Safeguarding Information on Mobile Devices

Agatha Christie – Helping to Unravel the Mystery of Alzheimer’s Disease
Spatial Sound 2.0 – Designed to preserve naturally occurring speech and spatial cues, enabling the user to better organize and select and eventually follow sounds.

Speech Guard – Designed to preserve natural speech characteristics over time, enabling the user to actively select and follow speakers.

Speech understanding and listening effort are improved thus freeing up the cognitive system to concurrently undertake other important tasks such as remembering, reflecting and responding to what is being said.

We call it the energy of understanding.

Oticon Agil is designed to support the brain’s natural process of understanding of speech.

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Safeguarding Information on
Mobile Devices

www.caslpo.com
As you help improve the hearing health of your patients, we help improve your business. Lifestyle Hearing offers its members a wide range of services to strengthen their independent clinics, including:

- Support materials for patient education
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MESSAGE FROM THE REGISTRAR

Beginning of an Exciting Journey

I n the last issue of this magazine, CASLPO’s President, Meg Petkoff, commented on my beginning an exciting journey as the new Registrar of the College. How right she was. My first four months on the job have certainly been eventful. I have attended many Council committee meetings, including those affecting matters of Registration, Quality Assurance, Practice Issues, and Complaints. I also attended my first CASLPO Executive and Council meetings. All the staff and members of Council have been most generous with their time and helpful in welcoming me to the regulatory family.

I have placed a premium on meeting with members of the College and with graduating students in speech-language pathology and audiology. There have also been meetings with officials in the Ministry of Health and Long-Term Care concerning the Assistive Devices program (ADP), and with representatives of OSLA and AHIP. I also attended a planning retreat with other college registrars under the auspices of the Federation of Health Regulatory Colleges of Ontario (FHRCO). Plans are proceeding for a June CASLPO Council strategic priority-setting exercise. That session will hopefully produce a new vision and workplan that will guide us into the future. Already work is under way to revamp our website and to revise our governance bylaws. Look for your chance soon to provide input on a new set of regulations for registration procedures, resulting from advice received from the Office of the provincial Fairness Commissioner and in order for us to be compliant with the new Ontario Labour Mobility Act. I also wish to thank the many members who have taken the time to submit comments to me on our newly revised draft Records Regulation.

Recently, the Minister of Health and Long-Term Care imposed what is effectively a two-year hiatus on the work of the Health Professions Regulatory Advisory Council (HPRAC). It is this agency which provides advice to the minister on matters such as changes in professional scopes of practice. This means that we will likely have to continue to wait for the government to address much needed changes in the scopes of practice and use of the title doctor for those registered with CASLPO. However, we will renew our efforts to resubmit our requests for changes and seek to have them addressed as soon as the opportunity presents.

CASLPO continues to work with other provincial regulatory bodies for audiologists and speech-language pathologists across Canada to form an effective national association of regulators. In this regard, there will be crucial meetings at the end of May with our counterparts in other provinces in order to make progress on several outstanding issues relating to the harmonization of registration requirements and essential professional competencies. A recent example of the value in such forums was the publication in March of national Infection Prevention and Control Guidelines for Speech-Language Pathologists and Audiologists. These documents, which were formulated through a process of interorganizational collaboration, have been sent to members and are posted on the College website.

Finally, one of the most important duties of any Registrar is to listen. So, I encourage members to contact me at any time at borriordan@caslpo.com to share your insights and concerns about the work of the College. With your assistance and dedication, I hope to continue to go forward on the “exciting journey” as your Registrar.

Brian O’Riordan, Registrar
The ideal solution for first time users

In the Ear. In an Instant. Incredibly Discreet.

First time users will be intrigued by this completely new style – an InstantFit CIC device. The revolutionary Audéo ZIP fits an amazing 87% of ears. The movable joint and an entirely new take on venting ensures comfort. The CORE performance, including SoundRecover, at three price points, guarantees the right solution for all. Make sure your next fitting of a first time user is with Audéo ZIP. They will thank you for it.

www.phonakpro.ca
Council met on March 5, 2010 and the following are the highlights:

1. President’s Remarks
A special welcome to Brian O’Riordan, Registrar and a thank you to the Search Committee for the work involved in selecting Brian.

A thank you to current staff for continuing the good work during the transition to a new Registrar and a special thank you and remembrance to past staff, Barbara Meissner Fishbein, Lynne Latulippe, and David Hodgson for their contributions in making the College what it is today.

2. Position Statement on Audiologists’ Relationships with Other Service Providers
Staff updated Council on the status of this position statement and the history behind it. This document was deferred to the June 2010 Council meeting.

3. Position Statement on Audiologists Completing ADP Hearing Device Applications
Staff updated Council on the status of this position statement and the Registrar briefed Council on the concerns regarding ADP mentioned in the Auditor General’s Report. Staff updated Council as well on the formation and status of a CASLPO task force to review members’ concerns regarding the ADP report and other issues surrounding ADP. This document was deferred to the June 2010 Council meeting.

4. CASLPO/OSLA Conference
Staff updated Council on the letter of agreement signed by OSLA and CASLPO for this conference as well as work being done to develop an agenda for the conference.

5. Executive Committee Report
Discussion took place regarding the role of Council members once they are elected to Council. A suggestion was made to incorporate this into an article for CASLPO Today.

6. SLP Practice Committee Report
Council requested that all Committee chairs work more closely in collaboration with staff to prepare Committee agendas, minutes as well as reports to Council and that this be a consistent practice for all staff and committee chairs.

7. 2010 Election dates
Council approved the motion that the 2010 election date be set for May 31, 2010 for District 6 (Member-at-Large)

8. Governance Policy and Bylaw Review
The Registrar presented an update on the status and timeline of the Governance Policy and Bylaw Review in preparation for the June Council meeting.

For more information on any of these topics please contact Brian O’Riordan, Registrar at 416-975-5347 ext 215 or by email at boriordan@caslpo.com.

www.caslpo.com

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COMPETENCY PROFILE VALIDATION:
An Update

Karen Luker, Deputy Registrar

In the last issue of CASLPO Today, members were encouraged to complete a survey to validate competency profiles for the practice of audiology and speech-language pathology. Readers will recall that CASLPO has been involved in a collaborative effort to create updated inter-provincial standards for practice and education in the form of competency profiles. Regulatory bodies, professional associations, and Canadian universities associated with the professions have been working together with the support of funding from Human Resources and Skills Development Canada (HRSDC). CASLPO acts as the project manager on behalf of HRSDC, thus coordinating the group’s activities and monitoring the budget on a quarterly basis. When completed and validated, the practice competencies will identify the job tasks, and minimum level of proficiency in these tasks, that are required in each profession.

At the time of publication, more than 1,600 practitioners across the country had completed the survey in either French or English. This represents approximately 20% of practicing speech-language pathologists and audiologists across the country and is considered a good response rate.

