



# PRACTICE ADVICE

## REPORTING TO CASLPO

DATE: 2010

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As a member of a regulated health profession and as a professional working with vulnerable populations, there are a myriad of scenarios where you are required to report your own behaviour or other colleagues' behaviour to the College. These reporting requirements stem from the following legislations:

- [Regulated Health Professions Act](#), 1991 (RHPA)
- [Child and Family Services Act](#), 1990

Many of these reporting requirements have changed in recent years and as a result there is often confusion about what needs to be reported, why and how the reporting is to be done. The following scenarios will give you guidance around the current reporting requirements.

### FREQUENTLY ASKED QUESTIONS

Q: At the clinic I manage we had ongoing issues with an Audiologist not showing up for work or regularly arriving late for appointments with patients. Notes were placed in her employment file regarding these issues and the Audiologist was told that if she didn't show up for work again without prior notice that she would be let go. The next week she failed to appear but sent an email stating that she was resigning from the clinic, effective immediately. Do I have to report this situation to anyone?

Yes; an individual cannot avoid the College becoming aware of a job termination by preemptively quitting his or her job. In accordance with the RHPA, if you intended to terminate the employment of a member or to revoke the member's privileges for reasons of professional misconduct, incompetence or incapacity but were unable to do so because the member resigned or voluntarily relinquished his or her privileges, you are still required to file a written report with the Registrar within thirty days after the resignation or relinquishment. The report should include the reasons you intended to terminate the member.

Q: I suspect that an Audiologist at the clinic I own is abusing prescription medication. He was involved in a serious car crash several months ago and off for a few weeks following the

collision to recover. When he returned to work he was quite open about the fact that he had been prescribed a well-known pain killer, and initially it appeared to offer him some relief from his injuries without any additional side-effects. More recently, however, he has been tardy, irritable and looking haggard. In addition, his current documentation is not up to standards and his colleagues have come to me, questioning his clinical judgement. What should I do?

As the owner and operator of the clinic you have specific reporting requirements under the RHPA. A person who operates a facility where one or more members practice must file a report to the appropriate College if you have reasonable grounds to believe that a member who practices at the facility is incompetent, incapacitated, or has sexually abused a patient. In health care regulation, "incapacity" refers to a physical or mental condition that affects the health care professional's ability to practice safely. Incapacity issues often result from substance abuse or mental health disorders because the member does not recognize that s/he is practicing unsafely due to their health condition.

When a facility operator has concerns about the individual's ability to practice safely s/he should report the name of the member and a description of the alleged incapacity, including the nature of the condition, any observed behaviour (by supervisors, colleagues or clients) and any restrictions placed on or planned for the member's practice.

Q: I read in CASLPO Today that as a member I am now required to report any "offence" for which I am convicted to the College. I just received a parking ticket for parking overnight on my residential street. Do I really have to report this to my regulatory body?

As of June 4, 2009 the [RHPA](#) requires regulated health professionals to report to their College if they have "been found guilty of an offence" (S. 85.6.1). This typically refers to offences that are significant enough that a conviction would warrant a fine or jail time.

Although a parking ticket does require payment of a fine, the offences that the RHPA and regulatory colleges are most concerned with are those that would be indicative of dishonesty or impairment. For example a DUI (driving under the influence) charge may demonstrate a lack of judgement and disregard for others' well-being, which may raise concerns about an individual's suitability to practice. The obligation to report these offences is not retroactive beyond June 4, 2009.

Q: During a recent consultation with an 18-year old female client, who was referred through the school board, some concerning information emerged; she asked me rather jokingly if I was going to "hit on her" like the previous Speech-Language Pathologist, "Terry" had. As the session proceeded, the client revealed other information involving frequent inappropriate comments by the previous Speech-Language Pathologist. I am concerned that the former SLP generally behaved inappropriately, with this client but how am I to determine if what is reported is accurate and true and if it is, what should I do?

Whenever you have reasonable grounds to believe that a regulated health professional has sexually abused a patient, which includes behaviour or remarks of a sexual nature, you are obligated to report the individual to the appropriate college as set out in the [RHPA](#) (S. 85.1(1)). The key issue you raise is whether or not you have reasonable grounds to believe that sexual abuse has occurred with this client. To determine this, it would be prudent to

ask further questions of the client to obtain more information. For example, to fulfill the reporting requirements you must have "the name of the person who is the subject of the report" as well as , "an explanation of the alleged sexual abuse".

You may also want to consult other colleagues (without revealing the patient/client identity). However, in the end it is a judgement call on your part and you should consider that when dealing with such issues it is prudent to err on the side of reporting. As a person reporting suspected sexual abuse, one must remember, a report does NOT constitute a finding.

If you do determine that you will report this incident, keep in mind that the report must be in writing and contain the pertinent details. Although you must discuss with the client your intention to report, the name of the client cannot be revealed unless the patient/client agrees in writing to this disclosure

Q: In my practice I see a 9-year old boy with severe stuttering. "Kevin" has been my patient for the past 3 years and we had made remarkable progress in his development until recently. Over the past 4 months I have observed Kevin's speech regress to the level it was when I initially assessed him. In addition he now comes to the appointments in soiled clothes, appears nervous and jittery, and does not seem to be well rested. I have also noted small bruises on his arm and face. His parents separated over a year ago but these observations seem to coincide with his mother's new boyfriend moving into the family home. I am concerned about Kevin's well-being and tried to contact his mother but she has not returned my calls. Who should I contact next?

If you believe that a child's care is being neglected, or at risk of being neglected, you have a responsibility to report the suspicion to the Children's Aid Society. [Child and Family Services Act](#) states:

A person who performs professional or official duties with respect to children, who has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
  - i. failure to adequately care for, provide for, supervise or protect the child, or
  - ii. pattern of neglect in caring for, providing for, supervising or protecting the child; or
6. The child has suffered emotional harm, demonstrated by serious,
  - i. anxiety,
  - ii. depression,
  - iii. withdrawal,
  - iv. self-destructive or aggressive behaviour, or
  - v. delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent

or the person having charge of the child.

The fact that Kevin is demonstrating increased stuttering may be part of the speech variability common with stuttering, or it may be part of a pattern of neglect or abuse. It would be advisable to consider the other evidence for neglect or abuse, when determining whether or not to report. Using your professional judgement, if it is reasonable to suspect that he may be suffering emotional harm then you are required to make a report to the appropriate "society", which is defined in the legislation to mean "... an approved agency designated as a children's aid society...".