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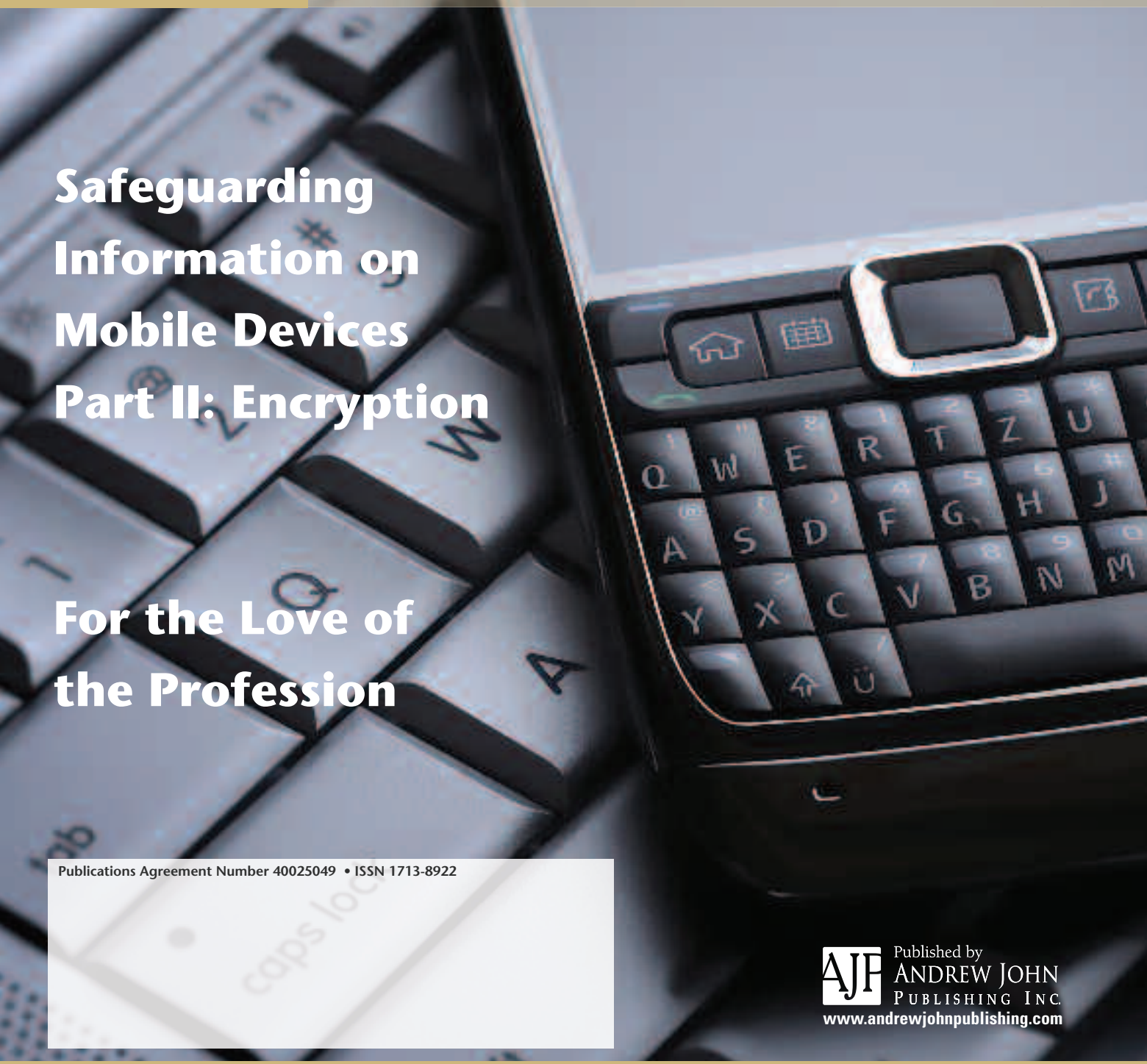
VOLUME 8 ISSUE 3
AUGUST 2010

CASLPO TODAY



Safeguarding Information on Mobile Devices Part II: Encryption

For the Love of the Profession

Publications Agreement Number 40025049 • ISSN 1713-8922

Published by
ANDREW JOHN PUBLISHING INC.
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OFFICIAL PUBLICATION OF THE COLLEGE OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS OF ONTARIO

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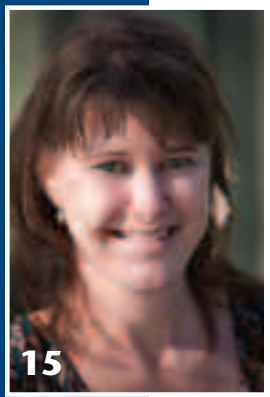

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CASLPO TODAY

MESSAGE FROM THE PRESIDENT

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Ordre des audiologistes et des orthophonistes de l'Ontario

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SUBSCRIPTION RATES
Institution: $60.00, Individuals: $34.00, Single copy: $13.00
Canadian subscribers add 5% GST
US and International subscribers remit in US dollars
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Publications Agreement Number 40025049 | ISSN 1713-8922
Return undeliverable addresses to: Andrew John Publishing Inc. 115 King Street West, Suite 220 Dundas, ON L9H 1V1

Reaching New Heights

After six years of involvement with CASLPO, I find myself in the position of saying "goodbye." For me, it has been a time of personal and professional growth beyond anything I had ever imagined. I was fortunate to be a part of a team of dedicated staff and Council members who were absolutely committed to carrying out the mandate of self-regulation. Improving services to the public through member support and education was paramount and will continue to be during this time of transition. Pauline Kezer once said: "Continuity gives us roots, change gives us branches, letting us stretch and grow and reach new heights." "Reaching new heights" is the promise of the future as the new Registrar and Executive move into their first full year together.

