Ontario

# Feedback Form

## Health Professions Regulatory Advisory Council (HPRAC) Recommendations

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Please e-mail completed forms by **June 30, 2006** to: RegulatoryProjects@moh.gov.on.ca (preferred), or
Send by mail to: RHPA Review Project, 80 Grosvenor Street, 8th Floor, Toronto ON M7A 1R3, or
Send by Fax to: 416-327-8879. Thank you.

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| **Organization (if any)** | College of Audiologists and Speech-Language Pathologists of Ontario | | |
| **Contact Person** | David Hodgson<br>Registrar | **E-mail** | dhodgson@caslpo.com |
| | | **Phone #** | 416 975 5347 ext 215 |
| **Address** | 3080 Yonge Street Suite 5060 Toronto ON M4N 3N1 | | |
| **HPRAC Recommendation # 1**<br>**Hearing Care** | That it is not necessary to further define the controlled act of "prescribing a hearing aid for a hearing impaired person" in section 27(2) 10 of the *Regulated Health Professions Act, 1991.* | ❑ | **A** |
| **RHPA Reference** (do not complete) | ❑ Act Section _____ Sub clause ____ | ❑ New Profession | ❑ **B** |
| | ❑ Code Section _____ Sub clause ____ | ❑ Profession-Specific | ❑ **C** |

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| **Feedback/ Concern** | Our submission to HPRAC set out in great detail the significant harm that can result from a person being prescribed or dispensed a hearing aid with the wrong settings.<br><br>When an unqualified person provides hearing health care services, the risks of harm are substantial. The types of harm may not present immediately, but may develop over a number of years. The types of harm include not only physical harm, but also emotional, physiological, financial, and social harm as well as economic loss to the individual and society.<br><br>HPRAC's Report states that the evidence of risk does not support replacing the current controlled act of prescribing with a more detailed statutory definition. CASLPO disagrees. There is substantial risk of harm that has been documented in our submission to HPRAC in April 2005 and in the examples gleaned from a survey of our members that were sent to HPRAC in December 2005. |

There are specific types of harm that are inherent to hearing aid prescription such as:

- Overamplification resulting in further permanent damage to a patient's residual sensorineural hearing sensitivity.

- Insufficient or inappropriate amplification. This results in poor audibility of sound and may further reduce communicative function.

- Inappropriate prescription of a hearing aid to an ear in need of immediate medical investigation or to an ear for which candidacy is not warranted.

- Discomfort from painfully loud sounds.

- Failure to recognize contraindications (e.g. completely-in-the-canal hearing aids misprescribed to diabetics and raising the risk of canal ulcers).

- Physical harm to the patient due to procedures involved in determining the actual need of a hearing aid prescription from high intensity sound energy or potentially damaging air pressure levels, or instruments being inserted into the ear canal with close proximity to the fragile eardrum.

The following are the consequences and types of harm that may result from an improper prescription, or from an error in an audiological assessment, or hearing test, or in dispensing:

- Death or physical harm could result from the inability of a hearing impaired person to hear warnings or recognize sounds associated with a hazardous situation, such as a train at a railway crossing, or a boiling kettle, or a fire alarm.

- Children could experience significant delays in the development of speech and language, literacy, communication skills, socialization and learning.

- Children could fail to optimize readiness for school and classroom functioning. The drop out rate of children with speech and language disorders is 43% compared to 23 % in non-impaired children according to The Ontario Association for Families of Children with Communication Disorders.

- Children and youth may develop inappropriate and maladaptive attitudes and behaviors that may result in actions that may cause harm to others. Over 60 per cent of young offenders have communication disorders according to The Ontario Association for Families of Children with Communication Disorders.

- The elderly may not be able to maintain independent living, or may experience increased physical risk from environmental hazards, or needless social withdrawal and isolation, or needless reliance on family or institutional supports, or exacerbation of cognitive decline and effects of multiple disorders.

- There are clear links between hearing loss and the development of clinical depression. This is a significant mental harm.

- Hearing impaired individuals may experience loss of vocational abilities and possible loss of jobs.

- There may be a loss of workplace productivity.

- Problems with social communication, emotional and psychological aspects of daily living could arise from frustration, and poor self-image.

- Family relationships could be disrupted.

