Practitioner's Toolkit: Applying Scope of Practice Standards in Life Care Plans

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This column is the collaborative effort of Karen Preston, Patricia Cline, Sarah Malloy, Stephen Mann, Tracy Witty, and Elizabeth Zaras. The author is grateful for their editorial support, wisdom, and collective experience. The column is meant to be an educational forum for life care planners. It is not designed to offer an authoritative opinion from the editor or editorial board of the Journal of Life Care Planning, the board of the International Academy of Life Care Planners, or the board of its parent organization, the International Association of Rehabilitation Professionals, nor is it designed to represent or replace official opinions from a certifying body of other organizations associated with the practice of life care planning.

QUESTION:

In the 4th edition of the Standards of Practice, I feel that the scope of practice issue has been weakened as it pertains to my rebuttals when critiquing others' life care plans. It now seems that it is up to the judgment of each life care planner, and that it allows a life care planner to say that everything is within their scope. How do the Standards help me create my rebuttal?

RESPONSE:

Scope of Practice is an important issue in life care planning. The 4th edition of the Standards of Practice was meant to provide additional information to address the meaning and operationalization of scope of practice. Whether one is doing a life care plan or a rebuttal to someone else's life care plan, the concepts are the same. The following standard speaks directly to scope of practice.

Standard of Performance #2 (which is the same as what was in the 3rd edition) states (IALCP, 2022, page 10):

2. STANDARD: The life care planner practices within their professional scope of practice. PRACTICE COMPETENCIES:

    a. Remains within the scope of practice for their profession as determined by state, provincial, or national credentialing bodies.

If any reader has a question about the standards of practice or a concern regarding the current standards that may be addressed in a future issue, please forward correspondence to Karen Preston at kpreston@rns-hcc.com.

b. Independently makes recommendations for care items/services that are within the scope of practice of their own professional discipline.

Life care planners come from a variety of professions who may not be fully knowledgeable about each other's scope of practice. Therefore, the 4th edition of Standards of Practice addresses this by adding a new section called Scope of Practice. This is intended to help a life care planner consider their own scope, and it also aids evaluation of other life care planners work when doing a rebuttal. Coming from different professions and different practice backgrounds, every life care planner does have their own Scope of Practice.

Understanding the definition of scope of practice helps to clarify this. The American Medical Association (2022) describes a scope of practice as "those activities that a person licensed to practice as a health professional is permitted to perform" (para. 1). The soon-to-be published (Barros-Bailey et al., In Press) 5th edition of Life care planning and case management across the lifespan states:

> Each life care planner comes from a profession that had educational standards and assessment of that practitioner's competencies to meet the minimum requirements for that discipline's general scope of practice. Although life care planners have a general scope of practice from their professional discipline, through additional knowledge, training, and experience specific to life care planning, they also develop an individualized scope of practice that is defined as:
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> > . . . more specialized than the professional scope. An individual scope of practice is based on one's own knowledge of the abilities and skills that have been gained through a program of education and professional experience. A person is ethically bound to limit [their] practice to that individual scope of practice (Commission on Rehabilitation Counselor Certification, 2021, para. 3).
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> The 4th edition of standards (International Academy of Life Care Planners, 2022, p.8-9) states:
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> > To address the future care needs, the life care planner collaborates with other professionals in order to develop a transdisciplinary life care plan inclusive of recommendations outside of the individual life care planner's professional scope of practice. No single rehabilitation or health care professional is trained to have comprehensive expertise in all areas where recommendations may be needed. Even within a profession, there are specialty and sub-specialty divisions, which may limit the life care planner's ability to independently make all needed recommendations. To determine which care recommendations can be made independently, life care planners may ask themselves the following questions:
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> > - Does my professional training give me enough knowledge to provide an opinion?
> > - Does my mandated professional license, registration, or other credential give me the authority to opine?

