HEALTH
PROFESSIONS
COUNCIL

RECOMMENDATIONS ON THE DESIGNATION OF HEARING AID DEALING AND CONSULTING

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Application by the
Hearing Instrument Specialists Society of British Columbia

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FOREWORD

This report is in response to an application by the Hearing Instrument Specialists Society of BC 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 Minster Responsible for Seniors about the regulation of health professions. This report is the result of an investigation of the profession of hearing aid dealing and consulting 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 speech-language pathology and audiology under the *Health Professions Act* (*HPA*). The reports are best read together, as there are several issues that overlap between the professions.

The primary issue addressed by the Health Professions Council (Council) in this investigation was whether a self-regulatory college should be created for the regulation of hearing aid dealing and consulting (HADC).

Both groups of practitioners, however, are required to be licensed by the Board of Hearing Aid Dealers and Consultants (Board) which is the current regulatory body for the practice of HADC.

The applicant is the Hearing Instrument Specialists Society of BC (HISSBC). However, HISSBC represents only its members. It is important to note that many dispensing audiologists, who are not members of HISSBC, also practise HADC.

In its review of the application for designation of HADC, the Council applied the public interest criteria in section 5 of the *Health Professions Act Regulation* (*HPA Regulation*) 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.

This investigation was unlike other professions examined by the Council, as during the process the applicant indicated that it wanted to “withdraw” its application. However, the applicant does not control the process once it is started. The Council is of the view that once a matter is before it, the public interest is paramount and must be considered, particularly when there is some possibility of risk of harm to the public arising from the profession’s services. In short, an applicant cannot unilaterally withdraw its application.

The Council first determined that the practice of HADC meets the definition of "health profession" set out in the *HPA*.

The Council then reviewed the services provided by hearing aid dealers and consultants (HADCs) in light of the risk of harm criteria in Section 5(1) of the *HPA Regulation*. After reviewing the services performed, procedures utilized, and the current system of regulation and supervision, the Council determined that the risk existing in the practice of the profession is adequately addressed by the current regulatory system.

The Council then considered the other criteria in section 5(2) of the *HPA Regulation*. The Council found it unlikely that a separate regulatory college consisting only of HADCs would

be viable because of the limited resources at its disposal. In the Council's view, even with the addition of dispensing audiologists, such a college would not be viable.

Further, the Council was not satisfied that the profession would be committed to regulating the profession in the public interest under the *HPA* as several major stakeholders and members of the profession have indicated that they do not want to be governed by a college established under the *HPA.*

The Council then considered various options for regulation of HADC. These included continuation of the Board (either with or without its function of regulating dispensing audiologists), subsuming the Board within a new College of Speech-Language Pathologists and Audiologists, and maintaining the Board to address only consumer issues while creating a new college to deal with professional aspects of HADC.

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

1. that the profession of hearing aid dealing and consulting not be designated as a health profession under the *Health Professions Act*;

2. that the Board of Hearing Aid Dealers and Consultants continue to regulate hearing aid dealing and consulting by both dispensing audiologists and hearing aid dealers and consultants;

3. that the *Hearing Aid Act* be amended to ensure that the discipline process more closely conforms with the process set out under the *Health Professions Act*;

4. that dispensing audiologists be required to maintain licensure with the Board of Hearing Aid Dealers and Consultants and membership with the proposed College of Speech-Language Pathologists and Audiologists;

5. that the *Hearing Aid Act* be amended to provide that practitioners of hearing aid dealing and consulting be referred to as "hearing aid dispensers", and that the title be reserved to practitioners licensed by the Board of Hearing Aid Dealers and Consultants;

6. that the Board of Hearing Aid Dealers and Consultants be renamed the “Board of Hearing Aid Dispensers”; and

7. that the term “prescribing” be added to the definition of practice of hearing aid dealer and consultant in the *Hearing Aid Act*.

RECOMMENDATIONS ON THE DESIGNATION OF HEARING AID DEALING AND CONSULTING

I. APPLICATION AND PROCESS OF INVESTIGATION

A. GLOSSARY

Throughout this report, the Council makes reference to various organizations and their responses made during the consultation process. The Council has abbreviated its references to many of the organizations and for ease of reference, the Council includes the following glossary of abbreviations used:

1. Hearing Instrument Specialists Society of BC..... HISSBC and/or applicant
2. Board of Hearing Aid Dealers and Consultants .....Board
3. Profession of hearing aid dealing and consulting..... HADC
4. Practitioners of hearing aid dealing and consulting ..... HADCs
5. Western Institute for the Deaf and Hard of Hearing.....WIDHH
6. BC Association of Speech/Language Pathologists and Audiologists.....BCASLPA
7. Canadian Hard of Hearing Association ..... CHHA
8. Public Health Audiology Council ..... PHAC

B. GENERAL BACKGROUND

The applicant has represented the interests of the profession since the 1950s. It was incorporated as a Society under the *Society Act* in December, 1988. According to the latest information available to the Council there are between 50-60 practising HADCs, and about 95 per cent are members of HISSBC.

The Council would like to clarify that when it is reviewing applications for designation, it is not dealing with the issue of whether the applicant group should be designated as a profession. Rather, it is dealing with whether a "health profession" should be designated

under the *HPA*. This distinction is contained in section 10 of the *HPA* and is important because it recognizes that the applicant group does not always represent the views of the entire profession under review. For example, in the case of HADC, there are many dispensing audiologists who are not members of HISSBC but are required to be licensed by the Board. Further, this distinction emphasizes that the applicant group will not be the new college if and when a college is created under the *HPA.* However, it has been the Council's experience that members of the applicant group frequently take positions with the new college.

The practice of HADC is currently regulated by the Board. All practising HADCs must be licensed by the Board, and are subject to its mandate to regulate the profession. As noted, HADC also includes services performed by dispensing audiologists who are not members of HISSBC but are required to have Board licensure.

Government employees, usually dispensing audiologists, are exempted from the regulatory system. Thus, approximately 45 service providers are not licensed by the Board since they work in public health clinics and agencies.

The Board was established in 1970 through the enactment of the *Hearing Aid Act* (*HAA*), RSBC 1996, c. 186. Under the *HAA* the Board consists of not more than seven members. Currently the Board is comprised of two public representatives, two audiologists, two HADCs and one otolaryngologist. Traditionally, the Chair of the Board is nominated by the Canadian Hard of Hearing Association (CHHA).

