A Compendium of Roles in Team-Based Primary Care

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Contents

Introduction

Foundational to effective comprehensive, team-based primary care is a mutual understanding of the roles that individual team members—from a range of occupations—can play. Evidence suggests, however, that many of those involved in the provision of primary care are not fully aware of the education and training, and regulated scopes of practice of other provider groups. This poses a significant barrier to optimal interprofessional collaboration. This compendium outlining the roles of various primary care team members was created as a resource for those dedicated to primary care training and practice reform in support of team-based models of care.

This compendium emerged from the work of the Interprofessional Collaborative Table of the Team Primary Care: Training for Transformation Initiative which met from December 2022 through March 2024. The Interprofessional Collaborative Table was unprecedentedly inclusive, bringing together over 20 primary care practitioner groups focused on aligning their training to foster more collaborative team-based care. The Table was a forum for each practitioner group to share knowledge and learn about each other's roles and their respective contributions to comprehensive team-based primary care in a transparent, candid, and methodical manner. Its work embodied the inspiration for Team Primary Care as quoted by the Romanow Commission in 2002, "*If health care providers are expected to work together … it makes sense that their education & training should prepare them for this type of working arrangement.*" (p. 109).

The compendium entries included in this collection were developed by each of the professional partner groups, with extensive expertise in their respective roles. Entries begin with a case study narrative of the practitioner's potential role within a team-based model of primary care. Next, important details pertaining to the training, regulation and scope of practice of each practitioner are detailed from a pan-Canadian perspective. Each entry then details the specific contributions of their practitioner group to three illustrative primary care domains—maternal and child health, chronic disease management, and end of life care.

Interprofessional collaboration that optimizes the role of all team members can enhance effectiveness and efficiency by applying the skills of available providers through task shifting, skill mix and scope optimization. To support the development and expansion of models of care that employ all potential roles in the delivery of primary care, health system planners and policymakers must be able to identify and understand the current and potential contributions of the full range of occupations at their disposal. Optimizing roles is critically important to increasing Canadians' attachment, and timely access for those attached, to primary care.

The curating of the information in this compendium for the first time is a necessary foundational step but is insufficient if it is not integrated into the training and knowledge base of all primary care practitioners moving forward. We look forward to those next critical steps.

Ivy Lynn Bourgeault, Sophia Myles & Dale McMurchy.

Audiologists

Mrs. Bushra is an 82-year-old female with a complex medical history including Alzheimer's disease and vision impairment. Mrs. Bushra is being seen for follow-up with her family physician after a medication dosage change that was recommended based on blood test results. Dr. Craig had recommended a dosage decrease from 55mg to 50mg. During the follow-up appointment today, when Dr. Craig asked Mrs. Bushra about this dosage modification, it was revealed that Mrs. Bushra had modified her dosage to 15mg instead of 50 mg. Mrs. Bushra was quite irritated and embarrassed to realize her error, and her son who had accompanied her to her appointment, was showing concern about this interaction. Suspecting that this miscommunication had occurred due to a possible hearing loss, Dr. Craig explains his concern to Mrs. Bushra and her son and recommends that Mrs. Bushra be referred to the team's audiologist.

An audiologist can check for and remove cerumen (ear wax), assess the type and degree of hearing loss, and evaluate how hearing loss affects the functioning of the person in everyday activities and their quality of life. An audiologist can provide rehabilitation (technologies, communication training, counselling) can support the person to improve communication. An audiologist can also connect the patient with appropriate community services and provide education to patients and their family about hearing loss and how to improve communication and functioning in daily life.

Introduction

An audiologist is a healthcare professional who identifies and evaluates ear-related problems (including hearing loss, vertigo, tinnitus and auditory processing disorders) and facilitates communication accessibility. Audiologists provide rehabilitative interventions for these disorders for people across the lifespan using person-and family-centered approaches.

Education

Audiologists in Canada are required to have a Master's degree from an accredited audiology training program. Their training takes two to three years to achieve entry-to-practice requirements.

Foundational knowledge and skills cover:

- Hearing and communication related to overall health and development across the lifespan.
- Psychosocial and environmental influences on everyday listening.
- Social determinants of health.
- Interprofessional teamwork.
- Understanding the biological basis for auditory and vestibular disorders.
- Understanding perceptual and cognitive bases for speech and communication.
- Audiological assessment, including electrophysiological and behavioural diagnostic measurements.
- Audiologic rehabilitation, including use of technologies (e.g., device selection, fitting, verification and validation for hearing devices), training (e.g., to develop listening skills) and counseling (e.g., psychological adjustment to hearing loss), and environmental modifications (e.g., room acoustics).
- Hearing and communication accessibility in healthcare, education, workplace and community settings.

Regulation

As of 2024, audiology is regulated in nine Canadian provinces, requiring licensure for practice. In unregulated provinces, audiologists can practice without a license or join a provincial, territorial or national association which enforces practice standards.

Authorized services by registered audiologists vary by jurisdiction. Additional training may be needed in some areas for specialized services.

Scope of practice, roles and responsibilities

Audiologists may practice independently or within an interprofessional framework.

Scope of Practice (may vary by jurisdiction):

- Educating and advocating about hearing loss and balance disorders.
- Comprehensive hearing/ audiometric evaluations, including auditory processing disorder assessment.
- Identification and management of balance/ vestibular disorders.
- Best practice approaches to hearing device candidacy, fitting, counselling, management and outcome measurement.
- Provision of auditory training, speech reading, accessible communication strategies.
- Assessment of tinnitus and provision of therapeutic interventions.
- Cerumen management.
- Hearing conservation education and programs and providing hearing protection solutions.
- Research and teaching.

Roles and Responsibilities:

Audiologists play varied roles as: clinical practitioners offering patient care, diagnosis and management; educators instructing students and leading workshops; researchers; consultants; experts providing legal testimony; and advocates promoting hearing healthcare access and public awareness. They ensure accurate diagnosis, effective care and rehabilitation, adhere to codes of conduct, stay updated through education, and collaborate on healthcare professional teams.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- Advocate for policies and raise awareness for programs that support early hearing loss detection and intervention.
- Advocate and provide appropriate communication accessibility for parents living with hearing loss in prenatal, perinatal and postnatal appointments.
- Ensure timely comprehensive diagnostic assessments for infants who are referred after initial hearing screening.
- Identify infants and children at risk for hearing loss due to genetic factors, congenital cytomegalovirus (cCMV) or other risk factors.
- Monitor high-risk children for early signs of hearing loss.
- Provide comprehensive early hearing intervention for infants identified with permanent hearing loss.
- Provide and advocate for child's hearing healthcare on interprofessional teams.
- Educate and counsel family members and connect them to language development professionals (both signed and spoken languages).
- Assess and manage other hearing disorders identified in childhood, including auditory processing and/or balance disorders.
- Provide communication accessibility supports in preschool and school-based environments.

Chronic Care:

- Promote awareness of hearing health as part of overall well-being in patients with chronic conditions.
- Conduct audiometric evaluations to assess the extent and nature of hearing loss, and monitoring changes in hearing, in patients with chronic conditions; provide appropriate hearing interventions.
- Identify and manage hearing-related conditions, such as tinnitus or balance disorders.
- Ensure interprofessional colleagues are aware that dual-sensory losses often co-occur, especially hearing and vision loss.
- Provide counselling on communication strategies and coping mechanisms to manage hearing loss in daily life.
- Advise patients on how to protect their hearing from further damage.
- Work with interprofessional colleagues to integrate hearing care into chronic care plans.

Older Adult/Geriatric/End-of-Life:

- Conduct assessments to diagnose age-related hearing loss (presbycusis), and other auditory disorders common in older adults.
- Provide tailored hearing intervention plans.
- Address the links between hearing loss and other age-related health issues (e.g., falls, dementia, loneliness).
- Offer education/counselling on the impact of hearing loss on cognitive function, social engagement and overall well-being. Educate about communication strategies and importance of regular hearing assessments.
- Work with geriatricians and other healthcare professionals to address hearing needs of older adults.
- Collaborate with palliative care teams to address accessible communication needs.
- Offer guidance and support to family on ways to communicate effectively as hearing abilities decline.

Did you know?

- Audiologists promote the importance of communication and emphasize that accessible communication is a human right and foundational to all aspects of patient care.
- Audiologists work in a variety of public and private settings including community health centres, schools, private practice, workplaces, nursing homes and long-term care facilities and patient homes. When appropriate, they can also provide teleaudiology services.

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Chiropractors

Ms. Jane Smith, a 40-year-old woman, 21-weeks pregnant, began to experience anxiety surrounding her low back pain (LBP) that started 4 weeks earlier, presenting similar to pain experienced a year earlier when she endured a miscarriage in a previous pregnancy. To address the LBP, Ms. Smith sought care from a chiropractor who worked with her family physician within a primary care team. The chiropractor performed a thorough health history and a comprehensive physical examination. Following the assessment, the chiropractor reviewed the examination findings with Ms. Smith and explained the multifaceted nature of pregnancy-related LBP, including the physiological and mechanical changes that occur with pregnancy that can contribute to LBP. The chiropractor documented the findings in the team's electronic health record and sent a consultation message to Ms. Smith's family physician. The chiropractor also recommended that Ms. Smith have an assessment with a pelvic floor physiotherapist and organized a referral.

Recognizing the importance of helping Ms. Smith with her anxiety, after a collaborative discussion with her, it was agreed that the chiropractor would discuss the recommendation for a referral to a psychologist or social worker with Ms. Smith's family physician and assist in coordinating a referral for Ms. Smith as needed. Ms. Smith and the chiropractor confirmed a suggested course of chiropractic treatment to include soft tissue therapy, joint mobilization/manipulation, kinesiotherapy taping, prescribed self-directed exercises and possibly a sacroiliac belt for pelvic stabilization if needed.

With Ms. Smith's permission, a clinical note was also provided for the physiotherapist to support a collaborative care approach. Communication was encouraged between the providers and with Ms. Smith during her treatment. With the manual therapy and education Ms. Smith received, she felt reassured and was able to perform the prescribed exercises. She noted improvement in her pain and function and felt empowered to self-manage at home and to reach out to her 'virtual' health care team as needed.

Introduction

Chiropractors are experts in evidence-based, non-invasive, drug-free manual therapies offering diagnosis, treatment and management of neuromusculoskeletal (nMSK) conditions such as back and neck pain, headaches, upper or lower limb strains and other conditions of the muscles, joints and nerves. They provide patients with reassurance as well as education regarding general health and wellness, lifestyle, and injury prevention, in addition to rehabilitative stretches and exercises. Chiropractors take a whole-person approach to health care, considering the biological (physical), psychological and sociological elements which impact an individual's health.

Education

Chiropractors must complete three to four years of an undergraduate degree at an accredited university, followed by four years of competency-based education from an accredited chiropractic college, involving rigorous academic and practical education (4,200 hours) to become licensed as a Doctor of Chiropractic. Chiropractic students are educated as primary-contact healthcare practitioners, with an emphasis on anatomy, clinical diagnosis and orthopedics to rule in MSK diagnoses amendable to chiropractic care as well as rule out pathologies warranting referral.

The educational curriculum concentrates on three main areas of learning and focuses on specific areas of practice, and management of special populations:

- Biological and health sciences
- Chiropractic discipline specific training
- Extensive clinical training, including working in multidisciplinary environments.

Regulation

Chiropractic care is regulated in all provinces and territories with standardized licensing requirements. Successful attainment of certification from the Canadian Chiropractic Examining Board ensuring competency in knowledge application, clinical decision-making and clinical skills, as well as successfully passing a provincial jurisprudence and ethics exam, are required for licensure. Continuing education is required to maintain licensure.

Scope of Practice, roles and responsibilities

Chiropractors are primary care, diagnosing health professionals, trained to evaluate nMSK conditions and identify the cause of pain or dysfunction. Following a comprehensive assessment, it is within a chiropractor's scope of practice to diagnose a patient's nMSK condition. With this information, chiropractors can manage patients independently, collaborate with patients and other providers (co-management), and/or provide referrals to other providers in determining the best plan of management to address the patient's needs.

Provision of care may include reassurance and advice, hands-on passive and active therapy, use of physiological modalities, self-management strategies such as ergonomic advice, stretching and exercise prescription, provision of assistive devices and lifestyle counselling.

Using a nMSK model that integrates assessment, diagnosis and management using chiropractic specific adjustive techniques as well as chiropractic procedures (i.e., other physical therapy and soft tissue therapies, exercise and rehabilitation), chiropractors evaluate and facilitate biomechanical function and integrity for optimal health and quality of life.

In all provinces, chiropractors are permitted to perform joint manipulation, which can include manipulation of the tailbone. Other permitted activities include taking and interpreting radiographs and establishing a diagnosis. In several provinces, chiropractors can order advanced imaging such as MRI or CT scans, as well as blood and urine lab diagnostic tests. In most Canadian provinces, chiropractors may prescribe, cast and dispense supportive devices (i.e., orthotics, braces, supports) as well as perform acupuncture, provided they complete the appropriate courses.

Chiropractors work in private practices, on teams in integrated primary care programs, in hospitals, rehabilitative programs and other settings (e.g., sports teams and in some long-term care settings).

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- Management of pregnancy-related MSK conditions such as low back pain, pelvic girdle pain, symphysis pubis dysfunction, pelvic mechanics, ergonomics, and pelvic belting for prenatal care.
- Management of postpartum related back and pelvic pain, posture, and return to physical activity following labour, delivery and within the postnatal period.
- Assessment of MSK motor milestones and screening for conditions such as hip dysplasia and torticollis for well-baby care.
- Assessment of MSK developmental milestones, screening for MSK/orthopaedic disorders, posture (scoliosis) and ergonomics (e.g., backpacks) for early childhood.

Chronic Care:

- Conduct functional assessments, diagnose and manage chronic nMSK conditions.
- Assess occupational health for early disease detection, diagnosis and ongoing treatment.
- Recommend and/or facilitate referrals for orthopaedic, neurology, rheumatology, physiatry-rehab for coordination of care, management of referrals to specialist care.
- Provide manual therapies, non-pharmacological pain management, arthritis/mobility focused exercise and treatment and assistive devices for personalized approaches to multimorbidity.
- Communicate with the patient's other health care providers to help coordinate comprehensive care.

Older Adult/Geriatric/End-of-Life:

- Assessment, diagnosis, treatment and management of MSK co-morbidities and management of complex health issues.
- Diagnosis, treatment and management of MSK conditions including education, assistive devices for frailty care and osteoporosis treatment and falls prevention.
- Management of chronic MSK symptoms and pain for palliative/ end-of-life care.

Did you know?

- MSK conditions are the leading cause of disability in Canada and are one of the most common reasons for primary care visits to family physicians and nurse practitioners. Patients actively seek out chiropractic care to address their MSK complaints especially when financial barriers to accessing care within primary care teams are removed.
- Successful models of chiropractic integration into primary care have been well established in Canada. These models have been shown to increase access, better address healthcare needs and to relieve pressures on other front-line health workers. The evidence in support of manual therapy and other chiropractic approaches has made chiropractic an increasingly valuable part of collaborative care teams.
- Several provinces are using chiropractors at the front line to assess and triage patients with chronic low back pain who are not candidates for surgery.

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Clinical Assistants

Mr. Ahmed is a 68-year-old male who presented to his family physician with a complaint of recent dizziness, imbalance and weight loss. He speaks little English and wanted to find someone who speaks Arabic to communicate and express his complaints more fully. He could not find a family doctor who speaks Arabic, but he found one who is taking new patients and has a Clinical Assistant who is an internationally trained physician who speaks Arabic. The clinical assistant took his history, checked his vital signs, and performed the examination. Mr. Ahmed was able to describe his concerns in his mother tongue and understood what the doctor was saying concerning his condition through the translation provided by the Clinical Assistant.

A Clinical Assistant can provide effective and efficient primary healthcare in a humanized manner, under the supervision and full responsibility of a registered healthcare professional. A Clinical Assistant can also explore and analyze common and serious health problems frequently presented in primary healthcare offices; identify and record clinical information in managing novel or in respect of patients' physical, psychological, and social state. Clinical Assistants address knowledge deficiencies, upgrade educational resources and evaluate learning skills progress in primary healthcare.

Introduction

A clinical assistant (CA) is a primary healthcare professional who books appointments, checks patient vital signs, performs examinations, enters data into the electronic medical record, discusses patient complaints with the patient and licensed physician, helps the patient understand prescriptions, communicates with pharmacists, follows-up on lab and radiology results, and more, under the supervision of the licensed physician.

Education

A CA can be a graduate of a recognized medical school with a Bachelor of Medicine/ Bachelor of Surgery (M.B.B.CH) or MD degree (who is licensed to practice in their own country—an International Medical Graduate or IMG).

CA training is designed based on evidence-based medicine using standardized patients' cases to provide a general healthcare professional education as primary care provider. Students with a "previous international medical background" learn to identify, analyze and interpret common and critical clinical presentations to provide prompt care effectively and efficiently.

CA training focuses on patient interaction, gathering patient history, physical examination and laboratory requisition to achieve the proper working and/or differential diagnoses (i.e., prioritizing the different diagnoses according to signs, symptoms examination and reports). The Objective Structured Clinical Examination (Primary Care OSCE II and III) is part of the course evaluation.

Regulation

The CA role is not regulated in Ontario and thus does not require a license in Ontario to practice. The CA must work under the supervision of a licensed healthcare provider. In recent years, there has been an increased demand for CAs in Ontario. The Alternative Career Options (ACO) program of WILL Employment Solutions has successfully connected IMGs to Clinical Assistant roles in the province.

Scope of practice, roles and responsibilities

The CA position is a promising position for IMGs, health care providers and for patients in any Canadian medical facility; this position helps IMGs to practise and maintain recency of practice and supports the health system to shorten waiting times

for patients. A CA functions as a mid-level provider under the supervision and direction of physician supervisors to provide acute care coverage in various departments. Job duties often include documenting medical history and current signs and symptoms, conducting complete physical examinations, developing treatment plans in consultation with the attending/supervising physician, writing appropriate orders and referrals, and entering patient care electronic or manual system data. The CA is an important member of the collaborative care team in the provision of patient care.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood

Prenatal Care:

- **Patient Education:** Educate expectant mothers on prenatal health, nutrition and exercise.
- **Monitoring:** Assist in monitoring the health of the mother and fetus, including checking vital signs and fetal heart rates.
- **Support Services:** Help coordinate prenatal visits and follow-ups.

