Speech-Language & Audiology Canada
Orthophonie et Audiologie Canada
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**Proposed Scope of Practice Expansion**
**SPEECH-LANGUAGE PATHOLOGISTS**

Primary and Preventative Health Services is requesting your organization's feedback on a proposal submitted by the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) to amend the Health Professions Restricted Activity Regulation (HPRAR) to authorize speech-language pathologists (SLPs) to order and perform non-ionizing radiation in ultrasound imaging. Your feedback will help inform consideration of the proposal and any potential regulatory changes.

**Please return your completed feedback via email by October 9, 2026, to health.regulatedprofessions@gov.ab.ca.** *We cannot guarantee that feedback received after October 9, 2026, will be incorporated into further development of the proposal.*

1. **Organization information:**
   - Organization name: Speech-Language & Audiology Canada (SAC)
   - Contact name, title and email address:
     Jarrad Marthaller, Manager, Government Relations
     jarrad@sac-oac.ca
   - Date of completion: October 06, 2026

2. **Overall position:** What is your organization's overall position on the proposed scope of practice expansion?

   ☐ Support
   ✓ Support with conditions or modifications
   ☐ Do not support
   ☐ No position

3. **Please provide your detailed feedback below:**
   - *Organization feedback*

   Speech-language & Audiology Canada (SAC) appreciates the opportunity to provide stakeholder input. As the national professional association for speech-language pathologists (S-LP), audiologists, and communication health assistants (CHA), our role is to promote and advocate for the professions and the interests of our members, while supporting access to high-quality, evidence-informed services for the public. We recognize that ACSLPA has the distinct statutory responsibility to protect the public and to determine whether, and under what conditions, an activity may be performed by registrants in this jurisdiction. Our comments are therefore intended only as national professional and stakeholder input.

   The association supports the appropriate integration of ultrasound into speech-language pathology practice where it improves access to evidence-informed assessment or intervention

and where clinicians have the competencies, education, supervision, and practice supports needed to use and interpret the tool safely.

**Recommendations:**

- The evidence on efficacy of ultrasound may differ substantially by application (tongue movement during speech production vs. use in childhood apraxia of speech (CAS) vs. ultrasound assessment of swallowing or laryngeal function). SAC recommends that ACSLPA consider defining authorized applications by clinical purpose, rather than treating "ultrasound imaging" as one undifferentiated activity. A staged or modular approach could allow authorization to be linked to demonstrated competence in specific clinical areas, consistent with the evidence base.

- The proposal describes the evidence for dysphagia-related ultrasound as promising and identifies the need for further standardization. SAC agrees that this area warrants continued research and careful implementation.

  Ultrasound should not be presented as a replacement for instrumental (videofluoroscopic or endoscopic) swallowing assessment when those examinations are clinically indicated. The framework should specify the limits of ultrasound for swallowing or voice assessment and treatment and the circumstances in which referral for another instrumental assessment is required.

- 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.

- The proposal would allow one S-LP to order ultrasound and another S-LP to apply it. This is potentially useful, but the responsibilities of each practitioner should be explicit.

  The framework should address:

  - What information must be included in the order.
  - Whether one or both S-LPs are primarily responsible for clinical outcomes.
  - What responsibility the applying S-LP has for confirming the purpose and appropriateness of the procedure.
  - How findings are communicated and documented.

- How consent, privacy, and record ownership are managed when care is divided between practitioners.

- The proposal identifies variation in access to ultrasound education and notes potential development of local S-LP-specific training. SAC supports the availability of high-quality education but recommends that the regulatory requirements not depend on one institution, one course provider, or one learning pathway. SAC recommends that education should be accessible to registrants across Alberta, including rural and remote practitioners, those who may have been practicing for several years (prior to the U of A ultrasound training implementation) or coming from a Canadian province/territory or international location in which ultrasound training is not standard.