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1. Welcome and Introduction

2. Questions on Self-Regulation, the College and how it works

3. Updates from CASLPO

4. Practice Issues

5. Questions
Updates from CASLPO
### CASLPO UPDATES

#### Applications Received in 2013

<table>
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<tr>
<th>Ontario</th>
<th>Other Canadian Provinces</th>
<th>USA</th>
<th>Other International</th>
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<th>Total</th>
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#### Applicants who became FULLY registered members in 2013

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<th>USA</th>
<th>Other International</th>
<th>Unknown</th>
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# CASLPO UPDATES

## CASLPO Membership: September 2014

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**Total Membership** 3,825
Canadian Alliance of Audiology and Speech Language Pathology Regulators (CAASPR)

• 7 of 8 regulated provinces represented

• Presidents and Registrars on Board of Directors

• Consensus decision-making
Current projects:
- SLP and AUD Competency Profiles
- Competency Indicators
  - National Examination
  - Online Portfolio Tool
  - Mentoring/supervised practice
- National Approach to Telepractice
Federation of Health Regulatory Colleges of Ontario (FHRCO)

• All 26 Registrars of Board of Directors

• Quarterly meetings

• Major projects
  – Transparency
  – Interprofessional Collaboration
  – Training Council and Committee members
  – Liaison with Ministry of Health
CASLPO Registrar is V-P of FHRCO and chairs Policy and Legislative Issues Committee
CASLPO UPDATES

Processes:

• Revised Self-Assessment Tool submission, 2014

• Online tax receipts and registration card

• Improved online registration renewal

• Members Portal

• Initial Practice Program
Initial Practice Program

• Minor revisions:
  
  • No longer specific **amount** of direct observation time (previously 16 hours)  
    • Still observation must be direct  

  • No longer permit those that have done a CFY (ASHA) to reduce their IPP by 50%

• Will pilot use of the online SAT for the IPP
CASLPO UPDATES

Documents:

• Practice Standard and Guideline (PSG) on Developmental Stuttering

• Guide for Online Self-Assessment Tool

• Sexual Abuse Prevention Program

• Position Statements:
  • The Use of Support Personnel by Audiologists
  • Professional Relations and Boundaries
  • Consent for Screening and Assessment
PSG for Developmental Stuttering

• Revised and published summer 2014
• Standards not guidelines
• Highlights include:
  • Easier to read format
  • Standards to address risk of not observing dysfluency
  • Standards regarding knowledge of anxiety and impact
  • Standards regarding transfer
Revision Of The Definition Of Screening

- Ministry has changed the wording in the Records Regulation
- Clarity needed to distinguish between ‘screening’ and ‘not screening’ situations
- In the past we used the term “Determination of need”
- Revision includes elaboration
- Clarifies when consent to treatment (Health Care Consent Act, 1996) is required
Screening is a process where a member applies certain measures that are designed to identify patients who may have a hearing, balance, communication, swallowing or similar disorder[s], for the sole purpose of determining the patient’s need for a speech-language pathology assessment, an audiological assessment, or both. This does not include:
Revision Of The Definition Of Screening

This does not include:

• Inadvertently noticing possible hearing, balance, communication, swallowing or similar disorder[s], or

• Considering information that is shared about an individual’s possible hearing, balance, communication, swallowing or similar disorder[s], for the purpose of providing general educational information and/or recommending a referral for a speech-language pathology screening or assessment, an audiological screening or assessment, or both.
CASLPO UPDATES

Processes under review:
• Non-clinical Self Assessment Tool (SAT)
• Peer Assessment process

Projects:
• Intercollaboration between Rehab Colleges regarding common approaches regarding records
• Interprovincial Telepractice
• Mentor Training Module
• Integrating Self Assessment Tool into Mentor evaluation
CASLPO UPDATES

Documents under review:

• Professional Misconduct Regulation
• Proposed Advertising Regulation
• PPG/PSG for Cognitive Communication Disorders
• PSGs for the Prescription of Hearing Aids (children & adults)

• Position Statements:
  • Concurrent Intervention
  • Supervision of Support Personnel by SLPs

• Guide: Service Delivery to Culturally and Linguistically Diverse Populations
CASLPO UPDATES

Redesigning CASLPO’s website

• Make it more ‘user friendly’ for applicants, members and the public
• Improve organization and navigation
• Increase the search function
• Easier to use with mobile devices
CASLPO Members Help You Hear & Communicate

What's New

Coordinator of the Audiology Professional Practice Program
The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) is seeking an Audiologist to fill a newly created position of Coordinator of the Audiology Professional Practice Program. This is a 0.4 (2 days/week) position and requires the successful applicant to be onsite for two consistent days per week.

more information ...