Labour, Delivery, and Postnatal Period:

- **Labor Support:** Provide non-clinical support during labor, such as emotional support and comfort measures.
- **Postnatal Care:** Assist with postnatal care, including checking vital signs, monitoring recovery, and providing breastfeeding support.

Well-baby Care:

- **Health Checks:** Assist in routine health checks and developmental screenings for newborns and infants.
- **Vaccinations:** Support the administration of vaccinations and tracking immunization schedules.
- **Parental Guidance:** Provide guidance and education to parents on infant care and nutrition.

Early Childhood:

- **Developmental Screening:** Conduct developmental screenings and assessments.
- **Health Education:** Educate parents on childhood nutrition, hygiene and preventive health measures.
- **Coordination of Care:** Assist in coordinating care with pediatricians and other healthcare providers.

Chronic Care

Early Disease Detection, Diagnosis and Ongoing Treatment:

- **Screening:** Assist in conducting screenings for chronic diseases such as diabetes, hypertension; and cardiovascular conditions.
- **Monitoring:** Monitor patients' health status and track disease progression.
- **Education:** Provide patient education on managing chronic conditions and lifestyle modifications.

Coordination of Care, Management of Referrals to Specialist Care:

- **Referral Management:** Coordinate referrals to specialists and track follow-up appointments.
- **Care Coordination:** Facilitate communication between patients, primary care providers, and specialists.

Personalized Approaches to Multi-Morbidity:

- **Care Plans:** Assist in developing personalized care plans for patients with multiple chronic conditions.
- **Patient Support:** Provide ongoing support and education to help patients manage their conditions.

Prescribing, Medication Management and Reconciliation:

- **Medication Review:** Conduct medication reviews and reconciliation under the supervision of a licensed provider.
- **Education:** Educate patients on proper medication usage and adherence.

Older Adult/Geriatric/End-of-Life

Assessment, Diagnosis, and Management of Complex Health Issues:

- **Comprehensive Assessments:** Assist in conducting comprehensive geriatric assessments.
- **Monitoring:** Monitor older adults for changes in health status and report findings to supervising healthcare providers.

Frailty Care, Osteoporosis Treatment, and Falls Prevention:

- **Screening:** Screen for frailty, osteoporosis, and fall risks.
- **Preventive Measures:** Educate patients on fall prevention strategies and osteoporosis management.

Medication Management:

- **Medication Review:** Assist in reviewing and managing medications to ensure safety and effectiveness.
- **Education:** Provide education on medication adherence and potential side effects.

Older Adult Mental Health:

- **Screening:** Conduct mental health screenings for conditions such as depression and anxiety.
- **Support:** Offer support and resources for mental health management.

Palliative/End-of-Life Care:

- **Support:** Provide emotional and practical support to patients and families during end-of-life care.
- **Care Coordination:** Assist in coordinating palliative care services and ensuring patient comfort.

Did you know?

- CAs also run virtual clinics throughout Ontario where they meet with patients. In these virtual clinics, a licensed physician uses video calls to speak to patients after they have been examined by CAs, saving time, money and commuting.
- Continuous education is essential to keep CAs updated, especially regarding new health policies.
- CAs can undergo specific training programs to ensure their clinical skills meet Canadian standards as set by the Medical Council of Canada, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada.
- CAs can also receive specific training in e-Health and telemedicine to run virtual clinics professionally.

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Community Health Workers/ Cultural Health Brokers

Antoine is a senior immigrant who has undergone trauma and torture before coming to Canada faced challenges such as language barriers, health issues, financial instability, and the burden of supporting a sick relative abroad. Living on social benefits, he struggled with unaffordable housing and constant financial anxiety. A cross-cultural health broker supported him by connecting him to a federal debt relief program, advocating for affordable housing, and securing additional government benefits. Within months, this client secured stable disability benefits and housing, had his health improved, and regained a sense of well-being. This highlights the transformative impact of culturally sensitive support for vulnerable seniors.

A community health worker (cross-cultural health broker) can: assess the patient's needs in the patient's first language and summarize the information for the family doctor; facilitate cross-cultural communication between the doctor and the patient; inform the patient about social benefits (e.g., employment insurance, social assistance) and support the patient in applying for benefits; obtain emergency financial support from the Ministry of Social Assistance; refer the patient to food banks and other services to meet immediate needs; and follow up for ongoing support.

Introduction

Community Health Workers/ Cross-cultural Health Brokers or Cultural Brokers (CHWs/CBs) are frontline health workers drawn from the communities they serve. They share the languages, beliefs and socio-cultural characteristics of those communities, including a deep understanding of the challenges they face in accessing health and social services.

CHWs/CBs working with immigrants (newcomers) offer linguistically and culturally appropriate services and supports explaining to clients (families) how Canadian systems work. Alternative job titles for CHWs/CBs include multicultural health brokers, multicultural health navigators, community health representatives (for Indigenous communities) and non-traditional healthcare workers.

Education

In Canada CHWs/CBs are not yet a recognized or formally organized public health occupation. Their training, education and experience can vary widely from completed or partial post-secondary, including professional, education, here or in their home countries, to extensive work with their communities without academic training. Wages and salaries are often not comparable to other positions in healthcare. Currently, the Multicultural Health Brokers' Cooperative seeks to create a curriculum with the potential to inform the practice of CHWs/CBs across the country (www.culturalbrokersnetworkofCanada).

Regulation

In Canada, CHWs/CBs are not regulated, and professionalization is not yet prominent on CHWs/CBs' agenda.

Scope of practice, roles and responsibilities

Depending on CHW/CB agency mandates, tasks might involve a combination of some or all of the following:

1. Outreach and mobilization
CHWs/CBs provide health-related information to immigrants about disease prevention and management, encourage participation in health programs, and accompaniment to medical appointments. CHWs/CBs also mobilize community lobbying and advocacy efforts addressing issues relating to the social determinants of health.

2. Community and cultural liaising
CHWs/CBs create and foster connections among individuals, families and communities; they also act as intermediaries with health and social services providers. For example, during the COVID-19 pandemic, CHW/CBs helped reveal the precarity of newcomers' lives and the existence and pervasiveness of health disparities, and how this increased the time and demands—e.g., online functioning—on CHWs/CBs.

3. Case management, care coordination and system navigation
CHWs/CBs help individuals and families assess, plan, facilitate and advocate for services while also assisting them to navigate and understand their options, take care of their health, manage crises and access services.

4. Program planning and advocacy
CHWs/CBs plan, organize and develop health promotion programs and initiatives that help immigrant communities exercise control over their health and its determinants, thereby improving their wellbeing. These include activities centered on equity, and on holistic, intersectoral and ecological approaches.

5. Education and training of health and social services providers
CHWs/CBs provide training to mainstream service providers on the cultural and ethno-specific needs of newcomer communities. This happens in two ways: through formal provider training given by CHW/CB organizations and/or through experience with daily interactions between CHWs/CBs and families.

Examples of roles and responsibilities specific to three primary care domains

1. Access to Culturally Safe Primary, Team-based Care:

- Facilitating primary care visits through cross-cultural communication.
- Supporting access to ongoing care.
- Providing culturally safe access to information on family planning and reproductive health services.
- Facilitating access to culturally appropriate counseling and therapy.
- Engaging with diverse communities to understand and meet their specific health needs.

2. Health Education and Promotion:

- Promoting healthy lifestyles and disease prevention through groups and workshops.
- Doing community outreach and health education campaigns.
- Orienting healthcare providers on cultural competence.

3. Navigation of the Healthcare System and Social Care:

- Guiding access to healthcare services.
- Helping with scheduling appointments and follow-ups.
- Supporting actions linked to social determinants of health such as education; employment; income, housing and food security; transportation; legal services.

Did you know?

- Cultural brokering was adopted by the Community Health Workers Network of Canada (CHW Network) as recognizing both experiences and cultural diversity of communities and systems, and also incorporating democratic governance processes, direct responsiveness, accountability, equity and social justice.
- *Cultural brokering is "the act of bridging, linking, mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict and producing change"* (Jezewski, 1990, p. 497).
- The Cultural Brokers Network of Canada is the new name for the former CHW Network. The name change reflects the multiplicity of titles used by CHWs/CBs and a focus on strengthening cultural brokering practice supporting communities across sectors and services.

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Dental Hygienists

Mr. Mason, a 70-year-old retired farmer, visited his dental hygienist after a year, reporting bleeding while brushing. He presents with high blood pressure and Type 2 diabetes, managed with medications including Amlodipine, Crestor, Hydrochlorothiazide, Metformin, and Humalog. His recent HbA1c reading is 9, indicating poor blood sugar control. During the appointment, the dental hygienist noted dry mouth, swollen gums, visible plaque, calculus, gingival bleeding, sensitivity, and moderate bone loss. Given his oral health issues and uncontrolled diabetes, a collaborative approach was necessary.

The dental hygienist plans to collaborate with Mr. Mason's family physician or nurse practitioner, sharing insights from the oral assessment to ensure comprehensive management of his diabetes and high blood pressure. Mr. Mason may need to see a dietitian for dietary modifications and a kinesiologist for a tailored exercise plan to improve his overall health. Additionally, the dental hygienist may consult with the pharmacist to review Mr. Mason's medications for potential interactions affecting his oral health. This multidisciplinary collaboration aims to address all aspects of Mr. Mason's health, enhancing his treatment outcomes.

Role of the Dental Hygienist:

The dental hygienist will review Mr. Mason's health history, take his vital signs, assess his risk for cavities and gum disease, and conduct thorough examinations of his mouth, including radiographs, salivary flow, and oral pH. They will document the signs of gum disease, including bone loss to determine the severity of his periodontitis. In partnership with Mr. Mason, they will set personal goals for his oral care and plan future appointments.

They may apply fluoride varnish to prevent cavities and address tooth sensitivity and use a topical and local anesthetic during the cleaning. They will provide tailored advice to control his disease risk and may recommend consulting a dietitian for better diabetes management.

Throughout the appointment, they will identify barriers to Mr. Mason's oral health and suggest, if needed, resources for financial assistance or community support. Mr. Mason disclosed using a traditional tool to clean between his teeth, was encouraged to embrace his cultural traditions while improving his oral self-care practices.

Understanding the need for a holistic approach, they may refer Mr. Mason to his family physician, pharmacist, dietitian, and exercise physiologist for further support in managing his dry mouth, gum health, and overall well-being. This collaborative effort aims to empower Mr. Mason and enhance his health.

Introduction

A dental hygienist is a primary care provider specializing in preventive oral health care and services, delivering culturally safe, person- and family-centered care to persons of all ages. They promote oral health as integral to overall well-being and advocate for accessible oral care, particularly for underserved populations.

Education

The Commission on Dental Accreditation of Canada (CDAC) accredits dental hygiene education programs nationwide (CDHA, 2023).

Dental hygiene education includes comprehensive theoretical and clinical training, and interprofessional coursework, preparing dental hygienists to support oral healthcare across the lifespan. It covers various disciplines relevant to general and oral health (e.g., human and dental anatomy, physiology, genetics, immunology, behavioural health, psychology, sociology, microbiology, pharmacology, histology and embryology, periodontology, pathology, and public health).

In Canada, entry-to-practice has three streams: a four-year bachelor's degree, which includes research, or a two or three-year equivalent diploma. Both streams cover didactic coursework, clinical/community practice, public health, and administration. A Master's degree in Medical Sciences (Dental Hygiene) is available by completing didactic courses and original research carried out under supervision.

Regulation

Dental hygiene is self-regulated in all ten provinces. In Canada, dental hygienists are required to be registered or licensed by their provincial or territorial authorities.

Registration requirements vary by province or territory, including clinical experience, entry exams, and continuing education. Some jurisdictions require additional training for an expanded scope of practice, such as prescribing drugs, administering local anesthesia or performing restorative treatments.

Scope of practice, roles and responsibilities

The dental hygiene process of care is iterative, involving ongoing assessment, diagnosis, planning, implementation, and evaluation, with continuous patient and interprofessional collaboration to ensure comprehensive oral and overall health.

Intraoral/Extraoral Examinations:

- Dental hygienists conduct thorough examinations to screen for abnormal neuromuscular conditions, jaw joint disorders, and lesions, including signs of oral cancer. They assess and diagnose oral health issues for gum disease and cavities and screen for hypertension, abnormal lesions, nutritional and immunological deficiencies, saliva quality, and more. Dental hygienists also take, develop, and interpret dental X-rays.

Behavioral Health Communication:

- Dental hygienists collaborate with patients to establish culturally safe, client-centered health goals and care plans while coordinating with other health providers for comprehensive support.

Pain and Anxiety Management:

- To manage pain, dental hygienists administer topical and local anesthetics and may prescribe nitrous oxide for conscious sedation, depending on jurisdiction. They also employ non-drug methods to help manage anxiety.

Dental Restorative Treatment:

- Dental hygienists screen for cavities and apply cavity-arresting/preventing products like dental sealants, silver diamine fluoride, and fluoride varnish. They also use desensitizing and antimicrobial agents and may collaborate with dentists for restorative procedures, including recementing crowns, recontouring fillings, and placing temporary fillings.

Prevention and Treatment of Periodontal Disease:

- Dental hygienists use specialized tools to remove deposits and stains from teeth, implants, dentures, and restorations. They are responsible for identifying proper continuing care intervals while evaluating care outcomes. Depending on jurisdiction, they may also prescribe oral health medications.

Oral Health Education and Literacy Communication:

- Dental hygienists educate patients on the importance of oral health, covering topics like childhood cavities, gum disease, and oral cancers. They implement tobacco cessation strategies, teach self-examination for oral cancer, and connect patients with public health resources.

Occlusal or Protective Therapy:

- Dental hygienists take dental impressions to create customized sports guards or trays for fluoride treatments, support orthodontic procedures with dentists, and provide orofacial myofunctional therapy to promote proper chewing, swallowing, speech, breathing, and sleeping.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood

- Assess disease risk and provide anticipatory guidance for parents about prevention and management of early childhood cavities and gingivitis, and promote infant/child oral care strategies, healthy oral habits and the establishment of a dental home.

Chronic Care

- Detect oral diseases or medication-induced oral complications, provide ongoing management of periodontal disease, educate on systemic conditions related to oral health, coordinate care and referrals to specialty care, and manage pain and anxiety related to oral care and conditions.

Older Adult/Geriatric/End-of-Life

- Assess and manage complex oral health issues, support mouth care, reduce aspiration pneumonia and COPD complications via management of oral bacterial load, provide anticipatory guidance and education to individuals and their care partners, provide bedside services to improve access to timely care, and participate in palliative care planning.

Did you know?

- Addressing periodontal disease helps reduce potential complications related to systemic conditions like cardiovascular disease and diabetes.
- Dental hygienists work independently or on teams in various settings including private practices, community health centres, schools, government agencies, military, correctional facilities, long-term care facilities, hospitals, and patients' homes. They may offer telehealth, mobile services or deliver public health programming to increase oral care access for high-risk, underserved populations.
- Dental hygienists collaborate with dentists, physicians, nurses, social workers, speech-language pathologists, dieticians, and public health leads, engaging in clinical care, education, research, administration, policy, and health promotion.

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Dietitians

Ms. Gomez is a 20-year-old immigrant single parent pregnant woman with food insecurity. She arrived in Canada with her two-year old son. She has been diagnosed with type 2 diabetes. Her son has constant diarrhea and is very small for his age. He has been like that since birth: he eats, then has diarrhea.

A dietitian evaluates the nutrition status of her son who may have a food intolerance or allergy preventing digestion and absorption of nutrients needed for growth. The dietitian communicates with health team members such as the family physician who will determine a medical diagnosis, so that the proper care plan can be implemented. Once diagnosed, the dietitian recommends the appropriate diet therapy and nutrition care to manage her son's condition to meet his nutritional needs for growth. Furthermore, the dietitian assesses Ms. Gomez's nutrition status and identifies concerns including lack of access to proper food and nutrition for a healthy pregnancy. The dietitian can provide support by referring to local services and resources. The dietitian provides ongoing monitoring and evaluation of their nutrition indicators, offering nutrition education/counseling to optimize health. As a healthcare provider in an interdisciplinary setting, the dietitian links Ms. Gomez with team members to examine other strategies to support her and her son.

Introduction

Canadian dietitians possess unique expertise in seven interrelated, specialized competency domains of food and nutrition sciences. Dietitians demonstrate 209 practice indicators (outcome-based dietetic abilities) related to 50 practice competencies they master as part of the seven domains of competency for entry-to-practice and ongoing competence. In the nutrition care domain, dietitians use the nutrition care process to perform individualized assessments, diagnose and manage nutrition problems, plan and implement interventions and monitor/evaluate nutrition indicators.

Dietitians work in settings like primary care, public and community health, long-term care facilities and hospitals, and private practice. Dietitians are integrated in primary care settings including diabetes centres, family health teams, community health centres and nurse practitioner-led clinics.

Education

Dietitians have at least four years of university-level education in food and nutrition sciences, giving them unique skills, knowledge and attributes. They have expertise and competence in seven domains: food and nutrition, nutrition care, professionalism and ethics, communication and collaboration, management and leadership, food provision and population health promotion.

Dietitians complete an accredited university program in food and nutrition sciences, including:

- Sciences (biology, microbiology, chemistry, biochemistry, anatomy, physiology, pathology, pharmacology)
- Social sciences (communication, sociology of health, counseling psychology, professional practice, management, ethics, interprofessional collaboration, leadership)
- Food sciences, food preparation, quantity food production, functional foods and health, nutritional biochemistry, metabolism
- Nutrition through the lifecycle, nutrition assessment, clinical nutrition, food service management, evidence-based

practice and research in foods and nutrition
- Nutrition in community and population health.

Dietetic education highlights the importance of cultural competency to adapt services and provide care across cultures, including working with Indigenous communities and other minority groups while applying holistic disease prevention and health promotion.

Competencies are gained by completing a minimum of 1250 supervised hours; afterwards dietitians must pass the Canadian Dietetic Registration Examination or meet requirements of the *Ordre des diététistes nutritionnistes du Québec*.

Regulation

Dietitians are regulated provincially and meet ongoing professional competency requirements. "Dietitian" is the protected title for Registered Dietitians across Canada. In Quebec, Alberta, New-Brunswick and Nova Scotia, "nutritionist" is also protected for dietitians. However, in other provinces, "nutritionist" is not protected. Depending on provinces, dietitians can receive delegation of controlled acts from physicians.

