Advancing Public Awareness and Protection
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MESSAGE FROM THE REGISTRAR

THE BIG PICTURE:
The theme for this year’s Annual Report, “Advancing Public Awareness and Protection” highlights this central aspect of the College’s mandate.

All audiologists and speech-language pathologists regulate themselves through the “College” (CASLPO). Throughout the 1980s and 1990s, the two professions lobbied Queen’s Park for the privilege of self-regulation, achieving it in 1993.

On the wall of the College Council’s meeting room at CASLPO, there is the wording of our Vision, Mission and Mandate statements and the phrase “Serves and Protects the Public Interest”. This acts as a constant reminder to Council and staff of why we are here. Perhaps no words in the Regulated Health Professions Act, 1991 (RHPA) have occasioned as much comment as “public interest”.

In some ways, to understand what “public interest” means, you have to examine its opposite – “private interest”. Within the context of self-regulation, private interest is viewed as an interest that serves a more narrow or exclusive set of individuals – for example, the 4,000 professional audiologists and speech-language professionals registered with the College. Private interest could also be considered the interest served by a professional advocacy association of members or even the private interests of College staff or Council members. As important as these “private interests” are to the care and services delivered by health professionals, they are not what the College is there to address.

Professional self-regulation in Ontario, whether involving health care, legal, veterinary, accounting, social work, or engineering services is governed by a social contract self-regulatory framework among professionals, the public and the government.

In most other places around the world, professionals are often subject to direct accountability and regulation by national or regional governments. In those jurisdictions, governments decide who can be registered practitioners, to what practice standards they will be held and how they will be sanctioned for misconduct. It is often politicians, government lay appointees, judges and civil servants who make these decisions. Those being regulated, therefore, have little or no direct involvement in the regulatory process.
Ontario and other Canadian provinces chose many decades ago to proceed in a different direction. In return for the privilege of allowing professions to regulate themselves rather than government doing it for them, professionals are empowered to establish regulatory “Colleges” with the powers to register qualified individuals, renew their licenses, establish practice standards and codes of conduct, adjudicate complaints from the public and impose disciplinary measures, where warranted.

To facilitate such self-regulation, professionals are allowed to elect and appoint members of the professions to actually sit on their College governing Councils and Committees.

Unlike the case with professional advocacy associations, the government also appoints a certain number of public representatives to each College Council.

Professions, therefore, have the ability to have a direct influence on all the major decision-making of a College. Instead of being on the outside, powerless to shape or lead regulation, professionals are at the table. They can regulate themselves, but they have to do so in the public interest. In other words, the legislation empowers them to ensure that they have the regulations, by-laws, practice standards, and processes in place to be able to assure the public that they are receiving care from qualified practitioners. As well, Colleges have the right to ensure that only registrants are using professional titles such as “speech-language pathologist”, “speech therapist” or “audiologist”. Colleges can also take legal action against unauthorized or fraudulent practitioners.

Another aspect of the self-regulatory social contract involving professionals, the public and the government is that Colleges must be self-sustaining.

Colleges do not receive any government funding and so must be funded entirely through College application and registration fees.

All Colleges, regardless of the number of registrants (e.g. 600 Chiropodists or 150,000 nurses, or 4,000 audiologists and speech-language pathologists) must be able to register individuals initially, approve their licensing each year following quality assurance assessments and address any complaints.

For self-regulation to work, registrants must be made aware on an ongoing basis of what is expected of them regarding regulations, practice standards and codes of conduct.

This is why the College provides to members:
- practice advice;
- group e-mails;
- videos and brochures;
- user-friendly website.

The College also ensures that in complaint situations, members are informed of their rights and are treated fairly throughout the investigative processes. The College must be objective and fair in all its interactions with registrants and with members of the public.

Similarly, members of the College Council must be objective and fair. Whether elected or appointed, they cannot come to the table to safeguard any professional interest. They must act only in, and for, the public interest. Professional members can and should provide their “perspectives” on issues from their experiences and backgrounds, but they cannot advocate for a particular self or professional interest. Otherwise, the social contract breaks down and the public interest is not served.

So, how does the public know that the College is there to serve them or what decisions a College is making? That is why in addition to providing licensing, educational and advisory services to members, Colleges must also ensure that the public is aware of a College’s functions and its role in public interest protection.

Recently, the Minister of Health and Long-Term Care, patient advocacy groups and the media have been strongly challenging Colleges to be more transparent and accountable about their work and to enhance public awareness about what they do and who they serve.

All of CASLPO’s staff and Council members support our dedication to be more transparent and accountable. You will see evidence of this commitment throughout this Annual Report. We report on aspects of our three main Strategic Planning Goals:
- Increase the Public’s Awareness of the College and Its Members
- Enhance the Members Quality of Practice
- Increase Transparency, Effectiveness and Efficiency

College staff are implementing all the initiatives that support the 2015-2018 Strategic Plan goals. With respect to Public Awareness, please see the section in this report on ‘Advancing Public Protection Through Enhanced Public Awareness Initiatives’, it is important to note that, these efforts are fundamental to addressing the Ministry’s heightened focus on patient engagement and transparency in support of public protection.

Having reached the half-way mark of the College’s strategic plan, this report outlines progress made in all areas, including advancing public awareness and public protection. I encourage you to read all of the Committee reports to enable you to have a better sense of the progress we have made and a better appreciation of the “big picture” of self-regulation in and for the public interest.

As we continue on this roadmap to success, I want to thank Council members, non-Council professional committee members, staff, practice advisors, consultants, mentors, peer assessors, external legal Counsel (Steinecke Maciura Leblanc, Stockwoods, Weir and Foulds and Mills and Mills) and other vendors. Their commitment to the College and professional regulation is deeply appreciated.

