



RCASLPNB

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

OAONB

Ordre des
audiologistes &
orthophonistes du
Nouveau-Brunswick

Regulatory Bulletin

MAY/2026/SPRING



Strategic Planning

Thank you to all registrants who participated in the strategic planning survey. Your feedback played a key role in shaping the College's next 3-year strategic plan.

Council held a dedicated strategic planning session on April 18, 2026. As part of this work, Council reviewed and updated the College's Values Statements to better reflect our single-mandate role and responsibilities as a regulatory college.

Once the strategic plan is finalized and approved by Council, it will be shared with registrants and posted on the College's website for public access.

What's Inside?

- 1. Vision, Mission, Values Statements**
- 2. Council Meeting Highlights**
- 3. Diagnosing Function, Not Cause**
- 4. Quiz – AI Guiding Principles**

	Purpose	Statement
<p>Vision Statement</p> 	<p>Describes the future of the organization.</p> <p>Reveals what we aspire or hope to achieve in the long term.</p> <p>Serves as a guide for choosing current and future courses of action.</p>	<p>Instill public confidence by providing leadership and innovation in the regulation of audiologists and speech-language pathologists.</p>
<p>Mission Statement</p> 	<p>Defines our purpose or reason for being.</p> <p>Guides the day-to-day operations.</p> <p>Paints a picture of who we are and what we do.</p>	<p>Protect the public by upholding competent, safe, and ethical practice of audiologists and speech-language pathologists in New Brunswick.</p>
<p>Values Statement</p> 	<p>Highlights our core principles and philosophical ideals.</p> <p>Informs and guides our decisions and behaviours.</p> <p>Informs stakeholders what is important to us.</p>	<p>Forward-Thinking We focus on the future by being proactive, innovative, and agile.</p> <p>Accountable We take responsibility for any actions and decisions we make.</p> <p>Competence We ensure compliance with established Standards of Practice and Quality Assurance.</p> <p>Accessible We are open and welcoming to all members of the public and registrants.</p> <p>Transparent We ensure our processes, decisions, and requirements are clear and accessible.</p>

Council Meeting Highlights



Council held its second quarterly meeting of 2026 on April 18 and made the following decisions:

1. Approved the **new RCASLPNB Values Statement**.
2. Approved a revised **Concurrent Practice Guideline**, now applicable to both audiology and speech-language pathology and supported by practice examples.
3. Approved the **addition of new language proficiency tests** for internationally educated applicants to reduce barriers to registration.
4. Approved the addition of a **standing November Council meeting** to support Council and committee appointments, and policy and committee reviews.
5. Approved a revised approach to the appointment of additional public representatives, allowing Council to make direct appointments following review and recommendation by the Nominations Committee.

Next Meeting

The Council is scheduled to meet again on July 20, 2026.

Diagnosing Function, Not Cause



The *Audiology and Speech Language Pathology Act* authorizes audiologists and speech-language pathologists to assess, evaluate, identify, and **diagnose functional impairments and disorders within their respective scopes of practice**. This authority does **not** include diagnosing the underlying medical or etiological cause of a condition.

Scope of Diagnostic Authority

- **Audiologists** may diagnose functional disorders related to hearing, vestibular function, balance, and tinnitus, including identifying patterns and severity of impairment in auditory and vestibular system functioning.
- **Speech-Language Pathologists** may diagnose functional communication and swallowing disorders related to speech, language, cognition, voice, feeding, swallowing, and oral-motor, nasopharyngeal, or pharyngeal function, including identifying patterns and severity of functional impairment.

While the Act uses the term *diagnose*, this authority is **limited to functional diagnosis within scope of practice**. It does **not** extend to diagnosing medical, neurological, or disease-based causes. Determining underlying medical or etiological causes remains the responsibility of professionals authorized under applicable legislation to provide medical diagnoses.

Professional Expectations

Registrants are expected to take a **patient/client-centred approach**, where clinically appropriate, by:

- Describing observed symptoms and their functional impact, and
- Clearly communicating that assessment findings do not identify a medical cause.

When patients/clients or substitute decision-makers ask about the underlying cause, registrants **should** refer them to a physician or another authorized healthcare professional.



