

REQUEST FOR PROPOSAL (RFP) February 8, 2018	
TITLE	Exam Blueprint Development – Centralization and Capacity-Building Project for Audiologists and Speech-Language Pathologists
SOLICITATION NUMBER	CAASPR – 005
SOLICITATION CLOSING DATE	<i>March 1, 2018 12:00pm EST</i>
SEND PROPOSAL TO	Keith Johnson (Project Manager) E-Mail: keithjohnson.pm@gmail.com *Please reference the Solicitation Number in the subject line of your email.

VENDOR/FIRM NAME:	
ADDRESS:	
TELEPHONE NO.:	
E-MAIL:	
FAX NO.:	
NAME AND TITLE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF VENDOR/FIRM (PLEASE PRINT)	
SIGNATURE	DATE
<hr/> THE SIGNATURE INDICATES ACCEPTANCE OF THE TERMS AND CONDITIONS SET OUT HEREIN	<hr/>

COMPLETE, SIGN AND INCLUDE WITH YOUR TECHNICAL PROPOSAL

SECTION A

BIDDER INSTRUCTIONS, INFORMATION AND CONDITIONS

This request for proposal (RFP) is issued by the Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR).

1. ACCEPTANCE OF TERMS AND CONDITIONS

The first page must be signed by the Bidder or by an authorized representative of the Bidder. The signature indicates that the Bidder agrees to be bound by the instructions, information and conditions in their entirety as they appear in this RFP. No other terms and conditions included in the Bidder's proposal will be applicable to the resulting contract notwithstanding the fact that the Bidder's proposal may become part of the resulting contract.

In the event of a proposal submitted by a joint venture, the proposal shall either be signed by all members of the joint venture or a statement shall be provided to the effect that the signatory represents all parties of the joint venture.

2. ENQUIRIES REGARDING THE BID SOLICITATION

To ensure the integrity of the competitive bid process, enquiries and other communication regarding this procurement are to be directed **only** to the Contracting Authority in writing. Enquiries and other communication are not to be directed to any other official(s). Failure to comply with this condition during the solicitation period may (for that reason alone) result in the disqualification of the proposal.

Enquiries **MUST** be received **no later than seven (7) calendar days** prior to bid closing date to allow sufficient time to provide a response. Enquiries received after that time may not be answered prior to the bid closing date.

3. PROPOSAL COSTS

No payment shall be made for costs incurred in the preparation and submission of a proposal in response to this RFP.

No costs incurred before receipt of a signed contract or specified written authorization from the Contracting Authority can be charged to any resultant contract.

4. REVISIONS

After the RFP closing date, no revisions to the proposal or additional documentation will be accepted, unless requested by the Contracting Authority. During the evaluation, the Contracting Authority may, at their discretion, submit questions to Bidders to obtain clarifications.

5. RIGHTS OF CAASPR

CAASPR reserves the right to:

- a. reject any or all proposals received in response to this RFP;
- b. enter into negotiations with Bidders on any or all aspects of their proposal;
- c. accept any proposal in whole or in part without negotiations;
- d. cancel and/or reissue this RFP at any time;
- e. seek clarification and verify any or all information provided with respect to this RFP; and
- f. negotiate with the sole compliant Bidder to ensure best value to CAASPR.

6. APPLICABLE LAWS

Any resulting contract shall be interpreted and governed, and the relations between the Parties determined, by the laws in force in the Province of Ontario, Canada.

7. PRIVACY

- a. The Contractor shall maintain all information relevant to the project.
- b. All information shall be destroyed in accordance with any instructions issued by CAASPR.
- c. The Contractor shall notify CAASPR immediately after they become aware that a breach of any provision of this contract governing the protection of personal information has occurred.
- d. Any intentional breach by the Contractor of any provision of this contract governing the protection of personal information constitutes a fundamental breach of contract such that the contract may be terminated by CAASPR.

SECTION B

SUBMISSION AND PREPARATION OF PROPOSALS

1. SUBMISSION OF PROPOSAL

When responding, the proposal **MUST** be delivered to the following email address, by the time and date indicated on the covering page of this RFP document:

E-MAIL : keithjohnson.pm@gmail.com

Due to the nature of this solicitation, electronic transmission of a proposal by such means as facsimile or commercial telex is not considered to be practical and, therefore, will not be accepted.

The Bidder's name and return address, the solicitation number and the solicitation closing date and time should be clearly visible on documents containing the proposal. Proposals submitted in response to this RFP will not be returned. It is the Bidder's responsibility to ensure their proposal and all associated documents are received in full and on time. It is advised that Bidders send the proposal in advance of the closing time to ensure confirmation of receipt.

2. PREPARATION OF PROPOSALS

Bidders shall prepare a proposal on 8 ½ x 11 paper, addressing all the requirements of this RFP.

It is requested that the Bidders submit their proposal in three parts (A, B, and C).

Part A – Technical Proposal (**with no reference to price**): one soft copy - as referenced in Section F of this RFP

Part B – Financial Proposal: one soft copy – as referenced in section D of this RFP

Part C – Certification and Other Information: one soft copy – as referenced in section E of this RFP.

A – TECHNICAL PROPOSAL

The technical proposal should follow specific instructions as they are presented in Section F.

B – FINANCIAL PROPOSAL

ALL INFORMATION RELATED IN ANY WAY TO PRICE IS TO APPEAR ONLY IN THE FINANCIAL PROPOSAL.

Bidders are to submit their financial proposal in accordance with the following:

- a. For Canadian-based bidders, prices must be in Canadian funds with excise taxes as applicable included,
- b. For foreign-based bidders, prices and applicable taxes must be in Canadian funds
- c. The total estimated amount of GST or HST is to be shown separately, as applicable.