Scope of practice, roles and responsibilities

Dietetic practice involves evidence-based applications of knowledge of foods and nutrition through:

- Using the nutrition care process to assess individuals, identify nutrition diagnosis, plan and implement evidence informed interventions and monitor/evaluate outcomes
- Assessing, educating, implementing and evaluating interventions
- Integrating food and nutrition principles in food service management
- Disseminating information to promote and protect individual, group and community health.

In primary care teams, dietitians:

- Apply health promotion strategies in collaboration with the interprofessional health team
- Lead team members related to optimal nutrition throughout the lifecycle
- Recommend appropriate community resources
- Collaborate to customize nutrition care based on individual needs and provide updates regarding patients' nutritional well-being
- Monitor/assess the effectiveness of nutrition care and outcomes and adjust care plans
- Work with the team to plan and implement nutrition intervention
- Design, implement and evaluate programs including healthy lifestyle management, food literacy/skills and chronic disease.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood

- **Reproductive health:** advise women on how to increase fertility based on nutritional status.
- **Prenatal care:** perform nutrition assessment to determine nutrition problems and provide individualized nutrition education/counseling for optimal health and disease management.
- **Postnatal period:** provide support for breastfeeding and infant feeding, in addition to meeting postpartum nutritional needs.
- **Well-baby care:** offer education on optimal infant feeding to support development.
- **Children/adolescents:** provide individualized assessment to monitor children meeting nutritional needs, developing well, including adopting healthy eating habits.
- **Adolescents:** identify and manage disordered eating/eating disorders and other disorders.

Chronic Care:

- **Disease detection and management:** on-going evaluation of food and nutrition-related disease risk to minimize their impact through healthy eating and nutritional status. When a disease is diagnosed, provision of individualized medical nutrition therapy.
- **Care coordination:** monitoring and evaluation of nutrition indicators, patient education/counseling and communication with team members.
- **Multi-morbidity:** collaboration with patients, significant others and team members to support self-management.
- **Medication:** dietary and nutrition recommendations depending on medication taken.

Older Adults:

- **Complex issues:** identify and manage malnutrition and dysphagia, support quality of life.
- **Frailty care, osteoporosis treatment:** support self-care through healthy nutrition and achieving optimal nutrition status. Provision of resources and links to community services.
- **Medication:** identify drug-nutrient interactions, support proper medication and dietary management.
- **Mental health:** identify and manage malnutrition to prevent poor health and autonomy loss.
- **Palliative/end-of-life care:** advise on options respectful of patient wish and dignity.

Did you know?

- In primary care, team members must understand dietitians' role to ensure appropriate referral. When there is no dietitian, dietitians can be found on provincial college websites and Dietitians of Canada (DC).
- Medical directives from physicians and nurse practitioners increase access to dietitians.
- Dietitians collaborate with physicians, nurse practitioners, registered nurses, physician's assistants, social workers, mental health counselors, psychiatrists, pharmacists, occupational therapists, physiotherapists and speech-language pathologists.
- Increased access to dietitians in primary care results in:
    - Increased malnutrition screening and prevention
    - Reduced use of health services for malnutrition and complications
    - Improved chronic disease management through individualized nutrition education/counseling addressing health outcomes and quality of life
    - Reduced overall healthcare cost
    - Effective management of nutrition-related issues across the lifecycle.

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Family Physicians

Ms. Olivia Lopes is a 60-year-old woman who has been a patient with Dr. Axler for almost 25 years. As Dr. Axler's patient, Ms. Lopez has received preventative care and educational counseling for health risks, acute care for minor ailments and chronic care management for diabetes, hypertension and hypothyroidism diagnosed by Dr. Axler. Dr. Axler includes maternity care in her family practice and she was able to deliver both of Ms. Lopez's daughters and is their family physician as well. Dr. Axler works in a team-based practice where she collaborates with a registered nurse, pharmacist and dietician whom Ms. Lopez has seen over the years in collaboration with Dr. Axler. She is provided care after hours by Dr. Axler's physician colleagues and the nurse practitioner in the practice. Five years ago, Ms. Lopez presented with a breast lump; Dr. Axler sent a referral to a breast specialist for a biopsy and a definitive diagnosis of breast cancer was found. Although Ms. Lopez's main treatments were managed through the cancer clinic, including chemotherapy and radiation therapy, Dr. Axler continued to follow Ms. Lopez, offering supportive counseling, including care related to her cancer, and continuing to address her chronic conditions. Because the breast cancer diagnosis impacted Ms. Lopez, her daughters and her husband in significant ways, Dr. Axler organized a family meeting to establish a plan to emotionally support the entire family and keep them informed. Most recently, Ms. Lopez suffered a left sided stroke for which she was admitted into hospital, treated and then sent to a rehabilitative centre for two months. Now mobile with a cane, with physiotherapy still provided as an outpatient, Ms. Lopez presents to Dr. Axlerxler's office to resume her ongoing care.

Introduction

- Family physicians (FPs) in Canada are specialists in the discipline of family medicine certified by the College of Family of Physicians of Canada (CFPC). They work in diverse settings including primary care clinics; hospital emergency rooms, surgeries, and in-patient wards; long-term care facilities and other clinical settings such as in the military and other specific contexts such as prisons and street health programs. Their skill set and potential scope is broad encompassing clinical domains, both acute and chronic, and all stages, from preventive to palliative care.
- The specialty emphasizes a holistic and patient-centred approach seeing the patient or person not as parts of the body or diseases, but as individuals in the context of health and its relationship with the person, family, community, workplace, culture, race, gender. etc.
- Generalism is at the heart of family medicine, as family physicians commit to work with any patient with any problem to the limits of their competence, referring when needed while maintaining oversight throughout and between illness episodes. A continuous therapeutic relationship of this nature, across all life stages, is unique to the specialty of family medicine (McWhinney, 2012).

Education

In addition to completing a three-to-four-year undergraduate medical degree, family physicians must successfully complete a minimum two-year accredited family medicine postgraduate (residency) training program, or if an international medical graduate, they must successfully complete the CFPC's practice eligibility program and successfully challenge the CFPC's certification examination. To practice as a family physician in Canada, individuals must obtain a provincial/territorial license

which typically requires "certification" of proper training and assessment of competence. Licensure and certification are related, but separate processes involving different organizations at the provincial and national levels. Licensure is a provincial legal requirement (see Regulation below) while certification is a national designation offered by the CFPC.

- Certification in the College of Family Physicians of Canada (CCFP) is a CFPC Special Designation with eligibility granted to those members who have completed an approved undergraduate medical degree (MD) PLUS residency training in family medicine or become eligible for certification through a combination of approved training, practice experience, and a commitment to continuing professional development (CPD). Once eligible, individuals are granted certification by successfully completing the Certification Examination in Family Medicine.
- There are several international jurisdictions whose certification is recognized as equivalent without requiring examination by the CFPC.
- Ongoing certification is maintained through participation in the Mainpro+® program, which defines the CPD required of family physicians and the quality criteria expected of learning programs.
- Some family physicians obtain further "enhanced skills" training after their family medicine residency. In some domains, this leads to an additional qualification called a Certificate of Added Competence (CAC). CACs recognize the achievement of additional competence in specific family medicine domains for which the CFPC has defined eligibility and approved national standards of training and assessment. Currently the CFPC offers CACs in the following domains: Addiction Medicine, Care of the Elderly, Emergency Medicine, Enhanced Surgical Skills, Family Practice Anesthesia, Obstetrical Surgical Skills, Palliative Care, and Sport and Exercise Medicine.

Regulation

FPs are regulated and licensed by the College of Physicians and Surgeons in every province or territory in Canada. A full license to practise family medicine in Canada typically requires:

- A medical degree from an accredited medical school
- Becoming a licentiate of the Medical Council of Canada, having passed the national medical licensing examination
- Completion of a specialty-specific accredited residency training program with CCFP and/or the Royal College of Physicians and Surgeons of Canada (Royal College) (FMRAC 2021).

To maintain their licenses, physicians are typically required to participate in and comply with CPD requirements of the CFPC, Royal College, and/or Collège des médecins du Québec. To practice in a hospital setting (including the emergency department) all physicians require explicit hospital granted "privileges" governed by the local hospital/system or health authority.

Scope of Practice, Roles and Responsibilities

FPs play many different roles and are qualified for a broad scope of professional activity as described in the CFPC's Family Medicine Professional Profile (2018) including:

- Primary care
- Emergency care
- Home and long-term care
- Hospital care
- Maternal and newborn care
- Leadership, Scholarship and Advocacy

FPs are a resource to their practices and communities as highly skilled and adaptive generalists, capable of addressing complex health conditions, and managing medical uncertainty using a patient-centred approach. They can manage a broad range of medical presentations and conditions, flexibly adapting their skills in response to the local context and professional interests. As such, they play many different roles in the health care system.

FPs are essential to the health care system in their major role providing comprehensive and longitudinal (continuity) care for a defined population or panel of patients; often referred to as patient "attachment". Ideally this care is provided by a primary care team with the FP providing collaborative

medical leadership. FPs play an important "first contact" role in assessing patients with undifferentiated concerns early in the natural course of illness. This requires a high level of clinical reasoning and diagnostic skill with an ability to manage clinical uncertainty.

FPs work to the limit of their expertise, and refer to other health care professionals when needed, playing an important role in optimizing the coordination, efficiency, and effectiveness of other medical specialists in the health care system.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- **Sexual and reproductive health:** Prevention counseling, health promotion, family planning and education; ordering of and interpretation of investigations including sexually transmitted infections (STIs), diagnosis, management including STI, medical/therapeutic abortions, infertility; prescribing without limitations; procedures such as insertions of intrauterine devices (IUDs); education on risks of management plan.
- **Prenatal care:** Prevention counselling and health promotion: provide preconception risk assessment and health promotion routine and preventative antenatal care, including risk assessment and genetic screening; ordering of and interpretations of investigations including genetic testing; diagnosis of pregnancy and pregnancy-related complications and emergencies; management of pregnancy-related complications and emergencies, including shared antenatal care with obstetricians for higher-risk pregnancies; prescribe without limitations including oral medications for miscarriages; diagnose pregnancy and provide options through counseling; education and counseling to facilitate patient decision making and access to therapeutic abortion, including counseling.
- **Labour, delivery and postnatal period:** Order and interpret investigations, conduct and interpret non-stress tests and biophysical profiles; diagnose labour and labour- related complications; prescribe medications to stop or induce labour; manage low risk vaginal delivery; routine in-hospital and community based postpartum care, complications and emergencies; counseling for negative outcomes and educating on lactation; procedures; conducting neonatal assessment and resuscitation; with certificates of added competence in obstetrics, family physicians can conduct caesarean sections.
- **Well-baby care:** Health promotion and prevention including breastfeeding support immunizations; prevention counseling; assessment and routine newborn care and monitoring growth and development; ordering of and interpretation of investigations; diagnosis and management of newborn illness, emergencies and growth/development problems; counselling and education: parental support and counselling; procedures: neonatal resuscitation.
- **Early Childhood:** Prevention counseling and health promotion and education; order and interpret investigations; assess, diagnose and manage undifferentiated

and differentiated illnesses, diagnose, and treat episodic illness/injury and emergencies; co-manage chronic illness with other specialists; routine screening, prevention, immunization and developmental assessments; behavioural and learning difficulties; and assess and mandatory reporting of child maltreatment; prescribe without limitations; Procedures: circumcisions, release of tongue tie, setting of fractures, removal of lumps and bumps.

Chronic Care:

- **Early disease detection, diagnosis, ongoing treatment:** Screening and risk assessment; health promotion and prevention and self-care counseling; ordering and interpretation of investigations; assessment of undifferentiated and medically uncertain illness; diagnosis and treatment of a broad range of illnesses and conditions; longitudinal and continuity-based chronic illness care and monitoring; Procedures: perform skin biopsies and other procedures.
- **Coordination of care, management of referrals to specialist care:** Maintain longitudinal continuity; arranging referrals and care transfers to other specialists/facilities; shared care with other specialists; managing follow up from consultation; monitor and care coordination.
- **Personalized approaches to multi-morbidity:** Longitudinal continuity and relationship building for patient-centred approach; assess and develop care plans through a holistic approach including social determinants of health; advocate for individual patients, practice and community.
- **Prescribing, medication management and reconciliation:** Educate and counsel safe and effective medication use; monitor medication for longitudinal continuity; prescribe and de-prescribe without defined limits; conduct risk assessment including for opioids; maintain medical record/drug list and coordination with pharmacy.

Older Adult/Geriatric/End-of-Life:

- **Assessment, diagnosis and management of complex health issues:** Risk assessment/prevention, routine screening, and immunization; education and counseling for self-management; ordering and interpretations of investigations; diagnosis first contact and longitudinal diagnosis and management of undifferentiated illness, dementia diagnosis and injuries, mental health, social and physical health emergencies, complex and comorbid illnesses; manage and report decisions on driver safety, develop care plans and advance planning; provide care in home and long-term care; prescribe without limitations.
- **Frailty care, osteoporosis treatment and falls prevention:** Screening and educational counselling for self-management; assessment order and interpret investigations without limitation; diagnosis and management care plans for frailty; family support and counselling; home and long-term care; identifies and organizes community supports and referrals; advocacy at individual and community level; prescribe medications for osteoporosis and/or refer for assistive devices.
- **Medication management:** Education and counseling on medication and side-effects. Prescribe, de-prescribe and provide oversight on medication management and monitoring; maintain and reconcile medical record/drug list and coordination with the pharmacy for repeats.
- **Older adult mental health:** Educate and counsel on declining mental, physical and emotional well-being; longitudinal continuity and monitoring of cognitive

function and co-morbid conditions; order and interpret tests; assess and diagnose behavioural difficulties, dementia, mental illnesses, including mental health emergencies, common conditions such as mood and anxiety disorders and physical co-morbidities; prescribe medications and manage medical, social and community referrals; counsel and support individuals and families; advocate for individuals and community with attention to social determinants of health.

- **Palliative/end-of-life care:** Educate and counsel on mental, physical, emotional, and spiritual end-of-life care planning; facilitate advanced directives and family support; assess, order and interpret tests; diagnosis for pain and symptom management including refractory symptoms; prescribe; provide and manage bereavement support, referrals for hospice care as the most responsible provider; advocacy for individual and community support with attention to social determinants; pronounce and certify death; Procedures: Assess and refer for Medical Assistance in Dying (MAID) requests with enhanced training, can function as coroner.

Did you know...

- 50 per cent of all medical services provided in Canada are delivered by family physicians working not only in office-based clinical practices but also in hospitals, long-term care facilities and in patients' homes.
- The CFPC advocates for the uptake and support of the Patient's Medical Home vision as a means by which family physicians can collaborate with other healthcare practitioners to deliver comprehensive team-based care to support equitable access to care for all (CFPC, 2019).

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Massage Therapists, Registered

Gabrielle, a 42-year-old woman, was diagnosed with right breast cancer three months ago and underwent a mastectomy with flat closure (no breast reconstruction after mastectomy). She has currently received nine rounds of radiation therapy out of 20 total. Her sentinel lymph node biopsy showed no lymphatic involvement, and no chemotherapy has been recommended. She is complaining of pain and tightness on the right side of her trunk and immobility at her right shoulder as well as a feeling of fullness in her upper arm. Her surgeon has referred her to massage therapy.

On assessment, the registered massage therapist (RMT) observes axillary web syndrome (AWS) in the right axilla and proximal upper arm (restrictive and painful cords or bands from the armpit, arm, or trunk that result from the cancer treatment). The upper arm is also palpably soft compared to the left (dominant side) though with no measurable increase in circumference. Range of motion at the right GH (shoulder) joint is 90 degrees abduction and flexion limited by tightness and pain. The muscles in the right neck, shoulder girdle and trunk are palpably tense. The skin within the radiation field is becoming pink. Gabrielle reports feeling very stressed and anxious about the cancer diagnosis and treatments.

The RMT offers General Swedish massage techniques to the unradiated areas of the back, neck and shoulders to reduce muscle tension and ease stress and anxiety, employs soft tissue and positional techniques to address the AWS, and provides manual lymph drainage (MLD) to reduce the swelling in the arm. The RMT provides education on AWS and lymphedema and teaches self-massage and stretching Gabrielle can do on her own. The RMT recommends a physiotherapist who can further assist with range of motion at the shoulder and neck and a dietician who can help with lymphedema management. The RMT sends a report to the surgeon.

There is value in integrating massage therapy early in cancer care to identify, treat, manage and educate patients about common complications related to cancer treatment and to collaborate with other health professionals to optimize patient rehabilitation and health goals.

Introduction

Registered massage therapists (RMTs) provide assessments of soft tissue and joints and use hands-on-manipulation to alleviate and/or prevent physical dysfunction, injuries, and pain in the body. RMTs can work collaboratively with other health professionals and play an integral role in healthcare teams.

Education

- Training to be an RMT involves comprehensive education in anatomy, physiology, neurology, pathology and various massage techniques. Additionally, it involves training to assess individual patient needs and adapt treatments considering any contraindications (pre-existing conditions that renders massage therapy inadvisable) or medical history. Assessments during training occur in academic, simulated, and clinical environments. Training typically involves a minimum of 18–22 months in an accredited education program followed by supervised practical training (except Ontario).

- Practice competencies are based on three main practice areas:
  - Assessment
  - Treatment: treatment principles, massage techniques, therapeutic exercise, thermal applications
  - Professional practice: communication, professionalism, therapeutic relationships.
- Curricula, entry-to-practice and registration requirements vary from province to province, which reflects the variability in requirements of associated provincial regulations.
- As of January 1, 2027, massage therapy programs must be accredited by the Canadian Massage Therapy Council for Accreditation (CMTCA).

Regulation

Massage therapy is regulated in Ontario, British Columbia, New Brunswick, Newfoundland and Labrador and Prince Edward Island. Each regulated province restricts the title and accreditation of Massage Therapist or Registered Massage Therapist to those who have achieved their regulatory body's qualifications.

RMTs must complete written and practical exams administered by the college they are registered to. They must also provide evidence of current CPR and First Aid certification.

Scope of practice, roles and responsibilities

RMTs have the knowledge and skills to assess and treat common conditions, as well as understand their etiology and physical manifestations to accurately and effectively assess, treat, prevent, and rehabilitate soft tissue discomfort and/or pain. Other care/treatment modalities are also sometimes categorized within the scope of massage therapy in some provinces but are not regulated with standard competencies or education. The application of acupuncture requires additional training and certifications set by regulation.