In recognition of the contribution made by those practitioners that completed the survey, each participant had their name entered into a draw and became eligible to win one of four charitable certificates. We are pleased to announce the following winners:

Carolyn Spriet, audiologist (Ontario) and Claire Chamberland, speech-language pathologist (Quebec), each receive a $150 certificate, payable toward the continuing education activity of their choice in 2010. These prizes were provided by the Canadian Alliance of Regulators.

Leslie Ann Harvie, speech-language pathologist (Ontario) and Julie Tran, audiologist (Quebec), each receive a $100 certificate, payable toward the 2010 CASLPA Conference or a CASLPA webinar. These prizes were provided by the Canadian Association of Speech-Language Pathologists and Audiologists.

Next Steps
The closing date for the completion of the survey was April 18, 2010. Following this, the working group will consider the responses and will finalize the profiles based on validation data obtained. The group’s work is led by Catalysis Consulting of Kamloops, British Columbia. It is expected that the final profiles will be available to the partner organizations by the end of July 2010.

HRSDC is currently considering the interorganizational partners’ next proposal, which involves developing a framework to assess competence. The partners expect that this project will result in a paper which will outline best practices in competency assessment, and identify tools which organizations may access or develop to ensure entry-to-practice competence for new entrants to the profession. The issue of continuing competence will also be addressed in this paper.

CASLPO will remain involved in all aspects of the competency projects, and will provide updates in future issues of CASLPO Today.

Please do not hesitate to contact Karen Luker, Deputy Registrar, at kluker@caslpo.com for additional information.

CASLPO Task Force: Assistive Devices Program

By Karen Luker, Deputy Registrar

The Assistive Devices Program is a program of the Ministry of Health and Long-Term Care which provides financial assistance to the public of Ontario in obtaining various assistive devices including those devices for their communication needs. These devices may include hearing aids, listening devices such as FM systems, voice output communication aids, and artificial larynges. CASLPO members who are registered as authorizers with the Assistive Devices Program (ADP) are required to abide by specific policies and procedures set by the program.

The auditor general of Ontario’s annual report for 2009 included a chapter on the Assistive Devices Program. A number of concerns surrounding the reimbursement of hearing aids and FM
systems were identified. As a result of this report, the ministry hosted a meeting in January 2010, including representatives from ADP and several regulatory colleges (e.g., College of Occupational Therapists, College of Respiratory Technologists, College of Optometrists, and CASLPO). The objective of the meeting was to begin a dialogue with colleges, with the ultimate goal to establish a mechanism to better monitor the activities of ADP authorizers. The outcome of the meeting resulted in ADP identifying a need to meet with individual colleges.

From the members’ perspective, audiologists and speech-language pathologists have expressed some concerns of their own regarding the Assistive Devices Program. For example, authorizers are required to obtain the signature of a physician or another audiologist, attesting that the applicant has a hearing loss which is significant enough to warrant the need for a hearing aid. This could be compared to a physician recommending a radiograph, but having to request that another physician verify the validity of the request prior to proceeding.

In anticipation of a meeting with ADP, CASLPO established a task force to act in an advisory capacity on matters involving the Assistive Devices Program. Members of the task force include practicing audiologists from the public and private sector, an academic member, and College staff. A first meeting was held on March 24, 2010 to identify issues and strategies in preparation for CASLPO’s meeting with ADP representatives.

At this time, CASLPO invites members to submit any information, questions or concerns on this topic in confidence, via email, to kluker@caslpo.com. Updates on the activities of the Task Force will be included in future issues of CASLPO Today.

FRIDAY OCTOBER 1, 2010 – MARK THIS DATE FOR YOUR REGISTRATION RENEWAL!

By Gregory Katchin, Director of Finance and Colleen Myrie, Manager of Registration Services

For members who are away from their email during the summer months, the College wishes to provide this early reminder that it is a member’s responsibility to renew their certificate of registration by October 1 of each year, even if the member fails to receive a notice from the College. The registration renewal deadline for 2010/2011 is Friday, October 1, 2010.

To ensure that you receive the College’s email reminders regarding the registration renewal, you should confirm that the College has your current e-mail address on file. Also remember to check your spam or junk mail folders regularly, because a CASLPO email message could mistakenly be directed to a spam or junk folder by your service provider. If you will be away from your office in the summer, please ensure that the College has an email address for you that you can access while away from the office.

The College’s online renewal system will be available to members as of August 3, 2010. To renew online, you need your registration number and your date of birth to login.

You can also renew using a paper renewal form if you download CASLPO’s 2010/2011 renewal package from our website on or after August 3, 2010. If you would like the College to send you a renewal package, you must make a request by telephone, email, 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.

To avoid the late payment fee, do not wait until the last minute to complete your registration either online or by mail. You can post-date your cheque up to October 1, 2010 and it will not be deposited until that date.

If you are planning not to renew your certificate of registration, do not let your registration lapse. You must advise CASLPO in writing via regular mail, fax, or by email that you wish to resign from the College. If you fail to renew your membership with the College and do not resign, your membership will be suspended for non-payment of fees and eventually revoked. A permanent record of the suspension would be entered in the register, which would be included in all requests for verification of a member’s registration status with the College.

If you have a question regarding your registration or renewal, please call 416-975-5347 or toll-free at 1-800-993-9459 and ask for either Gregory Katchin at extension 217 or Colleen Myrie at extension 211.
Together with its partners, CASLPO recently released new Infection Prevention and Control Guidelines for Speech Language Pathology and for Audiology. These new guidelines are the result of CASLPO’s participation in the Canadian Interorganizational Group for Audiology and Speech-Language Pathology. The group brings together a number of organizations who have an interest in the betterment of the professions, including regulatory bodies, professional associations, and universities across Canada. The guidelines reflect these organizations’ commitment to providing professionals with tools to assist them in the provision of high quality services to their patient/clients.

It is the intent of these new guidelines to assist in clinical practice and decision-making, while accommodating variations in practice settings. Members are encouraged to reflect on their individual practice and their typical assessment and intervention procedures as they review the contents of the guidelines. In some instances, the recommendations will already be an integral component of a member’s practice, where in other instances, a change or shift in clinical practice may be required. Members should also be aware of, and comply with, employer and/or agency policies, occupational health and safety legislation, and any additional standards related to infection prevention and control.

The guidelines are now available on CASLPO’s website and will be printed and sent to all members for inclusion in their Desk Reference. The adoption of these guidelines will serve to replace guidelines which were previously published by CASLPO. Members are, therefore, encouraged to become familiar with the new documents, and to replace any existing documents in their Desk Reference as soon as they receive the hard copy.

The guidelines can be found by selecting the “Practice Standards” tab at www.caslpo.com.

