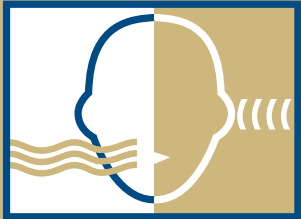


CASLPO



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VOLUME 9 ISSUE 3
SUMMER 2011

CASLPO TODAY



Update On Professional Liability Insurance Coverage

**Registration Renewal
Deadline October 3, 2011.
Details Inside.**

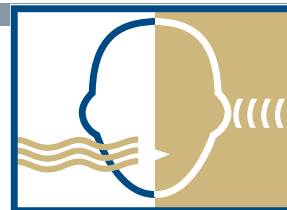
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CASLPO TODAY

REGISTRAR'S MESSAGE

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This issue of *CASLPO Today* contains a wide variety of more than usual important information for members of the professions. Most crucially, I would draw your attention to the material relating to the *annual mandatory registration renewal* for members. Once again, registration renewal can be completed online. Each year, more members take advantage of this option; last year three-quarters of members did so.

There is also information provided regarding the adoption of new bylaws by the Council of the College. As required by legislation, three of these bylaws relating to: membership fees, the Public Register of Members and Insurance Requirements were circulated to members for comment in the spring of this year. Following this, College Council formally approved these three bylaws and they went into effect on July 1. There are details in this issue on all the fee changes, which members will need to be aware of as they register this year.

Members should also take note of the article on the College Position Statement on "Disclosure of Test Materials and Data." This position statement was developed in response to many member inquiries for guidance in this area. There is also an important update on member insurance requirements.

Another important article concerns the College's intention to review its approach to regulating Professional Conduct, Advertising and Conflict of Interest. The article outlines the issues involved in the consultation process and reminds members of some of the practices which are currently forbidden.

Issues concerning the government's Assistive Devices Program (ADP) are the subject of another article. Ever since the auditor general of Ontario's 2009 report on the program, ADP has introduced a steady stream of reforms in policy and direction, as well as aggressively auditing health professionals providing services under the auspices of the program. The recent introduction of new administrative forms and procedures in the spring of this year has caused further challenges and difficulties for members, resulting in CASLPO seeking greater responsiveness from ADP in addressing clinician concerns.

CASLPO Today continues its series of interviews with members of CASLPO Council. This issue highlights the work of SLP member **Mary Suddick**, who has recently been elected vice-president, SLP. Mary is also currently a member of the Executive Committee and chair of the Registration Committee. The article outlines how she balances her clinical work with her service on CASLPO Council.

Another feature interview highlights the work of **Heather Heaman**, OSLA's chair of the Home/Community Care Interest Group, who is very active in the CCAC/Home Care delivery of services.

Other CASLPO matters highlighted in this issue relate to: our standing feature summarizing the most recent College Council meeting; elections for positions on Council; appointments of public members to Council by the provincial



CASLPO COUNCIL

OFFICERS

Vicky Papaioannou, AUD, President
Mary Suddick, SLP, Vice-President
Jack Scott, AUD, Vice-President

PROFESSIONAL MEMBERS

District 1 (Eastern Ontario)

Rosanne Lavallée-McNamee, AUD
Paulina Finak, SLP

District 2 (Central Ontario)

Vicky Papaioannou, AUD
Mary Suddick, SLP

District 3 (Southwestern Ontario)

Debra Zelisko, AUD
Nancy Blake, SLP

District 4 (Northwestern Ontario)

Sandra (Sandi) Singbeil, SLP

District 5 (Northeastern Ontario)

Carolyn Moran, SLP

District 6 (Ontario-at-Large)

Bob Kroll, SLP

ACADEMIC MEMBERS

Jack Scott, AUD
Luc DeNil, SLP

PUBLIC MEMBERS

Cathrine Campbell
Bryan DeSousa
Ferne Dezenhouse
Pauline Faubert
John Krawchenko
Josie Rose
Estrella Tolentino

REGISTRAR'S MESSAGE

government; the engagement of two new College staff, Director of Professional Conduct **Margaret Drent**, and Director of Professional Practice and Quality Assurance **Dr. Alexandra Carling-Rowland**.

As well, we draw attention to the College's recent publication of its 2010 Annual Report, which, in compliance with legislation, has been forwarded to the minister of health and long-term care. The report has also been sent to all other MPPs and many provincial and national stakeholders. This communication is particularly timely this year as MPPs head out on the hustings to contest the October 6 provincial election, where Dalton McGuinty's Liberals bid for a third term in office, facing off against Tim Hudak's Progressive Conservatives, and the NDP, led by Andrea Horwath.

There are many important issues at stake in the election, including health care. The election is an opportunity for health care providers in their local constituencies to raise, with candidates of all parties, the profile of their professions and associated concerns. Most importantly, it is a chance for people to vote for the candidate of their choice.

In summary, this issue of *CASLPO Today* underlines for me what an active summer it has been in so many areas of importance to members of the College. College Council members and staff look forward to engaging members of the College in consultations on important issues throughout the fall. We are also preparing to engage in the fall whomever is elected to form the government at Queen's Park.

See you soon!



Brian O'Riordan,
Registrar

Ontario Association of Speech-Language Pathologists and Audiologists (OSLA) – New Executive, New Activities, New Results

By Mary Cook, Executive Director



2011 has turned out to be a very busy year for OSLA. Our new executive board members have a full agenda.

As an introduction, the board members are Shanda Hunter-Trottier, (SLP) president and chair – S.L. Hunter & Associates Inc.; Pam Millett, (AUD) vice-president, York University; Lorie Grant, (SLP), secretary-treasurer, Peel District School Board; Lisa Archibald, (SLP) executive officer, University of Western Ontario; Gwen Merrick, (SLP), St. Michael's Hospital; Brad Allard, (AUD), Allard Audiology; Peggy Allen, (SLP), Durham District School Board; Anne Marie Sinasac-Roy, (AUD), Lindsay Ear Clinic; Michelle Parker, (SLP), The Speech Clinic; Julie Lemire, (SLP), Ottawa Hospital; Anila Punnoose, (SLP), Durham District School Board; and Julie Herczeg, student representative, University of Western Ontario.

Hospital and Community/ Home Care Services Campaign

An element of the board's strategic plan for 2011–2014 includes a provincial election strategy. One of OSLA's public outreach campaigns, in partnership with the Ontario Council of Hospital Unions, focuses on speech-language pathology

and audiology services in Ontario hospitals and the importance of increasing hospital beds and speech-language and swallowing healthcare services to, in particular, elderly patients who are discharged from hospital too soon before receiving full therapy and who end up falling through the cracks of the system when transitioning from hospital to home/community care services. We have established a hotline for family members, caregivers, patients, health care providers, to report their experiences, positive or negative, on the value of the services they or their family member received.