- RMTs can:
  - Provide client assessments using range of motion and muscle tests.
  - Describe/create individualized treatment plans and how clients might benefit from massage therapy.
  - Perform massage techniques by treating soft tissues and joints through a wide variety of treatment methods.
  - Develop self-care plans to help rehabilitate, stretch or strengthen muscles.
  - Coordinate care with other health providers (e.g., physiotherapists, physicians, occupational therapists) to achieve optimal client health.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- Low back ache, sore hips, swollen legs and carpal tunnel syndrome for prenatal care; sore neck and shoulders associated with breast feeding.
- Labour support; breast issues, including Raynaud's, blocked milk ducts, engorgement.
- Baby massage; caregiver education on massage and value of skin-to-skin contact.

Chronic Care Throughout Lifespan:

- Chronic pain prevention, education and management.
- Musculoskeletal (MSK), concussion, sports injuries, repetitive strain injuries.
- Cancer care.
- Body dysmorphia, surgical transitions.
- Mental health and stress.

Older Adult/Geriatric/End-of-Life:

- Arthritis, surgeries, mobility maintenance.
- Central nervous system disorders; complex health issues, e.g., diabetes.
- Age-related stiffness, strengthening and balance.
- Mood disorders and sleep quality.

Did you know?

- One of the primary benefits RMTs integrated into comprehensive primary care teams offer is the ability to provide hands-on, non-invasive interventions that can effectively address MSK issues, reduce pain and promote relaxation. Massage therapy techniques can improve overall physical well-being, which can help patients with chronic pain conditions or those recovering from injuries.
- Beyond addressing physical ailments, massage therapy can have positive effects on mental health, reducing stress and anxiety. Massage therapy can offer patients self-care techniques and strategies to maintain their well-being.
- Collaboration with physical therapists, chiropractors and occupational therapists in primary care can enhance patient outcomes by providing a holistic approach to rehabilitation and recovery.
- RMTs are qualified to provide preventative care, helping patients maintain optimal physical health and prevent injury.
- RMTs can work in diverse settings, including clinics, hospitals, rehabilitation centres and private practices, enhancing the accessibility and continuity of care within the healthcare system.

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Medical Laboratory Technologists

Mr. Wilfred is a 57-year-old male who has lived with hemophilia A since his diagnosis at the age of 14 months. He regularly receives injections through his nurse practitioner to keep himself healthy. He has visited the clinic today because he has been feeling very weak and has complained of some unusual bruising. He recently had to change his medication due to a manufacturer shift in hemophilia medication. His family physician, Dr. Lily, has requested blood tests to assess his hemophilia and hemoglobin. Mr. Wilfred is comfortable discussing his laboratory values, including his coagulation tests, as he regularly communicates with the local transfusion laboratory and his hemophilia team regarding his injections. Dr. Lily is concerned that Mr. Wilfred may be bleeding internally and now relies on the laboratory to confirm her suspicions.

The medical laboratory technologist will:

- Obtain a blood sample from the patient, ensuring appropriate protocols are followed.
- Analyze the patient's coagulation status.
- Perform a complete blood count (CBC) to analyze the patient's hemoglobin.
- Prepare human blood products for infusion or transfusion as required to stabilize the patient.
- Follow up with the hemophilia team and physicians regarding possible interactions.
- Connect with the nurse practitioner regarding the patient's regular injections.

Introduction

Medical laboratory technologists (MLTs) manage and perform complex testing, procedures and analyses on tissue specimens, blood samples and other body fluids, as well as assess the reliability and validity of results, which enable physicians and other care providers to diagnose, treat and monitor a patient's condition.

MLTs work in a variety of settings, primarily in hospital- and community-based labs. They also work in public health laboratories. Most outpatient testing is done in community-based laboratories, often funded by the province or territory.

Education

- MLT does not require a degree for entry-to-practice, however there are baccalaureate degrees available, as well as college diplomas and CEGEP. Program length varies from two to four years, and all must be accredited.
- Medical laboratory sciences include laboratory analysis in five disciplines: clinical chemistry, hematology, histotechnology, microbiology and transfusion science.
- Some provinces also offer programs in areas of specialization (e.g., diagnostic cytology and clinical genetics MLT).
- Certification is offered in general medical laboratory technology, diagnostic cytology, clinical genetics and for medical laboratory assistants.
- The national certification exam is accessed when a graduate successfully completes an accredited program or has been deemed equivalent through the Prior Learning Assessment (PLA) process. The successful completion of certification, as an entry-to-practice standard, permits them to register with a provincial regulator as an MLT.

Regulation

MLTs are regulated in all provinces except British Columbia. MLTs are not regulated in any territory. Employers determine practice requirements in unregulated jurisdictions.

Additional regulatory oversight for the medical laboratory sector is provided by national organizations (e.g., Accreditation Canada), laboratory accreditation bodies (e.g., Manitoba Quality Assurance Program) and fairness commissioners (Ontario, Manitoba, Quebec, Nova Scotia).

Scope of practice, roles and responsibilities

MLTs are responsible for conducting diagnostic testing and analyses to assist in the diagnosis, treatment, monitoring and prevention of disease. The laboratory process involves three phases:

- **Pre-analytical phase:** Obtaining the specimen, labelling it with the patient's name, providing timely transport to the laboratory, registering receipt in the laboratory and processing before testing.
- **Analytical phase:** Performing the test and interpreting the result.
- **Post-analytical phase:** Preparing a report detailing the result and its interpretation, authorizing the report, and transmitting the report and consultation (if need be) with the primary care clinician so that appropriate action can be taken.

Activities MLTs are responsible for include:

- Verifying relevant patient information and ensure that appropriate patient specimens are collected and handled according to established protocols.
- Performing, interpreting, documenting and reporting diagnostic testing across clinical disciplines, including, but not limited to:
  - Examination of blood and other body fluids and tissues for normal and abnormal cellular and non-cellular constituents.
  - Preparation of tissue for microscopic examination by pathologists.
  - Evaluation of the compatibility of human blood products and tissues for transfusion and transplantation.
  - Examination of specimens for the presence and significance of microorganisms, including their susceptibility to antimicrobial agents.
  - Performance of molecular diagnostic testing techniques related to the detection of nucleic acid sequences.
- Conducting medical research and analyses.
- Operating and maintaining sophisticated instruments and equipment.

MLTs perform several roles within primary care. These include:

- Consulting with physicians, nursing staff and other members of the primary care team regarding the ordering, processing and interpretation of laboratory parameters, ensuring the highest quality of diagnostic results.
- Shaping the financial health and direction of facilities through the elimination of unnecessary testing.
- Empowering patients and families by promoting knowledge and understanding of the interpretation of diagnostic values in an era of increasing patient access to patient data.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- Perform reproductive health diagnostics, hormone, sexually transmitted infection and fertility testing for sexual and reproductive health.
- Conduct assessment of diagnostics and routine monitoring for prenatal care.
- Conduct assessment of diagnostics (RhIG), cord blood testing and post-natal transfusion for labour, delivery and postnatal period.
- Conduct assessment of diagnostics for well-baby care.
- Conduct assessment of diagnostics for early childhood.

Chronic Care:

- Conduct assessment of diagnostics for early disease detection, diagnosis and ongoing treatment.
- Conduct specialty assessments, including non-routine or genetic testing for coordination of care, management of referrals to specialist care.
- Conduct medication monitoring, assessment of diagnostics and other biomarkers for personalized approaches to multi-morbidity.
- Perform peak/trough monitoring, AMS consultation, AMS susceptibility for prescribing, medication management and reconciliation.

Older Adult/Geriatric/End-of-Life:

- Conduct assessment of diagnostics for assessment, diagnosis, and management of complex health issues.
- Conduct assessment of diagnostics (e.g., bone resorption biomarkers) for frailty care, osteoporosis treatment and falls prevention.
- Conduct peak/trough monitoring, AMS consultation, AMS susceptibility for medication management.
- Conduct medication monitoring and diagnostics for palliative/end-of-life care.

Did you know?

- MLTs are responsible for most of the diagnostic testing performed. It is estimated that the medical laboratory provides approximately 70 per cent of the objective information to inform patient diagnosis, treatment and monitoring.
- Errors in the clinical laboratory process are directly related to patient safety. Laboratory collaboration with other health institutions/organizations and health care workers is key to reducing laboratory errors in the pre- and post-analytical phases within the laboratory process; many of the variables associated with implementing performance improvement in these phases are not under the laboratory's control.
- Inaccurate test results, as well as the over-use/under-use/misuse of laboratory tests can potentially result in unnecessary treatment, treatment complications, failure to provide the proper treatment, delay in correct diagnosis and additional unnecessary diagnostic testing.

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Medical Radiation Technologists

Ms. Irving is a 46-year-old female who has presented to her physician's office saying she feels a lump in her breast. After a physical examination, the physician recommends that she obtain diagnostic testing by a medical radiation technologist (MRT). Her physician sends a requisition to her local hospital and Ms. Irving is put in the care of an MRT specializing in mammography. This MRT performs a mammogram and additional specialized breast imaging. The results of that mammogram come back positive for breast cancer. At multiple points along Ms. Irving's journey, she will be in the care of an MRT. An MRT:

- May obtain any additional mammograms, contrast enhanced mammograms, tomograms and ultrasound as follow up to the diagnosis and future surveillance.
- May perform a breast MRI for surgery planning and treatment evaluation.
- May perform a CT scan to determine if the breast cancer has migrated from its primary location to other organs.
- May perform a sentinel node injection to determine if close lymph nodes are involved in the disease.
- May perform a bone scan to determine if bone metastasis is present.
- May perform radiation therapy on the chest or breast tissue as part of the cancer treatment plan.

Introduction

Medical radiation technologists (MRTs) play an indispensable role in Canada's healthcare system, delivering more than 30 million medical imaging exams and millions of radiation therapy treatments each year. MRTs work within four disciplines: radiological technology, nuclear medicine, radiation therapy and magnetic resonance imaging. MRTs function as part of the interprofessional team in a variety of practice settings and with diverse patient populations. MRTs can be found in emergency departments, operating rooms, cancer centres, mobile breast screening vans, as well as diagnostic imaging departments and clinics across the country.

Education

MRTs must pass a national entry-to-practice certification exam for their discipline directly following completion of a Canadian accredited MRT education program. Once they pass the certification exam, an MRT is academically and clinically prepared to contribute productively as a member of the healthcare team. Here the MRT uses professional judgement and critical thinking to reach decisions, anticipating outcomes and responding appropriately to adapt to individual patient needs and varying contexts of practice.

Their front-line work is essential in providing opportunities for medical research and innovations in caregiving that improve quality of life. MRTs also serve as patient advocates and educators. Some are also healthcare researchers, technical and therapy specialists, and interdisciplinary consultants. The MRT profession today includes a diverse array of highly trained professionals representing various positions in the healthcare field.

Discipline Descriptions

MRTs practicing Magnetic Resonance Imaging provide physicians with highly detailed diagnostic images of the patient's body using a very strong magnetic field and radio waves from within the MRI machine. They look at the soft tissues of the body—the brain, joints, muscles, tendons and the vessels of the heart. Using their extensive education in physics,

anatomy, pathology, and safety, they use the MRI technology to get the best possible images for your diagnosis.

MRTs practicing Nuclear Medicine provide physicians with diagnostic images that help pinpoint the nature of a disease, and how it is affecting the body using radioactive materials (known as radiopharmaceuticals) for imaging. Many nuclear medicine tests use an intravenous (IV) injection for the radiopharmaceutical. The MRT places the IV and then moves the patient into the position they need to be in for the imaging portion of the test. They will then operate the equipment so that the patient gets the best images possible.

MRTs practicing Radiologic Technology use X-rays in different forms to produce images of the human body. Using their specialized knowledge of anatomy, the MRT will position the patient based on the area the care provider has concerns about. They will walk the patient through how to change the position of their body to best capture the images. Once the images are obtained, the MRT will evaluate the images and determine if more are necessary.

MRTs practicing Radiation Therapy are key members of the cancer treatment team. Radiation therapists work with advanced machines and computer software to design treatment plans to deliver precise doses and targets of radiation to maximize the exposure to cancer cells and minimize the harm to surrounding healthy tissue. A central role of a radiation therapist is to support patient well-being, as well as their family and/or caregiver throughout, providing education and resources as needed.

Regulation

MRTs are regulated health professionals in most jurisdictions. To practice legally in the province/territory of their choice, MRTs must meet mandatory licensing requirements, pass standardized exams, follow specified practice, conduct, competence and ethical standards, participate in professional development and renew their licenses annually. MRTs in British Columbia, Manitoba and Newfoundland and Labrador are not yet regulated. Efforts to pursue regulation are ongoing.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- Provide radiation therapy, education and counselling for sexual and reproductive health.
- Perform medical imaging for well-baby care.
- Perform medical imaging for early childhood.

Chronic Care:

- Perform medical imaging for early disease detection, diagnosis and ongoing treatment.
- Perform radiation therapy, support cancer care coordination, provide education and support care transfers for coordination of care, management of referrals to specialist care.

Older Adult/Geriatric/End-of-Life:

- Perform medical imaging, radiation therapy and contribute to care plans for assessment, diagnosis and management of complex health issues.
- Perform medical imaging, support falls and injury prevention for frailty care, osteoporosis treatment and falls prevention.
- Administration of medications related to medical imaging and radiation therapy, as well as patient monitoring for medication management.
- Perform medical imaging for older adult mental health.
- Perform medical imaging to evaluate disease progression and delivery of palliative radiation therapy for palliative/end-of-life care.

Did you know?

- An MRT may be certified to practice in more than one discipline. Although each discipline requires the completion of its own certification exam, many MRTs hold credentials in more than one discipline, allowing them to practice in more than one area of the profession.
- Three in five Canadians will receive diagnostic imaging this year. Diagnostic imaging typically takes place early in a patient's clinical journey, although imaging is increasingly used to monitor response to treatment and to guide interventional procedures.
- Fifty per cent of cancer patients will receive radiation therapy as part of their treatment plan. Radiation therapy may be used alone to treat cancer or with other treatments such as surgery or chemotherapy. It may be used before surgery to shrink a tumour or after surgery to destroy any cancer cells that remain and to prevent the cancer from coming back. Radiation therapy may also be used to relieve symptoms, improve quality of life and extend life for people living with advanced cancer (called palliative radiation therapy).

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Midwives

Grace, a 19-year-old South Sudanese newcomer, was referred to the youth primary healthcare clinic midwives by a tip from her friend, Sasha. Sasha was worried because Grace just found out she was pregnant and was scared to see a family doctor, fearing they might force her to give up her baby. Grace had been living between Sasha's place, youth shelters and couch surfing among other friends for the past six months while she waited for a housing placement as part of her youth agreement with a provincial government agency. Sasha, who saw the midwives at the clinic for contraception counseling, thought Grace would probably be comfortable with them because, in her words, "they are kind to asylum claimants." Sasha introduced Grace to the midwives by text, and all planned to meet that afternoon at the women's shelter where Grace was staying. In addition to doing a routine intake with Grace and completing on-the-spot blood work, the midwives were able to connect Grace to local resources she was eligible for but unaware of, including food pantries, bus passes and free mental health services. The midwives also referred Grace to one of the clinic's outreach workers who was able to expedite her housing application.

Introduction

Midwives are primary healthcare providers who manage care for clients and newborn babies during low-risk normal pregnancy, labour, birth and the first six weeks postpartum, although scope of practice varies across jurisdictions. The Canadian Midwifery Regulators Council is currently calling for less restrictive regulations that would allow registered midwives to practice beyond pregnancy and immediate postpartum to sexual and reproductive healthcare of clients.

Education

Most registered midwives in Canada complete an accredited four-year baccalaureate degree program. Midwifery education combines health, social and biological sciences course work combined with approximately 50 per cent clinical placement in midwifery practices and interprofessional settings. Bridging programs for internationally educated midwives are offered in Ontario and British Columbia. Community-based training programs for Indigenous midwives are offered in Ontario, Northern Quebec (for midwives planning to work in Inuit communities) and Nunavut.

Regulation

- Midwifery is regulated throughout Canada. To be eligible for registration and licensure as a midwife and a registered midwife (protected titles), candidates must successfully complete their midwifery education program and pass the Canadian Midwifery Registration Exam.
- The Canadian Midwifery Regulators Council works to ensure national coordination and universal standards of midwifery practice. In most Canadian jurisdictions, midwifery care is covered by provincial/territorial healthcare plans.
- Ontario is the only province with an exemption in the Midwifery Act that recognizes the right of Indigenous midwives to practice and self-regulate within their communities without provincial regulatory oversight.

Scope of practice, roles and responsibilities

- Midwives provide continuity of care and support for every part of the childbearing experience (prenatal, intrapartum, postnatal), including:
  - Therapeutic measures; diagnostic testing, prescribing medications.
  - Diagnosis and referral for abnormal conditions in the pregnant person and infant.
  - Access to medical consultants, manage emergencies and stabilize clients in the absence of medical help.
  - Provide mechanisms for consultation, referral, continued involvement and collaboration.

- Midwives participate in health promotion, provide counseling, and education for clients, families and communities. The comprehensive view of midwifery skills and scope of practice can be found in the Canadian Competencies for Midwives.

Examples of roles and responsibilities specific to one primary care domain

Maternal/Newborn/Early Childhood

Prenatal Care:

- **Patient Education:** Educate expectant mothers on prenatal health, nutrition and exercise.
- **Monitoring:** Monitor the health of the mother and fetus, including checking vital signs and fetal heart rates.
- **Support Services:** Coordinate prenatal visits and follow-ups.

Labour, Delivery, and Postnatal Period:

- **Labor Support:** Provide clinical management and non-clinical support during labor, such as emotional support and comfort measures.
- **Pain relief:** provide both pharmacologic and non-pharmacologic pain management during labour.
- **Postnatal Care:** Deliver postnatal care, including checking vital signs, assessing recovery, and providing breastfeeding support.

Well-baby Care:

- **Health Checks:** Provide health checks, developmental, hearing and metabolic screenings for newborns; phototherapy and referrals as needed.
- **Vaccinations:** Administration of vaccinations and tracking immunization schedules.
- **Parental Guidance:** Implement lactation augmentation (medication and equipment). Provide guidance and education to parents on infant care, and nutrition.

Did you know?