C - CERTIFICATIONS

Bidders are requested to sign and submit the attached certifications.

SECTION C

CONDITIONS PRECEDENT TO CONTRACT AWARD

In order to be considered for contract award, a bidder whose proposal is technically and financially responsive, must comply with the following conditions and must provide the necessary documentation to support compliance.

CONTRACT CAPACITY

The Bidder shall have the legal capacity to contract. If the Bidder is a sole proprietorship, a partnership or a corporate body, the Bidder shall provide a statement indicating the laws under which it is registered or incorporated together with the registered or corporate name and place of business. In the case of a joint venture, the names and addresses of each member of the joint venture must be provided and the bid must clearly state that it is submitted as a joint venture.

SECTION D

FINANCIAL PROPOSAL

1. PROJECT TITLE:

Centralization and Capacity-Building Project for Audiologists and Speech-Language Pathologists.

2. FINANCIAL CONTENT:

The Undersigned hereby agrees to provide to CAASPR all expertise, materials and other things necessary to the satisfaction of CAASPR, for the work as described in the RFP.

3. FINANCIAL PROPOSAL

The financial proposal **MUST** be submitted **IN CANADIAN FUNDS**.

TOTAL PROJECT COST

TOTAL TENDERED PRICE CANADIAN FUNDS	
Total Tendered Price	\$
GST / HST / QST	\$
Total Tendered Price (GST / HST / QST included)	\$

4. The maximum available budget is \$50,000 CAD (including all applicable taxes and expenses).

Please provide any other financial information or detail relevant to the budget for the project.

5. METHOD OF PAYMENT

Payment shall be made within thirty (30) days following the date on which an invoice and substantiating documentation are received according to the terms of the contract. A payment schedule will be negotiated with the successful bidder as part of the contracting process.

6. INVOICING INSTRUCTIONS

Invoices shall be submitted monthly to the Chair of CAASPR.

7. TRAVEL COSTS

Any travel required to complete the described work or present findings to key stakeholders will be authorized by CAASPR. Travel expenses will be reimbursed at cost in line with Treasury Board and CAASPR policies.

SECTION E

CERTIFICATIONS

Bidders are instructed to append all four certifications to proposals.

1- BIDDER CERTIFICATION

We hereby certify that all information provided herein is accurate. Furthermore we have satisfied ourselves that the personnel proposed by us for this requirement is capable of satisfactorily performing the requirement described herein. In addition, we certify that individuals proposed will be available until completion of the project. Also that the work specified herein can be met in a timely manner, and will be achieved within the time frame and budget allocated.

Signature of Authorized Representative

Date

2- VALIDITY PERIOD

The Undersigned agree(s) that this Proposal will remain firm for a period of 90 calendar days after the proposal closing date.

Signature of Authorized Representative

Date

3- EDUCATION AND EXPERIENCE

The Bidder hereby certifies that all the information provided in the résumés and supporting material submitted with its proposal, particularly as this information pertains to education achievements, experience and work history, has been verified by the Bidder to be true and accurate. Furthermore, the Bidder warrants that the individuals proposed by the Bidder for the requirement are capable of satisfactorily performing the Work described herein.

Should a verification by CAASPR disclose untrue statements, CAASPR shall have the right to declare the proposal non responsive and, pursuant to the default provisions of any resulting contract, terminate any such contract for default.

Signature of Authorized Representative

Date

4- STATUS AND AVAILABILITY OF RESOURCES

The Bidder certifies that, should it be requested to provide services under any contract resulting from this solicitation, the persons proposed in its proposal will be available to commence performance of the work as required by CAASPR and at the time specified within or agreed to with CAASPR.

If the Bidder has proposed any person in fulfillment of this requirement who is not an employee of the Bidder, the Bidder hereby certifies that it has the written permission from such person to propose his/her services in relation to the Work to be performed in fulfillment of this requirement and to submit such person's résumé to CAASPR.

Signature of Authorized Representative

Date

SECTION F

STATEMENT OF WORK/TERMS OF REFERENCE

1. ISSUER

This Request for Proposals is issued by the Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR).

CAASPR is comprised of regulatory bodies that have been established and mandated by their provincial governments to regulate the practice of audiology and speech-language pathology and govern their members in their respective provinces. CAASPR's mandate is to address common regulatory issues on a national level to advance the practice and regulation of audiology and speech-language pathology in Canada. CAASPR facilitates the sharing of information and building of consensus on regulatory issues to assist member regulators in fulfilling their mandate of protecting the public interest. Member regulators include:

- Alberta College of Speech-Language Pathologists and Audiologists
- College of Audiologists and Speech-Language Pathologists of Ontario
- College of Speech and Hearing Health Professionals of British Columbia
- College of Audiologists and Speech-Language Pathologists of Manitoba
- New Brunswick Association of Speech-Language Pathologists and Audiologists
- Ordre des orthophonistes et audiologistes du Quebec
- Saskatchewan Association of Speech-Language Pathologists and Audiologists.
- The College of Audiologists and Speech-Language Pathologists Newfoundland and Labrador

2. OBJECTIVES

In October 2016, CAASPR was awarded funding from Employment and Social Development Canada (ESDC) to undertake a series of initiatives under the umbrella of the “Centralization and Capacity-Building Project for Audiologists and Speech-Language Pathologists”.

