

Submission to the Ontario Ministry of Health Consultation on Scope of Practice Expansion

Submitted by: Speech-Language & Audiology Canada (SAC)

Date: Monday, November 3, 2025

Regarding: Proposed amendments to authorize speech-language pathologists (S-LPs) to order X-rays for Videofluoroscopic Swallowing Studies (VFSS) and order the application of soundwaves for diagnostic ultrasounds.

Part 1: General Questions

1. What impact(s) on specific populations might this scope of practice change have?

These changes will have an impact on all individuals requiring these services but will have the greatest positive impact on vulnerable and high-needs populations. Some examples of specific population impact are detailed below:

X-rays for VFSS

- **Seniors and Long-Term Care (LTC) Residents:** Swallowing disorders often lead to negative health outcomes including aspiration pneumonia, which is a major cause of morbidity and mortality in the senior population (Wirth et al., 2010). S-LP-initiated VFSS, without the added time needed to secure a physician referral, will directly reduce diagnostic delays, enable more timely management, lower the risk of life-threatening complications, free up hospital beds, and avoid unnecessary use of physician resources.

Diagnostic Ultrasound

- **Rural and Northern Ontarians:** Ultrasound-equipment is highly portable and non-invasive. This enables specialized, instrumental biofeedback to be delivered in community clinics and by travelling clinicians, bringing advanced, precision communication therapy to areas that might otherwise lack access to care centers or specialty services.
- **Pediatric Populations (Speech Sound Disorders - SSDs):** The proposed change for ultrasound is foundational to improving outcomes for children with persistent SSDs. It allows for the use of cutting-edge, instrumental assessment and biofeedback. Research supports the use of ultrasound to dramatically improve the efficiency and effectiveness of speech motor interventions thereby shortening duration of therapy and waiting lists for treatment while also improving outcomes for these children (Namasivayam et al., 2025)

2. How might these proposed scope changes improve access, convenience, or address efficiency within the healthcare system?

X-rays for VFSS

- S-LPs are specifically trained to identify the need for, and how to perform and interpret VFSS as it relates to eating and swallowing. They also have expertise in using VFSS and clinical assessment results to inform treatment plans. Expediting the ordering process shortens the time to assessment and

management, avoiding complications associated with delays, accelerating safe discharge (for inpatients) and/or avoiding hospitalization.

- Eliminating the step of having S-LPs coordinate physician referrals for VFSS and the related consultation/paperwork will save physician and clinician time, freeing them up for other patient activities.

Diagnostic Ultrasound

- The use of diagnostic ultrasound has been demonstrated to significantly impact the efficiency and effectiveness of treatment for various communication disorders therefore it has the potential to improve therapy outcomes and reduce wait times. (Allen, J. E., Cleland, J., & Smith, M., 2023).
- The current requirement for delegation of this controlled act or for obtaining a physician's order to use real-time ultrasound biofeedback is often prohibitive. Granting independent authority particularly the ability to apply the act, (as noted in the "Additional Feedback" section) would immediately enable S-LPs to use this safe, non-invasive technology for assessment and therapy in community, school, and private clinic settings.

3. Do these proposals pose any risks to safety and public protection? If so, what are these and what solutions are there to mitigate any risk?

X-rays for VFSS and Diagnostic Ultrasound

We do not anticipate that there are any additional risks to safety or public protection. S-LPs are extensively trained to perform these authorized acts safely and to recognize when an intervention is contraindicated. The profession operates within a strong regulatory framework that prioritizes public protection and interprofessional collaboration:

- **Ethical Standards:** The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)'s Code of Ethics requires S-LPs to practice only within their areas of competence, based on education, training, and experience.
- **Ongoing Competency:** S-LPs are required by their regulatory College and professional ethics to engage in continuous learning to maintain and enhance the quality of care.
- **Regulatory Oversight:** Ontario Regulation 749/93 on professional misconduct and the College's standards of practice explicitly prohibit S-LPs from providing services for which they are not qualified.

4. What are anticipated costs and/or savings to patients and/or the health system if these proposals were to proceed?

X-Rays for VFSS

No new costs to patients or the health system are anticipated. Instead, this scope expansion is expected to generate cost savings and efficiencies.

- **Shorter care pathways:** Direct access to VFSS reduces extra appointments, travel, and out-of-pocket costs.
- **Earlier intervention:** Timely care prevents complications, hospitalizations, and intensive rehab.
- **Improved efficiency:** Less reliance on physicians and reduced service duplication.
- **Better use of expertise:** S-LPs can manage swallowing disorders earlier and more independently, improving patient flow and outcomes.

Diagnostic Ultrasound

As this service is not currently available in Ontario for S-LP clients except in very limited capacity, programs wishing to integrate this technology in assessment and treatment protocols will need to purchase units. Notably this technology may potentially save costs in the long term by shortening treatment times and improving outcomes. The growing availability of affordable, portable ultrasound devices may also enable clinics and private practices to adopt this technology independently, expanding access to services without adding costs to the health care system.