We wish to acknowledge and thank the many members of CASLPO who contributed hours of hard work to the development of the new documents. The process involved in creating the new guidelines is a successful model of interorganizational policy collaboration.

Next Steps: Autism and Auditory Processing Disorders
Following the successful completion of this project, the Interorganizational Group for Audiology and Speech-Language Pathology has approved its next two projects:

1. The development of guidelines for auditory processing disorders
2. The development of guidelines addressing the role of the speech-language pathologist in the assessment and treatment of autism spectrum disorders

Knowledge and Feelings Toward Working with Persons Living with HIV/AIDS: A Survey of Canadian Speech-Language Pathologists and Audiologists

You are invited to take part in a survey on communication disorder services available to individuals with HIV/AIDS. This study is being conducted by Tara Wilson, a graduate student in speech-language pathology, and Dr. Ellen Hickey, PhD, at the School of Human Communication Disorders at Dalhousie University. To access the survey, please logon to:

English: https://surveys.dal.ca/opinio/s?s=8087
Français: https://surveys.dal.ca/opinio/s?s=8327

Thank you for your participation!

CASLPO Participates in the Development of National Standards for the Professions

Together with its partners, CASLPO recently released new Infection Prevention and Control Guidelines for Speech Language Pathology and for Audiology. These new guidelines are the result of CASLPO’s participation in the Canadian Interorganizational Group for Audiology and Speech-Language Pathology. The group brings together a number of organizations who have an interest in the betterment of the professions, including regulatory bodies, professional associations, and universities across Canada. The guidelines reflect these organizations’ commitment to providing professionals with tools to assist them in the provision of high quality services to their patient/clients.

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We wish to acknowledge and thank the many members of CASLPO who contributed hours of hard work to the development of the new documents. The process involved in creating the new guidelines is a successful model of interorganizational policy collaboration.
Working groups have been appointed and directed to develop these guidelines, which are scheduled to be completed by the end of the summer. All partner organizations will then be consulted in an effort to approve and adopt the guidelines as soon as possible afterward.

*The Interorganizational Group for Audiology and Speech-Language Pathology is composed of regulatory bodies (represented by the Canadian Alliance of Regulators), professional associations (represented by the Canadian Association of Speech-Language Pathologists and Audiologists, the Canadian Academy of Audiology, and all provincial/territorial associations), and universities (represented by the Canadian Council of University Programs – SLP/Audiology). It was created in 2007 to bring together all organizations concerned with the practice of the professions. Its primary objective is the development and harmonization of standards across the country.

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### 2009 Registration Statistics

As of December 31, 2009, CASLPO membership consisted of 562 audiologists, 2,718 speech-language pathologists, and 11 individuals registered to practise in both professions.

<table>
<thead>
<tr>
<th>MEMBERSHIP BY CATEGORY</th>
<th>GENERAL (%)</th>
<th>INITIAL (%)</th>
<th>ACADEMIC (%)</th>
<th>NON-PRACTICING (%)</th>
<th>LIFE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiologists</td>
<td>91</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>SLP</td>
<td>89</td>
<td>5</td>
<td>&lt;1</td>
<td>5</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>

| COUNTRIES WHERE INTERNATIONALLY EDUCATED APPLICANTS WERE INITIALLY TRAINED |
|---------------------------------|-----------------|----------------|
| Applicants                      | Country of training (Canada excluded) | Number of applicants |
| Largest number                  | United States   | 37             |
| Second-largest number           | Australia       | 6              |
| Third-largest number            | U.K.            | 3              |
| Fourth-largest number           | Iran            | 2              |

| JURISDICTION WHERE MEMBERS WERE INITIALLY TRAINED |
|---------------------------------|---------------|---------------|---------------|---------------|---------------|
| Jan 1 to Dec 31                | Ontario       | Other Canadian Provinces | USA | Other International | Unknown | Total |
| Total Members                   | 1610          | 504            | 941           | 210           | 26           | 3291   |

<table>
<thead>
<tr>
<th>APPLICATIONS PROCESSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 1 to Dec 31</td>
</tr>
<tr>
<td>New applications received</td>
</tr>
<tr>
<td>Applicants who became members</td>
</tr>
<tr>
<td>Applicants who were issued an initial certificate of registration</td>
</tr>
</tbody>
</table>

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**2011: The New Self Assessment Tool Online**

By Carol Bock, Deputy Registrar

We are pleased to announce that we have contracted Claymore Inc. to assist us in moving CASLPO’s Self Assessment Tool (SAT) into the electronic world. Claymore Inc. is the developer of the SkilSure solution and the owner of the SkilSure brand. Claymore Inc. has more than 15 years of experience as a provider of customized Professional Development and Competence Assurance software and services. In Canada, Claymore runs customized solutions for a number of regulated health professions including, the Ontario College of Pharmacists, the College of Nurses of Ontario and the College of Physiotherapists of Ontario.

We will be launching the Self Assessment Tool — Online Version in early 2011 to coincide with the end of our current cycle of the Self Assessment Tool (2008, 2009, and 2010) and the beginning of the next three-year cycle (2011, 2012, and 2013). The SAT 2011 will not vary much at all in content from the current SAT but the ease and flexibility of completing the Tool will be much improved. Some of the added features that will be offered once our Self Assessment Tool is online include:

- quick links to pertinent documents and learning modules,
- expanded examples of compliance/evidence,
- the ability to cue members for individualized Learning Goals,
- assistance with goal writing,
- pop-up Continuous Learning...
Activity Credit (CLAC) limits in the various categories,
• the capacity to collate aggregate data that reflect trends in practice setting, CLACs, geographical needs for member education, etc., and
• the capacity to securely upload evidence for storage.

Although the Tool will also be available to those who would prefer it in hard copy, we are planning a roll-out schedule that will allow all members to use the online version. It is anticipated that a prototype will be available for June, 2010, followed by a version that will be ready for a limited (50 participants) pilot run in July, 2010. The program will then be ready for the “live” run in January, 2011.

This spring and summer, CASLPO will be asking members to assist us in the pilot version. Why might you volunteer to participate? Well, if you do volunteer you will be taken out of the general pool for selecting members for the SAT submission for three years. You will have significant input to the final design of the program, and you will be able to claim additional CLACs.

If you are interested please contact Carol Bock at 416-975-5347, toll-free at 1-800-993-9459 x 227, or via email at cbock@caslpo.com for further information.

Ontario Legislature Passes Labour Mobility Act

By Karen Luker, Deputy Registrar, and Colleen Myrie, Manager of Registration

Amendments to the Agreement on Internal Trade (AIT) endorsed by Canada’s premiers in January 2009 committed all provinces and territories to improving labour mobility for certified workers in professions and trades.