OSLA will prepare a report on our findings from the public's experiences and deliver to the incoming government after the October 6 election. The goal is to increase speech-language and swallowing services for in-patient care, increase hospital stays until proper transitioning to home/community care is established, and to increase audiology in/out-patient services in hospitals. A recent report from the Institute for Clinical Evaluations Sciences (ICES) found that discharged stroke patients receive an average of 10 home visits from speech-language

Council met on June 10th and the following items were discussed:

1. B. O'Riordan updated Council on the status of the current Strategic Priorities and the work ongoing.
2. Council reviewed the reports from the following committees: Executive, Registration, Quality Assurance, Audiology Practice Advisory, Speech-Language Pathology Practice Advisory, ICRC, Finance, and Patient Relations.
3. Michael Forbes, an external health care consultant provided a presentation and updated Council on the work being done on the white paper regarding "Communicating a Diagnosis" and "the Use of the Title Doctor."
4. B. O'Riordan updated Council on the responses received from the membership regarding the new bylaws 3, 6, and 7. Council approved bylaws 3, 6, and 7 with one amendment to bylaw 3, article 5.2.4, such that it now reads "for a member holding a life certificate of registration: \$60.00."
5. M. Drent updated Council on the HPRAC Criteria Review. B. O'Riordan thanked Council members who have provided comments/suggestions at the committee level. Council recommended that Executive approve a response on behalf of Council.
6. B. O'Riordan updated Council on the current public awareness initiatives that CASLPO is working on, including the MediaPlanet ad in the *Toronto Star* recently, ongoing talks with Zoomer Radio for advertising space, as well as the 2010 Annual Report. Council approved that the 2010 Annual Report be submitted to the minister of health and long-term care. Council complimented staff on the work done to create the 2010 Annual Report.
7. B. O'Riordan and V. Papaioannou updated Council on the discussions thus far regarding the CAASPR Competency Assessment Project Framework (including the recent meeting in Montreal) and reviewed the draft proposed response to CAASPR.

Members commented as follows:

- Send a response to CAASPR indicating CASLPO approves CAASPR moving forward with the funding request, but that CASLPO list our concerns in the response.
 - CAASPR should proceed with the “project” but concerns need to be addressed regarding the framework as laid out by CAASPR
 - Council members expressed concern surrounding the processes that CAASPR has taken thus far on the projects.
8. C. Myrie updated Council on the status of the Entry to Practice Review Recommendations. Council approved the Entry to Practice Review Recommendations.
 9. Council approved the Position Statement on Disclosure of Test Materials & Data.
 10. B. O’Riordan updated Council on: Media Reports; Activity and Information update: a letter of thanks from N. Sheikh (former Council member) was read by the Registrar, and with respect to and updates on the CAASPR projects on guidelines on national “Auditory Processing Disorders” and national “Autism Guidelines.”
 11. G. Katchin reviewed Council financial statements provided.
 12. B. O’Riordan updated Council on the discussions and communications exchanged surrounding ADP issues over the past few months. Suggestion was made to include an update in *CASLPO Today* regarding this topic.
 13. B. O’Riordan and C. Bock reviewed with Council the proposed response to CPSO regarding the Review of Delegation of Controlled Acts Policy update.
 14. The Registrar was asked by Council to facilitate the election process for the Executive Committee.

As a result of the election among Council

therapists when best practices say they should be getting 62 visits. Moreover, 500 to 1,000 of those most severely disabled by strokes annually in Ontario aren’t getting any rehabilitation. We are asking all three political parties to tell us what strategy and plan they will implement to increase hospital beds and healthcare rehabilitation services and improve access to community care services for Ontarians.

Speech and Language Advisory Tri-Ministry Committee

OSLA has been invited to participate on the Ministry of Youth and Child Services; Ministry of Health and Long-Term Care; and Ministry of Education’s Speech and Language Advisory Committee, to provide advice, information and guidance to the three ministries in order to support integration of speech and language services for young children/students (birth to grade 3), and for their families. The Advisory Committee’s mandate is to provide advice on service improvements, including models and partnerships; evaluation of the recently tendered “demonstration sites/ projects,” including the selection of data elements and outcome measures; Provincial implications from the evaluation of the demonstration sites; and a Provincial model for integrating speech and language services. Membership includes the Ontario Association of Children’s Rehabilitative Services, Ontario Association for Families of Children with Communication Disorders, Association of Local Public Health Agencies, Ontario Community Support Association, Ontario Home Care Association, Ontario Association of Community Care Access Centres, Early Childhood Resource Teacher Network of Ontario, the Children’s Treatment Network of Simcoe-York, 4 school boards, 1 CCAC, and 2 Pre-School Services and OSLA.

This Advisory Committee is as a result of the recommendations from the *Deloitte*

Review of School Health Support Services July 2010. The recommendations from the Advisory Committee will guide and inform provincial improvements to speech and language services in Ontario. The committee’s sunset is December 2012.

Insurer Examinations Assessor Roster

OSLA has now posted on its website the list of members who have submitted their profiles to inform the public, insurance companies, rehabilitation agencies, and lawyers, for example, as to their experience and academic information to conduct insurer examinations. OSLA does not make any judgement as to whether a member can be on the roster. All submissions will automatically be included on the roster exactly as they have been submitted. OSLA will simply maintain the information and release it to any party who requests the profile. It will be up to the interested party to determine if the qualifications match what they are looking for. OSLA has already communicated to the Financial Services Commission of Ontario (FSCO) to advise them of the process and sent along our competency profile documentation. FSCO is also developing standards for insurer examinations and welcomed our input. Given the changes that occurred in September 2010 to the Statutory Accidents Benefits Schedule (SABS), OSLA receives many requests for information from the public on the knowledge and experience of those providing opinions on speech and language professional services. Thanks to the many members who work in this area of practice for all the work they do on behalf of the profession and the clients and patients they help.

These are only some of the many activities and initiatives the association and its members are actively involved in. We look forward to continuing to be busy for the remainder of 2011!

New CASLPO Bylaws

By Brian O’Riordan, Registrar and Colleen Myrie, Director of Registration Services

Introduction

Members will recall that in an e-mail of March 17, 2011, the College invited members to comment on three proposed new bylaws relating to Fees, the Register of Members, and Personal Professional Liability Insurance. During the 60-day comment period, 23 comments were received – the majority concerning the Fees increase.

