

# HEALTH PROFESSIONS ACT 56 OF 1974

## REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF AUDIOLOGY

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The Minister of Health has, in terms of [section 61](#) read with [section 33](#)(1) of the Health Professions Act, 1974 (Act No.56 of 1974) and on the recommendations of the Health Professions Council of South Africa and the Professional Board for Speech, Language and Hearing Professions, made the regulations in the schedule.

### SCHEDULE

- [1.](#)
- [2.](#)
- [3.](#)
- [4.](#)

#### 1. Definitions

In these regulations “**the Act**” means the Health Professions Act, 1974 (Act 56 of 1974), and any expression to which a meaning has been assigned in the Act bears that meaning unless the context otherwise indicates.

“**board**” means the Professional Board for Speech, Language and Hearing Professions established in terms of [section 15](#) of the Act;

“**section**” means a section of the Act;

“**scope of the profession**” means the complete range of Audiology professional endeavours (within agreed boundaries) that includes the distinctive body of knowledge and skills, abilities and values for which professionals suitably educated and trained, and sufficiently experienced, have autonomy in performance of work; there is public recognition of the authority of the practitioner by virtue of operation within ethical standards, a service orientation, and making expertise available to others;

2. The following acts are hereby specified as acts which shall, for the purpose of the Act, be deemed to be acts pertaining to the scope of the profession of audiology:

#### Hearing, auditory and vestibular function

(1)

- (a) assessing and diagnosing dysfunction in hearing, auditory function and vestibular related balance disorders; assessing persons with cochlear implants

and middle ear implantable devices; and following up on assessments of persons with cochlear implants and middle ear implantable devices;

- (b) selecting, verifying, fitting, and dispensing hearing aids;
- (c) providing a comprehensive program of diagnostic, therapeutic services, devices, counselling, and other management strategies;
- (d) diagnosing vestibular disorders and management of vestibular rehabilitation; and
- (e) conducting research in audiology.

### **Clinical Services**

(2) Audiologists provide clinical services that include the following:

- (a) Prevention;
- (b) Identification or screening;
- (c) Assessment or evaluation;
- (d) Consultation;
- (e) Diagnosis;
- (f) Management;
- (g) Counselling;
- (h) Collaboration;
- (i) Record keeping and report writing; and
- (j) Referral

Examples of these clinical services include:

- (a) using data to guide clinical decision making and determine the effectiveness of services;
- (b) making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan;

- (c) determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);
- (d) documenting provision of services in accordance with accepted procedures appropriate for the practice setting;
- (e) collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss); and
- (f) serving as expert witnesses.

### **Promotion**

- (3) promotion of healthy hearing, auditory, and vestibular function; promotion of healthy lifestyle practices to prevent hearing and balance problems e.g. reducing exposure to loud sounds; ear care.

### **Prevention**

- (4)
  - (a) prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating occupational, school, and community hearing conservation and identification programs
  - (b) participating in noise measurements of the acoustic environment to improve accessibility and to promote hearing wellness;
  - (c) presenting primary prevention information to risk groups; and
  - (d) providing early identification and early intervention services;

### **Advocacy**

- (5)
  - (a) advocacy for communication needs of all persons that may include advocating for the rights of persons suffering from hearing loss, auditory, or vestibular disorders;
  - (b) advocacy for issues (i.e., acoustic accessibility) that affect the rights of persons with normal hearing;
  - (c) consult with professionals of related services when needed;
  - (d) participate in development of an individualized education programme for school-age children or an individualized family service plan for children from birth to 36 months old;

- (e) consult with educators as members of interdisciplinary teams about communication management, educational implications of hearing loss and other auditory dysfunction, educational programming, classroom acoustics, and large-area amplification systems for children with hearing loss and other auditory dysfunction;
- (f) advocate for social inclusion and participation;
- (g) consult about accessibility for persons with hearing loss and other auditory and vestibular dysfunction in public and private buildings, programs, and services;
- (h) consult with individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of audiology findings, effects of hearing loss and other auditory dysfunction, balance system impairments, and relevant noise-related considerations;
- (i) case management and service as a liaison for the consumer, family, and agencies in order to monitor audiologic status and management and to make recommendations about educational and vocational programming;
- (j) consultant to industry on the development of products and instrumentation related to the measurement and management of auditory or balance function;
- (k) promoting professional services; and
- (l) recruiting potential audiologists;
- (m) active participation in professional organizations to contribute to best practices in the profession.

### **Identification**

- (6)
  - (a) identifying dysfunction in hearing, auditory and vestibular systems;
  - (b) supervision, implementation, and follow-up of newborn and school hearing screening programs;
  - (c) screening for speech, language, cognitive communication disorders, and/or preferred communication modalities that may affect education, health, development or communication, and which may result in recommendations for rescreening or comprehensive speech-language pathology assessment or in referral for other examinations or services;

- (d) identification of persons with, or at risk of suffering from hearing loss and other auditory dysfunction, balance impairments, tinnitus, and associated communication impairments; and
- (e) in collaboration with speech-language therapists, identification of persons at risk of developing speech-language impairments.