The College has had a strong tradition of leadership through previous Registrars and Councils which have established a solid foundation supportive of future growth. That growth will continue with the staff and Council as they work to implement the recommendations brought forward legislatively as well as those changes which are self-initiated. There will be challenges to face and obstacles to overcome; however, the end result will be a stronger, more effective College. I predict that this College will become a leader in the realm of "Regulated Health Care Professionals" as a result of these efforts.

Planning for the future officially began at the June Council meeting and Strategic Planning Session. Registrar Brian O'Riordan led the Council and staff through a variety of exercises and discussions designed to ultimately define a direction for the College based upon a new "Vision of Regulatory Excellence." By the fall, this vision will be clearly defined and the goals realistic, achievable, and measurable. The process was collaborative and the personal and professional commitment of the participants was evident. My belief is that this new philosophy of engagement is empowering. I couldn't be more proud.

Working with the Registrar to facilitate the activity of the College will be the new Executive. I have confidence in the strength and dedication of this new leadership team. I extend my sincere best wishes to them and especially to new President Vicky Papaioannou. I would also like to thank the staff and Council with which I have worked in my years with the College. The dedication and excellence demonstrated by every person was exceptional. My life, both personally and professionally, has been incredibly enriched by the kindness and friendship I have experienced. While I might be tempted to be somewhat emotional because I am handing over the reins, I do so with confidence, appreciation and gratitude for not only the experience, but the people from whom I have learned so much and felt so supported.

In closing, I quote George Elliot, and say: "Be well, do good work and keep in touch." I will be cheering this on every step of the way as you continue to achieve and reach new heights in professional regulation.

Meg Petkoff, President

JUNE 2010 COUNCIL HIGHLIGHTS

Council met on June 10, 2010 and the following are the highlights:

1. President's Remarks
The President welcomed Council and staff to the Council meeting and stressed the importance of the decisions in front of Council.

2. National Competency Profiles
K. Luker gave a detailed presentation which was followed by a discussion on various aspects of the process of review. Council approved that the final document arising from the July 7, 2010 Competency Validation Committee Meeting be circulated and shared with committees for input and that questions be developed to guide the discussions at the committee level and that this review be the final decision reached (all being well) at the December 2010 Council meeting

3. Reference Guide for SLPs Employed in the School Board Setting
C. Bock updated Council on the development/progress of this document. Council approved publishing of this document following minor wording changes.

4. Position Statement on the Disclosure of Test Materials and Data
K. Luker updated Council on the development and progress of this document. Council approved the recommendation that the document be sent to members and stakeholders for comment with modifications to item 4.

5. Bylaw Revision
K. Luker updated Council on the need to update Bylaw 2007-1 regarding the renaming of the Complaints Committee to the Investigations, Complaints and Reports Committee. Council approved the recommendation that Bylaw 2007-1 be amended to reflect the name change of the Complaints Committee to Inquiries, Complaints and Reports Committee, and that the other amendments suggested in legal counsel's e-mail also be approved.

The Registrar updated Council on the status of the Bylaw and Governance Policy revision and that the proposed consolidated document will be presented at the October 1, 2010 Council meeting with a final version to be presented at the December meeting. Council will also feature a presentation on the Governance Role of Council Members at the October meeting.

6. Executive Committee Report
The President reviewed the Executive Committee report and Council approved Executive's recommendation to place Dr. Carla Johnson on the CASLPO "Honour Roll."

7. Registration Committee Report
C. Myrie updated Council on the Registration Committee activities.

continued on page 8

PRACTICE SCENARIOS

Reporting

By Melanie Jones-Drost, Director of Professional Practice, Policy Development and Quality Assurance and Carol Bock, Deputy Registrar

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 legislation: the *Regulated Health Professions Act, 1991* (RHPA) and the *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 and why and how the reporting is to be done. The following scenarios will give you guidance around the current reporting requirements.

Situation 1
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 e-mail 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 pre-emptively quitting their 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 30 days after the resignation or relinquishment. The report should include the reasons you intended to terminate the member.

Situation 2
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

JUNE 2010 COUNCIL HIGHLIGHTS CONT'D

8. Quality Assurance Committee Report
N. Blake updated Council on the recent activities of the QA Committee.

9. Inquiries, Complaints & Reports Committee Report
P. Faubert updated Council on the recent activities of the ICRC and gave statistics on the increase in the number of complaints that the College is dealing with this year (2009/2010 vs. 2008/2009, showing a 50% increase). The ICRC approved a policy on informing employers of suspensions, which will be inserted into the ICRC manual. A concern was raised as to whether or not this policy should be an action of the Discipline Committee and not ICRC.

