



College of Audiologists and
Speech-Language Pathologists of Ontario
Ordre des audiologistes et
des orthophonistes de l'Ontario

March 4, 2015

PERSONAL AND CONFIDENTIAL

VIA REGISTERED MAIL & E-MAIL: laura.niles@ontario.ca

Minister's Task Force on the Prevention of the Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991* (Sexual Abuse Task Force)
Ministry of Health and Long-Term Care
Health System Labour Relations and Regulatory Policy Branch
12th Floor, 56 Wellesley Street West
Toronto, ON, M5S 2S3

Attn: Laura Niles, Task Force Administrative Coordinator

Dear Ms. Niles:

Re: Sexual Abuse Task Force

We are responding herein to your letter of February 6, 2015. We are pleased to provide our responses to the questions contained in your letter in support of the work of the Task Force regarding this very important area of public policy. As we indicated in our recent letter to the Ministry of Health of January 22, 2015 (please see attached), "we very much welcome and applaud the Premier's announcement at the end of last year concerning governmental initiatives to raise awareness within the province of sexual violence and harassment, measures to combat it, and improved support for victims. As a College, we can also reaffirm our very strong commitment to the Province's zero tolerance approach to sexual abuse of patients by regulated health professionals."

We will now address each of the information requests contained in your letter.

1. The College has reviewed its files from 2004 to the present and has not identified any complaints related to sexual abuse, boundary violations of a sexual nature or other matters that pertain to the mandate of the Task Force in relation to a patient. We have located one complaint filed in 2010 wherein one of the concerns expressed by the complainant was that the member did not respect boundaries with colleagues by making inappropriate comments. After a thorough investigation of this concern, the Inquiries, Complaints and Reports Committee ("ICRC") determined that the evidence was inconclusive and took no further action in regards to this aspect of the complaint. If you would like further details about this complaint, we would be happy to provide them. Our answers in response to your other questions are as follows:

- What is the average length of time between complaint submission and complaint resolution for all complaints received?
 - *Approximately 10 months*

- What percentage of the complaints are withdrawn? What percentage of the complaints are abandoned?
 - *We do not accept "withdrawals" of complaints once the complaint has been received. Should a complainant indicate that they no longer wish to proceed in the process, by either stating that they would like to "withdraw" the complaint or by failing to respond to our inquiries, we would still proceed with investigating the complaint at the ICRC stage. The ICRC would, however, take into account any reasons provided by the complainant for why they wish to "withdraw" or "abandon" their complaint to the extent that those reasons are relevant to either the merits of the complaint or the prospect of a conviction if the ICRC is considering a referral of specified allegations of professional misconduct or incompetence to the Discipline Committee.*

- What percentage of the complaints are closed prior to the end of the complaints process for any other reason?
 - *None*

- What is your policy and process for cases where a member of the profession resigns or is no longer available following the submission of a complaint?
 - *We assume this question refers to the member resigning as a member of the College. We do not have a written policy for cases where a member of the profession resigns or is no longer available following the submission of a complaint. The College would not, as a matter of course, discontinue an investigation solely because a member has resigned or is no longer available. We would deal with this on a case by case basis.*

2. The College has formal feedback processes for the Quality Assurance Program, by way of anonymous surveys following member participation (please see attached). The feedback is provided to Council and consideration is given to changing processes, where appropriate. We do not have a formal process for people to provide feedback and/or complaints for the process related to registration, inquiries, complaints and reports, nor discipline. Rather, individual concerns are responded to individually and again reflected back to Council in an anonymous manner, as appropriate.

3. Please describe how individuals are made aware of the process for making a complaint. Is assistance provided if it is required when an individual is making a complaint? Are there other types of supports available to individuals?

- *The College communicates with the public about its complaints process in a number of ways. Our website contains information for how to make a complaint and to whom the complaint should be directed. Our practice advisors and Director of Professional Conduct regularly explain the complaints process to members and members of the public who contact the*

College with questions or concerns. The College also regularly conducts information sessions for members on various topics and these sessions often include information about the complaints process (some of our complaints come from other members). The College is also a member of the Federation of Health Regulatory Colleges of Ontario, which produces information for the public about the ability to make complaints to the health regulatory colleges.

- *Regarding assistance provided to individuals making a complaint, staff will help complainants or potential complainants with understanding what kind of information could be helpful if included in the complaint, including what kinds of documents can assist the process. We have had occasion to offer to meet in person at the College with a potential complainant when it was identified that the individual may have difficulties in putting their complaint in writing. We will also accept complaints via email, fax, regular mail, courier or in person, so long as the complaint complies with the legislative requirement that it must be in writing or recorded.*

4. When a complaint of any kind is investigated, what information is shared with the complainant? For example, in cases where the subject of the complaint is a member of your organization, is the submission of the member to the Inquiries, Complaints and Reports Committee (ICRC) shared with the complainant?

