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# GOVERNMENT NOTICE

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## DEPARTMENT OF HEALTH

No. R. 106

12 February 2014

### HEALTH PROFESSIONS ACT, 1974 (ACT NO.56 OF 1974)

#### REGULATIONS RELATING TO THE UNDERGRADUATE CURRICULA AND PROFESSIONAL EXAMINATIONS IN AUDIOLOGY

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

#### SCHEDULE

##### Definitions

1. In these regulations, unless the context indicates otherwise, 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), and

“**professional board**” means the professional board for speech, language and hearing professions established in terms of section 15 of the Act;

“**degree**” means a university degree in audiology approved by the professional board in terms of section 16 of the Act;

“**practice independently**” means practicing without the supervision, guidance and support of an educational institution and training staff;

“**registration**” means the registration in terms of the Act.

## STANDARDS FOR ACCREDITATION IN UNDERGRADUATE PROGRAMMES IN AUDIOLOGY

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. (1) 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:
  - (a) qualification requirements
  - (b) administrative structure and governance
  - (c) academic Staff
  - (d) curriculum
    - (i) Academic and clinical education
    - (ii) Assessment
  - (e) students
  - (f) programme resources.
  
- (2) Recognising 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 audiology

4. The purpose of this professional Bachelor's 4 year general practice qualification in

Audiology 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 Audiology that will enable graduates to: register with the HPCSA as an Audiologist; 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 vestibular disorders and hearing impairment. These regulations are situated within the South African context, where the newly qualified graduate will enter community service where: there may be no other Audiologist 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 hearing, balancing and communication needs of a multi-cultural and multi-lingual population.

### **Design of the qualification**

5. (1) Qualifications in audiology shall be designed to meet knowledge, skills and professional attitudes exit level outcomes within the scope of practice of the profession of audiology specified in this document.
- (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**

6. (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 National Qualifications Framework level 8 requirements.

### **Administrative structure and governance**

7. (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 or audiology or both in speech-language therapy and 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.
- (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**

8. (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 professional development of academic staff.
- (6) Staff members must engage in continuing professional development.

## **CURRICULUM**

### **Overall premises**

9. 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 audiology. 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 practise professionally and ethically;
  - (d) cultivate a culture of life-long learning; and
  - (e) ensure that provision of services to clients or patients is not compromised where the clinician does not speak the client's or patient's language.

### **General requirements relating to the curriculum**

10. (1) Undergraduate education and training programmes in Audiology 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); and
  - (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 or absence of mentorship in work settings.
- (8) The curriculum shall emphasise the service motive, respect for human rights and ethical values, a community orientation, and inculcate a willingness to adapt to local and changing circumstance.
- (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.
- (12) All educational programmes shall be accredited by the Professional Board at least once every 5 years.



## The core curriculum

11. (1) The academic and clinical curriculum must include education in the areas of –
- (a) foundation of audiology practice;
  - (b) prevention and identification;
  - (c) assessment; and
  - (d) management.
- (1A) (a) Education in the foundations of audiology must include opportunities for students to acquire and demonstrate knowledge in –
- (i) human communication including the biological, neurological, acoustic, psychological, developmental, linguistic and cultural bases, normal aspects of auditory and vestibular physiology and behaviour over the life span;
  - (ii) development of speech and language production and perception;
  - (iii) interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders;
  - (iv) anatomy and physiology, pathophysiology and embryology, and development of the auditory and vestibular systems;
  - (v) principles, methods, and applications of psychoacoustics;
  - (vi) effects of chemical and pharmacologic agents on the auditory and vestibular systems;
  - (vii) instrumentation and bioelectrical safety issues;
  - (viii) infectious or contagious diseases and universal precautions;
  - (ix) physical characteristics and measurement of acoustic stimuli;
  - (x) physical characteristics and measurement of electric and other nonacoustic stimuli;
  - (xi) principles and practices of research, including experimental design, evidence-based practice, statistical methods, and application to clinical populations;
  - (xii) medical/surgical procedures for treatment of disorders affecting auditory and vestibular systems;
  - (xiii) client or 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;