### **Assessment**

(7)

- (a) assessing hearing, auditory and vestibular systems;
- (b) conducting and interpreting behavioural, electroacoustic, and electrophysiologic methods to assess hearing, auditory function, balance, and related systems;
- (c) measurement and interpretation of sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiology intra-operative monitoring and cranial nerve assessment;
- (d) evaluation and management of persons with auditory-related processing disorders;
- (e) evaluation and non-medical rehabilitation of persons with vestibular -related disorders;
- (f) performance of otoscopy for audiological management or to provide a basis for medical referral;
- (g) cerumen management to prevent obstruction of the external ear canal and amplification devices;
- (h) preparation of reports including interpreting data, summarising findings, generating recommendations and developing an audiologic treatment/ management plan; and
- (i) referrals to other professions, agencies, and/ or consumer organizations.

### **Habilitation or Rehabilitation**

(8)

- (a) habilitation or rehabilitation of hearing, auditory function, and vestibular related balance systems;
- (b) evaluating, selecting, revivifying, fitting and dispensing hearing aid devices;

- (c) assessment of persons suffering from hearing loss, for cochlear implants and provision of fitting, mapping, and audiologic rehabilitation to optimize device use;
- (d) development of a culturally appropriate, audiologic rehabilitative management plan including, where appropriate:
  - (i) recommendations for fitting and dispensing sensory aids, hearing aid devices, alerting systems, and captioning devices;
  - (ii) educating the consumer, family or caregivers in the use and adjustment of sensory aids, hearing aid devices, alerting systems, and captioning devices;
  - (iii) counselling relating to psycho social aspects of hearing loss, and other auditory dysfunction, and processes to enhance communication competence;
  - (iv) skills training and consultation concerning environmental modifications to facilitate the development of receptive and expressive communication;
  - (v) evaluation and modification of the audiologic management plan.
- (e) provision of comprehensive audiologic rehabilitation services, including management procedures for speech and language habilitation or rehabilitation or both habilitation and rehabilitation including but not limited to speech-reading, auditory training, communication strategies, manual communication and counseling for psychosocial adjustment for persons with hearing loss or other auditory dysfunction and their families or caregivers;
- (f) consultation and provision of vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments;
- (g) assessment and non-medical management of tinnitus using biofeedback, behavioral management, technology, and counselling;
- (h) provision of training to professionals of allied services when needed;
- (i) participation in the development of individualized education programmes for school-age children or individualized family service plan for children from birth to 36 months old;
- (j) provision of in-service programs for school personnel, and advising school districts in planning educational programs and accessibility for students with hearing loss and other auditory dysfunction;

- (k) measurement of noise levels and provision of recommendations for environmental modifications in order to reduce the noise level;
- (l) management of the selection, purchase, installation, and evaluation of large-area amplification systems,
- (m) facilitating the process of obtaining funding for equipment and services related to difficulties with hearing, auditory function and balance; and
- (n) 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).

### **Education and training**

- (9)
  - (a) serving as educators and researchers in audiology;
  - (b) educating the public and fostering awareness of hearing, auditory function and balance disorders and the treatment thereof
  - (c) providing in-service training to persons suffering from hearing and audiology disorders, their families, caregivers, and other professionals;
  - (d) educating, supervising, and mentoring current and future audiologists
  - (e) educating, supervising, and managing Audiology assistants and other support personnel;
  - (f) measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services;
  - (g) designing and conducting basic and applied audiologic research to increase the knowledge base, to develop new methods and programs, and to determine the efficacy, effectiveness, and efficiency of assessment and treatment paradigms; disseminating research findings to other professionals and to the public; and
  - (h) serving as expert witnesses

### **Administration**

- (10)
  - (a) administering and managing clinical and academic programs;

- (b) participating in the development of policies, operational procedures in the workplace, and professional and technical standards; and
- (c) supervising support personnel.

**Practice settings**

- (11) Audiologists provide audiology services in a variety of settings including, but not limited to: day-care facilities; pre-schools; public and private schools; tertiary institutions of education; public and private hospitals; neonatal intensive care units; urban and rural clinics; university clinics; rehabilitation facilities; long term care facilities; behavioural, and mental health facilities; private practices; physician's office; person's residences; communities; industries; military; research facilities; local, provincial, and national institutions and government departments; and hearing aid companies.

**Range of clients or patients**

- (12) Audiologists provide audiology services to persons of all age groups, their families, and groups from diverse linguistic and cultural backgrounds.

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

**4. Repeal**

The regulations published under Government Notice R. 889 in *Government Gazette* 11289 of 5 May 1988 are hereby repealed.

**DR. A MOTSOLEDI, MP**  
**MINISTER OF HEALTH**