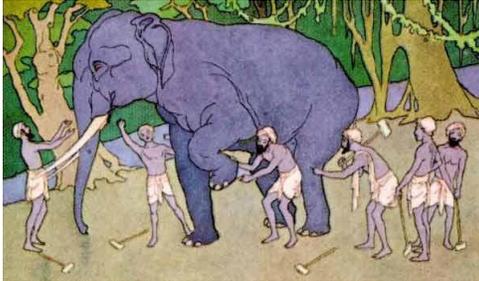


Regulation and CDAs

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The Question: “Why Aren’t CDAs Regulated?”

The CDAAC Executive Committee is often asked, “Why aren’t CDAs regulated?” Regulation, however, is often misunderstood. When I think of the issue of regulation, I think of the allegory of the blind men feeling different parts of an elephant and coming to very different and inaccurate conclusions of the nature of the beast. Professional issues such as regulation are usually very complex. To help members better understand regulation and its implications, Meredith Stratton led an informative discussion at the AGM last fall. Dominique Spencer also spoke about advocating for practice of our full scope. We felt it was important to share this information about regulation and advocacy with members who were unable to attend. This content will also be added to the website for future members to reference.



Introduction

It is important to remember that regulation is **provincial**. CDAAC is a **national** corporation. As most CDAAC members practice in Ontario, the legislation relevant to Ontario will be discussed here.

The **Minister of Health and Long-Term Care** through consultation with the **Health Professions Regulatory Advisory Council** (HPRAC) determines which professions are to be regulated. The purpose of regulating specific professions is to increase accountability to the public as there is a degree of risk of harm inherent in their work. It protects the profession’s title so that the public is assured that if they are receiving care from an S-LP, for example, that they must meet certain standards set by the regulatory college and that they are accountable in cases of misconduct. Regulation involves mandatory self-assessment, peer audits, goal-setting, portfolio creation, mandatory continuing education, and mandatory continuing practice hours.

It does not protect scope of practice nor control people working in related professions under different titles. It does not mandate to employers which professionals to hire.

Registration vs Regulation: Clarifying the Language

Before we begin, it may be useful to clarify two terms that are often incorrectly used interchangeably. In Ontario:

Speech-Language Pathologists and Audiologists are **regulated**. They **must** be **registered** with CASLPO (reg.CASLPO). They *may or may not* also be **registered** with SAC, OSLA, etc.

Communicative Disorders Assistants are **not regulated**. We **may or may not** be **registered** with CDAAC (Reg.CDAAC). We may also be **registered** with SAC, OSLA, etc.

CDAAC, CASLPO, and Regulation

At this time, CDAAC has no official position on the regulation of CDAs, nor are we currently pursuing regulation. This does not mean that in the future, if of benefit to CDAs and feasible, it would not be pursued. If there are members who are still interested in pursuing regulation, you are invited to contact CDAAC to form a subcommittee and create a proposal to submit to the HPRAC.

CDAAC, although not incorporated until 1996, was in existence prior to the **Regulated Health Professions Act** of 1991. When CASLPO was formed, their Registrar approached CDAAC about the regulation of support personnel. At that time CDAAC decided not to proceed further for several reasons:

- there would have been **no differentiation** between CDAs and other support personnel (i.e., OJTs or SLPAs),
- *at the time*, support personnel would have had **no voting privileges** on CASLPO’s Advisory Council,
- CDAs did **not meet the criteria** for eligibility set by the HPRAC, and
- the annual membership fee for CDAs/support personnel would have been **\$600 - \$1000**.

The HPRAC has the following eligibility requirements to be considered for regulation:

- primary criterion:
 - **risk of harm** (risky procedures are not delegated to CDAs by S-LPs or AUDs)
- secondary criteria:
 - professional **autonomy** (we are not autonomous; we practice under the direction of a regulated health professional)
 - **educational requirements** for entry to practice (we do have this)
 - body of knowledge, **scope of practice** (would need to be clearly defined and agreed upon)
 - **economic impact** of regulation (i.e., growth of the profession)
 - **regulatory mechanisms** (would need to be developed)
 - leadership ability to **favour public interest** and membership support and willingness of profession to be regulated
 - **health system** impact (minimal)

What is Protected Under Regulation?

The purpose of regulation is to protect the public receiving care, not the professionals providing care. Regulatory colleges have the responsibility and legal authority to:

- set and enforce **standards and guidelines** for the practice and conduct of their members,
- make sure that regulated health professionals meet their **training and educational standards** before they can practice or use a professional title,
- develop **programs** to help members **continually improve their skills and knowledge**, upholding the quality of care, and
- investigate allegations of **misconduct** and pursue disciplinary measures as appropriate.