The overriding purpose of this omnibus project is to centralize functions related to the assessment of International Applicants (IA) under a single body (CAASPR) in an effort to better standardize outcomes. This also involves developing and refining certain tools to support the assessment process as well as establishing a high-stakes entry – to - practice assessment. A number of activities need to occur to effectively accept and process IA

applications in a centralized fashion. Note that all aspects of the centralization process described herein refer to both professions: audiology (AUD) and speech-language pathology (SLP). The outcome sought is a consistent approach to the licensing of internationally-trained applicants so as to enhance public protection. Key deliverables associated with the “Centralization” project” include:

- Updated professional competency profiles and performance indicators
- Development of competency-based national entry-to-practice examinations for audiology and for speech-language pathology
- Creation of a national, online portal for internationally educated applicants
- Development of a pre-arrival resource for internationally educated applicants
- Establishment of regulator-accepted language tests and benchmarks
- Development of a mentorship model
- Development of a business plan

A key component of the competency-based national entry-to-practice examinations, are the Exam Blueprints. These documents will outline the essential elements to be covered by each exam (AUD & SLP) and specify what proportion of the examination will cover each of them. Both exams are expected to be in multiple-choice format with a length of 200 items, and delivered using pencil-and-paper under proctored conditions. The exam will be offered across Canada in both official languages (English and French). Translation of the Blueprint into both languages is to be coordinated by the successful vendor and paid for separately by CAASPR.

3. TASKS/DELIVERABLES

The main deliverables associated with this contract are two exam blueprints (one each for AUD & SLP). These documents are intended to describe the content structure of the exam and will set out evidence-based weightings and general guidance for the following categories:

- Specific competencies
- Subject areas
- Workplace settings
- Patient populations
- Cognitive levels

CAASPR is in the process of finalizing national competency profiles for both professions. These documents will be reviewed, finalized and approved at a meeting of the CAASPR Board on April 28, 2018. Both sets of competencies are organized per a roles-based

approach with seven headings: Expert, Communicator, Collaborator, Advocate, Scholar, Manager and Professional (see Appendix).

Presently the AUD profile consists of 23 Essential Competencies and 97 sub-Competencies. The SLP version consists of 23 Essential Competencies and 96 sub-Competencies. Draft versions of the competency profiles have been appended for reference. Minor changes to one or both documents are likely before they are finalized in April.

A national survey was conducted with current practitioners as a means of validating the 23 Essential Competencies. Current AUD and SLP practitioners from across Canada were asked to numerically rate each competency across three parameters: importance, frequency and appropriateness as an entry-to-practice expectation. Demographics data related to the following was collected from survey respondents: jurisdiction, age, gender, education, years of experience, workplace setting, practice setting and work titles.

The survey which ran from June 14th to July 7th, 2017 yielded a total of 1,568 usable responses from SLPs and 420 from AUDs. This translated into a response rate of 16.6% (SLP) & 22.2% (AUD) in regulated jurisdictions. Following the data collection, some modifications were made to the wording and categorizing of certain competency statements.

The successful vendor will be given the raw data from this survey (and accompanying narrative reports) to help inform the development of the blueprints. No data has been collected at the sub-Competency level. CAASPR is hoping that a second survey would not be required as part of the proposed methodology and looks for proposal that can appropriate account for this requirement while still ensure that the entire process is defensible and in-line with best practices.

The successful vendor will report to a Steering Committee consisting of the CAASPR Executive Committee, Project Manager and representative from Speech-Language and Audiology (SAC) Canada. The Steering Committee will take the role of formally approving the blueprints on behalf of the regulatory bodies.

The successful vendor is also expected to prepare a report summarizing the methodology used in developing the blueprints and present this material at a face-to-face meeting of the CAASPR Board in the fall of 2018.

CAASPR welcomes recommendations regarding modifications to the process steps outlined above, provided that the integrity of the final deliverables is maintained and the ceiling project cost is not exceeded.

4. TENTATIVE TIMING

The timing associated with the work described is summarized in the table below. Bidders may suggest adjustments/alterations to this schedule in their proposals.

Timing	Activity	Responsibilities
February 8, 2018	RFP Issued	CAASPR
March 1, 2018	RFP closing date – bids submitted	Bidders
March 9, 2018	Vendor chosen	CAASPR
March 16, 2018	Terms of reference finalized	CAASPR, consultant
early-April, 2018	Initial call or meeting with the Steering Committee	CAASPR, consultant
April 28, 2018	Competency profiles finalized and approved by CAASPR Board	CAASPR
April-July, 2018	Development of draft Blueprints	Consultant
August, 2018	Review of draft Blueprint with the Steering Committee	CAASPR, consultant
September, 2018	Revise and finalize Blueprints	Consultant
October-November, 2018	Blueprints presented to CAASPR Board – location TBD	CAASPR, consultant

5. TECHNICAL PROPOSAL FORMAT

The proposal is not to exceed eight (8) pages in length, (exclusive of curriculum vitae) and must include the following five (5) components:

- a) An introductory section that describes the intended methodology and shows that the bidder clearly understands the scope and intent of the project and how to approach this type of work;
- b) A work plan detailing specific timelines (comments/alternatives), communications, personnel and associated costs;
- c) A brief account of any similar projects the applicant has completed in the past with specific attention to those dealing with similar research;
- d) 2-3 references of clients from similar projects CAASPR may contact at its discretion; and
- e) Curriculum vitae/bio of all personnel involved (this may be appended).

EVALUATION PROCESS

MANDATORY REQUIREMENTS

The mandatory requirements listed will be evaluated on a pass / fail (i.e.: compliant / noncompliant) basis. Proposals that fail to meet the mandatory requirements will be discarded at this stage without further consideration.

Proposals must demonstrate compliance with all of the following specifications and requirements and must provide the necessary documentation to support compliance in order to be considered.