Diagnosing Function, Not Cause

Examples of acceptable symptom-descriptive terms include, but are not limited to:

Audiology	Speech-Language Pathology
Sensorineural, conductive or mixed hearing loss	Speech, motor speech, articulation delay, difficulty, and disorder
Fluid in the ear	Language delay, difficulty, and disorder
Tinnitus	Developmental language disorder
Vestibular disorders	Aphasia, dysarthria, apraxia, including childhood apraxia of speech
Auditory Neuropathy Spectrum Disorder	Cognitive communication disorder
Auditory processing disorder	Stuttering, hoarseness, hypo- or hypernasality
	Dysphagia or swallowing disorder
	Velopharyngeal insufficiency

Communicating Clinical Findings, Not Medical Diagnoses

Audiologists and speech-language pathologists **must not communicate the medical disease or disorder that causes** hearing, balance, speech, language, or swallowing symptoms or disorders.

For example, registrants must not tell patients/clients that they have conditions such as stroke, autism, otosclerosis, cerebral palsy, Ménière's disease, Parkinson's disease, genetic syndromes, or similar disorders.

Registrants **may communicate their clinical findings**, including symptoms, impairments, and functional limitations, **provided they do not attribute those findings to a specific medical cause.**

When the Registrant Is the First to Identify Concerns

When an audiologist or speech-language pathologist is the first professional to identify concerns, they must not communicate diagnostic labels or underlying causes that are outside their scope of practice. This includes, but is not limited to:

- Autism spectrum disorder (ASD), ADHD
- Dyslexia
- Depression or anxiety disorders
- Stroke
- Acoustic neuroma, Ménière's disease
- Concussion or traumatic brain injury
- Aspiration pneumonia, gastroesophageal reflux disease (GERD)
- Vocal nodules or polyps, Zenker's diverticulum

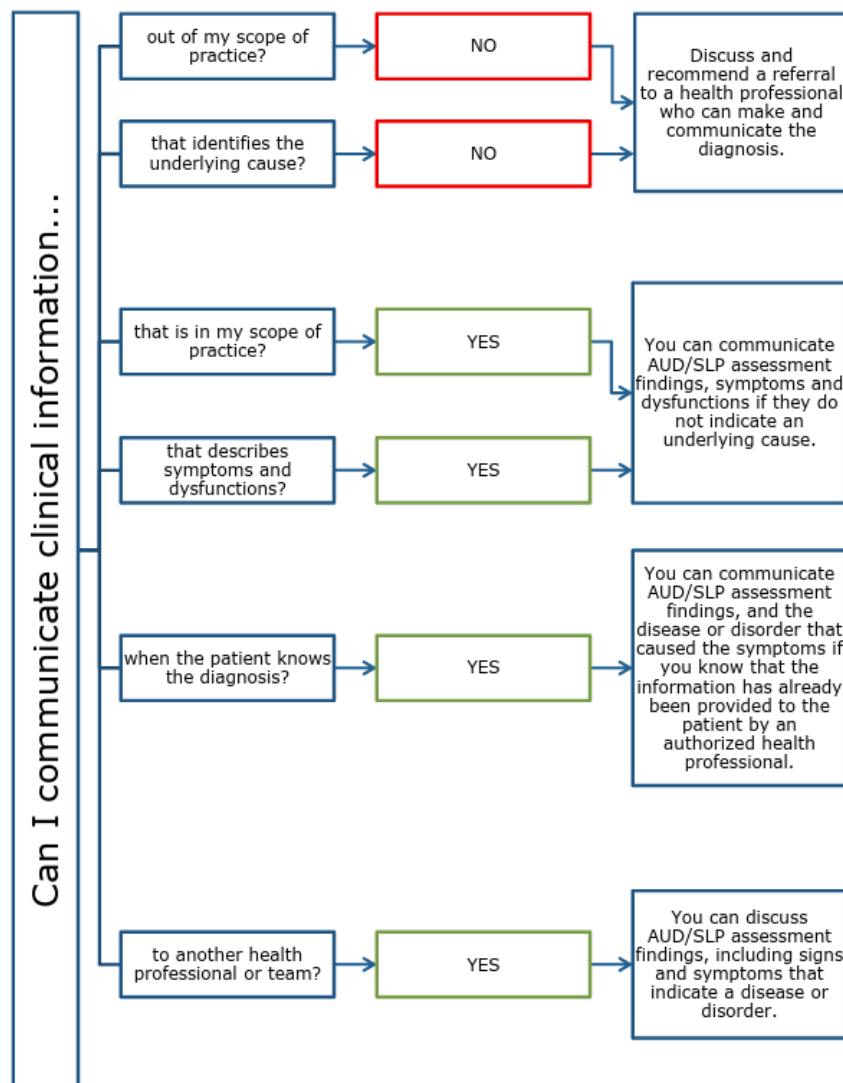
When a Diagnosis Has Already Been Communicated