10. Audiology Practice Committee Report
S. Borhani updated Council on the recent activities of the AUD PAC.

11. SLP Practice Committee Report
N. Blake updated Council on the recent activities of the SLP PAC.

14. Governance Monitoring Reports
Council reviewed the reports and noted that there were no items for follow-up.

15. Election of Officers/Executive Committee
Elections were held for officers and members of the Executive, resulting in the following:

President – Vicky Papaioannou (AUD)
VP (AUD) – Sasan Borhani
VP (SLP) – Nancy Blake
Paulina Finak (SLP)
John Krawchenko (Public Member)
Pauline Faubert (Public Member)

16. Staffing Re-organization
The Registrar reviewed progress on the reorganization of the office staff.

17. Performance Review re: Registrar
Council discussed a process for anually reviewing the performance of the Registrar.

18. New/Other Business
K. Luker briefed Council on Bill 168 pertaining to workplace harassment. A full report containing an implementation plan for CASLPO will be presented to Council at the Oct 1 2010 meeting.

A request was made to have a presentation at the October Council meeting regarding the Ontario Disabilities Act and how CASLPO will comply.

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 he or she is practicing unsafely due to their health condition.

When a facility operator has concerns about the individual's ability to practice safely he or she 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.

Situation 3

I read in *CASLPO Today* that as a member I am now required to report to the College any "offence" for which I am convicted. 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.

Situation 4

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 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.

Situation 5

In my practice I see a 9-year-old boy with severe stuttering. "Kevin" has been my patient for the past three years and we had made remarkable progress in his development until recently. Over the past four 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. The *Child and Family Services Act* states that "a person who performs professional or official duties with respect to children, who has reasonable grounds to suspect one of the following, 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 is it 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…".

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CASLPO COUNCIL

NEWS

CASLPO Welcomes Vicky Papaioannou as Council President

I am honoured to introduce myself to you as the new President of CASLPO. Born and raised in South Porcupine, Ontario, I realized that I wanted to be an audiologist while in elementary school. As a consumer of audiological services, I was able to witness firsthand the importance of audiologic services in a remote area. I was a graduate of the last undergraduate class at the University of Western Ontario in 1991. For those unfamiliar with this program, the academic coursework for both audiology and speech-language pathology was identical. After graduate work and practica in a university clinic, chronic care hospital, health unit, school board, and hospital (both adult and a pediatric), I came to my current position at The Hospital for Sick Children where I have been since 1993.

I became involved with the College through peer assessment, joining the first group of peer assessors in 2001. I was a member of two CASLPO working groups for the development of practice standards and guidelines. I was also a member of the Patient Relations and Discipline Committees. I thoroughly enjoyed my experiences with the College in those capacities and accepted the nomination to run for CASLPO council in 2009. As a member of the Executive Committee, Quality Assurance Committee, Audiology Practice Advisory Committee, and the Discipline Committee, I have learned a great deal. I have met and been inspired by an amazing group of speech language pathologists, audiologists, public members, and staff.

The year 2010 so far has seen a number of changes at CASLPO. We have welcomed a new Registrar and a new Director of Professional Practice, Policy Development and Quality Assurance. The council itself, however, remains largely unchanged, with only one new member, Bob Kroll, who replaces outgoing council member and CASLPO President, Meg Petkoff. The dedication and leadership of our previous President was remarkable and I look forward to continuing in her footsteps. I thank CASLPO Council and staff for all of their support during this transition and I promise to do my very best to live up to the high standards that you as members have come to expect and to protect the public's interest in all that I do.

2010–2011 RENEWAL OF MEMBERSHIP DEADLINE: OCTOBER 1, 2010

Once again this year, members of CASLPO will be able to complete their registration renewal online. To use CASLPO's online renewal system all you need is your CASLPO registration number and your date of birth to log in. CASLPO's Online registration system is available **24 hours a day**. Fees may be paid using **VISA** or **MasterCard**. Last year, 77% of CASLPO's members completed their annual registration renewal online.

The deadline for renewal this year is **Friday, October 1, 2010**. The College encourages all members to be proactive and complete their 2010–2011 renewal applications as soon as possible. Your renewal forms and fees must be received at the College office by mail or completed online on or before October 1. Renewals received after October 1 will incur a **20% late penalty**.

You can start to renew for 2010–2011 online at www.caslpo.com beginning on **August 3, 2010**. You can also renew using a paper renewal form if you download a blank form from our website. If you would like the College to send you a renewal package by mail, you must make a request by telephone, e-mail, or fax before September 17. After this date, a renewal package may not get to you in time by regular mail for you to meet the October 1 deadline.

E-mail or Fax Renewal Reminder Notices

CASLPO will send members renewal reminder notices by e-mail. The College encourages all members to maintain a current e-mail address with the College to allow for enhanced efficiency and communication. Whenever you change your e-mail address, please remember to notify the College at caslpo@caslpo.com, giving your new e-mail address, your name, and your registration number.

