



NEWS

Newsletter for Speech Language and Hearing Profession (SLH) Board





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CHAIRPERSON'S NOTE

The Professional Board for Speech, Language and Hearing (PBSLH) continues to strive to be a leader in regulating the education, training and practice of Speech, Language and Hearing professions and protecting the public.

The Board started the year by revising the strategic and stakeholder engagement plan in January. Our first strategic goal aims at improving stakeholder engagement to promote the Speech, Language and Hearing Professions.

The second Annual Professional Board Stakeholder meeting was held 04 July 2018. Stakeholders in attendance included: Professional Associations, Universities, Provincial Rehabilitation Coordinators, the National Forum representatives from the National Departments of Health and Education. The Early Hearing Detection and Intervention Guidelines and the Guidelines for Audiological Management of Patients on Treatment that includes Ototoxic medications was launched.

Stakeholders are expected to integrate these guidelines into training and practice. The meeting was also used to highlight that all professionals and students who are registered with the Board need to have their registration renewed annually and are expected to keep their CPD portfolios updated. All employers need to check registration with the HPCSA annually and provide and support opportunities for Continuing Professional Development (CPD).

The PBSLH actively engages with other Boards around matters to improve practice and services to the public. Two board members were nominated as representatives to form part of the Occupational Therapy, Medical Orthotics assistive devices task team on assistive devices. This team is tasked with developing a guideline for assistive devices.

The Board also engaged with the Professional Board for Optometry & Dispensing Opticians and released a combined media statement relating to scope infringement on "hearing assessment" and "fitting of hearing aids" performed by other practitioners" and/or "frontline" staff in optometry/dispensing practice. Practitioners and the members of public are reminded of "Rule 21 of the Ethical rules of conduct which

states that "A practitioner shall perform, except in an emergency, only a professional act - (a) For which he or she is adequately educated, trained and sufficiently experienced; and (b) Under proper conditions and in appropriate surroundings. Any registered practitioner who instructs any person who is not registered as an Audiologist in terms of the Health Professions Act to perform clinical and professional acts falling within the scope of the Speech, Language and Hearing Professions commits unprofessional conduct.

The aforementioned unprofessional conduct attracts various sanctions in terms of section 42 of the Act.

A Board representative attended a workshop of the Human Rights and Ethical Practice Committee of the Council in March this year.

The Committee is currently finalising guidelines on Social Media and Palliative care.

Professionals are once again reminded that the Ethical rules apply to the use of social media especially with regards to patient confidentiality and informed consent.

The Professional Board regulations defining the scope of the profession of Speech- Language Therapy was promulgated in December 2017 and is available on the website.

In line with advocating for increased access to services the Board will be meeting with the National Department of Health and Department of Basic Education, to obtain current plans and future plans relating to growing the profession.

We are also finalising the Guideline on Mobile Practice and Hearing Screening in schools and completing the Regulations on the Scope of the Profession of The Audiology Technician and Speech Therapy Technician.

We would like to encourage professionals registered with the Board to actively seek out opportunities to provide input on the National Health Insurance Bill as well as the Medical Schemes Amendment Bill.

Dr Sadna Balton

Chairperson of the Professional Board for Speech, Language and Hearing



HEARING AND SCREENING FOR THE SOUTH AFRICAN SPEECH-LANGUAGE THERAPIST: ADHERING TO THE SCOPE OF PRACTICE

Prof K. Khoza-Shangase

Hearing impairment has been described as an overlooked epidemic of developing countries due to its silent, non-life threatening but highly prevalent nature. It is reported as the most prevalent of all congenital sensory disorders, affecting more than twice the number of neonates than all other screened newborn disorders combined. Early identification of hearing loss is not only the first but also the most important step for obtaining successful outcomes in children who are deaf or hard of hearing. Early diagnosis and treatment of hearing impairment is also critical to the educational and social development of the children with hearing loss; as well as vocational opportunities and performance in adulthood.

