. There are laws under which health care professionals are regulated. These laws may be passed for each self-regulating profession or there may be a secondary level of law that applies across all of the self-regulating professions (e.g. Ontario's Regulated Health Professionals Act)

Regulation of health professionals is a provincial/territorial responsibility with considerable variation across the country. Regulation involves professional self-regulation. Each profession has the responsibility to regulate its own members. This responsibility stems from an act of the legislature or by government regulations made under an act of the legislature.

Licensure prohibits all who are not licensed from providing the services that fall within the scope of practice of the profession and this prohibition is defined by legislation.

The primary purpose of this background research paper is to act as a resource catalogue that will aid in the identification of what changes, if any, need to take place to create national scopes of practice using consistent terminology.

HOW SCOPE OF PRACTICE ISSUES IMPACT ON HUMAN RESOURCES:

The *Background Research Paper* describes the current situation in Canada. At present, there are 13 legal jurisdictions; in each of these provinces or territories there is separate and distinct legislation that governs maternity care professionals. While there are points of similarity, there are also significant differences. For example, we do not have nationally consistent descriptions of scopes of practice either within the same profession or across the various health care professionals involved in maternity care. Scopes of practice may be defined restrictively, or permissively. Scopes of practice may include a list of activities that the professional may or may not perform, or they may consist of a general description of the work of that professional. There is no consistency in where scopes of practice are described, in legislation or by regulation. We do not have agreement or consistency in the way we regulate maternity care professionals including family physicians, midwives, nurses, or obstetricians. Further, as this paper clearly illustrates, there is a significant lack of consistent terminology. For example, the titles used to define nurses with extended scopes of practice vary from

³ Federation of State Medical Boards of the United States, Inc. ASSESSING SCOPE OF PRACTICE IN HEALTH CARE DELIVERY: CRITICAL QUESTIONS IN ASSURING PUBLIC ACCESS AND SAFETY, author, 2005 Accessed from http://www.fsmb.org/pdf/2005_grpol_scope_of_practice.pdf

one jurisdiction to another. Each of these factors creates confusion for stakeholders involved in the human resource planning.

Labour mobility is also restricted as each jurisdiction regulates its health professionals differently. While some labour mobility agreements exist, these still require potentially time consuming and expensive processes to become recognised as a health care professional in another jurisdiction.⁴

Further, while scopes of practice define what each health care professional may do, many health care professionals are not working to the fullest extent of their scope of practice -- that is, regulatory, institutional, privileging, employment, funding, and other similar policies and factors limit their potential to work to the fullest extent of their current knowledge, training, experience and skills. This limits the capacity of the healthcare workforce to address the health care needs of the population.

NEXT STEPS:

The *Background Research Paper* will be used as a resource by **MCP²** to develop recommendations for guidelines to develop national scopes of practice and terminology. These recommendations will be presented as part of the final report of this Project.

In addition, these recommendations will be used as a resource for a public policy campaign to garner the support of provinces and territories in making the necessary changes to develop a system that supports multidisciplinary collaborative care.

⁴ Agreement on Mobility for Midwifery in Canada, March 2001.