HPCSA

Health Professions Council of South Africa

SLH PB GUIDELINES FOR EVALUATION

OF HIGHER EDUCATION AND

TRAINING INSTITUTIONS

JULY 2021

TABLE OF CONTENTS

9. THE BOARD SECRETARIAT

10. APPENDICES

APPENDIX A	The Accreditation process with Timeframes
APPENDIX B	Criteria for Programme Accreditation
APPENDIX C	Composition and Constitution of the Evaluation Panel
APPENDIX D	Template for the Self-Review Report
APPENDIX E	Site Visit Plan
APPENDIX F	Documents for review by the Evaluation Panel during the Site Visit
APPENDIX G	Code of Conduct for Evaluators
Appendix H	Site Visit/ Programme Evaluation Guidelines - Worksheet
APPENDIX I	Template for the Programme Evaluation Report
Appendix J	Regulations relating to the Undergraduate curricula and professional examinations in Audiology
Appendix K	Regulations relating to the Undergraduate curricula and professional examinations in Speech-Language Therapy
Appendix L	Scope of the profession of Audiology
Appendix M	Scope of the profession of Speech-Language Therapy
Appendix N	Regulations relating to the registration of Audiology students
Appendix O	Regulations relating to the registration of Speech-Language Therapy students
Appendix P Website link	Health Professions Act of 1974 (as amended)
Appendix Q Website link	The Higher Education Qualifications Framework Higher Education Act, 1997 (Act No. 101)
Appendix R	List of guide questions for the site visit
Appendix S	Institution evaluation of the evaluators
Appendix T Website link	Link to NQF/SAQA Level descriptors
Appendix U	Application form for appointment of evaluators for evaluation visit for Speech Language and Hearing Programmes at Education Institutions and Clinical Training Facilities

3. ABBREVIATIONS / ACRONYMS

1. SLH Board   Professional Board for Speech, Language and Hearing
Professions
2. HPCSA   Health Professions Council of South Africa

4. DEFINITION OF TERMS

1. Accreditation - The approval and recognition of professional programmes of study by the accrediting body. It is the recognition of academic and clinical quality by an impartial body, in this instance, the HPCSA. Graduates of accredited programmes are eligible for registration with the HPCSA, a legal requirement to practice the profession in South Africa. Accreditation status is valid for 5 years.

   Criteria for Acts, Regulations, standards, specified by the Professional Programme Board with which an Institution's professional education and Accreditation training programme must comply in order to be accredited.

2. Evaluation - A team of experts appointed by the Board to evaluate an Panel institution's professional education and training programme and facilities to determine whether it meets the Criteria for Programme Accreditation. The panel members are external to the educational Institution.

3. Institution - An organization of Higher Education, offering a professional programme of education and training that leads to registration with the HPCSA.

4. Minister - The Minister of Health of South Africa.

5. Programme Determination by the Professional Board of whether an accreditation Institution's professional programme of education and training meets the Criteria for Programme Accreditation for registration of its graduates with the HPCSA.

6. Programme   Processes undertaken by the Board (once every 5 years) to
    evaluation   assess whether an Institution's professional programme of education
                 and training meets the Criteria for Programme Accreditation for education and
                 training in the profession.

7. Professional - The SLH Professional Board as defined in the Health
    Board   Professions Act number 56 of 1974.

8. Self - A process undertaken by an Institution's professional evaluation/
    programme of education and training to assess whether it review meets the
    Criteria for Programme Accreditation.

9. Site visit - A visit to an Institution's professional programme of education and
    training undertaken by the Evaluation panel for the purpose of programme
    evaluation. It typically involves interviews with students, staff and the leadership;
    observation of student academic and clinical learning opportunities/ activities;
    visits to clinical training facilities; review of programme resources and
    documentation.

10. Site visit plan - A schedule of activities which the Evaluation panel will undertake
    during the site visit to an Institution.

11. Training - An organisation that offers professional practice / clinical facility
    training to students during formal periods of study.

3.   INTRODUCTION

The Health Professions Council of South Africa (HPCSA) was established by the Health
Professions Act, Amendment number 26 of 2007. In terms of section 3 of the Amendment the
function of the HPCSA is to control and exercise authority in all matters relating to the education
and training of health care professionals -*subject to legislation regulating health care providers
and consistency with national policy as determined by the Minister*. It is the quality assurance
body for the education and training in the professions within its mandate.

Section 14 of the Amendment requires Professional Boards to accredit an Institution's professional programme of education and training. Accreditation follows an evaluation of the programme which includes (but is not limited to) Institutional self-review and Report; Site visit and Report by a Board appointed Evaluation panel; and a determination by the Board of whether the criteria and standards have been met. The process relies on Institutional self-review and continuous development and is underpinned by the honesty and integrity of all concerned. Quality education may be achieved in a variety of ways and programmes' flexibility in the pursuit of excellence is acknowledged.

This document sets out the SLH Board's guidelines to support the programme evaluation process leading to the accreditation of an Institution's education and training programmes in the SLH professions. The processes were derived following consultation with higher education Institutions and in accordance with local and international guidelines.

4. PURPOSE OF ACCREDITATION

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 competent, safe, ethical, effective, and independent professional practice. Accreditation requires that the SLH Board ensure the quality of education and training programmes as a facet of public protection. The Health Professions Act, and the Board's regulations, criteria and standards identify basic elements that must exist in all accredited education programmes.

5. DURATION OF ACCREDITATION

An Institution's professional education and training programme that meets the prescribed standards and requirements (as specified in the Act, and relevant Board regulations and criteria) is granted accreditation. Accreditation is valid for five years after which the programme will be re-evaluated. Graduates of programmes that are accredited are eligible for registration with the HPCSA and thereby to legally practice the profession for which they have been educated and trained.

In the case of

1. New programmes, and
2. Education and training programmes which do not meet all criteria

These programmes will be required to comply with specific Board recommendations if the graduates are to be registered with the HPCSA until accreditation status has been attained.

If an Institution's professional education and training programme does not meet the minimum requirements, accreditation will be declined or withdrawn.

ROLES AND RESPONSIBILITIES RELATING TO ACCREDITATION

6. SLH EDUCATION COMMITTEE

The SLH Board's role and responsibilities in the accreditation of Institutions offering education and training in the SLH professions have been delegated to the **SLH Education Committee**. The Education Committee reports to the Board on its activities thereby facilitating oversight.

The SLH Education Committee, in accordance with the Act and relevant regulations, ensures quality in professional education and training by evaluating and accrediting professional education and training programmes within its ambit. To this end, its roles and responsibilities include: Standards setting; Scheduling Accreditation of Institutions' Professional Education and Training Programmes; Appointment and orientation of evaluators, Framework for Accreditation; Determining Accreditation status; and Managing outcomes of the Accreditation process. These roles and responsibilities are detailed as follows:

A. PRE-EVALUATION

6.1. Standards setting

The SLH Education Committee has set the standards and criteria for professional education and training in the SLH professions as reflected in the following documents:

Documents specifying Criteria for Programme Accreditation

1.	Regulations relating to the Undergraduate curricula and professional examinations in Audiology	Appendix J
2.	Regulations relating to the Undergraduate curricula and professional examinations in Speech-Language Therapy	Appendix K
3.	Scope of the profession of Audiology	Appendix L
4.	Scope of the profession of Speech-Language Therapy	Appendix M
5.	Regulations relating to the registration of Audiology students	Appendix N
6.	Regulations relating to the registration of SpeechLanguage Therapy students	Appendix O
7.	Health Professions Act of 1974 (as amended)	Appendix P Website link?
8.	The Higher Education Qualifications Framework Higher Education Act, 1997 (Act No. 101)	Appendix Q Website link
9.	Link to NQF/SAQA Level descriptors	Appendix T Website link

6.2. Framework for Accreditation

The SLH Committee, in this document, provides the guidelines to facilitate uniform Programme evaluation and Accreditation processes. These include oles, responsibilities, processes and documents relating to: The SLH Education Committee; The Evaluation Panel; and to the Institution's professional education and training programme; The Board Secretariat. In addition, the Committee has detailed the Timeframes for the different Accreditation processes – see Appendix A.