Requesting a Change of Class (General/Academic/ Non-Practicing/Life) of Your Certificate

You cannot change your class of registration online. If you would like to change your class of registration, you must submit the paper version of the registration renewal application form to the College for processing.

Resigning

If you are not renewing your membership, please complete the resignation section of the paper version of the 2010–2011 Registration Renewal Application Form and return it to the College on or before October 1, 2010. If you fail to renew your membership with the College and do not resign, your membership will be suspended for non-payment of fees.

Questions about the Renewal Process

If you have any questions about the renewal process, please contact Colleen Myrie at 416-975-5347 ext. 211 or Gregory Katchin at ext. 217, toll free 1-800-993-9459 or by e-mail at cmyrie@caslpo.com or gkatchin@caslpo.com.

The Self Assessment Tool Online: Many Thanks!

By Carol Bock, Deputy Registrar

Thanks to the many, many volunteers who stepped forward to help with the pilot run of the Self Assessment Tool Online. We were absolutely overwhelmed with responses! We took the first 50 and then had to "close the portal" so to speak. We greatly appreciate all the members who responded with such enthusiasm and hope that those who were not selected will consider volunteering again as other CASLPO projects arise.

We anticipate that by early October we will have completed the pilot run. We will then modify the SAT with the feedback from the participants and prepare the final version. The SAT Online will then be ready (in English) for **ALL** members to use in January 2011, when we begin a new cycle (which will run 2011, 2012, and 2013). Phase 2 of the project will be producing the SAT Online in French, which we anticipate will occur in 2011.

Coming Soon: Reference Guide for Speech-Language Pathologists Employed in the School Board Setting

By Carol Bock, Deputy Registrar

Close to 40% of our membership works in the school board setting and face the challenges of being a regulated health care professional in a non-health environment. Not surprisingly, CASLPO receives many practice calls and inquiries from members who work in the school board environment on a regular basis. The need to provide guidance to the membership was clear and Council has responded with the "Reference Guide for Speech-Language Pathologists Employed in the School Board Setting," which will be available this fall, 2010.

The guide will provide the school speech-language pathologist with a quick reference to relevant health care legislation and regulations and their application in a non-health care environment. Based on the many practice calls CASLPO receives annually, challenging practice scenarios are presented under three key topics:

1. Consent to Treatment
2. Records
3. Support Personnel

Within each of these three sections there is an explanation of the relevant requirements set out in legislation, regulations, and practice standards, along with a brief informational summary, followed by a set of questions and answers that demonstrate how to apply the information in specific scenarios.

In addition, there is a "Resources" section which summarizes some of the most pertinent documents and provides references and links to additional relevant documents.

The guide will help you answer common questions such as:

- Can I informally listen to a student when a teacher asks me to?
- At a team meeting, can I discuss a student who has not been referred to me?
- Do I need to obtain consent to do academically-based screenings, such as phonological awareness?
- As I consult with other SLPs, do I need to keep student records?

And many more!

Although this guide has been developed for the speech-language pathologist working in the school board setting, audiologists will also find it useful. However, to fully address the concerns of audiologists in the school board setting, a similar guide will be developed in the upcoming year to meet their needs.

OSLA's Response to Speech-Language Service Cuts and Wait Lists in the CCAC Sector

By Mary Cook
Executive Director, Ontario Association of
Speech-Language Pathologists and Audiologists (OSLA)

In December 2009, OSLA wrote to the Minister of Health and Long-Term Care to request a meeting with the Honourable Deb Matthews to discuss the mounting wait lists for children requiring speech therapy in the community care sector (CCAC) and the cuts in other sectors to speech and language services occurring throughout the province. As part of our lobbying campaign with ministry officials and lack of response to our relentless requests, an editorial reporter for the *Toronto Star*, Bob Hepburn, wrote about the cuts occurring in the home/community care sector, the advocacy effort of OSLA, and our frustration in not getting a response from the minister. During this time we also had the support and effort of Frank Klees, MPP for Newmarket-Aurora,

who called on Premier McGuinty to intervene on behalf of the more than 1,000 children in York Region schools who are on a growing wait list for speech and language therapy services. The article helped to raise the awareness of the concerns of the profession and the association. As a result, many of our members started to share their experiences through not only the School Health Support Services (SHSS)-CCAC but told us of cuts occurring in hospitals, pre-school, and other agency service providers. This prompted OSLA to circulate a survey to our members and collect the statistics and stories from around the province. The response to the survey was unprecedented. We heard that one CCAC has had a wait-list for referrals of over 30 months. Comments included "this is a serious loss with respect to a population of clients who deserve our attention and advocacy; Communication and cognitive communication issues have gradually been marginalized/ignored over the years"; "this province doesn't value the services of SLPs"; "there is a 45 day hold/decline of any referrals and students are waiting 18-24 months for a short block of treatment and no prioritization of profound/severe needs. These kids need service immediately!"