Of the jurisdictions in Canada which regulate the profession, only Alberta has granted hearing aid practitioners self-regulating status. Most of the other provinces have some other form of regulation. In Ontario, hearing instrument specialists are not one of the 23 professions regulated under the Ontario *Regulated Health Professions Act* (*RHPA*). A representative of the Ontario Ministry of Health states that the profession was excluded because, according to its review, the services performed did not carry a significant risk of harm. However, the *RHPA* does provide that hearing aids may only be dispensed upon the prescription of a person authorized to prescribe hearing aids. In Saskatchewan, an application for designation was rejected by the Government for several reasons, including the small size of the profession, the lack of a risk of physical harm to the public, and the government's view that regulation should be by way of consumer protection legislation, not health legislation. A letter to the Council from Saskatchewan Health states that the provinces that regulate HADCs tend to use consumer legislation as opposed to professional legislation.

C. PROCESS OF INVESTIGATION

The applicant, HISSBC, submitted an application for designation under the *HPA* on October 7, 1992.

The Council met with representatives of HISSBC on April 5, 1996.

A notice of investigation was placed in the Gazette on November 27, 1997.

The Council also met with the following groups:

- representatives of the BC Association of Speech Language Pathologists and Audiologists on March 11, 1998;
- the BC Society of Otolaryngology on March 27, 1998;
- representatives of the Preventive Health Branch of the Ministry of Health on January 12, 1999; and
- representatives of the Board of Hearing Aid Dealers and Consultants (Board) on January 16, 1998 and January 13, 1999.

The Council's investigation included an extensive consultation process with related professions, other interested parties and agencies. The Council also conducted research on the practice of the profession and its regulation in other jurisdictions. A synopsis of the positions taken by respondents to the consultation process is found in Appendix A.

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

II. STATEMENT OF ISSUES

In accordance with the requirements of the *HPA*, the Council considered four issues involving the regulation of HADC. In assessing the public interest in the regulation of this profession, the Council reviewed:

1. the extent to which the practice of HADC may involve a risk of physical, mental or emotional harm to the health, safety, or well-being of the public according to s.5(1) of the *HPA Regulation*;

2. whether the practice of HADC meets the definition of health profession in section 1 of the *HPA*;

3. the extent to which the profession has satisfied the public interest criteria in sections 5(1) and 5(2) of the *HPA Regulation*;

4. in the event that designation is not granted, what is the most effective mechanism for regulating the profession in the public interest.

III. RECOMMENDATIONS

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

1. that the profession of hearing aid dealing and consulting not be designated as a health profession under the *Health Professions Act*;

2. that the Board of Hearing Aid Dealers and Consultants continue to regulate hearing aid dealing and consulting by both dispensing audiologists and hearing aid dealers and consultants;

3. that the *Hearing Aid Act* be amended to ensure that the discipline process more closely conforms with the process set out under the *Health Professions Act*;

4. that dispensing audiologists be required to maintain licensure with the Board of Hearing Aid Dealers and Consultants and membership with the proposed College of Speech-Language Pathologists and Audiologists;

5. that the *Hearing Aid Act* be amended to provide that practitioners of hearing aid dealing and consulting be referred to as "hearing aid dispensers", and that the title be reserved to practitioners licensed by the Board of Hearing Aid Dealers and Consultants;

6. that the Board of Hearing Aid Dealers and Consultants be renamed the “Board of Hearing Aid Dispensers”; and

7. that the term “prescribing” be added to the definition of practice of hearing aid dealer and consultant in the *Hearing Aid Act*.

IV. RATIONALE FOR THE RECOMMENDATIONS

A. DESIGNATION

In order to proceed under section 10 of the *HPA* to recommend the designation of HADC, the Council must determine that the applicant's 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.*

Clearly, this is an extremely broad definition which encompasses many health related services.

HADCs test individuals for hearing loss and fit appropriate hearing aids. In the Council's view, a certain level of skill and judgment is required to perform this service. As a result, the Council is satisfied that the profession of HADC meets the definition.

2. Public Interest Criteria

When examining an application for designation the Council considers the public interest criteria set in section 5(1) and (2) of the *HPA Regulation*. The section 5(1) criteria relate to risk of harm and must be considered by the Council while the section 5(2) criteria are discretionary and may be considered by the Council. The Council proposes to deal with each in turn.

a) Section 5(1): Risk of Harm Criteria

Section 5(1) 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.

The applicant states that HADCs provide the following services:

- *examination and evaluation of human hearing relating to hearing acuity, sensitivity and communication disorders*
- *selection and fitting of hearing instruments*
- *industrial hearing protection screening and fitting of hearing protective earmolds*
- *taking impressions and making and modifying any type of earmolds*
- *rehabilitation advice and guidance to the hearing impaired*
- *post fitting service to the patient*
- *instruction and supervision of hearing instrument specialist students*
- *repair and maintenance of hearing instruments and accessories*

- *watches for signs of abnormal conditions and refers such cases to a medical practitioner.*

Further, in regard to risk of harm, the applicant states:

> . . . *Misdiagnosis could result in what otherwise may have been a preventable deafness.*
>
> *Over amplification could worsen hearing loss, or conversely, there could be limited benefit from an improperly fitted device.*
>
> *Earmold impressions taken without proper examination and knowledge of the anatomy of the ear could lead to impression material entering the middle ear through an undetected perforation, or remaining lodged in the ear canal of a malformed or post-operative ear. Both conditions would require surgery to remove the impression material.*

Several other respondents, including the BC Association of Speech-Language Pathologists and Audiologists (BCASLPA), the Public Health Audiology Council (PHAC), and the UBC Faculty of Medicine - School of Audiology and Speech Sciences, agreed that there is a risk of harm in the practice of the profession.

Further, the Board, the Canadian Hard of Hearing Association (CHHA), and the Western Institute for the Deaf and Hard of Hearing (WIDHH) stated that the population of service recipients, mostly seniors, is vulnerable to improper business practices such as premium pricing and unnecessary treatment.

In regard to supervision, the applicant states that the profession is largely self-supervising, and that most practitioners work in an office setting either on their own or in conjunction with fellow practitioners. The Council also heard that many dispensing audiologists work in government clinics though much of their work is performed independently. Thus, it would appear that there is considerable independent practice.

With regard to current regulation, the profession is regulated through the Board which has the same statutory duties and objects as all self-regulating health professions in British Columbia, and is responsible for both professional practice and consumer issues. Anyone practising the profession or wishing to dispense hearing aids must obtain licensure through the Board, which sets qualifications for licensure and administers a complaints and discipline process. The Board also sets standards of practice and continuing education requirements, and has created a code of ethics.
Further, the Council has received written and oral submissions from CHHA, WIDHH and the applicant all of whom indicate that, in their opinion, the Board is doing an excellent job, and is the best structure for regulating the profession.

