



# Guideline

## Concurrent Practice

*Best Practices for RCASLPNB Registrants*

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# Contents

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- 1. Purpose and Scope ..... 1
- 2. When Concurrent Practice Occurs ..... 2
- 3. Benefits and Risks ..... 6
- 4. Considerations for Using Concurrent Services ..... 6
- 5. Components of Concurrent Practice ..... 7
- 6. Monitoring, Reviewing, and Discontinuing ..... 8
- 7. Conflict Resolution ..... 9
- 8. Documentation ..... 9
- 9. Conclusion ..... 9
- 10. Glossary ..... 10
- 12. References ..... 11

**Reference:** This guideline operationalizes [Standard of Practice 1.7: Concurrent Practice](#), which requires **registrants\*** to **collaborate** safely and effectively with other Regulatory College of Audiologists and Speech-Language Pathologists of New Brunswick (RCASLPNB) registrants when providing **concurrent** services, with **informed consent** and ongoing communication.

## 1. Purpose and Scope

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This guideline supports RCASLPNB registrants in making informed, ethical, and **patient/client-centered** decisions about concurrent practice - when two or more clinicians provide independent **interventions** to the same **patient/client** at the same time for the same or related concern.

- **Who it applies to:** RCASLPNB registrants (audiologists and speech language pathologists). It may also be useful when collaborating across disciplines (e.g., occupational therapy).
- **What it does not cover:** **Consecutive** practice (where one clinician’s involvement ends before another’s begins), waitlist bridging, or universal/preventive programs that are not individualized concurrent care.

**Note:** Although intended for RCASLPNB registrants, these principles can guide collaboration with other disciplines (e.g., an SLP and OT both addressing feeding).

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\* Terms defined in the Glossary are **bolded** the first time they appear in this document.

## 2. When Concurrent Practice Occurs

### 2.1 Required Elements of Concurrent Practice – Examples

Description	Audiology Examples	SLP Examples
<p><b>Simultaneous independent services</b></p>	<p>Two or more clinicians provide independent interventions at the same time for the same or related concern.</p>	<p>Two audiologists independently provide concurrent services to an adult patient/client: one conducts diagnostic vestibular testing while another provides tinnitus management counselling during the same episode of care. Each audiologist practices independently, maintains separate clinical responsibility, and documents their own services.</p> <p>A child is assessed and managed for hearing loss by one audiologist, while a second audiologist independently provides concurrent consultation related to assistive listening technology and functional hearing needs in the school environment.</p>
<p><b>Shared plan with patient/client input</b></p>	<p>A collaboratively developed plan includes the perspectives and priorities of the patient/client.</p>	<p>Two SLPs concurrently support a child with complex speech and language needs: one targets speech sound production while the other focuses on language formulation during the same service period. Each SLP delivers distinct, independent interventions and documents separately.</p> <p>Two SLPs concurrently support a child with complex communication needs. Together with the family, they develop shared goals prioritizing functional communication at home and school, which are incorporated into each</p>

Description		Audiology Examples	SLP Examples
		vestibular management strategies.	clinician’s intervention plan.
<b>Complementary interventions</b>	Services are coordinated so they complement each other and work together in a mutually supportive way (direct, indirect, and/or consultation).	One audiologist provides auditory processing intervention while another concurrently delivers counselling focused on listening strategies and environmental modifications. The audiologists communicate regularly to ensure their interventions reinforce one another without duplication.	One SLP focuses on classroom-based language strategies while another provides individual therapy targeting narrative and literacy skills. The SLPs coordinate goals and strategies so that gains in therapy are reinforced across settings.
<b>Professional rapport</b>	A foundation of trust, respect, and goodwill among co-registrants supports collaboration and problem solving.	Two audiologists providing concurrent services maintain respectful and open communication, share relevant observations, and engage in collaborative problem-solving when clinical perspectives differ, ensuring consistent and effective care.	Two SLPs providing concurrent services engage in regular case discussions, respect each other’s clinical expertise, and work collaboratively to address challenges, supporting seamless service delivery and positive <b>professional relationships</b> .
<b>Informed consent and communication</b>	The patient/client consents to concurrent practice and to ongoing, relevant information sharing among registrants.	A patient/client receiving concurrent services from two audiologists is informed of each clinician’s role and the purpose of sharing <b>assessment</b> findings and progress updates. The patient/client provides documented consent, supporting appropriate clinician-to-clinician communication.	A family is informed that two SLPs will be providing concurrent services to their child. The roles of each SLP and the need for information sharing are explained, and documented consent is obtained to support coordinated care and communication.

