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.

Organization (if any)	College of Audiologists and Speech-Language Pathologists of Ontario		
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HPRAC Recommendation # 2 Hearing Care	That audiological assessment and communicating the results; communicating an audiologic diagnosis; hearing testing; inserting air, gas, or water under pressure, applying energy in the form of high sound pressure levels, inserting or removing instruments, devices, fingers or other objects into or from the ear canal; or performing cerumen management should not be made controlled acts under 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**

Feedback/ Concern	The procedures that CASLPO has proposed as new controlled acts do have a significant risk of harm if performed by unqualified unregulated persons. Other jurisdictions in Canada have made these procedures restricted acts already based on their analysis of the risks to the public and have authorized audiologists and other regulated professionals to perform them. Only qualified regulated professionals should perform these procedures. However, the HPRAC Report states:

> "HPRAC's review of the medical literature did not support making these procedures controlled acts. HPRAC concluded that appropriate standards for hearing testing and other procedures proposed should be established by the regulatory bodies concerned, whether CPSO, CASLPO or CNO. If there are substantial concerns about the risk of harm in these procedures, the respective colleges have the opportunity to address them through regulation or by seeking amendments to profession-specific acts that do not impinge on or restrict the scopes of practice of other professions. HPRAC is troubled by proposals, which could further fragment hearing health care, create new silos, and restrict other skilled practitioners from providing care. Controlled acts are the highest level of regulatory restriction under the RHPA. Designating these procedures as controlled acts is not warranted."

There appears to be some confusion in this statement as to what CASLPO has requested. It is not CASLPO's intent to restrict other qualified regulated health professionals from performing the new controlled acts that were proposed. It is our desire to restrict unqualified unregulated persons from performing these procedures. This is the purpose of controlled acts, to ensure that only qualified regulated persons perform the procedures that are controlled.

In response to HPRAC's comments, we would agree that the various colleges could make rules to govern their members in order to protect the public with respect to these procedures if performed by one of the regulated health professionals. But if these procedures are not controlled acts, any person in Ontario can perform them.

HPRAC's dismissal of our recommendations for controlled acts for communication of an audiological diagnosis, for diagnostic hearing tests, and for inserting air, gas, water pressure and objects into and from the ear canal does not reflect an appreciation of the complexities of these procedures. For example our submission provided over ten pages on the complexities of hearing testing alone as outlined below in a brief excerpt. Yet it is does not appear from HPRAC's analysis that there was an understanding that there is more than one hearing test and that some of these tests require the specific knowledge and expertise that only audiologists have acquired.

The CASLPO submission stated:

> "The main purposes of hearing tests are to quantify and characterize the hearing disorder itself. This information is fundamental for medical and audiological rehabilitative assessment and management. There is an array of interlocking and complementary tests, each with a specific focus. There are three major, interrelated test domains: measurement of hearing sensitivity, measurement of recognition of complex signals such as speech, and determination of the locus of the disorder(s) in the auditory system or pathway from the external ear to the higher brain centers. A fourth domain, auditory system characterization for provision of assistive technologies, will be

outlined in the later section on Audiologic Rehabilitation.

There is a broad range of hearing tests that can be used to evaluate different aspects of auditory and communicative function. For example, there are tests that are used to evaluate peripheral and central auditory function, auditory processing function, and physiologic function of the auditory system. There are specialized procedures that are specific to certain populations, such as infants and children, adults with cognitive limitations/disorders, and persons with motivations to hide existing or exaggerate non-existing hearing loss. Many audiologic tests involve behavioural responses, and therefore require that clinical judgment be applied to evaluate accuracy and reliability.

It is beyond the scope of this document to outline in detail the purposes, procedures, indications, complications, risk factors and required competencies involved to safely administer and interpret each of the wide variety of audiologic tests employed by audiologists. However, selection, administration and interpretation of many audiologic tests, including, but not limited to, otoacoustic emissions (OAEs), electrocochleography (ECochG), auditory brainstem response (ABR), middle latency response (MLR), slow vertex potentials (SVP), auditory processing measures, multi-frequency tympanometry and others require education and training that is limited to audiologists and some specially trained physicians. Similarly, procedures for the evaluation of infants and children (and other special populations), such as visual reinforcement audiometry (VRA), conditioned oriented response (COR), conditioned play audiometry (CPA) and others are uniquely in the domain of audiologists."

Each of the proposed controlled acts requires a unique set of competencies to perform it appropriately and there are risks of harm from performing these procedures improperly. CASLPO's submission proposed a number of new controlled acts for various activities. Each should be assessed separately and if warranted should be made a controlled act.

2.1 Audiological assessment and communicating the results of an audiological assessment for the purposes of aural rehabilitation should be a new controlled act. Audiologists should be authorized to perform this controlled act.

2.2 Audiologists should be authorized to communicate an audiologic diagnosis.

2.3 Testing hearing should be a controlled act. Only audiologists, and physicians with sufficient training and competence, should be authorized to perform advanced diagnostic hearing tests and tests on infants, children and difficult to test adults. In addition to audiologists and physicians, other regulated professionals who can demonstrate sufficient education, training and competence can be authorized to perform tests other than those identified above.

2.4 Other persons who are not currently regulated and can demonstrate

	sufficient education, training and competence to perform hearing tests other than advanced diagnostic hearing tests and tests on infants, children and difficult-to-test adults could be regulated by CASLPO and authorized to perform such hearing tests in addition to audiologists. 2.6 To insert air, gas, or water under pressure, or to apply energy in the form of high sound pressure levels, or to insert or remove instruments, devices, fingers or other objects into or from the ear canal should be a controlled act. 2.8 Performing cerumen management should be a controlled act. Audiologists and regulated health professionals who have the competencies to insert air, gas, or water under pressure or, to apply energy in the form of high sound pressure levels, or to insert or remove instruments, devices, fingers or other objects into or from the ear canal should be authorized to do so. 3.5 Making an impression of the ear, including insertion of instruments into the external ear canal, insertion of a substance under pressure that subsequently solidifies into the ear canal, and removal of the hardened substance from the ear should be a controlled act. 3.6 Audiologists should be authorized to make an impression of the ear including insertion of instruments into the external ear canal, insertion of a substance under pressure that subsequently solidifies into the ear canal, and removal of the hardened substance from the ear. 3.7 Other persons who are not regulated and can demonstrate sufficient education, training and competence to dispense could become regulated by CASLPO and be authorized to make an impression of the ear including insertion of instruments into the external ear canal; insertion of a substance under pressure that subsequently solidifies into the ear canal; and removal of the hardened substance from the ear.
Level of Concern to Your Organization	This concern is a level 10.
Proposed Solution/ Alternative	The Ministry should consider each of CASLPO's proposals for new controlled acts separately, with a determination of the evidence of and potential for harm. If warranted, the proposed controlled acts should be made controlled acts and the appropriate regulated health professionals should be authorized to perform them.
How does your solution favour the public interest?	This proposal will favour the public in that unregulated persons will be prohibited from performing certain hearing care procedures if there is a risk of harm.