

ACSLPA Patient Relations Program Frequently Asked Questions (FAQs)

What is the ACSLPA Patient Relations Program?

The newly amended *Health Professions Act* requires the College to develop, implement and report on a Patient Relations Program. Part of the program includes educating regulated members on recognizing, preventing and reporting on sexual abuse and sexual misconduct of patients.

Why was the Patient Relations Program implemented for SLPs and Audiologists?

The Alberta government introduced Bill 21 in the fall of 2018. *Bill 21: An Act to Protect Patients* amends the *Health Professions Act* to protect patients from sexual abuse and sexual misconduct by health care professionals. The legislation was enacted to ensure the public can be assured their health care services will be free from sexual abuse and sexual misconduct and that they have recourse and access to resources. It lays out specific requirements for having information about regulated members available to the public on the College's website.

What must I do to comply with the Patient Relations Program?

Complete and pass the Patient Relations Program Course to become knowledgeable about the new practice requirements, standards, discipline processes, mandatory reporting and potential consequences of sexual abuse and sexual misconduct.

How often do I have to take the Patient Relations Program Course?

Each regulated speech-language pathologist and audiologist will have to successfully complete the Patient Relations Course once every three years.

Can I use the Patient Relations Program Course towards my CCP requirements?

Yes. Be sure to record the date of completion in your account in the members' area of the College's website.

Who is my patient?

Any individual to whom a regulated member provides a health service in their capacity as a speech-language pathologist or audiologist, but does not include: a) a patient's substitute decision-maker, legal guardian, or parent, or b) the regulated member's spouse, adult interdependent partner, or c) other person with whom the regulated member is in an existing sexual relationship if the health service is provided in accordance with the standards of practice.

What is the difference between a patient and a client?

A “patient” is any person who receives direct health services from a regulated speech-language pathologist or audiologists. “Client” is a broader term and refers to any individual, family, substitute decision maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient(s) of the regulated member’s expertise.

When does a patient become a former patient?

A patient becomes a former patient under one of the following conditions:

- For *episodic care*, no health service has been provided for at least 7 days and there is no expectation of an ongoing professional relationship between the regulated member and the patient;
- The patient and/or regulated member has terminated the professional relationship, the termination has been acknowledged by both parties, and at least 30 days has passed since the termination; or
- If neither of the above apply, there has been no health service provided by the regulated member to the patient for one year (365 days).

What is sexual abuse?

Sexual abuse means the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following:

- Sexual intercourse between a regulated member and his/her patient
- Genital to genital, genital to anal, oral to genital, or oral contact
- Masturbation of the patient
- Encouraging patient to masturbate in presence of the regulated member
- Touching of a sexual nature of a patient’s genitals, anus, breasts or buttocks.

What is sexual misconduct?

Sexual misconduct means any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member that will cause offense or humiliation to the patient or adversely affect the patient’s health and well-being.

Some examples include: making sexually demeaning gestures or expressions; leering and staring, particularly at the patient’s intimate areas; making sexually suggestive remarks, innuendos and jokes; and making sexual flirtations, advances or propositions.

What about consensual sexual relationships with former patients?

A regulated member can enter into a sexual relationship with a former patient provided that:

- No power imbalance exists
- Sufficient time has passed (*see When does a patient become a former patient?*)
- The former patient knows and understands the professional relationship has ended
- The former patient has consented and is capable of providing consent.

Note that in some cases, it may never be appropriate to engage in a sexual relationship with a former patient.

What is sexual consent?

Consent is a voluntary agreement to engage in sexual contact. However, it is NOT consent if:

- It is given by someone else
- There is a power imbalance between the persons
- There is an abuse of power, trust or authority
- A person has said “no”, or implied no, through words or actions
- A person is incapacitated due to alcohol or drugs
- A person withdraws consent or changes their mind.

What about touching patients?

Sometimes touching is required in your interaction (e.g., some treatment or assessment procedures). Don't assume, always get consent before touching the patient. Respect the patient's personal space and maintain patient's dignity. Unless absolutely necessary, do not place instruments or materials on the patient's body. Remember and respect the patient's right to withdraw consent at any time.