It is crucial for the Speech, Language and Hearing (SLH) professions to engage in prevention and promotion initiatives that are aimed at early identification and intervention of communication impairments; including hearing impairment; in order to be able to provide services for the patients and their families for the purpose of lessening the effects of the condition. In audiology, early audiological intervention involves ensuring that all infants and toddlers (in the South African context – this can include school age children) with hearing loss are identified as early as possible and provided with timely and appropriate audiological, educational, and medical intervention, where necessary.

Early intervention for children with hearing impairment in South Africa faces many challenges. There is a paucity of published South African research into epidemiological trends and the use and effectiveness of different interventions in hearing impairment. The HPCSA (2018) [[http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/speech/Early_Hearing_Detection_and_Intervention_\(EHDI\)_2018.pdf](http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/speech/Early_Hearing_Detection_and_Intervention_(EHDI)_2018.pdf)], guided by the Joint Committee on Infant Hearing set international standards that all infants with hearing impairment be identified and intervention implemented by six months of age. Unfortunately, in South Africa, repeated evidence still indicates that there are still significant delays in the age of identification, diagnosis as well as delays between the age at which hearing impairment is first identified and the initiation of early intervention services. In order to ensure effective early intervention, an eloquent system must be put in place.

Appropriate screening, referral routes, assessments, ongoing monitoring, intensive planning and adequate evaluations, appropriate and effective intervention are various aspects that must be considered for an effective early intervention programme. Collaborative work between the Speech Therapists and Audiologists within this context; while adhering to each profession's scope of practice is key.

Concerns regarding Speech Therapists functioning outside their scope of practice in as far as EHDI (early hearing detection and intervention) is concerned have been raised with the SLH Professional Board. Some Speech Therapists have been reported to run hearing screening programmes in private hospitals and birthing facilities as part of their private practices; and this is done independently and outside ear and hearing health programmes. Moreover, some Speech Therapists have employed and trained screeners to perform this task for their practices. This practise falls outside the regulations governing scope of practice of Speech Therapists, and is also an unethical practice which places the public at risk.

Firstly, within their scope of practice, Speech Therapists can conduct hearing screening of their speech clients in order to be able to effectively and holistically treat the presenting communication problem – with referral to audiologists for diagnostic assessment if the client fails the screening (refers). Fixed-intensity, pure tone audiometric screening performed within the context of an individual speech-language evaluation or assessment is within the scope of practice of Speech Therapists.

Secondly, Speech Therapists can engage in widespread screening (within programme screening), if and only if, the hearing screening forms part of an ear and hearing health programme that has an Audiologist as its manager as this forms part of the Audiologists' scope of practice. Speech Therapists may perform screenings of hearing sensitivity and auditory function on the general public or specific populations provided that they have been properly trained by an Audiologist in the specific techniques for that screening and provided that supervision of the screening programme is formally vested in a registered Audiologist. Screening



programmes using objective or technology-based hearing screening techniques in place of traditional fixed-frequency, pure tone audiometry (for example, multifrequency tympanometry; otoacoustic emissions; automated auditory brainstem response, etc.), despite the fact that these produce a pass/refer result, require the supervision of an audiologist.

Lastly, Speech Therapists shall not instruct others in the techniques of hearing screening or supervise hearing screening programmes. These aspects of a

hearing screening programmes are within the scope of practice of Audiologists. This is where collaborative work within the SLH professions becomes paramount; as it ensures that the patient receives efficacious clinical care while they are being protected from unscrupulous business practice – with all professionals involved functioning within regulations.

The SLH Board reminds practitioners to function within their scopes of practice while providing the much-needed services to the South African population.



CONFIDENTIALITY OF PATIENT INFORMATION

The Professional Board for Speech, Language and Hearing (SLH) Professions would like to remind professionals practising the professions over which the SLH Board has control, that the practise of a Speech and Language Therapist, Audiologist and Hearing Aid Acoustician is based on a relationship of trust between patients and the healthcare practitioner. It is incumbent on the healthcare practitioner to respect patient confidentiality, privacy, choices and dignity at all times.