- *When a complaint is received, it is sent to the member for response. The response of the member is shared with the complainant and the complainant is provided with an opportunity to respond to the submission. This response from the complainant, if any, is shared with the member for response. If the member responds to the complainant's response, this is not normally shared with the complainant as the back and forth must be terminated at some point. The College reserves the right to deviate from this process in any particular case if the circumstances warrant it but this is the process that is followed otherwise. If the complainant is interviewed as part of the investigation, additional information may be shared with the complainant at that time to facilitate the interview.*

5. What internal process is used when appointing an ICRC panel? For example, what criteria are used to determine the suitability of panel members? Do panel members receive training to investigate complaints of sexual abuse or boundary violations of a sexual nature? Who conducts the training and what materials are provided? How do panel members stay current in their approach to these complaints?

- *The ICRC operates with two standing panels due to the fact that the College governs two distinct professions. One panel deals with complaints and reports regarding audiologists and the other deals with speech-language pathologists. Each panel has at least one speech-language pathologist, one audiologist and one public member. The panels also contain a balance of new and more experienced ICRC members. However, there is also flexibility in the panel appointments. Should the need arise to appoint a differently constituted panel (e.g. as a result of members being conflicted out of participating in a particular case), the Chair of the ICRC will do so.*
- *As noted above, the College did not identify any complaints of sexual abuse or boundary violations of a sexual nature concerning a patient (and only one case concerning allegations of*

inappropriate comments toward colleagues by a member). Accordingly, the College does not currently provide its ICRC panel members with training in how to handle complaints of this nature. If and when the College receives a complaint or report concerning sexual abuse or boundary violations of a sexual nature concerning a patient, the panel of the ICRC appointed to handle the case will receive "just-in-time" training at that point. We are of the view that this will ensure that the training is relevant and "retained".

6. Please describe what you do to obtain feedback on complainants' level of satisfaction with respect to the complaints process. Do you assess the level of satisfaction of individuals who make enquiries but are not referred to the complaints process?

- *The College does not formally solicit feedback from complainants regarding the complaints process or from those who make inquiries but do not proceed to the complaints process. Complainants are certainly welcome to share feedback on the process with the College at any time and staff do engage with complainants who proactively do so. When concerns about the process are raised by a complainant (usually while a complaint is still in process), staff respond in writing or by phone to discuss the concern with the complainant.*

7. Has your organization identified areas within your legislated or discretionary processes where improvements could be made for victims of sexual abuse or boundary violations of a sexual nature? Please describe.

- *Not applicable*

8. Identify the most recent occasion when a sexual abuse complaint was referred to an alternative dispute resolution process.

- *Not applicable. In any event, this is prohibited by the Health Professions Procedural Code.*

9. Please summarize the information included in your annual reports for 2011, 2012, 2013 and 2014 to the Minister of Health and Long-Term Care regarding sexual abuse.

- *Not applicable*

10. Please provide as many details as possible regarding the curriculum offered in the Ontario educational institutions that prepare your members for practice related to sexual assault, sexual abuse of patients, and boundary violations, including amount of time spent on the topic and whether the student is tested on the topic. In addition, please provide details on other ways your members demonstrate knowledge of Ontario jurisprudence related to sexual abuse of patients, practitioner-patient boundaries and other relevant ethical topics (e.g., entrance exam, jurisprudence exam, application for registration, continuing education, etc.).

- *We have requested this information from the institutions in Ontario that offer audiology and/or speech-language pathology programs of instruction. We will forward this information as soon as we receive it.*

11. Provide current membership numbers for 2013/14 including gender breakdown.

- 644 audiologists: 518 female (80.5%) and 126 male (19.5%)
- 2840 speech-language pathologists: 2741 female (96.5%) and 99 male (3.5%)

12. Describe any research or program development planned, in progress, published or implemented since 2004 on the prevalence or incidence of sexual abuse by health professionals.

- *Not applicable*

13. Provide contact information for a staff member who can be reached if questions arise.

- *Melisse Willems*
Director of Professional Conduct and General Counsel
416-975-5347, ext. 221
mwillems@caslpo.com

We trust the above satisfactorily answers the questions contained in your February 6, 2015 letter. We would be pleased to answer any further questions or receive any comments on this response at your convenience. We wish to again express our support for the work of the Task Force and look forward to reading your report and recommendations. We welcome any advice to the Colleges on improvements in this area.

Yours sincerely,



Scott Whyte
President



Brian O'Riordan
Registrar

cc: Members of CASLPO Council
Beth-Ann Kenny, Executive Coordinator, Federation of Health Regulatory Colleges of Ontario
Mary Cook, Executive Director, Ontario Association of Speech-Language Pathologists and Audiologists (OSLA)
Joanne Charlebois, Executive Director, Speech-Language & Audiology Canada (SAC)

Encl. CASLPO letter to John Amodeo, January 22, 2015
2014 peer assessment survey
2014 clinical SAT survey
2014 non-clinical SAT survey