- (xiv) genetic bases of hearing and hearing loss and balance disorders;
  - (xv) speech and language characteristics across the life span associated with hearing impairment;
  - (xvi) manual and other communication systems, use of interpreters, and assistive technology;
  - (xvii) ramifications of cultural and linguistic diversity on professional practice;
  - (xviii) educational, vocational, and social and psychological effects of hearing impairment and their impact on the development of an intervention programme;
  - (xix) management of psychosocial sequelae of hearing loss;
  - (xx) auditory training, speech reading and communication training;
  - (xxi) health care and educational delivery systems;
  - (xxii) educational audiology;
  - (xxiii) the assessment and management of hearing (including tinnitus and functional hearing loss) and vestibular impairments in children and adults in all contexts including health, education and occupational settings;
  - (xxiv) professional codes of ethics and human rights;
  - (xxv) laws, regulations, policies, and management practices relevant to the profession of audiology;
  - (xxvi) 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;
  - (xxvii) counseling relevant to audiology practice; and
  - (xxviii) professional scope of practice.
- (b) Education in promotion of healthy auditory behaviours and in the prevention and identification of auditory and vestibular disorders must include opportunities for students to acquire the knowledge, skills and desired professional attitudes necessary to –

- (i) interact and communicate appropriately and effectively with clients/patients, families, other appropriate individuals, and professionals;
  - (ii) develop and maintain professional relationships;
  - (iii) uphold professional ethical standards;
  - (iv) identify and solve problems, using critical and creative thinking to arrive at responsible decisions;
  - (v) plan conduct, direct and/or participate in the promotion of healthy lifestyles to prevent hearing loss/auditory and vestibular pathology and the communication sequelae;
  - (vi) prevent the onset and minimise the development of communication disorders;
  - (vii) identify individuals at risk for hearing impairment and balance disorders;
  - (viii) apply the principles of evidence-based practice;
  - (ix) develop, implement and manage identification and screening programmes. Programmes for screening individuals for hearing impairment using clinically appropriate and culturally sensitive screening measures;
  - (x) identify speech, language, voice and swallowing disorders and refer to the appropriate health care professional for further management; and
  - (xi) plan, participate and administer industrial and community conservation programmes designed to reduce the effects of noise exposure and of agents that are toxic to the auditory and vestibular systems.
- (c) Education in the assessment of individuals with suspected disorders of auditory, balance, and related communication systems must include opportunities for students to acquire the knowledge, skills, and desired professional attitudes necessary to -
- (i) interact effectively with clients/patients, families, professionals, and others, as appropriate;
  - (ii) develop and maintain professional relationships;
  - (iii) uphold professional ethical standards;
  - (iv) identify and solve problems, using critical and creative thinking to arrive at responsible decisions;

- (v) evaluate information from appropriate sources to facilitate assessment planning;
- (vi) obtain explicit and ongoing consent for all evaluations;
- (vii) obtain a case history;
- (viii) perform an otoscopic examination;
- (ix) remove cerumen when appropriate;
- (x) administer clinically appropriate, and linguistically and culturally sensitive assessment measures;
- (xi) determine the range, nature and degree of peripheral and central hearing and/or auditory processing function in individuals of any age in relation to communication needs;
- (xii) conduct audiologic assessment using physiological, psychophysical, and self-assessment measures;
- (xiii) perform electrodiagnostic test procedures;
- (xiv) assess the communication consequences of hearing impairment for re/habilitation; determine the range, nature and degree of peripheral and central, auditory and vestibular disorder of individuals within a multi disciplinary team approach;
- (xv) obtain comprehensive case history which should include medical and family history, medications taken, nature and onset of symptoms, duration and frequency of episodes or symptoms, and associated symptoms provoking or exacerbating conditions;
- (xvi) administration and interpretation of behavioural and electrophysiological tests of equilibrium;
- (xvii) administer and interpret electrophysiologic measurements of neural function during intraoperative neurophysiologic monitoring. This includes, but is not limited to, sensory and motor evoked potentials, tests of nerve conduction velocity, and electromyography;
- (xviii) document evaluation procedures and results;
- (xix) analyze and interpret results of the evaluation to establish type and severity of disorder;
- (xx) demonstrate clinical reasoning and decision making skills;
- (xxi) apply the principles of evidence-based practice;
- (xxii) identify the appropriate channels for referral;
- (xxiii) generate recommendations and referrals resulting from the evaluation process;

