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GOVERNMENT NOTICE

DEPARTMENT OF HEALTH
DEPARTEMENT VAN GESONDHEID

No. R. 388   **15 May 2012**

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

REGULATIONS RELATING TO THE UNDERGRADUATE CURRICULA AND PROFESSIONAL EXAMINATIONS IN SPEECH-LANGUAGE THERAPY

The Minister of Health intends, in terms of section 61 of the Health Professions Act, 1974 (Act No. 56 of 1974), and after consultation with the Health Professions Council of South Africa, to make the regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed regulations to the Director-General: Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Public Entities Governance and Management), within three months from date of publication of this notice.

SCHEDULE

Definitions

1.   In these regulations, unless the context otherwise indicates, a word or expression to which a meaning has been assigned in the Act has the meaning so assigned, and "the Act" means the Health Professions Act, 1974 (Act No. 56 of 1974).

"**board**" means the Professions Board for Speech, Language and Hearing Professions established in terms of section 15 of the Act;

"**curriculum**" means the comprehensive programme of learning required to meet the exit level outcomes and includes but is not limited to content, teaching-learning methodology, and assessment;

"**degree**" means a university degree in Speech-Language Therapy recognised by the board in terms of section 24 of the Act for registration as an Speech-Language Therapist;

"difficulties" means communication delay, disadvantage, disorder, or disability;

"professional qualification" means a planned combination of learning outcomes that has the defined purpose of providing qualifying students with applied competence and a basis for further learning toward obtaining a professional designation (Speech-Language Therapist). The attainment of a professional qualification does not in itself automatically lead to a professional designation. Professional qualifications registered on the NQF must be quality assured under an arrangement involving the relevant ETQA i.e. HPCSA and the SLH Professional Board;

"swallowing" means the oral, pharyngeal and oesophageal functioning that are prerequisite for the act of swallowing and feeding. Thus saliva control, oral sensory awareness, therapeutic and feeding techniques, etc. are all considered part of swallowing as used in this document.

STANDARDS FOR ACCREDITATION IN UNDERGRADUATE PROGRAMMES IN SPEECH-LANGUAGE THERAPY

2. The purpose of accreditation is to promote excellence in educational preparation while assuring the public that graduates of accredited programmes are educated in a core set of knowledge and skills required for independent professional practice. Quality education can be achieved in a variety of ways and the HPCSA wishes to support programmes in the achievement of the highest quality possible. These standards identify basic elements that must exist in all accredited education programmes while encouraging flexibility in the ways in which programmes pursue excellence.

3. The Professional Board has identified the following elements as being essential to quality education in the professions and has established its accreditation standards with reference to these:

   (1) Qualification requirements
   (2) Administrative structure and governance
   (3) Academic Staff
   (4) Curriculum
       (a) Academic and clinical education
       (b) Assessment
   (5) Students
   (6) Programme resources

4. Recognizing that the exit level degree programmes in audiology and speech-language pathology are different in scope and delivery, the curriculum statement is presented in two separate documents. Programmes that apply for accreditation in both professions must address *both* Curriculum sections

QUALIFICATION REQUIREMENTS

Purpose of the Qualification in Speech-Language Therapy

5. The purpose of this professional Bachelor's 4 year general practice qualification in Speech-Language Therapy is to equip students, through a planned combination of learning outcomes, with the knowledge, skills and attitudes consistent with best practice in the profession of Speech-Language Therapy that will enable graduates to: register with the HPCSA as an Speech-Language Therapist; to competently and independently provide appropriate professional services within the scope of practice, in a range of contexts to persons of all ages who are at risk for or present with communication and swallowing difficulties. These regulations are situated within the South African context, where the newly qualified graduate will enter community service where: there may be no other Speech-Language Therapist to provide supervision and mentorship; there may be a need to collaborate, plan, set-up, and deliver services at all levels of the health care system; there will be a need to communicate effectively and to professionally and ethically address the communication and swallowing needs of a multi-cultural and multi-lingual population.