6.3. Accreditation Schedule

The SLH Education committee, at its first meeting, must schedule each Institution's SLH education and training programme for evaluation during its term of office. Programme evaluation for accreditation occurs once in a 5-year period.

B DURING THE EVALUATION PROCESS

The SLH Education committee via the Board Secretariat liaises with and supports Institutions and evaluators during the accreditation process.

C. POST EVALUATION

6.4. Determine accreditation status

The SLH Education Committee will convene a meeting/ teleconference to review and consider (in light of the Regulations and Board specified criteria) the Programme Evaluation Report compiled by the Evaluation Panel, and the response of the Institution to this report. The committee will then make a decision with respect to accreditation. The options are:

i. Accreditation is granted for a five-year period subject to an annual report stating how quality is being maintained

ii. Accreditation may be granted subject to conditions e.g. certain issues are addressed within specified time frames together with the right to revisit the Institution.

iii. Accreditation may be granted for shorter periods of time if there are significant concerns which warrant re-evaluation within a prescribed period.

iv. Accreditation may be declined if an Institution's programme does not meet the requirements for accreditation.

6.5. Manage the outcomes of the accreditation process

i. Communicate Accreditation status to the Institution within two weeks of the SLH Education Committee meeting.

ii. In the event of Accreditation being granted: Monitor the accredited programmes to ensure that quality is being maintained

iii. In the event that Accreditation is withheld/declined, then the Committee must, in its communication to the Institution

   a. Document the reasons why accreditation is being withheld

   b. Communicate the implications thereof

   c. Specify conditions/ requirements which the Institution must meet in order for
   - Graduates of the programme to register with the HPCSA
   - The professional education and training programme to be accredited

d. Request the Institution to submit and implement a plan of action, with time frames and resources, to address the issues raised

e. Review the Institution's plan of action, make additional recommendations if necessary, and then approve the plan for implementation. It is the Institution's responsibility to implement this plan.

f. Provide counselling and guidance to Institutions using persons with expertise to support such processes

g. Maintain regular contact with Institutions to ensure that issues of quality assurance are addressed continuously

h. Should the Institution lodge an appeal around the decisions taken, then the matter must be resolved with advice from the legal department of the HPCSA.

6.6. The SLH Education Committee will provide reasonable and appropriate information on the accreditation of programmes to the Professional Board and relevant authorities

7. PROFESSIONAL EDUCATION AND TRAINING PROGRAMMES AT HIGHER EDUCATION INSTITUTIONS

The roles and responsibilities of the Education and Training Programme in the Accreditation process are described.

A. PRE-EVALUATION

7.1. Self-review

The Institution conducts a Self-review and compiles a Self-review Report (as per template in Appendix D) describing how the professional education and training programme it offers meets the Criteria for Programme Accreditation (see Appendices J, K, L, M for criteria). This report is submitted to the Board Secretariat at least seven weeks before the Site Visit.

7.2. Proposed Site Visit Plan

The Institution should propose a plan (with timeframes) for the Site Visit (as per the template in Appendix E).

The following documentation must be submitted to the Board Secretariat at least seven weeks before the Site Visit:

i.   Self-Review Report

ii.   Proposed Site Visit Plan iii.   Academic and Clinical timetables for all years of study

7.3.   Preparation of documentation for review by the Evaluation Panel during the Site Visit:

The Institution must prepare, label and coherently organize a variety of documents for the Evaluation Panel to review during the Site Visit. The list of these documents is in Appendix F.

7.4.   Preparation for the Site Visit

The Evaluation Panel will review the Institution's documents and make suggestions for amendments to the Site Visit Plan. The amendments will be communicated to the Institution (via the Board Secretariat) at least two weeks prior to the Site Visit.

The Institution must

i.   Review and accommodate amendments to Site Visit plan proposed by the Evaluation Panel ii. Negotiate and arrange for the availability of staff/ students/ management/ leadership for interviews/ meetings, academic and clinical teaching and learning activities as outlined in the updated Site Visit plan

iii.   Dedicate a site for the Evaluation Panel to use for the interviews, document review, etc.

B. DURING THE EVALUATION/ SITE VISIT

7.5.   Meet, greet and introduce the Evaluation Panel to all relevant parties

7.6.   The staff of the Institution should facilitate execution of the Site Visit Plan

7.7.   The Evaluation Panel will spend a total of three days at the Institution

i.   The first two days will be spent evaluating the Institution's programme as per the Site Visit Plan

ii.   A third day will be spent by the Evaluators on-site – preparing the Evaluation Report and consulting available documentation during the compilation process

C. POST EVALUATION

7.8.   Complete an Evaluation form for each of the Evaluators

7.9.   The Institution is sent a copy of the evaluators report within three weeks of the accreditation visit

7.10.   The Institution may not discuss the report directly with the Evaluators – all communications must be via the Board/ Board Secretariat

7.11.   The Institution will have two weeks to respond, in writing, to the factual correctness of the report

7.12.   Instructions on how the report should be completed:
- the Universities should respond by creating a separate report from the evaluation report;
- the Universities are required to identify issues or statements that are factually incorrect in the evaluators' report and signal with page number/s
- provide the correction for each issues or statements that need to be brought to the attention of the Board

7.13.   The SLH Education Committee will meet to determine accreditation status within two weeks of receipt of the Institution's report.

7.14.   The Institution will be notified of the Board's decision within two weeks of the SLH Education Committee meeting. If necessary
- An Institution will have a month to submit a Plan of Action
- The SLH Education Committee will have two weeks to approve the Plan of Action and notify the Institution so that the plan can be implemented.

7.15.   Institution submits to the Board an annual report at the beginning of each year indicating how it is maintaining minimum standards in the programme.

8. **THE EVALUATORS**

The roles, responsibilities and processes pertaining to the Evaluators/Evaluation Panel are described.

A. PRE-EVALUATION

Criteria for appointment of evaluators

These include the following:
- Recognized professional clinical expertise.
- Proof of being in good professional standing, including CPD compliance.
- Relevant and in-depth knowledge of educational processes and regulations of the SLH professions.
- Familiarity with the health and education issues related to national and international trends.
- Postgraduate qualification in the relevant profession is recommended.

Nomination of Evaluators

☐ Formal nominations for eligible and willing candidates is drawn from the pool of potential evaluators as obtained from Education and Training programmes and Professional associations/ Forums and the Board.

Invitation

☐ The Education, Training and Registration Committee on behalf of the Professional Board for Speech Language and Hearing invites applications by calling for CVs from all interested parties. The Education, Training and Registration Committee on behalf of the Professional Board for Speech Language and Hearing states in the invitation, the period within which applications must be made.