OSLA finally received a response in June 2010 from Minister Matthews who indicated that the Ministries of Health, Education and Children and Youth Services are working in partnership on a review of the SHSS. The report by Deloitte Touché is due to the ministry on July 31, 2010 and this report will be posted on the ministry's public website for a 60-day consultation period. In the meantime, the minister indicated that the Local Health Integration Networks (LHINS) are requesting that their respective CCACs keep funding levels at the June 1, 2009 expenditures levels.

While this may be true, the fact is, speech and language services have been cut. The money is going to other services. Many CCACs have reduced the amount of speech-language service available to individual students as a budget management strategy. They are managing their budgets by both reducing the amount of service available to individual students and by limiting the release of new clients from their waiting lists to the contracting SLPs according to funds available. We have also heard that some hospitals in the province have eliminated SLP services and closed clinics, and that SLP's roles are becoming only a consultative model and not a therapy model. Recent cutbacks and inconsistent funding have made a limited resource less efficient and much scarcer. Restrictions have been placed on the SLP to determine the frequency and duration of services based on individual needs. Decisions are not based on evidence-based practice but rather on budget restraints and the need to reduce waitlists.

We have continued to provide feedback to the minister and have renewed our request for a meeting, as we believe she needs to hear from those in the front-line and what our members are telling us is reality.

OSLA wants to ensure that the funding available for speech therapy services through the School Health Support Services, is at the very least, protected and ultimately enhanced.

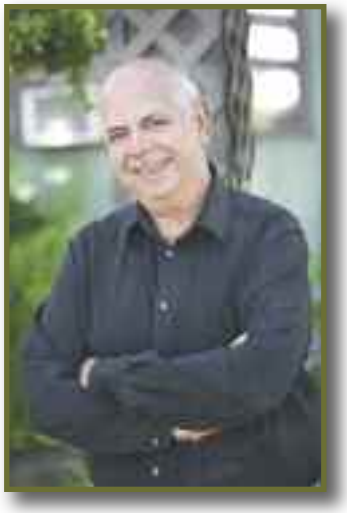
In addition, we believe that existing funds could be used more efficiently by reducing the administrative costs of "case management" by the CCACs for students who typically do not require this service. This case management focuses primarily upon providing authorization for visits in order to manage budgets rather than upon "front-line" services. We would like to see a new model of service delivery so that the limited financial resources are used for speech therapy services.

Most importantly OSLA would like to work with the provincial government to ensure that speech and language services for all school-aged children are child-centred, evidence-based, comprehensive, and consolidated, so that families and schools can easily understand how to access services and who is accountable for the services that are provided.

We also want to tell the provincial government that this problem is not just isolated to SHSS-CCAC, but cuts have occurred to SLP and audiology services in hospitals, pre-school treatment centres, and other agencies like FSCO through the new insurance changes.

Please share your concerns and experiences with us. We need members to help us advocate on these issues. We can't do it without your involvement. Please contact Mary Cook at mcook@osla.on.ca.

CASLPO Welcomes New Member of Council



Bob Kroll

Congratulations to Robert (Bob) Kroll who is the newly elected member of Council for District 6 (member at large). Bob was elected in May for a three-year term.

Bob entered the field as a practicing speech-language pathologist in the mid 1970s and has always been an advocate for developing and maintaining the highest standards of practice. Even before the establishment of the College, he set out to encourage the members of the provincial association to support the concept of a "non-statutory registration" and subsequently chaired the committee on registration. He finds it gratifying to see the progress that has been made in this area since those early days. Bob feels as strongly today that CASLPO members must continue to strive to ensure that only the highest standards of practice, competence and care are reflective of the professions of audiology and speech-language pathology. Bob has been fortunate to have been rewarded with an exceptional career in Ontario and welcomes the opportunity to continue to serve.

Bob was able to join Council and staff at the June Strategic Planning Session and we look forward to his contributions as a member of Council beginning at the October meeting.

Please join us in welcoming Bob to Council.

Election of New Officers and Executive Committee for CASLPO

At its meeting on June 10, 2010, the Council of CASLPO held its annual election for officers and members of the Executive Committee. The following people were elected

President .....Vicky Papaioannou, Aud

VP Audiology .....Sasan Borhani, Aud

VP SLP .....Nancy Blake, SLP

Executive Committee .....Paulina Finak, SLP
John Krawchenko, Public Member
Pauline Faubert, Public Member

The Council congratulated Meg Petkoff (SLP) for her two terms (6 years) of service, and serving the last year and a half of her term as President.

The new officers and Executive members took office effective immediately upon election.

For the Love of the Profession: Council Members Sandi Singbeil and Dr. Jack Scott

By Sherry Hinman

It's often said: If you want a job done right, give it to a busy person. That said, those who choose to sit on CASLPO Council in addition to their regular work may be some of the busiest people around. We sat down to talk with two council members: speech-language pathologist and professional member Sandi Singbeil, and audiologist and academic member Dr. Jack Scott.