- (xxiv) provide counselling to facilitate understanding of the auditory and vestibular disorder;
  - (xxv) maintain records in a manner consistent with legal and professional standards;
  - (xxvi) communicate results and recommendations orally and in writing to the client or patient and other appropriate individual(s);
  - (xxvii) use instrumentation according to manufacturer's specifications and recommendations; and
  - (xxviii) determine whether instrumentation is in calibration according to accepted standards.
- (d) Education in the management of individuals with disorders of the auditory, vestibular and related communication systems must include opportunities for students to acquire the knowledge, skills, and desired professional attitudes necessary to -
- (i) interact effectively with clients/patients, families, professionals, and other appropriate individuals;
  - (ii) uphold professional ethical standards;
  - (iii) develop and maintain professional relationships;
  - (iv) demonstrate clinical reasoning and decision making skills;
  - (v) discuss prognosis and treatment options with appropriate individuals;
  - (vi) obtain explicit and ongoing consent for all interventions;
  - (vii) develop and implement treatment plans using appropriate data;
  - (viii) counsel clients/ patients, families, and other appropriate individuals;
  - (ix) develop culturally sensitive and age-appropriate management strategies;
  - (x) collaborate and participate purposefully in an appropriate model of teamwork with the client or patient, family members and other service providers;
  - (xi) conduct self-evaluation of effectiveness of practice;
  - (xii) perform hearing aid, assistive listening device, and sensory aid check;
  - (xiii) recommend and dispense prosthetic and assistive devices;
  - (xiv) select, fit and evaluate appropriate rehabilitation technology (hearing aid, assistive listening device, and sensory aid) for all ages;

- (xv) conduct audiologic re/habilitation in adults and children;
  - (xvi) monitor and summarize treatment progress and outcomes;
  - (xvii) assess efficacy of interventions for auditory and vestibular disorders;
  - (xviii) recognize the need for referral and refer when appropriate;
  - (xix) apply the principles of evidence-based practice;
  - (xx) establish treatment admission and discharge criteria;
  - (xxi) serve as an advocate for clients or patients, families, and other appropriate individuals;
  - (xxii) document treatment procedures and results;
  - (xxiii) maintain records in a manner consistent with professional and legal standards;
  - (xxiv) communicate results, recommendations, and progress to appropriate individual(s);
  - (xxv) deliver services to culturally and linguistically diverse populations;
  - (xxvi) practice in a culturally sensitive and appropriate manner across the broad range of social contexts;
  - (xxvii) ensure quality service provision in multilingual populations;
  - (xxviii) use instrumentation according to manufacturer's specifications and recommendations; and
  - (xxix) ensure that instrumentation is in calibration according to accepted standards;
- (e) Education on the research of individuals with disorders of the auditory, vestibular 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.
- (f) Education on practice management in the public and the private work contexts for auditory and related communication systems must include opportunities for students to acquire the knowledge, skills, and desired professional attitudes necessary to:
- (i) negotiate with appropriate individuals;
  - (ii) organize, market and manage own practice and activities responsibly and effectively;

- (iii) manage own time effectively;
  - (iv) manage human, physical and financial resources;
  - (v) ensure quality audiology service provision in a multilingual and culturally diverse population;
  - (vi) engage with administrative processes; and
  - (vii) engage in cost-effective health care.
- (2) 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**

12. (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 Audiology, sufficient to enter independent professional practice.
- (2) Formal practical and clinical training must complement the theoretical education in Audiology which covers all aspects of identification, assessment, management of vestibular disorders and hearing loss and its communication consequences throughout the programme of study.
- (3) The curriculum must include provision for a student to receive a minimum of 400 hours of clinical practice in Audiology.
- (4) Direct clinical supervision must be provided at least 25 per cent 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 client/patient.