BASIS OF SELECTION:

The project team will use the following criteria to evaluate the Technical Proposal:

- Understanding of requirements – the proposal demonstrates that the respondent has a clear understanding of the scope and nature of the work required
- Knowledge and awareness of the Canadian regulatory environment and not-for-profit organizations
- Past experience in the development of exam blueprints for regulated professions
- Overall qualifications and related experience – of both the organization (if applicable) and the individual(s) assigned to the project
- Suitability of the proposed methods/approaches and appropriateness of associated timelines
- Methodology meets the stated objectives
- References from clients for whom the consultant has completed similar work
- Reasonableness of costs for proposed methods/approach

The basis of selection will be the highest **combined rating of technical merit and price.**

- The compliant bidder with the highest combined rating of technical merit (combination of technical section and Bidder experience section) (**weighted at 80%**) and price (**weighted at 20%**) shall be selected as the preferred Supplier.

APPENDIX – DRAFT COMPETENCY PROFILES

Roles, Background Knowledge and Professional Contexts of a Speech-Language Pathologist

Speech-language pathologists are experts in the prevention, identification, assessment, treatment and (re)habilitation of communication and feeding and swallowing disorders. Using a compassionate approach, speech-language pathologists develop, maintain and (re)habilitate communication and feeding and swallowing abilities in individuals across the lifespan in order to improve their quality of life and maximize their participation in society.

After the completion of a professional Master's degree in speech-language pathology, speech-language pathologists entering practice in Canada have the knowledge, skills and judgment to provide services related, but not limited to¹:

- Developmental language delays and disorders (oral and written language)
- Developmental articulation/phonology disorders
- Motor speech delays and disorders
- Acquired language disorders (oral and written language)
- Cognitive Communication Disorders
- Feeding and swallowing disorders
- Voice and resonance disorders
- Fluency disorders
- Aural rehabilitation

Speech-language pathologists work autonomously and in collaboration with many health and educational professionals across a variety of settings, including, but not limited to, schools, hospitals, long-term care centres, rehabilitation centres, children's centres and private practice.

Informed Consent

Speech language pathologists provide services only when informed consent has been obtained, following provincial and territorial legislation.

Typically, informed consent requires the speech-language pathologist to provide information on the proposed clinical activity or procedure, explain the risks and benefits, and alternative courses of action. Also, the speech-language pathologists must ensure that the

¹ Note that while clinicians entering practice in Canada must demonstrate all of the competencies included in this document, individual jurisdictions may vary in the services that speech-language pathologists are authorized to perform. Please check with the relevant regulatory body for further information.

individual, or their substitute decision-maker, knows that consent to part or all of the clinical activity or procedure can be withdrawn at any time. For a more comprehensive description of informed consent, please refer to the relevant jurisdiction's policies.

Client-Centred Care

Client-centred care is central to all clinical decisions made by speech-language pathologists. This guiding principle means that speech-language pathologists:

- Engage the client in identifying concerns, priorities, values, beliefs, assumptions, expectations and desires to inform assessment and intervention;
- Demonstrate respect for the client's rights, dignity, uniqueness and equal opportunity;
- Examine the client's personal, social, educational and professional contexts;
- Promote the client's participation in decision-making and self-advocacy;
- Develop relationships with the client and collaborators as appropriate, to support the needs of the client; and
- Incorporate knowledge of, and respond to, the unique needs of linguistically and culturally diverse populations in practice.

Definitions

Essential Competency

An ability required of a speech-language pathologist upon entry-to-practice in Canada.

Goal of Intervention

The anticipated outcome of treatment. It may not be directly measurable.

Client

The individual or group who receives the services of the speech-language pathologist. A client may be an individual, a family member, a spouse, a relative, a group or a corporation.

Objective of Intervention

One of a set of carefully constructed measurable steps taken to achieve a goal of intervention.

Sub-Competency

A key component of an essential competency. The combination of multiple sub-competencies presents in greater detail the components of an essential competency.

Substitute Decision-Maker

A person who makes decisions on a client’s behalf when the client is incapable of making those decisions for himself/herself. Examples of a substitute decision-maker are a guardian, parent, family member or Public Guardian and Trustee.

Support Personnel

The individuals who work collaboratively supporting the delivery of speech-language pathology services and are supervised by qualified speech-language pathologists.

<p>1. Role of Expert:</p> <p>Speech-language pathologists apply their knowledge of the development and disorders of communication, feeding and swallowing, together with their assessment and intervention skills to provide professional, client-centred care. This role is central to the function of speech-language pathologists.</p>	
<p>1.1 Knowledge Expert</p>	
<p style="text-align: center;">Essential Competencies</p>	<p style="text-align: center;">Sub-Competencies</p>
<p>a. Apply profession-specific knowledge to prevent, identify and manage communication disorders and feeding and swallowing disorders across the lifespan.</p>	<ul style="list-style-type: none"> i. Apply knowledge of communication development and disorders to clinical practice. ii. Apply knowledge of feeding and swallowing development and disorders to clinical practice. iii. Apply knowledge of diagnostic and rehabilitation processes to clinical practice.
<p>b. Apply basic knowledge from relevant fields that apply to communication and feeding and swallowing across the lifespan.</p>	<ul style="list-style-type: none"> i. Apply basic knowledge from relevant fields (e.g., human physiology, psychology) to clinical practice.
<p>c. Apply knowledge of hearing, hearing loss and disorders of the auditory system to the practice of speech-language pathology.</p>	<ul style="list-style-type: none"> i. Apply knowledge of auditory function, hearing loss and disorders of the auditory system to the service provided to clients, where applicable. ii. Effectively administer standard hearing screening protocols to clients.