If an authorized health professional has already communicated a diagnosis, registrants may **refer to that diagnosis** in discussions with the patient/client or substitute decision-maker.

Registrants may explain **how the diagnosed condition affects hearing, balance, communication, or swallowing**, within their scope of practice. Questions that extend outside audiology or speech-language pathology should be **redirected to the appropriate authorized healthcare professional**.

Collaboration and Referrals

- Discussing clinical findings and possible underlying causes with other healthcare professionals is appropriate and does not constitute communicating a medical diagnosis.
- When recommending a referral, registrants must clearly explain why the referral is needed and ensure it not interpreted as confirmation of a medical diagnosis.
- Referrals to programs or clinics with diagnostic labels in their name should be communicated carefully.
- Clear, thoughtful communication supports patient/client safety, interprofessional collaboration and safe practice within scope.



The term patient is used synonymously with client for the purpose of this diagram.



“LISTEN Up!” – AI in Practice Quiz

Please see the last page for the Answer Key!

- 1. You’re using an AI scribe to generate session notes. What’s your responsibility?**
 - A. Skim it quickly and file it
 - B. Trust it—it’s designed for healthcare
 - C. Verify accuracy and completeness before using it
 - D. Let your assistant review it instead

- 2. A client asks if AI is being used in their therapy planning. You:**
 - A. Say no to avoid confusion
 - B. Say yes only if they ask directly
 - C. Explain how AI is used, including risks/benefits
 - D. Tell them it’s “just a tool” and move on

- 3. You want to paste a client case into ChatGPT to summarize. What should you do?**
 - A. Go ahead—it’s efficient
 - B. Remove all identifying information first
 - C. Only include initials
 - D. It’s fine if you delete it after

- 4. An AI tool suggests a therapy plan that seems “off.” You:**
 - A. Use it anyway—it’s probably right
 - B. Ignore it completely
 - C. Critically evaluate and adjust it
 - D. Ask another AI to confirm

- 5. Which is the BEST way to think about AI in practice?**
 - A. A replacement for routine decisions
 - B. A shortcut to save time
 - C. A support tool requiring professional judgment
 - D. A risk best avoided entirely

- 6. AI transcription struggles with a client’s accent. What principle is MOST relevant?**
 - A. Legal accountability
 - B. Equity & bias awareness
 - C. Security & privacy
 - D. New learning

- 7. Your clinic adopts a new AI scheduling system. What’s your first concern?**
 - A. Whether it’s faster
 - B. Whether it complies with privacy laws and policies
 - C. Whether staff like it
 - D. Whether it integrates with email

- 8. A client says they don’t want AI involved in their care. You:**
 - A. Encourage them to reconsider
 - B. Use it anyway—it’s standard
 - C. Respect their decision and offer alternatives
 - D. Use it but don’t mention it

- 9. What is a major risk of generative AI?**
 - A. It’s too slow
 - B. It can produce inaccurate or misleading information
 - C. It replaces clinicians
 - D. It always shows its sources

- 10. “You rely heavily on AI for reports and planning. What risk are you facing?”**
 - A. Legal penalties
 - B. Overreliance and reduced critical thinking
 - C. Privacy breaches
 - D. Bias only

“LISTEN Up!” – AI in Practice Quiz

Please see the last page for the Answer Key!