ABOUT THE COLLEGE
Self-Regulation: How it Works

The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO), mandated under the Regulated Health Professions Act, 1991 (RHPA), regulates the public interest audiologists, speech-language pathologists and speech therapists. Regulated professionals providing care abide by a code of ethics and high standards of practice.

To provide public protection for patients/clients, the College establishes and enforces professional standards for:
STRATEGIC PLAN 2015-2018: YEAR 1 - OUR STRATEGIC PLAN IS ALL ABOUT PROTECTING THE PUBLIC

In 2015, the Council developed a comprehensive, 3-year Strategic Plan that directs significant attention to innovative methods to fulfill our role as protector of the public interest. The Council underwent a thorough review of all the risks and opportunities that lay ahead and created 3 high-level goals, along with specific projects that will move us towards our goals and allow us to measure progress along the way.

Here’s a quick review of the goals, how they protect the public, and what progress we have made in our first year.

Goal 1: Increase the Public’s Awareness of the College and its Members

We are protecting the public by reaching out to them directly and letting them know our members are regulated, which means they can expect a high quality of knowledge, skill and judgement. This year we have embarked on the most significant public awareness campaign ever! Our progress includes:

► Developing a series of videos about the two professions and running them in over 60 medical clinics across Ontario in May and October, 2016, resulting in over 1 million impressions combined!
► Providing brochures in these same medical clinics
► Creating sponsored Facebook posts, resulting in over 300,000 views

Goal 2: Enhance the Members’ Quality of Practice

We are protecting the public by supporting our members so they meet the standards of practice when serving the public. This year our progress includes:

► Increasing the number of peer assessments
► Developing a tool that will provide a reliable measure of clinical reasoning, a cornerstone to quality practice
► Enhancing our focus on interprofessional practice in all new documents

Goal 3: Increase Transparency, Effectiveness and Efficiency

We are protecting the public by providing more information that is easier to find and understand. This year our progress includes:

► Posting more information on our website about our members and our services
► Improving access to the public register
► Developing information that is accessible for the communicatively impaired population that members serve

The next 2 years of our Strategic Plan will see more projects coming to completion and more public outreach.

STRATEGIC PLAN 2015-2018
A ROAD MAP FOR SUCCESS

The work of CASLPO affects all our stakeholders.

As a public consumer, a professional member, a regulatory colleague or as a public servant, the CASLPO Strategic Plan will serve as a road map that outlines where we are going and how we will get there. Knowing and understanding our strategic plan will enable all to anticipate the achievements of CASLPO, participate in our processes and share in our success!
PROTECTING THE PUBLIC AND ENSURING QUALITY CARE

Council has several statutory committees, which are mandated for all Colleges by the Regulated Health Professions Act, 1991 (RHPA). These committees are: Executive; Inquiries, Complaints and Reports; Discipline; Fitness to Practice; Quality Assurance; Registration; and, Patient Relations. Several years ago, Council established two special advisory committees to give focus to member-specific concerns arising from professional practice issues and the application of College standards. And so, on the following pages, in addition to reports from the committees listed above, you will also find reports from the practice advisory committees on Audiology and Speech-Language Pathology. Council also established a Finance Committee to review and evaluate risks facing the College, review and make recommendations on the annual budget, work with the external auditor and ensure systems are in place to comply with laws, regulations and standards.

EXECUTIVE COMMITTEE

The Executive Committee monitors and coordinates the work of the committees of Council and ensures that Council has all the pertinent information that it requires prior to making decisions. The Committee sets the agenda for the quarterly meetings of the College Council and ensures that all Council meeting dates and materials are posted publicly on the College website. It also regularly reviews the results of Council meeting evaluation survey responses, and makes adjustments to meetings, as required.

The Committee recommends the composition of all committees for the upcoming cycle of Council meetings and develops the schedule of Council meeting dates.

The Committee deals extensively with matters concerning external relations involving the Ontario Association of Speech-Language Pathologists and Audiologists (OSLA), Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR) and the Federation of Health Regulatory Colleges of Ontario (FHRCO). The Committee develops program concepts for Council learning development enhancements, and has a particular focus on governance matters and transparency and accountability initiatives.

In 2016, the Committee developed a revised Governance Manual, which was approved by Council. The Committee also formally monitors, the implementation of the College’s 3-year Strategic Plan, and advises Council of any concerns and plans to address them. As a result of a matter arising from the resolution of an internal personnel concern involving a member of staff and a member of Council, the Committee directed the Registrar to present for Council’s approval a set of improved and updated Internal Workplace policies governing Council members and staff, along with a "Diversity Statement" and Council Member Code of Conduct.

The Committee completes a formal annual performance appraisal of the Registrar. As mandated by the By-laws of Council, an election for membership on the Committee was held in June of 2016.

INQUIRIES, COMPLAINTS, AND REPORTS COMMITTEE

The Inquiries, Complaints and Reports Committee (ICRC) is a committee created by law. Under the RHPA, the Committee is required to consider all complaints made to the College regarding members. The ICRC is also responsible for all investigations regarding members.

The ICRC acts as a screening committee, which means that the members of the Committee have the responsibility to conduct a preliminary review of the information collected to determine whether or not allegations of professional misconduct and/or incompetence warrant a referral to the Discipline Committee for a formal hearing. If a referral is not warranted to protect the public, the ICRC may make other decisions in accordance with the RHPA.