Design of the qualification

6. (1) The qualification shall be designed to meet knowledge, skills and professional attitudes exit level outcomes within the scope of practice of the profession of Speech-Language Therapy;

(2) the achievement of these outcomes requires the completion of a minimum of 4 years of full time education and training or the equivalent;

(3) the education and training programmes must offer appropriate courses and clinical experiences on a regular basis so that students may satisfy the degree requirements.

Total credits required

7.   (1)   A minimum of 480 credits over a period of four years shall be required and shall be distributed equitably across the four years of study (where one credit equals 10 hours of learning time needed to acquire proficiency);

     (2)   the qualification must comply with the NQF level 8 requirements

Administrative Structure and Governance

8. (1) The programme's mission and goals are consistent with the HPCSA standards for entry into independent professional practice;

    (2) the programme develops and implements a long-term strategic plan;

    (3) the programme's staff has authority and responsibility for the programme;

    (4)   the individual responsible for the programme(s) i.e. the programme director, of the professional education training programme seeking accreditation, must hold a graduate degree in speech-language therapy and /or audiology and must hold a full-time appointment in the institution.   The individual effectively leads and administers the programme(s);

    (5)   students, faculty, staff, and persons served in the programme's clinic are treated in a nondiscriminatory manner—that is, without regard to race, color, religion, sex, national origin, participation restriction, age, sexual orientation, or status as a parent.   The institution and programme comply with all applicable laws and regulations e.g. health, education and labour, and executive orders pertaining thereto; and

    (6)   the programme provides information about the programme and the institution to students and to the public that is current, accurate, and readily available

Academic staff

9 (1)   All staff members, including all individuals providing clinical education, are qualified and competent by virtue of their education, experience, and professional credentials to provide academic and clinical education assigned by the programme;

    (2)   the programme should provide opportunities for staff to upgrade qualifications at a postgraduate level and should aspire to all staff having a doctoral level qualification;

    (3)   the recruitment and development of academic staff must comply with the Employment Equity Act, 1998 (Act No. 55 of 1998);

(4) the number of staff is sufficient to meet the teaching, research, and service needs of the programme and the expectations of the institution;

(5) the institution provides stable support and resources for the programme's staff's professional development;

(6) staff members must engage in continuing professional development.

CURRICULUM

Overall premises

10. (1) The curriculum (academic and clinical education) must be consistent with the exit level outcomes of the Professional Board, and prepare students in the full breadth and depth of the scope of practice in Speech-Language Therapy. Education and training must:

   (a) be relevant to the needs of South Africa;

   (b) meet current national and international standards of professional excellence;

   (c) provide opportunities to enable graduates to practice professionally and ethically;

   (d) cultivate a culture of life-long learning;

   (e) ensure that provision of services to clients/patients is not compromised where the clinician does not speak the client's/patient's language.

General requirements relating to the curriculum

11. (1) Undergraduate education and training programmes in Speech-Language Therapy must provide evidence of a curriculum that allows students to achieve professional competence and performance as per the exit-level outcomes, current scope of practice and national priorities;

   (2) the curriculum shall be informed by educationally sound principles and by relevant learning theory;

   (3) the academic and clinical curricula reflect an appropriate sequence of learning experiences;

   (4) the curriculum should be structurally aligned to achieve learning outcomes;

   (5) academic and clinical education curriculum reflects:-

      (a) current knowledge, skills, technology, and scope of practice;

      (b) responsiveness to and adaptations to changing health and social patterns;

(c)   the imperative to provide equitable, contextually relevant, and comprehensive services in the domains of health, education, labour and disability;

(d)   the scientific and research foundations of the profession are evident;

(e)   content that achieves profession-specific and critical cross-field outcomes (as described by SAQA);

(f)   regular review and updating;

(6)   the curriculum shall reflect and cater for the diversity of the students and society throughout the curriculum;

(7)   the curriculum shall emphasize the importance of self-regulation, safety, referral, and continuing education, given the limited/absence of mentorship in work settings;

(8)   the curriculum shall emphasize the service motive, respect for human rights and ethical values, a community orientation, and inculcate a willingness to adapt to local and changing circumstances;

(9)   desired professional attitudes and conduct are to be established during the study years in order to enable graduates to carry out their responsibility towards clients/patients, colleagues, the public, as well as towards other health care professionals;

(10) a variety of teaching and learning methodologies shall be used and be informed by educationally sound principles;

(11) educational opportunities shall address educational disadvantage systemically and constructively; and

(12) all educational programmes shall be accredited by the Professional Board at least once in every 5 years.