11. Which action BEST supports competent AI use?

- A. Using only familiar tools
- B. Avoiding AI altogether
- C. Ongoing learning and professional development
- D. Delegating AI use to others

12. If an AI tool fails during a session, you should:

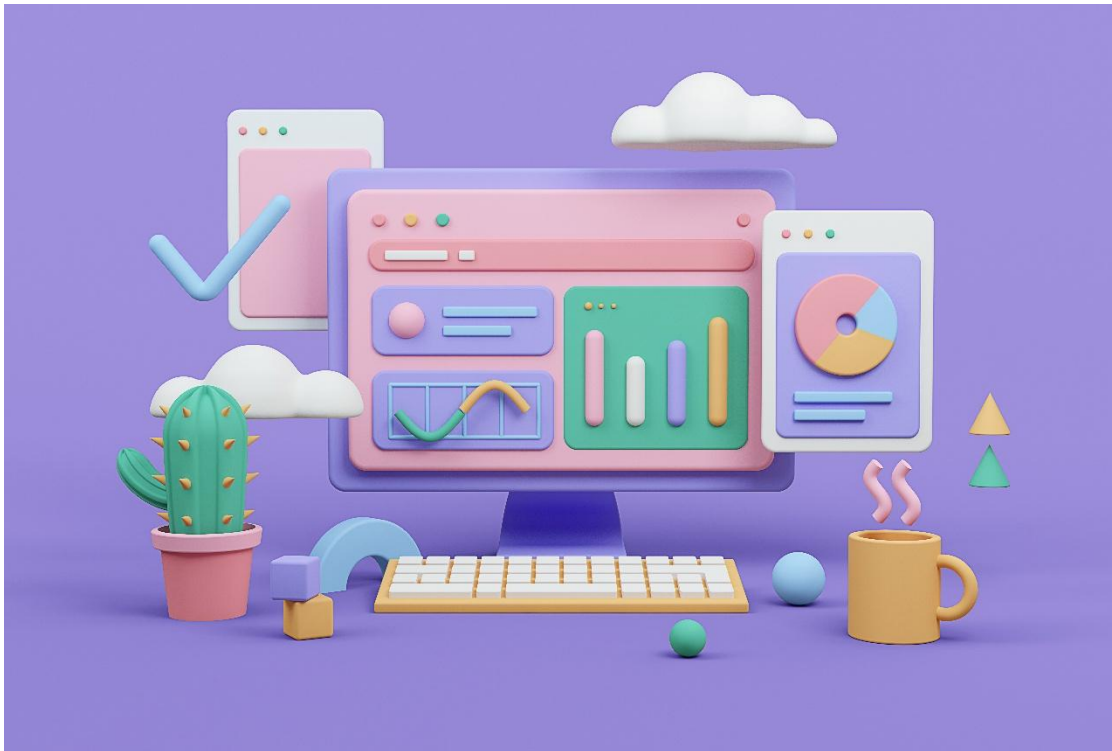
- A. Cancel the session
- B. Wait until it's back online
- C. Have a backup plan to continue care
- D. Reschedule all clients

13. Who is responsible for decisions made using AI?

- A. The software developer
- B. The clinic
- C. The registrant
- D. Health Canada

14. Which scenario is MOST appropriate?

- A. Using AI to draft therapy ideas, then tailoring them
- B. Copying AI outputs directly into reports
- C. Letting AI determine diagnoses
- D. Using AI without informing clients

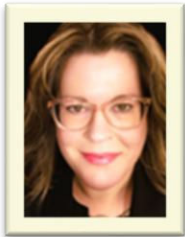


The College gratefully acknowledges the College of Audiologists and Speech-Language Pathologists of Ontario for permission to adapt content from [Practice Advice: Communication Clinical Information Vs. Diagnosing \(Revised August 28, 2025\)](#), and for permission to reproduce and adapt the chart appearing on page 5 of this bulletin.

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

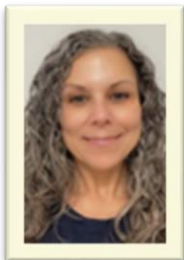
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Answer Key:

1. C) Verify accuracy and completeness
2. C) Explain use, risks, and benefits
3. B) De-identify information first
4. C) Critically evaluate and adjust
5. C) Support tool requiring judgment
6. B) Equity & bias awareness
7. B) Privacy law compliance
8. C) Respect and offer alternatives
9. B) Risk of inaccuracies
10. B) Overreliance risk
11. C) Ongoing learning
12. C) Have a backup plan
13. C) The registrant
14. A) Draft then tailor