



Assignment of Interventions to RRTs by PAs, NPs and Physicians Practicing Telehealth

Like many provinces across Canada, Nova Scotia is experiencing challenges related to limited healthcare personnel resources. Innovative approaches to solving this issue are being implemented, including the use of Physician Assistants (PAs), Nurse Practitioners (NPs), and the provision of telehealth services (inclusive of cross-provincial telehealth). The Nova Scotia College of Respiratory Therapists (NSCRT) has received multiple inquiries regarding the delegation/assignment of interventions to Respiratory Therapists (RRTs) by Physician Assistants (PAs), Nurse Practitioners (NPs), and the ability of an RRT to receive orders from a physician practising telehealth who is not licensed with the College of Physicians and Surgeons of Nova Scotia (CPSNS). The NSCRT has obtained legal consultation to ensure RRTs clearly understand their professional responsibilities.

It is essential first to understand the difference between delegation and assignment. Delegation is a mechanism that allows a regulated health professional who is authorized to perform an intervention to temporarily grant that authority to another person (whether regulated or unregulated) who is not otherwise legally authorized to perform the act independently (i.e., an intervention that does not fall within the scope of practice of RRTs). Delegation differs from an assignment. An assignment involves assigning tasks that do fall within the scope of practice of RRTs. Assignments are orders that authorize the initiation of interventions that are already within the scope of practice of RRTs and are not considered delegated activities.

Physician Assistants (PAs)

PAs must work under a supervising physician: a qualified physician in good standing who has been specifically designated as the physician who will oversee the PA and allows them to practice under the physician's license. PAs can only perform delegated tasks within their supervising physician's training and competency and within the PA's training and competency. **PAs do not possess independent**



delegation or assignment authority. PAs can only issue an order authorizing an RRT to perform a task/intervention if this authority has been delegated to the PA by their supervising physician. **The RRT is ultimately responsible for assessing whether an intervention is appropriate and whether the activity falls within the RRT's scope of practice and scope of individual competence.** If there is any concern about the appropriateness of a PA's order, the RRT should consult the responsible physician and their employer. At Nova Scotia Health (NSH), to qualify as a supervising physician, a physician must currently be working with Nova Scotia Health (NSH). NSH has a PA Policy that governs the practice of PAs working for NSH.

https://policy.nshealth.ca/Site_Published/NSHA/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=83454

Under the NSH PA Policy, PAs can only perform delegated tasks within their supervising physician's training and competency, within the PA's training and competency, and that are contained in the formalized practice agreement. RRTs can only accept and implement orders from PAs if those orders involve assignments, procedures, medications, or interventions within the formalized practice agreement. RRTs are responsible for familiarizing themselves with any policies, practice agreements, guidelines, etc., issued by the employer.

Nurse Practitioners (NPs)

NPs are independently authorized to engage in and delegate activities and interventions that fall within their scope of practice. While an NP may delegate the performance of tasks/interventions to an RRT, the NP retains the accountability for evaluating and managing the outcome of the delegated intervention. Again, the RRT is ultimately responsible for assessing whether an intervention is appropriate and whether the activity falls within the RRTs scope of practice and scope of competence. If there is any concern about the appropriateness of an NP's order, the RRT should consult the NP or their employer. The Nova Scotia College of Nursing is also available for general questions respecting NPs' scope of practice and ability to delegate.



Cross-provincial Telehealth

Physicians licensed elsewhere in Canada who deliver virtual care in Nova Scotia are held to Nova Scotia standards but are subject to the regulation of their provincial licensing authority. **RRTs are authorized to take orders from licensed physicians practising telemedicine from other provinces in the same manner as they are permitted to take orders from physicians licensed in Nova Scotia who deliver virtual care in the province.** RRTs should be aware of whether prescriptions from out-of-province physician prescribers will be recognized in Nova Scotia. Once again, the RRT is ultimately responsible for assessing whether an intervention is appropriate and whether the intervention falls within the RRTs individual scope of practice and scope of competence. If there is any concern about the appropriateness of the order of a physician practising telehealth from another province, the RRT should consult with their employer or the physician's provincial regulatory college.