These options include:

- ordering the member to complete a Specified Continuing Education or Remediation Program (SCERP);
- referring the member to the Fitness to Practice Committee for incapacity proceedings;
- issuing a written warning, advice or reminder;
- requiring the member to appear before the ICRC to receive a caution in person;
- taking any other action it considers appropriate that is not inconsistent with the Audiology and Speech-Language Pathology Act, 1991, the Code, the regulations or the by-laws of the College; and
- taking no action.

FROM OCTOBER 1, 2015 - SEPTEMBER 30, 2016

| DECISIONS | 26 ICRC rendered decisions |
| THESE CASES BEGAN IN THE FOLLOWING YEARS: | 2010 2014 |
| 2012 2015 |
| 2013 2016 |
Changes to the ICRC
The ICRC implemented several initiatives between October 1, 2015 and September 30, 2016 to improve the efficiency of the investigative process to better fulfill their public protection mandate.

These included:
- increasing the number of ICRC panel meetings;
- utilizing technology to facilitate a quicker method of investigative appointment; and
- re-evaluating the intake process for complaints and mandatory reports.

The ICRC continues to work towards its commitment to complete all its investigations in a timely manner. The Committee must balance this commitment with the member’s right to participate in the complaints and investigative process. As a result of the above initiatives, the ICRC has increased the number of cases it completed in the fiscal year as well as the number of cases completed within the statutory timelines.

The College also made changes to the Bylaws relating to the public register which impact ICRC decisions. The results of a complaint or report investigation (begun on or after January 1, 2016) will be posted on the public register when the ICRC directs a SCERP and/or requires a member to appear before it to be cautioned. These changes were made in response to requests from the Ministry of Health and Long-Term Care to all regulatory colleges to make more information available to the public about their health care providers.

ICRC Decisions Reviewed by the Health Professions Appeal and Review Board (HPARB)
The Health Professions Appeal and Review Board is an adjudicative body tasked with reviewing complaint decisions rendered by the ICRC. The reviews are conducted upon request of either party (the complainant or the member). While HPARB was established by the RHPA, it is a separate body from the College.

Decisions in the two matters reviewed by HPARB last year were confirmed in this year. Four matters were appealed to HPARB during this year, however, the complainant withdrew their request in one matter. The remaining three matters are expected to proceed before HPARB in the next year.
FINANCE COMMITTEE

The Finance Committee has a mandate to review all matters with a financial impact on the College, ensuring that a high level of fiscal integrity is maintained.

During the current fiscal year, the Committee achieved the following:

- Reviewed the Risk Management portfolio to objectively assess the status of mitigation efforts for identified risks and to assess and prioritize emerging risks;
- Proposed to the College Council a number of in-year savings, which cut approximately $105,000 of spending from the 2015-16 Budget to respond to the revenue shortfalls attributed to the lower than expected growth in membership;
- Reviewed and aligned 2016-17 Operating Budget with the Strategic Plan;
- Reviewed and aligned 2017-18 and 2018-19 Budget projections with operating goals and reserve retention policies.

PATIENT RELATIONS COMMITTEE

The Patient Relations Committee is responsible for the development of measures for preventing or dealing with sexual abuse of patients/clients. As part of its mandate, the Committee oversees the College’s Sexual Abuse Prevention Program. The Committee developed guidelines to accompany the program.

The Committee also oversees the College’s public awareness and communications program activities including identified strategic priorities in these areas.

Comprised of public and professional members, the Committee acts as a focus group for public awareness initiatives.

FITNESS TO PRACTISE COMMITTEE

The mandate of this Committee is to hold hearings respecting allegations of incompetence and/or professional misconduct referred to it from the Inquiries, Complaints and Reports Committee (ICRC).

The acts of professional misconduct are set out under the RHPA and the College’s Professional Misconduct Regulation, O. Reg. 749/93. Incompetence is defined under section 52(1) in the the Code.

During October 1, 2015 – September 30, 2016, the Discipline Committee received one referral of specified allegations regarding the conduct of Craig Thomas (AUD). No hearings took place during this time period.

Update: Brenda Berge (Audiologist)

Brenda Berge was found to have engaged in professional misconduct for using the doctor title by a panel of the Discipline Committee on March 31, 2015. Ms. Berge appealed the decision to the Ontario Divisional Court and the appeal was heard on June 8, 2016. Submissions were made by counsel for the member, by the Attorney General’s Office as well as College counsel. The day was concluded by the panel of judges reserving judgement, to be provided in their written decision.

OCTOBER 1, 2015 – SEPTEMBER 30, 2016 DECISIONS

<table>
<thead>
<tr>
<th>Number of Matters*</th>
<th>Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Written Caution</td>
</tr>
<tr>
<td>3</td>
<td>Oral Caution</td>
</tr>
<tr>
<td>9</td>
<td>No further action</td>
</tr>
<tr>
<td>7</td>
<td>SCERP</td>
</tr>
<tr>
<td>2</td>
<td>Undertaking</td>
</tr>
<tr>
<td>1</td>
<td>Referral to the Discipline Committee</td>
</tr>
<tr>
<td>7</td>
<td>Reminder</td>
</tr>
<tr>
<td>0</td>
<td>Referral to another panel of the ICRC for Incapacity Inquiry</td>
</tr>
<tr>
<td>0</td>
<td>No action - frivolous, vexatious, moot, made in bad faith</td>
</tr>
</tbody>
</table>

*Multiple dispositions may be made in a case.

DISCIPLINE COMMITTEE

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- Reviewed and aligned 2016-17 Operating Budget with the Strategic Plan;
- Reviewed and aligned 2017-18 and 2018-19 Budget projections with operating goals and reserve retention policies.

*Incapacitated* is defined in the Code as follows:

Section 1 (1): … the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member’s certificate of registration be subject to terms, conditions or limitations, or that the member no longer be permitted to practise.