- Provincial health insurance permits clients to self-refer to midwives. Midwives have hospital privileges to admit and discharge patients under their own authority and work in teams that permit them to remain on call 24-7 for their caseload of clients.
- Midwives work in collaborative healthcare groups with other healthcare providers, including performing surgical assistant roles during cesarian sections.
- As primary care providers, midwives work in a variety of settings, including hospital maternity wards, triage units where they may work as hospitalists, freestanding birth centres, independent midwifery practice clinics and primary health centres which often include street-based outreach.
- Midwives are the only healthcare professionals regulated to conduct planned births that are attended at home and at free-standing birth centres.
- Midwives educate, counsel, advocate, and support clients to make informed decisions about healthcare options for themselves and their infants. Midwives employ trauma-mitigating strategies

to recommend evidence-based community standards.
- Twelve Indigenous midwifery practices are located in Canada: Quebec (2), Nunavut (2), Northwest Territories (1), Manitoba (1) and Ontario (6).
- Midwives in Indigenous communities provide options for community-based birth (e.g., home, birth centres) to clients with low-risk pregnancies.
- Midwifery is the only Indigenous profession to have survived and persisted through colonialism and involves the expansive scope of providing culturally safe and centred care across the reproductive life course.

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Naturopathic Doctors

Mr. Rajan is a 52-year-old man who describes having a very stressful job and limited time for physical activity. He tries to eat healthy foods at home with his family but usually eats whatever is quickly available near his work. He has noticed steady abdominal weight gain over the last 10 years. His father had cardiovascular disease and type 2 diabetes. He does not have a history of cardiovascular disease, smoking, hypertension, or diabetes.

He has recently learned his lipid levels are elevated based on blood work ordered by his family physician, who explained he will likely need to initiate a statin if the levels continue to increase. Mr. Rajan would prefer to avoid going on medication and is interested in other ways to manage his lipids. After discussing some initial strategies, his family physician recommends he see a naturopathic doctor (ND) to further explore options.

An ND managing Mr. Rajan's case would focus on his specific cardiovascular (CV) risk factors while also considering his broader health. This would first entail conducting and explaining a validated CV risk assessment and how risk can be mitigated. The ND would recommend evidence-based preventive strategies including dietary and lifestyle interventions and develop specific plans with Mr. Rajan for their implementation. Mr. Rajan's ND would also discuss the efficacy and safety of using Natural Health Products (NHP) to reduce the risk of CV and metabolic diseases and make recommendations if indicated. The ND would directly monitor Mr. Rajan's CV risk factors, such as blood pressure and lipid and glucose levels, and/or collaborate with his family physician in this regard. Should Mr. Rajan's lipids or other risk factors place him in a category for statin therapy, his ND can provide education on the risks and benefits of relevant medications and refer him back to his family physician. In some jurisdictions, NDs can also prescribe lipid lowering pharmaceutical agents. In addition to addressing cardiometabolic markers, the ND would assess contributing factors such as stress and sleep health and make recommendations or referrals as indicated. Over the course of Mr. Rajan's management, the ND would communicate with his family physician and primary care team as needed to optimize his care.

Introduction

Canada's naturopathic doctors (NDs) are primary care professionals and experts in natural medicine, integrating standard medical diagnostics such as blood work with a broad range of therapies including diet and lifestyle changes, botanical medicine, clinical nutrition, physical medicine and Traditional Chinese Medicine/acupuncture.

Naturopathic medicine is underpinned by the following:

- Evidence-informed practice.
- Wholistic person-centered care and culturally safe care.
- Health promotion and disease prevention.
- Patient education and advocacy.
- Promoting wellness beyond the absence of disease.
- Using the least harmful, most effective treatment.
- Addressing the underlying or root causes of illness as well as symptoms.
- Supporting the body's inherent ability to restore and maintain health.

Education

The naturopathic medical program involves four years of full-time study post baccalaureate and is accredited by the Council on Naturopathic Medical Education (CNME), the only government-recognized accrediting body for naturopathic medical programs in Canada and the United States.

Training includes biomedical and clinical sciences, diagnostics, naturopathic philosophy, principles and therapeutics, and extensive supervised clinical experience.

Canadian College of Naturopathic Medicine offers the CNME-accredited full time naturopathic medical program and a two-year bridge delivery for international medical graduates.

Upon graduation, graduates must pass standardized entry-to-practice exams to qualify for regulation/licensing as a naturopathic doctor (ND).

Regulation

Currently in Canada, NDs are regulated in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and the Northwest Territories. In Nova Scotia, NDs are poised to achieve regulation under the recently passed *Regulated Health Professions Act*.

NDs are required to carry malpractice insurance and meet continuing education requirements.

Many NDs who are practicing in unregulated provinces choose to maintain an out-of-province registration in a regulated jurisdiction. There are over 3,000 qualified NDs across the country.

Where jurisdictions and certification permit, NDs may prescribe pharmaceutical drugs and administer intravenous therapy.

Scope of practice, roles, and responsibilities

The scope of practice of NDs varies across jurisdictions and is set in provincial/territorial legislation. Some controlled acts/restricted activities are common across Canadian jurisdictions:

- Making and communicating a diagnosis.
- Performing certain internal physical exams.
- Ordering laboratory assessments.
- Administering a substance by injection or inhalation.
- Puncturing the skin below the dermis (i.e., acupuncture).
- Prescribing, compounding, and dispensing and/or selling a drug.

Specific parameters for these acts are defined in jurisdictional regulations and may require additional training and certification. While the scope and training of NDs is generalist in nature, some NDs choose to focus their practice on a particular domain of care.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

Prenatal

- Provide wholistic fertility assessment (physical exams, diagnostic testing, risk assessments) and management of barriers.
- Provide sexual and reproductive health education (safe and intentional sex practices).
- Provide nutritional and lifestyle counseling throughout pregnancy, including safe and effective Natural Health Product (NHP) recommendations.
- Co-manage common concerns (gestational diabetes, nausea, vomiting, hypertensive disorders, pain management, iron deficiency anemia).
- Collaborate with other healthcare providers supporting prenatal health or fertility concerns.

Newborn

- Conduct well-baby assessments, including growth and development.
- Provide wholistic maternal-infant care, including nutritional counseling, safe and effective NHP recommendations, breastfeeding and food introduction support, sleep coaching, mental health assessment and support.
- Provide acute and episodic care for common minor ailments during infancy, refer as indicated.

Early Childhood

- Conduct well-child assessments including growth and development.
- Provide nutritional assessments and counseling, including safe and effective NHP recommendations.
- Manage common concerns (digestive, skin, atopic, immune) for early childhood, refer as indicated.

Chronic Care:

- Conduct wholistic assessment (screening, physical exams, diagnostic testing, risk assessments).
- Provide nutritional and wholistic lifestyle counseling to prevent acute and chronic disease morbidity.
- Educate and assist patients to make sustainable changes that support long-term physical, emotional and spiritual health.
- Provide safe and effective NHP recommendations.
- Encourage patient treatment compliance, including pharmaceutical therapy.
- Assist patients in navigating health system and resources where possible.
- Coordinate with health team to ensure shared understanding of management plans and patient monitoring.

Older Adult/Geriatric/End-of-Life:

- Conduct wholistic assessment (screening, physical exams, diagnostic testing, risk assessments).
- Provide nutritional and wholistic lifestyle counseling for health promotion and the prevention of chronic diseases, frailty and falls.
- Provide safe and effective NHP recommendations.
- Coordinate the management of complex health issues with other care providers, such as menopause/perimenopause.
- Provide family, caregiver support and direct to resources on advance care planning and long-term care.

Did you know?

- NDs use extended appointments and a personalized approach to evaluate the wider context of patients' physical, mental, emotional, social, spiritual and environmental health. They seek to thoroughly explain and contextualize their patients' health concerns and treatment options, and advocate for patient access to relevant health resources.
- Equipped with a broad set of therapeutics, NDs can adapt to diverse patient values, preferences and contexts in the management of acute and chronic conditions. The wholistic approach of naturopathic medicine also aligns with Indigenous concepts of health, which predate colonization.
- Trained in biomedical and clinical sciences, NDs are ideally positioned to play an important role as a member of a patient's healthcare team collaborating with other primary care providers to optimize patient care.

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Nurses, Registered

Monica, a 32-year-old mother of three comes for her appointment at a primary care clinic regarding some challenges she is having with her diabetes. Jane, the licensed/registered practical nurse takes Monica to the exam room and notes in the electronic medical record (EMR) that Monica's blood pressure is elevated, and she has lost 15 pounds since her last visit approximately three months ago. Sandy, the registered nurse at the clinic, assesses Monica through both her EMR data and a thorough patient assessment. Sandy notes that Monica's husband lost his job, and she has been picking up extra shifts at the gas station where she works; these extra shifts are typically at nighttime. Monica tells Sandy that she is finding it difficult to eat on these shifts.

Sandy and Monica make a plan for temporary food support, while her husband is job seeking. Sandy helps Monica access a local group cooking program so she can have prepared meals in the freezer. Monica and Sandy discuss different processes she can use to measure her blood sugar and adjust her medications. They both agree that she has successfully managed her diabetes in the past, and she will be able to do so again with the support of the team at the clinic.

Sandy reassesses Monica's blood pressure and notes it is within normal limits. As Monica has not experienced any cardiac symptoms before this, Sandy hypothesizes that it might be a "white coat elevation" (elevated during the health appointment only). Sandy invites Max (family physician) into the exam room and gives Max a brief history. Max and Sandy have a common view of Monica's situation and the three agree on the best approach for subsequent follow-ups. Monica is asked to book an appointment with the team the following week.

Introduction

Registered Nurses (RNs) function as generalists to provide a broad range of services, working independently and interdependently with other health professionals in primary care settings to provide direct and indirect healthcare services, promote health and well-being, prevent disease and support the management of episodic and chronic illness across the lifespan. Canadian RNs working in primary care develop competencies in six domains: professionalism; clinical practice; communication; collaboration and partnership; quality assurance, evaluation and research; and leadership.

Education and Regulation

RNs are regulated throughout Canada at a provincial/territorial-level and must have a baccalaureate degree in nursing to practice in all provinces and territories except Quebec and the Yukon. Curricula address simple to complex healthcare issues affecting patients across the lifespan and in various healthcare settings. Clinical placements are an integral part of all nursing undergraduate curricula. Most of them take place in acute care. Although there are Canadian competencies for RNs in primary care, they have not been well integrated into pre-licensure education; post-licensure educational programs are needed to support primary care interprofessional practice. RNs must demonstrate continuing competency to retain their licenses. RNs can also demonstrate competency in a nursing specialty by completing post-licensure or graduate degree education.

Scope of practice and activities

RNs in primary care have a broad scope of practice. Activities falling within the scope of practice for RNs in primary care settings may include:

- Detailed history taking, physical examination and triage.

- Assessing, planning, implementing and evaluating plans of care.
- Health promotion and disease prevention, including screening for early detection.
- Determining and coordinating appropriate services and referrals.
- Applying evidence-informed strategies to deliver care appropriately.
- Direct clinical care activities, such as managing episodic and chronic health challenges; providing wound care; and recommending, administering and managing medications.
- Patient education and self-management support.
- Mentoring other nurses or students.

Several provinces and territories have authorized RNs to autonomously prescribe or dispense certain medications via certification or advanced designation. This expanded RN scope of practice is limited to RNs who either work in specialized practice areas or in settings where additional support (i.e., clinical support tools, nurse practitioners, physicians) is available. Continuing education and competence requirements must be fulfilled to prescribe in practice.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- In the prenatal period, the RN may provide family planning support, including physical examination and history-taking, STI counseling, navigation to other providers and patient-centered goal setting.
- They conduct post-natal physical, social and mental health assessments, including assessments for post-partum infection, family violence or mental illness.
- RNs provide breast/chest-feeding support and conduct baby/child growth and developmental assessments. They coordinate and advocate for community resources.

Chronic Care:

- RNs formulate nursing diagnoses, empower patients and families to set achievable goals, implement nursing interventions and evaluate outcomes.
- RNs can manage cases independently and/or in collaboration with other team members.
- RN chronic disease care is centered on patient engagement and applies lenses of equity-diversity-inclusion and anti-racism and trauma-informed care.
- With training and where setting policies allows, RNs may prescribe medications and/or titrate dosages.

Older Adult/Geriatric/End-of-Life

- RNs have knowledge and skills tailored to the care of older adults and individuals/families during and after end-of-life.
- RNs conduct frailty assessments and screen for risk factors. They collaborate with other providers to promote safe environments.
- RNs have extensive knowledge of medications and collaborate with patients and providers to promote safe pharmacotherapy. RNs provide medication counselling (including educating patients about non-pharmacological treatments), monitor medication administration, and evaluate patient engagement with their medication plan of care. RNs evaluate medication tolerance and establish pharmacological and non-pharmacological treatment of side effects.

Did you know?

- RNs bring a holistic, patient-focused lens to primary care teams. They recognize the interconnectedness between physical, mental and social health, coordinating their clients' needs by considering the social determinants of health.

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Nurse Practitioners

Mr. Smith is an 80-year-old man who moved into a long-term care home after multiple hospitalizations last year. His medical history includes atrial fibrillation, congestive heart failure, chronic kidney disease and diabetes. His functional abilities declined over the last couple of months, requiring a walker to walk short distances and considerable assistance with activities of daily living (e.g., dressing, bathing). He enjoys socializing but is having difficulty "getting through" visits. Mr. Smith has indicated that moving into the home has been hard on him and expressed feelings of hopelessness and frustration. A mental health assessment and depression assessment did not indicate Mr. Smith was experiencing depression at this time. A referral was made to seniors' mental health, whose assessment also did not indicate the presence of depression. A physical examination was also conducted, which did not reveal abnormalities or the presence of acute illness. Six weeks after Mr. Smith moved in, he expressed that he wishes to "stop everything," including all bloodwork and specialist appointments, and that he would like to discuss medical assistance in dying (MAID).

Mr. Smith was seen by a nurse practitioner (NP) who can provide comprehensive longitudinal bio-psycho-social, and in some circumstances, spiritual care. The NP can not only consult for expert opinion but also provide suggestions and recommendations into a client/patient care plan that will align with the goals of care of the individual client/patient.

Introduction

Nurse Practitioners (NPs) are one of four categories of regulated nurses and one of two recognized advanced practice roles in Canada who can autonomously diagnose, evaluate and manage patient health across healthcare settings, including primary care.

Education

NP entry-to-practice is at the graduate level, requiring a Master's degree. NPs advanced education and clinical experience provides the requisite knowledge and skills to practice autonomously, diagnosing, ordering and interpreting labs and diagnostics, making referrals to specialists, prescribing treatments and perform procedures as established within their provincial/territorial and legislation scope of practice.

In Canada, there are 29 NP programs, providing graduate level education, mostly related to primary care for patients across the life span. National competencies have been established for NPs in Canada at the generalist level.

Currently, NP education is undergoing review and revision. NP programs in the future will graduate generalists, with the expectation to be able to practice across the life span and in all practice settings. Following this education, they will go on to obtain post-graduate training to specialize (e.g., primary are, pediatrics, neonate, oncology, etc.).

Regulation

NPs have been regulated in Canada since 1997 and are regulated in all provinces and territories. They have additional title protection beyond registered nurses. Nursing regulators in each province and territory are responsible for the regulation of NP scope of practice, quality assurance, registration and discipline of the role. There are 11 nursing regulatory bodies in Canada with Northwest Territories and Nunavut having the same regulator.

NPs are authorized to perform all Registered Nurse restricted activities, as well as authorized additional restricted activities within the NP scope of practice. The NP title is a protected title in legislation and can only be used by those who are licensed as an NP.

Scope of practice, roles and responsibilities

NPs use a holistic, research-grounded approach to health promotion, illness and injury prevention to complement care

delivered by other providers. They provide a broad range of services, as well as help patients access other health and social services. NP core competencies include clinician, leader, advocate, collaborator, communicator, educator and scholar.

Primary health care NPs:

- Create care pathways to ensure the right provider is seeing patients at the right time.
- Complete comprehensive health histories and assessments.
- Formulate and communicate diagnoses, considering differential diagnoses.
- Treat injuries.
- Provide prenatal care.
- Perform physical examinations.
- Develop patient care plans.
- Prescribe and renew medications (including controlled drugs and substances), providing education and monitoring as required.
- Order and interpret diagnostic tests.
- Provide counseling and education.
- Initiate, order, or prescribe consultations, referrals.
- Set and cast bone fractures.
- Admit and discharge hospital patients (where legislation permits).
- Identify care gaps for specific populations and conditions.
- Teach, mentor and contribute to the knowledge base (e.g., research).

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood

- Family planning, screening, and treatment of STIs, education and counselling for sexual and reproductive health.
- Education, counselling, routine and preventative maternity care for prenatal care.
- Post natal care, education, connection to support services and community resources for labour, delivery and the postnatal period.
- Conducting growth and developmental assessments, providing education and counselling, connecting to supports and resources, and proving acute and episodic care for well-baby care.
- Conducting health and developmental assessments, screening, making diagnoses, prescribing, providing education and counselling, and focusing on primary prevention for early childhood.

Chronic Care

- Taking health history, conducting screening and assessments, making diagnoses, providing treatment, education, and prevention strategies for early disease detection, diagnosis and ongoing treatment.
- Arranging referrals and care transfers to other specialists or facilities for coordination of care, management of referrals to specialist care.
- Taking health histories, conducting screenings and assessments, making diagnoses, developing care plans, running diagnostic tests, and providing counselling for personalized approaches to multi-morbidity.
- Prescribing, providing education, conducting medication assessments, management and reconciliation.

Older Adult/Geriatric/End-of-Life

- Screening, secondary prevention, managing complex and comorbid illnesses, providing education and counselling, and developing care plans for assessment, diagnosis and management of complex health issues.
- Conducting screening assessments and providing treatment, providing education, developing care plans for frailty, and making connections to community resources and supports for frailty care, osteoporosis treatment and falls prevention.
- Prescribing, providing education and counselling, and medication management and monitoring.
- Assess cognitive function, dementia; mood, anxiety and depression management; providing counselling, making connections to community resources for older adult mental health.
- Conducting assessments, managing care plans, pain and symptom management, diagnosing hospice needs, providing education, providing bereavement counselling for palliative/end-of-life care.

Did you know?

- NPs practice independently and collaboratively to provide services to individuals across the age span and continuum of care. Clinical care delivery may include supportive, curative, rehabilitative and palliative care.
- NPs provide comprehensive primary care in a variety of healthcare settings including community care (clinics, health care centres, primary care offices, walk-in clinics, patient homes); NP-led clinics and programs; long-term care; hospitals (outpatient clinics, emergency departments, other patient areas); correction facilities; mental health and addiction centres; virtual care.