Various concerns and questions were raised regarding the fee structure. These were taken into consideration when the Council of the College, at its meeting on June 10, 2011, reviewed the bylaws again. This marked the fourth meeting at which the bylaws received consideration, extending back to the fall of 2010. Council, in June, decided to reduce the proposed fee for Life Members to bring it in line with the other percentage increases, and

confirmed its earlier discussions with respect to annual fees for General and Academic, Initial and Non-Practicing, and Teaching membership categories, and various miscellaneous administrative fees. Council had to balance concerns raised by members about the general economic situation in the province and the resulting impacts on members with the need to ensure that the College operates effectively and efficiently to both safeguard the public interest and be responsive to membership needs now and in the future.

New Annual Fees

Accordingly, Council adopted the following with respect to new annual fees, effective immediately for this year’s annual 2011 – 12 Registration Renewal.

Class of Certificate of Registration	Current Annual Fees	New Annual Fees
General and Academic	\$500.00	\$600.00
Initial and Non-Practicing	\$250.00	\$300.00
Teaching	\$500.00	\$600.00
Life	\$50.00	\$60.00

The Registration Renewal deadline for this year, at the new fee levels, is **October 3, 2011**.

Penalty Fees For Late Registration

It should also be noted that there are changes with respect to the 20% late penalty fee for members who fail to renew their registration by October 3.

Class of Certificate of Registration	Current Late Penalty	New Late Penalty
General and Academic	\$100.00	\$120.00
Initial and Non-Practicing	\$50.00	\$60.00
Teaching	\$100.00	\$120.00

members, the following were elected:

- President: **V. Papaioannou** (AUD)
- VP – AUD: **J. Scott**
- VP – SLP: **M. Suddick**
- N. Blake** (SLP)
- C. Campbell** (public member)
- J. Krawchenko** (public member)

15. Council considered matters relating to the performance review process of the Registrar.

Council commended the Registrar on his positive performance review. Council looks forward to working with him in the forthcoming year and are anticipating receiving information from him on his areas of focus for the coming year.

CASLPO Council Members



Back row (left to right): Bob Kroll, Luc DeNil, Sasan Borhani, Pauline Faubert, John Krawchenko, Sandi Singbeil, Ferne Dezenhouse
Front row (left to right): Nancy Blake, Brian O’Riordan, Carolyn Moran, Meg Petkoff, Estrella Tolentino, Vicky Papaioannou, Paulina Finak
Absent: Bryan DeSousa, Cathrine Campbell, Jack Scott, Rosanne Lavallée-McNamee, Mary Suddick

Class of Certificate of Registration	Current Reinstatement Fee	New Reinstatement Fee
General and Academic	\$175.00	\$210.00
Initial and Non-Practicing	\$87.50	\$105.00
Teaching	\$175.00	\$210.00

Currently, if a member does not pay the prescribed annual fees within four months after the deadline, the member's certificate of registration may be suspended. Effective, October 3, 2011, if a member does not pay the prescribed annual fees within **two months** after that date, the member's certificate of registration may be suspended.

The reinstatement fee for suspended members who fail to renew within two months of the October 3 deadline will also increase as a result of the increasing annual fee.

Conclusion

In closing, please be assured that the College strives to operate in the most cost-effective and efficient manner possible. No expenditure decisions are made lightly or without consideration of their impact. An increase in the annual fees is necessary for the College to continue to meet its regulatory responsibilities, and support our members. This is the first increase in fees since 2002. This increase will allow the College to balance its budget.

CASLPO has always budgeted very conservatively and responsibly over the years. It is also apparent to Council that the College needs to do more in terms of outreach activities with members, from needs surveys to regional seminars, to offering webinars, conferences and other professional assistance. We also need to explore other membership support initiatives, increase and enhance the profile of professionals and increase our liaison activities with universities and

	Current Fees	New Fees
Fee for each cheque returned non-cashable or any credit card payment that is refused	\$25.00	\$50.00
Fee for a replacement membership card	\$10.00	\$50.00
Fee for a replacement or additional wall certificate	\$25.00	\$50.00
Fee for a replacement tax receipt	-	\$50.00
Fee for a letter confirming registration status or a receipt of payment	-	\$50.00
Fee for a completion of forms from other jurisdictions	-	\$50.00
Fee for copying documents from a member's file	-	\$50.00*
Fee for reminding a member to do something that they are required to do but failed to do	-	\$50.00

* For the first 25 pages and \$1 per page thereafter.

other College stakeholders, and make needed improvements in our core activities: Registration, Quality Assurance, and Complaints and Discipline.

More work needs to be done on addressing long-standing membership concerns relating to scopes of practice, use of the title "doctor," the government's Assistive Devices Program, and making regulatory revisions in the public interest concerning regulations for Advertising, Conflict of Interest and Professional Misconduct. It is for all these reasons that the College now believes increases in fees are warranted. CASLPO believes that these fee changes will greatly assist in building the capacity of the College to better serve the public interest and to

Miscellaneous Fees

Effective October 3, 2011, the following miscellaneous fees will increase:

provide enhanced and improved services for all members.

The College thanks all those members who participated in the consultation process. All of the eight new approved bylaws, including those relating to Fees, the Register and Insurance, are now available on the College website by following the links provided on the "Regulations & Legislation" tab.

If you have any questions or comments, please contact Brian O'Riordan, Registrar at boriordan@caslpo.com or Colleen Myrie, Director of Registration Services at cmylie@caslpo.com.

Update on Professional Liability Insurance Coverage

By Colleen Myrie, Director of Registration Services

Currently the requirements for professional liability insurance can be found in Ontario Regulation 543/94. The College has submitted a proposal to amend Ontario Regulation 543/94. This proposal will move the requirements for liability insurance coverage from CASLPO's registration regulation to a bylaw. This new bylaw (i.e., Bylaw 2011-7A) will maintain the same level of liability insurance coverage set out in our current registration regulation. With this bylaw, the status quo will be maintained and CASLPO's requirements for liability insurance coverage will not change.

The College has also circulated Bylaw 2011-7 regarding **Personal** Professional Liability insurance. The requirements

for personal professional liability insurance coverage will come into force when section 13.1 of the *Health Professions Procedural Code of the Regulated Health Professions Act* is proclaimed. When section 13.1 is proclaimed, some CASLPO members may not be sufficiently covered with their current liability insurance policies and may have to obtain additional coverage.

To date, the College has not had any indication from the Ministry of Health and Long-Term Care when this section will be proclaimed into force. The College will provide members with further direction if and when these requirements become mandatory.