As per the *Regulated Health Professions Act* (1991), regulating colleges have the following objects:

1. “To **regulate the practice** of the profession and to govern the members in accordance with the health profession Act, this Code and the Regulated Health Professions Act, 1991 and the regulations and by-laws.

2. “To develop, establish and maintain **standards of qualification** for persons to be issued certificates of registration.
3. “To develop, establish and maintain programs and **standards of practice** to assure the quality of the practice of the profession.
4. “To develop, establish and maintain **standards of knowledge and skill** and programs to promote continuing evaluation, competence and improvement among the members.
 - 4.1 “To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. “To develop, establish and maintain **standards of professional ethics** for the members.
6. “To develop, establish and maintain programs to assist individuals to **exercise their rights under this Code** and the Regulated Health Professions Act, 1991.
7. “To **administer the health profession Act**, this Code and the Regulated Health Professions Act, 1991 as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. “To **promote and enhance relations** between the College and its members, other health profession colleges, key stakeholders, and the public.
9. “To promote **inter-professional collaboration** with other health profession colleges.
10. “To develop, establish, and maintain standards and programs to promote the ability of members to **respond to changes** in practice environments, advances in technology and other emerging issues.
11. “Any other objects relating to human health care that the Council considers desirable.”



There are very few Controlled Acts relevant to S-LPs and Audiologists, such as, “prescribing a hearing aid for a hearing impaired person,” for Audiologists. **Regulation does not protect scope of practice other than the listed Controlled Acts. Regulation only protects a professional title such as Speech-Language Pathologist or Audiologist.** For a list of Controlled Acts, see the *Regulated Health Professionals Act* (1991). For a list of regulated professions in Ontario, please visit the **Federation of Health Regulatory Colleges of Ontario** website (www.regulatedhealthprofessions.on.ca). For more information about what regulation involves for Audiologists and Speech-Language Pathologists (such as education requirements), refer to the *Audiology and Speech-Language Pathology Act* (1991).

The colleges do not have the legal right to prevent other related professionals from practicing in a related manner under a title that is not protected under the Act. Therefore, an individual who is on-the-job trained or is another form of support personnel could still be hired. They would just not be able to call themselves a CDA. An employer may still wish to hire an SLPA or CDA. If they wished to hire a CDA, then that CDA would need to be a member of whatever college governed CDAs. **Regulation of CDAs would not prevent employers from hiring other individuals such as SLPAs, OJTs, or EAs to perform similar duties.**

Although CDAAC is not a regulatory college, many of our objects are similar. **CDAAC’s objects** are:

1. To **unite members** of the profession and **protect the character and status** of the profession.
2. To maintain and improve the **qualifications and standards of the profession.**
3. To **represent** the members in their relationships with organizations relating to the profession.
4. To provide the **public with information** regarding our profession.
5. To provide **support and share information** for the mutual benefit of members.

As such, classification as a regulated profession would not enhance our ability to meet these objectives of professional unification, improved qualifications and standards of members, professional representation, to operate in an ethical way that complies with relevant legislation, advocacy, and mutual support.

Myths

1. Would being regulated create more CDA positions? No.
2. Would being regulated prevent employers from hiring OJTs or SLPAs rather than CDAs? No.
3. Is being regulated the only way to advance the CDA profession? No – see below.

How to Advocate for our Profession

There are actually much more effective ways to expand CDA positions, increase awareness of the benefit of employing CDAs versus other support personnel, and to advance the CDA profession.

Awareness and Advocacy

This is everybody’s responsibility. If we are familiar with our scope of practice then it enables us to have informed discussions with our supervisors and employers. Very often they are not completely aware of our education and the full potential of our scope. If there are **S-LP or Audiology students** completing practica at your workplace, take an opportunity to discuss how CDAs can support their future practice. You can speak with your **supervisor, manager, or Professional Leader.** Take opportunities to attend **conferences and workshops** where S-LPs and Audiologists will be present. This effort is **long-term but very effective.**

CDAAC resources to help you:

- *Scope of Practice of a Communicative Disorders Assistant - A Companion Document to Guidelines on the Use of Support(ive) Personnel in Speech-Language Pathology* (www.cdaac.ca)
- *Scope of Practice for Communicative Disorders Assistants in Audiology: A Companion Document to Guidelines on the Use of Supportive Personnel* (in development; available soon)

Elevating Professional Standards

Be the best and you will be perceived as the best. I was very impressed by the degree of professionalism exhibited by students at last year’s AGM and Fall Conference; by their questions, demeanor, attitude, and even how they were dressed – I had never seen so many students in blouses and blazers.