We are reminded that the term “profession” means “a dedication, promise or commitment publicly made” (quoted from Pellegrino, ED. Medical professionalism: Can it, should it survive? J Am Board Fam Pract 2000; 13(2): 147-149.)

In addition; “Guidelines for Good Practise in the Healthcare Professions: Booklet 2 – Ethical and

Professional Rules”, states that

(1) a practitioner shall divulge verbally or in writing information regarding a patient only
(a) in terms of a statutory provision,
(b) at the instruction of a court of law; or
(c) where justified in the public interest.

(2) Any information other than the information referred to in subrule (1) shall be divulged by a practitioner only –

(a) with the express consent of the patient;

(b) in the case of a minor under the age of 12 years, with the written consent of his or her parent or guardian; or

(c) in the case of a deceased patient, with the written consent of his or her next-of-kin or the executor of such deceased patient’s estate.

Related to the above guidelines, the Board would also



like to bring to the attention of practitioners that they should guard against divulging any patient information on the social media platforms by posting photographs or divulging names and/or details of any patient, past or present. In order to protect patient:practitioner boundaries, they are also advised against accepting or inviting patients as “friends” on Facebook.

In addition it has come to the SLH Board’s attention that some practitioners use patient successes, with photographs, names and information, in order to advertise their practice on Facebook and Instagram. This is not allowed.

MOBILE PRACTICE AND SCREENING BY PRACTITIONERS REGISTERED WITHIN THE AMBIT OF THE PROFESSIONAL BOARD FOR SPEECH, LANGUAGE, AND HEARING PROFESSIONS

The Board would like to draw practitioners’ attention to the amended ethical rules of conduct (Annexure 11:7) for practitioners conducting speech and language and/or hearing screening at an industrial, corporate, community or school centre.

Subject to generic rule 6 of the Ethical Rules of Conduct, screening may be offered under the following conditions:

- a. The screening is conducted as an entry investigative procedure to identify individuals in need of referral for a comprehensive speech, language or hearing examination;
- b. No definitive diagnosis is made, management is prescribed, or prescription is given at the screening centre;
- c. The outcomes of the screening process, including referral notes for the individuals identified as requiring further speech, language or hearing examination and statistical reports for the centre concerned, are recorded;
- d. No canvassing or touting for patients is done by, or on behalf of, the screening practitioner; and

- e. Patients are not misled into believing that the screening is compulsory.

Subject to the provisions of generic rules 6 and 10 of the Ethical Rules of Conduct, a practitioner may conduct a mobile practice in areas where the services of speech language therapists, or hearing therapists are not readily available, provided that:

- a. The practice operates in a defined area only;
- b. The equipment used for a comprehensive speech, language, and hearing examination in that practice is as defined in the guidelines issued by the Board from time to time;
- c. The practitioner operating the mobile practice also has an established practice from which the mobile practice is operated;
- d. Patients are informed of the contact details of the established practice and of the nearest health facility with which the practitioner has made arrangements for emergency care; and
- e. Prior written approval of the Board is obtained to conduct such mobile practice.

TRANSFORMATION IN SLH EMPLOYMENT PRACTICES

In post-apartheid South Africa transformation of our society has become increasingly urgent, particularly with regard to the opportunities offered to all sectors of the population. University training programmes have been challenged to align their student demographic profiles with national population demographics. This has become vital in the SLH professions where the majority of speech language therapists and audiologists are unable to speak the mother tongue of the communities they serve. Your Board upholds the principle of equal opportunities for all, and yet the

majority of our population have no access to speech language and hearing intervention, even fewer in their mother tongue.

Private Speech Language Therapy and Audiology practice owners have historically been largely white and have mainly serviced the English and Afrikaans speaking communities. With the increase in the number of black graduates coming out of their community service and wishing to join well established speech language therapy private practices, has come the challenge for employers to employ graduates who



are fluent in the black languages of their geographical area. The challenge also applies to new black graduates wanting to join private audiology practices as they often do not have the experience and capital initially to go solo.