Sandi Singbeil

Brian O'Riordan, CASLPO's Registrar, describes Sandi Singbeil as "very dedicated and committed." Given where she lives and works, one might wonder what drives her to that level of dedication. Singbeil works at the Northwestern Health Unit and the Northwords Preschool Speech and Language Service System, in Dryden, Ontario. Dryden is – in her words – "in the middle of nowhere, but a beautiful place."

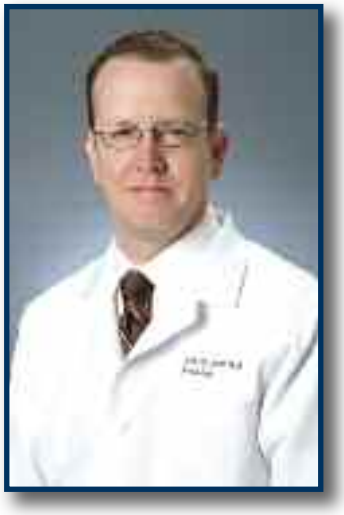
More specifically, it is about 100 km east of Kenora, Ontario, and the Manitoba border, and about 300 km northwest of Thunder Bay. "There are five SLPs in three offices," she tells me, "to cover an area the size of California. The total population of this area, not counting Thunder Bay, is around 45,000. There are two of us in the Dryden office, and one was [recently] on maternity leave."

One might think it must be in spite of the remoteness of her position that Singbeil was drawn to join CASLPO Council, but she says this was actually a big part of her decision to run. "It was the location that motivated us." Singbeil says "us" because she couldn't have become involved without workplace support. "It was my boss's idea. Debby Cousineau is also an SLP, and she's very supportive.

"We agreed that we needed to have a voice. So many people do not realize where we are located, that we are a 4 hour drive away from any major city, and that we are in a different time zone than the rest of Ontario. I want to make sure we're represented and people become aware of the challenges we face. One of those challenges is that audiology services have been difficult to access. There was a publically funded program in Dryden, but it was discontinued over a year ago. Recently a private audiology service has opened in Dryden. We have had to refer people to Fort Frances, Thunder Bay, or Winnipeg in the past, which is challenging for those with limited transportation availability."

Singbeil joined the College council in June of last year and, almost once a month, she makes the 1,200-km trek to Toronto, which involves a day of travel on either side of the Council meetings, educational initiatives, and committee work. She currently sits on three committees: Patient Relations, SLP Practice Advisory Committee, and the Inquiries, Complaints and Reports Committee (ICRC).

As much as Singbeil feels her council work allows her to contribute to the profession, she also feels there's much she takes away. She is excited about the work the College is doing, and describes this as a "nice time to be on the council. We are dealing with practice competencies, governance laws, inquiries and complaints. I've become a better speech pathologist through what I've learned," she says. "I have a greater awareness of CASLPO and the laws that govern us. We've had lawyers in to explain new regulations to us and I've learned about the relationships, between many other organizations and CASLPO."



Dr. Jack Scott

Another CASLPO Council member who's there for the learning is Dr. Jack Scott. Scott is a clinical faculty member at The University of Western Ontario and was elected to Council as an academic member a little over a year ago. O'Riordan describes him as someone who brings a good perspective of new students – up-and-coming members – and curriculum issues. "He is well versed in audiology practice issues. And he's very dedicated."

Scott says the opening for the position of academic member was sent to all the audiologists on the faculty. He had just moved from Texas in April 2008 and felt that sitting on Council would be a great opportunity for him to learn more about how things work in a system with college regulation of the profession.

"It forced me to learn," he says. "Being on the Council lets me peek behind that sometimes perceived 'curtain.' Sometimes members might see the college as something on high, making those decisions. The Council brings the human touch to the regulatory body."

What he enjoys about sitting on the Council is that it's something any member can do. "It's not restricted," he says. "Anyone can run. It's not a 'good old boys' club.'"

CASLPO is working on a number of initiatives that Scott is well placed to participate in, particularly when they mesh with his work at Western. "We are moving toward competencies at the College, which is a factor for us at the university. We're working on curriculum revisions and want to incorporate the future competency requirements into our course development."

Scott is actively involved in committee work in addition to his participation on the Council. He is on the Registration Committee as well as the Audiology Practice Advisory Committee. He brings a great deal to these roles, with his knowledge of the curriculum. "I bring an inside perspective on how students are trained, the knowledge they will have, and their evolution from classroom to clinical practice. I'm fully engaged at the training level." As an academic member on the Registration Committee, he is also involved in issues relating to the evaluation of curricula from other universities.

Scott feels fortunate to be able to commit his time to the Council despite his busy role at Western. "My role as clinical faculty member is split 70% teaching and supervising, 20% service, and 10% research. Sometimes I have to work on weekends or evenings, but I do have that 20% service component, which this partially fills." He finds it fulfilling to be involved in the process for competency-based assessment for entry to practice and is eager to see how it will evolve.

Both Singbeil and Scott enthusiastically support the idea of members running for Council. "Without a doubt," Singbeil says. "It's been an amazing learning curve – I learn about what's happening in different parts of the province, and in different practice areas, and I've learned a lot from the public members."

Scott says he is glad to devote this time to College work. "Being involved in professional organizations is a way to give back to the profession," he says. "We want to see the profession grow. Our love for the profession is why we do it."