<p>d. Use evidence and clinical reasoning to guide professional decisions.</p>	<ul style="list-style-type: none"> i. Critically appraise research and other available evidence to inform clinical practice. ii. Integrate evidence and clinical reasoning in clinical practice. iii. Provide rationale for professional decisions with reference to evidence and clinical reasoning.
<p>1.2 Clinical Expert</p>	
<p>e. Identify individuals requiring speech-language pathology services.</p>	<ul style="list-style-type: none"> i. Collect and review information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for speech-language pathology assessment. ii. Promote and manage screening programs (e.g., infant, school-aged, feeding and swallowing) effectively to identify individuals requiring speech-language pathology services.
<p>f. Plan, conduct and adjust an assessment.</p>	<ul style="list-style-type: none"> i. Collect and analyze pertinent information prior to the assessment including: case history, previous reports and the client's perspectives. ii. Organize the environment for an optimal interaction. iii. Formulate hypotheses regarding the nature of the client's communication or feeding and swallowing abilities and needs. iv. Plan the assessment, including the appropriate tools, strategies and resources that will address the unique needs of the client. v. Conduct the assessment, modifying as necessary. vi. Use analytic listening skills to assess all elements of communication. vii. Provide a re-assessment as appropriate.
<p>g. Analyze and interpret assessment results.</p>	<ul style="list-style-type: none"> i. Analyze formal and informal assessment data. ii. Interpret the data accurately. iii. Formulate conclusions regarding the client's abilities and needs.
<p>h. Develop and share recommendations based on assessment results.</p>	<ul style="list-style-type: none"> i. Develop recommendations, including potential referrals to other professionals, based on the assessment results. ii. Share the assessment results, recommendations and implications with the client and other relevant individuals.

<p>i. Develop a realistic, evidence-informed and measurable intervention plan.</p>	<ul style="list-style-type: none"> i. Establish and prioritize intervention goals that reflect the client’s needs, values, expectations and constraints. ii. Develop appropriate objectives to reach the intervention goals. iii. Develop an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to target the objectives. iv. Determine the resources and timelines required for the intervention. v. Develop outcome measures that align with the client’s goals. vi. Identify and recommend alternative services for a client whose needs are beyond the personal limitations of the speech-language pathologist.
<p>j. Implement an intervention plan.</p>	<ul style="list-style-type: none"> i. Organize the environment for an optimal interaction. ii. Conduct the intervention, modifying as appropriate. iii. Measure the client’s responses. iv. Provide appropriate feedback to the client. v. Use the appropriate modalities, materials and technologies in the provision of service. vi. Provide the client with education, support, training and counselling, as appropriate. vii. Accurately model targeted elements of communication and/or feeding and swallowing. viii. Refer to other health care or educational professionals as required.
<p>k. Monitor, adapt and/or redesign an intervention plan based on the client’s responses and needs.</p>	<ul style="list-style-type: none"> i. Evaluate the outcomes of the intervention on an ongoing basis. ii. Modify the intervention, as appropriate. iii. Consult with the client when considering a change in the course of action. iv. Discontinue the intervention, as appropriate.
<p>l. Provide clinical direction and oversight to support personnel.</p>	<ul style="list-style-type: none"> i. Incorporate support personnel in clinical care to meet the clinical objectives, as appropriate to the clinical activity and jurisdiction. ii. Facilitate the integration of support personnel into the service model or employment context in a manner that is appropriate to their scope of practice. iii. Determine the competencies of support personnel. iv. Provide tasks/activities to support personnel based on their competencies. v. Provide the necessary training of support personnel. vi. Monitor and review the performance of support personnel.

2. Role As Communicator:

Speech-language pathologists effectively facilitate the therapeutic relationship and dynamic exchanges that occur before, during and after each encounter. The competencies of this role are essential for establishing rapport and trust, sharing information, developing a mutual understanding and facilitating a shared plan of client-centred care.

Essential Competencies	Sub-Competencies
a. Communicate respectfully and effectively using appropriate modality(ies).	<ul style="list-style-type: none">i. Use language appropriate to the client and context, taking into account culture, linguistic abilities, education level and emotional state.ii. Employ environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, sign, electronic).iii. Mitigate language barriers by using translators/interpreters, as required.iv. Listen actively, verbally and non-verbally.v. Use strategies to ensure a mutual understanding of shared information.vi. Respectfully address challenging conversations.
b. Maintain client documentation.	<ul style="list-style-type: none">i. Accurately document services provided and their outcomes.ii. Document informed consent.iii. Complete and disseminate documentation in a timely manner.iv. Comply with regulatory requirements related to documentation.

3. Role as Collaborator:

Speech-language pathologists seek out and develop opportunities to work effectively with other professionals, the client and their family, caregiver, significant communication partners and/or the community to achieve optimal client-centred care as well as continuity of care when clients change providers/caregivers.

Essential Competencies	Sub-Competencies
a. Establish and maintain effective collaborations to optimize client outcomes.	<ul style="list-style-type: none">i. Collaborate with the client during all stages of care.ii. Interact effectively with all team members.iii. Ensure understanding of one's own professional roles, responsibilities and scope of practice in collaborative interactions with relevant professionals.iv. Recognize and respect the roles and perspectives of other individuals.v. Manage misunderstandings, limitations and conflicts to enhance collaborative practice.vi. Facilitate transfer of care within and across professions.

4. Role As Advocate:

Speech-language pathologists use their expertise to advance the health and well-being of a client by assisting that client to navigate the healthcare or educational system and access support and resources in a timely manner.

Essential Competencies	Sub-Competencies
a. Advocate for necessary services and resources that support an individual client.	<ul style="list-style-type: none">i. Identify and address the barriers that impede or prevent access to services and resources by the client, according to his or her goals.ii. Encourage the client's societal inclusion.iii. Consult with the appropriate individual(s) and/or organization(s) to determine available services, as needed.

b. Provide information and support to promote a client's self- advocacy.	<ul style="list-style-type: none"> i. Identify and provide information and tools to assist the client to access services and supports. ii. Teach the client to identify and address barriers that impede or prevent access to services and resources.
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5. Role As Scholar:
 Speech-language pathologists demonstrate a lifelong commitment to reflective learning, as well as to the creation, dissemination, application and translation of current evidence-informed knowledge related to the profession of speech-language pathology.