CASLPO Executive Committee Elections

In accordance with Bylaw #1 of CASLPO, an election for members of the Executive Committee of Council was held during the Council meeting on June 10, 2011. The official results of the election are as follows:

President:
Vicky Papaianou (AUD)
– re-elected



Vice-President (AUD):
Jack Scott

Vice-President (SLP):
Mary Suddick

Other members elected:
Nancy Blake (SLP)
– re-elected

Cathrine Campbell
(Public member)

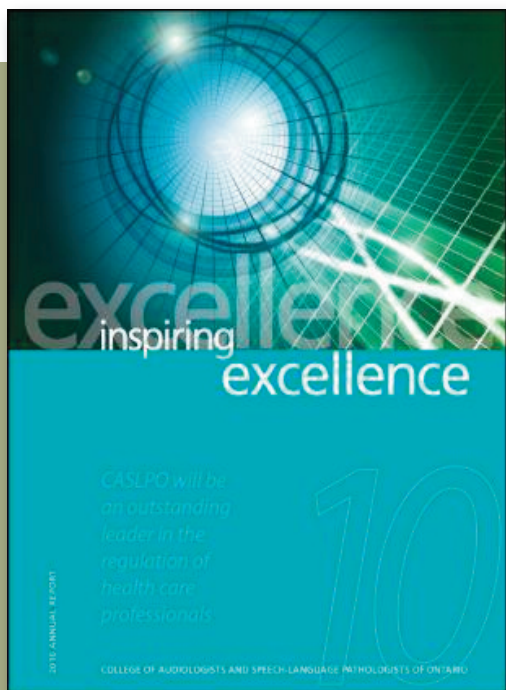
John Krawchenko
(Public Member) re-elected

These members took office immediately for a one-year term.

CASLPO's 2010 Annual Report

CASLPO's 2010 Annual Report has been finalized and is available for downloading from the CASLPO website by following the link on the "About the College" tab.

Please feel free to contact the College should you wish to receive a hard copy.



2011-2012 Renewal of Membership - Deadline: October 3, 2011

By Colleen Myrie, Director of Registration Services

Once again this year, you will be able to complete your registration renewal online. To use CASLPO's online renewal system all you need is your CASLPO registration number and your date of birth to log in. The online registration system is available 24 hours a day. Fees may be paid using Visa or MasterCard. Last year, 76% of CASLPO's members completed their annual registration renewal online.

You can start to renew for 2011–2012 online at www.caslpo.com as of August 2, 2011. The deadline for renewal this year is **Monday, October 3, 2011**.

Please **do not** attempt to renew online if:

1. You are requesting a change of your class of registration;
2. You wish to resign from the College;
3. You do not have an email address;
4. You are a General member but you have not met CASLPO's requirements for patient-care or related work;
5. You are a General member but you have not met CASLPO's requirements to maintain an up-to-date Self-Assessment Tool and collect Continuous Learning Activities;
6. You are a General or an Initial member and you do not have professional liability insurance coverage for each employment site. (Please be advised that **regardless of your employment status**, if you do not have professional liability insurance coverage, you are not eligible for registration.)
7. You have been convicted of a criminal offence;

8. You have been, or are currently the subject of a finding of professional misconduct, incompetence or incapacity; or
9. Your status as a Canadian citizen or a permanent resident of Canada or your authorization under the *Immigration and Refugee Protection Act (Canada)* to engage in the practice of audiology or speech-language pathology, has changed in the last 12 months.

Please note that if any of the above statements apply to you, you must complete and submit the paper version of CASLPO's renewal form. You can download the paper version of CASLPO's 2011–2012 Registration Renewal Package from our website on or after August 2, 2011. If you would like the College to send you a renewal package by mail, you must make a request by telephone, e-mail or fax before September 16. After this date, a renewal package may not get to you in time by regular mail for you to meet the October 3 deadline.

The College encourages all members to be proactive and complete their 2011–2012 renewal application as soon as possible. Your renewal forms and fees must be received at the College office by mail or completed online on or before October 3. Renewals received after October 3 will incur a 20% late penalty.

E-mail Renewal Reminder Notices

The College will send members renewal reminder notices by e-mail. CASLPO encourages all members to maintain a

current e-mail address with the College to allow for greater efficiency and communication. Whenever you change your e-mail address, please remember to notify the College. A quick e-mail to the College at caslpo@caslpo.com, giving your new e-mail address, your name and your registration number will suffice.

To Change Your Registered Name

To change your registered name, you must provide the College with a photocopy of a legal document that supports the change (i.e., marriage certificate, or evidence of legal name change). Please fax this documentation to the College at 416-975-8394. Please indicate on the fax cover page, how you would like your new name to appear on the register. Only name change requests received within **15 days** of the completion of your online renewal will be reflected on your 2011–2012 registration card.

Questions About the Renewal Process

If you have any questions about the renewal process, please contact Colleen Myrie at 416-975-5347 ext. 211 or Gregory Katchin at ext. 217, toll free in Ontario at 1-800-993-9459 or by e-mail at cmyrie@caslpo.com or gkatchin@caslpo.com.

CASLPO Welcomes New Staff Members



Margaret Drent joined CASLPO in April 2011 as the Director of Professional Conduct.

Margaret comes to the College from the Health Professions Regulatory Advisory Council (HPRAC). Previous to that, she served as a Legal Research Officer with the Ontario Legislative Assembly (since 1999). She was also a Litigation Counsel for the Information and Privacy Commission. She holds an International Baccalaureate from the United World College of the American West, New Mexico; a BA from Trinity College at the University of Toronto, and an MA in Political Science from York University (Toronto). She received her legal training at McGill and holds a BCL and LLB from that institution. In Montreal, she clerked for two Justices of the Quebec Superior Court and worked

for the law firm, Robinson, Sheppard, Shapiro. Returning to Ontario, she clerked for the Ontario Court (Superior Court of Justice) and was called to the Ontario Bar in 1998. She runs half-marathons and is fluent in both French and Spanish. She is married, with two children, and lives in Toronto.

Margaret provides staff support to the Investigations, Complaints and Reports Committee and the Audiology Practice Advisory Committee of the College Council.



Alexandra Carling-Rowland joined CASLPO in July 2011 as the Director of Professional Practice and Quality Assurance.

Alex comes to the College from the University of Toronto, where she was engaged as a Senior Research Associate in the Technologies for Aging Gracefully laboratory. She is also a Post-Doctoral Fellow at U of T in the Health Care, Technology and Place program and at Princess Margaret Hospital in the Department of Psychosocial Oncology and Palliative Care.

Previously, she worked at The Aphasia Institute in Toronto and was a Lecturer at the University of Toronto, Brock University in St. Catharines and Niagara College. From 2001 to 2006, she was Regional Manager of Speech Language Pathology at the Niagara Health System in Niagara Falls, where she managed SLP services across seven hospital sites. She also worked as an SLP in her native England. Alex has a PhD from the

Institute of Medical Science at the University of Toronto, an MSc Ed in Speech-Language Pathology from the State University of New York at Buffalo and a BSc, Speech Pathology and Therapeutics, from De Montfort University, Leicester, England.