The core curriculum

12. The academic and clinical curriculum must include education in the areas of (a) foundation of speech -language therapy practice; (b) prevention and identification; (c) assessment; (d) management as described below.

(1) Education in the foundations of speech, language, communication and swallowing must include opportunities for students to acquire and demonstrate knowledge of:

(a)　basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, linguistic and cultural bases;

(b)　development of speech and language production and perception;

(c)　interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders; and

(d)　the nature of speech, language, hearing, and communication differences, delays, disadvantage and disorders, as well as swallowing disorders, including aetiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, linguistic, and cultural correlates.

(2)　These opportunities must be provided in the following areas:

　　(a)　speech difficulties in children and adults including:

　　　　(i)　articulation;

　　　　(ii)　fluency;

　　　　(iii)　voice and resonance, including respiration and phonation;

　　　　(iv)　dysarthria and apraxia

　　(b)　developmental and acquired difficulties in language in children and adults including:

　　　　(i)　receptive and expressive language;

　　　　(ii)　phonology, morphology, syntax, semantics, and pragmatics;

　　　　(iii)　in speaking, listening, reading, writing, and manual modalities;

　　　　(iv)　difference, delay, disadvantage, disorder;

　　　　(v)　aphasia and right hemisphere language impairments;

　　　　(vi)　hearing, including the impact on speech and language;

　　　　(vii)　swallowing (oral, pharyngeal, oesophageal) in adults and children, and feeding;

　　　　(viii)　cognitive aspects of communication (e.g. attention, memory, sequencing, problem solving, executive functioning);

　　　　(ix)　social aspects of communication (e.g. behavioural and social skills affecting communication);

　　　　(x)　communication modalities (e.g., oral, manual, and augmentative and alternative communication techniques and assistive technologies) and use of interpreters.

　　　　(xi)　principles and methods of prevention, assessment and management for individuals at risk for, and with communication and swallowing disorders across the life span, including consideration of

anatomical/physiological, psychological, developmental, linguistic, and cultural correlates of the difficulties and disorders;

(xii)   infectious/contagious diseases and universal precautions;

(xiii)   principles and practices of research, including experimental design, evidence-based practice, statistical methods, and application to clinical populations;

(xiv)   client/patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services;

(xv)   ramifications of cultural and linguistic diversity on professional practice;

(xvi)   educational, vocational, and social and psychological effects of speech, language, communication and swallowing difficulty and their impact on the development of a treatment programme;

(xvii)   health care and educational delivery systems;

(xviii) professional codes of ethics and human rights;

(xix)   laws, regulations, policies, and management practices relevant to the profession of speech-language therapy;

(xx)   barriers to health such as structural sources of poverty, inequality, oppression, discrimination and exclusion wherever this may address the needs of individuals with communication disorders and the communities in which they live;

(xxi)   counseling relevant to speech-language therapy practice;

(xxii)   professional scope of practice.

(3) Education in promotion of healthy speech, language, communication and swallowing behaviours and in the prevention and identification of speech, language, communication and swallowing difficulties must include opportunities for students to acquire the knowledge, skills and desired professional attitudes necessary to:

(a) interact and communicate appropriately and effectively with clients/ patients, families, other appropriate individuals, and professionals;

(b) develop and maintain professional relationships;

(c) uphold professional ethical standards;

(d) identify and solve problems, using critical and creative thinking to arrive at responsible decisions;

(e) plan, implement, manage and participate in promotion of healthy lifestyles to

prevent speech, language, communication difficulties and swallowing disorders and their sequalae;

(f)   plan, implement, manage and participate in programmes to identify speech, language, voice, communication and swallowing disorders;

(g)   participate in the promotion of healthy lifestyles to prevent hearing loss and the communication sequalae;

(h)   identify individuals at risk for hearing impairment by participating in programmes or screening individuals for hearing impairment using clinically appropriate and culturally sensitive screening measures and refer as appropriate; and

(i)   apply the principles of evidence-based practice.

