



RCASLPNB

Regulatory College of
Audiologists & Speech-
Language Pathologists of
New Brunswick

OAONB

Ordre des
audiologistes &
orthophonistes du
Nouveau-Brunswick

Regulatory Bulletin

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FEBRUARY/2026/WINTER



Cross Provincial Practice Registration – Reminder

RCASLPNB registrants who hold a ‘Practising’ registration may apply for a Cross Provincial Practice Registration to provide up to 200 direct patient/client care hours per year in Alberta, Manitoba, Ontario, or Saskatchewan to enhance access to care for patients/clients. Care can be delivered in person or virtually and must comply with the legislation and regulations of both the primary and secondary province. Please review the [Cross Provincial Practice Registration Guide](#) to ensure you meet the criteria before applying.

[Cross Provincial Practice Registration Guide](#)

What’s Inside?

1. Council Meeting Highlights
2. Treating a Spouse or Sexual Partner: A Strict Prohibition
3. Quiz – Standards of Practice

Council Meeting Highlights



Council held its first quarterly meeting of 2026 on January 19. The following key decisions/documents were approved:

1. **Position Statement on Over-the-Counter (OTC) Hearing Aids and Pediatrics**

Council approved a position statement regarding the use of OTC hearing aids in pediatric populations.

2. **AI Guiding Principles for Audiologists and SLPs**

Council approved an AI guiding principles document intended to support the ethical and responsible use of artificial intelligence in professional practice.

3. **Organizational Chart**

Council approved an updated organizational chart to reflect the addition of the Nominations Committee required by Bylaw.

4. **Public Representation**

Council approved a strategic direction to include public representatives on Council who are members of the public with 'lived experience' with the professions we regulate.

Next Meeting

The Council is scheduled to meet again on April 18, 2026, which will include an in-person Strategic Planning session to establish RCASLPNB's direction for the next three years.

Getting Upstream and Mitigating Risk



Treating a Spouse or Sexual Partner: A Strict Prohibition

Registrants are reminded that treating a spouse or any person with whom they are in a sexual relationship is prohibited under the ***Audiology and Speech-Language Pathology Act***. This conduct constitutes sexual abuse under the legislation and is subject to serious disciplinary consequences.

Legislative Framework

Section 24.1(2) of the *Audiology and Speech-Language Pathology Act* defines **sexual abuse** of a patient or client as:

- (a) sexual intercourse or other forms of physical sexual relations between the registrant and the patient or client;
- (b) touching of a sexual nature of the patient or client by the registrant; or
- (c) behaviour or remarks of a sexual nature by the registrant towards the patient or client.

When a registrant assesses or treats a person within their scope of practice, that individual is considered a patient/client, regardless of any pre-existing personal relationship. If a registrant is in a sexual relationship with that patient/client - including a spouse or intimate partner - this meets the statutory definition of sexual abuse and constitutes an act of professional misconduct.

Clarification on Professional Liability Insurance Requirements to Maintain a 'Practising' Registration

We would like to remind all registrants that the requirement to hold **personal Professional Liability Insurance (PLI)** is tied directly to your **registration category** - not to whether you are currently active in practice or employed in your profession.

If you are registered as a **Practising Registrant**, you are **required to maintain personal PLI at all times**, regardless of your current work status.

This ensures continuous coverage and protection for both the public and the registrant throughout the entire period that the practising licence is held.

If you are not currently working in the profession and do not wish to maintain personal PLI, you may want to consider whether a Non-Practising registration category is more appropriate for your circumstances.

Please review the registration options available or contact the College if you need assistance determining the registration category that best fits your situation.

Thank you for helping us uphold regulatory standards and public protection!



Treating a Spouse or Sexual Partner: A Strict Prohibition

No Exceptions

The prohibition applies in all circumstances, including emergency or informal care, and includes spouses and intimate partners. There is no discretion in the legislation regarding this matter.

At the core of this legislative prohibition is the asymmetry of knowledge and inherent power imbalance that exists in all health professional – patient/client relationships. Even within close personal relationships, professional authority and specialized clinical knowledge can influence decision-making in ways that may compromise patient/client autonomy and safety.

While it is commonly assumed that registrants maintain healthy and respectful relationships with their spouses, partners, or family members, legislation cannot rely on this assumption alone.

When treating a spouse or sexual partner, risks include:

- Unintentional or intentional professional influence or pressure on assessment, diagnosis, or treatment.
- The patient/client feeling obliged to accept care they do not fully understand, want, or feel comfortable questioning.
- Blurred boundaries between professional judgment and personal relationships.

Standards of Practice 5.0



Treating a Spouse or Sexual Partner: A Strict Prohibition

Barriers to Accountability

Treatment within sexually intimate relationships also raises significant concerns regarding accountability and reporting. A spouse or sexual partner who experiences harm, substandard care, or incompetence may feel reluctant - or even unable - to file a complaint due to fears of personal conflict, emotional repercussions, or loyalty to the registrant.

This dynamic erodes the transparency and public oversight that professional regulation relies upon. When personal relationships intersect with professional duties, the resulting power imbalance and knowledge asymmetry can deter legitimate complaints and impede the regulator's ability to protect the public.

Consequences of Non-Compliance

Engaging in a sexual relationship with a patient or client constitutes sexual abuse, one of the most serious forms of professional misconduct. Such behaviour carries significant consequences, which may include revocation of registration, substantial legal costs, fines, penalties, and the public posting of disciplinary findings.

Registrants should be aware that courts have consistently upheld strict statutory prohibitions in this area, even in cases involving a patient or client who was the practitioner's spouse. In these circumstances, regulators had no discretion to deviate from the legislated requirements. These outcomes underscore the legislature's clear intent to prioritize public protection over individual circumstances.