Alex has published articles in many peer-reviewed journals, has given numerous presentations at conferences and has received over a dozen academic awards. Recently, she has been involved in developing the “My Voice” smart phone technology, an augmentative communication device for adults with aphasia and the “Communication Aid to Capacity Evaluation (CACE)” tool.

Alex provides staff support to the Quality Assurance and SLP Practice Advisory Committees of the College Council.

College Consultations on Regulations Concerning Professional Misconduct Advertising and Conflict of Interest

By Margaret Drent, Director of Professional Conduct

CASLPO is asking members to participate in consultations regarding the College's regulations on Professional Misconduct, Advertising and Conflict of Interest.

The existing framework of regulations in this area has not been formally amended in 15 years. The framework is often the subject of member inquiries and of course guides the College's Complaints and Discipline process. Therefore, these are very important documents respecting member practice and behaviour, and are central to the College's role in safeguarding the public

interest. Information will be available shortly on the College's website concerning the consultation process and will also be sent in an e-mail communiqué to the members.

Some of the issues being reviewed will include the following:

- Prohibitions on endorsements and testimonials
- Referencing in advertising a particular drug or brand of equipment
- Business practices
- Telephone solicitation of clients

- Conflict of interest descriptions and circumstances
- Dispensing and other business practices

It is also important to note that all existing provisions in the Professional Misconduct regulatory framework, including strictures relating to advertising and conflict of interest remain in effect. These documents can be found on the College website by following the links on the "Legislations & Regulations" tab.

Election Results - Districts 1 and 3

The following are the election results for Districts 1 and 3. The election took place in May of 2011.

District 1: Paulina Finak (SLP); re-elected

District 1: Rosanne Lavallée-McNamee (AUD); re-elected

District 3: Nancy Blake (SLP); re-elected

District 3: Debra Zelisko (AUD) Please join in congratulating the winners and thanking our colleague, Sasan Borhani, formerly AUD Vice-President,

for his distinguished service on Council. As well, please join in thanking all those others who put themselves forward for election.

Public Members of Council John Krawchenko and Estrella Tolentino have both been re-appointed by the Minister of Health and Long-Term Care to the Council of the College for 3-year terms.

(Astra) Josie Rose has been newly appointed to the CASLPO Council of the College for a 3-year term. Josie will be replacing Nazneen Sheikh.

Did You Know?

By Colleen Myrie,
Director of Registration Services

Each year, general members are required to confirm that they continue to meet CASLPO's requirement for **patient-care or related work hours** as set out in Regulation.

"It is a condition of a general certificate of registration that a member shall,
(a) provide 250 hours of patient care or related work in audiology or speech-language pathology annually or 500 hours over two years;"

Did you know that if you are conducting research in speech-language pathology or

audiology that involves the assessment or management of patients with communication disorders, you may use these hours to meet the requirements for patient care and related work?

Did you know that patient care or related work hours may be claimed from anywhere in the world? If you are providing professional services in audiology and speech-language pathology outside of Ontario, you may still count these hours towards maintaining CASLPO's requirements for patient care and related work.

Did you know that if you provide professional services as a volunteer, you may include these hours towards meeting CASLPO's requirements for patient care and related work?

Outlined below are CASLPO definitions for Patient Care and Related Work.

Patient Care includes Direct Client Care or Supervision of Direct Client Care where:

Direct Client Care is defined as professional activities on behalf of a client including:

- Assessment of the hearing, communication or swallowing abilities and needs of the client.
- Recommending, developing or implementing a treatment and/or management program based on the client's abilities and needs.
- Counselling and consulting with the families /caregivers and/or other parties or individuals directly associated with the client.
- Other client management activities such as discharge, referrals, follow-

up, report writing, case conferences.

- Conducting research in speech-language pathology or audiology that involves the assessment or management of patients with communication disorders.

Supervision of Direct Client Care is defined as:

- Overseeing and evaluating the clinical work of speech-language pathologists or audiologists (e.g., conducts performance evaluations or case reviews, assesses written reports, monitors professional standards).
- Determining, on professional grounds whether an individual client should receive or be discharged from speech-language pathology or audiology services.
- Supervising research in speech-language pathology or audiology that involves the assessment or management of clients with communication disorders.

Related Work includes:

- Making decisions on the organization and delivery of clinical services in speech-language pathology or audiology.
- Educating speech-language pathologists or audiologists concerning services or products that may be employed in the assessment or management of patients with communication disorders.
- The administration for professional organizations where the member sets or maintains professional standards of practice for speech-language pathologists or audiologists.

Assistive Devices Program – Member Concerns Continue

Brian O’Riordan, Registrar

In April of this year, the Assistive Devices Program (ADP) of the Ministry of Health and Long-Term Care announced several changes in the administration of the Program, which has generated considerable concern on the part of members of the College who are registered with the program to provide products to patients such as hearing aids and other communication devices.

Although the ADP does not have a regulatory function, its policies have considerable influence on the manner in which health care is being provided in the province. ADP continues to address concerns raised in November 2009 by the auditor general of Ontario about the administration of the program. The auditor general recommended that ADP work with the health regulatory colleges to address some of his concerns. And in fact, CASLPO has had some success in cooperating with ADP staff in this regard. However, CASLPO was not consulted about the latest changes.

In May, the College wrote to ADP about the concerns being raised by members with respect to the changes introduced in April, particularly those relating to the requirement for two personal patient assessments (by a prescriber and an authorizer).

ADP's response to the College confirmed its intention to proceed with the new changes. The College continues to receive significant representations from members relating to ADP, and will continue to appropriately raise these concerns with the ministry, and seek solutions to the issues involved.

New Publication: Position Statement on The Disclosure of Test Materials and Data

By Carol Bock, Deputy Registrar

The Council is pleased to announce the publication of the **Position Statement on the Disclosure of Test Materials and Data**. As our professions become more involved in service delivery funded by third parties, issues regarding the release of test data and materials have become more prominent. The intent of the Position Statement is to assist the clinician in determining when and what test results should be released upon request from other professionals and families.

The draft version was circulated to the membership from January 11 to February 11, 2011 and all feedback was considered by Council and modifications made. Council has given final approval, so the Position Statement is now a “standard of practice” to which all members must adhere.

The Position Statement, in English and French can be found by following the links on the “Practice Standards” tab on

the CASLPO website, www.caslpo.com.

Please note that CASLPO, in its efforts to reduce the use of paper, costs of production and mailing, will be providing any new publications electronically, ONLY. Should you prefer a paper copy, you may print directly from the CASLPO website.

Members Suspended for Failure to Complete the Annual Renewal Requirements For 2010–2011

By Colleen Myrie, Director of Registration Services

Each year, the College publishes a list of suspended members. The main purpose of this list is to alert employers concerning audiologists and speech-language pathologists who are suspended but might still be continuing to practise.