Two additional programs are in place which regulate the risks associated with the provision of hearing aid services. In order to screen out patients whose conditions are not within the level of competency of HADCs, a policy known as the "Red Flag System" has been instituted. The policy was established by the otolaryngology section of the BC Medical Association. Under that policy, all HADCs (except dispensing audiologists) must refer certain patients to medical practitioners and/or audiologists. The "Red Flag" patients include children under the age of 16, and patients with pain or discomfort in the ear, acute or chronic dizziness, and visible congenital or traumatic deformity of the ear. The Red Flag System ensures that HADCs practice within their level of training and competency.

Under the Medical Devices Regulation passed under the federal *Food and Drugs Act*, the Health Protection Branch, part of the federal Ministry of Health, regulates medical devices. The regulation provides for, among other things, labelling, testing, quality system and records requirements. The Health Protection Branch periodically issues information letters in regard to new regulatory developments and initiatives.

The Council is satisfied that there is some risk of harm in the practice of the profession, particularly in the light of the nature of the services, the considerable amount of independent practice, and the vulnerability of recipients of the service. However, in the Council's view this risk is addressed and controlled well through the current regulatory structure.

b) Section 5(2): Discretionary Public Interest Criteria

Section 5(2) of the *HPA Regulation* states:

> *(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 Council proposes to deal with each factor in turn.

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 submissions from several respondents suggesting that there is a great demand for continued regulation of this profession and support for the current regulatory structure. Both CHAA and WIDHH, which represent many recipients of the profession's services, spoke strongly in favour of regulation, and both submitted that the current Board was the best means of providing such regulation. Indeed, they, as well as the Board, questioned whether a self-regulating college would have the will or the means to address consumer issues.

A unique factor about the services provided by HADCs is the population that they serve. Services are provided, for the most part, to hard of hearing seniors, many of whom are on limited or fixed incomes. Many do not have the support network necessary to ensure they receive proper care and treatment. The Council heard submissions from the Board, CHHA and WIDHH, that these people are particularly vulnerable and susceptible to inappropriate business practices such as overcharging or the provision of unnecessary treatment. The Board states that the problem is of particular significance since the average cost ranges up to $3,000 per hearing aid. Further, the Board states that consumer protection has become its primary role with consumer related complaints comprising approximately 95 per cent of complaints received in the last five years.

In the Council's view, the profession has demonstrated that there is a public interest in ensuring the availability of regulated services.

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

There can be no doubt that the public benefits from the services of competent and qualified practitioners who serve the hard of hearing public in British Columbia.

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 a correspondence course which is offered through the International Hearing Society. The course is designed as a self-paced independent study program. There are 25 lessons ranging from "disorders of the outer ear" to "fitting verification". Each lesson is followed by a written examination. A final, supervised examination is provided at the end of the course. Further, in order to be licensed by the Board, a candidate must complete 840 hours (or six months) of clinical work under the supervision of a Board licensed HADC and a two-hour written and oral examination set by the Board.

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

Currently, no British Columbia institution offers post-secondary training in this field. The Council was advised that Kwantlen College explored the idea of creating a diploma program about two to three years ago, but decided not to proceed with the matter at the time because of the small number of prospective students.

In Alberta, Grant MacEwan College offers a two-year course. All students must first complete the home study course referred to above, and then courses in bioacoustics, hearing measurement, physical and psychoacoustics and hearing, hearing disorders, and hearing instrument technology. During the two year program students undertake 1700 full-time hours of clinically supervised training.

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

In the Council’s view continuing competency is important in the practice of any profession which involves a risk of harm to the public. This is particularly so in fields such as HADC which rely heavily on technology that is constantly changing. Currently, the Board requires ten hours of continuing education for annual renewal of a licence.

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

The Board has regulated the profession of HADC by both HADCs and dispensing audiologists since 1970. It has the same duties and objects as all health professions in the province, and has instituted licensure requirements and managed a complaints and discipline process.

The Council accepts that there is leadership in the profession committed to regulating the profession. However, there is opposition to self-regulation under the *HPA* amongst both practitioners of the profession and stakeholder groups. Indeed, the applicant reconsidered its initial position and stated that it was opposed to designation, and that it wished to "withdraw" its submission and continue to be regulated under the *HAA*.

The recognized leadership in this profession is committed to regulating the profession in the public interest, but through the *HAA* and the Board established under the *HAA*. It is not clear to the Council that a similar commitment would be made to a college under the *HPA*, particularly since the primary benefit of the current system is that the Board represents a wide array of interests including practitioners, related professionals and consumers. A college established under the *HPA* may be unable to represent all of these interests as effectively as the present system.

The Board has also expressed opposition to designation under the *HPA*. It states:

> *The Board of Hearing Aid Dealers and Consultants does not believe that this health profession should be designated under the Health Professions Act. The public interest is best served under the current Hearing Aid Act through Board membership from public representation and the hard of hearing public. The Board is concerned that designation of the Board of Hearing Aid Dealers and Consultants under the Health Professions Act would not provide the same type of consumer protection that the public presently enjoys and has been well served by. Unlike other regulated health professions, our group sells a product and any effective changes to how the field is regulated must include protection to consumers for both the service and the product they are buying. The consumer must be protected from being victimized by poor-quality products and unsatisfactory on-going after-sale fitting and services. The Board presently acts as a clearing house for ideas and concerns to all vested parties and puts restrictions on the marketplace.*

In short, the Board believes that designation under the *HPA* may be counter-productive in that the current system is working well.

Further, as the Council has indicated, both CHHA and WIDHH have indicated strong support for continued regulation of the profession.

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

In previous reports, the Council has noted that the policy of government has been to recognize designation under the *HPA* as a means of implementing regulation of a health profession at little or no cost to the government, when the resources of the profession in both numbers and funding make self-governance viable. Once designated, the profession is required to implement a number of procedures which entail financial costs and significant demands on its membership for the various committees and boards.

On the issue of viability, the Board states:

> *The field does not have the money to afford a college separately or combined without significant increases to the cost of hearing aids. Reduced finances which will cause a "bare bones" operation will also mean that the consumer protection which the public presently benefits from will be completely lost.*

The Council accepts this statement, and in light of these comments and its review of various materials submitted in support of the application, it is of the view that a self-regulatory college is not a viable option for this profession, regardless of the inclusion of dispensing audiologists.