8.1. Appointment as an Evaluator / to Evaluation Panel

The processes relating to the nomination and appointment of the Evaluators to serve on the Evaluation Panel are described in Appendix C.

i. Individuals will be sent a letter notifying them of their appointment as an Evaluator

ii.   The individual must indicate her/his acceptance of the appointment/ or decline, in writing, to the Board manager within one week of receipt of the letter

iii.   Individuals who have accepted the appointment will constitute the pool of Evaluators

8.2.   Appointment to Evaluation Panel

i.   An Evaluator will be notified at least 4 months before the Accreditation/Evaluation Site Visit.

ii.   Upon receipt of this notification, the Evaluator should apply for three days of leave from work. Two days are for the Site visit and programme evaluation, and the third day is for the compilation of the report (spent on site).

8.3.   Code of Conduct

Evaluators are expected to conduct themselves in accordance with the highest standards of ethical, moral and professional behavior during all phases of the process. Each evaluator must review, sign the Code of Conduct in Appendix G and submit it to the Board manager together with the written acceptance of the appointment to an Evaluation Panel – prior to receiving any documentation from the Institution.

8.4.   Education and preparation

Evaluators are expected to familiarize themselves with the following:

i.   All documents listed in the Criteria for Programme Evaluation (Appendices J, K, L, M,N, O, P, T)

ii.   The Institution's Self Review Report

iii.   Site Visit/ Programme Evaluation Guidelines – worksheet (Appendix H)

8.5.   Site Visit Plan

i.   Review the Institution's proposed Site Visit Plan.

ii.   Review the academic and clinic schedules and training sites.

iii.   Review the requirements for the Site Visit plan as detailed in Appendix E.

iv.   Panel members should consult with each other prior to the evaluation regarding the programme/plan to be followed and make specific requests if necessary.

iv.   The Institution must be advised of the Panel's requests/ amendments to the Site Visit Plan via the Board Secretariat in a timely fashion (at least three weeks before the Site Visit.

v.   Panel members should take on the responsibility for managing specific aspects of the evaluation process to ensure/ monitor that necessary and sufficient information has been gathered in all areas.

B. DURING PROGRAMME EVALUATION

NOTE: It is important that the Panel exercise time management in order to complete the evaluation of the programme.

8.6.   Site Visit

On arrival at the Institution, the Panel of Evaluators

i.   Meet and greet the Head of Programme and other staff

ii.   Confirm the Site Visit Plan highlighting that recommendation about accreditation will not be provided by evaluators at the end of the visit iii.

Proceed to conduct the programme evaluation as per Site Visit Plan, and the Site Visit/ Programme Evaluation Guidelines – Worksheet (Appendix H)

a. Meet with all parties **(see Appendix R for guide questions)**

b.   Schedule follow-up interviews if necessary

c.   Tour of on- and off-site facilities

d.   Observation of Academic and Clinical teaching and learning activities. The Evaluators must prioritize and observe the educational processes that unfold at the sites where clinical education is occurring. Evaluators are required to reflect critically on how the education programme serves the interests of meeting exit-level outcomes for the profession.

e.   Review of prepared documentation as per Appendix F

f.   Arrange a time for closure with the staff and head of the programme

g.   Thank the Institution for their preparation, cooperation and support during the evaluation.

h. Do not provide feedback or report on recommendations re accreditation status

i. Explain the process going forward with timeframes:

   o report to be compiled by evaluators and sent to Board secretariat

   o report sent to Institution for written response on factual correctness

   o Education committee meets to review reports and makes a determination regarding Accreditation.

   o Board secretariat will communicate Accreditation status to the Institution

NOTE:

❖ The Panel must not provide feedback to the HoD, staff members or Dean on the outcomes of the evaluation process or discuss recommendations regarding the Institution's accreditation status. Verbal feedback may be misconstrued and interpreted differently from the written feedback and may create a false positive or negative impression.

❖ It is the responsibility of the SLH Education Committee and Board to review the Panel's report, the Institution's written response, and other supporting documentation, and to determine accreditation status.

C. POST PROGRAMME EVALUATION

8.7. Spend one day after the two-day evaluation at the Institution with the co-evaluator, consulting on the compilation of the report and with access to the documentation of the training Institution

8.8. Request clarification from Institutional staff if necessary.

8.9. Each evaluator analyses the data arising from the areas allocated, and contributes to the written report

8.10. All statements/ conclusions in the report should be supported with evidence.

8.11. The panel should compile, consolidate and submit the Programme Evaluation Report (a separate document from the Institution's Self-Review Report) – as per the

Template for the Programme Evaluation Report (Appendix I), within the two weeks of the Site Visit, to the Board manager.

9.   BOARD SECRETARIAT

Role and responsibilities of the Board Secretariat

9.1. Manage all the administrative processes effectively and efficiently as set out in this document in the "Timeframes for the Accreditation process" Appendix A

9.2. Facilitate effective communication between the SLH Education Committee, Higher Education Institutions; Evaluators and the Board Secretariat

9.3.   Maintain the highest standards of professionalism

APPENDIX A

The Accreditation process with Timeframes

All parties must abide by the timeframes specified

PRE-PROGRAMME EVALUATION		
Responsibility	Action	Time frames
SLH Education Committee	Schedule each Institution's SLH education and training programme for evaluation at least once during its 5-year term of office	First meeting post Inauguration of the SLH Board
	Schedule the particular Institution's Programme Evaluation and Site Visits to occur during the Institution's academic year	A year before the Site Visit
	Select and constitute the pool of Evaluators for the Panel	Within the first year of its term of office
Board Secretariat	Notify Evaluators of appointment	Within a month of appointment
Evaluators	Accept/Decline appointment	One week within receipt of notification
SLH Educ Committee	Appoint the members of the Evaluation Panel	Four months before the Site Visit
Board Secretariat	Notify the Institution & provide guidelines Notify the members of the Evaluation Panel & send Code of Conduct	A year before the Site Visit
Evaluators	Accept /Decline appointment Sign Code of Conduct	One week within receipt of notification
Board Secretariat	Send Members of the Panel documents reflecting the Criteria for Accreditation	Within a week of receipt of acceptance & Code of Conduct
Institution	Submits to Board Secretariat: • Self-Review Report • Proposed Site Visit Plan • Academic and Clinic Schedules	Seven Weeks prior to Site Visit
Board Secretariat	Submits to the Evaluation Panel the Institution's documents i.e. ☐ Self-Review Report	Within two days of receipt from the Institution but at

	• Proposed Site Visit Plan • Academic and Clinic Schedules	least six weeks prior to the Site Visit
Evaluation Panel	Reviews Institutions documents, consult other members of the panel and make suggestions for amendments to the Institution's Site Visit Plan	At least three weeks before the date of the site visit
Board Secretariat	Communicates Evaluation Panel's suggestions for amendments to the Site Visit Plan to the Institution	At least two weeks before the date of the site visit
DURING PROGRAMME EVALUATION		
Board Secretariat	Facilitates communication between all parties	As soon as possible
Evaluation Panel	Conducts Site Visit and Programme Evaluation	First two days of Site Visit
POST EVALUATION		
Evaluation Panel	Drafts report	Third day of Site Visit
	Submit to Board Secretariat the final Report on the Programme Evaluation	Within two weeks of the Site Visit
Board Secretariat	Sends the Institutions a copy of the final Report on the Programme Evaluation	Within one week of receipt – i.e. three weeks post Site Visit
Institution	Review and respond, in writing, to the factual correctness of the report	Within two weeks of receipt
SLH Educ Committee	Review reports and meet (teleconference if necessary) to determine accreditation status	Within two weeks of receipt of the Institution's report
Board Secretariat	Notify institution of the Board's decision	Within two weeks of the SLH Educ Committee meeting
Institution	Submit a Plan of Action (if necessary) indicating how matters arising will be addressed, specifying timeframes and resource allocation	Within one month of receipt of the Board's decision
SLH Educ Committee	Review and approve the Plan of Action	Within two weeks of receipt of the plan
Institution	Implement Plan of Action	As soon as is possible