Once a certificate is suspended, a permanent record of the suspension must be entered in the Public Register, maintained on the College’s website at

www.caslpo.com. This information will be included on all requests for verification of the member’s registration status with the College.

Currently, the following individuals are suspended for failure to complete the annual renewal requirements for 2010–2011 in accordance with section 24 of the *Health Professions Procedural Code of the Regulated Health Professions Act*:

Member ID	Member Name
1295	Catherine Crossan
1465	M. Joy Gilbert
1700	Juleen Kleiman
2294	Karen Faye Silburn
2723	Jo-Anne H. Dawson
3273	Faye Robin Shedletzky
3646	Dorene Hookey
4820	Shirin Saleh
5171	Felicia Joleen Barzaghi
5208	Amanda Jolan Mauerberger



CASLPO Council Profile: Mary Suddick

By Sherry Hinman

It would be difficult (if not impossible) to find someone in the history of CASLPO Council who has devoted more years as a member than Mary Suddick. Mary was one of the members on the first council in 1993, and she completed the maximum three, three-year terms before she (reluctantly, I'm sure) stepped down nine years later. The rules allow council members to return, and Mary is now in her sixth year of her second run, having returned in 2005.

Mary is a professional member of CASLPO Council, a speech-language pathologist, and one of two council representatives for District 2 (Central Ontario). Currently, she is vice-president for speech pathology, she's on the SLP practice advisory committee, and she has chaired the registration committee since she returned. In prior terms, she has held a variety of positions. "I chaired the patient relations committee, I was on the complaints committee, and I was on the executive before I was vice-president," Mary says.

In addition to committee work, Mary has always had her hands in several projects for the council, since she started 18 years ago. "In the early days, there was a lot of PR work," she explains. "And we created a sexual abuse prevention policy, and created the mentoring program. There've been a lot of different acts: labour mobility, freedom of information. And we've had rewrites of different regulations."

One of the most active roles for Mary has been peer assessment. "Peer assessment came in around 2001," she recalls. "The Quality Assurance Committee was involved and it was a lot of work to make

it applicable to clinicians in all settings. I was peer assessed myself and then was an assessor for four or five years. Some people are in a panic when they have to be assessed, but they have to remember, I am a peer. It's a cooperative type of process and I enjoyed it."

Mary easily distills her role on council down to one clear purpose: advocating for quality services. "That's always the question," she says. "Our mandate is to protect the public, but some members have felt that we aren't there for them. But we're for quality services. It's all supportive."

Mary was also quite active in OSLA, doing projects with them even before the college existed. So it was natural for her to get involved in collaborative projects between OSLA and CASLPO. "We've done several projects with OSLA. We

can't fight for job cutbacks, but we do want the public to be aware, for example, of who the professional is that they're working with. Is it a remedial teacher or an SLP or audiologist? That's why we have bylaws for supportive personnel. They should look for the title. And they should understand: these are the services you should get, the feedback, reports, goals, and so on."

Mary feels the unique perspective she brings to CASLPO Council is that of a front-line therapist. "I've worked in many different settings: preschool, hospital, schools, CCACs and so on. I'm a member. And I'm accountable for all the things we vote on. We have to function under all the legislation. And because this is what I do, I feel I am realistic."

Mary's "day job" is as a school board



speech pathologist in Toronto. She describes her school board work as a typical consultative role in which she performs assessments and programming for regular and special needs students. She helps the teachers and refers children as needed to the CCAC. “I wish we could do more of a therapeutic component,” she says. “And treat the whole child. I’m lucky – I work for an excellent board.

Mary also has a private practice, mainly in Markham so that she can avoid any conflict by staying away from the board area. “When families ask me about private help, I tell them to go to the OSLA website.”

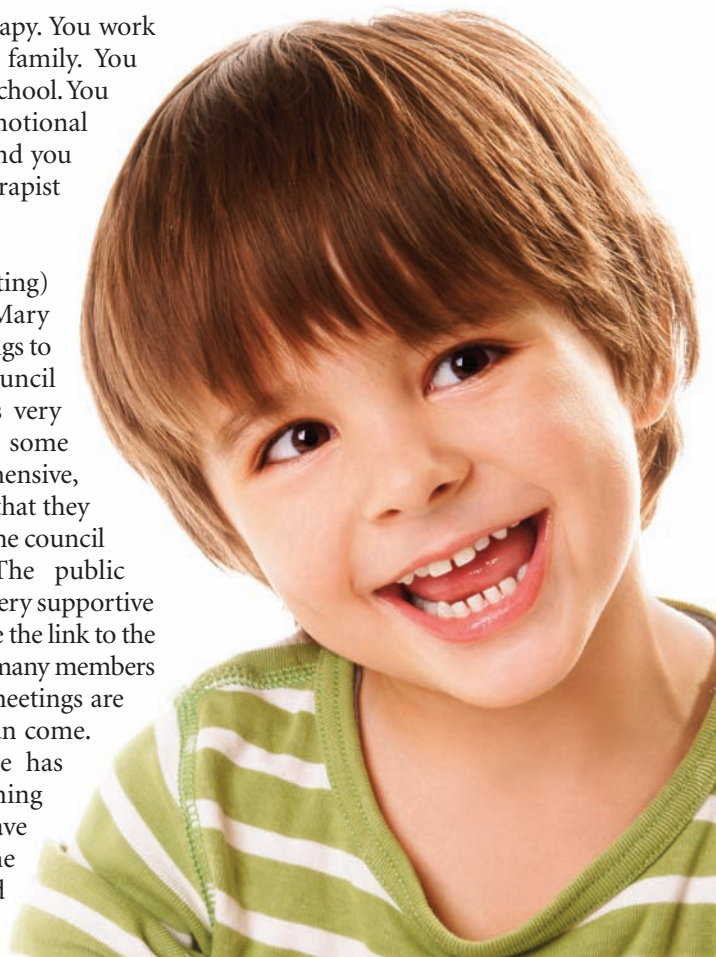
What ties together everything Mary does is her passion about advocacy. “Really, I enjoy being an advocate for the children, helping parents navigate the system, involving them, and supporting teachers.”

After Mary’s school board work, private practice and council work, there’s not a lot of time left over. She enjoys shopping – retail therapy, as she puts it. And she enjoys travelling and tries to take a few trips a year.

When asked about what the future holds, she’s not ready to make a decision. Retirement? “Maybe. In a few years,” she adds. “I would keep the private practice,

though. I love doing therapy. You work directly with the whole family. You don’t always have that at school. You get the social and the emotional piece. It’s longer term. And you work with the school therapist – it’s interesting.”