As a result, all provinces have been directed to develop and approve legislation to support their commitment to implement the labour mobility provisions of the AIT. In Ontario, the Ontario Labour Mobility Act was passed by the Legislature on December 15, 2009. This legislation ensures that workers who are certified to practice in a province or territory will be entitled to be certified in that occupation in Ontario without having to complete additional material training, experience, examinations or assessments. The Act recognizes that Ontario regulators can set standards that are considered necessary to protect the public. At the same time, it encourages regulators to work with their colleagues across Canada to achieve common standards, where possible.

Other key elements of the legislation include the following:

- Allowing workers to apply for certification in Ontario without having to be a resident of Ontario;
- Allowing the responsible minister to review a regulator’s practices and take all necessary steps to ensure those practices comply with the Labour Mobility Code that is set out in the Act;
- Enabling the Ontario government to impose fines on regulators who do not remove mobility barriers such as additional material testing and training.

Frequently Asked Questions Regarding the Ontario Labour Mobility Act and CASLPO’s Registration Requirements

What impact will this have on CASLPO members?

Audiologists and speech-language pathologists who currently work in Ontario will not be directly affected. The Act applies to individuals from other regulated provinces who are applying to work in Ontario. If you are thinking of moving to another province, be aware that each province has been directed to enact labour mobility legislation which will facilitate the transfer of workers from one jurisdiction to another. Check with the province in question to see if its legislation has been approved.
My agency is considering hiring an audiologist from Alberta. What does this legislation mean for us?

The intent of the legislation is to allow practitioners to move from one regulated province to another without having to undergo additional training, experience, examinations or assessments. If the applicant is a member of the Alberta College of Speech-Language Pathologists and Audiologists, CASLPO cannot impose additional requirements, with a few exceptions. For example, a regulatory body can require an applicant to provide evidence of good character and language proficiency.

Is the Canadian Alliance of Regulators doing anything to facilitate labour mobility?

In the last eight months, the Canadian Alliance of Regulators (CAR) has been working on the following:

• harmonizing registration standards for all Canadian graduates, and
• outlining a process for the consistent assessment of credentials and equivalencies for internationally trained applicants.

CAR will be completing this work in the next few months, and will be seeking the adoption of national standards from its constituents later this year.

I thought there was already a mutual recognition agreement between the provinces to allow SLPs and audiologists to be recognized in all provinces?

A Mutual Recognition Agreement was in fact signed in 2001, and amended in 2005. This agreement ensured that a member in good standing in a regulated province would be accepted by another regulated province without additional scrutiny.

The Agreement on Internal Trade endorsed by the provincial premiers in January 2009 has altered the applicability of the professions’ Mutual Recognition Agreement (MRA). For instance, the AIT applies only to regulated provinces. Unregulated provinces are no longer recognized under this agreement.

I am a Speech-Language Pathologist working in Ontario. I am considering a move to British Columbia. I have heard that BC is requiring that all applicants pass the CASLPA examination prior to becoming members of their College. Is this true?

Since the AIT was amended in January 2009, every province has been directed to develop and approve legislation to support their commitment to the Agreement. As of the date of publication of this issue of CASLPO Today, Bill 9 – 2009 had received first reading in British Columbia’s Parliament. The Bill allows certified workers from other jurisdictions to practice their occupations in BC in accordance with the AIT, and, in particular, provides that BC regulators must consider and apply the provisions of the AIT when workers who are certified for an occupation in a signatory jurisdiction apply to obtain BC certification for that occupation. British Columbia’s College bylaws state that a member in good standing of another regulated province does not need to complete the CASLPA examination.

I recently spent some time in England, and worked with a few speech-language pathologists who said they might be interested in coming to Canada. They have lots of experience, and have indicated a willingness to work in my remote community. Can the Labour Mobility Act help them?

Unfortunately, no. The Ontario Labour Mobility Act (and the Agreement on Internal Trade) is meant to facilitate the transfer of licensed workers from one regulated Canadian province to another. The SLPs will have to submit a complete application to CASLPO, and must undergo a full assessment of their academic credentials and clinical experience. If, however, another Canadian province had granted them a certificate of registration (if they had worked in Manitoba prior to coming to Ontario, for example), the Act would apply and no additional requirements would be imposed on them at this time.

What about graduates of American programs? Many of them are certified by the American Speech-Language-Hearing Association (ASHA). Can they...
work in Ontario based on the mutual recognition agreement?

CASLPO has always conducted assessments of American applicants’ credentials as it is the regulator’s mandate to do so; it cannot assign this responsibility to an association. ASHA’s mutual recognition agreement is signed with CASLPA, which provides a voluntary certification program. Graduates of American universities, even if they are Canadian citizens, have to undergo a full assessment of their academic and clinical credentials as do other internationally trained applicants, in order that CASLPO can ensure that the public of Ontario has access to competent professionals. It should also be noted that ASHA’s credential assessment is based on different requirements than those of CASLPO, therefore an “automatic” transfer is not possible.

Questions related to the Ontario Labour Mobility Act or the College’s registration process may be addressed to Colleen Myrie at cmyrie@caslpo.com or Karen Luker at kluker@caslpo.com.

A Quick Guide to the Harmonized Sales Tax

By Gregory P. Katchin, Director of Finance

The Ontario and federal governments plan to merge the 8% Ontario Retail Sales Tax with the 5% federal Goods and Services Tax (GST) into the new 13% Harmonized Sales Tax (HST) on July 1, 2010. This new tax will be federally administered and will use the same tax base and structure as the federal GST, with few exceptions.

In the past the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) has not been required to charge GST on its annual membership fees. Going forward, because “membership fees” currently are exempt from GST and HST in those provinces where HST is currently charged, CASLPO is advised that it will not be required to charge the new HST beginning on July 1, 2010 on its membership fees in Ontario.

However, CASLPO members in private practice in Ontario (who supply and bill audiology or speech-language pathology services) will need to determine whether or not they will be required to charge the new HST on their billings beginning July 1. Because each member’s circumstances are unique to them, they should consult with their tax adviser to determine whether or not to become HST-registered.

A broad guideline is that if a member is currently exempt from having to charge the 5% GST, it is likely that such a member will continue to be exempt from having to charge the new 13% HST on the services they provide and invoice on or after July 1, 2010. And if a member is currently GST-registered and is required to charge the 5% GST, it is likely that such a member will be required to charge the new 13% HST on the services they provide on or after July 1, 2010, regardless of when they bill for those services (before or after July 1).

If a member is currently exempt from having to charge the 5% GST as a “small supplier,” they should note that they have to register for GST/HST when they no longer qualify as a small supplier. That occurs when their total worldwide taxable supplies of goods and services exceed the small supplier limit of $30,000 in a single calendar quarter or in four consecutive calendar quarters.

This link to the Canada Revenue Agency (CRA) website provides information to help members decide if they need or wish to register for GST/HST, and it describes options they may have in setting up a GST/HST account.