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Occupational Therapists

Mrs. Rossi is a 78-year-old woman who lives in a two-bedroom apartment. She can walk to the local corner store for her day-to-day groceries and takes the bus to any medical appointments. She recently had a slip and fall in her bathroom, fracturing her right wrist and spraining her right ankle. In a visit to the emergency room at the hospital, she was put in a cast and sent home. It has been two weeks since the fall and, in a follow-up visit with the nurse practitioner, Mrs. Rossi reports that she continues to experience general pain and stiffness since the fall. She is also very fearful of falling and reinjuring herself. Over COVID-19 Mrs. Rossi has become quite isolated.

Jamie Fung, the occupational therapist first meets Mrs. Rossi at the Community Health Centre (CHC) and learns about her daily routines and activities. Jamie also conducts a falls risk assessment, to better understand Mrs. Rossi's physical, cognitive and emotional risk factors for future falls. At the follow-up visit, Jamie meets Mrs. Rossi at her home to assess the safety of her apartment and provide recommendations that include equipment for her bathroom as well as some safety tips to manage in the kitchen while she has her cast on. Jamie also provides functional exercises to build her lower extremity strength, balance and endurance.

Jamie recommends that Mrs. Rossi attend the CHC's falls prevention class, which is run by the team (a pharmacist, occupational therapist and social worker) to gain knowledge and provide a chance for her to meet people from the neighbourhood. Jamie sets two follow-up appointments, both to monitor Mrs. Rossi's routines, and to work to identify strategies to increase her social connections.

Introduction

Occupational therapists (OTs) address mental and physical health concerns to support participation in meaningful and essential occupations, defined as everyday activities that people do as individuals, in families and with communities.

OTs develop programs for people whose everyday activities are impacted by aging, illness, injury, developmental disorders, and emotional or psychological problems, to maintain, restore or increase their ability to care for themselves. They also develop, implement and facilitate health promotion and disease prevention programs, groups and clinics with individuals, community groups, employers and other primary care professions that promote routines, habits and activities to enable individuals to engage in personal care, work, school or leisure activities.

Occupational therapy (OT) takes a holistic view of a person's ability to participate in everyday activities, working within the health, social services, employment and education systems to support the interactions between the physical, cognitive, emotional and spiritual aspects and the environments in which people live, work and play.

Education

- OTs complete Master's level training including a minimum of 1000 hours of supervised fieldwork or internships that could include practicums on primary care teams or in primary care settings.
- OT competencies are grouped thematically into the following domains: occupational therapy expertise, communication and collaboration, culture, equity and justice, excellence in practice, professional responsibility and engagement with the profession.
- Supporting clients with mental health challenges is embedded in the OT role and can include counseling and psychotherapy across ages and settings.

Regulation

OTs are regulated in all 10 provinces. OTs working in the territories register and/or maintain registration with a provincial regulator.

After completing entry-level training, future registrants in

each province (except Quebec) must successfully pass the National Occupational Therapy Certification Exam.

Scope of practice, roles and responsibilities

OTs have several areas of practice which may take generalist roles (e.g., primary care, rural and remote services) or work in specific fields (e.g., neuro-cognitive rehabilitation, assistive technologies, psychotherapy).

They assess for individual and environmental factors (including physical, social, cultural, institutional aspects) that impact participation in daily activities and overall function, as well as facilitate linkages to other services or specialized services as appropriate.

OTs can support individuals across the lifespan by:

- Prescribing adaptive aids, assistive technology, and equipment for home, work and the community.
- Training patients and their caregivers/family to use special equipment.
- Conducting developmental screening to support participation in play and school activities.
- Supporting chronic disease management.
- Facilitating access to disability benefits (e.g., complete sections of the T2022 Disability Tax Credit and financial resources).
- Offering strategies and coaching for adapting to both physical and social environments.
- Supporting individuals at work or returning to work.
- Supporting individuals at school or returning to school.
- Assessing and supporting cognition and perception.
- Assessing mobility, and driving (e.g., driving cessation).
- Conducting home safety assessments and providing recommendations for home adaptations to support aging in the community.
- Providing family and caregiver support.
- Facilitating coordination of services and system navigation both within the team and with community health and social services.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- Postpartum mental health, parenting supports and resources for role transitions.
- Conduct developmental screening/assessments and intervention, and provide parenting supports and resources for well-baby care.
- Conduct developmental screening and intervention, play participation, supporting parent-child interactions and feeding/swallowing for early childhood.

Chronic Care:

- Conduct functional assessments; manage fatigue, chronic pain, challenging emotions; develop and train clients to use self-management supports, and provide coping strategy education for early disease detection, diagnosis and ongoing treatment.
- Provide psychosocial screening, counseling, brief psychotherapy and mental health interventions.

- Case management and coordination of care, management of referrals to specialist care.
- Assess home/workplace environments; conduct comprehensive functional assessments (physical, cognitive, affective); provide individualized training; assess and prescribe adaptive equipment, and self-management supports for personalized approaches to multi-morbidity.

Older Adult/Geriatric/End-of-Life:

- Conduct individual and environment (home) assessments; support navigation of community supports and community mobility; develop care plans, provide self-management supports.
- Conduct and provide psychosocial screening/counseling, brief psychotherapy and education for assessment, diagnosis and management of complex health issues.
- Assess and intervene to support mobility and home safety.
- Develop care plans for frailty care and falls prevention.
- Conducting screening for memory impairment; providing counseling; supporting navigation of community supports, for dementia—aging in community; and providing caregiver support for older adult mental health.
- Support patient comfort (equipment), provide family and caregiver support for palliative/end-of-life care.

Did you know?

- OTs emphasize the importance of lifestyle, prevention, education and social justice as part of a broad approach to health. They can help to identify and coordinate community health and social services to support individuals with complex health and social care needs.

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Optometrists

Mr. Scott, a healthy and athletic male in his 30s, presents to his optometrist with some blurry vision and an occasional headache. His vision was previously 20/20. On examination, his binocular vision was normal, his intraocular pressure was normal, his visual field on screening was normal and the anterior segments were normal. Everything upon examination seemed normal. Then, OCT imaging of his optic nerves showed some thinning in both eyes. A full threshold visual field test then showed that he had no peripheral vision in both eyes (his brain was compensating for it and he did not notice.) The optometrist referred him to neurology, where imaging revealed a growth in his brain, which was pressing on the optic nerves. The tumour was removed, and the patient returned to normal life. The keen-eyed optometrist, by working within a team, saved the patient's life.

Introduction

Optometrists are primary healthcare providers who ensure the health and optimal functioning of eyes and vision. They specialize in the examination, diagnosis, treatment, management and prevention of diseases and disorders of the eye and associated structures.

Education

In Canada, optometrists require seven to eight years of post-secondary education. Prospective optometry students complete at least three years of undergraduate education (or two years of CEGEP in Quebec). This is followed by a four-or five-year university program in optometry at the University of Waterloo or the University of Montreal.

After obtaining their Doctor of Optometry degree, optometrists can pursue residency to obtain advanced clinical skills (i.e., cornea and contact lens, advanced primary care), fellowship, specialty, and/or advanced certification.

Continuing education is mandatory, and the requirements vary by province.

Regulation

Optometrists are regulated throughout Canada. In most provinces, they are regulated by a College of Optometry. In some provinces (e.g., Saskatchewan, Manitoba, New Brunswick), they are regulated by a regulatory committee as a component of a provincial association authorized by government. In the territories, they are regulated by government departments. In British Columbia, optometrists are regulated by the BC College of Health and Care Professionals.

Scope of practice, roles and responsibilities

The key aspects of an optometrist's role in the delivery of comprehensive primary care include:

- Comprehensive eye examinations (internal and external): Optometrists assess vision and eye health (e.g., measure eye movements and coordination, peripheral vision, sharpness of vision). They can identify systemic health conditions often detected through an eye exam, such as diabetes and hypertension.
- Diagnosis, management and treatment: Optometrists diagnose and manage eye conditions (e.g., glaucoma, cataracts, macular degeneration, diabetic and hypertensive retinopathy, infections, allergies), recommending treatments like glasses, contacts, subnormal vision devices, exercises, medications or surgery.
    - Depending on the province, they can also prescribe drugs to treat various eye conditions according to jurisdictionally specific regulations and restrictions.
    - Optometrists can prescribe drugs to treat allergies, infections and inflammation in all provinces; treat glaucoma in the western provinces, Ontario, Quebec, New Brunswick and Yukon; and order laboratory

diagnostic testing in Alberta, Prince Edward Island, and Saskatchewan.

- Referral and collaboration: Optometrists collaborate with and refer patients to other healthcare providers (e.g., ophthalmologists for surgical or laser treatment). They also help to manage post-surgical care.
- Health promotion and patient education: Optometrists educate patients about maintaining good vision and overall health, as well as their eye conditions and treatment options.
- Emergency eye care: Optometrists are equipped to deal with eye health emergencies, including foreign body removal, flashes or floaters, and eye infections like conjunctivitis.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- Conduct screenings and comprehensive eye exams for children starting at six months of age and between the ages of two and five years. Optometrists play a critical role in eye disease prevention and early detection. Optometrists play a critical role in myopia management, especially as the prevalence of myopia is rapidly on the rise.

Chronic Care:

- Conduct assessments for retinopathy, cataracts, age-related macular degeneration, glaucoma, dry eye; provide rehabilitation including lenses and other assistive technology, counseling and training for early disease detection, diagnosis and ongoing treatment.
- Conduct eye structure exams, determine appropriate treatment for personalized approaches to multi-morbidity.

Older Adult/Geriatric/End-of-Life:

- Conduct assessments for retinopathy, cataracts, age-related macular degeneration, glaucoma, dry eye; provide rehabilitation including lenses and other assistive technology, counseling and training for assessment, diagnosis and management of complex health issues.
- Conduct assessments for retinopathy, cataracts, age-related macular degeneration, glaucoma, dry eye; provide rehabilitation including lenses and other assistive technology, counselling and training for frailty care, treatment and falls prevention.

Did you know?

- A notable area of overlap between the roles of optometrists and other primary care providers is in treating ocular emergencies. Optometrists are well-equipped to handle ocular emergencies, as they typically have prescribing privileges for medications to treat eye infections and better appointment availability than family physicians or emergency rooms. Conjunctivitis and styes/hordeolum are among the top conditions seen in emergency departments that can been seen by an optometrist.

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Paramedics

Zahra is a 72-year-old middle eastern female living alone in a small community with no primary care provider. She developed a mild fever, shortness of breath and felt generally unwell. Uncertain about what to do, she contacted 911. Responding paramedics are part of a program called "Improving Patient Access to Care in the Community" (IMPACC). With broadened competencies, and as part of an interprofessional primary care team, paramedics were able to establish a working diagnosis of early onset pneumonia and start antibiotics without an emergency department visit. Additional care and diagnostics were organized with an interprofessional primary care team, and a continuity of care plan was also established. Before leaving, the paramedics assessed the home for other health risks, organized a follow up visit by community paramedics, and ensured she was attached to primary care services.

Stefano, a 65-year-old male lives in the same small community and experienced similar symptoms (early onset pneumonia). However, Stefano has a family doctor who is part of a family care team that includes the IMPACC program. Instead of calling 911, Stefano calls the family care team and is connected with a nurse practitioner (NP) concerned about his health. The NP, believing he does not require emergency department care, and knowing he cannot be seen at the clinic that day, contacts the IMPACC paramedics for timely assessment and to initiate a care plan. Stefano receives the same services Zahra did, including care coordination and continuity plans.

*A version of these case examples are published in: Tavares W., et al., 2024 Redesigning Paramedicine Systems in Canada with IMPACC. Paramedicine (accepted; in print).

Introduction

Paramedics are skilled generalists who provide community-based health and social care to a diverse patient population. They work in a variety of settings and are increasingly integrated with interprofessional primary care teams. They can be a first point of contact, including at an early undifferentiated stage of health or social care needs, and they are equipped and positioned to support differentiated patients that are part of integrated services.

The role of paramedics has been to provide emergency-based care and connect patients to acute and specialized care. However, the scope of practice of paramedicine is broadening and the role of paramedics continues to evolve, including into various forms of community-based care.

Education

- Most entry-to-practice paramedic programs in Canada are offered at the community college or undergraduate degree level.
- To complement the emergency care paradigm, new national frameworks are advocating for training that is shaped by an interprofessional primary care lens.
- The "Improving Patient Access to Care in the Community" (IMPACC) program introduces new competencies and expectations for education programs that is positioning paramedics as part of interprofessional integrated primary care teams.
- Three frameworks, the Paramedic Chiefs of Canada report, "Principles to Guide the Future of Paramedicine" (a system-level framework), the Canadian Organization of Paramedic Regulators, "Pan-Canadian Essential Regulatory Requirements" (an entry-to-practice framework), and the Paramedic Association of Canada, "National Competency Framework for Paramedics" (an educational framework) are guiding paramedicine education in Canada today.

Regulation

To enter the profession, all provinces require paramedics to complete a recognized training program, pass a provincial or national registration exam, and register with a provincial regulator or the provincial government. Paramedics are required to undertake continuing education and training, which varies by province.

The profession is self-regulated in some provinces (e.g., Alberta) and regulated by the government in others (e.g., Ontario).

Scope of practice, roles and responsibilities

- Primarily an emergency service, the scope of practice is rooted in supporting resuscitations (e.g., cardiac arrest, stroke, trauma) and stabilization of a broad range of patient types across the lifespan.
- Scopes of practice have expanded significantly to include a broader range of services for lower acuity patient events. Largely led by a diversity of community-based clinical paramedic programs, a more comprehensive range of less time-sensitive but community and primary care-based interventions are being employed and enacted by paramedics.

Examples of roles and responsibilities

First Contact:

- For both "Zahra" (i.e., unattached and undifferentiated) and "Stefano" (i.e., attached and differentiated), the IMPACC program broadens the first point of contact, and the accessibility of early and ongoing diagnoses, treatment and management of new and ongoing health issues. The program also provides and receives referrals for patients who access health care using 911 or for events where more community-based care is warranted.

Continuity:

- Paramedics involved in the IMPACC model of care provide integrated services with Family Health Teams, Ontario Health Teams and community paramedicine programs. This promotes continuous and coordinated care over time, supporting consistent management of their health conditions. This includes follow-up on treatments, regular health assessments and long-term management of chronic diseases.

Comprehensive Care:

- By including paramedicine as part of interprofessional primary care teams, both differentiated and undifferentiated patients have more access to services supporting a wide range of health needs, from preventive care and health education to the treatment of acute and chronic illnesses. With broadened competencies, paramedicine can complement a holistic approach to patient care, considering physical, mental and social aspects of health.

Did you know?

- Broadening and redefining paramedicine is a growing strategy within healthcare intended to promote timely access to primary care.
- Paramedicine can be used to support healthcare providers, particularly for patients who have access challenges, using their mobile and newly integrated structure IMPACC Paramedics, along with their community paramedicine partners, can foster interprofessional collaboration and patient-centered care by working as extensions of primary care teams.

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Pharmacists

Mr. Gabriel is a 67-year-old male with a complex medical history including atrial fibrillation, hypertension, rheumatoid arthritis, kidney impairment and insomnia. He is taking multiple medications, some of which are deemed "high risk" by the Institute for Safe Medication Practices. Mr. Gabriel receives care by a primary care team including a family physician, nurse practitioner, pharmacist and occupational therapist. After a fall several months ago, he has been closely monitored by the team, including a home visit by the pharmacist for a medication assessment. During the visit, it was revealed that Mr. Gabriel had many medications at home that were not part of his medical record, including supplements, over-the-counter products and outdated prescriptions. After a thorough review, the pharmacist was able to: remove the outdated products for safe disposal; consolidate and determine the correct medication regimen; identify potential adverse effects and drug interactions; communicate with the primary care team and his community pharmacy and develop a new medication care plan. The plan is based on recommended therapeutic changes to reduce polypharmacy (multiple medications) and the risk for serious adverse effects, and to align Mr. Gabriel's regimen with the latest evidence. He was added to the pharmacist roster at the clinic, to be seen on a regular basis for follow-up and monitoring.

Introduction

As the third largest and most accessible healthcare profession, Canada's 50,000+ pharmacists are uniquely positioned to contribute to comprehensive team-based care. Primary care pharmacists practice in interdisciplinary clinics and over 11,000 community pharmacies.

As the medication management experts of the team, pharmacists provide comprehensive drug therapy management and collaborate with other providers to improve access, optimize safe and effective medication use, manage chronic diseases and support patients' health.

Education

Since 2020, Canadian-trained pharmacists must obtain the entry-to-practice Doctor of Pharmacy (PharmD) degree, a four-to-five-year program. Through their training, graduates practice by skillfully integrating the care provider roles of communicator, collaborator, leader-manager, scholar and health advocate.

Pharmacy curriculum includes foundational content in biomedical, pharmaceutical, behavioural, social and administrative pharmacy sciences. Clinical content includes patient assessment, communication and collaborative practice skills, pharmacotherapy, medication therapy management and a minimum of 40 weeks of experiential rotations. Changes to scope of practice continue to be incorporated into the curriculum.

Regulation

Pharmacy is regulated in each province and territory. To be licensed, pharmacists must have a recognized BScPharm or PharmD degree, pass the national board exams (Quebec exception), obtain practical experience and have English or French fluency.

The scope of pharmacy practice varies across jurisdictions. Every province and one territory have expanded scope of practice legislation, enabling pharmacists to manage drug therapy with patients and other providers (e.g., renew, initiate, adapt prescriptions; order and interpret lab tests; administer injections and vaccines).

Scope of practice, roles and responsibilities

- Patients and other healthcare providers may be most familiar with pharmacists' traditional, product-focused role, including dispensing medications and compounding; counseling on prescriptions; recommending over-the-counter medications and supplements; and addressing drug interactions and side-effects.
- The pharmacist's role has evolved to a more patient-focused approach with provision of comprehensive medication

management services, including: assessing and managing common ailments; prescribing; conducting medication reviews, with care plans, monitoring and follow-up; immunizing; managing chronic diseases (e.g., hypertension, diabetes, asthma); managing high-risk medications (e.g., anticoagulants, opioids); point-of-care testing; health promotion (e.g., smoking cessation, cardiovascular risk); reconciling medications for patient care transitions; and providing drug information and education.

- Pharmacists collaborate with other team members and participate in shared decision-making, coordination of care and system navigation (e.g., drug coverage).

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- Contraception prescribing and education.
- Treatment, prevention and education of sexually transmitted infections.
- Make vitamin recommendations and administer vaccines.
- Provide advice and evidence on the safety of medication use in pregnancy and breastfeeding.
- Medication safety, management and optimization for prenatal care, labour and delivery, well-baby care and early childhood.