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

There is no specific evidence that designation of the profession of HADC under the *HPA* would limit the availability of services. However, there is evidence that designation could result in a significant increase in membership fees, and thus an increase in the cost of services. This increased cost would undoubtedly flow through to consumers and affect availability of services. The Board makes the following comments:

> *Financially our field, separately or together, cannot afford a college. Formation of a college will result in an exorbitant rise in the cost of hearing aids. . . .*
>
> *. . . Since, British Columbia is only one of four provinces that has no provision to offset the cost of hearing aids, usually from $500 to $2,000 per*

> *aid, even a slight increase in costs will create an expensive burden on the population group, seniors and pensioners, who are the user group of hearing aids. . . .*

In the Council's view, increases in the costs of hearing aid services are likely to decrease the availability of services. This is particularly so as the information received by the Council indicates that limited financial assistance for hearing services is available in British Columbia. While the cost of hearing aids is covered for some people through various government programs (such as provincial income assistance, federal Health and Welfare programs for status Indians, Veterans Affairs programs and Workers Compensation Board programs) the majority of hearing impaired persons do not receive financial assistance for hearing aids.

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

The Council has carefully reviewed the information gathered during the investigation, as well as the submissions made at the public hearing, in light of the public interest criteria. In the Council's view, it would not be in the public interest to designate the profession of HADC under the *HPA*.

The risk of harm to the public is minimal under the current regulatory structure which includes the Board and the policies and procedures it administers, such as the Red Flag System. Further, the product-based regulation provided by the federal Health Protection Branch provides some additional assurance regarding safe practice.

The Council does not view designation under the *HPA* as viable due to the limited resources of this profession. Further, designation under the *HPA* would likely result in an increase in the cost of hearing services. Since the financial assistance currently available to hearing impaired persons is limited, this is not in the public interest.

Therefore, the Council recommends that the profession of hearing aid dealing and consulting not be designated as a health profession under the *Health Professions Act*.

B. REGULATORY OPTIONS

The Council's primary mandate in considering applications for designation is to determine whether a profession should be designated under the *HPA*. In previous reports, however, when the Council has recommended against designation, it has gone on to consider other regulatory options. In the case of HADCs, the Board already exists as a regulatory authority.

However, at the time of its investigation of HADCs, the Council was conducting a concurrent review of an application from the BC Association of Speech and Language Pathologists and Audiologists (BCASLPA), a profession whose services overlap with HADCs. In its report on the application from BCASLPA the Council recommends the creation of a College of Speech-Language Pathologists and Audiologists. Since such a College could include dispensing audiologists, there is a potential for overlap of regulatory functions between the Board and the new college. Therefore, the Council proposes to review various regulatory options for dealing with HADC, particularly in view of the role of dispensing audiologists. Dispensing audiologists, who are members of BCASLPA, are also required to be licensed by the Board, and are subject to the rules and regulations under the *HAA*.

1. Option 1 - Board Continues with Present Mandate

Under this option, the Board would continue its current mandate of regulating HADC, as practised by both HADCs and dispensing audiologists.

The Council heard from several respondents, particularly consumer groups, that the Board was doing an excellent job in regulating the practice of HADC. Both CHHA and WIDHH gave their unqualified support for the continuation of the Board. CHHA, the Board, the applicant, and BCASLPA all stated that an advantage of the current system is that all stakeholders are represented in the current Board structure, including all involved professions, the public and consumers. With regard to the issue of overlap between dispensing audiologists and HADCs, the applicant and the Board submitted that it would be best to continue the present system whereby all aspects of HADC are controlled by one regulatory body.

BCASLPA conducted a survey of its membership regarding the issue of regulatory options. Although BCASLPA felt unable to endorse any particular option, it did state that recognition should be given to the effectiveness of the Board as a regulatory body with strong consumer involvement, and that every effort should be made to maintain its role as an effective watchdog for the hearing instrument marketplace, even if the structure is modified. Some of the information gathered during the survey provides useful background. For example, dispensing audiologist members of BCASLPA noted that they may be compelled to maintain licensure with the Board and membership with the college. Also, consumers may be confused as to which body they should go to for complaints regarding HADC. Further, several survey respondents felt that this option creates too much bureaucracy.

2. Option 2 - Board Continues with Mandate of Regulating Hearing Aid Dealers with Dispensing Audiologists Regulated by a New College of Speech-Language Pathologists and Audiologists

Under this option, the Board would only be responsible for regulating HADCs and dispensing audiologists would be regulated by the new College of Speech-Language Pathologists and Audiologists. This option alleviates some of the problems of Option 1, such as dual membership. However, it would create the potential for other problems, such as two separate standards, one from the Board and one from the new College, for the practice of one activity. This could lead to discrepancies in practice rules and create dissension between dispensing audiologists and HADCs. Further, CHHA and the Board have expressed concern regarding the will and ability of a college to address consumer protection issues, particularly since dispensing by audiologists would comprise a very small part of the college's mandate. A new college for speech-language pathologists and audiologists would likely not represent the wide array of interests the Board currently does, although the *HPA* does make provision for public membership. Finally, BCASLPA reiterates the concerns of the Board regarding the costs of assuming a consumer protection mandate.

3. Option 3 - Board is Disbanded and its Functions are Undertaken by a New College of Speech-Language Pathologists and Audiologists

Under this option the professions of audiology, speech-language pathology and HADC would be regulated under one structure. The advantages of this option include decreased bureaucracy, better co-ordination and communication amongst professions, and a single source for all complaints.

However, this option still has the disadvantage, referred to under Option 2, that the regulation of consumer aspects may be only a small part of the mandate of a larger college, and thus not given the attention or resources it requires. Further, HISSBC, the Board, and CHHA are strongly opposed to this option as they are concerned that issues related to HADCs would be "*swallowed up*" within a College of Speech-Language Pathologists and Audiologists. Finally, this option removes some of the benefits of the current Board, such as wider stakeholder involvement.

4. Option 4 - Board Continues with Current Mandate and New College is Created for Addressing the Professional Aspects of Hearing Aid Dealing and Consulting

Under this option, the Board would continue its consumer protection mandate with respect to dispensing audiologists and HADCs, but a new college would be created to deal with professional standards for HADC. The BC Society of Otolaryngologists states that activities of HADCs should continue to be regulated by the Board, within the parameters of the *HAA*. In the Council's view, the fourth option would create far too much bureaucracy within the

field. Further, a separate College of HADCs is simply not viable from a financial or human resources perspective. In any event, the Council sees little reason to separate consumer protection from professional standards, particularly since the current mandate of the Board includes responsibility for both issues.