With 15 years (and counting) on CASLPO Council, Mary has nothing but good things to say about being a council member. “The college is very positive. There are some members who are apprehensive, but I would recommend that they get involved, either with the council or on a committee. The public members on council are very supportive of the professions – they’re the link to the ministry. And something many members may not know: council meetings are open to them. Anyone can come. There’s a lot the college has done, and this is something we wanted so we’d have recognition of the professions. They should get involved.”



Sherry Hinman is a freelance writer and editor. She is also a professor in the Communicative Disorders Assistant Program, Durham College; worked clinically as an SLP for fourteen years; and served three years on the CASLPO Council.

Advocating for Quality in the Community Sector: Heather Heaman

By Sherry Hinman

There is a surprising amount of behind-the-scenes activity relating to speech-language pathology service delivery in the community sector in Ontario, and for any given initiative, chances are good that Heather Heaman's stamp is on it. Heather is a speech-language pathologist and president of Heaman Communication Services (HCS), a private speech-language pathology practice serving southern Ontario.

Heather has been providing Community Care Access Centre (CCAC) services since 1989, and through HCS since 1994. There are 14 CCACs in the province, and her company services five of them: Central West, Mississauga-Halton, Toronto Central, Central, and Central East.

Heather explains the division of services offered through the CCACs. "Speech pathology services are offered through the CCACs' Home and School Health Support Services (SHSS) Programs. Home program services are offered wherever the person lives – private home, long-term care or group home – to people who can't easily leave home."

The SHSS are therapy and nursing services offered to children with needs that may impact their ability to learn at school. These services are offered through a tri-ministry agreement between the Ministry of Health and Long-Term Care (MOHLTC), the Ministry of Children and Youth Services, and the Ministry of Education. Speech pathology services are divided within this system, with health services being offered through the CCACs for voice, resonance and motor speech disorders; education services addressing language disorders through the school boards; and articulation, phonology and fluency

disorders being a shared service between the two.

While these divisions may seem straightforward, Heather explains that there are inequities in the system. "Services are provided at the local level through the CCACs, and it's up to each CCAC how to provide them. Different school boards offer different levels of services; some don't employ SLPs while others have well developed programs." Speech pathology services are not mandated at the board level.

Heather also explains what could happen if services are not protected. "I'm concerned if there are any changes to the funding structure that it won't be done in a way that protects the services," she says. "It could be used to cut costs at the expense of front-line services. In the community sector, we've seen declining funding for speech pathology services. And there's not a lot of advocacy being done. This is a critical time for the community sector and for the profession."

Many SLPs in the province are concerned about the same issues. But Heather believes that change will only result from action, and she has therefore become a huge advocate for appropriate services and effective service delivery. "Our organization has been able to offer varied perspectives because we service many geographic areas."

Most recently, together with Sharon McWhirter of OSLA, she participated in preparing a written response to Deloitte as part of the SHSS ministry review. Deloitte was engaged in 2010 to lead a review of the SHSS program in Ontario. Heather and Sharon also participated in a direct consultation with Deloitte on behalf of OSLA.

She has been involved with a number of other OSLA initiatives, including being community services chair since 2010; OSLA representative for the consultation session for the tri-ministry review of SHSS support services from 2009 to 2010; co-chair of the OSLA SHSS Special Interest group from 2007 to 2009; and contributing to the OSLA response to the May 2005 report, *Realizing the Potential of Home Care: Competing for Excellence by Rewarding Results*, among others.

Heather has also been actively involved with the Alliance of Professional Associations for Community-Based Therapy Services (APACTS) since 2006. APACTS is the collective voice for rehabilitation professionals working in the community sector. It includes one to two representatives (usually the executive director and one other) from each of OSLA, the Ontario Association of Social Workers, the Ontario Physiotherapy Association, the Ontario Society of Occupational Therapists, and Dietitians of Canada.

The associations collaboratively represent the mutual interests of therapy services to the Ontario Association of Community Care Access Centres (OACCAC), the MOHLTC, and other relevant stakeholder groups/liaison organizations. The alliance's purpose is to promote the roles of the therapy services related to the five professions whose members provide services through CCACs.

Heather's involvement in APACTS has included participation in a direct SHSS review consultation with Deloitte, along with a provincial PT and OT representative, and input into items such as a poster presentation at the Ontario Home Care Association (OHCA)

symposium, APACTS's position statements on access to rehabilitation services in Ontario; and input into updates to the reference guide on community-based therapy services.

She also has been involved on a number of APACTS subgroups, including a consultation with the MOHLTC regarding the wording related to the definition of SLP services in the *Long-Term Care Act*; and consultation with the OACCAC regarding the Request for Proposal process and documents for the competitive bidding process for community service provider contracts.

In addition to OSLA and APACTS activities, Heather has been involved in several OACCAC/CCAC joint committees, including the Procurement Subcommittee, which encompasses privacy concerns, accreditation, standardization of reporting, development of performance metrics, clinic services, and more; and a health human resources consultation to develop shared understanding of the challenges and opportunities in recruitment and retention of home care health services and other concerns.

Other joint subcommittees included the IT subcommittee, which, for example, provided feedback on the proposed OACCAC strategy for evolving electronic communications between CCACs and providers; and the Relations Framework Steering Committee, which, among other activities, worked to strengthen the relationship between CCACs and their service providers.

Heather is also involved with CASLPA. For example, she was part of an advisory committee in a Health Canada-funded initiative to develop an interprofessional caseload management planning tool, jointly with occupational therapists and physiotherapists across Canada. This is an evidence-based tool to help determine the most effective caseload management service delivery model, and is due to be released this fall.

In addition to participation in these organizations, she was also part of the Ontario Stroke Strategy Consensus Panel on the Stroke Rehabilitation System (2006–2007), the West GTA Heart and Stroke Community Rehab Best Practices Project (2005–2007), and the West GTA Rehab Advisory Committee (2007–2010).

It may be difficult to remember that, while Heather is so heavily involved in activities to support the profession in Ontario, she is also running a business. Heaman Communication Services has approximately 44 speech pathologists on contract. Most of the services they provide are to ministry-funded organizations, including Community Care Access Centres and hospitals, and a few individual clients.

Heather's involvement in her business, however, goes way beyond hiring clinicians. She describes three business focuses for her company: process improvement, use of social media to make resources available to SLPs, and electronic records.

As part of the first focus, she is formalizing her skills by undertaking education through the Six Sigma program. She describes Six Sigma as a management philosophy that focuses on process improvement, one that has led to major changes in her organization over the last few years. "I'm really interested in quality improvement," she says. "It's changing, but there really haven't been a lot of organizations with front-line experience *and* quality improvement education in formal techniques."

Heather says she would like to acquire more education and skills to apply to front-line services, to make them more effective. "I'd like to use business techniques to promote quality improvement, best practices, and efficiency at the front line."

