



Updated Interim Guidance on the Use of Technology to Meet Pathways 1, 2, and 3 Clinical Practise Requirements

I. Relevant Background

The International Board of Lactation Consultant Examiners® (IBLCE®) previously released an [*Advisory Opinion on Telehealth*](#) focusing on the provision of lactation consultant services to **consumers** in alignment with IBCLC® guiding practise documents inclusive of the [*Scope of Practice for International Board Certified Lactation Consultant® \(IBCLC®\) Certificants*](#) (dissemination and effective date December 12, 2018), the [*Code of Professional Conduct for IBCLCs*](#) (effective November 1, 2011 and updated September 2015), and the [*Clinical Competencies for the Practice of International Board Certified Lactation Consultants \(IBCLCs\)*](#) (dissemination and effective date December 12, 2018).

For a variety of reasons, inclusive of accessibility but most pertinently the onset of COVID-19, on April 17, 2020, IBLCE issued *Interim Guidance on the Use of Technology to Meet Pathway 1 and 2 Clinical Practise Requirements*. This interim guidance was intended to clarify and inform IBLCE stakeholders regarding the use of technology to meet the lactation specific clinical practise requirement pursuant to IBCLC [Pathway 1 \(Recognised Health Professional or Recognised Breastfeeding Support Counsellor Organisation\)](#) and [Pathway 2 \(Accredited Lactation Academic Programmes\)](#). At that time, IBLCE indicated it would be providing similar information in due course with respect to Pathway 3 ([Mentorship with an IBCLC](#)).

Therefore, IBLCE is issuing this *Updated Interim Guidance on the Use of Technology to Meet Pathways 1, 2, and 3 Clinical Practise Requirements* and it supersedes and replaces the previous interim guidance issued on April 17, 2020. On October 6, 2020, IBLCE further extended the timeframe for this *Interim Guidance* to September 30, 2021, with no substantive changes made at this time.

II. Key Prefatory Notes

A. Adherence to IBLCE Advisory Opinion on Telehealth

Candidates seeking to meet IBCLC eligibility requirements via Pathway 1, Pathway 2, or Pathway 3, as well as those providing oversight of clinical practise, must carefully review and follow IBLCE's [Advisory Opinion on Telehealth](#). That opinion provides important information relevant to the use of technology with respect to IBCLC lactation specific clinical practise via Pathway 1, Pathway 2, and Pathway 3. IBCLCs providing clinical supervision must adhere both to the laws in their jurisdiction of practise as well as to the relevant IBCLC guiding practise documents inclusive of the [Scope of Practice for International Board Certified Lactation Consultant® \(IBCLC®\) Certificants](#) (dissemination and effective date December 12, 2018), the [Code of Professional Conduct for IBCLCs](#) (effective November 1, 2011 and updated September 2015), and the [Clinical Competencies for the Practice of International Board Certified Lactation Consultants \(IBCLCs\)](#) (dissemination and effective date December 12, 2018).

That advisory opinion also makes clear that an IBCLC should particularly consider how one's provision of lactation consulting services via telehealth is in alignment with the key provisions of the aforementioned guiding practise documents inclusive of privacy, security, assessment, demonstration and evaluation of relevant techniques, provision of evidence-based information to clients, as well as appropriate collaboration with, or referral to, other healthcare providers. Particularly emphasised is Principle 3.2 of the [Code of Professional Conduct](#) which requires advance written consent from the breastfeeding parent prior to photographing, recording, or taping (audio or video) that parent or the child.

The information provided in the [Advisory Opinion on Telehealth](#) also applies to clinical supervision by IBCLCs as well as those pursuing the IBCLC via Pathway 1, Pathway 2, and Pathway 3¹ and is incorporated by reference into this interim guidance document.

¹IBLCE is not responsible for the individual educational, practise, professional, or contractual terms or situations of any IBCLC, including but not limited to any legal or other terms of any business relationship between any aspiring IBCLC and one's educational institution or clinical supervisor. Individual IBCLCs and applicants are fully responsible for all actions and decisions, whether legal, health, or financial related, and neither IBLCE nor its officers, directors, employees, subject matter experts, or other agents are responsible or liable for any loss or damage caused by such acts or decisions. All determinations as to eligibility, candidacy, and certification made by IBLCE shall be based on applicable terms, conditions, and requirements as stated by IBLCE in published materials and on the IBLCE website in accordance with applicable IBLCE policies and procedures.

B. The Use of Technology in Clinical Supervision

Technology can be used in the context of clinical supervision and is particularly important due to public health considerations such as are currently being experienced worldwide, but also due to accessibility issues.