- (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. 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. However, if one student works with the client/ patient for 30 minutes and another student works with the client/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.
- (7) For Professional board purposes, only direct client/patient contact may be applied towards the required minimum of 375 clock hours of clinical experience.
- (8) Further to direct clinical contact, additional clinical skills are to be developed and demonstrated by means such as simulations.
- (9) 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.
- (10) The student must maintain documentation verified by the programme of time spent on:
  - (a) clinical contact/direct provision of services to the clients/patients; and
  - (b) additional clinical learning activities.
- (11) All documentation pertaining to the students' clinical education must be maintained and verified by the programme director or official designee.
- (12) In addition to direct client/patient contact, clinical experiences must include



consultation, record keeping, and administrative duties relevant to professional service delivery in Audiology.

- (13) Supervised practice must include experience with different client/patient populations, across the life span and from culturally/linguistically diverse background.
- (14) The clinical education component of the curriculum shall provide 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.
- (15) Programmes must ensure that each student is offered a clinical training programme that allows her/him to meet the exit level outcomes.
- (16) Clinical training programmes must be supported by an adequate service platform.
- (17) 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; and
  - (k) rural practice.
- (18) Clinical procedures shall ensure that the welfare of each person served by students is protected, in accord with recognised standards of ethical practice and relevant regulations.
- (19) The programme must provide evidence that all curriculum standards are met,

regardless of mode of delivery.

## STUDENTS

### Requirements for entrance into the Audiology programme of study

13. (1) Students who register for this qualification will have a National Qualification Framework Level 4 qualification or an appropriate access-route qualification approved by the training institution.
- (2) With regard to recognition of prior learning, 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 National Qualifications Framework Level 4 qualification) may be considered for admission into the training programme for Audiology.
- (3) The 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**

14. (1) The programme conducts ongoing and systematic formative and summative assessment of the performance of its current students.
- (2) The programme identifies student learning outcomes and uses a variety of assessment techniques, administered by a range of programme faculty and supervisors or preceptors, to evaluate students' progress.
- (3) 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.
- (4) The programme documents the feedback mechanisms (e.g., grade definitions) used to evaluate students' performance and applies those mechanisms consistently.
- (5) The programme guidelines for remediation opportunities (e.g. repeatable courses or clinical experiences, provisions for re-taking examinations) must be implemented consistently.
- (6) Assessments shall be valid and must ensure the attainment of the standards and quality of exit level outcomes. Assessments shall be fair, criterion-referenced, and aligned with expected outcomes promote learning.
- (7) 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 of training competent and independent graduates.

- (8) No candidate shall be considered to have passed in an examination in any course unless she/he obtains the pass mark and/or criterion, which must indicate competent performance.
- (9) 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.
- (10) No student can graduate until he/she has successfully completed all requirements for the programme.
- (11) The programme regularly evaluates all staff members and staff use the results for continuous improvement.

#### **Programme resources**

- (12) 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 has access to clerical and technical staff, support services, and library and technology resources that are appropriate and sufficient.

#### **Articulation possibilities with other related qualifications**

- (13) The undergraduate curriculum in audiology articulates with the undergraduate education in speech-language therapy, linguistics and psychology and with the post graduate education for audiology, public health, and disability studies.

#### **Registration as an audiologist**

- (14) (1) No person shall be eligible for registration as an audiologist 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

- (15) 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 are hereby Repealed.



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DR A MOTSOLEDI, MP

MINISTER OF HEALTH

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