Essential Competencies	Sub-Competencies
a. Maintain currency of professional knowledge and performance in order to provide optimal care.	<ul style="list-style-type: none"> i. Identify one's own professional strengths and areas for development. ii. Determine one's own professional education and training goals. iii. Develop plan and implement strategies for continued development in all competency roles. iv. Use appropriate resources to fulfill training needs (e.g., literature, workshops, mentorship).
b. Share professional knowledge with others.	<ul style="list-style-type: none"> i. Identify the need for education or in-service related to speech-language pathology services and care for other professionals, clients and/or caregivers. ii. Identify the appropriate level of content for the audience. iii. Provide information through an appropriate medium (e.g., formal talk, in-service, written materials) in an accessible manner.

6. Role As Manager:

Speech-language pathologists are integral participants in decisions relating to the service provided to clients in the healthcare or educational system. The decision process may involve co-workers, resources and organizational tasks.

Essential Competencies	Sub-Competencies
a. Manage the clinical setting.	<ul style="list-style-type: none">i. Balance competing demands to manage time, caseload, resources and priorities.ii. Apply appropriate precautions, risk management and infection control measures, as required.iii. Ensure equipment, instruments, and devices are regularly calibrated, up to date and in good working condition, according to the required standards.iv. Evaluate and improve practice models within workplace settings.v. Participate in or lead quality improvement initiatives.vi. Ensure the clinic or setting adheres to any provincial or federal accessibility standards for providing services to the public.

7. Role As Professional:

Speech-language pathologists are guided by codes of ethics, professional standards, regulatory requirements and a commitment to clinical competence in the service they provide to their clients.

Essential Competencies	Sub-Competencies
a. Maintain professional demeanour in all clinical interactions and settings.	<ul style="list-style-type: none">i. Maintain confidentiality.ii. Manage any conflict resulting from the inappropriate behaviour of others.iii. Maintain personal and professional boundaries in relationships with clients, colleagues and other professionals.iv. Recognize and respond appropriately to the inherent power differential in the client-clinician relationship.v. Demonstrate professionalism in all communications, including those involving electronic platforms.
b. Practice ethically.	<ul style="list-style-type: none">i. Adhere to professional codes of ethics.ii. Recognize and use critical judgment to respond to ethical issues encountered in practice.iii. Recognize and use critical judgment to respond to actual or perceived conflicts of interest.iv. Identify one's own biases, as they relate to the care of a client.v. Actively work to mitigate one's biases, as they relate to the care of a client.vi. If unable to overcome significant biases, provide the client with alternative options.
c. Adhere to professional standards and regulatory requirements.	<ul style="list-style-type: none">i. Stay informed of changes to professional standards and regulatory requirements within one's jurisdiction.ii. Practice within the profession's scope of practice and one's personal capabilities.iii. Comply with regulatory body requirements to maintain competency.

Roles, Background Knowledge and Professional Contexts of an Audiologist

Audiologists are experts in the prevention, identification, assessment, treatment and (re)habilitation of auditory and vestibular difficulties. Using a compassionate approach, audiologists preserve and (re)habilitate auditory and vestibular functioning in individuals across the lifespan in order to improve their quality of life and maximize their participation in society.

After the completion of a professional Master's or AuD degree in Audiology, audiologists entering practice in Canada have the knowledge, skills and judgment to provide services related, but not limited, to²:

- ✓ Auditory Function
- ✓ Vestibular Function
- ✓ Hearing Conservation
- ✓ Tinnitus, Hyperacusis and Misophonia
- ✓ Auditory Processing disorders
- ✓ Cerumen Management
- ✓ Prescription and Dispensing of Hearing Aids
- ✓ Assistive Listening and Alerting Devices
- ✓ Implantable Hearing Devices

Audiologists work autonomously and in collaboration with many health and educational professionals across a variety of settings, including but not limited to, private audiology clinics, hospitals, schools, rehabilitation centres and hearing aid manufacturers.

Informed Consent

Audiologists provide services only when informed consent has been obtained, following provincial and territorial legislation.

Typically, informed consent requires the audiologist to provide information on the proposed clinical activity or procedure, explain the risks and benefits, and alternative courses of action. Also, the audiologist must ensure that the individual, or their substitute decision-maker, knows that consent to part or all of the clinical activity or procedure can be withdrawn at any time. For a more comprehensive description of informed consent, please refer to the relevant jurisdiction's policies.

Client-Centred Care

² Note that while clinicians entering practice in Canada must demonstrate all of the competencies included in this document, individual jurisdictions may vary in the services that audiologists are authorized to perform. Please check with the relevant regulatory body for further information.

Client-centred care is central to all clinical decisions made by audiologists. This guiding principle means that audiologists:

- Engage the client in identifying concerns, priorities, values, beliefs, assumptions, expectations and desires to inform assessment and intervention;
- Demonstrate respect for the client's rights, dignity, uniqueness and equal opportunity;
- Examine the client's personal, social, educational and professional contexts;
- Promote the client's participation in decision-making and self-advocacy;
- Develop relationships with the client and collaborators as appropriate, to support the needs of the client; and
- Incorporate knowledge of, and respond to, the unique needs of linguistically and culturally diverse populations into practice.

Definitions

Essential Competency

An ability required of an audiologist at entry-to-practice in Canada.