5. What mechanisms need to be in place to ensure ongoing quality and safety, if these scope expansion changes move forward?

If scope expansion moves forward, ongoing quality and safety can be maintained through existing professional mechanisms including accredited training programs, regulatory oversight, quality assurance, data monitoring, collaboration, and transparency.

Key mechanisms:

- **Accredited Training Programs:** The Council for Accreditation of Canadian University Programs in Audiology and Speech-Language Pathology ([CACUP ASLP](#)) is the accrediting body for graduate education programs that prepare students for the practice of audiology and speech-language pathology.
- **Regulatory Oversight:** CASLPO would ensure competency, conduct, and adherence to updated standards of practice.
- **Quality Assurance:** Diagnostic and referral activities integrated into CASLPO's Quality Assurance Program, with possible audits or reporting requirements to ensure compliance.
- **Risk Reporting:** Systems to track patient safety incidents and complaints, supporting continuous improvement.
- **Collaboration and Feedback:** Ongoing evaluation of referral appropriateness, outcomes, and service delivery through interprofessional feedback and data review.
- **Public Transparency:** Informing patients of S-LP qualifications and scope and maintaining channels for public feedback and concerns.

6. What measures are needed to mitigate potential impacts on diagnostic imaging system capacity and wait times if the proposal to authorize more regulated health professionals to order diagnostic imaging is implemented?

X-rays for VFSS

It is anticipated that while there may be an initial minor upsurge in orders for VFSS due to the elimination of additional step, this will quickly return to baseline as the overall number of referrals should not increase significantly. Authorizing the S-LP to order the X-ray for VFSS simply streamlines the request process, therefore, it will not have an impact on the diagnostic imaging system.

Diagnostic Ultrasound

Ultrasound for communication therapy is a point-of-care (POC) service and must be administered by the treating S-LP, and clients will not be referred to in or out-patient diagnostic imaging services. It is expected that adoption of this technology will occur gradually and will not trigger immediate upsurge.

7. What measures are needed to support a seamless clinical pathway for patients if the proposal to authorize more regulated health professionals to order diagnostic imaging is implemented?

X-rays for VFSS

Once S-LPs are authorized to order diagnostic imaging, existing hospital and diagnostic-imaging systems should ensure that reports are routed directly to the ordering S-LP and primary care physician, consistent with standard processes for other regulated health professionals. For instance, Ontario's Health Report Manager (HRM) system currently provides access exclusively to physicians and nurse practitioners (OntarioMD, *Health Report Manager Overview*, 2025).

Diagnostic Ultrasound

S-LP becomes the accountable professional for the full cycle of the procedure (assessment, interpretation, recommendation and treatment).

Part 2: Speech-Language Pathology Specific Questions

1. Do you support speech-language pathologists ordering X-rays for the purposes of swallow studies?

Yes, this authority is essential for enabling S-LPs to provide timely, safe, and expert-driven care to patients with dysphagia. Additionally, a survey of our Ontario members on this question indicated strong support for this proposal.

2. Should there be any restrictions on a speech-language pathologists' ability to order X-rays for the purposes of swallow studies?

No, there should be no restrictions on this act other than the existing requirements outlined by the regulators currently.

3. Do you support speech-language pathologists being authorized to order diagnostic ultrasounds for the purposes of assessing and managing speech disorders?

Yes, we strongly support authorizing S-LPs to order diagnostic ultrasounds for assessing and managing communication disorders. Integrating ultrasound into speech-language pathology would advance assessment and treatment of speech, sound, and voice disorders with all age-groups, allowing clinicians to identify and treat motor-based impairments with far greater precision than traditional auditory-perceptual methods. Again, this position was also supported by a strong majority of Ontario SAC members.

By combining perceptual and data driven ultrasound-based evaluations, S-LPs can deliver more accurate, efficient, and effective interventions leading to faster progress and improved outcomes. (*Namasivayam et al.*, 2025).

4. Do you have any additional feedback to provide?

SAC's primary feedback on this proposal concerns the practical implementation of the controlled act for diagnostic ultrasound. We strongly urge the Ministry to ensure that the final regulatory language explicitly authorizes S-LPs to both **"order and apply"** diagnostic ultrasound.

The clinical value of ultrasound in speech-language pathology lies in its use as a real-time, point-of-care biofeedback tool. If S-LPs are permitted only to "order" but not to "apply" or "perform" the procedure, they

would still require a physician’s Medical Directive to use this treatment tool—an unnecessary administrative barrier that would undermine the intent of scope expansion and limit patient access to this innovation. For this change to be meaningful and effective, the regulation must grant S-LPs the comprehensive authority to order and apply diagnostic ultrasound. This reflects clinical reality, supports efficient care delivery, and ensures patients benefit from timely, evidence-based, and technologically advanced speech assessment and treatment.

References

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