No Fitness to Practise hearings were held in between October 1, 2015 and September 30, 2016.

Learn More, by reading the article in this report called Advancing Public Protection Through Enhanced Public Awareness Initiatives.
QUALITY ASSURANCE COMMITTEE
Encouraging continuing education and quality improvement among members is an effective way to protect the public.

PROJECTS:

1. CLINICAL REASONING TOOL PILOT

Goal: To review the results of the Clinical Reasoning Tool pilot

Outcome:
- 32 peer assessors and members participated in administering the tool
- Pre and post surveys were analysed
- Results: the tool is valid; members agree clinical reasoning should be in the peer assessment process

2. NON-CLINICAL PEER ASSESSMENT TOOL

Goal: To develop an outline for a Non-Clinical Peer Assessment Process

Outcome:
The outline was reviewed and approved by a non-clinical focus group.

2016 SELF-ASSESSMENT TOOL SUBMISSION

Goal: To achieve 100% online submission by General and Academic members.

✅ Outcome: 100% submitted

A truly committed membership. The participation rate illustrates that audiologists and speech-language pathologists are committed to providing quality service to patients and pursue ongoing, goal directed learning.

2016 SELF-ASSESSMENT TOOL SUBMISSION RESULTS

- 3,498 Academic and General Members submitted
- 5 Extensions granted
- 3,366 Submitted by due date
- 98 Submitted by extended date (one week)
- 6 Changed Membership Category
- 121 Reported to Quality Assurance Committee
- 3 Referred to ICRC
- 100% compliance by members

PEER ASSESSMENT PROCESS

Goal: The Quality Assurance Committee is to increase peer assessments to 35 members in 2016 from 30 in 2015.

Outcome: 34 members participated in the 2016 Peer Assessment process.

MEMBERS SELECTED

40 Randomly selected
6 Registration *
1 Referred from QAC
2 Deferred from 2015

49 Total

MEMBERS DEFERRED TO 2017

4 Non-Clinical roles
2 Medical leave
2 Maternity leave
1 Unemployed
6 Changed Membership status

15 Total

MEMBERS COMMENTS REGARDING THE 2016 PEER ASSESSMENT

I found the tool to be easy to use and the standards were clearly explained if you read the manual carefully. It was easy to collect evidence from my practice to support my comments/claims.

The process of selecting learning goals allowed me to really reflect on my practice and narrow down the professional development opportunities I wanted to focus on.

It allows us to reflect on our practice and ensure we are being accountable. It encouraged me to really understand what is expected as a professional SLP.

I am more confident in the quality of my provision of services.
REGISTRATION COMMITTEE
The Registration Committee provides a fair and transparent process for reviewing applications for registration. It reviews applications referred by the Registrar. The Committee also advises Council and makes recommendations on matters relating to entry to practice standards, mentorship requirements, registration regulations, and related matters. It also addresses issues of reporting practices concerning Ontario’s Office of the Fairness Commissioner.

NEW APPLICATIONS

- 191 Applications received
- 127 Applications from Canadian graduates
- 64 Applications from International graduates
- 178 New members registered
- 4 New professional corporations registered
- 46 Cases referred to Registration Committee
- 26 International Applications reviewed
- 1 Cases appealed to the Health Professions Appeal and Review Board (HPARB)

HIGHLIGHTS:

- Applications received
- Applications from Canadian graduates
- Applications from International graduates

MEMBERSHIP

- 3,995 Members
- 750 Audiologists
- 3,245 Speech-Language Pathologists
- 56 Professional Corporations

ANNUAL RENEWAL

- Goal: To achieve 100% online submission of annual renewal
- Outcome: 100% submitted
- 77 Resignations processed
- 96 Status changes processed
- 2% Increase in the number of speech-language pathologists registered
- 3.6% Increase in the number of audiologists registered
- 2% Net increase in membership
- 18% Increase in resignations

PATIENT AGE RANGE

<table>
<thead>
<tr>
<th>Audiology</th>
<th>Preschool (0-5 years)</th>
<th>School Age (6-17 years)</th>
<th>Adults (18-64 years)</th>
<th>Seniors (65+ years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech-Language Pathology</td>
<td>Preschool (0-5 years)</td>
<td>School Age (6-17 years)</td>
<td>Adults (18-64 years)</td>
<td>Seniors (65+ years)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Role</th>
<th>Audiology</th>
<th>Speech-Language Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Provider</td>
<td>68%</td>
<td>80%</td>
</tr>
<tr>
<td>Owner/Operator</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td>Consultant</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>Manager</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Researcher</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Administrator</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Instructor/Educator</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Sales Person</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

TOP 5 PRACTICE SETTINGS

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>Audiology</th>
<th>Speech-Language Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo Practice Office</td>
<td>24%</td>
<td>25%</td>
</tr>
<tr>
<td>Health Related Business/Industry</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>Other Place of Work</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Other Group Practice Office</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Hospital</td>
<td>13%</td>
<td>8%</td>
</tr>
</tbody>
</table>

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AUDIOLGY PRACTICE ADVICE COMMITTEE
The Audiology Practice Advice Committee provides advice to Council on regulatory matters affecting the practice of audiology.

✓ ACCOMPLISHMENTS:

1 document revised and published in English and French:
Practice Standards for the Provision of Hearing Aid Services By Audiologists

153 members reviewed it
Over 90% of respondents agreed the document was clear and relevant
Over 80% of respondents agreed that the standards were understandable and realistic

MEMBERS COMMENTS
Good and informative ... Highlighted notes are really helpful for a brush up later on.