Goal of Intervention

The anticipated outcome of treatment. May not be directly measurable.

Client

The individual or group who receives the services of the audiologist. A client may be an individual, a family member, a spouse, a relative, a group or a corporation.

Objective of Intervention

One of a set of carefully constructed measurable steps taken to achieve a goal of intervention.

Sub-Competency

A key component of an essential competency. The combination of multiple sub-competencies describes in greater detail the components of an essential competency.

Substitute Decision-Maker

A person who makes decisions on a client's behalf when the client is incapable of making those decisions for himself/herself. Examples of a substitute decision-maker are a guardian, parent, family member or Public Guardian and Trustee.

Support Personnel

The individuals who work collaboratively supporting the delivery of audiology services and are supervised by qualified audiologists.

1. Role of Expert:

Audiologists are able to apply their knowledge of auditory and vestibular development and disorders, together with their assessment and intervention skills to provide professional, client-centred care. This role is central to the function of audiologists.

1.1 Knowledge Expert

Essential Competencies	Sub-Competencies
a. Apply profession-specific knowledge to prevent, identify and manage auditory and vestibular disorders across the lifespan.	<ul style="list-style-type: none">i. Apply knowledge of the peripheral and central auditory system to prevent, identify, and manage auditory disorders across the lifespan.ii. Apply knowledge of the vestibular system to prevent, identify, and manage vestibular disorders across the lifespan.iii. Apply knowledge of diagnostic procedures to the services provided to the client.iv. Apply knowledge of communication, auditory, and vestibular rehabilitation techniques and strategies to minimize the impact of auditory and vestibular disorders on the client.v. Apply knowledge of assessment and management of the acoustic and physical environment to prevent and/or minimize the impact of auditory or communication disorders.vi. Apply knowledge of instrumentation and technology to the management of auditory and vestibular disorders.
b. Apply basic knowledge from relevant fields that apply to communication, auditory and vestibular function across the lifespan.	<ul style="list-style-type: none">i. Integrate basic knowledge from relevant fields (e.g., human physiology, acoustics, electroacoustics, psychology) into clinical practice.
c. Apply knowledge of typical and disordered speech and language to the practice of audiology.	<ul style="list-style-type: none">i. Apply knowledge of typical and disordered speech and language to the service provided to clients, where applicable.
d. Use evidence and clinical reasoning to guide professional decisions	<ul style="list-style-type: none">iv. Critically appraise research and other available evidence to inform clinical practice.v. Integrate evidence and clinical reasoning in clinical practice.vi. Provide rationale for professional decisions with reference to evidence and clinical reasoning.

1.2 Clinical Expert	
e. Identify individuals requiring audiology services.	<ul style="list-style-type: none"> i. Collect and review information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for an audiology assessment. ii. Manage and promote screening programs (e.g., infant, industrial, school) to identify individuals requiring audiology services
f. Plan, conduct and adjust an assessment.	<ul style="list-style-type: none"> i. In partnership with the client, substitute decision-maker and family, as appropriate, collect and analyze pertinent personal information about the client (e.g., case history, client goals, expectations, motivations, needs, activity limitations and participation restrictions). ii. Collect and analyze pertinent information from external sources of information (e.g., previous reports, consultation) required to understand the client's situation. iii. Plan the assessment, selecting the tools, equipment and techniques that will address the unique needs of the client. iv. Conduct an assessment, modifying as necessary.
g. Analyze and interpret assessment results.	<ul style="list-style-type: none"> i. Interpret assessment data using knowledge, skill and judgment. ii. Integrate the data and formulate a conclusion (e.g., regarding site of lesion, functionality, reliability).
h. Develop and share recommendations based on the assessment results.	<ul style="list-style-type: none"> i. Develop recommendations for intervention, including appropriate technology, modifications to the acoustic environment and/or referrals, as required. ii. Share the assessment results, recommendations and implications with the client and other relevant individuals.

<p>i. Develop a realistic, evidence-informed, and measurable intervention plan.</p>	<ul style="list-style-type: none"> i. Develop objectives for the intervention reflecting the client’s goals, needs, values, expectations, and constraints. ii. Determine the resources and projected timelines required for the intervention. iii. Prioritize the intervention objectives. iv. Develop an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to address the goals identified in the assessment. v. Consult with others, as required. vi. Identify and recommend alternative services for a client whose needs are beyond the personal limitations of the audiologist. vii. Assist family and/or significant others with information, support, training, and/or counseling. viii. Incorporate outcome measures into the intervention plan.
<p>j. Implement intervention plan.</p>	<ul style="list-style-type: none"> i. Prescribe technology, as appropriate to the client’s needs. ii. Dispense technology safely and accurately, troubleshooting as necessary (including verification and validation procedures). iii. Provide the client and appropriate caregivers with education, training, treatment and counseling, as appropriate. iv. Manage and promote hearing conservation and hearing loss prevention programs. v. Demonstrate the appropriate use of equipment, instruments, and/or devices. vi. Refer to other health care or educational professionals as required.
<p>k. Monitor, adapt and/or redesign intervention plan based on the client’s responses and needs.</p>	<ul style="list-style-type: none"> v. Evaluate the outcomes of the intervention on an ongoing basis. vi. Modify, limit or discontinue an intervention as appropriate. vii. Consult with the client when considering a change in the course of action. viii. Make referrals, and/or consult with other professionals, as required.