APPENDIX B

Criteria for Programme Accreditation

1.	Regulations relating to the Undergraduate curricula and professional examinations in Audiology	Appendix J
2.	Regulations relating to the Undergraduate curricula and professional examinations in Speech-Language Therapy	Appendix K
3.	Scope of the profession of Audiology	Appendix L
4.	Scope of the profession of Speech-Language Therapy	Appendix M
5.	Regulations relating to the registration of Audiology students	Appendix N
6.	Regulations relating to the registration of Speech-Language Therapy students	Appendix O
7.	Health Professions Act of 1974 (as amended)	Appendix P Website link
8.	The Higher Education Qualifications Framework Higher Education Act, 1997 (Act No. 101)	Appendix Q Website link
9.	Link to NQF/SAQA Level descriptors	Appendix T Website link

APPENDIX C

Composition and Constitution of the Evaluation Panel

THE SLH Education Committee is responsible for managing the selection, appointment and training of the members of the Evaluation panel.

1.   Criteria for Evaluation Panel membership

   i.   Postgraduate qualification in the relevant profession

   ii.   Recognized professional clinical expertise

   iii.   In good professional standing, including CPD

   iv.   Relevant and in-depth knowledge of educational processes is
          desirable

   v.   Familiarity with the health and education issues related to national and international
          trends is desirable

2.   Nomination and appointment of Evaluators

i. Members of the profession (including those detailed) be requested to nominate eligible and willing candidates

    a.   Heads of SLH Education and Training programmes at Higher Education Institutions

    b.   Professional associations/ National Forum

ii. Nominees names must be accompanied by a resume reflecting

    a. How the criteria have been met

    b. All affiliations with other Higher Education Institutions e.g. previous and current employment; external examiner status; current and previous registration for study

    c. Any potential conflict of interest relating to participation in the accreditation process of any Institution

iii. The SLH Education committee

    a. Reviews all supporting documentation and criteria

    b. Selects and appoints individuals as Evaluators

    c. Informs individuals of their selection/appointment and roles and responsibilities as an Evaluator via the Board Secretariat

    d. Individuals so appointed must indicate their acceptance of the appointment/ or decline in writing to the Board manager within one week on receipt of the letter of appointment.

3.   Composition of the Evaluation Panel

    a. At least two Evaluators per professional Evaluation Panel

    b. The composition of each panel must reflect an optimal mix of experiences, skills and abilities for a successful accreditation process

    c. As not all individuals will be selected to participate on Evaluation panels in that particular year, it should be clarified that she/he has successfully qualified to be an Evaluator for the SLH Board. She/he will constitute the pool upon which the Board will draw. She/he will be notified of their appointment to an Evaluation Panel at least 4 months before the Site Visit.

APPENDIX D Template for the Self-Review Report

(to be compiled by the Institution's Professional Education and Training Programme
following the Self-Review)

This report should address all areas mentioned in the Board's Regulations (Appendix J, K, L & M) document and reflecting social responsibility.

At a minimum, description, analysis and critique of the following must be included:

1. **Current status** of the programme
2. Current **governance system**

    i. How the department/division is managed ii. Programme management and coordination iii. The programme is an integral part of the mission of the Institution and is integrated in Institutional planning and resource allocation.

3. Recommendations of the **previous evaluation**- overview of these and how they have been addressed

4. Student Body

 i. Admission criteria ii. Recruitment strategies iii. Equity targets and transformation goals, how does the current profile compare to the national demographic profile?

 ii. Composition of the student body: number, race, sex, disability, linguistic background.

 iii. Past and current profile and throughput of the student body in relation to the profession's need for transformation (include demographic profile of students and throughput as a function of a population group).

5. Staff

 i.   Staff profile by at least race, sex, disability equity compares to national
         profile in terms of race

 ii.   Qualification and registration profile

 iii.   Expertise and capacity

 iv.   Workload, courses/modules taught for the last three years

v.   Number of staff and Staff-student ratio for effective delivery of the programme.

vi.   Staff development - opportunities for improvement in curriculum development, teaching/learning facilitation, assessment vii. Appropriately qualified (i.e. minimum of two years clinical work experience) and registered practitioners to supervise students' clinical practice

viii.   Staff engagement with Continuing Professional Development

6. Curriculum

i. Curriculum principles and organization in relation to meeting the stated academic and clinical outcomes for the profession

ii. How does the curriculum lead to the development of both technical as well as critical cross field outcomes

iii. Critical evaluation of the extent to which the curriculum meets the exit level outcome requirements detailed in the Regulations for the scope of the profession

    a. Mechanisms for curriculum planning
    b. Learning outcomes clearly specified with appropriate assessment criteria
    c. Content requirements
    d. Teaching and learning methodologies
    e. Teaching and learning incorporates a balance of academic education and professional/clinical practice in suitable and adequate facilities both on campus and in professional training sites
    f. Assessment
       1.1. Clearly defined and stated outcomes at each study level that successful students must demonstrate in order to be deemed competent.

       1.2. Assessment practices are appropriate to the teaching and learning in the programmes.

       1.3. The design, moderation, implementation and recording of assessments are managed appropriately and effectively.

       1.4. How the programme assesses whether it is producing competent professionals who will practice effectively their scope of practice / scope of the profession

g. Clinical education, supervision and contact hours

    1.1. There is an appropriate orientation programme to introduce students to their training

    1.2. Adequate training opportunities that address the scope of profession

    1.3. Structured methods for recording student learning such as logbooks and learning portfolios

    1.4. Adequate supervision by registered professionals reflected in the timetable of the programme

    1.5. There are appropriate methods of assessing the development of students during training

    1.6. The training team is made up of a mix of appropriate professionals required to ensure effective training of students

    1.7. Staff of the clinical training facility are aware of the exit level outcomes students are expected to meet

    1.8. Students meet the required number of clinical hours, in a range of areas within the scope of the profession

    1.9. Range of clinical hours for the past five years for each student

    1.10. The institution's responsibility in terms of placing the students for clinical training and offsite training

h. Student support

There is adequate support for historically disadvantaged / underprepared students in terms of academic development opportunities.

i. Relevance of education and training to the South African context.

j. Incorporation of HPCSA's Core Curriculum on Ethics, Human Rights and Health Law.

7. Resources

Identify, describe and evaluate the resources available to offer the professional training programme. This should include:

i. Operating budget

ii. Physical space

iii. Computers

Adequacy of access to computers and internet by staff and students iv.

Library facilities

Adequacy of library support in terms of access, prescribed and recommended literature and additional readings.

v. Clinical equipment and resources

vi. Access to training sites vii.

