HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF SPEECH-LANGUAGE THERAPY

In terms of section 33(1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), the Minister of Health, acting on the recommendation of the Health Professions Council of South Africa, has made the regulations set out in the Schedule hereto.

SCHEDULE

A. In this Schedule “the Act” shall mean the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), and, unless the context otherwise indicates, any expression to which a meaning has been assigned in the Act shall bear such meaning.

B. The following acts are hereby specified as acts that shall, for the purpose of the Act, be deemed to be acts pertaining to the profession of Speech-language therapy:

Definitions

evidence-based practice is defined as “an approach in which current, high-quality research evidence is integrated with practitioner expertise” and the individual client’s/patient’s “preferences and values into the process of clinical decision making” (ASHA, 2005).

scope of profession: these regulations describe the range of professional services offered within the profession of Speech-language therapy.

individual’s scope of practice /competency: levels of education, experience, skill, and proficiency with respect to the roles and activities identified within this scope of practice document vary among individual providers. A Speech-language therapist typically does not practice in all areas of the field. As the HPCSA Code of Ethics specifies, Speech language therapists may practice only in areas in which they are competent based on their education, training, and experience (HPCSA, 2008).
The purpose of this document is to describe the Scope of Practice in Speech-language therapy to:

1. Delineate the areas of professional practice of speech-language therapists;
2. Provide information to other professionals, government departments, policy makers, medical aids, health care providers, educators, consumers, and members of the public about professional services offered by qualified speech-language therapists;
3. Provide guidance for the educational preparation and professional development of speech-language therapists.

Purpose of the profession

The purpose of Speech-language therapy services is to optimize individuals’ ability to communicate and swallow thereby enhancing the quality of life.

Qualification for practice

Speech-language therapists currently hold a four year undergraduate degree in Speech-language therapy from a programme accredited by the Health Professions Council of South Africa – Professional Board for Speech, Language and Hearing Professions. Exit level outcomes require that the graduate be able to practice safely, competently and independently. Upon graduation, speech-language therapists register with the HPCSA, complete a year of Community Service and are then eligible for registration in the category “independent practice”. Demonstration of continued professional development is required for continued registration with the HPCSA.

Framework for practice

1. Speech-language therapists in South Africa practice in a multilingual and multicultural context. It is the Speech-language therapist’s responsibility to be knowledgeable about and to provide culturally and linguistically appropriate services.
2. Clinical practice in Speech-language therapy strives to have a firm evidence base.
3. The International Classification of Functioning, Disability and Health (WHO, 2001) guides Speech-language therapists to provide services to improve the quality of life by reducing the impact of impairments of body functions and structures related to speech, language, communication and swallowing, activity limitations, participation restrictions, and barriers created by contextual factors.
SCOPE OF THE PROFESSION OF SPEECH-LANGUAGE THERAPY

1. Communication and swallowing

Speech-language therapists address typical and atypical communication and swallowing in the following areas:

- **speech sound production**
  - articulation
  - apraxia of speech
  - dysarthria
  - dyskinesia
- **resonance**
- **voice**
  - phonation quality
  - pitch
  - loudness
  - respiration
- **fluency**
  - stuttering
  - cluttering
- **language (comprehension and expression)**
  - phonology
  - morphology
  - syntax
  - semantics
  - pragmatics (language use, social aspects of communication)
  - literacy (reading, writing, spelling)
  - pre-linguistic communication (e.g., joint attention, intentionality, communicative signalling)
  - paralinguistic communication
- **cognition**
  - attention
  - memory
  - sequencing
  - executive functioning
- **feeding and swallowing**
  - oral, pharyngeal, laryngeal components
  - orofacial myology (including tongue thrust)
  - oral-motor functions

The professional functions in Speech-language therapy include clinical/educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and education, administration, and research.
2. **Clinical services**

Speech-language therapists provide clinical services that include the following:

- prevention
- identification/screening
- assessment/evaluation
- consultation
- diagnosis
- management
- counselling
- collaboration
- documentation
- referral

Examples of these clinical services include:

- screening individuals for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;
- using instrumentation (e.g., videofluoroscopy, trans-nasal endoscopy, transoral stroboscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions;
- providing intervention and support services for children and adults diagnosed with speech and language disorders;
- providing intervention and support services for children and adults diagnosed with auditory processing disorders;
- addressing behaviours (e.g., perseverative or disruptive actions) and environments (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing;
- providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training for children with cochlear implants and hearing aids; speech-reading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage);
- providing services to modify or enhance communication performance (e.g., transgender voice, care and improvement of the professional voice);
● developing, selecting, and prescribing multimodal augmentative and alternative communication systems, including unaided strategies (e.g., manual signs, gestures) and aided strategies (e.g., speech-generating devices, manual communication boards, picture schedules);
● selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication and swallowing (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges; this service does not include the selection or fitting of sensory devices used by individuals with hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists);
● counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing;
● collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss, participating in palliative care teams, planning lessons with educators, serving on learner support teams);
● serving as case managers, service delivery coordinators, and members of collaborative teams (e.g., individualized family service plan and individualized education program teams, transition planning teams);
● documenting provision of services in accordance with accepted procedures appropriate for the practice setting;
● assisting with appropriate educational placement;
● providing referrals and information to other professionals, agencies, and/or consumer organizations;
● using data to guide clinical decision making and determine the effectiveness of services;
● making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan;
● determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);
● facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing;
● serving as expert witness.

3. Promotion

Speech-language therapists engage in the promotion of normal communication and swallowing.
Examples of promotion include:

- promoting healthy lifestyle practices that can help prevent communication and swallowing problems e.g. cessation of smoking, wearing seat belts and helmets as appropriate, practicing road safety; stroke prevention
- promoting behaviours that facilitate the acquisition and development of speech and language e.g. encouraging parent/caregiver communication with neonates and infants; fostering reading in young children.

4. Prevention and advocacy

Speech-language therapists engage in prevention and advocacy activities related to human communication and swallowing by

- presenting primary prevention information to at risk groups;
- providing early identification and early intervention services;
- advocating for individuals and families through:
  o community awareness;
  o health literacy;
  o facilitating access to full participation in communication;
  o eliminating societal, cultural, and linguistic barriers;
  o participating in policy development and implementation;
- advocating at the district, provincial and national levels of government for improved policies affecting access to services;
- advocating for social inclusion and participation;
- promoting professional services
- recruiting potential speech-language therapists;
- active participation in professional organizations to contribute to best practices in the profession.

5. Education and training

Speech-language therapists also serve as educators, researchers and administrators.

With reference to communication and swallowing, speech-language therapists

- educate the public and foster awareness of communication and swallowing disorders and their treatment
- provide in-service training to families, caregivers, and other professionals;
- educate, supervise, and mentor current and future speech-language therapists.
- educate speech-language therapy assistants;
- conduct research.
6. **Administration**

- administer and manage clinical and academic programs;
- participate in the development of policies, operational procedures, and professional standards;
- supervise and manage support personnel.

7. **Practice settings:**

Speech language therapists provide services in a variety of settings including, but not limited to:

- early intervention settings, pre-schools, and day-care facilities
- public and private schools
- health care settings (public and private hospitals, intensive care units, urban and rural clinics, rehabilitation facilities, long term care facilities, behavioural and mental health facilities)
- universities and university clinics
- private practice
- individuals’ homes and community residences
- communities
- corporate and industrial settings
- research facilities
- supported and other employment settings
- correctional institutions
- military
- city, provincial and national institutions and government departments.

8. **Range of clients/patients:**

Speech language therapists provide services
- Across the lifespan to all age groups from neonates to the geriatric population
- To individuals, families, and groups from diverse linguistic and cultural backgrounds

The listing of specific areas within these regulations does not exclude emerging areas of practice in this dynamic and continuously developing profession.

**References:**


HPCSA – Regulations document pertaining to Education and Training standards in Speech-language therapy
The regulations published under government Notice R889 are hereby withdrawn.

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