- In the special case of infants and young children, deficiencies in audiologic habilitation can have profound consequences above and beyond the possible harmful effects in an adult. In essence, ineffective amplification puts the child in a worse situation than if there had been no intervention at all. For example, with under-amplification, the child will not develop spoken language normally, and will not respond appropriately at home or at school. Yet parents and teachers will believe that all is well concerning hearing. Inappropriate behaviours or poor performance may be misinterpreted and even lead to inappropriate behavioural or psychological interventions. Conversely, the potential for ear damage due to over-amplification has been repeatedly reported.

We believe that a prescription for a hearing aid truly must be a detailed prescription.

The prescription for the prescribed hearing aid(s) should include, but not be limited to:

1. ear(s) to be fitted.

2. style of hearing aid(s) or device(s).

3. manufacturer's name/model number.

4. frequency/gain characteristics obtained from an evidence-based fitting rationale, including individual real-ear measurement characteristics.

5. type of signal processing.

6. special potentiometers, where appropriate, including but not limited to gain control, output control, tone controls, compression ratios and knee point adjustments.

7. initial volume control setting, where appropriate.

8. features including but not limited to directional microphone, telecoil, direct audio input.

9. earmold style, material and specifications for modifications including venting and tubing, where applicable.

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| | 10. any special applications for ear hooks including but not limited to pediatric ear hooks.<br><br>We are also concerned that the recommendation not to require a detailed prescription may have been based on a misunderstanding of the prescribing and dispensing process. For example, HPRAC states that:<br><br>"Dispensing a hearing aid is the process of filling a prescription for a hearing aid. The dispensing process has four steps: Audiometric Testing, Fitting, Quality Control, and Patient Education."<br><br>Surely audiometric testing must come before the prescription is written. It has to be part of the audiological assessment process. How else would a prescriber know if a hearing aid is necessary and what to prescribe? It seems that there is a lack of understanding of the hearing health care process and the difference between prescribing and dispensing has been misunderstood.<br><br>The dispensing process described by HPRAC would allow for a generic prescription, but that is not how hearing aids should be prescribed, and it confuses the roles of the prescribers and the dispensers.<br><br>In addition to the concerns raised above, it is difficult to understand how the controlled act provisions of the RHPA can allow two professions, audiologists and physicians, who are authorized to perform the same controlled act, to do so with diametrically opposed standards of practice. We believe that a prescription for a hearing aid has to be more than "Mrs. Jones needs a hearing aid". The fact that HPRAC has chosen not to recommend that the two professions perform this controlled act to similar standards is surprising given that HPRAC has gone to great pains to promote interprofessional collaboration for matters affecting two or more health professions including the performance of controlled acts.<br><br>In order to fully appreciate our concerns, the Ministry officials are encouraged to review the CASLPO submission to HPRAC dated April 2005 that is posted on the HPRAC website. |
| **Level of Concern to Your Organization** | Our level of concern is 10. If there is no detailed prescription, then there is a significant risk that an inappropriate hearing aid with inappropriate settings could be dispensed, placing the public at risk of harm. |
| **Proposed Solution/ Alternative** | The proposed alternative is outlined in our submission and responds directly to the questions asked by the Minister.<br><br>1.1 Prescribing a hearing aid should remain a controlled act. This controlled act should include determination of the need for a hearing aid, and the determination of the specifications of the hearing aid, based on an audiological assessment including hearing tests and an evaluation of the physical aspects of the ear.<br><br>1.2 Prescribing should be defined as the determination and specification of |

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| | acoustic and physical parameters of a hearing aid based on a comprehensive evaluation of auditory and communicative function. |
| **How does your solution favor the public interest?** | The proposed solution will favor the public interest in that all prescribers and their patients will be equally protected.<br><br>If generic prescriptions continue, a person who goes to a physician and receives a generic prescription could go to a Hearing Instrument Practitioner who will select the aid and who will determine the settings to meet the patient's hearing loss. This is prescribing, and they are not authorized or trained to do this, and the public will be harmed.<br><br>If the person goes to an audiologist the prescription is set out in detail based on the audiologist's assessment of the hearing loss and determination of what is required to meet the patient's needs. A dispenser can then dispense the appropriate aid with amplification levels determined by a competent hearing health care professional. |