New CASLPO Executive Committee
The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) is pleased to announce that on June 14, 2013, following the annual election for members of the Executive Committee of the College Council, the following were elected to serve one-year terms:

President: Nancy Blake (SLP)

Upcoming Events

CASLPO Council Meeting
The next CASLPO Council meeting will be held on Friday Friday December 6, 2013 at 9:30a.m. and will be held at the CASLPO office, 3080 Yonge St., Suite 5060, Toronto, Ontario. Please contact Lisa Gibson for additional information.

CASLPO Conference
The 24th Annual CASLPO Conference will be hosted by the beautiful city of Victoria B.C. on July 1, 2014. Register early and don't miss out.

Event Heading
CASLPO UPDATES

Education & Communication

E-Learning Modules:

- Pause Before you Post: The Use of Social Media
- *Regulated Health Professions Act, 1991*

E-Learning Modules in development:

- Consent and Capacity
- Record Keeping
PRACTICE ISSUES

• Record Keeping
CAREER ADVICE No 55

Always choose the right tool for the job

A simple blowtorch can solve many of your filing problems
To understand and apply the regulation, examine the basics:

What is a Record and what is its purpose?
• Official record of events documenting your assessments, plans of care, interventions and clinical decisions and the patient’s/client’s progress

i.e. who did what, why, where, when and to whom
RECORDS

Purpose is to protect the public by ensuring minimum standards and supporting safe and ethical practice across all service settings.

CASLPO

- Accessible
- Complete
- Correct
- Retained

Member

- Vehicle of reliable communication
- Clinical judgement
- Demonstrate accountability
- Risk management
As a member you must adhere to record keeping (electronic or paper) and record retention requirements.

Proposed Records Regulation 2011

Not all record systems fulfill these requirements (OSR), a separate records system may be necessary. This is still a health record, and all legislation, regulations and standards of practice apply.
Record Keeping Scenario

I am an audiologist working in a hospital we are moving to an electronic record system.

I am on the planning committee with other healthcare professionals.

My colleague says that everything from a patient/client chart, including test response forms such as speech discrimination lists, has to be kept.

The health records representative says that the goal is not to have any paper charts after the “go live” date.

What should I do?
What should I do?

A. Everything, including test response forms, has to be kept.

B. You can shred test response forms and informal assessment materials/documentation if you have documented the results in the patient/client chart.

C. You only have to document that you saw the patient/client and make sure that it is dated.

A. B. C. 33% 33% 33%
Record Keeping Scenario

What should I do?

Answer:

2. You can shred test response forms and informal assessment materials/documentation if you have documented the results in the patient/client chart.
Record Keeping Scenario

• If information from raw data/test forms has been documented, raw data and test forms do not have to be kept.

  Proposed Records Regulation
  6 (e) the nature and results of each assessment relating to the patient/client, each clinical finding and any recommendations made by the member

• HOWEVER, you may keep raw data/test forms if, in your professional opinion, it is in the patient’s/client’s best interest, or for risk management.
Record Keeping Scenario 2

- Donna, the SLP, works on a Complex Continuing Care Unit where she has set up a weekly communication group.

- Jodie, the CDA working with Donna, makes a note of the communication group activities for the session and shares them with the volunteers.

- When patients/clients arrive for the communication group, Ira, one of the volunteers, goes around the room to see who is there and takes attendance.

- After the group session, Jodie meets with the volunteers to discuss the progress of members in the group.
Who can chart?

A. Donna (SLP), Jodie (CDA) and Ira (volunteer) can all document attendance and progress in the patient/client record.

B. Only Donna can chart, as she is the regulated health professional.

C. Donna and Jodi can chart, but Ira is not allowed to chart as he is a volunteer.
Record Keeping Scenario 2

Who can chart?

Answer:

1. Donna (SLP), Jodie (CDA) and Ira (volunteer) can all document attendance and progress in the patient/client record.
Record Keeping Scenario 2

• Both Jodie and Ira are considered support personnel even though one is paid and one is a volunteer. Donna directly supervises both Jodie and Ira.

• Donna may assign the task of charting to support personnel if they have the knowledge, skills and judgement to document.