5. Council's Recommendation Regarding Regulatory Options

It became clear during the investigation that government funding is an important issue in regulating the practice of HADC. The Board expressed concern that any change in the regulatory structure would jeopardize government funding. It states:

> *These activities can be extremely costly - the government currently provides the Board with funding of almost $145,000.00, which represents the shortfall between the cost of its activities, and the fees generated by the rather small number of registrants (currently approximately 150). Even the current level of funding is considered by the Board to be somewhat of a bare minimum, and better protection of the hearing-aid public could be achieved with more funding.*

The Council notes that a report, *A Review of Hearing Services in British Columbia*[1] identified the lack of financial assistance as a weakness in the system that must be addressed.

One of the functions supported by this government funding is the Board's role in investigating unauthorized practice. Sometimes this unauthorized practice is carried out by large, extra-provincial companies. The Board states:

> *If the Board is aware of unauthorized sales of hearing aids in the province, sometimes by extraprovincial companies, it will proceed expeditiously with legal action to stop the unauthorized activity, and will back it up by way of alerts to the hard of hearing public in the province. Often, such activity requires coordination with federal and provincial governments, provincial and federal organizations such as the Canadian Hard of Hearing Association, liaison with lawyers and prosecutors, and any other organization the Board feels may be helpful in ending the threat to the hearing-aid using public.*

The Board notes that enforcement procedures can be extremely costly, and that it is likely that the incidence of such practice will increase with time, in light of the ageing population.

[1] Prepared for Operational Review Branch, Ministry of Health, by Semmens and Adams, November 19, 1993.

The issue of prosecution of persons practising without authorization is not within the Council's mandate. However, the Council strongly believes that this activity should be continued, particularly in light of the significant consumer issues and the vulnerable population of service recipients.

In general, the Council is satisfied that the current system is working well. There appears to be broad support for the Board and its regulatory functions, particularly from consumer groups. Also, many respondents felt that the composition of the Board ensures the various interests are protected, and is vital to the proper regulation of this profession.

The Council is also of the view that it is important that the services performed by dispensing audiologists and HISSBC members be governed together within one regulatory structure. From a regulatory perspective, it makes little sense to create two separate bodies, with potentially two distinct and conflicting sets of rules regarding the same service area. This would be confusing to the public and registrants alike, and possibly create a rift amongst professionals.

Thus, after carefully considering the four options, the Council recommends that option 1 be followed.

Therefore, the Council recommends that the Board of Hearing Aid Dealers and Consultants continue to regulate hearing aid dealing and consulting by both dispensing audiologists and hearing aid dealers and consultants.

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*.

The Council also heard concerns about the Board's ability to do its job in light of its current powers under the *HAA*. The concerns were largely directed at the Board's remedial powers and its ability to address professional issues. The Council notes that the Board has extremely broad regulation-making powers including the power to define misconduct. However, the Council is concerned about the disciplinary process provided for under the *HAA* in which the Board is effectively responsible for all phases of the complaint and discipline process. In the Council's view, this process creates potential for unfairness, particularly in light of the overlap between investigative, prosecutorial and decision-making functions.

Therefore, the Council recommends that the *Hearing Aid Act* be amended to

ensure that the discipline process more closely conforms with the process set out under the *Health Professions Act*.

During the investigation, the Board suggested that its role could be confined to consumer protection, and that another body should be responsible for practice issues. In the Council's view, it would be inefficient and contrary to the public interest to separate these activities. Further, the *HAA* charges the Board with the same regulatory responsibilities as all professional colleges - to regulate the profession in the public interest. Specifically, section 3(2)(d) of the *HAA* mandates the Board to establish, monitor and enforce standards of practice. The Board advises that the bulk of its complaints are in the area of consumer protection. While that may be the case this should not detract from the Board's duties and objects as provided for in its controlling statute.

C. OTHER ISSUES

1. Government Employee Exemptions

Currently, the only form of mandatory regulation in this area is licensure under the *HAA*. However, certain practitioners, generally dispensing audiologists who are employed by government or government agencies, are exempted from the regulatory system established under the *HAA*.

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 dispensing audiologists from the regulatory system under the *HAA*.

PHAC indicated that, in its view, the public would be best served by one self-regulating college for HADC and speech-language pathology and audiology. 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 should be retained along with its mandate to regulate dispensing of hearing aids. Further, in its report

on Speech-Language Pathology and Audiology, the Council recommends that a new college be established for audiologists and speech-language pathologists. Thus, should the Council's recommendation be accepted, dispensing audiologists would have to maintain licensure with the Board and membership in a new college. PHAC has suggested that consideration be given to combining fees for college membership and licensure. While the Council appreciates PHAC's suggestion, financial matters are beyond the Council's mandate.

Therefore, the Council recommends that dispensing audiologists be required to maintain licensure with the Board of Hearing Aid Dealers and Consultants and membership with the proposed College of Speech-Language Pathologists and Audiologists.

2. Reserved Titles

Currently, there are two titles in use for this profession, "hearing instrument specialist" and "hearing aid dealer and consultant".

The former term, "hearing instrument specialist", is not legally protected in British Columbia. It is, however, widely used throughout North America to describe the profession, and has been used by practitioners in British Columbia. Many respondents, such as Mr. George Bryce, BCASLPA, PHAC, and UBC School of Audiology and Speech Services state that use of the term "specialist" is misleading because it is usually used in the context of medical specialists. Such a word suggests to the public that the member has been granted some unique or higher certification by his or her profession than might otherwise be the case, thus implying a higher level of training than the average member.

The term "hearing aid dealer and consultant" was established under the *HAA*. Most respondents to the consultation agreed generally with this title. However, the applicant itself felt that the term "dealer" needed revision as it has negative connotations. The BC Society of Otolaryngologists suggests the term "dispenser" in lieu of the term "dealer". The Council agrees the term "dealer" implies that the profession's services are largely of a commercial nature and prefers the term "dispenser".

Both the applicant and the Board agree that use of the term "specialist" is not appropriate. The Council accepts these submissions.

Therefore, the Council recommends that the *Hearing Aid Act* be amended to provide that practitioners of hearing aid dealing and consulting be referred to as "hearing aid dispensers", and that the title be reserved to practitioners licensed by the Board of Hearing Aid Dealers and Consultants.