Thank you to the many audiologists who gave their time and thoughts to enhance this practice standard.

SPEECH-LANGUAGE PATHOLOGY PRACTICE ADVICE COMMITTEE
The Speech-Language Pathology Practice Advisory Committee provides advice to Council on regulatory matters affecting the practice of speech-language pathology.

✓ ACCOMPLISHMENTS:

184 members

STAKEHOLDER REVIEW COMPRISED
The Ontario Association of Speech-Language Pathologists & Audiologists (OSLA) Multicultural and Multilingual Special Interest Group who participated in a focus group

2 bioethicists

Revised and Published:
The Guide To Service Delivery Across Diverse Cultures

Significant Changes Include:
- Principled, patient-centered approach
- Understanding cultural perspectives and intervention rather than different cultural groupings
- Inclusive writing style

Thank you to all those who took the time to review the Guide and provide thoughtful and valuable input.

2 documents under review:
- The Position Statement on the Use of Support Personnel by Speech Language Pathologists
- The Position Statement on the Provision of Second Opinions

2 documents under review:
- Position Statement on Equipment Servicing Requirements By Audiologists
- Preferred Practice Standards for Cerumen Management

1 document in development for the public:
- Buying Hearing Aids on the Internet

Participants in ...
The multi-College project on clinic regulation

Over 90% of respondents agreed the document was clear and relevant
Over 80% of respondents agreed that the standards were understandable and realistic

Thank you to the many audiologists who gave their time and thoughts to enhance this practice standard.
Practice Advice is an important service CASLPO provides to the public and the membership. One of the best ways we can protect the public is to engage with our members. Members benefit from the one on one conversations and advice to help meet standards of practice thereby protecting the public. We benefit from learning about member issues and developing programs to meet their needs.

The College’s Practice Advice team comprises speech language pathology and audiology staff who provide advice in both official languages.

Learn More, by reviewing Practice Advice articles.

<table>
<thead>
<tr>
<th>CALLER</th>
<th>NUMBER OF CALLS/EMAILS</th>
<th>TOP REASONS FOR CONTACTING CASLPO</th>
</tr>
</thead>
</table>
| Public            | 340 (16%)              | - Find an audiologist or speech-language pathologist  
                     |                                      | - Standards of Practice                                                                 |
| Speech-Language Pathologists | 1581 (76%)            | - Self-Assessment Tool and Learning Goals  
                     |                                      | - Standards of Practice  
                     |                                      | - Patient Records                                                                 |
| Audiologists      | 173 (8%)               | - Self-Assessment Tool and Learning Goals  
                     |                                      | - Standards of Practice  
                     |                                      | - Patient Records                                                                 |

TOTAL 2094

COMPARISON FROM 2015 TO 2016

23% Increase to Public Calls (+260) received in 2016 over 2015

40% Increase to all Practice Advice calls (+838) received in 2016 over 2015

Calls increased slightly in May and more significantly in June 2016

Anyone can contact the College with a question or a concern.

CASLPO forums help support the College’s mandate to protect the public’s right to quality audiology and speech-language pathology services by providing leadership and education.

In 2016 we very much enjoyed meeting members in several cities.

Learn More, visit CASLPO Forum for slides and e-Forum Webinars.

Thank you to the hosts that offered their time and venues.

- Karen Halvorson, Paola Humeniuk and Thunder Bay Regional Health Sciences Centre
- Lisa Sylvester and Lansdowne Children’s Centre, Brantford
- Anila Punnouse and Durham District School Board

From these discussions, combined with the reasons members contact the College through practice Advice, the topics for the e-Forums were established.

E-FORUMS

- 3 webinars
- Over 280 members registered
- Topics: Private Practice Issues for Speech-Language Pathologists Private Practice Issues for Audiologists

Call and e-mails 2094

RESULTS

ONTARIO

• Toronto  
• Thunder Bay  
• Brantford and  
• Whitby/Oshawa

We had good interactive discussions everywhere we went, and, as always, learned about the issues that are important to our members.
WHY ARE WE FOCUSING ON ADVANCING PUBLIC AWARENESS?

One of the major tasks for any regulatory College is to make the public aware of its role in public protection and to ensure they realize the value of seeing a regulated professional. This is part of why the Minister of Health and Long-Term Care, the Hon. Dr. Eric Hoskins, has been placing such major emphasis over recent years on Colleges being more transparent about their processes and the information they collect and maintain.

ABOUT THE INITIATIVE

The public awareness initiative was developed to advance public awareness by increasing the public’s knowledge of the advantages of regulation so ultimately the public will become more confident in the care provided by regulated practitioners.

ABOUT THE AUDIENCE

This initiative included an integrated campaign aimed at patients that use audiologist and speech-language services, emphasizing the importance of regulation and the overall role of the College. Based on public opinion survey feedback, videos and brochures were developed with an approach to reach a target audience of Ontario patients and caregivers of up to and including school age children; and seniors.

THE OUTCOME

More of the targeted public audience have been made aware of CASLPO and its role, learned about what the College can do for them and appreciate the advantages of accessing a regulated health professional.

WHAT DID THE INTEGRATED CAMPAIGN INCLUDE?

The campaign included video, print, and on-line digital components so that, through Ontario clinic screens and a series of Facebook posts, over time, public awareness will advance. A simple, easy to understand, motion graphics video format with “sound down” capability was selected to enable distribution in Doctor offices and by social media. This outreach matches the survey findings that these are two major sources of health information for the public.

VIDEO AND BROCHURES – WERE DISTRIBUTED TO THE PUBLIC DIRECTLY AS WELL AS THROUGH OUR MEMBERS.