• Regardless of who makes the chart entry, Donna is responsible for the record. This can be done by reviewing the entries at regular intervals. Co-signing chart entries is one way to demonstrate review and supervision.
Consent
CONSENT

Two Types of Consent:
Both must be obtained when the member is providing services to an individual.

1. Consent to collect, use and disclose personal health information

and

2. Consent to services: screen, assessment and management (including treatment)
CONSENT

The Personal Health Information Protection Act, 2004 (PHIPA) requires members to obtain the patient/client’s knowledgeable consent for the collection, use, and/or disclosure of any personal health information (PHI).
CONSENT

What is PHI?

- Physical or mental health of the individual
- Health history of the individual’s family
- Identification of a person as a provider of health care to the individual
- A plan of service for the individual
- Payments or eligibility for healthcare funding
- Individual’s health number
- Identification of a substitute decision maker (SDM)
CONSENT

Circle of Care

HICs may share information with other HICs involved in the care of the same patient/client without explicit consent, i.e. with assumed implied consent for health care purposes.
CONSENT

Circle Of Care

You may assume implied consent if all six conditions are satisfied:

1. You fall within one of the categories of HIC who may rely on assumed implied consent
2. The PHI is from the patient/client, SDM or other HIC
3. The PHI was originally collected for the purpose of providing health care
4. The PHI is being shared for the purpose of providing health care
5. Disclosure is from one HIC to another HIC
6. The HIC receiving information must not be aware of the patient/client withholding or withdrawing consent
CONSENT

Sharing Information

• HICs cannot share information outside the circle of care without express consent.

• If in doubt. . . obtain and document consent
Consent Scenario:

• Mrs. Singh is a J.K teacher at Belle St. Public School. She is concerned about Lee’s speech and believes that he is on a waiting list at the local Preschool Speech and Language Centre.

• Mrs. Singh contacts the Centre and asks Donna, the SLP, whether Lee has been ‘picked up’ or if he is still on the waiting list.

• Lee is on the waiting list, but Donna has not spoken to Lee’s parents about this request and is unsure what information she is allowed to give Mrs. Singh.
What information can Donna disclose?

A. Donna is allowed to say if Lee is on the list, and when he will be assessed, but nothing more.

B. Donna can share all of Lee’s information under the ‘Circle of Care’ provision in PHIPA

C. Donna is not allowed to give any information to Mrs. Singh.

A. 33%  
B. 33%  
C. 33%
Consent Scenario:

What information can Donna disclose?

Answer:

C. Donna is not allowed to give any information to Mrs. Singh.
Consent Scenario:

- PHIPA protects us, the public.

- Lee’s association with the Preschool Speech and Language Centre is personal health information and therefore cannot be shared without knowledgeable consent from the patient/client/SDM.

- Donna should be careful that her response does not inadvertently reveal PHI. She could offer to look at the list and consult the family if Lee is on the list. Advise Mrs. Singh to contact the family.

- There may be reasons why the SDM/parents do not want this information shared with the school.
I'M AFRAID DOCTOR-PATIENT CONFIDENTIALITY PREVENTS ME FROM SAYING IF YOUR BROTHER CRIED LIKE A BABY DURING HIS FLU SHOT.
Consent to Services

The *Health Care Consent Act 1996* directs members to obtain valid and informed consent for treatment.

In 2007, CASLPO determined that members must obtain consent for screening and assessment.
Valid consent

Consent is voluntary, and not obtained through misrepresentation or fraud, relates to the services being proposed, and is informed.

*Heath Care Consent Act, 1996*
CONSENT

Informed Consent

• The nature of the services
• The expected benefits of the services
• The material risks of the services.
• The material side effects of the services
• Alternative courses of action
• The likely consequences of not having the services
INFORMED CONSENT!

ME+AO 1999
CONSENT

Capacity to Consent

The patient/client/SDM must have the capacity to consent to services, that is:

• The ability to understand relevant information

• The ability to appreciate the reasonably foreseeable consequences of a decision or lack of decision
HCCA Consent Scenario:

- Donna, the SLP from Metropolitan General Hospital, is covering ICU for her colleague who is on vacation.

- Donna has been asked to do a swallowing assessment with a patient on the unit who has been admitted with a severe head injury and no known relatives or SDM.

- Donna meets the patient and quickly establishes that he does not have the capacity to consent to her assessment.

- She returns to the charge nurse and reports that she cannot carry out a swallow assessment without consent from a SDM.