Sherry Hinman is a freelance writer and editor. She is also a professor in the Communicative Disorders Assistant Program, Durham College; worked clinically as an SLP for fourteen years; and served three years on the CASLPO Council.

In the May 2010 issue of *CASLPO Today*, we presented an article which summarizes a recent order issued by the Information and Privacy Commissioner/Ontario, outlining some of the risks and methods associated with dealing with personal health information on mobile devices. The second part of the article, which follows, proposes specific encryption methods and solutions which may be used by members. CASLPO hopes that these articles will encourage members to become more aware of the need to ensure the protection of personal health information on all electronic devices, and to discuss encryption needs with their employers.

Safeguarding Information on Mobile Devices Part II: Encryption

By Ann Cavoukian, PhD, Information and Privacy Commissioner/Ontario

Section 12 (1) of the *Personal Health Information Protection Act, 2004 (PHIPA)* sets out the requirement that health information custodians shall take steps that are reasonable in the circumstances to ensure that personal health information (PHI) in the custodian's custody or control is protected against theft, loss and unauthorized use or disclosure and to ensure that the records containing the information are protected against unauthorized copying, modification, or disposal.

The Office of the Information and Privacy Commissioner/Ontario recognizes that the delivery of health care may require the use of PHI outside of the workplace, and that such PHI may most effectively be transported and used in electronic form. Notwithstanding the ease of use and portability of electronic documents, it is still important that only the minimum necessary data be transported in this manner.

Because of the high incidence of loss or theft of mobile devices such as laptop computers, personal digital assistants (PDAs), or flash drives, custodians need to ensure that personal health information that is stored on mobile devices is encrypted. When encryption is implemented properly, it renders PHI safe from disclosure. The availability of encryption means that it is easier to safeguard electronic records of PHI than it is to safeguard paper-based records when being transported.

This fact sheet is intended for health information custodians who store personal health information (PHI) on mobile devices. However, it is also relevant to anyone who stores personal information on a mobile device. If you are unsure of the meaning of these guidelines, please consult a computer systems security expert to determine how to apply this fact sheet to the information in your care. In many cases, encryption can be as easy as installing a simple program and implementing proper key management for the system.

Why are Login Passwords Not Enough?

It is not acceptable to rely solely on login passwords to protect PHI on devices that are easily stolen or lost. "Strong" login passwords will prevent casual access to data on a device, but may not prevent access by knowledgeable thieves. Strong login passwords are usually characterized by:

- No dictionary words;
- A combination of letters, numbers and symbols and;
- Eight or more characters, with 14 or more being ideal.

For example, "LetMeIn" is a weak password because it uses dictionary words. On the other hand, you could remember the phrase, "My birthday is

October 21 and I'm 25" which becomes the password "MbiO21&i25." This would qualify as a strong password. Because strong passwords can be difficult to remember; however, users often create weak passwords. In addition, even strong login passwords may be written down, stolen, shared, hacked, or cracked with readily available software.

What is Encryption?

Encryption is a process by which ordinary text or data, referred to as "plaintext," is turned into an unintelligible stream of seemingly random symbols, referred to as "cyphertext." This process is controlled by a digital "key," which will allow access to the encrypted data. The key could be:

- something you know, such as a "strong" password distinct from a login password, since there are well known methods for cracking login passwords; or
- something you have, such as a USB drive or token; or
- something about you, such as your fingerprint scan or your signature.

Without the key, the data is unreadable. For example, the phrase "plain text" could be transformed to "~Sš£WÕN3@ƒ" when encrypted. The effectiveness of encryption depends on the encryption standard, the strength, and the secrecy of the key used.

Are there Options?

Encryption can be implemented in a number of different ways on mobile devices.

Whole Disk (Drive) Encryption

Sometimes referred to as whole disk encryption, this is a system in which an entire hard drive is encrypted. It is the preferred option for implementing encryption on new systems, and should be considered as a requirement for any new mobile device. Also, new system purchases may be the easiest way to implement encryption. Alternatively, whole disk encryption software is available from multiple companies. A web search for "whole disk encryption" or discussions with a vendor will yield a number of possibilities for consideration. Typically, installation on individual laptops is no more difficult than installing any other software.

Whole disk encryption is potentially the most secure option available to health information custodians who feel they must store PHI on mobile devices.

Virtual Disk Encryption

A "virtual" disk is a file that is created on an existing drive. The encryption software encrypts the entire file and treats it as if it were a new drive on the system. This typically requires the acquisition and installation of virtual disk or disk imaging software. Access to the encrypted virtual drive will typically require the use of a strong password, distinct from a login password. Without the password, and the encryption software, the virtual drive is undecipherable.

Virtual disks could be the only viable option on PDAs where the option of applying whole disk encryption may not be available. Virtual disks are also useful for older laptop computers. However, since many systems or software programs automatically create temporary files or backup files, virtual encryption is only effective if these unencrypted temporary or backup files are also either encrypted or deleted after use.