Supplies viii. Transport ix.

Student support services

x. Graduate placement xi.

Counselling/ career development

xii. Other

8. Quality Assurance

A detailed description and critique of how quality is assured in the programme.

9. Interpretation of Academic freedom and autonomy

In the context of academic freedom, how has the programme responded to the regulations, and exit level outcomes for the profession

10. Summary

To include reflections on

i. Strengths

ii. Challenges/ weaknesses

iii. Opportunities for further development of the education and training programme

APPENDIX E

Site Visit Plan

The Institution should propose a plan (with timeframes) for the Site Visit as per the template in Appendix A). This proposal should be submitted together with Academic and Clinical timetables and the Self Review Report – at least seven weeks before the Site Visit. The Evaluation Panel will review it and make suggestions for changes – which will be communicated to the Institution at least a week prior to the Site Visit.

16.   Arrival, greeting and introductions
17.   Meetings with
    2.1.   The Leadership/Management of the Institution e.g. Dean, Director of the Department/ School
    2.2.   Members of Staff (most/all) for 30 to 60 minutes without Head of programme present
    2.3.   Students (at least 50%) of the final year students for approximately an hour
    2.4.   Head of the programme and other senior members of staff
    2.5.   Head and programme staff for closure meeting
18.   Observation of Academic and Clinical teaching and learning activities. Visit and observation of students and staff in a wide range of clinical teaching and learning activities reflecting the different areas of the scope of the profession. Ensure that as many of the practical training areas are represented in the sites selected for review.
19.   Tour of on-site facilities
20.   Review of prepared documentation

APPENDIX F

Documents for review by the Evaluation Panel during the Site Visit

The Institution will prepare, label and coherently organize the documents listed for the Evaluation Panel to review during the Site Visit.

1.   Staff profile by at least race, gender, qualifications, registration, courses/modules taught for the last three years
2.   Departmental and Institutional policies on admissions

3. Student profile by at least race, gender, disability, levels of study, South African, foreign, etc. for the last three years

4. Performance indicators in terms of throughput rate for the last three years

5. The full learning programme offered by the Institution

6. Curriculum documentation for all courses including teaching and learning, and assessment

7. Records of assessments and examinations: question papers, memoranda and marked examination scripts for all courses. Assignments, clinic session plans, clinic assessment and progress reports, copies of written feedback to students on clinical practice

8. Quality assurance practices, including internal moderation, and external examiner reports for all courses

9. Students' records of clinical practice

    A complete verified record of students' clinical contact hours must be available. The records for at least three years of graduating classes as well as records for all students currently enrolled in the programme.

10. Minutes of Departmental and Faculty Board meetings

11. Evidence of staff engagement with CPD

12. A report on staff development activities in the last three years'

13. A library report on prescribed books, recommended books, journals, etc. that students can access in the library.

APPENDIX G

Code of Conduct for Evaluators

Evaluators are expected to conduct themselves in accordance with the highest standards of ethical, moral and professional behavior during all phases of the process. Each evaluator must review, sign this Code of Conduct and submit it to the Board manager together with the written acceptance of the appointment to an Evaluation Panel – prior to receiving any documentation from the Institution.

I _____ (name) agree to uphold and conduct myself in accordance with the highest standards of ethical, moral and professional behavior at all times. With respect to the Programme Evaluation and Site Visit, I will

1. Treat peers, staff and students at the Institution, and the Board/ HPCSA with courtesy and respect.

2. Exercise punctuality at all times.

3. Maintain strict confidentiality. The results and outcomes of the process will only be discussed with the Board manager and/or the SLH Education Committee.

4. Conduct the evaluation in an objective, fair and impartial manner.

5. Evaluate the programme on its merits i.e. does it meet the Board specified criteria/ requirements.

6. Evaluate the programme (i.e. nature of learning opportunities provided by programme) and not individual students' performance

7. Respect differences – methods of attaining requirements are variable and are the right of the programme

8. Avoid comparisons with own training or training programmes

9. Refrain from offering advice to the programme/ Institution

10. Recuse myself in the event of a conflict of interest.

11. Sign and submit (to Board Manager) the Code of Conduct and Confidentiality Agreement prior to receiving the Institution's Self Review Report.

12. I will not discuss the report directly with the Institution - all communications will be via the Board/ Board Secretariat.

_____   _____

Signature   Date

APPENDIX H

SITE VISIT/ PROGRAMME EVALUATIONGUIDELINES - Worksheet

These worksheet pages are for the Evaluation Panel's use and are designed to assist in the development of a written report. Use them in whatever way you choose. Only the report based on the data from the worksheet will be submitted. All sections of the report should be in narrative paragraphs; no checklists should be included as representation of the panel's findings. Institution

Department/Division Faculty:

Dates of Site Visit

Evaluation Team:

Trainee: _____

Program(s) Reviewed (specify degree designator(s)):

Profession/s evaluated:

INTRODUCTION

(Provide a description of university, program, facilities and list of individuals with whom the team met. Only number and demographic data should be provided for clients or students in the programs, no names should be listed in the report for these groups.)

I. Evaluation Panel Observations:

1.0.   **ADMINISTRATIVE STRUCTURE AND GOVERNANCE**

1.1.   The applicant Institution of higher education holds accreditation. The Institution is accredited

by _____.   This   was   verified

by/in_____.

1.2 *The program's mission, goals, and objectives are consistent with HPCSA's-recognized national standards for entry into professional practice and linked with the mission of the Institution*.

College and program mission statements were (not) present and available. On the basis of_____ site visitors

were assured that the program's goals, objectives and the student learning outcomes are consistent with its academic and clinical mission and with the mission of the Institution.

Yes ___ No ____ if not, explain.

1.3. *The program's faculty/instructional staff have authority and responsibility for making decisions regarding and for conducting the academic and clinical program, including curriculum, within the Institution; and the program's faculty/ instructional staff have reasonable access to higher levels of administration.*

The organizational structure of the program, college and university is (not) clear. Based on interviews with the program director _____ and instructional staff _____ and review of minutes of faculty meetings _____, it appeared that professional decisions regarding the substance of academic and clinical education in speech-language pathology _____ and audiology _____ are vested in the program faculty.

Program director reports having regular ____ meetings with the dean to discuss program issues.

Yes ___ No ___ if not, explain. _____

1.4. *The individual responsible for the program of professional education seeking accreditation holds a graduate degree with a major emphasis in speech-language pathology, in audiology, or in speech, language, or hearing science, and holds a full-time appointment in the Institution. The individual effectively leads and administers the program.*

Responsible for the program of professional education is _____, who holds a full-time appointment and a graduate degree with a major emphasis in

_____ from _____.

Interviews with university administration ___, faculty ___and students ____ indicated that the program director _____ provides effective leadership for the program.

Yes ___ No ___ if not, explain. _____

1.5. *Students, staff, and clients are treated equitably—that is, without regard to gender, sexual orientation, age, race, creed, national origin, or disability. The Institution and program comply with all applicable laws, regulations, and executive orders pertaining thereto.*

Equitable treatment of students, staff, and clients is assured by Institutional compliance with relevant laws, regulations, and executive orders. This was verified by/in _____. These policies are (not) communicated effectively to students, staff, and clients.