(4)   Education in the assessment of individuals with suspected difficulty in speech, language, communication and swallowing, and related communication systems, including communication skills of those with hearing impairment, must include opportunities for students to acquire the knowledge, skills, and desired professional attitudes necessary to:

(a)   interact effectively with clients/ patients, families, professionals, and others, as appropriate;

(b)   develop and maintain professional relationships;

(c)   uphold professional ethical standards;

(d)   identify and solve problems, using critical and creative thinking to arrive at responsible decisions;

(e)   evaluate information from appropriate sources to facilitate assessment planning;

(f)   obtain explicit and ongoing consent for all evaluations;

(g)   obtain a case history;

(h)   administer clinically appropriate, and linguistically and culturally sensitive assessment measures;

(i)   document evaluation procedures and results;

(j)   analyze and interpret results of the evaluation;

(k)   determine the basis of the communication difficulties and or swallowing disorders and project possible outcomes;

(l)   demonstrate clinical reasoning and decision making skills;

(m)   apply the principles of evidence-based practice;

(n)   generate recommendations and referrals resulting from the evaluation process;

(o)   identify the appropriate channels for referral;

(p)   provide counselling to facilitate understanding of the speech, language and swallowing difficulty;

(q)   maintain records in a manner consistent with legal and professional standards; and

(r)   communicate results and recommendations orally and in writing to the client/ patient and other appropriate individual(s).

(5)   Education in the management of individuals with difficulties of the speech, language, swallowing and related communication systems must include opportunities for students to acquire the knowledge, skills, and desired professional attitudes necessary to:

(a)   interact effectively with clients/patients, families, professionals, and other appropriate individuals;

(b)   uphold professional ethical standards;

(c)   develop and maintain professional relationships;

(d)   demonstrate clinical reasoning and decision making skills;

(e)   discuss prognosis and treatment options with appropriate individuals;

(f)   obtain explicit and ongoing consent for all interventions;

(g)   develop and implement treatment plans using appropriate data;

(h)   counsel clients/patients, families, and other appropriate individuals;

(i)   develop culturally sensitive and age-appropriate management goals and strategies;

(j)   provide appropriate therapeutic intervention for all aspects of speech, language, and communication difficulties and swallowing disorders and their consequences in all agegroups in conjunction with the client/patient and significant others;

(k)   provide communication interventions for aural re/habilitation in children;

(l)   collaborate and participate purposefully in an appropriate model of teamwork with the client/patient, family members and other service providers;

(m)   conduct self-evaluation of effectiveness of practice;

(n)   monitor and summarize management progress and outcomes;

(o)   assess efficacy of interventions for speech, language and swallowing disorders;

(p)   recognize the need for referral and refer when appropriate;

(q)   apply the principles of evidence-based practice;

(r)   establish treatment admission and discharge criteria;

(s)   serve as an advocate for clients/ patients, families, and other appropriate

individuals document treatment procedures and results;

(t)   maintain records in a manner consistent with professional and legal standards;

(u)   communicate results, recommendations, and progress to appropriate individual(s);

(v)   deliver services to culturally and linguistically diverse populations;

(w)   practice in a culturally sensitive and appropriate manner across the broad range of social contexts;

(x)   ensure quality service provision in multilingual populations; and

(y)   select and manage a caseload.

(6) Education on the research of individuals with difficulties in speech, language, swallowing and related communication systems must include opportunities for students to acquire the knowledge, skills, and desired professional attitudes necessary to conduct basic research. Students must conduct research and write up a research report.

(7) Education on practice management in the public and the private work contexts for speech, language, swallowing and related communication systems must include opportunities for students to acquire the knowledge, skills, and desired professional attitudes necessary to:

(a)   negotiate with appropriate individuals;

(b)   organize and manage own practice and activities responsibly and effectively;

(c)   manage own time effectively;

(d)   manage human, physical and financial resources;

(e)   ensure quality speech-language therapy service provision in a multilingual and culturally diverse population;

(f)   engage with administrative processes; and

(g)   engage in cost-effective health care.