This link to CRA provides members with information on how the GST/HST works, what is the harmonized sales tax (HST) and what CRA defines as taxable, zero-rated, and exempt supplies.


At the time of this writing, some of the technical details and forms are not yet available. This article cannot encompass every situation and it should not be relied upon by CASLPO members to make taxation and business decisions. It is best to speak to a taxation expert who can advise you on your own particular circumstances and taxation status.
Members Suspended for Failure to Complete the Annual Renewal Requirements For 2009/2010

By Gregory Katchin, Director of Finance and Colleen Myrie, Manager of Registration Services

If a member is no longer practising in Ontario and chooses not to renew their membership with CASLPO, the member must officially resign from the College rather than let their membership lapse. To resign from the College, a member must send a resignation letter to the College indicating the effective date and the reason for their resignation or complete the resignation section of the paper version of CASLPO’s Annual Registration Renewal Form.

Once a certificate is suspended, a permanent record of the suspension must be entered in the register. This information will be included on all requests for verification of the member’s registration status with the College.

Each year, the College publishes a list of suspended members. The main purpose of this list is to alert employers of audiologists and speech-language pathologists as to which members are suspended and might be continuing to practise, unaware of their suspension.

The following individuals were suspended on February 2, 2010 for failure to complete the annual renewal requirements for 2009/2010 in accordance with section 24 of the Health Professions Procedural Code:

<table>
<thead>
<tr>
<th>Reg #</th>
<th>Member Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1060</td>
<td>Jean Maureen Bale</td>
</tr>
<tr>
<td>1668</td>
<td>Danielle Kaplan</td>
</tr>
<tr>
<td>2162</td>
<td>Andrew Rekret</td>
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<tr>
<td>2404</td>
<td>Erin Yuet Tjam</td>
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<tr>
<td>3024</td>
<td>Josée Lucie Levasseur</td>
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<tr>
<td>4573</td>
<td>Beverly Ann D’Cunha</td>
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<tr>
<td>5062</td>
<td>Sarah Jane Schwab</td>
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<td>5073</td>
<td>Yang B. Kim</td>
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<tr>
<td>5170</td>
<td>Shara Leanne Futa</td>
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</tbody>
</table>

 Were You Selected For a Peer Assessment This Year? 6 Top Questions Answered

By Carol Bock, Deputy Registrar

1. Why Was I Selected?

Luck of the draw! Every year 250 members are randomly selected by an outside information technology service to submit their Self Assessment Tool (SAT). The 30 members who are selected for the peer assessment are selected from among the 250. However, the 30 members are selected before CASLPO receives their SATs so there is no possibility of selecting the members for peer assessment based on how they filled out their SAT. It is completely random. Once selected for a peer assessment, though, the member is then removed from the general pool or subsequent selection for five years.

2. If there are indicators identified as partially compliant or non-compliant during my peer assessment, will I be referred to the Inquiries, Complaints, and Reports Committee-ICRC?

No. The Quality Assurance Program is then intended to be a practice enhancement process rather than a punitive process. The Peer Assessors are experienced and skilled at identifying areas for enhancement and providing suggestions for better ways to manage practice challenges. Similarly, the Quality Assurance Committee that reviews the peer assessment reports focuses attention on practice enhancement and will generate suggestions for improvement for the member. Furthermore, the Regulated Health Professions Act, 1991 does not allow information about a member that comes to the Quality Assurance Committee to be shared with any other Committee of CASLPO.

3. Will the peer assessment focus on my clinical skills?

No. The peer assessment process does not include observing members with patients/clients so it is not possible to evaluate this aspect of your practice. Primarily the assessment is limited to document reviews and conversations with you. Although some aspects of
your knowledge of the practice standards will reflect to some degree your clinical practice, this process does not attempt to evaluate your clinical skills.

4. Can I count Continuing Learning Activity Credits (CLACs) that are not related to my goals?

No. All Learning Activities must be connected to a Learning Goal. However, you can revise your goals so that your Learning Activities do relate. Your Learning Goals are not set in stone and can be revised at any point to include learning opportunities when they arise and to address practice demands as they change.

5. Once I have submitted my package of evidence is there any opportunity to change or add to it?

Yes. Often members cannot include evidence for all the indicators due to the fact that some types of evidence are not amenable to copying and transmitting (e.g., videos, materials that are three dimensional, etc.). For this reason, it is perfectly acceptable to demonstrate the evidence when the peer assessor makes their site visit. It is preferable to have as much evidence sent in as possible; in order to make the site visit more efficient and valuable for the member.

6. How is my peer assessor assigned to me?

You are matched with the peer assessor based on several factors, including, area of clinical practice, potential conflict of interest or bias, geographical proximity, and the preferred time for assessment. Once the best match is made, you will be provided with the name of your assessor, usually through email. You will be granted one veto opportunity, as stipulated in the Quality Assurance Regulation. Once you accept the peer assessor, then the College informs the peer assessor, provides them with the necessary contact information and the package of evidence from you. It is then up to you and your peer assessor to arrange a site visit. It should be noted that because of the limited number of peer assessors, the match is not always perfect. The peer assessment is intended to evaluate practice standards that apply across all settings and does not require assessors to have precise knowledge of every practice setting. You can be sure, however, that your peer assessor will have had practical experience working with the populations that are on your caseload.

The peer assessment process is designed to enhance your practice and is best viewed as an opportunity to develop professionally. However, it is not unusual to feel some apprehension or uncertainty. If you have any questions at any point in the peer assessment process or you would like the benefit of speaking with other members who have been through the process, do not hesitate to contact Carol Bock at 416-975-5347, toll-free at 1-800-993-9459 x227, or via email at cbock@caslpo.com.
Agatha Christie – Helping to Unravel the Mystery of Alzheimer’s Disease

By Sherry Hinman

Hercule Poirot and Miss Marple solved many a mystery under British crime writer Agatha Christie’s pen, but the grande dame of mystery novels herself may help unravel one of the greatest mysteries – Alzheimer’s disease.

At a conference in March 2009, University of Toronto English professor Ian Lancashire and computer science professor Graeme Hirst presented a paper entitled, “Vocabulary Changes in Agatha Christie’s Mysteries as an Indication of Dementia: A Case Study.” This paper describes the results of a fascinating study in which the works of Agatha Christie were analyzed and compared for specific aspects of written language. The results were nothing short of astounding.

Regina Jokel, speech-language pathologist, part-time scientist at Baycrest and assistant professor of speech pathology at the University of Toronto, was approached as a consultant to the research because of her expertise in dementia, through her course, Neurocognitive Communication Disorders.