The Council is also of the view that to ensure consistency the Board's name should be changed.

Therefore, the Council recommends that the Board of Hearing Aid Dealers and Consultants be renamed the "Board of Hearing Aid Dispensers".

3. Dispensing Hearing Aids

Dispensing of devices for hearing conditions is not currently on the Council's list of reserved acts. In its *Shared Scope of Practice Model Working Paper* (*Working Paper*), the Council stated that the issue of dispensing hearing devices would be dealt with during this investigation.

The *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 licence from the Board of Hearing Aid Dealers. Thus, virtually all aspects of providing hearing assistive devices are regulated through the Board.

During this investigation, the Council has 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. However, as indicated in

the speech-language pathology and audiology report, the Council is of the view that services performed by dispensing audiologists and HADCs 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. Therefore, in the Council's view there is no need to reserve the act of dispensing hearing aids. Should the *HAA* not continue in force, provision will have to be made for including the reserved act of dispensing hearing aids on the Council's list.

Finally, the Council reiterates its concern that the Board not simply address consumer issues, but also standards of practice issues. 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.

4. Reserved Acts

As part of its ongoing review process, the Council has developed a list of reserved acts. Under the reserved acts regulatory system, only professions specifically granted by legislation the right to perform a reserved act will be entitled to provide such services.

During this investigation the Council recognized that HADCs perform services which fall with the Council's list of reserved acts. For example, in the course of testing, HADCs may perform several techniques which involve placing instruments into the external ear canal. These techniques would fall within reserved act 2(e)(i) "*performing the physically invasive or physically manipulative act of putting an instrument, hand or finger(s), into*[2] *the external ear canal*." However, members of the profession need not be concerned about the effect of this reserved act because of section 14(a) of the *HPA* which states:

> *Despite section 13, nothing in this Act, the regulations or the bylaws prohibits a person from*
>
> *(a) practising a profession, discipline or other occupation in accordance with this or another Act*

Thus, practitioners under the *HAA* are not affected by the *HPA*.

[2] In its report on Speech-Language Pathology and Audiology, the Council recommended that the term "*beyond the external ear canal*" be modified to provide "*into the external ear canal*" and that the phrase "*including applying pressurized air or water*" be added.

Therefore, the Council recommends that upon the adoption of the reserved acts system, legislative provisions be enacted to ensure that hearing aid dealers and consultants continue to be entitled to perform the reserved act of *"putting an instrument, hand or finger(s) into the external ear canal for the purpose of dispensing hearing aids*".

Prescribing devices for hearing conditions is also on the Council's list of reserved acts. The Council notes however that the *HAA* does not include the term "prescribing", and this may create some confusion amongst practitioners. The Council's intention is to ensure that all licensed dispensers 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*.

APPENDIX A

SYNOPSIS OF POSITIONS TAKEN BY RESPONDENTS TO THE CONSULTATION PROCESS

1. The Nurse Administrators' Association of BC- It states that the evidence does not support creating a self-regulating profession and that applicants perform only minimal interpretation of detailed guidelines and primarily provide a technical service. It believes that there is no sufficient risk of harm to justify designation.

2. British Columbia Society of Medical Technologists - It agrees that there is sufficient risk of harm to the public to designate the profession and expresses no concerns regarding scope of practice, reserved acts or reserved titles.

3. Canadian Association of Speech/Language Pathologists and Audiologists - It supports the views of the BC Association of Speech/Language Pathologists and Audiologists. (see #4 below)

4. British Columbia Association of Speech/Language Pathologists and Audiologists

   The BCASLPA submits that the scope of practice statement "*examination and evaluation of human hearing related to hearing acuity, sensitivity and communication disorders*" is too broad and that applicants should be restricted to the services currently listed in section 5 of the *Hearing Aid Act*, namely testing for hearing loss only insofar as it relates to the fitting of a hearing aid.

   The BCASLPA notes that the phrase "*industrial hearing protection screening*" is entirely regulated by the W.C.B. and in fact it is prohibited for the applicant to perform such tasks due to conflict of interest. It also believes that the phrase "*fitting of hearing protective earmolds*" is better worded as "*the fitting of customized hearing products*" as the applicant's current proposal would encompass over the counter products. It submits that the applicant's proposal, to provide "*rehabilitation advice and guidance to the hearing impaired*" and "*post fitting service to the patient*", should all be "*in regards to the use of a hearing aid*". Finally, it recommends substituting the word "*trainees*" with "*students*" in the phrase "*instruction and supervision of hearing instrument students*", since training is not necessarily indicative of course work.

   Regarding practice limits, the BCASLPA submits that the first proposed practice limit, the Red Flag system, should read, "*practitioners must not attempt to treat any medical conditions, and must be required to follow the red flag system adopted by the otolaryngology section of the BCMA*". It also states that continuing education is not appropriately included as a practice limit. It accepts the prohibition against testing children under 16 years of age and the proposal that supervision only apply to candidates undergoing their training program. Finally, it recommends a further limitation:

practitioners should not attempt to fit programmable hearing aids beyond their level of expertise and without first taking the appropriate training to fit such an advanced device.

Regarding reserved acts, the BCASLPA states that none of the reserved acts should be restricted only to hearing instrument specialists but accepts that all involve a risk of harm and should be reserved. It suggests that all of these procedures be grouped as "*hearing aid dispensing*" and be named a reserved act which could be shared amongst audiologists, the applicants and certain members of the College of Physicians and Surgeons.

On titles, it suggests removal of the term "*certified*", and that the term "specialist" be replaced with "*practitioner*" or "*dispenser*" as they more properly describe the services performed.

5. Registered Nurses Association of British Columbia - It objects to the exclusive reservation of the proposed reserved acts to the applicants, noting that registered nurses perform these tasks in certain circumstances.

6. Fraser Valley Health Region - It has no concern regarding the scope of practice statement but does not believe that the reserved acts should be the exclusive right of hearing instrument specialists as these activities are carried out by other professions. It also believes that this group should not be called "*specialists*" but rather "*technicians*".

7. George Bryce - Mr. Bryce questions whether the limitation on treating persons under the age of sixteen should remain in light of the *Infants Act* which appears to permit a child under the age of 16 to consent to such testing. He states that if applicants are granted a reserved act they should properly be described as "*licensed*". He also states that it is inappropriate to allow any health care profession to use a noun like "*specialist*" in its occupational title.

8. Capital Health Region - It makes a very brief submission which supports designation with no specific comments regarding the elements of the review.