(8) These exit level outcomes are accompanied in the Unit Standards document by their Associated Assessment Criteria. Training programmes should ensure that the necessary mechanisms are in place to translate these criteria into related teaching and learning methods and strategies and the tasks that are necessary to achieve them.

Clinical curriculum requirements

13. (1)   Educational programmes shall provide learning opportunities to enable students to acquire and demonstrate competent clinical performance. The curriculum must provide sufficient depth and breadth of opportunities for students to obtain a variety of clinical experiences, in different work settings, with different populations and with appropriate equipment and resources in order to acquire and demonstrate the knowledge, skills, and desired professional attitudes across the full scope of practice of Speech-Language Therapy, sufficient to enter independent professional practice.

   (2)   Formal practical and clinical training must complement the theoretical education in speech-language therapy which covers all aspects of identification, assessment, treatment and management of speech language, communication and swallowing;

   (3)   The curriculum must include provision for a student to receive a minimum of 400 hours of clinical practice in Speech-Language Therapy.

   (4)   Direct clinical supervision must be provided at least 25% of the time from a practitioner, registered with the HPCSA, with at least two years of current clinical experience.

   (5)   Of the 400 hours, 25 hours may be spent in observation of clinical activities and 375 hours must be obtained in clinical contact/direct provision of services to the clients/ patients.

   (6)   Only hours obtained in direct service provision can be counted towards practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client/ patient or client's/ patient's family.

   (7)   In promotion/prevention and other activities it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if the student evaluates the client/patient and another interview the clients/ patients, both students may receive credit for the time each spent in providing the service.

   (8)   However, if one student works with the client/ patient for 30 minutes and another student works with the / patient for the next 45 minutes, each student receives

credit for the time he/she actually provided services – that is, 30 and 45 minutes, not 75 minutes.

(9) For Board purposes, only direct client/patient contact may be applied towards the required minimum of 375 clock hours of clinical experience.

(10) Further to direct clinical contact, additional clinical skills are to be developed and demonstrated by means such as simulations.

(11) Activities such as preparation for clinical work, analysis and interpretation of results, and report writing, which support the clinical process must also be incorporated into clinical training.

(12) The student must maintain documentation verified by the programme of time spent on:
    (a) clinical contact/direct provision of services to the clients/patients;
    (b) additional clinical learning activities.

(13) All documentation pertaining to the students' clinical education must be maintained and verified by the programme director or official designee.

(14) In addition to direct client/patient contact, clinical experiences must include consultation, record keeping, and administrative duties relevant to professional service delivery in Speech-Language Therapy.

(15) Supervised practice must include experience with different client populations, across the life span and from culturally/linguistically diverse background.

(16) The clinical education component of the curriculum provides students with access to a client/patient base that is sufficient to achieve the programme's stated mission and goals and includes a variety of clinical settings, client/patient populations, and age groups.

(17) Programmes must ensure that each student is offered a clinical training programme that allows her/him to meet the exit level outcomes.

(18) Clinical training programmes must be supported by an adequate service platform.

(19) Clinical training must take place in a varied selection of service delivery environments including, but not limited to:

(a)   University speech, language and audiology clinics;

(b)   Secondary and tertiary level hospitals;

(c)   Rehabilitation facilities;

(d)   Day hospitals, community health centres or clinics;

(e)   Schools (mainstream);

(f)   Schools for learners with special educational needs;

(g)   NGOs and community centres;

(h)   Industry;

(i)   Private practice;

(j)   Communities;

(k)   Rural practice.

(20) Clinical supervision must be commensurate with the clinical knowledge and skills and professional attitudes of each student.

(21) Clinical procedures shall ensure that the welfare of each person served by students is protected, in accord with recognized standards of ethical practice and relevant regulations.

(22) The programme must provide evidence that all curriculum standards are met, regardless of mode of delivery.

STUDENTS

Requirements for entrance into the Speech-Language Therapy programme of study

14. (1) Students who register for this qualification will have a NQF Level 4 qualification or an appropriate access-route qualification approved by the training institution;

(2) With regard to recognition of prior learning (RPL), applicants who fall outside the admissions criteria but who can demonstrate (to the satisfaction of the institution concerned) that they have a qualification, experiential or work-based learning (which has taken the learner to the equivalent of a NQF Level 4 qualification) may be considered for admission into the training programme for Speech-Language Therapy.