Chronic Care:

- Monitor for drug interactions and/or adverse events; assess adherence; manage polypharmacy, including deprescribing.
- Conduct comprehensive medication reviews and medication reconciliation; collaborate with other team members, including involvement in transitions in care and coordination of care.
- Medication management and optimization for diabetes, asthma, hypertension, anticoagulation, arthritis, osteoporosis, etc.
- Collaborative prescribing (e.g., renew, adapt and initiate prescriptions); assess and monitor medication use and manage response and tolerability.

Older Adult/Geriatric/End-of-Life:

- Administer injections, including vaccines to prevent pneumonia and shingles, and annual influenza and COVID vaccines.
- Screen, prescribe and monitor for response and tolerability; deprescribe and manage adverse impacts of polypharmacy; and manage complex health issues.
- Screen to identify risk for drug induced osteoporosis; optimizing primary and secondary fracture prevention; osteoporosis treatment and falls prevention.
- Provide education and counseling; conduct comprehensive medication reconciliations and reviews; participate in collaborative chronic disease management.
- Optimize medication use, e.g., pain management, palliative sedation and participate in shared decision making for palliative/end-of-life care.

Did you know?

- Pharmacists typically practice in community pharmacies and hospitals, and also work in interdisciplinary primary care clinics, pharmacist led clinics, specialized outpatient clinics, home care, governments and industry.
- Pharmacists can prescribe, make drug therapy recommendations (e.g., for dosage and administration, drug selection, approved and off-label indications, drug interactions) and manage and prescribe for minor ailments.
- Through collaboration with other primary care providers, pharmacists can enhance appropriate prescribing, optimize health outcomes and provide a variety of services (e.g., immunizations, chronic disease management, adapting and prescribing medicines).
- Pharmacists can support safe care transitions by bridging gaps between institutions, primary care providers and community pharmacies.
- The Indigenous Pharmacy Professionals of Canada connects Indigenous pharmacists, pharmacy technicians and assistants and supports them to provide safe and equitable care of Indigenous patients, families and communities. It promotes practice models that respect Indigenous Peoples' safety, equality, strengths and teachings.

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Physician Assistants

Anna, a Canadian certified physician assistant (CCPA) at a suburban primary care clinic, plays a vital role in providing comprehensive healthcare to a diverse population. On a typical day, she begins with a team huddle where she presents a new guideline release, then meets with patients like Mr. Sanchez, a 70-year-old with diabetes and hypertension, adjusting his medications and coordinating care with other specialists. Anna collaborates with a social worker to address mental health concerns for Mrs. Adil's husband, demonstrating the importance of integrated care. Her day includes seeing a few same-day appointments, attending case conferences for patients with multiple chronic conditions where she develops and manages treatment plans, in addition to reviewing test results, doing phone follow ups, and charting her patient encounters. Mid-afternoon, she conducts a home visit for an elderly patient unable to travel to the clinic, ensuring continuity of care and addressing immediate needs. Before wrapping up, Anna touches base with her supervising physician to review the day's cases and to confirm a care plan for a shared patient. By the end of the day, Anna has seen 15 patients, showcasing her ability to handle both straightforward and complex cases through teamwork and her medical expertise, ensuring high-quality, coordinated care.

Introduction

Physician assistants (PAs) provide a full range of medical services to support patient-centered care. Working collaboratively with a supervising physician, PAs extend physician care and complement existing services provided in primary care practices and help improve patient access to care in a collaborative, team-based model of care.

Education

- PA training programs are second-entry university degree programs housed in Faculty or Schools of Medicine. Accredited PA education programs are delivered across full-time two-year (24-month) programs through a condensed medical school curriculum. PAs complete an average of 1900 hours of patient care experience through numerous clinical rotations in addition to a full year of clinical sciences.
- Graduates of accredited PA training programs must challenge the Physician Assistant Certification Council of Canada's national certification exam to receive the designation of Canadian Certified Physician Assistant (CCPA). US trained PAs may also work in Canada under their PA-C certification.
- PAs engage in ongoing professional development and must maintain their certification through the Royal College of Physicians and Surgeons of Canada's Mainport ePortfolio and have the same credit requirements as Physicians.
- This generalist approach to medical education ensures that PAs are flexible and well-prepared to provide high-quality medical care in various healthcare settings.

Regulation

PAs are regulated or registered under the respective provincial College of Physicians and Surgeons in Manitoba, New Brunswick, Nova Scotia, Prince Edward Island, and Alberta. Regulation in Ontario is tabled for April 2025.

PAs are authorized to perform controlled acts or restricted activities across Canada through regulatory frameworks, provincial legislation, practice agreements, or through physician delegation (direct or indirect orders, medical directives, practice descriptions, etc.).

Scope of Practice, Roles and Responsibilities

PA scope of practice is defined by the scope of their supervising physician, and it becomes more comprehensive or specialized depending on their practice setting. PA specialty knowledge, experience, and skills further

expand in partnership with supervising physicians.

In primary care teams, PAs can:

- Conduct patient interviews, histories and physical examinations.
- Complete preventative care screening (e.g., PAP, ordering colon cancer screening, mammography).
- Formulate and communicate a diagnosis, considering differential diagnosis.
- Formulate and communicate management plans.
- Perform diagnostic and therapeutic procedures (e.g., injections, biopsies).
- Order and interpret investigations (e.g., blood work, imaging).
- Order consultations with specialists and community care providers.
- Prescribe medications, nutraceuticals and medical devices.
- Provide education and counseling to patients and caregivers on preventative health and chronic disease management.
- Work to optimize patient access to assessment and implementation of care for acute and various chronic diseases (e.g., respiratory disease, heart disease, diabetes, dementia/cognitive impairment, frailty).
- Complete paperwork (e.g., Workplace Safety & Insurance Board, community care forms) and support administrative tasks (quality assurance initiatives, office management, etc.).
- Supervise medical students, physician assistant students, and mentor/support medical residents.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- PAs play a crucial role in maternal and early childhood health by providing comprehensive prenatal, postpartum and newborn care. They conduct assessments, routine check-ups and manage various prenatal presentations, while educating and counseling pregnant women on healthy practices and potential complications. Postpartum, PAs monitor the mother's recovery, offer breastfeeding support, mental health support and discuss family planning. For newborns and early childhood, PAs perform assessments, monitor growth and development, administer vaccinations, support acute and routine care and educate parents. Collaborating closely with other healthcare professionals, PAs ensure coordinated, high-quality care for women, infants and children.

Chronic Care:

- PAs play a vital role in delivering safe and effective chronic care to patients. They manage a wide range of chronic conditions, such as diabetes, hypertension, asthma and heart disease by conducting regular patient assessments, monitoring disease progression, prescribing, and adjusting treatment plans as needed. PAs educate patients on lifestyle modifications, medication adherence and self-management strategies to improve health outcomes. They collaborate closely with other healthcare professionals to provide comprehensive, team-based care, ensuring that patients receive timely and coordinated services. Additionally, PAs utilize evidence-based guidelines to implement preventive care measures and screenings, reducing the risk of complications and promoting overall wellness in patients with chronic conditions.

Older Adult/Geriatric/End-of-Life:

- PAs play a critical role in the care of older adults and end-of-life care. They manage comorbid illnesses and geriatric syndromes within the context of patient and family goals of care through regular assessments, medication management, and patient monitoring. PAs provide comprehensive evaluations to address physical, mental and emotional health. They educate patients and their families on disease management, preventive care and healthy aging practices. In end-of-life care, PAs offer compassionate support, pain and symptom management, and advance care planning, facilitating discussions about patient wishes and goals of care. They work collaboratively with other providers and hospice care teams to deliver coordinated, patient-centered care that enhances the quality of life for elderly patients or for those nearing the end of life.

Did you know?

- PAs increase access to timely, comprehensive healthcare services, as well as enhance physician and primary care team capacity by working collaboratively with other healthcare professionals to complement existing services and deliver patient and family-centered care.
- PAs contribute to continuity of care by establishing long-term relationships with patients. They actively participate in patient education, health promotion and disease prevention efforts, ensuring support along the care continuum.

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Physiotherapists

Kelly is a 52-year-old woman who has had one-sided knee pain for five years. The pain has recently stopped her from being active and made it hard to work, as she walks to the bus and stands as a cashier for eight-hour shifts. She understands that she has osteoarthritis, but is not a candidate for a knee replacement, nor does she want surgery. She has not been able to afford physiotherapy, although it was suggested by her doctor.

Kelly is active and plays soccer and hikes regularly. Kelly is frustrated by the growing limitations on her physical mobility, the focus on her weight, and is worried that work is unsustainable. She asked for an appointment with the physiotherapist who just joined her primary care team.

The physiotherapist completes a comprehensive assessment that includes mobility, strength and neurological testing of her lower extremities, as well as a discussion of Kelly's past history, usual activities, her understanding and beliefs about pain, and her goals for physical function.

Kelly and the physiotherapist collaborate on modifications to her work and exercise routines to better manage her symptoms, and make a treatment plan with individualized exercises, education on arthritis and chronic pain, as well as bracing in specific situations to address symptomatic ligament laxity.

Kelly meets with the physiotherapist once every one to two weeks, and after eight weeks, notes significant improvement in her ability to stand for work shifts, and has returned to playing soccer for short periods. She still has knee pain, but it's reduced, and she feels her ability to stay active and work will continue to improve. She has also gained confidence in how to manage future flare ups of knee pain.

Introduction

Physiotherapists are mobility experts who assess, maintain, restore, and improve functional abilities. By supporting people seeking care to meet their functional goals, physiotherapists foster independence and physical performance, as well as help people participate in meaningful life roles. The profession is dedicated to person-centered and holistic approaches to promote physical and psychosocial health and wellness. Physiotherapists support individuals and communities with strategies for preventing, rehabilitating, treating and managing pain, physical impairment, injury and acute and chronic conditions with a focus on physical function and mobility.

Education

Physiotherapists complete a two-year full-time Master of Science degree in Canada, which includes a minimum of 1,025 hours in clinical placements, except for Quebec, which offers four-year integrated bachelor-Master's degrees. Accredited Canadian entry-level programs include foundational learning about primary health care and population health approaches.

Physiotherapists have training and expertise in musculoskeletal, cardiorespiratory, metabolic and neurological systems and conditions. Key competencies include:

- Performing a comprehensive assessment.
- Communicating a diagnosis.
- Analyzing the impact of injury, disease, disorders, lifestyle on mobility and function.
- Developing and implementing care plans.
- Developing preventative healthcare strategies.
- Developing and implementing quality improvement initiatives and program evaluation strategies.
- Assessing and identifying the unique health service needs and determinants of health within communities served.
- Developing and implementing the relevant health services based on community needs.
- Establishing longitudinal therapeutic relationships with patients and their families.

- Acting as first point of contact for functional and mobility concerns.

Regulation

Physiotherapists are regulated healthcare professionals in all provinces and the Yukon territory.

Each province or territory has a unique statement about the scope of practice for physiotherapy. In some jurisdictions, physiotherapists have the authority to independently order diagnostic imaging, while others require authorization or medical directives.

Scope of practice, roles and responsibilities

Physiotherapists' contributions to primary care include:

- Assessment and treatment of acute and chronic conditions involving neuromusculoskeletal (e.g., low back pain, sprains, chronic pain), neurological (e.g., stroke, acquired brain injury, concussion), cardiorespiratory (e.g., COPD, asthma, cardiac conditions, long COVID), and metabolic system (e.g., diabetes) and multi-system conditions.
- Assessment and treatment of functional impairments (e.g., incontinence, pelvic floor dysfunction, strength, range of motion, dizziness), activity limitations (e.g., walking, running, climbing stairs), and participation restrictions (e.g., work, sport, caregiving).
- Interventions, such as education, physical activity, exercise, pain management, falls prevention, self-management support, chronic disease management, prescription of braces and mobility aids.
- Development and delivery of health promotion strategies.
- Manual therapy.
- Identification of opportunities for, and delivery of individual and group-based care, in-person and virtually.
- Consultation to improve care pathways, community programs and capacity of team members.

In the context of primary care teams, physiotherapists can:

- Be the first point of contact for people with musculoskeletal or pain conditions.
- Identify community gaps in access to rehabilitation and address unmet needs, (e.g., pre- and post-operatively).
- Collaborate with team members.
- Order diagnostic imaging (e.g., ultrasound, radiographs, bone scans).
- Support and facilitate patient transitions between healthcare sectors or providers.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- Prevent and treat pelvic floor dysfunction, incontinence, low back pain, pelvic organ prolapse and pelvic pain.
- Well-baby care including assessing gross motor development, play-based strategies to support motor development and treatment of torticollis.
- Treat developmental delays, neurological/orthopedic conditions and neuromuscular disorders in early childhood.

Chronic Care:

- Conduct functional assessments, formulate diagnoses, provide chronic disease management and treatment.
- Assessments for early detection and ongoing treatment of chronic conditions.
- Self-management support, education, physical activity, exercise, assistive devices and other interventions for people with arthritis, chronic pain, diabetes, cardiac, lung health, metabolic, and neurological conditions and multimorbidity.

Older Adult/Geriatric/End-of-Life:

- Assess, diagnose and manage mobility and functional limitations for older adults with complex health issues.
- Conduct physical assessments, develop care plans, work to restore and improve functional abilities for frailty care, osteoporosis treatment and falls prevention.
- Manage physical symptoms for palliative/end-of-life care.

Did you know?

When physiotherapists are part of comprehensive primary care teams:

- Wait times for patients are reduced with physiotherapists in first contact roles, as 22 percent of primary care visits are for musculoskeletal concerns.
- Communities have increased access to physiotherapy services, which supports more people living independently and returning to work.
- Access to physiotherapy is more equitably distributed and includes more people with low income or precarious employment.
- Provider satisfaction increases, as collaboration is better supported, with increased knowledge exchange and improved ability to address patients' concerns.

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- See Preparing Physiotherapists for Team-based Primary Care for more information.

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Psychologists and Psychological Associates

Ms. Patel is a 33-year-old female presenting to the clinic due to back and knee pain, and is seen by Dr. Craig. In her initial screening, Dr. Craig notes no current injuries and suspects that Ms. Patel's fitness level could be the cause of her pain. In further conversation with Ms. Patel, she reports that she does not leave her house often, and has been experiencing fatigue, lack of motivation and sleep disruptions. Dr. Craig notes that Ms. Patel appears very anxious during their conversation, wringing her hands and noticeably startling when someone outside the office drops a clipboard. When Dr. Craig asks about the nature of Ms. Patel's sleep disruptions, she notes that she has been experiencing nightmares related to a past traumatic experience. Dr. Craig concludes that although Ms. Patel would likely benefit from support in increasing her fitness, her underlying depressive, anxiety- and trauma-related symptoms likely require further assessment and treatment. Dr. Craig explains her concerns to Ms. Patel and recommends referral to a psychologist.

A psychologist can perform a psychological assessment and diagnose mental health disorders, learning difficulties and cognitive difficulties. A psychologist can also assess the impact of the mental health disorder on multiple areas of the patient's life and the life of their family. Additionally, a psychologist can provide treatment for complex or co-occurring mental and emotional difficulties (e.g., depressive symptoms secondary to PTSD). Moreover, a psychologist can support the patient's family members by providing education on the patient's concerns (with the consent of the patient) as well as referring those family members for therapy/counselling. Furthermore, a psychologist can assess the outcomes of those treatments using standardized measures. In addition, a psychologist can liaise with other treatment providers to ensure that the patient's care for their mental and emotional difficulties is part of their overall treatment; provide workshops to other health providers on common signs of mental health difficulties; develop treatment plans and programs for mental health difficulties and evaluate the efficacy and effectiveness of those programs.

Introduction

Psychologists provide science-based nonpharmacological interventions (e.g., psychotherapy, cognitive-behavioural therapy, interpersonal therapy) to treat and rehabilitate mental and physical health conditions, behaviour change, health promotion and illness prevention.

Psychologists also conduct cognitive and intellectual function, memory, personality assessments, as well as assessments to diagnose mental disorders.

Education

Depending on the province or territory, the minimum level of education required to independently practice as a psychologist is either a doctoral degree (an additional four to five years post-Master's degree or equivalent) or a Master's degree (two years) following a four-year bachelor's degree in psychology. The educational requirements for licensure are changing; more provinces are moving to doctoral-level entry-to-practice (e.g., Quebec, New Brunswick, British Columbia).

In addition to a graduate degree (which includes a 1,600-hour internship for doctoral-trained psychologists and several hundred hours for Master's-trained psychologists), most jurisdictions require at least one year of post-degree supervision by a registered psychologist in addition to registration exams.

Regulation

- Psychologists require a license to practice in Canada. Registrants must pass a local jurisprudence exam, in addition to practice-based oral and written exams to become licensed.
- To be called a psychologist, one must be registered by the relevant provincial or territorial psychology regulator.
- In some provinces, the title of "psychological associate" is used to distinguish those who are Master's-level prepared from psychologists who are doctoral-level prepared, though they may retain the same scope.
- While there is no specialty licensure for psychologists in Canada, some psychology regulators require declared areas of specialization (e.g., health and rehabilitation) when applying for licensure.

Scope of practice, roles and responsibilities

The scope of practice of psychologists chiefly includes the assessment, diagnosis and treatment of mental health problems and disorders. Psychologists also participate in illness prevention and health promotion activities (e.g., parent education, community-based programs), and develop and evaluate treatment programs designed to help people with both physical and mental concerns. Psychologists treat and provide services to individuals across the life course.

Psychologists provide both inpatient and outpatient services, including:

- Individual and group treatment of mental and physical health conditions (e.g., pain, sleep disorders, anxiety, depression, PTSD, emotional regulation, brain injury, autism spectrum disorder).
- Diagnostic, cognitive, developmental, academic, intellectual functioning, personality, memory and neuropsychological assessment, treatment and consultation (e.g., neurodevelopmental, acquired and neurodegenerative disorders). Screening and primary prevention programs for early detection of mental health conditions.
- Behavioural interventions for individuals and families struggling with difficult relationships or other afflictions that interfere with health and functioning (e.g., interpersonal therapy, family or couples therapy, cognitive rehabilitation).
- Support for various disabilities related applications (e.g., Disability Support Programs and Tax Credits), as well as program and service navigation.
- Provide treatment and support for successful health management and to address challenges for adherence to treatment plans.
- Provide comprehensive care by collaborating with other disciplines to meet behavioral, physical and psychosocial needs.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- Conduct assessments; provide psychotherapy/counselling and consult with and supervise mental health providers for sexual and reproductive health, behavioural change management, complicated grief, prenatal care.
- Conduct postpartum assessments; provide psychotherapy/counselling and consult with and supervise mental health providers for labour, delivery and postnatal period.