## 2.2 Concurrent Practice Across Professions

Concurrent practice may also occur across professions where collaboration between regulated providers enhances patient/client outcomes. For example, an audiologist and a speech-language pathologist may collaborate concurrently to support an individual who is hard of hearing (e.g., device optimization plus communication strategies).

## 2.3 What Concurrent Practice Is **Not** – Examples

Description		Audiology Example (Not Concurrent Practice)	SLP Example (Not Concurrent Practice)
<b>Seeking a second opinion</b>	A clinician seeks input or confirmation from another professional, but the second clinician does not provide simultaneous, independent care.	An audiologist conducts a diagnostic assessment and later consults another audiologist for a second opinion regarding interpretation of test results. The consulting audiologist does not provide direct services to the patient/client.	An SLP assesses a child's language skills and later seeks a second opinion from another SLP about differential diagnosis. The second SLP reviews <b>records</b> but does not provide direct intervention.
<b>Providing consecutive services due to staffing or scheduling constraints</b>	Services are delivered sequentially, not simultaneously, as a result of availability or scheduling rather than a coordinated concurrent approach.	One audiologist provides hearing aid fitting services, and several weeks later another audiologist assumes follow-up care due to staff scheduling changes. The services do not overlap in time.	A child receives services from one SLP until they go on leave, after which another SLP takes over intervention. The services occur at different times and are not concurrent.
<b>Bridging service gaps for individuals on waitlists</b>	Temporary or interim services are provided while a patient/client waits for ongoing care, without coordinated concurrent delivery.	An audiologist provides a one-time counselling session to a patient/client while they are waiting to access vestibular rehabilitation services from another clinician. The	An SLP offers short-term check-ins or home program guidance to a family while the child is on a waitlist for regular speech-language therapy. No concurrent intervention occurs.

Description		Audiology Example (Not Concurrent Practice)	SLP Example (Not Concurrent Practice)
		services are not delivered at the same time.	
<b>Duplicating services without coordination or communication</b>	Multiple clinicians provide overlapping or similar services independently, without collaboration or shared planning.	Two audiologists independently provide tinnitus counselling to the same patient/client without communicating or coordinating goals, resulting in duplicated services rather than concurrent practice, and may pose a risk to the patient/client.	Two SLPs unknowingly target the same expressive language goals with a child at the same time, without shared planning or communication. This duplication does not meet the definition of concurrent practice and may post a risk to the patient/client.
<b>Participation in universal or prevention programs or specialized team consultation</b>	Involvement in population-based programs or team consultation where services are not individualized, simultaneous concurrent care.	An audiologist participates in a universal hearing <b>screening</b> or provides input as part of a cochlear implant team meeting. The audiologist does not deliver individualized concurrent services to the patient/client.	An SLP contributes to a prevention program (e.g., Talk with Me) or provides consultation as part of an Augmentative and Alternative Communication (AAC) or feeding team. The involvement is consultative or program-based, not individualized concurrent intervention.

### Note on Consecutive Services

Consecutive services may require less coordination than concurrent practice; however, communication between registrants remains essential to ensure safe and effective care.