What happens if I am the subject of a complaint for sexual abuse or sexual misconduct?

If the Complaints Director receives a credible complaint of sexual abuse or sexual misconduct, the normal complaints process is followed. The veracity of the complaint is assessed and an investigator is assigned to collect information and statements from the parties involved. If the evidence supports proceeding, a Hearing Tribunal is convened to review the information, listen to witnesses and make a ruling.

For sexual abuse and sexual misconduct cases, several additional conditions must be met. These are that members of the hearing tribunal must have received training on trauma-informed practice and sexual violence, and that efforts will be made to have at least one member of the hearing tribunal of the same gender identity as the complainant. Colleges also have the right to appeal a disciplinary decision to the Court of Appeal.

What are the potential consequences if I am found guilty of sexual abuse?

An SLP or audiologist found guilty of sexual abuse will have their registration and practice permit permanently cancelled. Other penalties in s. 82 of the *Health Professions Act* may apply.

What are the potential consequences if I am found guilty of sexual misconduct?

An SLP or audiologist found guilty of sexual misconduct must have their practice permit suspended and may have their registration and practice permit cancelled at the discretion of the Hearing Tribunal. A regulated member whose registration and practice permit is cancelled due to sexual misconduct may apply for reinstatement only after 5 years. Other penalties in s. 82 of the *Health Professions Act* may also apply.

Are there any new mandatory reporting requirements in the amended *Health Professions Act*?

Yes there are. ASCLPA regulated members must report to the Registrar:

- If another college has found them guilty of unprofessional conduct
- If another similar organization in another jurisdiction found them guilty of unprofessional conduct
- Any finding of professional negligence made against them
- If have have been charged or convicted of any offense under the Criminal Code.

SLPs and audiologists must report to the appropriate Complaints Director if, in their professional capacity, they have reasonable and credible grounds to believe the conduct of another member of ANY regulated college constitutes sexual abuse or sexual misconduct.

What happens if I fail to report sexual abuse or sexual misconduct of a patient?

Speech-language pathologists and audiologists must report to the Complaints Director if, in their professional capacity, they have reasonable and credible grounds to believe the conduct of another member of any regulated college constitutes sexual abuse or sexual misconduct.

Failure to report may be grounds for being charged with unprofessional conduct, and if found guilty, subject to those penalties specified in the *HPA*.

Are there any restrictions in my providing professional services to family and friends?

A regulated member of ACSLPA, except in particular circumstances, abstains from providing a health service to a spouse, an adult interdependent partner or other person with whom the speech-language pathologist or audiologist is in an existing sexual relationship. (Standard of Practice 5.5).

Are there any changes in the College's *Standards of Practice* with which regulated members should be familiar?

Yes, ACSLPA has amended its Standards of Practice with the addition of Standard Area 5.0: *Sexual Abuse and Sexual Misconduct*. The new standards are:

- 5.1 Sexual relationships
- 5.2 Sexual misconduct
- 5.3 Managing professional boundaries
- 5.4 Sexual relationships with former patients
- 5.5 Existing sexual relationships
- 5.6 Conduct of a sexual nature
- 5.7 Mandatory duty to report
- 5.8 Mandatory education

What other steps is the College required to undertake to reduce risks of sexual abuse and sexual misconduct to patients?

College staff must receive training to support people who are victims of sexual abuse or sexual misconduct and must guide victims to appropriate resources. Council and hearing tribunal members must receive training in trauma-informed practice prior to dealing with discipline matters and appeals related to sexual abuse and sexual misconduct. The College must also establish a treatment and counselling fund accessible to victims of abuse or misconduct by its regulated members.

The College is required to perform more thorough screening of applications for registration to ensure that there is no past history of sexual abuse, sexual misconduct or criminal activity. Also, the College must now post health professionals' discipline history for sexual abuse or misconduct on their publicly-available website.