- Provide counselling, parenting support and consult with and supervise mental health providers for well-baby care.
- Conduct autism spectrum assessment and management; provide parenting support; conduct and provide learning disability assessment and treatment and consult with and supervise mental health providers for early childhood.

Chronic Care:

- Assess and manage mental health conditions for early disease detection, diagnosis and ongoing treatment.
- Conduct diagnostic assessments; support adjustment to chronic disease, pain management and supervise and consult with mental health providers for personalized approaches to multi-morbidity.

Older Adult/Geriatric/End-of-Life:

- Conduct diagnostic assessments; provide psychotherapy and consult with and supervise mental health providers for assessment, diagnosis and management of complex health issues.
- Conduct motivational interviewing, stages of change counselling and behavioural management for medication management.
- Assess and manage mental health issues; provide psychotherapy/counselling for older adults, caregivers and their families, and consult with and supervise mental health providers for older adult mental health.
- Provide psychotherapy/counselling for patients and family members, consult with and supervise mental health providers for palliative/end-of-life care.

Did you know?

- When psychologists practice outside of publicly funded institutions, individuals must pay out of pocket for psychological services in the private sector or rely on insurance coverage through private, extended health benefits plans (i.e., provided through employment).

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Respiratory Therapists

Ms. Simpson is a 45-year-old self-employed consultant who had visited an after-hours clinic three weeks ago for shortness of breath. She was prescribed a short-acting bronchodilator and inhaled steroid and directed to follow up with her primary care provider. She recalls having been told she was "wheezy" at the clinic, however a report from the clinic is not available. Ms. Simpson reports ongoing shortness of breath when she exerts herself, and that the inhalers do not seem to have caused much improvement. She has reduced her tobacco use since the visit to the clinic. When asked, she reports that she has been using the "blue inhaler" twice daily when she feels short of breath but does not use the steroid because it is expensive, and she is saving it "for when she feels really short of breath."

As part of a collaborative primary care team, respiratory therapists can:

- Perform a detailed cardiopulmonary assessment.
- Perform and interpret spirometry testing and other tests of pulmonary function.
- Identify and recommend appropriate respiratory interventions, pharmaceuticals and inhaled drug delivery devices.
- Identify and educate individuals receiving or participating in care regarding appropriate inhaler usage.
- Develop comprehensive respiratory care plans.
- Provide cardiopulmonary disease management education to empower the patient to self-manage their disease process.
- Perform tobacco cessation interventions.

Introduction

Respiratory therapists (RTs) are responsible for diagnostic assessment, evaluation, treatment, rehabilitation, education and management of patients across all life stages who need cardiopulmonary care.

They work collaboratively with other health professionals across the continuum of care.

Education

RTs are educated at colleges and universities in programs ranging in three to four years in length.

During their education, students receive extensive training in hospitals, clinics, community and primary care settings. They undertake clinical rotations in areas including:

- Neonatal and pediatric care
- General respiratory therapeutics
- Cardiopulmonary and sleep diagnostics
- Chronic/long-term care
- Critical care
- Anesthesia
- Community and primary care.

Many RTs programs incorporate formative interprofessional learning activities and students hone their interprofessional competencies throughout their clinical education.

Graduates of accredited programs are eligible to write the Health Professionals Testing Canada national certification exam and earn the Registered Respiratory Therapist credential.

Regulation

RTs are regulated in Canadian jurisdictions other than British Columbia and Yukon, Nunavut and Northwest Territories. The Canadian Society of Respiratory Therapists is the credentialing body for RTs in unregulated jurisdictions.

Scope of practice, roles and responsibilities

RTs have a broad scope of practice that enables them to work collaboratively within multidisciplinary patient-centred primary care teams to facilitate comprehensive primary care delivery and help achieve the best outcomes for those with or at risk of developing respiratory disease.

They possess an in-depth knowledge and understanding of cardiorespiratory physiology, cardiorespiratory assessment, oxygenation and ventilation support and pharmacology. They are able to synthesize and communicate data from a variety of sources to coordinate care and collaboratively develop evidence-informed care plans in the primary care context.

The role of RTs overlaps with others in the delivery of comprehensive primary care. Like other members of the primary care team, they can:

- Perform case management, patient interviews and screening.
- Provide education on and administer vaccines.
- Manage and provide care to complex patients.
- Assist in navigating the healthcare system and connecting with other members of the healthcare team.

RTs working in primary care possess the competencies to perform a wide variety of functions on interprofessional primary care teams, including:

- Leading interprofessional lung health and pulmonary rehabilitation programs from design through implementation and evaluation.
- Assessing potential barriers to respiratory management, including the social determinants of health.
- Providing chronic disease education and management.
- Completing applications for funding home oxygen and other related documentation.
- Collaborating with community support organizations to meet the unique health and social needs of patients.
- Assessing the need for and managing oxygen therapy in the community.
- Providing sleep disorder testing and management.

Examples of conditions treated: asthma; heart failure; chronic obstructive pulmonary disease (COPD); interstitial lung diseases; pneumonia; respiratory distress/shortness of breath.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- Provide tobacco cessation counselling for prenatal care.
- Caring for babies with acute or chronic cardiorespiratory issues, during the postnatal period.
- Conduct assessments for and manage cardiorespiratory disease, provide health education for early childhood.

Chronic Care:

- Conduct assessment, screening, tests of cardiopulmonary function, pulmonary rehabilitation and provide health education for early disease detection, diagnosis and ongoing treatment.
- Case management for coordination of care, management of referrals to specialist care.
- Perform medication counseling and management.

Older Adult/Geriatric/End-of-Life:

- Conduct cardiorespiratory assessments and diagnostics, oxygen assessments and therapy; manage invasive and non-invasive ventilation and ventilatory supports, and develop care plans for assessment, diagnosis and management of complex health issues.
- Perform medication counseling and management.
- Manage oxygen, hypoxemia, hypoventilation and breathlessness for palliative/end of life care.
- Collaboratively develop and monitor advance care plans.

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Social Workers

Mrs, A., a thirty-year-old female, was referred to social work by her family physician with significant perinatal anxiety and moderate depression. Mrs. A. was six months pregnant, having developed moderate-severe gestational diabetes and was struggling with its management. Mrs. A immigrated to Canada following a recent marriage to her husband, Mr. A. Their families were unsupportive of their marriage and Mrs. A.'s subsequent pregnancy, and Mrs. A. identified significant social isolation related to estrangement from her family and the recent move.

Following the meeting with Mrs. A. for the initial assessment, the social worker convened Mrs. A's primary care team. A. In collaboration with the team's dietician (for diet-based management and motivational interviewing) and nurse practitioner (for endocrinological medical follow-up and motivational interviewing), the social worker developed a psychotherapeutic treatment plan for diabetes and mental health improvement. In counselling, the social worker used acceptance and commitment therapy (ACT) to help address Mrs. A.'s difficulties with depression and anxiety and assisted with while also doing systems navigation to identify relevant community resources and supports (e.g., connecting with a community of other newcomers). The social worker and dietician also worked on enhancing Mrs. A's diabetes self-management by adapting her favorite recipes to her current health needs and encouraging her to share them with other members of her community as her social circle broadened. All providers met biweekly, and informally as needed, to discuss Mrs. A.'s progress and address any new issues as they arose. Following the birth of her healthy child, Mrs. A.'s diabetes remitted. Her depression and anxiety were also in remission at the time of her delivery. She was followed by social work and the team's dietician as needed for six months post-partum, maintaining her remission, and returned to the sole care of her family physician. Mrs. A was reminded that the social worker was available to her in the future if any new issues arose.

Introduction

Social work's biopsychosocial philosophy and commitment to equity and social justice directly complements primary care. Social work is both one of the largest health and social service professions in Canada and one of the largest groups of providers in primary care. Primary care social workers are highly trained generalists, capable of serving patients across the lifespan, with areas of expertise that align with the communities within which they work.

Education

Post-secondary training is required in the field of social work. Although some primary care social workers may hold a Bachelor of Social Work (BSW), most primary care social workers will likely hold a Master of Social Work (MSW) degree training that has prepared them for advanced practice competencies in health and mental health, community development, social policy and research, and/or leadership. All training programs feature extensive field education components, considered a signature pedagogy of social work, and are accredited by the Canadian Association for Social Work Education (CASWE). Some provinces (i.e., British Columbia, Alberta, Saskatchewan, New Brunswick) also recognize Clinical Social Workers who are MSW-level trained social workers that hold advanced certifications that allow them to make mental health diagnoses based on the Diagnostics and Statistics Manual (DSM). These individuals have completed extensive supervised practice in diagnosis and psychotherapy, for clients across the lifespan, as well as having sat a licensing exam.

Regulation

Social work is a provincially regulated profession in Canada. Each Canadian province and territory have social work regulatory bodes that are tasked with protecting the public and providing governance in compliance with local legislation. Regulatory bodies set

entry-to-practice requirements, establish and maintain codes of ethics and practice standards, maintain public registries of social workers, oversee continuing competence programs for ongoing learning, and maintain complaints and disciplinary processes. In addition, provinces that recognize the protected title of 'clinical social worker' maintain clinical registries of these providers and oversee procedures specific to their regulation. Registration with one of these regulatory bodies is required to use the protected title 'social worker' in Canada.

Scope of practice, roles and responsibilities

The scope of practice of social workers in primary care is wide-ranging. Social workers advance the comprehensive and continuity of primary care by engaging in direct patient care, population- and community-level care, and by contributing to team functioning and success as leaders and coordinators. Social workers employ expertise in care for patients with a broad range of mental, behavioural, and neurodevelopmental concerns, including but not limited to anxiety disorders, mood disorders, personality disorders, and trauma- and stressor-related disorders, as well as assisting with sequalae of physical health conditions such as cancer, diabetes, and heart disease. They are experts in working with clients experiencing challenges related to social determinants of health (i.e., financial concerns, housing, food insecurity, employment), health equity, and the range of biopsychosocial complexities that intersect with primary care — such as interpersonal violence, grief and loss, and end-of-life care. As expert collaborators, social workers are often responsible for coordinating care both between interdisciplinary primary care team members and across institutions. With an extensive knowledge of community resources, social workers are experts at systems navigation and social prescribing.

Primary care social workers are highly capable mental health care providers. All will have extensive training in various counselling modalities, most will have the ability to provide evidence-based psychotherapy, and some will have the ability to make mental health diagnoses. Social work's commitment to social justice and health equity means that these interventions will be offered with a communitarian and contextual ethic directly in keeping with the longitudinal, comprehensive, and coordinated orientation of primary care. Knowing that social workers can provide evidence-based mental health interventions is important for ensuring other providers take advantage of their skills and is important for patient confidence in their providers.

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- Social workers assist individual clients with social, physical, and mental health concerns during the perinatal period. Examples include facilitating communication with health providers, addressing symptoms of depression and anxiety, enabling health promoting behaviors, supporting birthing parents in their desired approaches to delivery, and problem solving around new baby needs.
- Social workers provide support for systems navigation and accessing community resources. Social workers can use systems navigation to help establish linkages with services to support new parents' physical, emotional, and social care needs.

- Birthing parents' perinatal care needs may vary based on cultural and personal preferences. Social workers are trained in person-centered, cultural humility, and critical reflexivity and can help establish acceptable care plans while collaborating with other members of the interprofessional team, such as family physicians, nurses, and other healthcare providers. Through team collaboration and education, social workers can enhance the person-centredness experiences of birthing parents so that care better aligns with their health needs and desires.

Chronic Care:

- Social workers facilitate psychoeducation group programs and do individual counselling to assist with adaptation of living with chronic illness.
- Care coordination is a long-standing role of social workers, particularly for patients with complex health and chronic care needs. In primary care, care coordination activities target the patient, family, and caregivers; health and social care professionals and services; and links patients and their family with various health and social professionals and services.
- Social workers assist with managing care plans for patients with chronic conditions.

Older Adult/Geriatric/End-of-Life:

- Social workers provide screening, assessment, and treatment for mental health conditions across the lifespan, including consideration of the unique mental health issues faced by older patients.
- Social workers facilitate person-centred end-of-life decisions consistent with patients' cultural norms and values.
- Patients may have financial concerns related to end-of-life care expenses, medications, and/or equipment. Social workers can assess, refer, and advocate for formal supports when needed.

Did you know?

- Social work practice in primary care can look very different across settings and geographies. There are social workers in primary care who are directly co-located with one team, while other social workers in primary care are working across multiple locations.
- Social workers contribute to the comprehensiveness of primary care via counselling, health promotion, client education, chronic disease management, case management, resource navigation, and collaboration across health and social sectors.
- The inclusion of social workers in primary care improves patient access to mental health care.

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Speech-Language Pathologists

Emily is a 79-year-old female who presented to her family physician with a complaint of a recent fall and weight loss. It was determined at the visit that she was hypotensive, had a mild UTI and had experienced a weight loss of seven kg in the last two months. When asked about this, she reported that she had recently developed trouble swallowing and often choked on certain consistencies, such as dry meats, breads and thin fluids. She has been eating and drinking less as a result, and in addition to the weight loss, often felt faint, resulting in several recent falls. Several weeks ago, she had fractured her right thumb and although it was healing well, she had trouble opening medication bottles and performing daily activities such as dressing and preparing food. Suspecting a swallowing disorder, the family physician refers Emily to the clinic speech-language pathologist.

A speech-language pathologist (S-LP) can perform a clinical swallow evaluation for Emily, which may include arranging an instrumental evaluation of swallowing, such as a VFSS/MBSS or FEES, to guide assessment and treatment. Based on instrumental findings, the S-LP may recommend compensatory maneuvers or therapeutic swallowing exercises to compensate for weakness, protect the airway, and/or strengthen the musculature involved. The S-LP can then counsel Emily and her family on the assessment results to address the nature and impact of her dysphagia and make appropriate diet consistency recommendations, if needed, keeping in mind Emily's values and goals. The S-LP can also screen for any speech, language, or cognitive-communication disorders that may be impacting Emily's care.

The S-LP can also make referrals to other professionals, such as a dietitian to assess for signs of malnutrition, and if diet consistency changes are indicated and agreed upon, perform appropriate follow-up and support. Other referrals may include Occupational Therapy for adaptive utensils and/or activities of daily living's (feeding, dressing), or social work to see if Emily might need greater levels of assistance in the home.

Introduction

A speech-language pathologist (S-LP) is a primary healthcare professional who prevents, assesses, identifies and manages swallowing and communication issues (e.g., speech, language, voice, fluency, social communication, cognitive-communication) across the lifespan.

Education

- A Master's degree in speech-language pathology (or equivalent) is required for current entry-to-practice in Canada. Trainees undertake at least 350 hours of supervised clinical practicum in a variety of settings. Clinical programs generally take two to three years to complete.
- Research, clinical training and interprofessional coursework round out a comprehensive training program to support people with swallowing and communication difficulties across the lifespan. Training includes foundations from many disciplines relevant to hearing, communication and swallowing (e.g., anatomy, physiology, neuroanatomy, genetics, linguistics, psychology, acoustics and more).
- Trainees receive broad knowledge and experience in all practice areas, rather than focusing on specialization.

Regulation

Speech-language pathology is regulated in all Canadian provinces, and licensing is mandatory. In territories without regulatory bodies, clinicians can practice without a license or choose to join their territorial or national association.

Individual jurisdictions may vary in the services that registered S-LPs are authorized to perform. In some provinces, clinicians must complete additional training to obtain advanced practice certificates which will allow them to provide service in a particular area of practice.

Scope of practice, roles and responsibilities

S-LPs entering practice in Canada have the knowledge, skills and judgment to provide services in the following areas:

- Speech (e.g., speech delays, childhood apraxia of speech).
- Language (e.g., developmental language disorder [DLD], autism), pre-literacy and literacy skills.
- Fluency (e.g., stuttering), voice and resonance (e.g., difficulties in projecting and sustaining voice, gender-affirming voice training).
- Swallowing and feeding disorders across the lifespan).
- Acquired speech and language difficulties (e.g., brain injury, stroke, primary progressive aphasia, etc.).
- Cognitive-communication (e.g., difficulties in thinking such as attention, memory, problem-solving, and organizing, that affect communication).
- Hearing-related communication (e.g., aural rehabilitation for children and adults with hearing impairment).

Examples of roles and responsibilities specific to three primary care domains

Maternal/Newborn/Early Childhood:

- **For well-baby care:** identify feeding and swallowing issues; assess, identify and treat prelinguistic communication and early speech, language and social communication needs, including parent education and directing appropriate referrals to specialists.
- **For early childhood:** identify, treat and provide parental coaching or education for speech, language, literacy, fluency/stuttering, voice, communication accessibility needs or swallowing issues.

Chronic Care:

- **For early disease detection, diagnosis and ongoing treatment:** assess, identify and manage communication and swallowing disorders; support differential diagnoses; provide patient and family education.
- **For coordination of care, management of referrals to specialist care:** direct referrals related to communication and swallowing.

Older Adult/Geriatric/End-of-Life:

- **For assessment, diagnosis and management of complex health issues:** assess, identify, and manage communication and swallowing disorders; support differential diagnoses, provide patient and family education.
- **Many people with frailty and falls risk have co-occurring communication and swallowing difficulties. For frailty care, osteoporosis treatment and falls prevention:** assess, identify, manage, support communication and swallowing.
- Can increase understanding and reduce medication errors in people who have communication disorders.

- **For medication management:** manage swallowing issues, communication accessibility supports.
- **There is a high prevalence of dysphagia in dementia and older adult populations. For older adult mental health:** assess speech, language, cognitive-communication; provide caregiver communication training; assess and treat swallowing issues.
- **For palliative/end-of-life care:** provide communication accessibility supports to participate in care planning, optimize swallowing comfort and safety while complying with the patient's values and wishes regarding goals of care.

Did you know?

- S-LPs may practice independently or within an interprofessional framework, collaborating with other professionals such as audiologists, physicians, nurses, educators, dietitians, occupational therapists, physiotherapists, psychologists, childcare staff and social workers, as well as communication health assistants.
- S-LPs provide a broad range of clinical and other professional services.
- S-LPs work across a variety of settings, including, but not limited to: schools, hospitals, public health units, nursing homes and long-term care facilities, patient/client homes, rehabilitation centres, children's centres, community sites/health centres, corporate settings, correctional facilities and private practice. They may also provide telepractice services when appropriate.
- S-LPs can also support quality improvement initiatives such as creating an environment that is more communication accessible.

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