### 3. Benefits and Risks



Potential Benefits	Potential Risks
<ul style="list-style-type: none"> <li>○ Broader expertise and perspectives enrich the therapeutic process.</li> <li>○ Flexible, <b>timely</b> service delivery (e.g., combining group and individual sessions).</li> <li>○ Reduced wait times and mitigation of resource constraints.</li> <li>○ Improved continuity and coordination during transitions or complex cases.</li> </ul>	<ul style="list-style-type: none"> <li>○ Confusion from <b>conflicting</b> approaches or recommendations.</li> <li>○ Role ambiguity and overlapping goals that dilute accountability.</li> <li>○ Increased costs or administrative burden for families.</li> <li>○ Fragmentation of care if communication and coordination are inadequate.</li> <li>○ Privacy risks if consent and information-sharing processes are unclear.</li> </ul>

### 4. Considerations for Using Concurrent Services

Appropriate	Not Appropriate
<ul style="list-style-type: none"> <li>✓ Additional services are in the patient’s or client’s best interest.</li> <li>✓ Benefits outweigh risks, based on professional judgment.</li> <li>✓ Interventions are <b>synergistic</b> and complementary.</li> <li>✓ The patient/client, <b>care partner</b>, or substitute decision maker provides informed consent and agrees to a concurrent intervention plan.</li> <li>✓ Services address needs that a single registrant cannot meet due to funding</li> </ul>	<ul style="list-style-type: none"> <li>× Additional services are not in the patient’s or client’s best interests</li> <li>× Benefits do not outweigh the risks</li> <li>× The patient/client, care partners, or substitute decision makers do not consent to ongoing sharing of information.</li> <li>× Registrants cannot develop or maintain a shared plan</li> <li>× Registrants use conflicting approaches.</li> </ul>

Appropriate	Not Appropriate
<p>limits, caseload demands, or gaps in expertise.</p> <ul style="list-style-type: none"> <li>✓ Services may help ease transitions between providers or service modes by improving information transfer and maintaining patient/client progress.</li> <li>✓ Clinicians are willing to collaboratively develop and maintain a shared intervention support plan that aligns with this guideline.</li> </ul>	

## 5. Components of Concurrent Practice

<p><b>Initial Steps</b></p> 	<ul style="list-style-type: none"> <li>○ <b>Confirm existing services:</b> Ask whether the patient/client is receiving services from other RCASLPNB registrants.</li> <li>○ <b>Discuss risks/benefits:</b> Review potential advantages, risks, and alternatives with the patient/client, care partner, or substitute decision maker.</li> <li>○ <b>Obtain informed consent:</b> Secure consent for concurrent practice and ongoing, relevant information sharing among registrants.</li> </ul>
<p><b>Shared Plan Components</b></p> 	<p><b>Create a written or well-documented verbal agreement that includes:</b></p> <ul style="list-style-type: none"> <li>○ Rationale for concurrent practice.</li> <li>○ Division of services/roles (e.g., phonology, language, hearing-aid management).</li> <li>○ Goals of intervention aligned with patient/client priorities.</li> </ul>

## Communication Requirements



### Establish communication and coordination processes:

- Identify a case manager (if applicable) to coordinate communication and documentation.
- Agree upon frequency and mode of consultation between registrants, ensuring that the patient/client or parents/guardians are included in the ongoing collaboration.
- Document all communication; minutes are recommended for formal meetings.

## 6. Monitoring, Reviewing, and Discontinuing

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**Monitor** the effectiveness, appropriateness, coordination, and synergy of interventions at agreed intervals.



**Adjust** plans to address emerging risks, overlap, or changing priorities.



**Discontinue** concurrent practice if risks outweigh benefits or if coordination cannot be maintained.



**Communicate** decisions to the patient/client, explain the rationale, and document the discussion and next steps (including alternatives or referrals as needed).

## 7. Conflict Resolution

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Conflicts may arise due to disagreements on goals, approaches, or service provision. Registrants should document a concise summary of the disagreement, including all relevant details, the steps taken to resolve it, and the outcome.

Suggested steps:

1. **Direct resolution:** Meet promptly to clarify concerns, explore rationales, and agree on next steps; document discussions and decisions.
2. **Third-party consultation:** If unresolved, consider consulting with a mutually agreed upon qualified third party (e.g., supervisor, clinical lead).
3. **Patient/client meeting:** If the patient/client or family is dissatisfied, hold a meeting to explore concerns, seek resolution, and, if required, provide alternative options consistent with the *Code of Ethics*.