Employers in the private sector are strongly encouraged to find ways of transforming their practices by providing opportunities for employment of black graduates in order to better serve their communities.



DID YOU KNOW?

- It is an employer's responsibility to ensure that all SLH employees are registered with the HPCSA.
- The 4-year Bachelor's degree in Speech Language Therapy and/or Audiology at all universities training programmes in South Africa, is a professional degree and not an Honours degree.
- If a Speech Language Therapist practises two roles, for example as a Speech and Drama teacher and a Speech Therapist, the purpose of these two roles must be made explicit to clients and be practised separately.
- Clinicians should be aware that all CPD programmes need to be accredited. In particular, short programmes that are offered to clinicians must be HPCSA accredited. No unaccredited courses will be recognised as CPD activities

Who is the Health Committee (HC)?

In terms of the HPCSA's mandate of guiding the professions and protecting the public, the HPCSA is also responsible for ensuring that healthcare practitioners are fit to practise their profession free from any physical or mental impairment.

The Health Committee of Council is thus established in terms of Section 51 of the Health Professions Act, 56 of 1974 to regulate/advise impaired practitioners who suffer from a mental or physical condition or the abuse of or dependence on chemical substances, which affects the competence, attitude, judgment or performance of any student or practitioner registered in terms of the Act. In terms of Rule 25 of the HPCSA's Ethical and Professional Rules, practitioners, students and interns must report impairment in themselves or a colleague to the HPCSA.

The Health Committee is a non-punitive Committee which was established to manage the compliance of the practitioners while also protecting the public. The Committee also focuses on the refinement of the regulations and procedures affecting the day to day functions and operations of the Health Committee

Composition

The Health Committee of Council shall consist of six (6) members constituted as follows:

- a. The Chairperson, elected by Council from amongst its members
- b. A Psychiatrist, elected by Council
- c. A Psychologist, elected by Council
- d. A Psychologist appointed by Council in consultation with the Professional Board for Psychology

- e. A Psychiatrist, appointed by Council in consultation with the Medical and Dental Professions Board
- f. An Occupational Health Specialist appointed by Council

What are the responsibilities and functions of the Health Committee?

The Regulations Relating to Impairment of Students and Practitioners under the Health Professions Act, 56 of 1974 provide a detailed account of the role and responsibilities of the Health Committee of Council and these are summarised as reflected below:-

The Health Committee of Council is authorised to:-

- a. Establish policies and procedures and to enlist cooperation and support for the prevention or alleviation of circumstances which may lead to impairment in students and practitioners;
- b. Establish mechanisms and procedures for the early identification of impairment in students and practitioners;
- c. Implement procedures for handling crisis situations which may threaten patient safety and care;
- d. Undertake informal assessments of reports on alleged impaired students and practitioners, to make findings with regard to impairment and, if required, to impose conditions of registration or practice on such persons aimed at protection of patients and treatment of impaired person;
- e. Appoint investigation committees on an ad hoc basis to undertake formal investigations



into reports on alleged impairment in the absence of voluntary cooperation of students or practitioners, to make findings with regard to impairment and, if required, to impose conditions of registration or practice aimed at protection of patients and treatment of impaired students or practitioners;

- f. Consider applications by students or practitioners who were found to be impaired to have their conditions of registration or practice amended or to have such conditions revoked;
- g. Oversee the implementation of treatment programmes of impaired students or practitioners and to review the position of each such student or practitioner at least every (3) years;
- h. Co-opt a member or members of a Professional Board to serve on an ad hoc basis on the

Committee as and when particular input is required in respect of a specific profession or health professional registered under a particular Professional Board;

- i. Regularly review and make recommendations about changes to the terms of reference of the Committee;
- j. Obtain or perform an annual evaluation of the Committee's performance and make applicable recommendations.

The Health Committee can be contacted by email HealthCommittee@hpcsa.co.za or 0123383963

Please be on look for the next article on the process of the Health Committee.



GENERAL INFORMATIONS

For any information or assistance from the Council direct your enquiries to the Call Centre

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