9. Workers Compensation Board - It makes the general point that members of the applicant group are less trained than audiologists and that it has had some problems in dealing with members of the applicant group. It confirms the point made by the BCASLPA that with respect to screening of noise exposed workers, the WCB is the sole authorizing agency of individuals to do this testing and that allowing applicants to do this would create a conflict of interest.

10. Public Health Audiology Council - The PHAC notes that the applicant's services are essentially a subset of audiologists scope of practice and submits that there should be no exclusive reserved acts for members of the applicant. It further notes that two colleges, one for audiologists and one for hearing aid dispensers, would appear to be redundant and proposes that the overall umbrella of licensure should be with audiology.
The PHAC submits that the current scope as listed in section 5 of the *Hearing Aid Act* should remain. It notes with regard to the proposed practice limit that the prohibition in the

Red Flag system should read "*practitioners must not attempt to treat any medical conditions and must be required to follow the red flag system*."

The PHAC also suggests that the following practice limit be added: "*practitioners must not attempt to fit advanced technologies such as programmable hearing aids beyond their level of expertise and without first completing the appropriate training to fit advanced devices*". It further submits that testing for hearing loss, fitting amplification devices, taking earmold impressions and fitting earmolds for industrial purposes, should be restricted or reserved acts because they present a risk to patients. However, none of them should be restricted solely to hearing instrument specialists. It also notes that under the *Hearing Aid Act* anyone taking earmold impressions and fitting earmolds for industrial purposes must be licensed for this function or be exempted from licensure, as for example audiologists working in public health facilities.

Finally, it believes that the terms "*registered*" or "*certified*" could lead to confusion amongst the public and recommends that the term "*licensed*" be used. Finally, it submits that "*dispenser*" is a more appropriate term than "*dealer*".

11. UBC Faculty of Medicine, School of Audiology and Speech Sciences - It is concerned that the proposed scope of practice is broader than that currently recognized under section 5 of the *Hearing Aid Act* and notes that applicants are less trained than audiologists.

    It supports the notion that the selection and fitting of hearing aids and other applications or hearing protection devices should be reserved acts. However, it disagrees that the proposed reserved acts should be held exclusively by applicants as other professions perform these acts.

    It does not believe the use of the term "*specialists*" is an appropriate reserved title and therefore suggests something such as "*certified hearing instrument dispenser*".

    Finally, it submits that the HISSBC and the BCASLPA applications should be heard together and notes that if one or more colleges are established for these groups resulting in repeal of the *Hearing Aid Act* new legislation will be needed for public protection in the market place since the colleges will regulate professional activity, not commercial activity.

12. UBC Faculty of Medicine, Institute for Hearing Accessibility Research - It supports the comments of the other representative of UBC and believes that the Council must look carefully at the services performed under the current *Hearing Aid Act*. It notes that no expansion in the range of services provided by the applicant should be allowed. It also believes that there must be specific recognition that many if not all of these reserved acts are shared with audiologists.

13. Ministry of Education, Skills and Training - It makes no specific comments on this review.

14. Ministry of Education, Skills and Training, Project Officer, Health and Human Services Program - It makes no specific response to this review.

15. Saskatchewan Ministry of Health - It notes that in 1994 the Ministry rejected an application for professional self-governance because the motivation was principally economic as opposed to public protection. Other factors which led to the rejection included too few members, limited training, no evidence of risk of harm, and complaints about hearing aid dealers not living up to their warranty claims and thus requiring regulation under consumer protection legislation. It notes that most provinces do not regulate hearing aid dealers through any legislation other than consumer legislation.

16. Quebec Office des professions du Quebec - In Quebec, audioprothésistes are regulated under the *Code des professions* and have an exclusive right to dispense hearing aids. However, the current legislation is under review, as part of a general review of the system.

17. Alberta Ministry of Health - It notes that hearing aid practitioners have been regulated under the *Health Disciplines Act* since 1998, and that the *Act* reserves the title "*Hearing Aid Practitioner*" for registered members.

18. New Brunswick Health and Community Services - It notes that the reserved acts should not be reserved exclusively to applicants as other organizations provide these services. It suggests that the reserved act, testing for hearing aid loss, be qualified to note that they only deal with individuals over the age of 16. It does not believe the addition of the term "*certified*" in the proposed reserved title is necessary. It questions how hearing instruments and medical conditions are defined and further states that testing for hearing loss should say "*testing for peripheral hearing loss*". Finally, it questions whether amplification devices are the same as hearing instruments.

19. Ontario Ministry of Health - It notes that hearing instrument specialists are not one of the 23 regulated health professions in Ontario as what they do does not present a significant risk of harm. It states that dispensing is not a controlled act, but prescribing a hearing aid is. It notes that section 31 of the *RHPA* prohibits the dispensing of hearing aids unless it is done pursuant to a prescription from a person authorized to prescribe hearing aids. It notes that in addition to these regulatory controls, third party payers, such as the Ministry's assistive devices branch, may as a matter of policy require additional controls in this area.

20. Ontario Health Professions Regulatory Advisory Council - It recites the provisions from the *Regulated Health Professions Act* and reproduces section 31 of the *RHPA* which is described, in #19, above.

21. Yukon Health and Social Services - It notes that there are no hearing instrument specialists practising independently in the Yukon but that there are two audiometric technicians working under the supervision of the audiologists in a government clinic. It believes that the meaning of the term "*rehabilitation advice and guidance to the hearing impaired*" should be clarified and states that a distinction should be made between such advice and aural rehabilitation which generally involves more in-depth counselling and is in the proper realm of audiologists. It believes that the proposed practice limits are appropriate and important to maintain. It notes that the current practice in Yukon is more stringent, requiring medical

clearance from the physician for all first time hearing aid fittings and requiring assessment by otolaryngologists prior to the hearing aid fitting for most Red Flag conditions. It notes that there should be some indication that the reserved acts are shared with other professions. It notes that in the case of semi-invasive procedures such as making earmold impressions, there is a risk of direct injury to the client. Also, it notes that improperly fitted hearing aids can cause noise induced hearing loss or can cause tinnitus or outer ear infections. It agrees with the reserved titles proposal.

22. Western Institute for the Deaf and Hard of Hearing - It indicates support for the submission from the BCSLPA (#4, above).