VIDEO

1 90-SECOND VIDEO – MEDICAL OFFICE SCREENS
The video was played in over 60 medical offices in May and October 2016 reaching our target audience. The exposure reached 250,000 impressions per month.

2 30-SECOND VIDEOS – FACEBOOK POSTS
The videos were amplified through Facebook sponsored video posts in May and October 2016. The Facebook campaign received 80,000+ views per month.

8 SHORT INFORMATIONAL VIDEOS
The videos address answers to questions about access to audiology and speech-language services and the importance of seeing a professional regulated by CASLPO.

BROCHURE

We developed a brochure, and through the campaign, we are able to track usage by requests and downloads.

The new Brochure designed to complement the new motion graphics video was distributed in 68 Doctor offices across Ontario.

OTHER INITIATIVES

eBadge
Members can insert the eBadge and video link and display it in their eMail signatures for communication with patients, colleagues and other health practitioners. Instructions for the email application are accessible on CASLPO’s website, click here.

ACCESSIBLE RESOURCES

Communicatively Accessible Resources, provides regulatory information for people living with communication barriers.
SUMMARY FINANCIAL STATEMENTS  
Report of the Independent Auditor on the  
Summary Financial Statements

To the Council of the  
College of Audiologists and Speech Language Pathologists of Ontario

The accompanying summary financial statements, which comprise the summary statement of financial position as at September 30, 2016 and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Audiologists and Speech Language Pathologists of Ontario for the year ended September 30, 2016. We expressed an unmodified audit opinion on those financial statements in our report dated December 9, 2016.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not for profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the College of Audiologists and Speech Language Pathologists of Ontario.

Management’s Responsibility for the Summary Financial Statements
Management is responsible for the preparation of a summary of the audited financial statements on the basis described in the note to the summary financial statements.

Auditor’s Responsibility
Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, “Engagements to Report on Summary Financial Statements”.

Opinion
In our opinion, the summary financial statements derived from the audited financial statements of the College of Audiologists and Speech Language Pathologists of Ontario for the year ended September 30, 2016 are a fair summary of those financial statements, on the basis described in the note to the summary financial statements.

Toronto, Ontario  
Chartered Professional Accountants  
Licensed Public Accountants  
December 9, 2016

SUMMARY STATEMENT OF FINANCIAL POSITION

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>2,477,521</td>
<td>2,708,812</td>
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<tr>
<td>Investments</td>
<td>601,826</td>
<td>298,812</td>
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<tr>
<td>Prepaid expenses</td>
<td>24,874</td>
<td>25,572</td>
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<tr>
<td></td>
<td>3,104,221</td>
<td>3,033,196</td>
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<tr>
<td><strong>Investments</strong></td>
<td>1,118,355</td>
<td>1,223,372</td>
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<tr>
<td><strong>Capital assets</strong></td>
<td>157,356</td>
<td>183,380</td>
</tr>
<tr>
<td></td>
<td>1,275,711</td>
<td>1,406,752</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>510,194</td>
<td>429,038</td>
</tr>
<tr>
<td>Deferred membership fees</td>
<td>2,120,792</td>
<td>2,358,104</td>
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<tr>
<td></td>
<td>2,630,986</td>
<td>2,787,142</td>
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<tr>
<td>Deferred lease inducement</td>
<td>110,876</td>
<td>126,169</td>
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<tr>
<td>Deferred funding related to capital assets</td>
<td>7,875</td>
<td>14,317</td>
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<tr>
<td></td>
<td>118,751</td>
<td>140,486</td>
</tr>
<tr>
<td></td>
<td>2,749,737</td>
<td>2,927,628</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invested in capital assets</td>
<td>149,481</td>
<td>169,063</td>
</tr>
<tr>
<td>Internally restricted for investigations and hearings</td>
<td>300,000</td>
<td>300,000</td>
</tr>
<tr>
<td>Internally restricted for quality assurance</td>
<td>200,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Internally restricted for patient relations and public awareness</td>
<td>150,000</td>
<td>150,000</td>
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<tr>
<td>Unrestricted</td>
<td>830,714</td>
<td>693,257</td>
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<tr>
<td></td>
<td>1,630,195</td>
<td>1,512,320</td>
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<tr>
<td></td>
<td>4,379,932</td>
<td>4,439,948</td>
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</tbody>
</table>
## SUMMARY STATEMENT OF OPERATIONS

<table>
<thead>
<tr>
<th>Year ended September 30</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership fees</td>
<td>2,770,240</td>
<td>2,657,554</td>
</tr>
<tr>
<td>Investment income</td>
<td>43,777</td>
<td>53,436</td>
</tr>
<tr>
<td>Government grant – capital assets funding</td>
<td>6,442</td>
<td>37,096</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>2,820,459</td>
<td>2,748,086</td>
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<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>1,360,839</td>
<td>1,336,314</td>
</tr>
<tr>
<td>Professional fees and consultants</td>
<td>207,298</td>
<td>130,966</td>
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<tr>
<td>Council and committees</td>
<td>145,505</td>
<td>174,971</td>
</tr>
<tr>
<td>Investigations and hearings</td>
<td>364,237</td>
<td>427,715</td>
</tr>
<tr>
<td>Premises</td>
<td>196,638</td>
<td>190,891</td>
</tr>
<tr>
<td>Public awareness</td>
<td>78,773</td>
<td>3,246</td>
</tr>
<tr>
<td>Membership communication</td>
<td>22,935</td>
<td>30,296</td>
</tr>
<tr>
<td>Office and general</td>
<td>227,739</td>
<td>254,693</td>
</tr>
<tr>
<td>Quality assurance</td>
<td>62,751</td>
<td>49,383</td>
</tr>
<tr>
<td>Amortization – capital assets</td>
<td>29,427</td>
<td>24,951</td>
</tr>
<tr>
<td>Amortization – funded capital assets</td>
<td>6,442</td>
<td>5,096</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>2,702,584</td>
<td>2,628,522</td>
</tr>
<tr>
<td><strong>Excess of revenues over expenses for year</strong></td>
<td>117,875</td>
<td>119,564</td>
</tr>
</tbody>
</table>

### NOTE TO SUMMARY FINANCIAL STATEMENTS

**September 30, 2016**

1. **Basis of presentation**

These summary financial statements have been prepared from the audited financial statements of the College of Audiologists and Speech Language Pathologists of Ontario (the “College”) for the year ended September 30, 2016, on a basis that is consistent, in all material respects, with the audited financial statements of the College except that the information presented in respect of changes in net assets and cash flows has not been presented and information disclosed in the notes to the financial statements has been reduced.

Complete audited financial statements are available to members upon request from the College.

• For a complete set of audited financial statements, contact Ruth Cimerman, Director, Finance and Operations, at rcimerman@caslpo.com or 1-800-993-9459
YOUR FEES AT WORK
PROTECTING THE PUBLIC

We recognise that registering with a regulatory body is an added cost to working as an Audiologist and/or Speech-Language Pathologist and so we work consistently to be fiscally responsible with the money generated by your annual Membership fees ($714).

HOW WAS THE $714 PER MEMBER* SPENT?

$171.00 (24%)
PROFESSIONAL CONDUCT
- Intake and investigation of complaints against members
- Cease and desist matters
- Discipline and fitness to practice issues and hearings

$128.00 (18%)
CORPORATE SERVICES
- Finance, human resources, information technology, legal counsel and office services

$114.00 (16%)
EXECUTIVE OFFICE
- Overall leadership of the College

$93.00 (13%)
PROFESSIONAL PRACTICE AND QUALITY ASSURANCE
- Promoting continuing competence and quality improvement among members ie. Self-assessment tool (SAT), Continuing Learning Activity Credits (CLAC) process, peer assessment program, practice standards
- Communicating concerning practice issues, interpretation of relevant legislation, regulations, standards, and guidelines
- Identifying workplace trends, risks or legislative initiatives with the potential to impact on clinical practice

$57.00 (8%)
REGISTRATION
- Assessment of all applications and certification of applicants who qualify for membership
- Public register of members
- Mentorship
- Compliance with Fairness Commissioner requirements
- Annual renewal of College members and outreach to new applicants

$50.00 (7%)
OCCUPANCY COSTS AND CAPITAL ASSETS
- Rent, maintenance, computers and office furniture

$36.00 (5%)
COUNCIL AND COMMITTEES
- Council, Committee meetings and training

$36.00 (5%)
COMMUNICATIONS AND PUBLIC AWARENESS
- Initiatives to increase the public’s awareness of the advantages of regulation
- Ongoing communication with the public, College members and stakeholders
- CASLPO website, eNewsletter ex.press and the Annual Report
- Bilingual services

$29.00 (4%)
RESERVE REPLENISHMENT
- Planning for unforeseen events that would impact service and operations

Thank you! We recognize our dedicated membership for keeping the public safe.

*Applies to general membership fee
THE COLLEGE TEAM

COUNCIL COMMITTEES AND STAFF

Council, Committees and College staff are dedicated to ensuring that the College fulfills its public protection mandate and effectively supports registered audiologists and speech-language pathologists to ensure that they deliver safe, high-quality, ethical care.

In the fall of each year, Council decides on new Committee assignments, except for the Executive Committee which is elected each June. The following list reflects membership on Council and Committees for the reporting period, October 1 2015 to September 30 2016.

The following lists show all members of Council and Committees for 2016. Some members may have only been on a Committee for only part of the year. Some Committees receive assistance from non-Council professionals, (NC), appointed by Council. The College has seven statutory Committees and three non-statutory Committees.

OFFICERS (OCT-MAY)

President Deb Zelisko, AUD
Guelph (Southwestern)

Vice President
Bob Kroll, SLP
Thornhill (All-Ontario)

OFFICERS (JUN 2016–SEPT 2016)

President Deb Zelisko, AUD
Guelph (Southwestern)

Vice President
Vicky Papaioannou, AUD
Toronto (Central)

District Representatives
Jennifer Anderson, AUD
Barrie (Northeastern)
Tina D’Agnillo, SLP
Windsor (Southwestern)
Bob Kroll, SLP
Thornhill (All-Ontario)
Vicky Papaioannou, AUD
Toronto (Central)
Judy Rowlands, SLP
Nepean (Eastern)
Sandra Singbeil, SLP
Dryden (Northwestern)
Véronique Vaillancourt, AUD
Gloucester (Eastern)
Yvonne Wyndham, SLP
Toronto (Central)
Deb Zelisko, AUD
Guelph (Southwestern)

MEMBERS OF COUNCIL

Academic Representatives
Randi Fisher, SLP
Western University
Josée Lagacé, AUD
University of Ottawa
Public Members Appointed by the Lieutenant-Governor of Ontario-in-Council
Vince Bucci
Brantford
Ferne Dezenhouse
Toronto
Melanie Mousa-Elaraby
Toronto
James Maur
Wooland
Donna Mooney
Mallorytown
Ruth Ann Penny
Toronto
Scott Whyte
Inverary
Shari Wilson
Toronto
Satpaul Singh Johal
Brampton

EXECUTIVE COMMITTEE (OCT 2015–MAY 2016)