If we want to stand out from other support personnel, we must *proactively stand out*. I will share a few anecdotes to illustrate this point. I attended the CASLPA conference in Whitehorse a few years ago. Many of the S-LPs and Audiologists in attendance were from the western provinces where there are fewer CDAs than in Ontario. After speaking briefly at the banquet award ceremony, an S-LP I had met earlier (a supporter of CDAs) shared the positive reaction of other S-LPs

and Audiologists at her table: *“That’s a support personnel???”* Clearly they had never met a CDA. That early experience taught me the **importance of taking advantage of small opportunities like that to advocate through modelling. When one of us has a positive impression on another, all CDAs benefit.**

The reverse is also true. A colleague recently shared a sobering story. When interviewing for a replacement for her maternity leave, her agency interviewed many CDAs and a few OJTs. **All of the CDA candidates interviewed so poorly that they hired an individual with no training or experience** who was applying for a different position. They were willing to take on the responsibility and workload of training a complete novice because none of the interviewed CDAs were considered acceptable (based on professionalism, interview skills, and preparation for the interview such as knowledge about the population and company). **When one of us has a negative impression on another, all CDAs are impacted.**

We can make ourselves stand out by maximizing our **professional skills** (including the way we dress), having a **good attitude** (humility, willingness to learn, work ethic), pursuing **continuing education** (staying up to date with the literature, workshops), being **involved professionally** (taking students, research, CDAAC member, interest groups, conferences).



CDAAC resources to help you:

- Continuing Education page on website
- Workshops section of newsletter
- CDAAC Conferences
- Forum

Professional Participation and Unification

Isolation vs Unity – We do not work in isolation, even if we are the only CDA at our workplace. It surprised me recently to hear second hand, “I’ll become a member of CDAAC when we become regulated.” (1) CDAAC is not a regulatory college, (2) you won’t have a choice, and (3) commitment to a profession is usually done with more willingness and enthusiasm. One of the things that separates CDAs is our commitment to professional unity and community. **We have a collective professional identity.** If a CDA works in isolation, they are working only in relation to their supervisor rather than as part of a broader professional community. **If a CDA works as a member of a larger professional body, they are demonstrating a commitment to that profession and it carries a degree of pride and credibility.**

Those who work in isolation do not have access to a network of CDAs to go to for advice and support. Being involved is also an incredible learning opportunity. As a member of CDAAC I have benefited by having a broader view of how other CDAs practice, understanding professional issues such as regulation, the challenges to our profession and how to respond, trends in our profession, and having an in depth understanding of our scope of practice.

Being a member of CDAAC is a way to achieve unity in our profession. We can speak with a degree of authority and certainty on issues if we are connected to our professional community. **A person working in isolation can only represent their own perspective.** I have been a member of CDAAC since I graduated in 2007. It was only a few years ago that I joined the Executive Committee. The more CDAs who are members of CDAAC, the more representative is the data gathered from surveys (used to advise potential employers); the more representative we can be when in discussions with the government, the academic colleges, and regulatory colleges such as CASLPO; the better we can be informed of issues impacting CDAs in various settings and geographic locations (hence our 2014 goal of increasing awareness of CDAs in Nova Scotia); and the better CDAAC can meet the needs of CDAs (e.g., sending information to potential employers or investigating continuing education needs). Being able to include “Reg.CDAAC” in your signature also demonstrates a **voluntary commitment to higher professional standards.**

Being a member of CDAAC isn't only about personal needs such as access to job postings, employer requirements, or ability to attend the conferences. It is also about **supporting the activities of the association that have an impact on each of us in our practice.**



This could mean supporting the creation of **scope documents** to better inform current and potential employers. This could mean responding to the **biannual surveys** to ensure we have accurate data to provide to employers and members. This could mean having a **voice to guide the direction** of our activities (such as when choosing where to focus awareness campaigns). This could mean **informing** us of layoffs or job creation in your area to better inform us in discussions with academic colleges proposing new programs. This could mean **supporting a colleague** looking to transition to private practice and in turn being supported when you just can't seem to elicit that elusive /r/...

Conclusion

In every field there are challenges; rarely are the solutions simple or immediate. **Regulation may indeed be of benefit to CDAs in the future, but not for the reasons why many CDAs think it would be.** Regulation would not protect our scope, create more CDA jobs, or make employers prefer CDAs over OJTs or SLPAs. **What will address these challenges more effectively and more permanently is increasing awareness or advocacy, elevating professional standards, and being unified through a professional community.**

We hope that this exploration of the issue of regulation has been helpful. Please do not hesitate to contact us at exec@cdaac.ca.

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