The researchers examined the first 50,000 words within 14 of Christie’s works, spanning her 53-year writing career. These 14 included her earliest titles, *The Mysterious Affair at Styles*, published in 1920 when she was 30, and *The Secret Adversary*, published two years later at age 32, as well as her final three novels, which she wrote in her 80s: *Nemesis* (1971), *Elephants Can Remember* (1972), and *Postern of Fate* (1973), as well as nine others over her lifetime. Jokel says they examined three aspects of Christie’s writing: vocabulary richness, specificity of words, and amount of repetition.

The first aspect, vocabulary richness, was based on the number of different words she used in each book. They discovered a significant decline with age in the size of her vocabulary from her earlier to her later works. In fact, the word types fell by one fifth, and by the time she wrote *Elephants Can Remember*, when she was 81, her vocabulary had dropped by nearly 31%.

The second aspect they looked at was the frequency of use of indefinite terms, such as “thing,” “anything,” or “something.” The analysis showed that Christie’s use of vague terms increased significantly with age, from 0.27% in her first book to 1.23% in her last. The final aspect studied was the number of repeated phrases. Once again, they found a decline in her writing as she aged, which they described as a decline in lexical richness. In their paper, the researchers explained that, while both indefinite words and repetitions increase with normal aging, they do so significantly more in the language of people with Alzheimer’s disease.

This analysis was not the first of its kind. In fact, it confirmed the results of a 2004 study by Peter Garrard of the Institute of Cognitive Neuroscience at University College London. Garrard carried out a similar study on the works of British novelist Iris Murdoch, who had been diagnosed with Alzheimer’s disease at the age of 76, the year following the publication of her final novel. Believing that evidence of Murdoch’s dementia was apparent in her writing prior to her diagnosis, Garrard and his colleagues compared her early books with her final one. Using the same three aspects, they found very similar results to those in the U of T study – her language had become simpler with age, and her vocabulary had shrunk.

Though Christie was never assessed for, or diagnosed with, Alzheimer’s disease or any other type of dementia, her later works were described as “muddled and meandering,” and some believe her novel *Elephants Can Remember* might have been a sign of her defensiveness over her declining mental function. In their paper, the authors say, “…her last novels reveal an inability to create a crime solvable by clue-detection according to the rules of the genre that she helped to create.”

Jokel says this research was only a beginning. “What was published was the first part of the research,” she says. But their findings only opened up a
host of other questions, which led to further research. “The second part is not yet published so I can’t say too much about it.” She did say that they found some things they expected, some they didn’t expect, and some they are still trying to reconcile. “The vocabulary findings are well documented, but many of the other measures had not been used previously.”

It is reasonable to question the degree to which these findings are attributable to Alzheimer’s disease and are not just part of the normal aging process. Jokel says there are “several really good studies done on the written language of Alzheimer’s. While some aspects of language do decline with normal aging, vocabulary is something that ‘gets better with age,’ and this is especially true of seasoned writers. With normal aging, we get a little less specific, and our retrieval is somewhat slower, but our vocabulary becomes richer.”

Jokel points out that slower retrieval time doesn’t affect written language nearly as much as it does spoken language. “Written language is forgiving,” she says. “We can slave over one word, and this is more acceptable than in speech.”

In a *Macleans* magazine article published in April 2009, Dr. Morris Freedman, head, Division of Neurology, and Director, Behavioural Neurology Program at Baycrest, is quoted as saying “Because writing is a learned, not a natural skill, it breaks down early.”

Jokel agrees with this statement. “We tend to lose skills acquired later,” she says. “Writing is also one of the most complex tasks; if one component breaks down, the person can’t compensate. Impaired writing is one of the first language symptoms to be noticeable in someone with Alzheimer’s.”

Jokel says it was fortunate to be able to compare the findings about Murdoch, who was diagnosed with Alzheimer’s disease, with their own about Christie, who was not. They are also comparing both sets of results with a detailed analysis of the works of P.D. James. James is an active, productive writer whose books are still being published at the age of 89, and whose writing does not show any signs of decline. Interestingly, these three authors have much in common: all are female, older writers, in the mystery genre.

While the findings are tantalizing, one might ask how applicable they are to the general public. After all, not many people are published authors; can the results be extended in a useful way to the rest of the world? Jokel observes that many people, after they leave school, don’t write any more. But with the Internet, there are many more who use written language to correspond through email, maintain a website, or blog about their experiences. So there may be more opportunity for writing samples. “People in their 60s and 70s are more computer savvy,” she reminds us.

Jokel is unsure where the research will eventually lead. This will be up to “the fathers of the project,” as she refers to them. Her own interest would be to do a similar analysis to distinguish between non-fluent progressive aphasia, semantic dementia (fluent variant of non-fluent progressive aphasia) and Alzheimer’s disease. She would like to see the computer analysis they used eventually become available to clinicians working with an aging population, and use it for early diagnosis of Alzheimer’s and other dementias.

But that is the future. For now, Jokel says she is thrilled with how much publicity this research has garnered. “I have been doing research on language for the past 20 years and there’s been very little mention of it. This has brought language into focus in magazines that do not usually talk about 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.*
When I was a little boy, my hobby was marionettes. In a way, radio is a little like that. People don’t see the person pulling the string. You’re heard but not seen.” Andy Barrie, who recently left his role as host of CBC Radio One’s enormously popular Metro Morning show, truly has an insider’s perspective on the uniqueness of radio as a mode of communication.

Despite the seemingly one-sided nature of communication in radio, though, Barrie says, “Radio is conversation. And it’s company. It’s company with someone on whom you project who you need that person to be.” And if you think about it, that conversation is often one-on-one. “When you’re on the radio,” he explains, “you’re often talking to one person at a time. Many times, with television, a few people watch together, but people usually listen to the radio alone.”

On a given day, Barrie might do as many as 10 interviews, so he has an experienced perspective on one-on-one communication. “Most conversation is waiting,” he says. “Communication is a sense of engagement and attentiveness. It’s a sense of trust. You convey that you really want to hear what the other person is saying; you’re genuinely interested.”

The rich tones of Barrie’s voice have been heard over the airwaves for a long time – 45 years, if you count his neophyte days in his 20s on The Suppertime Show at university in New Hampshire. He was born in Baltimore, Maryland, and worked as an announcer and reporter in several U.S. cities until the late ’60s. Then, after he had been in the army for a year-and-a-half, he got his orders to be shipped to Vietnam.

Barrie was a conscientious objector, and crossed the border into Canada in late 1969. “It was a fascinating time,” he says. “Pierre Elliott Trudeau and Nixon were in power and the contrast was astonishing. I am grateful to Canada; I liked being a part of a country that treasured the individual over the community.” Barrie later received a general discharge and became a Canadian citizen.

“It’s really important to realize that, when it comes to immigration, you immigrate to a city, not a country,” Barrie explains. “I came to Montreal [and CJAD radio] and it was three years after Expo. This was a time of excitement. Montreal was feeling good about itself.” Barrie says he felt no antagonism toward the United States but left because he became disaffected with the war in Vietnam. “Canada provided sanctuary.”