She has also been actively involved in implementing full electronic health

records for SLP services, including being a COACH award nominee for Innovation in Implementation of an Electronic Health Record in 2008 and a nominee for an OACCAC Award for Excellence in 2006 (HCS itself went completely paperless in 2004).

Heather says the greatest challenge to service delivery in the home sector is that it is hard to get enough clinicians addressing the same concerns. "More than anything, I want to encourage people to get involved in advocacy for the community sector. We need to hear from people across the province, and not just in urban centres." Of course, she also understands why people are often reluctant. "It would be nice to focus on improving services instead of advocating for them. But they need to share their experiences and make their opinions heard."

Sherry Hinman is a freelance writer and editor. She is also a professor in the Communicative Disorders Assistant Program, Durham College; worked clinically as an SLP for fourteen years; and served three years on the CASLPO Council.

Heaman Communication Services
<http://www.heamancommunication.ca/>
 Review of School Health Support Services: Final Report, July 2010, Deloitte
http://www.health.gov.on.ca/english/public/contact/ccac/docs/deloitte_shss_review_report.pdf

Overview: Ministry of Health and Long-Term Care Review of School Health Support Services
http://www.health.gov.on.ca/english/public/contact/ccac/pdf/shss_overview.pdf

Community Care Access Centre
<http://www.ccac-ont.ca/>

Ontario Home Care Association
www.homecareontario.ca

APACTS: <http://www.apacts.ca/>

A Short History of the SCERP

By Richard Steinecke, BA, LLB

Vince Lombardi, the legendary football coach, once said: “The quality of a person's life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavor.” The Specified Continuing Education or Remediation Program (SCERP) concept is a major component of the *Regulated Health Professions Act's (RHPA)* push towards excellence.

But first, a history lesson: In the early 1970s health regulators acted on the understanding that if a member engaged in professional misconduct, discipline was the only option. In 1975 the forerunner of the *RHPA*, the *Health Disciplines Act* introduced an option for Complaints Committees besides referral to discipline or dismissal: to “take such other action it considers appropriate in the circumstances”. Shortly thereafter, the Ontario Divisional Court urged Complaints Committees to exercise this new mandate. In *Re Matheson and College of Nurses of Ontario* (1979), 107 D.L.R. (3d) 430 (Ont. Div. Ct.), the Court encouraged Complaints Committees to consider other options:

[the Committee] might consider taking a more active part in supervising conduct that may fall short of professional misconduct or incompetence. The complaints committee may well have powers other than the dismissal of the complaint and other than referring the matter to the Discipline Committee. It should consider being more flexible in its approach to its function. It seems to us that

the purpose of the creation of the complaints committee is to perform as a kind of screening agency. Its power to refer should be used only sparingly, where it feels a serious case is involved.

Since then, there has been an evolution towards using educational initiatives, such as providing a caution or negotiating an undertaking, in cases where the concerns are less serious. In 1993 the *RHPA* gave the Complaints Committee the power to compel a member to attend in person for a verbal caution. Then over the last decade a number of non-health professions (e.g., real estate regulators) gave screening committees the power to require a member to undergo continuing education. This culminated in the 2009 amendments to the *RHPA* authorizing the renamed screening committee (the Inquiries, Complaints, and Reports Committee – ICRC) to direct a member to undergo a SCERP. This option was an alternative to referring members to the Quality Assurance Committee. At the same time the *RHPA* gave the Quality Assurance Committee (QAC) the authority to direct members to undergo a SCERP in non-complaints cases.

This history demonstrates that SCERPs are part of the evolution of health profession regulation toward alternatives to discipline. A SCERP is intended to provide a remedial alternative to address concerns in an educational and rehabilitative manner. Instead of doing nothing or initiating a formal legal fault-finding process, Colleges can try to address the root cause of dissatisfied clients or concerned employers or colleagues.

Attempting to prevent the occurrence of future problems or issues is more productive and rehabilitative than imposing a punishment for a long-past event. A SCERP is considered a quality improvement mechanism (or an alternative to a formal referral to the quality assurance program).

The name, SCERP, describes its intent and nature.

- Specified requires that the program be directed at a particular concern. Also, the program should not be open ended.
- Continuing Education indicates that it is to be a learning experience. This is in contrast to disciplinary orders that usually have a deterrent effect. There is professional pride, not shame, in participating in continuing education.
- Remediation implies that it need not be a didactic academic educational program. The program can employ more flexible tools such as mentoring, job shadowing, co-treating, supervised practice and other forms of adult professional learning.
- Program suggests that it have some structure, possibly including feedback and evaluation.

All of the words in the name of the SCERP add to its meaning.

In my experience to date, most SCERPs involve continuing education courses in areas where they are available, mentorship with a respected colleague; or occasionally reflective self-study (e.g., research and write a paper on the application of the principles of

informed consent in your practice context).

Ordering a SCERP does not involve a finding of wrongdoing. Indeed, the ICRC is legally prohibited from making findings of professional misconduct. Even the QAC only needs to determine that the assessment of the member's practice is "unsatisfactory" to direct a SCERP. While there must be concerns in a particular area upon which to base a SCERP (they are not imposed arbitrarily), it is not necessary to determine that the member is "at fault." It may well be that a SCERP will simply assist a member in avoiding issues from developing into problems through enhanced knowledge, skill and judgment.

Once ordered by a committee (i.e., the ICRC or the QAC), completion of the SCERP is mandatory. However, to be effective, the member should be a willing (if perhaps not always enthusiastic) participant. An ordering committee would be well advised to consider using tools that will be accepted by the member. It is for that reason that CASLPO has established the SCERP Task Force discussed in the sidebar.

SCERPs will become an increasingly significant way for the College to address concerns in a no-fault, non-disciplinary and constructive manner.

CASLPO SCERP Task Force

By Carol Bock, Deputy Registrar

In response to the changes in the *Regulated Health Professions Act, 1991*, the College has recently struck a SCERP task force and had their inaugural meeting on June 24, 2011. The task at hand will be to design a variety of modules that will allow members to develop their knowledge, skills and judgment within specific practice areas. When the issues that have come to the Inquiries, Complaints and Reports Committee (ICRC) and the Quality Assurance Committee over the last decade were analyzed, the following **top four facets of practice** were identified:

- (1) Standards of Practice,
- (2) Professionalism/conduct/communication,
- (3) Record keeping, and
- (4) Knowledge of the professional regulatory framework.

These broad topic areas will no doubt be the focus of upcoming modules that will be available to members and will become part of a set of tools the College may employ to ensure members are practicing to the standards required.

As we work to develop the content of these modules we will rely on you, the members, to provide us with your valuable input.