Yes ___ No ___ if not, explain. _____

1.6. *The program conducts ongoing and systematic assessment of academic and clinical education and performance of its students and graduates. Students have ongoing opportunity to assess their academic and clinical education program. Results of the assessments are used to plan and implement program improvements that promote high quality educational experiences for students.*

The program _____ conducts ongoing and systematic assessment of academic and clinical education and performance of its students and graduates. Program faculty and professional staff are (not) aware of these goals and objectives and (do not) critically evaluate the extent to which they are achieved. (Please describe your response to the following questions :)

Comprehensive, regular assessment

Do they do it?

Is it comprehensive? (who, what) What

are they doing? How often?

Who is involved?

How are students involved in providing input?

Is it conducted regularly (when)?

Analysis

Do they analyze the data (what does this mean)?

Do the data indicate if program goals/objectives are being met?

What is the throughput rate for the program?

If changes have been necessary, is there evidence that changes have been made?

If so, what are the changes and how is the effectiveness of the changes being assessed?

How are the assessments and/or changes related to student learning outcomes?

Results of the assessments are used to plan and implement program improvements that promote high-quality educational experiences for students

1.7. *The program documents student progress toward completion of the graduate degree and professional registration requirements and makes this information available to assist students.*

Inspection of student records indicated that documentation of requirements for HPCSA _____are available. The course work, practicum and clinical work and practicum assignments sufficient to verify how the student will complete graduate degree Yes _____ No _____ if not, explain.

Do students have access to records? Yes _____ No _____ if not, explain.

_____ is/are responsible for monitoring and maintaining graduation and registration requirements.

1.8. *The program provides information about the programme and the Institution to students and to the public that is current, accurate, and readily available.*

Inspection of published materials showed that the programme information made available to the public by the university, college, and program is clear and accurate.

Yes ___ No ___ if not, explain.

2.0. **FACULTY STAFF**

2.1. Faculty/instructional staff are qualified and competent by virtue of their education, experience, and professional credentials to provide the academic and clinical education for the program seeking accreditation.

Appropriate background and experience to provide graduate level education.

Yes _____ No _____ if not, explain.

Individuals providing clinical supervision are appropriately trained.

Yes _____ No _____ if not, explain.

All faculty/instructional staff vitae were provided in_____.

Yes _____ No _____ if not, explain.

2.2. *The number of full-time doctoral-level faculty in speech-language pathology, audiology, and speech, language, and hearing sciences and other full- and part-time faculty/instructional staff is sufficient to meet the teaching, research, and service needs of the program and expectations of the Institution.*

Review of _____ indicates the number of full-time qualified staff at postgraduate level faculty in speech-language, pathology, audiology, and other full- and part-time faculty/instructional staff are _____ sufficient to meet teaching_____, research _____ and service _____ needs of the program and expectations of the Institution.

Yes _____ No _____ if not, explain.

Review of _____

indicated that sufficient personnel are available to ensure the quality of the graduate program(s) for which accreditation is sought

Yes _____ No _____ if not, explain.

Faculties are accessible to students as evidenced by

_____. There is also evidence of sufficient time for advising.

Yes _____ No _____ if not, explain.

2.3. *The Institution demonstrates a commitment to the continuity of the program by maintaining a sufficient number of masters/and doctoral -level faculty and other instructional staff, with appropriate qualifications to ensure the continued integrity of the program.*

A review of ____ long-range academic plans, ____stability of financial support, ____evidence of recent history of positive actions taken on behalf of the program, and promotion policies, ____sufficient number of masters/ doctoral level faculty ____and other instructional staff and/or _____ reflected Institutional commitment to the continuity of the program

Yes _____ No _____ if not, explain.

Promotion policies were made available and suggest the ability of faculty to get promoted or to continue employment.

Yes _____ No _____ if not, explain.

2.4. *Faculty/instructional staff maintain continuing competence.*

Faculty/instructional staff (do not) maintain continuing competence.

Describe the mechanisms for assessing continuing professional competence in terms of scholarship, academic teaching and clinical teaching.

Describe the resources available to assist faculty to obtain professional development.

Do faculty are staff supported? e.g. get release time

Are there any on-campus activities available for continuing education.

3.0. CURRICULUM (ACADEMIC AND CLINICAL EDUCATION

3.1. *The curriculum (academic and clinical education) is consistent with the mission and goals of the program and is sufficient to permit students to meet HPCSA recognized national standards for entry into professional practice.*

A review of program course offerings showed that the program offers a curriculum leading to the_____ degree that is _____ (semester/quarter) credit hours.

Yes _____ No _____ if not, explain.
The program's curriculum _____, documents available in student folders _____, interviews with students _____ and staff _____ showed that sufficient course work, practicum, and other opportunities are offered to meet

    Scope of Practice

    Regulations guiding Curriculum

Further, the program could demonstrate how students meet these qualification and registration requirements. Interviews with staff _____, interviews with students, _____review of the curriculum _____, review of course syllabi, _____ student files

32

_____ indicate that students complete a program of study that is sufficient in breadth and depth to achieve the exit level outcomes.

Interviews with staff _____, with students, _____, with clinical supervisors_____, review of the curriculum _____, student files _____ indicate that students complete a clinical education program which is sufficient to achieve

    Exit level outcomes:

    Clinical hours:

    Scope of practice

The program assesses students at/during _____to ensure each person's oral and written communication skills are at the program-desired skill levels. Further, the program also has established desired skill outcomes for other communication venues, such as sign language _____, alternative and augmentative communication _____, (other) _____ and assesses students' skill by_____.

The programs' process to develop, validate, and assess student learning outcomes for acquisition of knowledge and skills was (not) verified through interviews with _____.

Clinical hours recorded only for time spent in providing services to the client or the client's family.

Yes _____ No _____ if not, explain.

Students participate in supervised clinical activities consistent with the full scope of practice in the professional area for which they seek registration.

____ Yes _____ No If not, explain:

3.2 *Academic and clinical education reflects current knowledge, skills, technology, scope of practice, and the diversity of society. The curriculum is regularly reviewed and updated.*

Interviews with staff _____, examination of course syllabi _____, and minutes off aculty meetings _____ indicated that the curriculum reflects current knowledge _____, skills, _____, technology _____, scope of practice _____, contemporary professional issues, _____and the diversity of society _____.

Yes ____ No ____ if not, explain.

Instruction in life span is provided. Yes ____ No ____ if not, explain.

The curriculum is regularly and systematically reviewed and updated. Yes ____ No _____ if not, explain.

3.3.   *The scientific and research foundations of the professions are evident in the curriculum. Examination of the curriculum _____ and interviews with staff _____ and students*

_____ confirmed that the scientific and research foundations of the professions are evident in

____ Basic Sciences

____ Basic Communication Sciences

____ Research Methodology

____ Research Literature

____ Opportunities to participate in research activities

____ Incorporation of research/theory into clinical education

____ Other _____ Yes

____ No ____ if not, explain.

Describe how the research component of the program provided to students is appropriate to the degree level.

3.4. The curriculum reflects the interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders.

Review of _____ indicated the interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders.

Yes _____ No _____ if not, explain.

3.5. The academic and clinical curricula reflect an appropriate sequence of learning experiences

Interviews with students _____ and staff _____ and inspection of student records _____ confirmed that course work is appropriately sequenced.

Yes _____ No _____ if not, explain.

Student records _____, as well as staff _____ and student _____ interviews, confirmed that professional course work in communication disorders either precedes or is concurrent with clinical education in these disorders.

Yes _____ No _____ if not, explain.

3.6. The nature, amount, and accessibility of clinical supervision are commensurate with the clinical knowledge and skills of each student.

Information from _____indicated that the nature, amount, and accessibility of clinical supervision are commensurate with the clinical knowledge and skills of each student.

The nature and amount of clinical supervision are adjusted to the experience and ability of each student.

Yes _____ No _____.

Student skills/ readiness are assessed prior to clinical placement. Yes _____ No _____ if not, explain. Explain any items that cannot be verified.

3.7. *The clinical education procedures ensure that the welfare of each client served by students is protected and that the clinical education is in accord with HPCSA's Code of Ethics.*

The clinical education procedures ensure that the welfare of each client served by students is protected and that the clinical education is in accord with HPCSAs Code of Ethics. This was verified through

_____ Written policy statements

_____ Extent to which students are supervised

_____ Have access to needed supervisor consultation when providing services to clients

_____ Describe procedures to ensure client confidentiality and security of records

Explain any items that cannot be verified.

Decisions are made or implemented with the supervisor's input. Yes _____ No _____ if not, explain.

3.8. Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty/instructional staff.

Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty/instructional staff.

Evidence of written agreements _____
Evidence of monitoring by _____ using the following methods:
_____ written reports _____ telephone conferences_____ on-site observations _____ other (describe)

3.9. Academic and clinical education provides students with learning experiences that orient them to providing services in an effective, ethical, legal, and safe manner

Information regarding efficacy ___, ethics ___, legal __and safety ___ issues is provided to students in their academic and clinical education.

Instruction in the HPCSA Code of Ethics _____, universal precautions _____, clinical efficacy ____

Documented in the program's Clinic Handbook _____, course syllabi___, student records _____, client records ____, and through student interviews _____.

Yes ____ No _____ if not, explain.

Students are given an opportunity to evaluate the services they provide.

Yes ____ No _____ if not, explain.

3.10   Clinical education includes a variety of clinical settings, client populations, and age groups.

Clinical education includes a variety of clinical settings___, populations ___ and age groups___culturally linguistic diverse populations___, breadth of the scope of practice___. Describe how this is ensured.

Yes _____ No _____ if not, explain.

4.0.   STUDENTS

4.1. The program criteria for accepting students for graduate study in speech-language pathology and/or audiology are consistent with the Institutional policy for admission to graduate study.

Evaluation of _____ indicated that criteria employed for accepting students into graduate study meet or exceed Institutional policy.

Yes _____ No _____ if not, explain.

4.2. The program makes reasonable adaptations in curriculum, policies, and procedures to accommodate differences among individual students.

The program makes reasonable adaptations in curriculum, policies, and procedures to accommodate differences among individual students.

Provides evidence of meeting for admission___, retention___, field placement ____ of students

Yes ___ No _____ if not, explain.

4.3. Students are informed about the program's policies and procedures, degree requirements, requirements for professional qualification and registration and ethical practice. A student complaint process is documented.

Students are informed about program: (cite evidence)

___ policies & procedures

___ degree requirements

___ registration requirements

___ community service requirements

___ ethical practice

___ student complaint process

Maintains a record of student complaints. Yes _____ No _____ if not, explain.

Based on _____ the nature of complaints are reviewed relative to compliance with accreditation standards.

4.4. Students receive advising on a regular basis that pertains to both academic and clinical performance and progress. Students are also provided with information on student support services.

_____ Students receive regular advisement on academic and clinical performance. Describe how.

_____ Describe, if appropriate, how students have access to adjunct faculty.

_____ Students receive information on student support services. Describe how.

Explain any items that cannot be verified.

5.0.   PROGRAM RESOURCES

5.1. The Institution provides adequate financial support to the program so that the program can achieve its stated mission, goals, and objectives.

Budgetary allocations are ___ adequate to achieve mission and goals for personnel _____, space _____, equipment _____, materials _____, and supplies ____. If not, explain.

5.2.   *The program has adequate physical facilities (classrooms, offices, clinical space, research laboratories) that are accessible, appropriate, safe, and sufficient to achieve the program's mission, goals, and objectives.*

Based on a tour of program and campus facilities (or others), it appeared that:

the physical facilities are:

____ accessible

____ appropriate

____ safe ____

sufficient

If not, explain.

5.3. *The program's equipment and educational/clinical materials are appropriate and sufficient to achieve the program's mission, goals, and objectives.*

Instructional materials___ and equipment ___ are:

___ appropriate

___ safe

___ sufficient

___ good working order

___ calibrated

Provide evidence. If not, explain.

5.4. *The program has access to administrative and technical staff, support services, and library and computer resources that are appropriate and sufficient to achieve the program's mission, goals, and objectives.*

Library resources _____, administrative and technical staff _____, computer resources _____, support services _____ are:

___ appropriate

___ sufficient

If not, explain.

5.5. The program has access to a client base sufficiently large and diverse to achieve the program's mission, goals, and objectives and to prepare students to meet the HPCSA's exit level outcomes

Information from _____

indicated that the program has access to a client base that is sufficiently large and diverse to permit students to meet the HPCSA for the programme

Yes _____ No _____ if not, explain.

Descriptions of all practicum facilities are provided. Yes _____ No _____ if not, explain.

II. Summary (Please add this information in your own prose and **identify which standard(s)** the summary comments relate.

The report must be concise and provide a succinct reporting and conclusions on:

      A.   Program Development and Innovations

      B.   Program Strengths

      C.   Program Limitations

      D.   Evaluation Panels' Recommendations for Accreditation, Program Development and Improvement. The evaluators make a recommendation with strongly supported rationale. The report should specify that this is a recommendation only, and that the Board will make the final recommendation having assessed the report against the regulations.

The program should consider the following recommendations regarding compliance with standards and program improvement: _____

      E.   Responses to Site visit _____

Template for the Programme Evaluation Report

To be compiled by the Evaluation Panel following the Site Visit and Programme Evaluation

Guidelines for the Evaluation Report

This report should address all areas mentioned in the Board's Regulations (Appendices J, K, L, M) document. The Institution will have conducted a Self-review and compiled a report reflecting the required information. The Evaluation Panel is expected to assess, analyze and critique the Institution's programme to offer quality education and training that meets that Board's Regulations document. The Panel is encouraged not to repeat the information shared by the Institution in its report – but rather to describe the Panel's assessment, analysis and critique of the programme in all of these areas. The intention of the process is to assess and improve the quality of programmes, and reports should therefore be constructive and offer quality development guidelines where applicable. Confidentiality of the evaluation process and its outcome is to be respected. It is not permissible to divulge any information regarding the evaluation or the evaluation report to persons other than the Board manager.

1.   **Current status** of the programme

2.   Current **governance system**

      i.   How the department/division is managed

      ii.   Programme management and coordination

      iii.   The programme is an integral part of the mission of the Institution and is

      integrated in Institutional planning and resource allocation.

3.   Recommendations of the **previous evaluation** - overview of these and how they have been addressed

4.   **Student Body**

      i.   Admission criteria

      ii.   Recruitment strategies

      iii.   Equity targets and transformation goals

iv.   Composition of the student body: number, race, gender, linguistic

background

v.   Past and current profile of the student body in relation to the profession's

need for transformation (include demographic profile)

vi.   Throughput rate of the student body in terms of race

5.   Staff

i.   Staff profile by at least race, gender, equity

ii.   Qualification and currency of HPCSA registration profile

iii.   Expertise and capacity

iv.   Workload, courses/modules taught for the last three

years

v.   Number of staff and Staff-student ratio for effective delivery of the programme.

vi.   Staff development - opportunities for improvement in curriculum development, teaching/learning facilitation, assessment

vii.   Appropriately qualified (minimum of two years of clinical experience) and registered practitioners to supervise students' clinical practice

viii.   Staff adherence with Continuing Professional Development

6.   Curriculum

i. Curriculum principles and organization in relation to meeting the stated academic and clinical outcomes for the profession

ii. How does the curriculum lead to the development of both technical as well as critical cross field outcomes

iii. Critical evaluation of the extent to which the curriculum meets the exit level outcome requirements detailed in the Regulations for Undergraduate Curricula and the Scope of the profession

iv. **Mechanisms for curriculum planning**

    a. Learning outcomes clearly specified with appropriate assessment criteria b. Content is current

    b. Range of Teaching and Learning methodologies

    c. Teaching and learning incorporates a balance of academic education and professional/clinical practice in suitable and adequate facilities both on campus and in professional training sites

v. **Assessment**

    a. Clearly defined and stated outcomes at each study level that successful students must demonstrate in order to be deemed competent.

    b. Assessment practices are appropriate to the teaching and learning in the programmes.

    c. The design, moderation, implementation and recording of assessments are managed appropriately and effectively.

    *d. How the programme assesses whether it is producing competent professionals who will practice effectively their scope of practice / scope of the profession (*evaluators must report on this)

vi. **Clinical education, supervision and contact hours**

    a. There is an appropriate orientation programme to introduce students to their training

    b. Adequate training opportunities that address the scope of profession

    c. Structured methods for recording student learning such as logbooks and learning portfolios

    d. Adequate supervision by registered professionals reflected in the timetable of the programme

    e. There are appropriate methods of assessing the development of students during training

    f. The training team is made up of a mix of appropriate professionals required to ensure effective training of students

    g. Staff of the clinical training facility are aware of the exit level outcomes students are expected to meet

    h. Students meet the required number of clinical hours over the review period

    i. Students are exposed to clinical learning to acquire competencies in a range of areas within the scope of the profession

vii.   **Student support**

There is adequate support for historically disadvantaged / underprepared students in terms of academic development opportunities.

viii.   Relevance of education and training to the South African context

7.   Resources

Identify, describe and evaluate the resources available to offer the professional training programme. This should include:

i. Operating budget

ii. Physical space

iii. Computers

Adequacy of access to computers and internet by staff and students

iv. Library facilities

Adequacy of library support in terms of access, prescribed and recommended literature and additional readings.

v. Clinical equipment and resources

vi. Access to training sites

vii.   Supplies

viii. Transport

ix.   Student support services

x.   Counseling/ career development

xi.   Other

8.   Quality Assurance

A detailed description and critique of how quality is assured in the programme.

9.   **Interpretation of Academic freedom and autonomy**

In the context of academic freedom, how has the programme responded to the regulations, and exit level outcomes for the profession

10.   **Summary**

To include reflections on the following with respect to the SLH Board's curriculum regulations:

   i. Strengths - Acknowledge strengths of the programme by commending these

   ii. Challenges/ weaknesses. Provide and justify recommendations and possible solutions. (NOTE: The Board makes the final decision regarding steps to be taken by the Institution and the Institution will propose changes in response to the recommendations.

   iii. Opportunities for further development of the education and training programme

APPENDIX J

GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

No. R.   2013

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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

1.   Definitions

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 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 NQF 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 non-discriminatory 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. (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 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 and patients is not compromised where the clinician does not speak the client's/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 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.

(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; (d) management as described below:

(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 behavior 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/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/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 sequalae 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) counselling 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 sequalae;

    (vi)   prevent the onset and minimize 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 electro-physiological 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
(vi) 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
11. (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% 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 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 recognized 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

12. (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, 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

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

14. 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

15. 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

16.   (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

17. 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.

DR AARON MOTSWALEDI
MINISTER OF HEALTH
DATE:

--o0o--

APPENDIX K

——

GOVERNMENT NOTICE

——

DEPARTMENT OF HEALTH

No. R.   **2011**

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

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

The Minister of Health intends, 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, 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: Department of Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Human Resource Stakeholder Relations and Management) within three months from the date of publication of this notice.

SCHEDULE

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;

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

(1) Communication and swallowing

(a) Addressing communication and swallowing disorders in the following areas:

    (i)   speech sound production: articulation, apraxia of speech, dysarthria and dyskinesia;
    (ii)   resonance;
    (iii)   voice: phonation quality, pitch, loudness and respiration;
    (iv)   fluency: stuttering and cluttering;
    (v)   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), and paralinguistic communication;
    (vi)   cognition: attention, memory, sequencing, and executive functioning;
    (vii)   feeding and swallowing: oral, pharyngeal, laryngeal components orofacial myology (including tongue thrust), and oral-motor functions

(b) diagnosing, assessing, and treating communication and swallowing disorders; advocating for healthy lifestyle practices to prevent communication and swallowing disorders; educating the public about communication and swallowing disorders; administering and managing clinical and academic programs.

(2) Clinical services

(a) screening persons for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;

(b) using instrumentation (e.g., video fluoroscopy, trans-nasal endoscopy, trans oral stroboscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions;

(c) providing intervention and support services for persons diagnosed with speech, and language disorders;

(d) providing intervention and support services for persons diagnosed with auditory processing disorders;

(e) addressing behaviours (e.g., perseverative or disruptive actions) and environments and (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing;

(f) providing speech language therapy services to patients and their families or 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);

(g) providing speech language therapy services to modify or enhance communication performance (e.g., transgender voice, care and improvement of the professional voice);

(h) 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);

(i) 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 persons suffering from hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists);

(j) counselling patients, their families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing;

(k) 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);

(l) 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);

(m) documenting the provision of services in accordance with accepted procedures appropriate for the practice setting;

(n) assisting with appropriate educational placement;

(o) 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;

(p) making service delivery decisions (e.g., admission or eligibility, frequency, duration, location, discharge or dismissal) across the lifespan;

(q) determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);

(r) facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing;

(s) serving as expert witness.

(3) Promotion

(a) promoting healthy lifestyle practices to prevent communication and swallowing disorders e.g. promotion of the cessation of smoking, the wearing of seat belts and helmets appropriately, practicing road safety; stroke prevention;

(b) promoting behaviours that facilitate the acquisition and development of speech and language e.g. encouraging parent and caregiver communication with neonates and infants; fostering reading by parents in children.

(4) Prevention and advocacy

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

(a)   presenting primary prevention information to risk groups;

(b)   providing early identification and early intervention services;

(c)   advocating prevention for individuals and families through:

    (i)   community awareness;

    (ii)   health literacy;

    (iii)   the facilitation of access to full participation in communication;

    (iv)   the elimination of societal, cultural, and linguistic barriers;

    (v)   participating in policy development and implementation;

(d)   advocating at the local, provincial and national levels of government for improved policies affecting access to services;

(e)   advocating for social inclusion and participation;

(f)   promoting professional services;

(g)   recruiting potential speech-language therapists;

(h)   active participation in professional organizations to contribute to best practices in the profession.

(5) