

HEALTH
PROFESSIONS
COUNCIL

RECOMMENDATIONS
ON THE DESIGNATION
OF SPEECH-LANGUAGE
PATHOLOGY AND
AUDIOLOGY

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Application by the
British Columbia Association of Speech-Language
Pathologists and Audiologists

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FOREWORD

This report is in response to an application by the British Columbia Association of Speech-Language Pathologists and Audiologists for designation under the *Health Professions Act*, (RSBC 1996, c. 183). Under the *Health Professions Act*, the Health Professions Council is a six-person advisory body appointed by the Government of British Columbia to make recommendations to the Minister of Health and Minister Responsible for Seniors about the regulation of health professions. This report is the result of an investigation of the profession of speech-language pathology and audiology by a three member panel of the Health Professions Council.

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EXECUTIVE SUMMARY

This report is issued in conjunction with the Health Professions Council's report on the designation of hearing aid dealing and consulting under the *Health Professions Act (HPA)*. The reports are best read together, as there are several issues that overlap between the professions.

In its review of the application for designation of speech-language pathology and audiology (SLPA) the Health Professions Council (Council) applied the public interest criteria as directed by the *HPA*. The Council reviewed the information provided by the applicant and information gathered during the research, written consultation and public hearing phases of its investigation.

The Council has determined that the designation of SLPA under the *HPA* is in the public interest and recommends that a self-regulatory college be established to regulate the profession.

The Council first determined that the practice of SLPA met the definition of health profession set out in section 1 of the *HPA*.

The Council then reviewed the services provided by speech-language pathologists and audiologists (SLPAs) in light of the risk of harm criteria in section 5(1) of the *Health Professions Act Regulation (the HPA Regulation)*. Finally, the Council considered the discretionary criteria set out in section 5(2) of the *HPA Regulation*. After considering these factors, the Council determined that a self-regulating college for the profession should be created. The Council then went on to consider the appropriate scope of practice, reserved acts and reserved titles for the profession of SLPA.

The Council makes the following recommendations to the Minister of Health and Minister Responsible for Seniors:

1. that speech-language pathology and audiology be designated as a health profession under the *Health Professions Act*;
2. that a process to review qualifications and establish suitable equivalency and/or upgrading programs be established for speech-language pathologists and audiologists who do not meet the admission standards established by the new college;
3. that the college to be established for speech-language pathology and audiology be named the "College of Speech-Language Pathologists and Audiologists of British Columbia";

4. that the following scope of practice statements be granted to members of the College of Speech-Language Pathologists and Audiologists:
 - a) the practice of speech-language pathology is the assessment, diagnosis, treatment, rehabilitation and prevention of speech, language and related communication disorders and vocal tract dysfunction, and feeding and swallowing disorders, to promote and maintain communicative health;
 - b) the practice of audiology is the assessment, diagnosis, treatment, rehabilitation and prevention of hearing and related communication disorders and peripheral and central auditory system dysfunction to promote and maintain communicative and auditory health;
5. that speech-language pathologist members of the College of Speech-Language Pathologists and Audiologists be granted the reserved act of,
 - making a diagnosis of a communication disorder by identifying a dysfunction or condition as the cause of signs or symptoms of an individual; andthat audiologist members of the College of Speech-Language Pathologists and Audiologists be granted the reserved act of,
 - making a diagnosis of an auditory or related communication disorder by identifying a dysfunction or condition of the peripheral or central auditory system as the cause of signs or symptoms of an individual;
6. that the College of Speech-Language Pathologists and Audiologists create an advanced certification program which must be completed before individual members are granted the right to perform cerumen management;
7. that audiologist members of the College of Speech-Language Pathologists and Audiologists be granted the reserved act of,
 - putting instruments into the external ear canal, up to the eardrum, including applying pressurized air or water;
8. that the term prescribing be added to the definition of “practice of a hearing aid dealer and consultant” in the *Hearing Aid Act*;

9. that audiologist members of the College of Speech-Language Pathologists and Audiologists be granted the reserved act of

prescribing devices for hearing conditions;
10. that members of the College of Speech-Language Pathologists and Audiologists be granted the following reserved titles:
 - audiologist; and
 - speech-language pathologist;
11. that audiologists who dispense hearing aids be required to maintain licensure with the Board of Hearing Aid Dealers and Consultants, and that subsections 18(c) and (d) of the *Hearing Aid Act* be repealed; and
12. that all dispensing audiologists be required to maintain membership with the College of Speech-Language Pathologists and Audiologists.

RECOMMENDATIONS ON THE DESIGNATION OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

I. APPLICATION AND PROCESS OF INVESTIGATION

A. GENERAL BACKGROUND

The applicant group, the British Columbia Association of Speech-Language Pathologists and Audiologists (BCASLPA), has represented the interests of the profession since March 1957 when it was registered under the *Society Act*. BCASLPA estimates that there are approximately 525 persons practising the profession in British Columbia. As of November 1999, BCASLPA has a total of 489 members.

The profession of SLPA is not currently governed by legislation in British Columbia. However, legislation may impact upon its practice. For example, most audiologists who dispense hearing aids must be licensed under the *Hearing Aid Act*. Further, speech-language pathologists who are certified teachers and who practice as teachers are subject to the *School Act* and regulation by the College of Teachers. There is also a national organization representing SLPAs, the Canadian Association of Speech-Language Pathologists and Audiologists. This organization provides similar services to BCASLPA, such as a certification process as a means of promoting national standards, a continuing education program, and a professional journal.

Several jurisdictions in Canada have granted self-regulating status to the profession. In Ontario, the *Audiology and Speech-Language Pathology Act*, SO 1991, c. 19, regulates the profession of SLPA. In New Brunswick, the profession is regulated under the *Speech-Language Pathology and Audiology Act*. There is presently no legislation governing this profession in Alberta, but the professional association has applied for regulatory status and the government supports that initiative.

BCASLPA notes that the common goal of both speech-language pathologists and audiologists is to facilitate the development and maintenance of human communication. Further, it states that although practitioners may work alone with a client, they frequently work as members of an interdisciplinary team. BCASLPA states that SLPAs are specialists in communication disorders. They are trained together, and students must make a choice of which branch of the profession they will specialize in after the first year of the program. BCASLPA states that its members are committed to maintaining high professional standards in order to protect the public from harm and to support and enhance each client's ability to achieve effective communication. BCASLPA has established admissions

standards and a canon of ethics to which every member is required to affirm each year. Also, it has established a two-step complaint and disciplinary process.

B. PROCESS

BCASLPA submitted an application for designation under the *HPA* on June 30, 1994. A notice of investigation was placed in the *Gazette* on November 27, 1997. The Council met with representatives of BCASLPA on March 11, 1998. The Council also met with representatives of the Preventive Health Branch of the Ministry of Health on January 12, 1999. The Council's investigation included an extensive consultation process with related professions and other interested parties and agencies. The Council also conducted research on the practice of the profession and its regulation in other jurisdictions. On January 27, 1999, BCASLPA submitted a detailed revised submission to the Council. A summary of the responses to the consultation on BCASLPA's application is found in Appendix A.

A public hearing was held on December 9, 1998. A list of participants is found in Appendix B.

Because of the significant overlapping issues the investigation of this application was done in tandem with the application from the Hearing Instrument Specialists Society of British Columbia (HISSBC). The reports will be issued on the same date because the regulatory issues for each profession have implications for the other. Therefore, in this report, some references will be made to the Council's report regarding the application for designation of hearing aid dealing and consulting.

II. STATEMENT OF ISSUES

The Council identified three issues involving the regulation of the practice of SLPA. In assessing the public interest in the regulation of this profession, the Council considered:

1. Whether designation under the *HPA* is in the public interest having regard to the public interest criteria set out in s. 5(1) and (2) of the *HPA Regulation*.
2. In the event that designation is granted, what are the appropriate scopes of practice and reserved title(s) for the profession, and do any of its services present such a significant risk of harm that they ought to be reserved acts?
3. What is the most effective means of regulating audiologists who also dispense hearing aids?

III. RECOMMENDATIONS

The Council recommends to the Minister of Health and Minister Responsible for Seniors:

1. that speech-language pathology and audiology be designated as a health profession under the *Health Professions Act*;
2. that a process to review qualifications and establish suitable equivalency and/or upgrading programs be established for speech-language pathologists and audiologists who do not meet the admission standards established by the new college;
3. that the college to be established for speech-language pathology and audiology be named the "College of Speech-Language Pathologists and Audiologists of British Columbia";
4. that the following scope of practice statements be granted to members of the College of Speech-Language Pathologists and Audiologists:
 - a) the practice of speech-language pathology is the assessment, diagnosis, treatment, rehabilitation and prevention of speech, language and related communication disorders and vocal tract dysfunction, and feeding and swallowing disorders, to promote and maintain communicative health;
 - b) the practice of audiology is the assessment, diagnosis, treatment, rehabilitation and prevention of hearing and related communication disorders and peripheral and central auditory system dysfunction to promote and maintain communicative and auditory health;
5. that speech-language pathologist members of the College of Speech-Language Pathologists and Audiologists be granted the reserved act of,

making a diagnosis of a communication disorder by identifying a dysfunction or condition as the cause of signs or symptoms of an individual; and

that audiologist members of the College of Speech-Language Pathologists and Audiologists be granted the reserved act of,

making a diagnosis of an auditory or related communication disorder by identifying a dysfunction or condition of the peripheral or central auditory system as the cause of signs or symptoms of an individual;

6. that the College of Speech-Language Pathologists and Audiologists create an advanced certification program which must be completed before individual members are granted the right to perform cerumen management;
7. that audiologist members of the College of Speech-Language Pathologists and Audiologists be granted the reserved act of,

putting instruments into the external ear canal, up to the eardrum, including applying pressurized air or water;
8. that the term prescribing be added to the definition of “practice of a hearing aid dealer and consultant” in the *Hearing Aid Act*;
9. that audiologist members of the College of Speech-Language Pathologists and Audiologists be granted the reserved act of

prescribing devices for hearing conditions;
10. that members of the College of Speech-Language Pathologists and Audiologists be granted the following reserved titles:
 - audiologist; and
 - speech-language pathologist;
11. that audiologists who dispense hearing aids be required to maintain licensure with the Board of Hearing Aid Dealers and Consultants, and that subsections 18(c) and (d) of the *Hearing Aid Act* be repealed; and
12. that all dispensing audiologists be required to maintain membership with the College of Speech-Language Pathologists and Audiologists.

IV. RATIONALE FOR THE RECOMMENDATIONS

A. DESIGNATION

In order to proceed under section 10 of the *HPA* to recommend the designation of SLPA, the Council must determine that the profession comes within the definition of "*health*

profession" as set out in section 1 of the *HPA*; and that designation is in the public interest pursuant to section 5 of the *HPA Regulation*.

1. Definition of "Health Profession"

Section 1 of the *HPA* defines a "*health profession*" as:

. . . a profession in which a person exercises skill or judgment or provides a service related to

- (a) the preservation or improvement of the health of individuals, or*
- (b) the treatment or care of individuals who are injured, sick, disabled or infirm.*

BCASLPA states that SLPAs facilitate the development and maintenance of human communication. Speech-Language pathologists undertake evaluation and diagnostic services and provide a range of treatments to help correct and prevent speech-language dysfunctions and disorders. Audiologists undertake evaluation and diagnostic services and provide a range of treatments to help correct and prevent auditory dysfunctions and disorders. As a result, the Council was satisfied that the profession of SLPA meets the definition.

2. Public Interest Criteria

Section 5 of the *HPA Regulation* states:

5.(1) For the purposes of s.10(1) of the Act, the Council must consider the extent to which the practice of a health profession may involve a risk of physical, mental or emotional harm to the health, safety or well being of the public, having regard to

- (a) the services performed by practitioners of the health profession,*
- (b) the technology, including instruments and materials, used by practitioners,*
- (c) the invasiveness of the procedure or mode of treatment used by practitioners, and*
- (d) the degree to which the health profession is*

(i) practised under the supervision of another person who is qualified to practise as a member of a different health profession, or

(ii) practised in a currently regulated environment.

(2) The Council may also consider the following criteria:

- (a) the extent to which the health profession has demonstrated that there is a public interest in ensuring the availability of regulated services provided by the health profession;*
- (b) the extent to which the services of the health profession provide a recognized and demonstrated benefit to the health, safety or well being of the public;*
- (c) the extent to which there exists a body of knowledge that forms the basis of the standards of practice of the health profession;*
- (d) whether members of the profession are awarded a certificate or degree from a recognized post-secondary educational institution;*
- (e) whether it is important that continuing competence of the practitioner be monitored;*
- (f) the extent to which there exists within the health profession recognized leadership which has expressed a commitment to regulate the profession in the public interest;*
- (g) the likelihood that a college established under the Act would be capable of carrying out the duties imposed by the Act, having regard to factors which in the view of the council may affect the viable operation of the College;*
- (h) whether designation of the health profession is likely to limit the availability of services contrary to the public interest.*

The risk of harm criteria contained in section 5(1) of the *HPA Regulation* provide the context in which the Council will analyze the risk of harm in the practice of SLPA. While the Council may also consider the section 5(2) criteria in making its designation decision, these criteria do not address risk of harm. If the Council decides that the profession should be designated, the Council will determine an appropriate scope of practice statement for the

profession. The Council will then determine which aspects of the scope of practice have been shown to present a significant risk of harm. These will be defined as reserved acts, as directed in section 10(3)(b)(v) of the *HPA* and the Council's *Terms of Reference*. Any other aspects of the scope of practice of a health profession are considered to be capable of being shared with other health practitioners and the general public.

There is a distinction between analyzing risk of harm for the purposes of section 5(1) and for reserved acts. The section 5(1) analysis is broadly based and looks at the extent of the risk of physical, mental or emotional harm to the health, safety or well being of the public in the practice of the profession. This analysis looks generally at the services performed by practitioners, the technology used, the invasiveness of procedures or treatments and the degree of regulation or supervision of practitioners, as directed in section 5(1)(a), (b), (c) and (d). The Council will make its determination of whether the profession should be designated on the basis of this analysis together with the analysis of the criteria contained in section 5(2) of the *HPA Regulation*.

After it is determined that the profession should be designated, a more narrowly focused risk of harm analysis is conducted to determine whether the health profession will be granted one or more reserved acts. The Council emphasizes that it is not necessary for a health profession to be granted any reserved acts in order to be designated. However, once the recommendation to designate is made, the Council will look at whether there are acts or activities within the profession's scope of practice which present such a significant risk of harm that they ought to be designated reserved acts, as directed in section 10(3)(b)(v) of the *HPA*. In the Council's *Shared Scope of Practice Model Working Paper (Working Paper)*, reserved acts have been restricted primarily to physical acts which carry a significant risk of harm.

These distinctions between the two risk of harm analyses are valid and important; however, they are often misunderstood by applicants. Additionally, there is significant overlap between the two, particularly when discussing the services performed by practitioners, the technology utilized, and invasiveness of procedures employed. In the following analysis of SLPA practice, the Council looks generally at the services performed by practitioners in order to analyze the risk of harm for purposes of designation, using the section 5(1) criteria. When discussing the areas of services performed, technologies employed or invasive procedures, the Council will discuss the general risk of harm for purposes of the section 5(1) analysis. Whether any acts or activities present the significant risk of harm required of a reserved act, as directed under section 10(3)(b)(v) of the *HPA* and the Council's *Terms of Reference*, will be discussed in the reserved acts section of this report.

The Council applied the public interest criteria set out in section 5 of the *HPA Regulation* in order to determine whether designation of the profession of SLPA is in the public interest.

3. Section 5(1) Risk of Harm Criteria

BCASLPA states that SLPAs provide a wide range of evaluative, diagnostic and treatment services, including the following:

(a) Task and Services:

- *manage, supervise and carry out programs and services related to human communication and its disorders;*
- *counsel individuals with communication disorders, their families, caregivers and other service providers relative to the disability present and its management;*
- *manage, supervise and carry out programs and services related to oro-pharyngeal dysphagia (impaired swallowing ability);*
- *counsel individuals with oro-pharyngeal dysphagia, their families, caregivers and other service providers relative to the disability present and its management;*
- *evaluate communication skills;*
- *make referrals;*
- *provide inservice workshops; and*
- *undertake staff and public education programs.*

BCASLPA also notes that SLPAs use many of the methods common to most health professions, including observation, assessment, evaluation, testing, measurement, diagnosis and remediation. SLPAs also use a wide variety of equipment, tools and devices, including auditory training equipment, augmentative communication devices, feeding equipment, audiometers, amplifiers, microphones and spectographs. In certain circumstances, various invasive devices may be used such as oral endoscopes and nasendoscopes.

In regard to patient risk, BCASLPA states that because communication difficulties are frequently the first presenting symptom of certain conditions, SLPAs are often the first long term therapeutic health care professionals seen by clients with degenerative diseases such as acoustic tumours, amyotrophic lateral sclerosis, autism, and learning disabilities. It states that it is essential, therefore, that practitioners be well trained in early identification and diagnosis in order that patients receive appropriate intervention as soon as possible. BCASLPA states that although few of the examples of the types of harm that could arise

are life threatening, the harm that might be done has the potential to profoundly affect the quality of life of the client, particularly children. Further, BCASLPA notes the following risks associated with certain procedures:

- *Earmold impression procedures involve injecting impression material into ear canal:*
 - *material could penetrate perforation of eardrum, filling middle ear cavity and requiring surgical removal*
 - *deep canal impressions required of new completely in-the-ear hearing aid require taking impression of complete canal right up to the eardrum, leading to possibility of bruised canal walls, soreness and irritation or damage to eardrum*
 - *injecting impression material could cause ear wax to become impacted against ear drum requiring physician removal*
- *Cerumen management:*
 - *involves placing instruments and chemicals (cerumenolytics) in the ear canal with risk of bruising or abrading the ear canal*
- *Nasendoscopy procedures:*
 - *damage to nasal, pharyngeal or oral mechanism*

BCASLPA also states that missing or not referring potentially dangerous or progressive disorders may limit the effect of intervention by appropriate practitioners, as for example in the case of acoustic or laryngeal tumours or progressive necrogenic diseases.

With respect to supervision, BCASLPA states that SLPAs frequently provide services as part of a team; however, the degree of independence varies depending on the work setting. These teams may consist not only of health professionals but also counsellors, teachers, administrators and families. BCASLPA also states that SLPAs are independent, autonomous professionals who do not require supervision by other health care practitioners or by members of their own profession in the performance of duties within their scope of practice. However, a number of techniques require physicians' supervision or involvement such as video-fluoroscopy and the use of sedation or anesthesia. It further states that different work settings may have reporting structures involving administrative

supervision by SLPAs or by other health care practitioners or by other non-health professionals.

Although little regulation exists, most SLPAs practise in environments which require that they meet certain qualifications. Many employers require membership in BCASLPA as a condition of employment. Most other employers require eligibility for membership in BCASLPA, and almost all employers require a graduate degree. In short, the great majority of employers require the same qualifications as those required for membership in BCASLPA. However, BCASLPA indicates that there are approximately 125 individuals practising the profession within the province who have not applied for membership in BCASLPA. Some of these individuals are graduates from programs which fail to fulfil the requirements of BCASLPA. Others would qualify for registration but have chosen not to apply. Thus, at present approximately 25 per cent of SLPAs are not members, and their qualifications and methods of practice are not monitored by BCASLPA.

The Council concludes that there is a risk of harm in the practice of the profession and that there is considerable independent practice, and that the current regulatory environment does not adequately address the risk.

4. Section 5(2) Discretionary Public Interest Criteria

Under the *HPA Regulation*, the Council may consider the factors set out in section 5(2). While these criteria are not mandatory, the practice of the Council in previous applications has been to consider all of them.

5(2)(a): the extent to which the health profession has demonstrated that there is a public interest in ensuring the availability of regulated services provided by the health profession

The Council received a submission from the Canadian Hard of Hearing Association, British Columbia Chapter (CHHA). CHHA states that it supports the need for regulation of both consumer and professional practice issues. In addition, the Public Health Audiology Council (PHAC), which represents government-employed audiologists, indicates its support for regulation of the services. PHAC also states that the need for regulation is heightened by both the increasing rate of technological advances and the decentralization of government services in the area. This new environment creates a stronger need for an effective and responsive regulatory model.

5(2)(b): the extent to which the services of the health profession provide a recognized and demonstrated benefit to the health, safety or well being of the public

It is clear that the public benefits from the services of competent and qualified practitioners of SLPA.

5(2)(c): the extent to which there exists a body of knowledge that forms the basis of the standards of practice of the health profession

The body of knowledge that forms the basis for standards of practice is contained in the university programs which grant degrees in the field of SLPA. These are discussed under section 5(2)(d) of the *HPA Regulation*, below. Further, audiologists who wish to dispense hearing aids are required to pass the examination required by the Board of Hearing Aid Dealers and Consultants (Board). The examination is a two-hour written and oral examination on the basic elements of hearing aid dispensing.

5(2)(d): whether members of the profession are awarded a certificate or degree from a recognized post-secondary educational institution;

SLPAs complete graduate degree programs which require completion of an appropriate undergraduate degree, usually including basic and applied sciences. The graduate degree program offers a mix of basic and applied science courses and extensive work in normal communication development and evaluation, diagnosis and rehabilitation of communication disorders. A minimum of 350 hours of clinical practicum under the supervision of a qualified practitioner is required prior to graduation. In Canada, there are eight graduate level training programs available for speech–language pathology and five in audiology.

In addition, the Canadian Association of Speech–Language Pathologists offers an optional certification program, which is undertaken by many SLPAs.

5(2)(e): whether it is important that continuing competence of the practitioner be monitored

In the Council's view, monitoring continuing competency is important in the practice of any profession which involves a risk of harm to the public. The Council notes that BCASLPA currently has a voluntary continuing education program. BCASLPA states that in future it is likely to make this a mandatory requirement for maintaining membership.

5(2)(f): the extent to which there exists within the health profession recognized leadership which has expressed a commitment to regulate the profession in the public interest

BCASLPA states that its members have the ability and willingness to assume the responsibilities involved in establishing and operating a college. It advises the following:

- Members of BCASLPA are committed to maintaining high professional standards and there is a strong professional ethic within the membership.
- Many of the elements of effective regulation are already in place and well understood by members of the profession, including admission qualifications and complaints and discipline processes and a code of ethics. BCASLPA has grown from a membership of 30 in 1970 to over 370 today. It is a volunteer association and its members have shown a great willingness to devote their time freely towards the goals of BCASLPA.
- BCASLPA also has a detailed membership review process to ensure SLPAs are properly qualified. BCASLPA has expressed a willingness to support and help create the new college by providing both financial and human resources.

In the Council's view, it is clear that there is leadership in this profession which is committed to regulating the profession in the public interest under the *HPA*.

5(2)(g): the likelihood that a college established under the Act would be capable of carrying out the duties imposed by the Act, having regard to factors which in the view of the council may affect the viable operation of the College;

BCASLPA states that it is a voluntary association which has conducted itself with financial restraint and within its members' resources. It also currently employs an executive director on a contract basis for approximately 80 to 100 hours per month. BCASLPA's current fee is \$200 per year and it sees no reason why this should increase, although it indicates that a start-up fee may be necessary to help build equity and cover start-up costs should a college be created.

Although the Council understands that the profession is using BCASLPA as an example of its ability to create and support a financially viable organization, the Council wishes to emphasize that BCASLPA will not "become" the regulatory body for the profession. The regulatory body will be the college created under the *HPA* which is entirely separate and distinct from BCASLPA. Of course, it may be the case that persons involved with BCASLPA will also play a role in a new college.

In summary, the Council is satisfied that there exists within the profession the means to establish a college and that a self-regulating college is a viable option for the profession.

5(2)(h): whether designation of the health profession is likely to limit the availability of services contrary to the public interest.

In its initial submission, BCASLPA notes that there are approximately 125 people in British Columbia who are not members of BCASLPA but who are providing SLPA services.

Some of these individuals meet the BCASLPA's admission requirements, but have decided not to become members. Further, some are practitioners who have not completed course work, clinical practicum, a thesis and/or comprehensive examinations required to graduate.

Others are graduates of training programs from outside Canada which are significantly different in structure and content such that many graduates of these programs would not meet current BCASLPA standards. Although BCASLPA has a system in place to review qualifications of graduates from such programs, it is far from certain that these graduates would be granted membership in the College. BCASLPA notes that it has a temporary period of supervision by another practitioner to cover some SLPAs who graduated from such programs. However, there is no other upgrading program.

Since many of these individuals would not be eligible for membership with BCASLPA, the creation of a new college with mandatory membership requirements has the potential to limit the number of persons presently providing speech-language and audiology services.

5. Conclusion Regarding Section 5(1) and 5(2) Criteria

Based on the Council's review of the public interest criteria, it is satisfied that designation of the profession would be in the public interest. The Council was primarily influenced by the risk of harm associated with the practice of the profession. Further, it was clear to the Council that there is demonstrated leadership within the profession committed to regulating the profession in the public interest, and a college is viable for this profession. Also, the core training and education of members of the profession influenced the Council in its decision. Finally, BCASLPA has done an admirable job in improving professionalism and standards of practice within the profession over an extended period of time.

Therefore, the Council recommends that speech-language pathology and audiology be designated as a health profession under the *Health Professions Act*.

In its discussion of section 5(2) of the *HPA*, the Council noted that the creation of a new college may limit the availability of services in that there are 125 persons practising the profession who may not meet current BCASLPA admission standards.

In the Council's view, it would be in the public interest for the new college, in conjunction with the Ministry and representatives of the affected persons, to establish a process for evaluating alternative training and education and, if necessary, requirements for upgrading education and training. The Council believes the college is best suited to establish the specific requirements of such a program. BCASLPA instituted just such a program in 1989 when the admission requirements were raised. BCASLPA indicates that a "grandparenting" process was established. Further, BCASLPA recognizes that a process should be established by the new college to provide for the admission of "*current practitioners who do not otherwise qualify for admission, are not BCASLPA members and are recognized as competent by their peers.*" The Council agrees.

Therefore, the Council recommends that a process to review qualifications and establish suitable equivalency and/or upgrading programs be established for speech-language pathologists and audiologists who do not meet the admission standards established by the new college.

B. DISCUSSION OF THE REGULATORY MODEL

Once designation has been recommended, the Council may make further recommendations regarding the profession. These are set out in section 10(3)(b) of the *HPA* and include recommendations regarding the name of a college, the title of practitioners of the profession, scope of practice, and reserved acts. The Council feels that some discussion of the reserved acts and scope of practice model of regulation is important to an understanding of these recommendations.

Prior to the enactment of the *HPA*, the method of regulating health professions in British Columbia was an exclusive scope of practice system. Under this system, the various health professions were granted an exclusive right to practice within a legislatively defined scope of practice. No one, other than a member in good standing of that profession, was entitled to perform acts within the profession's scope of practice unless they were specifically granted an exemption.

The Seaton Commission and various other reports such as the Foulkes Report criticised this method of regulating health professions and suggested a new model. This new model is reflected in the Council's *Terms of Reference* for its scope of practice review of the existing professions, and in the *HPA*. The system is based on non-exclusive scope of practice statements and narrowly defined reserved acts.

Under the new system, scope statements are not exclusive but descriptive of professions' services. Scope statements describe what a professions does, the methods it uses and the purpose for which it does it. The statement is important because it defines the area of

practice for which the governing body must establish registration requirements and standards of practice; it defines the parameters of the profession for members of the profession and educators; and it informs the public about the services practitioners are qualified to perform.

Reserved acts are those elements of a profession's scope of practice which present such a significant risk of harm that they should be reserved to a particular profession or shared amongst particular professions. Thus, unlike the present system in which each profession is granted exclusivity within its entire defined scope of practice (subject to specified exemptions) only those acts which present a significant risk of harm will be reserved.

C. NAME OF THE COLLEGE

In accordance with its previous practice regarding the title of colleges, the Council recommends the use of the practitioners' title rather than the title of the profession.

Therefore, the Council recommends that the College to be established for speech-language pathology and audiology be named the "College of Speech-Language Pathologists and Audiologists of British Columbia."

D. SCOPE OF PRACTICE STATEMENT

In its revised submission to the Council dated January 27, 1999, BCASLPA recognized that its original proposals for scopes of practice were complex and difficult to understand. It withdrew the original proposal, and instead proposed the following two new definitions of SLPA:

1.1) *New scope of practice definition for speech-language pathologists:*

The practice of speech-language pathology is:

(a) the assessment, diagnosis, treatment, (re)habilitation and remediation of speech, language and related communication disorders and vocal tract (dys)function including feeding and swallowing disorders;

(b) the education of clients, families and others concerning such disorders or (dys)function;

(c) the assessment, selection and development of augmentative and alternative communication systems and training in their use;

(d) the promotion of community programs that provide support to persons with communication disorders or reduce their likelihood;

(e) research concerning any of the above

for the purposes of facilitating the development and maintenance of human communication.

1.2) New scope of practice definition for audiologists:

The practice of audiology is:

(a) the assessment, diagnosis, treatment, (re)habilitation and remediation of hearing and related communication disorders and peripheral and central auditory system (dys)function;

(b) the education of clients, families and others concerning such disorders or (dys)function;

(c) facilitating the conservation of auditory system function, including the development and implementation of environmental and occupational hearing conservation programs;

(d) cerumen management for the purpose of providing audiological care;

(e) the selection, fitting, verification and dispensing of amplification, assistive listening and alarming devices and other systems and implantable devices and training in their use;

(f) the promotion of hearing accessibility;

(g) research concerning any of the above;

for the purposes of facilitating the development and maintenance of human communication and maximizing auditory function.

Many of the responses to the Council's consultation were based on the prior wording of the proposal, and several respondents criticized the original proposal on the basis that they believed the scope statements were a description of services that would be performed exclusively by BCASLPA. For example, the College of Physicians and Surgeons of BC states:

I think it is essential that speech language pathologists and audiologists realize that an otolaryngologist undertakes many or all of these services outlined in their exclusive area. I think it should be specifically put down that the otolaryngologists can undertake these activities.

The Council emphasizes that, in the new regulatory system, scope statements are not exclusive, but descriptive. Further, it is expected that the scope of practice review process will result in more overlapping scopes of practice. Thus, a profession will not be prevented from performing an act solely because it also falls within another profession's scope of practice.

In Ontario, even though the profession of SLPA is regulated by one college, there are two scope of practice statements contained in section 3(1) of the *Audiology and Speech-Language Pathology Act*, SO 1991, c. 19. They are as follows:

- a) *Audiology - the practice of audiology is the assessment of auditory function and the treatment and prevention of auditory dysfunction to develop, maintain, rehabilitate or augment auditory and communicative functions.*
- b) *The practice of speech language pathology is the assessment of speech and language functions and the treatment and prevention of speech and language dysfunctions or disorders to develop, maintain, rehabilitate or augment oral motor or communicative functions.*

Generally speaking, there was little opposition to the detailed scope of practice proposal initially submitted by BCASLPA. However, various otolaryngologists state that the initial submission overstated the assessment and diagnostic capability of the profession. These concerns will be addressed further in the reserved acts section of this report.

The Council is concerned that the revised scope statements are too long and difficult to follow. In particular, several of the sub-paragraphs appear to be an attempt to describe the specific treatment methods used, and matters such as education and research which are common to all professions. In the Council's view, these proposals are not appropriately included in a scope of practice statement.

The Council also accepts that in the case of this profession, two separate scope statements would be appropriate.

Therefore, the Council recommends the following scope of practice statements be granted to members of the College of Speech-Language Pathologists and

Audiologists:

- a) **the practice of speech-language pathology is the assessment, diagnosis, treatment, rehabilitation and prevention of speech, language and related communication disorders and vocal tract dysfunction, and feeding and swallowing disorders, to promote and maintain communicative health.**
- b) **the practice of audiology is the assessment, diagnosis, treatment, rehabilitation and prevention of hearing and related communication disorders and peripheral and central auditory system dysfunction to promote and maintain communicative and auditory health.**

E. RESERVED ACTS

The rationale underlying the granting of reserved acts is to protect the public by limiting provision of those particularly dangerous acts to members of specific professions who are qualified to perform them. Only those acts which present a significant risk of harm will be reserved. In the course of its scope of practice review process, the Council developed a list of reserved acts and included it in the *Working Paper*.

The Council's *Working Paper* will form the basis of the reserved act analysis. Where an act or activity is currently listed as a reserved act, the Council will determine whether members of the SLPA profession are trained and qualified to perform such act. Where BCASLPA requests a reserved act which is not included on the current reserved act list incorporated in the *Working Paper*, the Council will conduct a risk of harm analysis to determine if a new reserved act is warranted or a current reserved act should be expanded or adapted to include that which is requested by BCASLPA, should it present a significant risk of harm.

In its initial submission, BCASLPA provided a lengthy list of acts which it felt should be performed exclusively by its members. In the initial consultation phase there was much opposition to these proposals, particularly from other professions which stated that they also perform these services. In its most recent submission, BCASLPA stated that it has reconsidered its initial proposal in light of the *Working Paper* and has concluded that many of its original proposals are either inappropriate or too broadly framed. BCASLPA therefore withdrew its initial requests for reserved acts and replaced it with a more streamlined list of proposed reserved acts. BCASLPA proposes four reserved acts for speech-language pathologists as follows:

- *Making a diagnosis of a communication disorder, a speech or language disorder, feeding or swallowing disorder or a vocal tract dysfunction by identifying a disease, disorder or condition as the cause of signs or symptoms of an individual.*
- *Performing the physically invasive act of putting a nasoendoscopic instrument beyond the point in the nasal passages where they normally narrow.*
- *Performing the physically invasive act of putting a suction tube into a tracheostomy.*
- *Performing the physically invasive acts of putting a vocal prosthesis or catheter into a trachea-oesophageal fistula.*

Similarly, BCASLPA proposes five reserved acts for audiologists as follows:

- *Making a diagnosis of an auditory or related communication disorder or dysfunction by identifying a disease, disorder or condition of the peripheral or central auditory system as the cause of signs or symptoms of an individual.*
- *Performing the physically invasive acts of putting instruments, pressurized air or water, cerumenolytic chemicals and earmold impression material into the external ear canal, up to the eardrum.*
- *Prescribing, dispensing and fitting of (a) hearing aids customized to a patient's hearing loss and (b) devices which, when coupled to hearing aids may change the acoustic characteristics of the hearing aid.*
- *Verifying and adjusting of the external components of implantable devices, such as cochlear implants and bone-anchored hearing aids.*
- *Applying a hazardous form of energy in the form of high sound pressure levels or electricity.*

The Council notes that in Ontario where the profession has been regulated under the *Audiology and Speech-Language Act* the speech-language pathologists and audiologists are granted only one reserved act and that is "*prescribing a hearing aid for a hearing impaired person*".

The Council proposes to review BCASLPA's proposed reserved acts under the following headings: diagnosis, invasive techniques, prescribing and dispensing devices, cochlear implants, and applying hazardous energy.

1. **Diagnosis**

The Council's reserved act #1 states as follows:

Making a diagnosis identifying a disease, disorder or condition as the cause of signs or symptoms of the individual.

BCASLPA states that its members perform the following diagnostic services:

The diagnostic task of the speech-language pathologist is to determine whether a communication disorder exists, to describe it and to discern its cause. This activity is a major part of the professional practice of all speech-language pathologists.

...

The diagnostic task of an audiologist is to determine the presence or absence and the degree of a hearing loss, of the cause of the hearing loss, and of the subsequent degree of hearing handicap. Without a diagnosis, the audiologist cannot plan treatment or patient management.

The College of Physicians and Surgeons of BC states that otolaryngologists have the primary role in evaluation, diagnosis and rehabilitation, and that the services performed by SLPAs do not constitute diagnosis. Similarly, the BC Society of Otolaryngology states:

Audiologists and speech-language pathologists are responsible for assessment and rehabilitation of hearing, speech and deglutition disorders. Otolaryngologists and other physicians are responsible for making an accurate diagnosis and treating conditions that cause these disorders. The responsibility of managing the health of the patient lies with the physician.

Another submission from the School of Audiology and Speech Sciences, Faculty of Medicine, University of British Columbia, discusses the issue:

Speech-language pathologists and audiologists have greater content expertise in the evaluation, diagnosis and intervention management of communication disorders than any other group of professionals and are the appropriate supervisory group.

The Council is satisfied that both speech-language pathologists and audiologists perform services which would fall within the reserved act of diagnosis. However, such services are not the same as the diagnostic services performed by physicians. BCASLPA itself recognizes that although audiologists may identify physiological causes of symptoms, conclusions regarding underlying pathologies are beyond audiologists' scope of practice. In regard to speech-language pathologists, a representative of UBC stated that diagnosis by a speech-language pathologist and audiologist is distinct from that of a physician. SLPAs approach diagnosis from a different, but not conflicting, perspective. SLPAs rely on behavioural, psychological and language based factors while physicians rely more on anatomical factors. The Council believes it important that the reserved act granted to SLPAs reflect the distinction between medical diagnosis and SLPA diagnosis.

Therefore, the Council recommends that speech-language pathologist members of the College of Speech-Language Pathologists and Audiologists be granted the reserved act of,

making a diagnosis of a communication disorder by identifying a dysfunction or condition as the cause of signs or symptoms of an individual; and

that audiologist members of the College of Speech-Language Pathologists and Audiologists be granted the reserved act of,

making a diagnosis of an auditory or related communication disorder by identifying a dysfunction or condition of the peripheral or central auditory system as the cause of signs or symptoms of an individual.

2. Invasive Techniques

The Council's reserved act #2 states:

Performing the following physically invasive or physically manipulative acts:

- (a) procedures on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, in or below the surfaces of the teeth, including the scaling of teeth;*
- (b) setting or casting a fracture of a bone or reducing a dislocation of a joint;*

- (c) *movement of the joints of the spine beyond the limits the body can voluntarily achieve but within the anatomical range of motion using a high velocity, low amplitude thrust;*
- (d) *administering a substance by injection or inhalation;*
- (e) *putting an instrument, hand or finger(s),*
 - i. *beyond the external ear canal,*
 - ii. *beyond the point in the nasal passages, where they normally narrow,*
 - iii. *beyond the pharynx,*
 - iv. *beyond the opening of the urethra,*
 - v. *beyond the labia majora,*
 - vi. *beyond the anal verge, or*
 - vii. *into an artificial opening into the body.*

BCASLPA recognizes that the Council's reserved act #2(e)(i) currently states:

Performing the physically invasive or physically manipulative act of putting an instrument, hand or finger(s), beyond the external ear canal.

BCASLPA states that the phrase "beyond the external ear canal" should be modified to read "into the external ear canal". It submits that the proposed wording is more anatomically correct as moving beyond the external ear canal would be moving through the ear drum.

The Council has reviewed this matter, and is satisfied that the reserved act should be modified. Many services which present a significant risk of harm involve inserting instruments into the external ear canal. Therefore, the Council will amend reserved act # 2(e)(i) so that it now states, "*putting an instrument, hand or finger(s) into the external ear canal*". The Council also notes that generally these acts would fall within its reserved act #2(e)(i). However, insertion of "*pressurized air or water*" likely would not fall within reserved act 2(e)(i). Therefore, the Council will amend reserved act 2(e)(i) so it now reads:

performing the physically invasive or physically manipulative act of putting an

instrument, hand or finger(s), into the external ear canal, including applying pressurized air or water.

BCASLPA has requested various physically invasive acts for both audiologists and speech-language pathologists.

a) Audiologists

BCASLPA proposes that audiologists be granted the right to place "*instruments, pressurized air or water, cerumenolytic chemicals and earmold impression material into the external ear canal, up to the eardrum.*" BCASLPA states that there are nine circumstances when an audiologist performs services falling within this act:

- a. when performing otoscopy the speculum of an otoscope is placed into the ear canal;
- b. when performing immittance (impedance) testing a plastic probe tip is placed into the external ear canal;
- c. when making impressions of the ear, plastic or silicon materials are inserted deep into the ear canal. To protect the tympanic membrane, a cotton or foam dam is inserted into the ear canal before the impression is taken;
- d. during electrocochleography an electrode and electrode gel are placed on the tympanic membrane;
- e. when performing real ear measurements a soft silicon tube is inserted into the external ear canal, typically very close to the tympanic membrane;
- f. when performing diagnostic testing using insert earphones foam tips are introduced into the ear canal;
- g. when performing caloric testing during vestibular assessment pressured water is placed into the external ear canal and washes against the tympanic membrane;
- h. when performing otoacoustic emissions a probe tip is inserted into the ear canal and acoustic stimuli are introduced; and
- i. when performing cerumen management cures, syringes, water or cerumenolytic chemicals are introduced into the external ear canal.

BCASLPA has provided information regarding the education and training audiologists receive to perform these services. For most of the services, audiologists receive course instruction and supervised practical training.

b) Speech-Language Pathologists

BCASLPA proposes that its members be granted the right to perform the following reserved acts:

(1) putting a nasoendoscopic instrument beyond the point in the nasal passages where they normally narrow

A nasoendoscope is a high intensity light, which can be inserted into the nasal passages for investigative purposes. BCASLPA states that it performs this service to evaluate, assess and adjust treatment for voice, resonance and aeromechanical disorders. BCASLPA acknowledges that this invasive act is considered an advanced competency and that currently only a few speech-language pathologists in the province are independently performing endoscopic procedures. Further, BCASLPA states that the visualization and imaging procedures of this reserved act require the speech-language pathologist to obtain education beyond that which is required for entry level professional practice.

(2) putting a suction tube into a tracheostomy

BCASLPA states that its members suction tracheostomies to remove airway secretions, blood, vomitus or other foreign materials from the ear, nasal and large lower airways. It submits that this reserved act may be performed by speech-language pathologists on their own initiative who work in rehabilitation centres and other medical settings. BCASLPA further states that the graduate program in speech-language pathology provides insufficient course work in preparation for this invasive act and that speech-language pathologists need additional training in the clinical management of adults requiring this invasive act. Following the training, initial suctioning is supervised by a nurse clinician before attempts are made to do it independently. BCASLPA acknowledges that presently only 5 speech-language pathologists in the province perform this service.

(3) putting a vocal prosthesis or catheter into a trachea-oesophageal fistula

BCASLPA states that the graduate program in speech-language pathology does not provide sufficient course work in preparation for performing this invasive act. Advanced qualifications entail additional courses which include supervised practice of this invasive

act. Also, this reserved act is specific to a small number of practice sites and very few speech-language pathologists in the province perform this procedure.

c) Conclusion on the Use of Invasive Techniques

(1) Audiologists

With regard to audiologists, the Council is satisfied that proposed reserved acts (a.) to (h.) above fall within their scope of practice, and that audiologists are properly trained and educated to perform such acts. Further, the Council is satisfied that these acts are practised independently.

With regard to the proposed reserved act of cerumen management, BCASLPA states:

Audiologists are specifically prepared to work with the ear and are familiar with insertion of objects into the ear canal . . . Therefore, it is not unreasonable to include cerumen management as part of their scope of practice generally . . .

While cerumen management is not part of the audiology curriculum in Canadian educational programs, BCASLPA states that there is advanced training in this area. In its updated submission BCASLPA describes some of the currently available programs:

Post-graduate training in cerumen management is currently available through workshops offered by many different audiology organizations in both the United States and Canada and there are at least two different textbooks/manuals on the topic available through major publishers. Audiologists experienced in cerumen management, often in conjunction with otolaryngologists, typically offer these workshops. Anatomy and physiology of the ear canal is covered in detail. Workshops also cover the different methods of cerumen removal with their respective advantages and disadvantages, patient selection criteria, including contraindications, and criteria for referral to a physician. Some hearing aid manufacturers and other related organizations have also offered somewhat less extensive workshops on cerumen management.

The Council also heard that many persons, such as those in extended care and seniors' facilities, may not be receiving the care and treatment they require. The Western Institute for the Deaf and Hard of Hearing has indicated that there is a severe lack of cerumen management in such facilities.

The Council is satisfied that audiologist members of the College of Speech-Language Pathologists and Audiologists should be enabled to perform cerumen management, provided that the College establishes an advanced certification program for this procedure.

BCASLPA submitted that reserved act #2(e)(i) should be granted to its members in a modified form, "*putting instruments, pressurized air or water, cerumenolytic chemicals and earmold impression material into the external ear canal, up to the eardrum*". However, the Council is satisfied that the process of cerumen management falls within the current wording of the reserved act.

In the Council's view, the college should establish an advanced certification program before allowing members of the profession to perform cerumen management. The Council believes that the college, with the assistance of otolaryngologists, is best placed to establish the specific requirements of this program.

Therefore, the Council recommends that the College of Speech-Language Pathologists and Audiologists create an advanced certification program which must be completed before individual members are granted the right to perform cerumen management.

Therefore, the Council recommends that audiologist members of the College of Speech-Language Pathologists and Audiologists be granted the reserved act of "*putting instruments into the external ear canal, up to the eardrum, including applying pressurized air or water.*"

(2) Speech-Language Pathologists

With regard to the reserved acts proposed for speech-language pathologists, the Council is of the view that while a few members of the profession may perform such services, they are the exception, not the rule. Those that do provide these services have specialized training and perform them in a team environment, with some form of oversight provided by other health professionals. In the Council's view, these services are generally not performed independently and need not be granted to members of the College as a reserved act. To the extent that they are performed, the Council is of the view that BCASLPA's members are effectively regulated through the delegation and supervision of other health professionals. In the course of its scope of practice review, the Council has developed a set of general guidelines regarding delegation of reserved acts. Those guidelines are attached to this report as Appendix C. It is important to note that those guidelines do not necessarily require direct supervision by the delegating profession. Generally, the Council's position is that the issue of performing a reserved act through delegation or under supervision is a matter best worked out amongst the professions themselves.

3. Prescribing, dispensing and fitting of devices

The Council's reserved act #6 states:

Prescribing appliances or devices for vision, hearing or dental conditions; dispensing such prescribed appliances or devices for dental conditions; fitting such appliances or devices for dental conditions, or fitting contact lenses.

For the purposes of this reserved act, the following definitions shall apply:

"prescribing": ordering the fabrication or alteration of appliances or devices for vision, hearing, or dental conditions.

"dispensing": filling a prescription by fabricating or altering a dental appliance or device.

In its *Working Paper*, the Council stated that the issue of dispensing hearing devices would be dealt with during this investigation.

BCASLPA proposes the following reserved acts related to hearing assistive devices:

Prescribing, dispensing and fitting of (a) hearing aids customized to a patient's hearing loss and (b) devices which, when coupled to hearing aids may change the acoustic characteristics of the hearing aid.

The *Hearing Aid Act (HAA)* currently regulates most aspects of providing hearing assistive devices. The *HAA* defines "hearing aid" as:

- (a) a wearable instrument or device for or offered for aiding or compensating for impaired human hearing, and*
- (b) parts, or accessories for the instrument, including an earmold, but not including batteries and cords.*

The "practice of a hearing aid dealer and consultant" is defined as:

- (a) testing human hearing by audiometer or other means for the purpose of selecting, adapting, recommending or selling hearing aids,*
- (b) selecting, adapting, recommending, selling or offering for sale hearing aids, or*

- (c) *making impressions for ear molds to be used in connection with hearing aids.*

Section 8 of the *HAA* prohibits any person from engaging in the practice of a hearing aid dealer and consultant (including dispensing audiologists) without first obtaining a license from the Board. Thus, virtually all aspects of providing hearing assistive devices are regulated through the Board.

During its review of the application from HISSBC, the Council determined that the act of dispensing hearing assistive devices presents a risk of harm, not only from a consumer perspective but also in terms of risks of physical harm. Specifically, the process of dispensing hearing assistive devices poses a significant risk of infection and hearing damage.

As indicated in its report on the designation of hearing aid dealing and consulting, the Council is of the view that services performed by dispensing audiologists and hearing aid dealers and consultants should be regulated by one body - in the case of dispensing hearing assistive devices, the Board established under the *HAA*. In the Council's view, the regulation of dispensing related services should continue to be one of the Board's tasks.

Although the specific manner in which a profession is regulated is, in the final analysis, the task of the regulatory body, the Council believes it is important in the case of dispensing hearing assistive devices that specific steps be taken to ensure it is performed safely. This may include, for example, developing guidelines and protocols for the process of dispensing, which should be developed with the co-operation of all regulated practitioners in the field.

The Council is strongly of the view that there is no need for two systems to regulate the activity of dispensing hearing assistive devices. However, if the *HAA* did not exist, an addition would have to be made to the list of reserved acts to address the risk of harm in dispensing hearing aids.

The Council notes however, that, the *HAA* does not include the term "prescribing", and this may create some confusion amongst practitioners as "prescribing devices for hearing conditions" is part of the Council's reserved acts list. The Council's intention is to ensure that all audiologists (both dispensing and non-dispensing) be entitled to prescribe.

Therefore, the Council recommends that the term prescribing be added to the definition of "practice of a hearing aid dealer and consultant" in the *Hearing Aid Act*.

Simply adding “prescription” to the *HAA* does not, however, address the issue of non-dispensing audiologists who are not covered by the *HAA*. In order to ensure that non-dispensing audiologists also be entitled to “prescribe”, audiologist members of the College of Speech-Language Pathologists and Audiologists ought to be granted the reserved act of “*prescribing devices for hearing conditions*”.

Therefore, the Council recommends that audiologist members of the College of Speech-Language Pathologists and Audiologists be granted the reserved act of “*prescribing devices for hearing conditions*.”

4. Cochlear Implants

BCASLPA proposes a reserved act for:

Verifying and adjusting of the external components of implantable devices, such as cochlear implants and bone-anchored hearing aids.

Also, BCASLPA states that part of its involvement with cochlear implants involves applying electricity, which, in its view, should be reserved.

BCASLPA states that fitting the external components of implantable devices is done by an audiologist. Once the device is implanted, the audiologist places and selects the external components of the device. The audiologist is involved in assessing and adjusting the device, and in training the patient. Applying electricity is also part of this process. A similar process is undertaken with bone-anchored hearing aids.

BCASLPA acknowledges however that its involvement with these devices is as part of a team:

The fitting of the external components of implantable hearing devices is done by audiologists as part of the team management of the recipients of such devices.

Generally, all services associated with cochlear implants are provided through clinics operated out of the hospitals where implant surgery is done. The Council understands that such services are still a specialized part of audiological practice and only a few members of BCASLPA perform such services.

In the Council's view, these services are not widely performed by audiologists, and any risks associated with cochlear implants are adequately controlled through the safeguards in the current system of providing such services.

5. Applying a hazardous form of energy

BCASLPA proposes a reserved act for applying high sound pressure levels. It states that during testing or rehabilitation, high intensity sounds may be introduced into patients' ears. Generally, such testing is done gradually, with sound levels increasing until the patient's threshold of comfort is met. Similar services are performed by hearing aid dealers and consultants. BCASLPA concedes, however, that the risk involves malfunctioning or misuse of equipment, and that, in practice, the risk of harm for such services is relatively minimal. In the Council's view, this type of service need not be included as a reserved act.

F. RESERVED TITLES

Currently, in British Columbia under the *Society Act*, BCASLPA has the exclusive right to use the following titles:

- "registered speech-language pathologist",
- "registered speech-language therapist",
- "registered speech pathologist",
- "registered speech therapist",
- "registered voice therapist",
- "registered communication disorder specialist" and
- "registered audiologist".

In its initial submission, BCASLPA proposed the continuation of these titles without the term "registered". There was much criticism of this proposal during the written consultation process. Several respondents, including the BC Society of Occupational Therapists, the Vancouver Health Board, the Fraser Valley Regional Health Board and the College of Physical Therapists of BC, stated that the lengthy list of titles has the potential to confuse the public.

In its latest submission of January 19, 1999, BCASLPA states as follows:

The association understands that the purpose of an exclusive occupational title is to help clearly distinguish one profession from another, in particular those professions which may be performing similar services. We also understand that the Council has stated in its past scope of practice reports that a profession should adopt a limited number of occupational titles, because a long list of titles simply increases public confusion.

The association has considered these factors and the numerous concerns that have been expressed during the Council's public consultation process regarding the requests for continuation of the seven current occupational titles. As a result, the association now proposes the following three titles be reserved for members of the new college:

- *speech language pathologist*
- *speech language therapist; and*
- *audiologist.*

In Ontario, the titles "audiologist" "speech language pathologist" or "speech therapist" are reserved to members of the College of Speech-Language Pathologists and Audiologists.

BCASLPA also concedes that use of the term "registered" is not consistent with the practice of the Council. In its recent report, *Recommendations on the Designation of Occupational Therapy*, the Council stated at page 12:

It is the Council's view that the current situation where other titles with respect to health professions can be reserved under s.9(1) of the Society Act is not in the public interest. Unlike the Council's review of an application for designation under the Act, the Registrar under the Society Act does not conduct a detailed public interest analysis of the society, its membership or the services it provides with a view to regulation of the members of the applicant society. The Council believes that the title protection system under the Society Act could be confusing or misleading to members of the public who may conclude on the basis of the exclusive use of title conferred under the Society Act, that a health professional is subject to regulation which does not, in fact, exist. In addition, there is no restriction on a health care worker using a title which includes the words registered, licensed or certified even though he or she may not have granted a title under either the Society Act or the Act. In the Council's view, such unregulated use of these terms is not in the public interest as it may imply government sanction.

In its 1991 Report: The Royal Commission on Health Care and Costs recommended that:

7. a. *the Society Act be amended so that the Health Professions Council must approve an occupational title or abbreviation before the Registrar grants protection of it;*
- b. *all of the health profession titles previously granted protection under the Society Act that have not been approved by the Health Professions Council be revoked two years after the passing of the revised Health Professions Act; and*
- c. *the Health Professions Act be amended to prohibit the use of words like "registered", "licensed" or "certified" by any health care worker unless that use has been approved by the Health Professions Council.*

The Council adopts and supports these conclusions and recommends their implementation by the Minister of Health.

The Council reiterates these comments.

After carefully reviewing the matter, the Council is of the view that the titles "audiologist" and "speech-language pathologist" adequately serve the public.

Therefore the Council recommends that members of the College of Speech Language Pathologists and Audiologists be granted the reserved titles as follows:

- **audiologist; and**
- **speech-language pathologist.**

G. OTHER ISSUES

1. Audiometric Technicians

After the public hearing, the Council received a letter from the East Kootenay Community Health Services Society, Speech & Hearing Program regarding audiometric technicians. These individuals provide technical support and services to audiology programs, under the supervision of an audiologist. Their services include taking ear impressions, visually inspecting ear canals and various technical services regarding testing and hearing devices. The letter indicates that audiometric technicians are in the process of forming an association with a view toward eventually becoming part of any regulatory college that may be created. No specific request is made to the Council. The Council acknowledges the Society's efforts to organize and manage audiometric technicians and their desire to

become part of a college, but it is premature to make specific recommendations on this issue.

2. Government Employee Exemptions

The Council has noted that many audiologists dispense hearing aids. In its report on the designation of hearing aid dealing and consulting, the Council recommended the retention of the *HAA*. Generally, audiologists who dispense hearing aids are required to be registered under the *HAA*, and the Council believes that should its recommendation about the retention of the *HAA* be adopted, dispensing audiologists should maintain registration with the Board. However, dispensing audiologists who are employed by government or government agencies are exempted by subsections 18(c) and (d) from the regulatory system established under the *HAA*. The Council believes that all dispensing audiologists, regardless of their employment situation, should be regulated in respect of their dispensing services. This ensures all persons engaged in dispensing are subject to one set of rules and are governed by one body, the Board.

Therefore, the Council recommends that audiologists who dispense hearing aids be required to maintain licensure with the Board of Hearing Aid Dealers and Consultants, and that subsections 18(c) and (d) of the *Hearing Aid Act* be repealed.

During the investigation, the Council heard from the Public Health Audiology Council (PHAC) which represents many government employed audiologists. At the public hearing, representatives of PHAC stated that public health audiologists were exempted from licensure under the *HAA* because government was perceived as the central authority for regulating their practice. However, as a result of the government's regionalization initiatives, this regulation has become more diffuse and less capable of addressing issues related to public health audiologists. PHAC feels some form of regulation for public health audiologists is necessary. The Council accepts this submission and agrees that it is not in the public interest to exempt any audiologists from the regulatory system.

PHAC indicated that, in its view, the public would be best served by one self-regulating college for HADC and SLPA. It felt that since there is much overlap amongst the professions, a single college would best accommodate the conflicting issues. As discussed above, however, the Council has determined that the Board along with its mandate to regulate dispensing of hearing aids should be retained, and that a new college be established for SLPA. Thus, should the Council's recommendation be accepted, dispensing audiologists would have to maintain licensure with the Board and membership in a new college. The PHAC has suggested that consideration be given to combining membership and licensure. While the Council appreciates PHAC's suggestion, financial matters are beyond its mandate.

Several respondents raised concerns regarding non-dispensing audiologists. They stated that non-dispensing audiologists, though not involved in selling hearing devices, are involved in some other services regulated under the *HAA*, and that their practice may be restricted as a result. The Council clarifies, however, that non-dispensing audiologists should be exempted from any restrictions imposed by the regulatory system established under the *HAA*.

Therefore, the Council recommends that all dispensing audiologists be required to maintain membership with the College of Speech-Language Pathologists and Audiologists.

**SUMMARY OF THE RESPONSES TO THE CONSULTATION
ON THE APPLICATION OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY**

1. College of Physiotherapists of Ontario - It makes no specific comments.
2. BC Society of Medical Technologists - It supports each of the four elements of the proposal, without any detailed comments
3. Hearing Instrument Specialists Society of BC - First, it is concerned with the proposal regarding diagnosis and notes that independent diagnosis by audiologists would interfere with the red flag system. It submits that a more suitable term would be "*identification*" which more clearly and accurately describes the service actually performed.

Second, it states that cerumen management should not be included in audiologists' scope of practice.

Third, it is concerned about the issue of certification with regard to dispensing of hearing aid devices. HISSBC believes that 300 hours of clinical supervision is insufficient. It also notes that there is no certification exam for this service and comments that a masters degree in audiology is no substitute for the experience and knowledge needed to properly fit and maintain hearing instruments.

Fourth, it is concerned with the proposal that only SLPAs be entitled to perform evaluation, diagnosis and intervention of communication disorders. It notes that this would restrict HISS services because hearing loss is a communication disorder. It suggests that its members be exempted from this part of the exclusive scope of practice. Similarly, it believes its members should be exempted from the proposal regarding provision of aural rehabilitation and related counselling services to hearing impaired individuals.

Finally, HISSBC believes there is little sense in establishing a college for dispensing audiologists which does not also govern hearing aid specialists. It proposes the establishment of a college based on the make-up of the present hearing aid board which would include both HISSBC members and dispensing audiologists, though not speech-language pathologists or non-dispensing audiologists.

4. Jay B. McSpaden, East-Valley Hearing & Speech Services Inc. - Mr. McSpaden questions the use of the term "*diagnosis*" and suggests it be replaced with "*identification*".

McSpaden notes that the proposals for exclusive scope of practice fail to exempt HISSBC members and suggests that the proposal should be qualified by an amendment stating that the Hearing Aid Act does not preclude or limit the licensed activities of other professionals. Finally, regarding the proposed reserved act, "*evaluation of peripheral auditory function*", he suggests to remove the term "*peripheral*" because it is confusing and unnecessarily restricts

the work of other professionals. Further, he questions whether there is any risk of harm with this service.

5. BC Society of Occupational Therapists - The BCSOT is concerned that the proposal has not provided enough exemptions, including ones that deal with the overlap between occupational therapy and SLPA. It notes that occupational therapists (OTs) are qualified to perform the services specified as evaluation and selection of augmentative communication devices, and evaluation and treatment of swallowing and feeding disorders, and suggests there be a separate section, "*proposed reserved acts performed jointly*" with other professions. In general though, it supports the proposed scope of practice.

Additionally, it notes that OTs also perform evaluation of speech-language proficiency and treatment resulting in increased communication effectiveness. It also believes the term "*communication disorders*" needs further clarification and is too broad. Further, in reference to reserved act (b)(v), it notes that OTs do not require supervision by other health professionals. It also notes that generally the reserved acts would appear to involve non-invasive procedures. It also suggests that the word "*communication*" used throughout the document needs to be more clearly defined, particularly in areas where the applicant is seeking exclusive scope of practice.

Finally, it suggests that the numerous titles may be confusing to the public and that the titles should be limited to one for speech-language pathology and one for audiology.

6. Canadian Association of Speech-Language Pathologists and Audiologists - It notes that it has established a national exam for speech-language pathology and audiology.
7. The BC Society of Otolaryngology - It notes that audiologists and speech-language pathologists are responsible for assessment and rehabilitation of hearing, speech and deglutition disorders, and that otolaryngologists and other physicians are responsible for making an accurate diagnosis and treating conditions that cause these disorders.

Scope of Practice - The BCSCO believes that under section (b), the first paragraph regarding identification, evaluation and diagnosis overstates the clinical diagnostic ability of speech-language pathologists, and that the applicants are neither trained to do comprehensive physical examinations nor do they have access to the equipment currently required to make such an assessment. With regard to section (c), it feels that most audiologists do not have sufficient training to claim special expertise in the interpretation of vestibular function tests.

Proposed Practice Limits - It feels that endoscopic diagnostic techniques should be performed in a setting with on-site medical supervision.

Reserved Acts - It notes its great difficulty with this section because all of the subsections under part a) are within the scope of practice of otolaryngology. It notes that the exceptions for otolaryngologists are not broad enough to ensure that they share scope of practice with this profession. It states that most, if not all, of the proposed reserved acts fall within the scope of practice of otolaryngology. Further, it notes that cerumen management currently falls within

the exclusive scope of practice of medicine and that the applicants are essentially not qualified to perform this.

Reserved Titles - The BCSO's only concern regarding reserved titles was that in the title "communication disorder specialist" and "registered communication specialists", the word "*specialists*" should be changed to "*therapist*".

Finally, the BCSO recommends that the Council include HISSBC members within the same governing body as speech-language pathology and audiology.

8. British Columbia Medical Association - It appends the submission from the BCSO (see submission #7, above).
9. British Columbia Teachers' Federation - It does not support the exclusive scope of practice as many of the reserved acts proposed by the applicants are performed by school professionals such as deaf or hard of hearing teachers, counsellors, learning assistance teachers or special education teachers.
10. College of Dental Surgeons of BC - It takes no position on this application.
11. College of Physicians and Surgeons of BC - The CPSBC attaches a letter from Dr. Neil Longridge, Acting Head, Division of Otolaryngology Dept. of Surgery, Faculty of Medicine.

First, it is concerned that the applicant does not recognize that otolaryngologists undertake many or all of the services outlined in their exclusive scope of practice proposals.

Second, it is concerned about the proposal regarding evaluation using nasoendoscopy as it believes such practice should be restricted to physicians. It also notes that otolaryngologists undertake services in fitting hearing aids. Further, the CPSBC has a strong concern about audiologists undertaking cerumen management. It notes that proposal # D2 indicates the audiologist has the primary right to evaluation, diagnosis and rehabilitation. It believes that the Hearing Aid Act should be rephrased to indicate that the otolaryngologist is the primary caregiver in this regard.

The CPSBC also submitted a letter from Dr. Irwin Stewart, an otolaryngologist. Dr. Stewart supports generally the application for designation. However, with regard to the proposed reserved acts, Dr. Stewart states that a condition should be added to the portion of the proposal which relates to services performed by either speech-language pathologists or audiologists to the effect that they cannot perform medical diagnoses related to communication disorders. Second, Dr. Stewart does not support the use of nasoendoscopy by this profession. He also questions the performance of cerumen management by audiologists and notes that almost all of the services overlap with the services of other professions including doctors, HISSBC members, psychologists, therapists, OT's, dentists and teachers. Dr. Stewart believes that generally, the exceptions could be much broader to reflect this fact. Finally, he does not believe there is a risk of harm to the public over and above the two points listed above, namely use of nasoendoscopy or cerumen management.

12. College of Dental Hygienists of BC - It has no comments regarding this proposal.
13. Board of Registration for Social Workers - It has no concerns or objections regarding the proposal.
14. Board of Hearing Aid Dealers and Consultants - It first states that it has no comments regarding the speech-language portion of the proposal. It notes that although it would be ideal to have all dispensing services performed by audiologists, the costs of this to the public are not in the public interest.

It believes that the Council must be careful in implementing a system of higher education and training without first considering less expensive alternatives. It also believes this could have an impact on restricting services, especially in remote and northern regions of the province. It notes that Ontario is developing a system whereby both hearing aid dispensers and audiologists may dispense and test. It notes that a masters degree in audiology does not necessarily guarantee the delivery of superior services.

It also states that there is no doubt that dispensers and dispensing audiologists, if both regulated, should be under one authority. It also feels that the physicians' involvement in the process should be considered and notes that such requirement exists in several other provinces.

15. College of Psychologists of BC - The CPBC expresses concern about the proposed reserved act relating to evaluation, diagnosis and treatment of communication disorders. Specifically, it is very concerned about the possible broad application of the term "*communication disorders*" infringing on its scope of practice. It also notes that psychologists have several significant areas of overlap with the practice of SLPA, and requests that the BCASLPA revise its section on exceptions to more properly reflect the role of psychologists. It suggests a general statement that psychologists also perform these reserved acts.
16. British Columbia Naturopathic Association - While the BCNA generally supports the application for designation, it is strongly concerned about the proposed reserved acts and the failure to mention naturopaths among the professions excluded from various reserved acts.
17. College of Physical Therapists of BC - The CPTBC supports the proposed scope of practice definition. It believes that the proposed scope of practice should make reference to physical therapists in regard to evaluation and treatment of swallowing and feeding disorders as they practice in this area.

It believes the proposed reserved title "*voice therapist*" may be confused with individuals who work in the performing arts or in the field of music.

18. College of Dental Surgeons of BC - The CDSBC generally supports the application but requests further information with respect to whether the reference to rehabilitation, including

the nasal and oral cavities, includes appliance therapy that could affect the teeth, jaws, temple temporomandibular joint, and other dentally related areas.

19. British Columbia College of Teachers - The BCCT generally supports the application and notes that many of the SLPAs that work in school settings are not members of the BCCT, and that a separate college would allow for appropriate authority to review complaints against such persons. It believes that the described exclusive scope of practice and reserved acts are better described as shared acts and scope of practice, and in particular notes that the team practice is prevalent in the school setting.

It has a concern regarding page 4b(v) and page 5c(vii) dealing with supervision and notes that within an educational setting, it is not appropriate for professionals to supervise each other which should be carried out by school administration.

The BCCT requests the following exception to reserved acts be added:

. . . where services are specified by a school based team, as defined by the Ministry manual of policies, procedures and guidelines for special education services, section C pages 3 and 4, may result in a team delivery of services within the school setting.

20. BC Coalition of People with Disabilities - It makes no specific comment regarding this application.
21. Burnaby Health Board - It has no major concerns about the proposal except that it does not believe the reserved acts should be exclusive to this profession and in particular notes the involvement of registered nurses and physicians.
22. East Kootenay Regional Health Board - It generally supports the submission without detailed comment.
23. Capital Health Board - It has no specific comments regarding this application.
24. Coast Garibaldi Regional Health Board - It has no specific comments regarding this application.
25. Vancouver Health Board - The Board has the following specific comments:
- Page 3(a) - It believes that this act should state they may not perform invasive techniques including those that require surgery or injection.
 - Page 4(b)(i)(use of Nasendoscopy) - This should be a delegated function by ENT specialist.
 - Page 4(b)(iv) - This should be on referral from physician.

- Page 5(c)(v) - This should be a delegated function from members of the College of Physicians and Surgeons.
- Page 6(d)(iv) - This should read "*and member of the College of Physicians and Surgeons*".

With regard to delegated functions, it states that procedures should ensure that specialized training required for these functions is acquired. It further states that if a physician is not involved in an evaluation, diagnosis and treatment of feeding or swallowing disorders, a serious medical condition could be missed.

Finally, it questions the need for the numerous titles.

26. Fraser Valley Regional Health Board - The Board generally supports the application and has no comments regarding scope of practice and practice limits.

On reserved acts, it notes that OTs are also involved in the evaluation and treatment of swallowing and feeding disorders as well as other professions, such as nutritionists.

On reserved titles, it states that the word "*pathologists*" might well be less descriptive of the actual function and further suggests that there are too many titles.

27. North Okanagan Regional Health Board - It supports the applications with no specific comments.

28. Thompson Regional Health Board - Generally, it supports the application.

On scope of practice, it suggests that the phrase "*identification, evaluation, diagnosis, rehabilitation and remediation of swallowing disorders*" should be included under scope of practice.

On reserved acts, it suggests that reserved act (b)(iii) is overly broad and suggests that services provided by theatrical voice trainers may be inappropriately included.

On reserved titles, it suggests that the term "speech teacher" might also be included.

29. Western Institute for the Deaf and Hard of Hearing - It is very concerned with regard to assigning to audiologists the exclusive right to select, fit and dispense alarming devices. It notes that audiologists generally have very little training or exposure to such devices. Further, it questions whether the provision of aural rehabilitation and related counselling services to hearing impaired individuals is entirely within the scope of the profession. It is also concerned that in section B-2 only speech-language pathologists will be permitted to assess, select and develop alternative communication systems and provide training in their use. With regard to section C-4, it expresses a serious concern regarding fitting earmolds and notes that under the present Hearing Aid Act it is not possible to train and become licensed for this specific service alone. It suggests that there should be some legislative amendment to specifically allow performance of this service. Further, it believes that cerumen management should not be

restricted only to audiologists or members of the College of Physician and Surgeons. It states that this is an extreme problem in seniors' facilities and that it should be possible for nurses in extended care wards and in seniors' facilities to participate in this service.

30. U.B.C. Faculty of Medicine - It generally supports the scope of practice and the proposed practice limits. It also supports the reserved acts except for the following:
- With regard to (aii)(bv,vi)(cvi,vii), it notes that supervision of other professions or of students in training requires a higher level of expertise and that this is properly restricted to SLPAs.
 - With regard to(aiii)(cii), it notes that selection, fitting, verification and dispensing of amplification devices and counselling related thereto should be restricted to SLPAs.
 - With respect to both of the above points 1 and 2, however, it notes that persons licensed by the Board of Hearing Aid Dealers may be able to provide some of the service encompassed by these two items, and may need to be added to the list of exceptions.
 - With respect to item (biii), it notes that linguists and educators with degrees in TESL are also professionally prepared to provide this service and should be added to the list of exceptions.

The submission suggests that with respect to the remainder of the proposals (undefined) these services overlap with the practice of other professionals, notably items (cii) and (bi).

31. British Columbia Seniors' Advisory Council - It supports the limitations set out in the proposal and supports the reserved titles requested.
32. Ministry of Education, Skills and Training - It has no specific comments on this application.
33. Ministry of Health and Ministry Responsible for Seniors, Child Youth and Early Intervention Branch - It notes that the applicant should be requested to define terms such as "*aural (re)habilitation*", "*communication disorder/delay*" and distinguish their non-medical or non-psychological components such that wherever the words "*communication disorders*" appear in the scope of practice and reserved act, the phrase should read, "*communication disorders/delays*". It also made several specific suggestions regarding the original proposal. Since that proposal has been substantially revised, the submission has not been detailed here.
34. Ministry of Health and Ministry Responsible for Seniors - Office for Seniors - It states that the Office of Seniors would support any move that would serve to regulate the practice of the health professions that would protect the interests of older adults in BC.
35. Prince Edward Island Dept. of Health and Social Services - It notes that these professionals are not regulated in PEI. They have been considered for legislation, however, the government decided not to implement a statute, because there are only six practitioners in the province. It

notes that if it decides to implement a law it would be reservation of title rather than exclusive scope of practice.

36. Office des professions du Quebec - It notes that there are no exclusive scopes of practice for this profession in Quebec. It states that Quebec is developing a reserved acts model. The Office declines to make submission on specifics of proposal.
37. Alberta Ministry of Health - At present, there is no legislation governing this profession in Alberta. The professional association has applied for regulatory status and the government supports that initiative.
38. New Brunswick Health and Community Services - The profession is regulated under the Speech-Language Pathology and Audiology Act in New Brunswick.

On scope of practice, although the New Brunswick legislation does not specifically describe the scope of practice, it is very consistent with the proposal of the applicant.

On reserved acts, it notes that reserved acts are also essentially consistent with, although perhaps more restrictive than, the New Brunswick legislation. It notes that harm in this context can be viewed from a psycho-social perspective more so than a physical risk.

On reserved titles, it states that the reserved titles are consistent with the practice in New Brunswick.

39. Yukon Health and Social Services - It has no comparable legislation. Generally, it states that the proposal is consistent with the practice in the Yukon although with respect to semi-invasive procedures such as cerumen management and making earmold impressions, there is a risk of direct injury to the client, and this requires intervention of physicians.
40. BC Dietitians' and Nutritionists' Association - It comments that in the proposed scope of practice section (d) exceptions (iv) should be expanded to read "*the evaluation and treatment of swallowing and feeding disorders may also be performed by occupational therapists and/or dietitians*".
41. Registered Nurses Association of BC - It notes that registered nurses in some circumstances perform all of the proposed reserved acts and should be exempted from whatever reserved acts are granted to this profession.
42. British Columbia Association of School Psychologists - It states that it would like school psychologists exempted from the reserved acts as they are necessary members of an interdisciplinary team. It notes that certified school psychologists provide the necessary training to diagnose language disorders as one area of their expertise. It submits that the applicant has used the term psychologists as a generic term and the BCASP feels that it is important that school psychologists be named specifically.

43. Canadian Hard of Hearing Association - It does not feel competent to respond specifically to the application but notes that as a consumers' organization it would not want its rehabilitation programs for hard of hearing people to come under the jurisdiction of professionals, as it believes that the CHHA can fulfil educational and support services to the hard of hearing population. Generally though, it is pleased that audiologists and speech-language pathologists will be covered by some form of regulation.
44. Learning Disabilities Association of BC - It makes no specific comments regarding this application.

LIST OF PARTICIPANTS IN THE PUBLIC HEARING

**Hearing with respect to the designation of speech-language pathologists
and audiologists pursuant to the *Health Professions Act***

Michele Horncastle, Applicant, (Submission Update)
The British Columbia Association of Speech-Language Pathologists and Audiologists

Dr. Neil Longridge, M.B.,B.S.,M.D.,M.R.C.P.,F.R.C.S.,F.R.C.S.(C)
Vancouver Hospital and Health Sciences Centre - Otolaryngology

Lloyd Dahl, President and Dr. Charles Laszlo
Canadian Hard of Hearing Association - BC Chapter

Judith R. Johnston, Professor and Director
UBC, School of Audiology and Speech Sciences

Louise Parton and Jeff Germain, Applicant
Hearing Instrument Specialists Society of BC

Michelle Horncastle and Dorothy Fairholm, Applicant
The British Columbia Association of Speech-Language Pathologists and Audiologists

THE COUNCIL'S RECOMMENDATION REGARDING SUPERVISED ACTS

The Council recommends that a provision be enacted which sets out the duties of a health professional and his or her regulatory college when delegating a reserved act. The provision should require the following:

- The assigning health professional's governing body must provide assent to the proposed reserved act being performed by someone else;
- The reserved act to be assigned as well as the level of supervision must be clearly defined and circumscribed by the assigning health professional's governing body;
- Where the person to whom the act will be assigned is a member of a self-regulating health profession, his or her governing body must approve of the assigning of the reserved act;
- The instruction to perform the act must be made in writing either by way of a general written protocol or through a case-specific instruction;
- The assigning health professional must be satisfied that the individual who will be performing the act has the necessary skills and training to perform the act safely;
- The assigning health professional must ensure that the person who will be performing the act accepts the assignment.