

Standards of Practice

Introduction



Background

The Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) is a regulatory body that carries out its activities in accordance with provincial legislation to protect and serve the public by regulating, supporting and ensuring competent, safe, ethical practice of speech-language pathologists (SLPs) and audiologists in Alberta. SLPs and audiologists have been regulated under the *Health Professions Act* (HPA) in Alberta since July 1, 2002. The HPA directs the activities of ACSLPA and outlines the regulatory responsibilities of the College that are required to protect and serve the public.

Under the HPA, ACSLPA must establish, maintain and enforce **standards** of practice for the regulated professions. The *Standards of Practice* define the minimum level of professional performance that SLPs and audiologists are expected to demonstrate to ensure competent, safe and ethical practice. They are updated on a regular basis to reflect changing practice needs and trends.

Each regulated member of ACSLPA is accountable for practicing in accordance with the *Standards of Practice*, regardless of role, practice area or practice setting. Practicing in breach of the *Standards of Practice* may constitute unprofessional conduct, as defined in the HPA.

Purpose of the Standards of Practice

Standards of Practice have a different relevance/purpose to stakeholders both within and external to the professions of speech-language pathology and audiology such as:

- **Regulated members** use the *Standards of Practice* to obtain guidance related to accountabilities, expectations and continuing **competence**.
- The *regulatory college* (ACSLPA) uses the *Standards of Practice* to inform practice related to continuing competency, complaints and the conduct of regulated members.
- *Educators* can utilize the *Standards of Practice* to serve as a framework for curriculum content and development, practice evaluation and program review, in conjunction with entry-to-practice competency statements.
- *Managers/employers* can use the *Standards of Practice* to guide development of job descriptions/ roles and performance evaluation.
- *Other health professionals* may use the *Standards of Practice* to provide insight into roles and responsibilities, overlapping areas of practice and highlight opportunities for **collaboration**.
- *The public* may use the *Standards of Practice* to gain understanding of what they can expect from services that are provided by SLPs and audiologists.

How the Standards of Practice are Organized

The *Standards of Practice* framework consists of four broad areas including the following:

- Standard Area 1.0 Service Delivery;
- Standard Area 2.0 Professional Responsibility/ Accountability;
- Standard Area 3.0 Ethical Practice;
- Standard Area 4.0 Practice Management; and
- Standard Area 5.0 Sexual Abuse and Sexual Misconduct

Each Standard Area is composed of a number of standards that are outlined as follows:

- *The Standard statement* describes the minimum expected level of performance of a regulated member in the provision of **quality services**.
- *Indicators* describe actions that demonstrate how a standard statement is applied in practice. They can be used to assist in interpreting or measuring performance to determine if a standard is being achieved. The indicators are not listed in order of importance, nor are they all inclusive. All indicators are applicable to both SLPs and audiologists.
- *Expected outcomes* outline **clients'** expectations from the services provided by a regulated member.
- *Resources* list the documents that are relevant and provide additional information related to each standard.

Assumptions/Guiding Principles

The *Standards of Practice* are based on the following assumptions/guiding principles. Specifically, they:

- Reflect the College's responsibility and commitment to the delivery of competent, safe and ethical services to the public.
- Outline mandatory expectations/criteria for the professional conduct of regulated members.
- Represent the minimum requirements for professional behaviour and ethical conduct of regulated members.
- Apply to all regulated members regardless of their practice area and setting.
- Are part of the overall legislative scheme and form a continuum with other key College documents.

continued on next page ...

¹A glossary of terms is included in each Standard statement and at the end of the complete Standard document. Key terms included in the glossary are indicated in **bold text** the first time they are used in each Standard statement, including subsequent indicators and expected outcomes.

Standards of Practice

Introduction



continued from previous page ...

Client refers to “an 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”.

Collaboration refers to “an approach that enables health care providers to deliver high quality, safe, person centered services to achieve the best possible individual health outcomes. Collaborative practice is not the goal in and of itself: rather, it is a means to move the system to a higher level of quality and safety while maintaining a focus on the needs of the individual seeking health services”.

Quality services refers to “services in the health care system as measured by accessibility, acceptability, appropriateness, efficiency, effectiveness, and safety factors”.

Regulated member refers to “an individual who is registered with ACSLPA in any of the categories of membership prescribed in Regulation and in the ACSLPA Bylaws”.

A **standard** refers to “a statement that provides requirements, specifications, guidelines or characteristics that can be used consistently to ensure that materials, products, processes and services are fit for their purpose”.