

Executive Council Minutes September 7, 2017

Teleconference Meeting 8:30-9:30PM
Teleconference #: 1-888-882-9090 (participant #9845752; chair #5008760)

Present: Mike H, Darin, Diane, Kari, Melanie, Claudine, Debbie

Regrets: Linda, Mike G

1.0	Appr 1.1	oval Agenda Motion to approve: Melanie; Seconded by Cl Approved.	2030-2040 laudine :	Owner Darin	Time 4
	1.2	Minutes from July 6, 2017 EC meeting	Cauli. Ammun. ad	Kari	3
	1.3	Motion to approve: Claudine; Seconded by: Kari; Approved Minutes from Aug 3, 2017 EC meeting Motion to approve: Kari; Seconded by: Melanie; Approved	Darin	3	
2.0	Busin 2.1	National RD scope of practice See addendum A. Claudine reported that there is a policy in Car regarding the practice of dysphagia by dietitia be sharing the policy with the executive. Ther make this policy region wide within Vitalite. Action: Debbie to send information shared by Claudine with the PCA.	ans. She will re is a move to	Linda	
	2.2	Strategic Plan 2017-19 tracking review Goal #1 Financial and admin processes re Goal #2 Regulatory responsibilities Clinical Standards project Action: Debbie to share most recent report fro Luker with EC by email in the next couple of Goal #3 Public Relations Goal #4 Communication plan	om Karen	Darin Debbie	
	2.3	AGM deadlines Email sent out to membership today regardin of the consent agenda for the AGM. Diane inquired whether or not a special pen s given to 30 year members of which there are	should be	Darin	

are not practicing, don't keep up with their CEEs). This will be the first year of this practice and the executive agreed to go forward with presenting a pen to 30 year members. Mike reported that Andre Lafargue will be the Master of Ceremonies.

Chantal, Diane and Mike will be present to facilitate distribution of registration packets.

Executive council to meet at 6pm on Thursday September 14 for an informal meeting to prepare for the AGM. Diane reported that there will be 64 members attending the AGM dinner.

2.4 Lifetime member inquiry Deferred

Darin

2.5 WSNB hearing aid program teleconference / NIHL campaign
Deferred

Darin

2.6 Other actions from June 17 FTF meeting Deferred

ΑII

2.7 Letters from Audiology Ctte

Darin

Linda

- Letter to Medicare RE direct referral to ENT
- Outdated Health Services hearing aid program letter

Deferred

3.0 New Business

2110-2125

3.1 Plan for bylaw change - requirement of proof of professional liability insurance for private practice members. The deadline has passed to be able to vote for a bylaw change related to the above issue. The options are to either wait and vote on it at next year's AGM or have a special vote that requires a minimum number of members to vote on this issue. Darin asking for input regarding which of the above options is preferred. Debbie proposed that a memo be sent out with registration renewals and then the EC will take the time to put together a proposal to vote on at the 2018 AGM.

Action: Darin will inform the Legislation committee of the proposed changes that will need to pass a vote at the 2018 AGM.

3.2 Projet orthophonie sociale

Claudine

Former student of Claudine inquired regarding providing SLP services at reduced rates to low income clients/families and whether there are any restrictions providing this kind of service from NBASLPA's perspective. Action: Debbie and Kari to bring this question up to the PCA. Linda to bring this up with CAASPR for feedback.

3.3 Electronic signature

Mike H

Linda reported that she found out that it is possible to copy and paste digital signatures which could be risky. Mike suggested that it would be possible to have a watermark behind the signature to make it more secure although this wouldn't necessarily completely solve the security risk. Darin feels that most documentation that isn't related to financial/legal information is likely low risk. Debbie concurred that financial/legal information should require original signatures.

Communication Assistants

3.4 A member brought up the idea of whether or not it is appropriate to have communication assistants as part of our regulatory body. Darin reported that there is some work that has been initiated regarding this issue. It is currently on the agenda for the AGM.

4.0 Network Updates

4.1	Pan Canadian Alliance	Debbie/
	Deferred	Kari
4.2	CAASPR	Linda
	Deferred	
4.3	NB Health Profession Regulators Network	Mike
	Deferred	

5.0 Round Table All 5

Deferred

6.0 Date & Time of Next Meeting – Sept. 14th, 6 – 7:30 PM dinner meeting pre-AGM

7.0 Adjournment 9:33pm

Addendum A

Email from Linda Walsh to Debbie, Kari and Claudine regarding Competencies for Dysphagia Assessment and Management document (sent September 6, 2017)

Hi Debbie.

I did manage to have a conversation with the President and Registrar of NBAD and reported on it during the last EC meeting. I controlled the discussion with questions I had prepared that were centered on 3 topics: 1) RD training and restricted activities; 2) purpose of the document and 3) areas in NB where there is no SLP on dysphagia teams (since the paper stated this was one of the reasons RDs were doing more in terms of dysphagia assessment).

In response to my questions, they stated:

- that all dietitians receive academic and clinical training in dysphagia and it was well within their scope of practice
- they had done a national survey on RD practice in dysphagia that showed a need for the document

- that the document was meant as a guide for RDs doing advanced work in dysphagia
- that there is nothing in their NB act about dysphagia but they plan to make changes to their act next year
- that nursing homes in northern NB had little or no SLP services so RDs were forced to do dysphagia assessments without them. They did not know if RDs in NB were doing VFFSs without SLP involvement
- that there is no evaluation of the competencies listed in the document before RDs start doing advanced work in dysphagia or during this work in NB; that is left to the employer. They were unaware of any such evaluation in other jurisdictions except perhaps out West where they thought there were some restricted RD activities but they didn't know details.
- that one francophone hospital in NB had developed a policy around RDs doing dysphagia but they did not know where that was

They asked me what I thought of the paper. I told them it was well written but I had serious concerns about RDs working in dysphagia without SLP input, making reference to our skill set in neuroanatomy, head/neck anatomy, function of the laryngeal and respiratory systems, etc., that they do not have. They agreed that their training in those areas was far inferior to ours.

I asked if any RDs were doing VFFS without SLP involvement as the paper was not clear on that. They didn't know but said they would check. I asked if I could have a copy of the survey results and the policy they mentioned and they said they would check if I could and let me know. I have not heard back from them.

Claudine: Do you know anything about the policy they mentioned?

Also, I wonder if SAC has seen the survey results?

LInda