Folder or Directory Encryption

Current operating systems provide some built-in encryption options. For example:

- If you have a Microsoft Windows XP system, you may be able to right click on a folder, and click on the "Advanced" button that is visible under the "General" tab. Select "Encrypt contents to secure data" to enable encryption.
- If you have an Apple OS X system you can encrypt your home folder by enabling "File Vault" from your System Preferences – Security Pane.

But while these options are easy to use, because they rely on the user's login password, they provide only limited protection and are insufficient, in and of themselves, for the safeguarding of PHI. They are vulnerable in that if a person gains access to the user's password, they will then have access to the data.

Device Encryption

An alternative to storing PHI on a laptop is to store the data on a portable storage device, such as a USB key or "thumb drive." Portable music players and PDAs may also have this functionality. The portability of such devices is matched by the frequency with which they are lost, which further reinforces the need for encryption.

Like hard drives, there are options to encrypt the entire device or just the parts of the device that contain PHI. If you have acquired software to create a virtual disk, as described above, this same software may well have the capability of encrypting portable storage devices.

Enterprise Encryption

This section is for health information custodians who are responsible for substantial numbers of devices, whether they be laptops, PDAs, or mobile storage. Relying on individual users to select and implement one of the encryption options described above may not be a viable option. There are

enterprise-wide solutions that will enable custodians to enforce encryption standards on all devices under their control. A web search for, or a discussion with your vendor in the category of "Data Leak Prevention" or "Information Loss Protection" or "End Point Protection" will reveal a number of options. Such tools may themselves do the encryption, or may work in conjunction with an already installed encryption tool and enforce enterprise policies.

In the context of a larger enterprise, the necessity for proper training, and the creation of a culture of privacy, cannot be minimized. Without significant executive support and staff acceptance, no encryption program will succeed.

Encryption Standards

At the time of writing this fact sheet, the standard most recommended for secure storage of data was AES, or Advanced Encryption Standard. The strength of the version of AES selected depends on its key length. AES-128 is sufficient, but AES-192 or AES-256 are much stronger. Since encryption standards are always evolving, custodians are responsible for ensuring that any solution that is selected meets the generally accepted standards in effect, at the time. Encryption installations need to be regularly reviewed and updated, as necessary. If in doubt, please refer to a reputable security expert.

Off-Site Backup

Many companies back up their data to tapes or other media and store these media in locations outside of their data centres. Typically, these media are physically transported to off-site locations. Custodians should be aware of the risk of the loss of these media and ensure that encryption or other methods are used to ensure that the information they have protected, in the event of a lost or stolen laptop, is not exposed through the loss of unencrypted data on their backup tapes.

Conclusion

The Commissioner has stated that in the event that a mobile device is lost or stolen, it will not be regarded as a privacy breach if sufficient safeguards were in place to ensure that PHI was not disclosed. Properly encrypted data would save custodians considerable time and money by allowing them to avoid the notification requirements of the Act, and prevent the potentially irreparable damage to a custodian's reputation resulting from the loss or theft of PHI. More importantly, it would protect individuals from the undue stress of knowing that their PHI had been lost or stolen.

Encryption Checklist

- I have minimized the amount of PHI that I have on portable devices (preferably none in identifiable form).
- I delete PHI from all portable devices as soon as I have finished working with it.
- I know what PHI is stored on each of my portable devices.
- I have enabled my operating system encryption.
- I have purchased a system with whole disk encryption.

OR

- I have purchased software to implement whole disk or virtual disk encryption on my laptop or PDA.
- If I use portable storage devices like USB keys, I buy them with encryption installed, or install encryption on them before I use them to store PHI.
- If I use a password to access encrypted data, it is a strong password AND it is different than the password that I use to login to my computer.
- I never write my password down.

Solution	Description	Website
CryptoMill	CryptoMill provides an enterprise end point security solution, including encryption in the SeaHawk product.	http://www.cryptomill.com
PGP	PGP provides a range of encryption solutions, including PGP Whole Disk Encryption.	http://www.pgp.com
TrueCrypt	An open source and freely available solution for virtual disk or whole disk encryption on Windows or Linux systems.	http://www.truecrypt.org
Vontu	Vontu provides enterprise data loss prevention solutions, including policy enforcement of encryption polices.	http://www.vontu.com
WinMagic	WinMagic provides a number of encryption solutions, including SecureDoc Hard Disk Encryption and SecureDoc Mobile Edition.	http://www.winmagic.com

- I do not share my password with anyone.
- If I don't use whole disk encryption, I can identify where ALL of the PHI on my system is stored.
- I only store PHI on the encrypted disk.
- I regularly verify or audit that my encryption policies are, in fact, being implemented and followed.

Solutions

The IPC recognizes that encryption software may well be unfamiliar to those who have a responsibility for PHI data protection. The following is a sample of several encryption solutions currently available. This is neither an endorsement nor a recommendation, but we have tried to capture representative companies for the various types of solutions that are available. Please note that this type of technology changes rapidly and that what may be state of the art today may not be tomorrow.

CASLPO would like to extend its sincere gratitude to the Information and Privacy Commissioner/Ontario for permission to reprint this information.