Scott Whyte – Chair (Public)
President Deb Zelisko, AUD
Vice-President Judy Rowlands, SLP
Véronique Vaillancourt, AUD
Sandra Singbeil, SLP
Yvonne Wyndham, SLP
Deb Zelisko, AUD

COMMITTEES 2016

INQUIRIES, COMPLAINTS AND REPORTS

Shari Wilson – Chair (Public)
Bob Kroll (SLP)
Pam Millet (AUD)-(NC)
Melanie Mousa-Elaraby (Public)
Vicky Papaioannou (AUD)
Judy Rowlands, (SLP)
Véronique Vaillancourt (AUD)
Nancy Blake (SLP)-(NC)
Josée Lagacé (AUD)

DISCIPLINE COMMITTEE

Deb Zelisko – Chair (AUD)
Ruth Ann Penny (Public)
Jennifer Anderson (AUD)
Karen Bright (SLP)-(NC)
Vince Bucci (Public)
Tina D’Agnillo (SLP)
Ferne Dezenhouse (Public)
Peter Dobbins (AUD)-(NC)
Kim Eskritt (AUD)-(NC)
Jenny Greensmith (SLP)-(NC)
Sandi Singbeil (SLP)
Satpaul Singh Johal (Public)
Scott Whyte (Public)

FITNESS TO PRACTISE COMMITTEE

Randi Fisher (SLP)
Pam Millet (AUD)-(NC)
Ruth Ann Penny (Public)
Véronique Vaillancourt (AUD)
Judy Rowlands, (SLP)
Ferne Dezenhouse (Public)

PATIENT RELATIONS

Randi Fisher (SLP)
Satpaul Singh Johal (Public)
Sandi Singbeil (SLP)
Véronique Vaillancourt (AUD)

QUALITY ASSURANCE

Bob Kroll (SLP) – Chair
Jennifer Anderson (AUD)
Vince Bucci (Public)
Tina D’Agnillo (SLP)
Donna Mooney (Public)
Melanie Mousa-Elaraby (Public)
Joan Steynsky (AUD)-(NC)
Shari Wilson (Public)
Yvonne Wyndham (SLP)

REGISTRATION

Randi Fisher (SLP) Chair
Jennifer Anderson (AUD)
Tina D’Agnillo (SLP)
Karen Gordon (AUD)-(NC)
Bob Kroll (SLP)
Donna Mooney (Public)
Marilyn Reed (AUD)-(NC)
Satpaul Singh Johal (Public)
Shari Wilson (Public)
Deb Zelisko (AUD)

AUDIOLOGY PRACTICE ADVICE

Deb Zelisko, AUD - Chair
Jennifer Anderson (AUD)
Tara Barber (SLP)-(NC)
Vince Bucci (Public)
Kimberly Eskritt (AUD)-(NC)
Josée Lagacé (AUD)
Melanie Mousa-Elaraby (Public)
Stella Ng (AUD)-(NC)
Ruth Ann Penny (Public)
Véronique Vaillancourt (AUD)

SLP PRACTICE ADVICE

Judy Rowlands – Chair (SLP)
Bob Kroll (SLP)
Tina D’Agnillo (SLP)
Vince Bucci (Public)
Michelle Anderson (SLP)-(NC)
Ferne Dezenhouse (Public)
Randi Fisher (SLP)
Vicky Papaioannou (AUD)
Sandi Singbeil (SLP)
Véronique Vaillancourt (AUD)
Shari Wilson (Public)
Yvonne Wyndham (SLP)

COUNCIL 2015-2016

OFFICERS (OCT-MAY)

President Deb Zelisko, AUD
Guelph (Southwestern)

Vice President
Vicky Papaioannou, AUD
Toronto (Central)

District Representatives
Judy Rowlands, SLP
Nepean (Eastern)

OFFICERS (JUN 2016–SEPT 2016)

President Deb Zelisko, AUD
Guelph (Southwestern)

Vice President
Bob Kroll, SLP
Thornhill (All-Ontario)

District Representatives
Judy Rowlands, SLP
Nepean (Eastern)
FINANCE
Vicky Papaioannou – Chair (AUD)
Ruth Ann Penny (Public)
Judy Rowlands (SLP)
Shanda Hunter-Trottier (SLP)-(NC)
Shari Wilson (Public)

NON-COUNCIL COMMITTEE MEMBERS
Michele Anderson (SLP)
Tara Barber (SLP)
Nancy Blake (SLP)
Karen Bright (SLP)
Peter Dobbins (AUD)
Kimberly Eskritt (AUD)
Karen Gordon (AUD)
Jenny Greensmith (SLP)
Shanda Hunter-Trottier (SLP)
Pam Millett (AUD)
Stella Ng (AUD)
Marilyn Reed (AUD)
Joan Marie Steinsky (AUD)
Jimena Torres-Valencia (SLP)

STAFF
Registrar
Brian O’Riordan
Deputy Registrar
Carol Bock
Communications and Executive Office Manager
Lisa Gibson
Director of Registration Services
Colleen Myrie
Director of Professional Practice and Quality Assurance
Alexandra Carling
Director of Professional Conduct
Preeya Singh
Director of Finance and Operations
Ruth Cimerman
Director of Information Technology
Baron French

Manager of Investigations and Hearings
Iris Samson
Program Assistant (Registration Services)
Jessica Laforet
General Office Coordinator and Quality Assurance Program Support
Julie McFarland (EN/FR)
Coordinator of the Audiology Professional Practice Program
Jodi Ostroff (EN/FR)
Speech-Language Pathology Practice Advice
Sarah Chapman Jay (EN) (Part-Time Advisor)
David Beattie (FR) (Part-Time Advisor)