June 2022 Updated Interim Guidance on the Use of Technology to Meet Pathways 1, 2, and 3 Clinical Practice 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 practice 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 the COVID-19 pandemic, on April 17, 2020, IBLCE issued *Interim Guidance on the Use of Technology to Meet Pathway 1 and 2 Clinical Practice Requirements*. This interim guidance was intended to clarify and inform IBLCE stakeholders regarding the use of technology to meet the lactation specific clinical practice 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, on May 14, 2020, IBLCE issued this *Updated Interim Guidance on the Use of Technology to Meet Pathways 1, 2, and 3 Clinical Practice Requirements* and it superseded and replaced the previous interim guidance issued on April 17, 2020. This updated version included the addition of guidance for Pathway 3. On October 6, 2020, IBLCE further extended the timeframe for this Interim Guidance to September 30, **2021**, with no substantive changes made at that time. Upon further review and with the sustained impacts of the COVID-19 pandemic, IBLCE further extended the timeframe for this Interim Guidance to September 30, **2022**, with the addition of the reference list (Appendix A) as the *August 2021 Updated Interim Guidance*. In June 2022, IBLCE further extended the timeframe for this

Interim Guidance to September 30, **2023**, 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 practice, 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 practice via Pathway 1, Pathway 2, and Pathway 3. IBCLCs providing clinical supervision must adhere both to the laws in their jurisdiction of practice as well as to the relevant IBCLC guiding practice 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 practice 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 3[1] and is incorporated by reference into this interim guidance document.

[1]IBLCE is not responsible for the individual educational, practice, 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 knowledgably and competently provide effective clinical supervision similar to that which would be offered in person. For a reference list compiled by IBLCE of peer-reviewed articles discussing telehealth in healthcare practice, please see Appendix A.

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 practice 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.

D. Relationship of IBLCE Interim Guidance to the IBCLC *Candidate Information Guide* (updated March 2022)

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 COVID-19 pandemic, this Interim Guidance is extended from the previously announced date of September 30, 2022, to **September 30, 2023**. IBLCE will continue to monitor the COVID-19 pandemic and provide any further updates in 2023.

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 95-hour lactation specific education requirement, which includes an additional five hours of education focused on communication skills as of 2021, through online education.

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

IV. Interim Guidance

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

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 practice in an appropriate supervised setting within the five years immediately prior to examination application. Pathway 1 clinical practice hours currently allow for the use of technology in the following ways:

- Clinical practice 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 practice 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 practice, 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. Noting that beginning January 1, 2022, and going forward, clinical practice hours are to be earned on an hour-for-hour basis and the flat rate option is no longer available.

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

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

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

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

Appendix A: IBLCE Reference List for the Updated Interim Guidance on the Use of Technology to Meet Pathways 1, 2, and 3 Clinical Practice Requirements

Bashir, A., & Bastola, D. R. (2018). Perspectives of nurses toward telehealth efficacy and quality of health care: pilot study. *JMIR Medical Informatics, 6*(2). http://dx.doi.org/10.2196/medinform.9080

Bashshur, R. L., Howell, J. D., Krupinski, E. A., Harms, K. M., Bashshur, N., & Doarn, C. R. (2016). The empirical foundations of telemedicine interventions in primary care. *Telemedicine and e-Health, 22*(5), 342 – 375. https://doi.org/10.1089/tmj.2016.0045

Buvik, A., Bergmo, T. S., Bugge, E., Smaabrekke, A., Wilsgaard, T., & Olsen, J. A. (2019). Cost-effectiveness of telemedicine in remote orthopedic consultations: randomized controlled trial. *Journal of Medical Internet Research, 21*(2). https://doi.org/10.2196/11330

Mold, F., Hendy, J., Lai, Y., & de Lusignan, S. (2019). Electronic consultation in primary care between providers and patients: systematic review. *JMIR Medical Informatics, 7*(4). http://dx.doi.org/10.2196/13042

Pierce, R. P., & Stevermer, J. J. (2020). Disparities in use of telehealth at the onset of the COVID-19 public health emergency. *Journal of Telemedicine and Telecare, 0*(0), 1 – 7. https://doi.org/10.1177/1357633X20963893

Scott Kruse, C., Karem, P., Shifflett, K., Vegi, L., Ravi, K., & Brooks, M. (2018). Evaluating barriers to adopting telemedicine worldwide: a systematic review. *Journal of Telemedicine and Telecare, 24*(1), 4–12. https://doi.org/10.1177/1357633X16674087