23. Cariboo Health Board - It indicates agreement with the submission by the Public Health Audiology Council (#10, above). It believes that the scope of practice should be limited to services listed in the current section 5 of the *Hearing Aid Act*. On practice limits, it supports the suggestion of the public health audiology council that the practitioner should not attempt to fit programmable hearing aids beyond their level of expertise and without first taking the appropriate training to fit advanced devices. It questions the need for exclusive reserved acts for the applicants. It supports the concerns expressed by the Public Health Audiology Council about the terms "*certified*" and "*specialist*".

24. BC Teachers' Federation - It generally supports the application for designation but notes some concerns. It believes that the profession's scope of practice may impinge upon hearing impaired teachers' functions which include services within these areas. It requests that the Council take either of the following courses of action: provide written assurance that the creation of a college of certified hearing instruments specialists will not impinge on the role of teachers of the hearing impaired or amend the scope of practice and reserved acts to delete the areas of concerns to teachers.

25. BC Ministry of Health, Manager, Community Health Services - It supports the position taken by the Public Health Audiology Council (see submission #10, above). It also states that self-regulation of hearing services will assist the Ministry's efforts to protect the public from services that could be potentially misleading or harmful, and to provide clear public expectations around those services and the individuals who provide them.

26. Seniors Advisory Council - It is concerned that patients are able to make the best possible use of hearing instruments and to that end suggests that the scope of practice of the applicants emphasize helping patients manage and maintain their equipment and the ability to refer patients to other supportive services such as public health services.

27. BC Society of Otolaryngology, Head and Neck Surgery - It does not support the application and believes that the public interest is better served by the continuation of the Board of Hearing Aid Dealers.

    It does not support the use of the term "*specialist*" in the title as that term usually connotes prescribed additional training and unique or higher qualification beyond minimum standards. It believes the term "*hearing aid dealer*" or "*hearing aid dispenser*" is more appropriate.

It suggests that the following qualification must be added to the profession's scope of practice: "*only as they relate to the identification of hearing loss and/or the fitting of acoustic amplification devices*". On scope of practice, it notes that the current curriculum for hearing aid dealers does not qualify them for a role in industrial hearing protection screening and fitting of hearing protective earmolds. It suggests that selection and fitting of hearing instruments by hearing aid dealers should be limited to their involvement with acoustic amplification devices for which the individual practitioner has received appropriate training. Rehabilitation advice and guidance to the hearing impaired should be limited solely as these apply to the regular fitting of acoustic amplification devices. The phrase "*instruction and supervision of hearing instrument specialist students*" should be changed to read "*instruction and supervision of hearing instrument trainees*".

It suggests that referral for medical clearance should be mandatory for any medical conditions seen or suspected by a hearing aid dealer. It also suggests that hearing aid dealers should be limited to performing hearing tests only for the identification and quantification of hearing loss with respect to determining need for hearing amplification and, if indicated, fitting of amplification devices and post-fitting assessment. It further notes that hearing aid dealers should be precluded from carrying out complex site-of-lesion testing, electrophysiological studies and/or auditory rehabilitation intervention, unless the practitioner can demonstrate an appropriate level of competence training and certification.

It notes that none of the reserved acts should be reserved exclusively for hearing aid dealers. It also suggests consultation with the Workers Compensation Board with regard to fitting of earmold for industrial purposes. It submits that the proposed college would be unable to maintain the active consumer protection role that the Board of Hearing Aid Dealers currently achieves. In particular, it notes that the current board includes two consumers as well as an otolaryngologist and two audiologists. It believes that designation of a college would likely remove the objectivity or potency of consumer protection initiatives. It also questions whether such a college would have the appropriate resources to maintain an appropriate level of consumer protection. On this point it notes that there is no reference in the application to the selling of hearing aids which it believes raises a question of conflict of interest which is best addressed by the current Board.

28. BC Nurses' Union - The BCNU believes that the practice limits set out in the proposed practice definition should be moved to and considered as part of the proposed practice limits for the profession. It also believes that the proposed practice limit on annual renewal of certification would appear to be a matter best addressed by a new college rather than being a limitation on the scope. It also points out that registered nurses sometimes undertake adjustments and maintenance of audioscopes. The BCNU does not see why testing for hearing loss, fitting amplification devices, taking earmold impressions or fitting earmolds for industrial purposes should be reserved acts. It does not believe they represent a serious and inherent risk of likely harm to the public. It also notes that some or all of these functions are performed by other health professions. It further notes that the proposal for prescribing and dispensing a hearing device may fit within the Council's sixth reserved act.

It supports the submission of George Bryce (see #7, above) in regard to reserved titles and does not believe the term "*specialist*" is appropriate.

29. College of Physicians and Surgeons - The CPSBC attaches the response from the BC Society of Otolaryngologists (# 27, above). It also attaches the opinion of Dr. Irwin Stewart, an otolaryngologist, who does not support designation. It provides history of the group known as hearing aid dealers and notes that prior to the *Hearing Aid Act* of 1970 these practitioners were an unregulated group. It does not believe that the group could support a college and believes that the present Board is functioning well under the *Hearing Aid Act* and serves the public interest.

30. Board of Hearing Aid Dealers & Consultants - The Board submits that the current scope of practice in section 7 of the *Hearing Aid Act* should remain. It suggests that dispensing of hearing aids and other highly specialized equipment such as FM systems for children should be reserved.

    It states that acts reserved to practitioners can be performed by a person who is working directly with a registered practitioner and who is either completing or has completed course material specific to understanding the ear, recording and evaluating audiograms. It suggests the exclusive reservation of a title for those who test, select and fit hearing aids: "*hearing aid dealer and consultant*".

    The Board is concerned that designation of hearing aid dealers under the *HPA* would not provide the same type of consumer protection that the public presently enjoys and has been well served by. It notes that the Board currently regulates hearing instrument specialists and dispensing audiologists under one *Act*. It believes that if the board were brought under the college model, the two groups who sell and dispense hearing aids should operate in conjunction and with equal representation and act in allegiance in serving the consumer rather than serving the respective professional association interests. The general tenor of this submission is that the main risk of harm in this area is consumer related.

APPENDIX B

LIST OF PARTICIPANTS IN THE PUBLIC HEARING

Hearing with respect to the designation of hearing instrument specialists pursuant to the *Health Professions Act*

Dr. Graham Bryce, F.R.C.S.C.
British Columbia Society of Otolaryngology

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

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

Laurie Usher
Public Health Audiology Council

Dr. Marilyn Dahl, OBC, Executive Director
Western Institute for the Deaf and Hard of Hearing

Michele Horncastle and Grace Shyng, Applicant
British Columbia Association of Speech/Language Pathologists and Audiologists

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