- Do I have additional training and/or voluntary credentials that provide the ability to opine?
- What roles have I performed that give me foundational experience?
- Could I and would I order and implement the recommendation if I were the treater?
- Do I have practice experience with this recommendation?
- Have I worked with a client population that supports my ability to make this recommendation?

These questions can also be asked of an opposing life care planner to aid in determining their scope of practice.

Rehabilitation physician Stephen Mann, MD, notes the challenge of rebuttal:

> As a physician, my license allows me to order and/or perform a broad range of medical care. However, in real life practice, physicians belong to a specialty and will voluntarily limit their scope of practice, usually just within their specialty. As a PM&R specialist I know what other specialists and disciplines are likely to provide treatment and may accurately know the care they will provide. But it is outside my scope of practice to control their exact services, frequency, and duration. I can recommend a referral or consultation, but they should provide the details. This means I am talking with treaters or other experts on a case. I cannot make a complete and credible life care plan without involving others.
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> This is a frustrating subject. No one has authority to stop someone from doing life care plans, and when I point out physicians who exceed their scope of practice and make ridiculous recommendations, it may not matter. Those physicians still manage to get referrals and to testify.
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> When we finish medical school, we are instructed in best practices. This is finely honed in residency. I cannot fathom why certain physicians will write life care plans that fly in the face of standards of care and scope of practice. Has anyone seen an evidence-based protocol that recommends lifetime physical therapy for a soft tissue injury with a normal neurological exam? If you are working with a physician who insists on including information that is wrong, then that physician has an obligation to explain why it is included. The opposing life care planner is correct to point out and challenge these over-steps.

Occupational therapist Tracy Witty notes:

> Life care planners have specialized training to analyze records, interview evaluees, and conduct research, but that

> does not change the life care planner's scope of practice for making recommendations. Life care planners have an ethical duty to practice within their scope of practice. For example, an occupational therapist who has exclusive post-graduate training and experience working as a Certified Hand Therapist in an adult clinical setting would not ethically consider providing independent recommendations for a child with a severe brain injury. Similarly, an orthopedic surgeon would not likely make independent recommendations in the realm of neurosurgery or neurology.

Through the continued challenging of errant life care planning practices and through education of all parties whenever the opportunity arises, we can endeavor to improve the quality and validity of recommendations in life care plans. The following tips are offered as concrete steps that life care planners can take.

- Remember and quote the statement: No single rehabilitation or health care professional is trained to have comprehensive expertise in all areas where recommendations may be needed. (IALCP, 2022).
- Learn as much as possible about the life care planner being rebutted. It is not enough to simply know the profession of the life care planner. Ask for a CV or resume.
  - What post-professional training and experience does this life care planner have that expands their scope of practice?
  - Does the life care planner appropriately recommend referrals and consultations, but leave the specific treatments, frequency, and duration to those who:
    - Are treaters who have documented in records specific future care?
    - Are treaters who have consulted with the life care planner?
    - In the absence of ability to consult with a qualified treater, are supported by clinical practice guidelines, evidence-based practices, or other authoritative source?
    - Are experts in knowing and practicing the specific treatments, frequency, and duration?
- The Journal of Life Care Planning, Vol 17, No. 1 (Journal of Life Care Planning, 2021)has a series of articles written by professionals in seven professions. These articles specifically address scope of practice for each discipline and include an Appendix that provides details on the kinds of recommendations within each discipline's scope.
- Identify specific recommendations that seem to be outside of the life care planner's scope of practice. What is your basis for this opinion? Is it clear who made the recommendation(s)?

- To avoid being challenged by a rebuttal to your work, make sure your CV/resume includes all the extra knowledge training, and experience that broadens your scope beyond the general profession scope. Sometimes this information is incorporated into the narrative report for your life care plan.
- Make sure you have cited who you collaborated with to arrive at your recommendations. Indicate which recommendations are yours and which are from another source. Don't leave room to make assumptions or to let the other side guess.

References

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