Although Barrie has been in Canada for 40 years, he still sees being an immigrant as an important piece of his identity. This immigrant identity has blended with the national culture of the CBC – where he’s worked since he moved to Toronto in 1995 – to become a critical part of his truly Canadian persona.

As he leaves the on-air role he has held at the CBC for the past 15 years, he has his eye on, among other possibilities, projects that benefit new Canadians. He’s quoted as saying, “What I want to do is find ways that the CBC can proactively support those new to the country – those who don’t speak one of the official languages – and to educate them on the culture. That’s what I’d like to do.”

When asked what he meant by this, he replied, “I’ve thought about how to educate someone who is new to Canada. How do they learn words like “Inukshuk” and “Screech”? I can’t think of any better way to expose new Canadians than the CBC. I was a new Canadian myself. No one tells you about the FLQ, Rogers Pass, Terry Fox, the Canada-Russia series. This is the...
‘soft’ part of becoming a Canadian.”

He goes on to describe how the CBC website houses a wealth of material on all subjects Canadian – written, audio and video. “We could make this information available as a resource. We could package it specifically for new Canadians,” he says.

A recently published article describes Barrie’s honesty, warmth and “irresistibly self-deprecating wit.” Three years ago, he wrote an email to his staff in which he relayed the news that he’d been diagnosed with early stage Parkinson’s disease. In that email, it’s easy to see evidence of all three of those qualities as he shared his difficult news. In one line he poignantly wrote, “However there’s one PD symptom that does need mentioning – the muscles of the face can sometimes take on an expression that can look either pissed-off or not-at-home. Of course sometimes I am p.o.’d or not there. If you’re not sure, ask.”

He’s known for coming straight to the point when he’s interviewing others, and was as blunt in his communiqué. “PD is not contagious and it’s not fatal. But it doesn’t go away by itself, and it does get worse.” His message was never sugar-coated but it was moving just the same. He ended it by offering to accept advice and answer any questions, and thanked his colleagues “for being, all of you, such very human beings.”

While Barrie doesn’t seem to have any difficulty with his speech, he is aware that for some people with Parkinson’s it could be affected later on. “I don’t want to gradually erode,” he says. “It’s a bit like dancers who break their leg. It’s sobering to have had a career in voice and possibly lose the ability to talk.”

He also has clear views on hearing and hearing aids. In a radio job he had decades ago, he says he was exposed to 50,000 watts of feedback and “it blew out my hearing.” He’s worn a hearing aid ever since. “It blows me away that people who need a hearing aid don’t wear one,” he says. His advice to others with a hearing loss? “If you’re asking yourself, ‘When do I need a hearing aid?’ the answer is, When you’re unwilling to inflict the need to repeat, on others.”

On Barrie’s last morning on the Metro Morning show at the end of February, he told listeners, “This is only ‘au revoir.’” He is not retiring from radio, nor is he leaving the CBC, just the on-air side of the business. In February, when he’d announced his departure date, he said, “Well, it’s that part of the conversation where it’s time to say, well, enough about me.”

Barrie’s got plenty of plans about how he’ll carry out his work away from the microphone, including mentoring new hosts. But his listeners will certainly miss his voice. Asked how he would like to be remembered by listeners who think back to his time on air, he says, “It goes back to my definition of radio. I want to be remembered as being ‘good company.’ Like someone you’re living with or talking to on a long car ride. Not jokes all the time. I want people to say, ‘He stimulated, informed and challenged us’. I want them to say, ‘He moved us.’” And there’s not a single doubt – they will.

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 2007, the Office of the Information and Privacy Commissioner of Ontario (IPC) issued an order directed to all Ontario health information custodians not to transport personal health information on laptops or other mobile computing devices unless the information was encrypted. This direction was included in a 2007 order under the Personal Health Information Protection Act (PHIPA).

In December 2009, a USB key containing the health information of almost 84,000 patients who attended H1N1 flu vaccination clinics in the Durham Region was lost. This resulted in an investigation into the incident by the IPC, who deemed it a major privacy breach. The main issue related to the fact that the personal health information stored on the USB memory stick was not encrypted; had it been, this would have merely been the physical loss of a single USB key.

The Privacy Commissioner, Ann Cavoukian, was distressed by this incident in light of the order issued in 2007. “Some health information custodians are encrypting personal health information placed on mobile devices, while others are encrypting all health information,” says Dr. Cavoukian. “But some custodians have not yet taken such necessary steps.

Health information custodians cannot wait until they become a victim before taking concrete action to protect the personal health information, for which they are responsible.”

As part of the order issued to the Durham Region following its investigation, Dr. Cavoukian included a message which is directed to every health information custodian in Ontario. The contents of this message are reprinted below.

Commissioner’s Message
Ann Cavoukian, PhD

Health information custodians in Ontario are required under the Act to take reasonable steps to ensure that personal health information is protected against theft, loss and unauthorized use or disclosure. In 2007, following the loss of a laptop containing personal health information, I sent a clear message warning all custodians against storing personal health information on mobile devices, that are especially vulnerable to both loss and theft. In Order HO-004, I outlined a new standard to be followed – a multi-layered approach to guard against unauthorized access to personal health information stored on mobile devices.

It is always preferable to avoid storing any personally identifiable health information on mobile devices.

Safeguarding Information on Mobile Devices

The following is the first of a two-part article on the issue of encryption of personal health information, which has garnered much attention in the last few years. The first article summarizes a recent order issued by the Information and Privacy Commissioner/Ontario; it outlines some of the risks and methods associated with dealing with personal health information on mobile devices. The second part of the article, to be published in the next issue of CASLPO Today, will propose 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.
However, where personal health information must be stored on such devices, the following measures are necessary:

- only the minimal amount of information necessary should be stored, and for the minimal amount of time necessary to complete the work;
- whenever possible, personal health information should be de-identified or coded, in a manner such that the identities of the individuals whose personal health information is stored on the device could not be readily ascertained if the information were accessed by unauthorized persons;
- if the information is coded, the code that is needed to unlock the identities of individuals should be stored separately on a secure computing device, such as a central server in a health care facility;
- the use of strong password protection; and, most important;
- the use of strong encryption.

The Act requires custodians to notify individuals if their personal health information is lost, stolen or accessed by unauthorized persons. Consequently, privacy breaches tend to be both time-consuming and costly, and often result in irreparable damage to a custodian’s reputation and image. While I accept that custodians may not be able to totally eliminate the loss or theft of mobile devices, what I cannot accept is that the information contained therein is not encrypted. Unauthorized access to health information stored on these devices that happen to be lost or stolen may clearly be prevented through the use of encryption technology. However, despite strong incentives to avoid privacy breaches and the availability of encryption to prevent such breaches, unencrypted mobile devices continued to be used. This is both distressing and completely unacceptable.