<p>I. Provide clinical direction and oversight to support personnel.</p>	<ul style="list-style-type: none">vii. Incorporate support personnel in clinical care to meet clinical objectives, as appropriate to the clinical activity and jurisdiction.viii. Facilitate the integration of the support personnel into the service model or employment context in a manner that is appropriate to their scope of practice.ix. Determine the competencies of support personnel.x. Provide tasks/activities to support personnel based on their competencies.xi. Provide necessary training of support personnel.xii. Monitor and review the performance of support personnel.
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2. Role As Communicator:

Audiologists effectively facilitate the therapeutic relationship and dynamic exchanges that occur before, during and after each encounter. The competencies of this role are essential for establishing rapport and trust, sharing information, developing a mutual understanding and facilitating a shared plan of client-centred care.

Essential Competencies	Sub-Competencies
c. Communicate respectfully and effectively using appropriate modality(ies).	<ul style="list-style-type: none">vii. Use language appropriate to the client and context, taking into account culture, linguistic abilities, education level and emotional state.viii. Employ environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, sign, electronic).ix. Mitigate language barriers by using translators/interpreters, as required.x. Listen actively, verbally and non-verbally.xi. Use strategies to ensure a mutual understanding of shared information.xii. Respectfully address challenging conversations.
d. Maintain client documentation.	<ul style="list-style-type: none">v. Accurately document services provided and their outcomes.vi. Document informed consent.vii. Complete and disseminate documentation in a timely manner.viii. Comply with regulatory requirements related to documentation.

3. Role as Collaborator:

Audiologists seek out and develop opportunities to work effectively with other professionals, the client and their family, caregiver, significant communication partners and/or the community to achieve optimal client-centred care as well as continuity of care when clients change providers/caregivers.

Essential Competencies	Sub-Competencies
b. Establish and maintain effective collaborations to optimize client outcomes.	vii. Collaborate with the client during all stages of care. viii. Interact effectively with all team members. ix. Ensure understanding of one's own professional roles, responsibilities and scope of practice in collaborative interactions with relevant professionals. x. Recognize and respect the roles and perspectives of other individuals. xi. Manage misunderstandings, limitations and conflicts to enhance collaborative practice. xii. Facilitate transfer of care within and across professions.

4. Role As Advocate:

Audiologists use their expertise to advance the health and well-being of a client by assisting that client to navigate the healthcare or educational system and access support and resources in a timely manner.

Essential Competencies	Sub-Competencies
c. Advocate for necessary services and resources that support an individual client.	iv. Identify and address the barriers that impede or prevent access to services and resources by the client, according to his or her goals. v. Encourage the client's societal inclusion. vi. Consult with the appropriate individual(s) and/or organization(s) to determine available services, as needed.

<p>d. Provide information and support to promote a client's self-advocacy.</p>	<p>iii. Identify and provide information and tools to assist the client to access services and supports.</p> <p>iv. Teach the client to identify and address barriers that impede or prevent access to services and resources.</p>
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5. Role As Scholar:

Audiologists demonstrate a lifelong commitment to reflective learning, as well as to the creation, dissemination, application and translation of current evidence-informed knowledge related to the profession of audiology.

<p>Essential Competencies</p>	<p>Sub-Competencies</p>
<p>c. Maintain currency of professional knowledge and performance in order to provide optimal care.</p>	<p>v. Identify one's own professional strengths and areas for development.</p> <p>vi. Determine one's own professional education and training goals.</p> <p>vii. Develop plan and implement strategies for continued development in all competency roles.</p> <p>viii. Use appropriate resources to fulfill training needs (e.g., literature, workshops, mentorship).</p>
<p>c. Share professional knowledge with others.</p>	<p>iv. Identify the need for education or in-service related to audiology services and care for other professionals, clients and/or caregivers.</p> <p>v. Identify the appropriate level of content for the audience.</p> <p>vi. Provide information through an appropriate medium (e.g., formal talk, in-service, written materials) in an accessible manner.</p>

6. Role As Manager:

Audiologists are integral participants in decisions relating to the service provided to clients in the healthcare or educational system. The decision process may involve co-workers, resources and organizational tasks.

Essential Competencies	Sub-Competencies
b. Manage the clinical setting.	<ul style="list-style-type: none">vii. Balance competing demands to manage time, caseload, resources and priorities.viii. Apply appropriate precautions, risk management and infection control measures, as required.ix. Ensure equipment, instruments, and devices are regularly calibrated, up to date and in good working condition, according to the required standards.x. Evaluate and improve practice models within workplace settings.xi. Participate in or lead quality improvement initiatives.xii. Ensure the clinic or setting adheres to any provincial or federal accessibility standards for providing services to the public.

7. Role As Professional:

Audiologists are guided by codes of ethics, professional standards, regulatory requirements and a commitment to clinical competence in the service they provide to their clients.

Essential Competencies	Sub-Competencies
b. Maintain professional demeanour in all clinical interactions and settings.	<ul style="list-style-type: none">vi. Maintain confidentiality.vii. Manage any conflict resulting from the inappropriate behaviour of others.viii. Maintain personal and professional boundaries in relationships with clients, colleagues and other professionals.ix. Recognize and respond appropriately to the inherent power differential in the client-clinician relationship.x. Demonstrate professionalism in all communications, including those involving electronic platforms.
d. Practice ethically.	<ul style="list-style-type: none">vii. Adhere to professional codes of ethics.viii. Recognize and use critical judgment to respond to ethical issues encountered in practice.ix. Recognize and use critical judgment to respond to actual or perceived conflicts of interest.x. Identify one's own biases, as they relate to the care of a client.xi. Actively work to mitigate one's biases, as they relate to the care of a client.xii. If unable to overcome significant biases, provide the client with alternative options.
d. Adhere to professional standards and regulatory requirements.	<ul style="list-style-type: none">iv. Stay informed of changes to professional standards and regulatory requirements within one's jurisdiction.v. Practice within the profession's scope of practice and one's personal capabilities.vi. Comply with regulatory body requirements to maintain competency.