However, use of technology in the context of clinical supervision does require enhanced communication, additional planning, and a focus on technological and administrative details, as well as a sound grasp of the legal requirements in not just one, but two locations and thus possibly two jurisdictions. Key considerations include security, most particularly of technological platforms, privacy including sensitive health data as well as detailed informed consent. Those making use of technology in clinical supervision should also give careful consideration to the reliability of potential platforms. Basic to intermediate competency should be achieved by all parties using the platform prior to its utilisation. Moreover, considerable thought and planning should be devoted to assuring that the clinical supervision is designed to create a realistic clinical experience.

Those seeking to leverage technology to provide clinical supervision, if not already experienced in this type of supervision, should pursue training or independent study in this approach to knowledgeably and competently provide effective clinical supervision similar to that which would be offered in person. There are a number of peer-reviewed resources in this regard including some specifically related to telelactation.

C. Relationship of IBLCE Interim Guidance to Pathway 1, Pathway 2, and Pathway 3

It is important to note that this document does not *substantively* change IBLCE's existing clinical practise eligibility requirements with respect to Pathway 1, Pathway 2, and Pathway 3 but simply provides information on *how* IBLCE's Pathway 1, Pathway 2, and Pathway 3 clinical eligibility requirements can be met by leveraging technology.

² As previously noted, over the next several months, IBLCE will be conducting a comprehensive review of the use of technology with respect to the IBCLC's eligibility requirements, due to a host of issues inclusive of public health and accessibility.

D. Relationship of IBLCE Interim Guidance to the IBCLC [Candidate Information Guide](#) (updated September 2019)

It is critical to note that due to the exigent circumstances associated with the current global pandemic, it is not feasible for IBLCE to quickly edit and translate the entirety of the IBCLC [Candidate Information Guide](#) nor the website into sixteen languages so as to align with this interim guidance document. Therefore, this interim guidance should be read in conjunction with the *Candidate Information Guide* and to the extent information contained in the *Candidate Information Guide* conflicts, or is silent, with the guidance contained in this document, this interim guidance shall govern.

It should also be carefully noted that this is interim guidance only. Due to the continued impact of the global COVID-19 pandemic, this Interim Guidance is extended from the previously announced date of November 2020 to **September 30, 2021**. IBLCE will continue to evaluate and refine this policy and further findings will be presented in the coming months.

III. IBCLC Certification Eligibility Pathways

As noted above, the International Board Certified Lactation Consultant (IBCLC) credential may be accessed through three pathways. It should be noted that current requirements for the IBCLC already contemplate, in a number of ways, the use of technology to meet IBCLC requirements. For example, many candidates pursuing the IBCLC through each of the three pathways meet the current 90-hour lactation specific education requirement through online education.

Therefore, this interim guidance document is limited solely to how one can meet the clinical practise requirements of Pathway 1, Pathway 2, and Pathway 3.

IV. Interim Guidance

A. Pathway 1 and the Use of Technology for Lactation Specific Clinical Practise

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Approval, Dissemination and Effective Update: October 6, 2020; Revision regarding extension of time for use of Interim Guidance

Pathway 1 provides that candidates must practise as a [*Recognised Health Professional*](#) or provide breastfeeding support through a [*Recognised Breastfeeding Support Counsellor Organisation*](#) and earn a minimum of 1000 hours of lactation specific clinical practise in an appropriate supervised setting within the five years immediately prior to examination application. Pathway 1 clinical practise hours currently allow for the use of technology in the following ways:

- Clinical practise must be obtained in an appropriate supervised setting which does not need to be directly supervised (further defined in [*IBLCE's Candidate Information Guide*](#) page 8). If the appropriate supervised setting allows for the use of telehealth or other technologies to provide breastfeeding and lactation care, then this is an acceptable way to earn these clinical hours.
- Breastfeeding support counsellors from a [*Recognised Breastfeeding Support Counsellor Organisation*](#) must earn clinical practise hours in a delivery setting which meets the criteria outlined by IBLCE and may include telehealth or the use of other technologies as an option for providing services. For those volunteer accredited breastfeeding support counsellors using the flat-rate hour calculations to earn the needed 1000 hours of clinical practise, all modality types of care can count toward the flat-rate of 500 hours per 12 months. The 250 hours per 12 months rate for telephone and/or online care is increasing to 500 hours per 12 months.

B. Pathway 2 and the Use of Technology for Direct Supervision of Lactation Specific Clinical Practise

Students in Pathway 2 programmes may earn 100% of their minimum of 300 hours of directly supervised lactation specific clinical practise through technology platforms.

C. Pathway 3 and the Use of Technology for Direct Supervision of Lactation Specific Clinical Practise

Candidates in Pathway 3 mentorship programmes may earn 100% of their minimum of 500 hours of directly supervised lactation specific clinical practise through technology platforms.