Multiple factors may contribute to the failure to adequately safeguard personal information. First, there may be a lack of understanding about the vulnerabilities, threats, and risks to the information stored on mobile devices, or a lack of awareness about what constitutes reasonable safeguards for personal health information stored on such devices. Second, there may be challenges in implementing enterprise-wide solutions that allow custodians to effectively manage and control the manner in which all of their agents and electronic service providers collect, use, disclose, retain, transfer, and dispose of personal health information on their behalf. Third, while this is difficult to believe, some custodians may have interpreted Order HO-004 narrowly as applying only to mobile computing devices such as laptops and personal digital assistants, without recognizing that other portable data storage devices, such as USB memory sticks, pose similar risks. The stolen laptop that resulted in HO-004 and the lost USB memory stick resulting in the current Order are instances of a growing class of security and privacy problems, namely data leakage and data loss associated with all portable storage devices. My office is taking steps to ensure that all of these issues are addressed.

As the health sector moves towards electronic health records and electronic systems of personal health information, public confidence in custodians’ ability to protect all types of health records is essential. Privacy breaches stemming from the use of technology, without the necessary privacy and security safeguards such as encryption, will inevitably be viewed as harbingers of the state of privacy once the health sector makes the transition to electronic health information. In my view, this is completely understandable. After all, if custodians cannot be trusted to protect the personal health information stored on a simple portable device such as a USB key, how will they ever manage to protect the massive amounts of personal health information that will eventually reside within complex systems of interoperable electronic health records?

It is vital that custodians recognize that any breaches stemming from the improper implementation of information technologies will not only be costly for the responsible custodian, but will also reinforce skepticism about the health sector’s ability to protect privacy in context of eHealth, in general. Increased skepticism will likely have a chilling effect on the acceptance and adoption of all types of new health information technology, including electronic health records. Given recent setbacks in the eHealth agenda in Ontario, additional barriers or delays are the last thing the health sector needs at this point in time. Therefore, it is essential that all custodians demonstrate both their commitment and their capacity to protect personal health information stored in all
The future of privacy requires a comprehensive and proactive approach, which I have called Privacy by Design, whereby both privacy and security are effectively baked into the information eco-system, end-to-end, and throughout the entire data lifecycle, from initial collection through to final disposal.

In recognizing the broader implications of large scale breaches of health information and the need to ensure that immediate steps are taken to prevent avoidable breaches involving mobile devices, I approached the Ministry of Health and Long-Term Care. They have committed to work together with my office to develop a communications strategy to help ensure that the entire health care sector in Ontario adopts reasonable safeguards to protect personal health information stored on all types of electronic devices. As a first step in this strategy, I contacted the chief medical officer of health for the province of Ontario who issued a memo to all medical officers of health, warning about the need to encrypt personal health information on portable devices such as USB memory sticks. A more detailed strategy for promoting awareness and compliance among all health information custodians is currently under development and will be finalized early in 2010.

While encryption is a key component of any security solution for protecting health information on portable devices, it must be deployed in a holistic and proportional manner in order to be truly effective. Depending on the operating context, some encryption solutions are better than others. Those that are added on, after the fact, requiring users to actively encrypt files by creating passwords or launching a software program every time that health information is stored on a portable device, may be less effective than other encryption solutions. Weak or stolen passwords effectively negate the potential security benefits of encryption. Confusing or complex software interfaces and protocols will also result in users abandoning secure systems and resorting to insecure “workarounds.” Users also may be unaware that when encrypted information is transferred from one storage device (e.g., laptop computer) to another (e.g., a USB key), the encryption does not necessarily accompany the data. Once the data is intentionally or unintentionally decrypted back to plaintext, it is out there in plain view, becoming vulnerable to a wide range of unintended uses.

Doing away with mobile devices entirely by locking down all USB ports, in favour of the exclusive use of secure channels and “thin clients,” is another approach that may be feasible in some instances but not others. Thin clients, sometimes described as “dumb terminals,” are display and input devices which do not process data and input locally, but rather transmit input to a computer to which they are connected and display the resulting output. They often have limited local data storage and output capacities. Since the vast majority of the processing of information is done centrally in such systems, the security risks are generally confined to the central server. However, while it may be easier to manage the security risks, establishing and maintaining secure channels and thin clients tends to be operationally complex and costly to the enterprise, requiring employees to manage identification and authentication credentials in a consistently secure way. Additionally, locking down USB ports across an enterprise may rob an organization of the benefits of connecting other useful, risk-free devices to those ports, such as a mouse or keyboard.

Ideally, organizations should implement enterprise-wide encryption solutions that would only permit the use of authorized portable storage devices to connect to specifically-authorized USB ports, where the encryption is both automatic and seamless. Only devices with authorized USB ports would be able to view, access and decrypt the data stored on an authorized portable storage device. Thus, in the event that an authorized portable storage device was lost or stolen, any personal health information stored on the device would be inaccessible to anyone who found it. Further, it would simply not be possible to use an unauthorized mobile device.
with such a protected system. The management of this type of arrangement would have to be centralized, easy to set up and administer, and, ideally, low in cost. In addition, all transactions would also need to be logged.

A local Ontario company, CryptoMill, has developed such an enterprise-class security solution that offers this degree of functionality. Their solution called SEAhawk, allows organizations to effectively lock down information assets to registered devices only, such as USB memory sticks.

Had such a solution been implemented in Durham Region, the personal health information contained on the USB memory stick that was lost would have been encrypted in a manner that would have locked out all unauthorized parties, only allowing an authorized computer to decrypt it. Further, any files stored on the USB memory stick would essentially be invisible to anyone who found it or stole it. Anyone, including staff, plugging the USB memory stick into their own computer would either find an encrypted vault – an invisible directory, or else be prompted to format an unrecognized drive, effectively erasing its contents.

If an encrypted USB memory stick was lost, there would be no cause for alarm on the part of the organization, which would have a high degree of confidence that the stored data would not be compromised. There would be no need to invoke the time-consuming and expensive breach management process involving notification, investigation, and remediation.

To their credit, both CryptoMill and Durham Region have been working together non-stop to apply the SEAhawk encryption solution throughout the Durham Region. With the release of this order, its adoption will be well underway.

**Privacy by Design** is systemic, embedded, and proactive in nature, thereby serving to prevent privacy mishaps before they occur. It comes *before* the fact of a data breach, not after. While it is true that we cannot eliminate human error, we most certainly can eliminate personal information from being revealed, in the process. Human error, in this instance, is not an acceptable excuse. While the loss of a USB memory stick may not have been prevented, the loss of personally identifiable data certainly could have been. Don’t blame human error – blame the lack of encryption of easily lost or stolen mobile devices.

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