- The charge nurse is very frustrated with Donna as oral medications are being held until the results of the swallow assessment.
HCCA Consent Scenario:

Can Donna assess?

A. It is in the best interests of the patient/client to have a swallowing assessment so that medication can be given - Donna should proceed.

B. Donna has not received consent from the patient/client or the SDM, and the patient can receive medication via I.V. - she should not proceed.

C. This is an emergency - Donna can proceed.
HCCA Consent Scenario:

Can Donna assess?

Answer:

B. Donna has not received consent from the patient/client or the SDM, and the patient can receive medication via I.V. – she should not proceed.

C. This is an emergency - Donna can proceed.
HCCA Consent Scenario:

Consider:

• Is this an emergency?

• Is the patient/client at risk?
Consent is Not Required for Emergency Services

“There is an emergency if the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk, if the treatment is not administered promptly, of sustaining serious bodily harm.” (Health Care Consent Act 1996, c. 2, Sched. A, s. 25 (1).)
HCCA Consent Scenario:

• If Donna, after consultation with the charge nurse, decides that the patient is at risk if the swallowing assessment does not proceed, she MUST document that the swallowing assessment took place without consent.

• If Donna does not believe that the patient to be at risk, she should work with the team to identify a SDM.

• The team can contact the Office of the Public Guardian and Trustee (OPGT) for advice.

• The OPGT has a Treatment Decision Unit.
HCCA Consent Scenario 2:

• Matt works for Metropolitan School Board

• In an effort to identify potential literacy problems, Matt and the JK teacher review the students’ phonological awareness skills. This is carried out in the classroom.

• Is the Matt required to obtain consent to provide this service?
HCCA Consent Scenario:

Does Matt need Consent?

A. No. Since Matt is not using formalized tests, he does not need to obtain consent.

B. No. Because Matt is doing the screening within the classroom with the JK teacher following an educational initiative, he does not require consent.

C. Yes. Matt must obtain valid consent from parents/SDMs for all screenings, assessments and treatment.
HCCA Consent Scenario 2:

• Members must obtain valid and informed consent for screening (as well as assessment and treatment).

• Matt does not necessarily have to personally discuss and obtain the consent from the parents. It can be obtained by a non-member, such as the JK teacher.

• However, Matt maintains full responsibility of ensuring that the consent obtained is valid and informed.

• Remember, parents/SDMs must have the opportunity to ask questions and receive answers. If the JK teacher is obtaining consent, Matt’s contact information must be included.
Private Practice: Advertising
Proposed Advertising Regulation, 2014
Advertising Scenario

Shamir is an audiologist opening up a private practice in a small town. He wants to advertise his services and looks on audiology services websites for ideas.

He creates a list of advertising ideas and phones up CASLPO to make sure that they comply with legislation and regulations.

List:

1. Testimonials from grateful patients and family members
2. Endorsements from other professionals
3. Narratives about the benefits of consulting an audiologist
4. Survey results about his services
5. Free hearing testing
6. Pamphlets for Doctors’ and Dentists’ offices
Testimonials?

1. Yes
2. No
Testimonials

No

• 2 (1) An advertisement with respect to a member’s practice must **not** contain:

h) a testimonial by a patient or client or former patient or client or any of their friends or relatives;
Endorsements?

1. Yes
2. No
Endorsements

YES, but . . .

• Only if the organization or individual proposing to endorse a member or a member’s services:
  – has the expertise relevant to the subject matter of the endorsement; and
  – has appropriately assessed the member as providing quality care; (2 (1) f)
Narratives?

1. Yes
2. No
Narratives

YES, but . . .

- It is not false or misleading (2 (1) a)

- That you do not include any identifiable personal health information (PHIPA)

- It doesn’t creep into being a testimonial
Survey results?

1. Yes
2. No
YES, but . . .

- The survey results must not be false or misleading \((2\ 1\ a)\)

- The survey results can be verified \((2\ 1\ b)\)
Free hearing test?

1. Yes
2. No

50% 50%
Free Hearing Test

YES, but . . .

- Make sure that it is free and that you or the company does not recoup the cost elsewhere.

- The patient/client does not feel coerced into continuing with your services because it was free.
Pamphlets?

1. Yes
2. No
Pamphlets

Yes

• The content is not distasteful, undignified, unethical or unprofessional. (2 (1) i) )

• It does not contain anything that may be reasonably regarded as a representation that the member’s practice may be superior to that of another member’s practice or another member (2 (1) c) )
Questions?
Thank you!