Caregiver Support

Nothing in the legislation prevents a registrant from supporting their spouse or sexual partner as a communication partner or caregiver, provided they are acting under the direction, guidance, recommendations, or goals established by that individual's registered audiologist or speech-language pathologist.

Key Takeaway for Registrants

Registrants must not assess, treat, or otherwise provide any professional services within their protected scope of practice to a spouse or sexual partner. Doing so violates legislative requirements and exposes both the individual and the registrant to significant risk.

When care is needed, the registrant is responsible for ensuring the person is referred to another qualified professional.

Upholding patient vulnerability, maintaining professional boundaries, and safeguarding public trust are fundamental obligations of regulated practice.

DO YOU KNOW YOUR STANDARDS OF PRACTICE? TAKE THE QUIZ!

Please see the last page for the Answer Key!

- 1. Under Standard 1.4 Patient or Client Assessment and Intervention, which of the following best describes how a registrant should select assessment procedures?**
 - A) Use only the assessment tools they are most comfortable with, regardless of patient/client needs.
 - B) Use an evidence-informed approach, consider patient/client priorities and environmental context to select culturally and linguistically appropriate assessments.
 - C) Select assessments based on availability of equipment only.
 - D) Follow a fixed assessment protocol for all patients/clients without modifications.
- 2. Under Standard 1.1 Patient or Client-Centred Service, which of the following is an important aspect of informed consent?**
 - A) Only informing patients about the benefits of a service.
 - B) Obtaining consent after starting the intervention.
 - C) Respecting the patient/client's right to refuse or withdraw consent at any time.
 - D) Assuming consent if the patient/client does not ask questions.
- 3. What does cultural humility involve according to Standard 1.3 Cultural Safety, Cultural Humility & Anti-Racism?**
 - A) Reflecting on one's own values and biases and seeking feedback to improve interactions with diverse patients/clients.
 - B) Avoiding discussions about culture with patients/clients.
 - C) Assuming all patients/clients share the same cultural beliefs.
 - D) Ignoring systemic inequities as they are unrelated to care.
- 4. Which of the following reflects good communication practices under Standard 1.5 Communication?**
 - A) Using technical jargon to demonstrate expertise
 - B) Communicating truthfully and clearly using plain language, considering cultural safety principles
 - C) Limiting communication to written reports only
 - D) Avoiding interpreters even when language barriers exist
- 5. Under Standard 2.2 Privacy and Confidentiality, what is a registrant required to do?**
 - A) Access patient records whenever curious
 - B) Share patient information freely among colleagues
 - C) Minimize risks to privacy and comply with relevant legislation
 - D) Disclose private information on social media
- 6. According to Standard 2.4 Professional Boundaries, which behaviour is appropriate?**
 - A) Treating family members as patients/clients without considering power dynamics
 - B) Refraining from sexually suggestive comments and maintaining respectful professional relationships
 - C) Engaging in romantic relationships with current patients/clients
 - D) Ignoring boundary issues if the patient initiates contact

7. According to Standard 5.2 Managing Professional Boundaries, what should a registrant do if professional boundaries may be compromised by sexual feelings or behaviour?

- A) Ignore the feelings and continue providing services as usual
- B) Take steps to maintain boundaries and, if necessary, terminate the professional relationship and transfer care
- C) Engage in an intimate relationship if the patient/client initiates it
- D) Share the situation with other patients to get their advice

8. Under Standard 1.6 Collaboration, which of the following actions demonstrates effective collaborative practice?

- A) Working independently and referring patients/clients only when absolutely necessary
- B) Consulting with team members and care partners, actively contributing to decision-making, and resolving conflicts proactively
- C) Limiting communication to written reports and avoiding direct interaction with other professionals
- D) Delegating all decisions to other team members without participation

9. What does the term “former patient or client” mean according to the glossary in Standard Area 5?

- A) A person who had only one visit with no expectation of ongoing care, with no service for at least 30 days, or where the professional relationship has been formally terminated and at least 1 year has passed since termination
- B) Anyone who has ever received any service regardless of time
- C) A patient who stopped attending appointments for a week
- D) Any person who has received service within the last 6 months

10. According to Standard 4.2 Documentation and Information Management, what must be included in patient records?

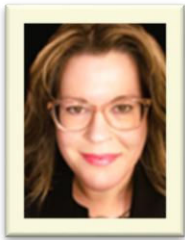
- A) Only assessment results and billing information
- B) Detailed chronological documentation including case history, informed consent, assessment findings, plan of care, communications, progress, and discharge plans
- C) Personal opinions about the patient’s behaviour
- D) Informal notes shared on social media



Reach out with any questions!

We are here to assist all registrants to meet their regulatory requirements, mitigate risk, and protect the public.

“RCASLPNB ensures public safety by regulating, supporting and ensuring the competent, safe and ethical practice of audiologists and speech-language pathologists in New Brunswick. All registrants of RCASLPNB must practice in compliance with the Act, the Bylaws and the Rules”.



Nicole Fowler

Registrar/Executive Director

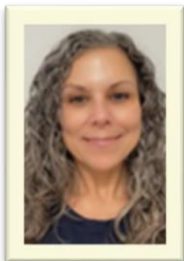
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Do you Know your Standards of Practice? Quiz Answers

#	Correct Answer	Standard Reference
1	B	1.4 Patient or Client Assessment and Intervention
2	C	1.1 Patient or Client-Centred Service
3	A	1.3 Cultural Safety, Cultural Humility & Anti-Racism
4	B	1.5 Communication
5	C	2.2 Privacy and Confidentiality
6	B	2.4 Professional Boundaries
7	B	5.2 Managing Professional Boundaries
8	B	1.6 Collaboration
9	A	Glossary (Former patient or client)
10	B	4.2 Documentation and Information Management