## 8. Documentation

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In addition to the documentation requirements outline in **Standard of Practice 4.2**, remember to document the following related to concurrent practice:

- Confirm concurrent services and record the inquiry.
- Document the discussion of risks/benefits and informed consent.
- Document respective roles and shared plan.
- Document outcomes, adjustments, consultations, and any concerns.
- Document rationale for discontinuation of services if necessary.

## 9. Conclusion

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In the provision of concurrent practice, RCASLPNB registrants must comply with the *Code of Ethics*, *Standards of Practice*, and all applicable legislation. Patients/clients can expect to be fully informed of the potential risks and benefits of concurrent practice and to have confidence that registrants have exercised due diligence when determining whether concurrent services are appropriate.

Registrants should obtain informed consent to communicate with all other clinicians involved in the patient/client care. Respectful, timely, and transparent communication among all parties is

essential, including clear written documentation related to decision-making and the delivery of clinical services.

Where supportive personnel are involved, the supervising audiologist or speech-language pathologist remains fully responsible for addressing all issues related to concurrent practice.

Registrants should also strive for effective, collaborative resolution of conflicts should they arise during the course of concurrent service delivery.

## 10. Glossary

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**Assessment** means the formal and/or informal analysis of communication and related disorders to determine the nature, quality, and severity of a delay or disorder and to inform the development of the patient's or client's care/management plan.

**Care partner** refers to an individual who supports someone with a health condition, disability, or other need, often as a member of the care team. They provide physical, emotional, and cognitive support, and are considered vital members of the caregiving process. Care partners can be family members, friends, or other significant individuals in the person's life.

**Collaborate/collaboration** means working together so that health care providers can improve the quality and safety of services while still focusing on the patients' or clients' needs.

**Concurrent practice** refers to two or more registrants of RCASLPNB sharing responsibility for providing independent services to a patient/client simultaneously. The provision of interventions can be face-to-face or via virtual care.

**Conflicting approaches** occur when interventions contradict one another (e.g., incompatible articulation strategies), which may confuse the patient/client or reduce treatment effectiveness.

**Consecutive practice** occurs when one clinician's involvement ends or is ending before another clinician's begins.

**Duplication** of services occurs when there is an overlap in services that are substantially similar in purpose and delivery, often restricted by employer or funder policy.

**Informed consent** means that a patient or client agrees to a service after understanding its' purpose, benefits, risks, and available alternatives. Informed consent must be obtained when required by relevant provincial legislation and can be withdrawn by the patient or client at any time.

**Intervention/intervention strategy** refers to the various services provided to patients or clients, including, but not limited to, assessment, individual or group treatment, counselling, home programming, caregiver training, devices, and discharge planning.

**Patient or client** refers to a recipient of the services of an audiologist or speech-language pathologist.

**Patient or client-centered approach/services** refer to a partnership between service providers and the patient or client where the patient or client retains control over their care and is provided access to the knowledge and skills of team members to arrive at a realistic team shared plan of care and access to the resources to achieve the plan.

**Professional relationship** refers to the connection between a registrant and a patient, client, or colleague, established through the provision of service.

**Record** refers to the entire collection of a patients' or clients' information over time, regardless of the format or how it is documented, recorded, or stored.

**Registrant** means an audiologist or a speech-language pathologist and any person whose name is entered in the temporary register or in any of the rosters established and maintained under the Audiology and Speech-Language Pathology Act, the bylaws and rules.

**Screening** refers to a process or tool that is used for the purpose of identifying a possible problem which requires further follow-up, assessment, or referral.

**Standard of Practice** refers to established measure or norm which defines the minimum level of professional performance that registrants must demonstrate in their practice; a breach of a Standard may constitute professional misconduct as defined in the Audiology and Speech-Language Pathology Act.

**Synergistic** refers to combining in such a way as to enhance or emphasize the qualities of each other or another.

**Timely** means that something is done promptly or without unnecessary delay.

## 12. References

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- [RCASLPNB Code of Ethics](#), December 2024
- [RCASLPNB Standards of Practice](#), Standard 1.7: Concurrent Practice, November 2025
- CASLPO Position Statement: [Concurrent Intervention](#), July 2022
- ACSLPA Preferred Practice Guideline: [Concurrent Practice](#), September 2015