(3) The definition of criteria for the selection of students is a matter for individual universities. However, it is critical that the selection criteria and procedures are fair

and are designed to admit cohorts of future professionals who are demographically representative.

(4) There should be reasonable adaptations in the curriculum, policies and procedures to accommodate differences among individual students. Policies for admission, internal and external clinical placements, and retention of students reflect a respect for and understanding of cultural and individual diversity. The programme must provide its policy regarding proficiency in the medium of instruction, languages of service delivery and all other performance expectations.

(5) Students are informed about the programme's policies and procedures, degree requirements, requirements for professional registration, and ethical practice. Students are informed about documented complaint processes.

(6) Students should be advised on a regular basis regarding both academic and clinical performance and progress. Students should also be provided with information about student support services.

(7) The programme must provide evidence that all students meet the standards, regardless of mode of delivery of the curriculum.

Assessment

15. (1) The programme conducts ongoing and systematic formative and summative assessment of the performance of its current students.

(3) The programme identifies student learning outcomes and uses a variety of assessment techniques, administered by a range of programme staff and supervisors or preceptors, to evaluate students' progress.

(4) Students are provided regular feedback about their progress in achieving the expected knowledge and skills in all academic and clinical components of the programme, including all off-site experiences.

(5) The programme documents the feedback mechanisms (e.g., grade definitions) used to evaluate students' performance and applies those mechanisms consistently.

(6) The programme documents guidelines for remediation (e.g. repeatable courses and/or clinical experiences, provisions for re-taking examinations) and implements remediation opportunities consistently.

(7) Assessments shall be valid and must ensure the attainment of the standards and quality of exit level outcomes. Assessments shall be fair, criterion – referenced, aligned with expected outcomes and promote learning.

(8) Programmes shall make provision for quality assurance through rigorous and credible methodologies, by conducting regular and ongoing assessments of programme effectiveness and using the results for continuous improvement. The quality must meet the standard for training competent and independent graduates.

(9) No candidate shall be considered to have passed in an examination in any course unless she/he obtains the pass mark which must indicate competent performance.

(10) At exit level, programmes must demonstrate that the student has passed both the theoretical and the clinical components and therefore meets the requirements for independent professional practice.

(11) No student can graduate until he/she has successfully completed all requirements for the programme.

(12) The programme must regularly evaluate all staff members and staff should use the results for continuous improvement.

Programme Resources

16. (1) In order for the programme to achieve its stated mission and goals:

(a) The institution provides adequate financial support to the programme;

(b) the programme has adequate physical facilities (classrooms, offices, clinical space, research laboratories) that are accessible, appropriate, safe, and sufficient;

(c) the programme's equipment and educational/ clinical materials are appropriate and sufficient; and

(d) the programme must have access to appropriate and sufficient clerical and technical staff, support services, library and technology resources.

Articulation possibilities with other related qualifications

17. The undergraduate curriculum in Speech-Language Therapy articulates with the undergraduate education in audiology, linguistics and psychology and with the post graduate education for Speech-language therapy, public health, and disability studies.
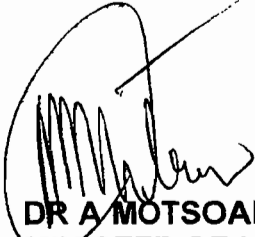
Registration as a Speech-Language Therapist

18. (1) No person shall be eligible for registration as a Speech-Language Therapist in the category Public Service (Community Service) until the above requirements pertaining to exit level outcomes and Total Credits Required specified above have been met.

(2) The requirements contained in these regulations, shall be phased in over a period of three years after promulgation of the regulations by the Minister of Health.

Repeal

19. The rules relating to the registration of speech therapy and audiology students and minimum standards for the training of Speech Therapists, and/or Audiologists as published under Notice 211 in *Government Gazette* 10151 of 21 March 1986 will be repealed by the promulgation of these regulations.

DR A MOTSOALEDI; MP
MINISTER OF HEALTH
DATE: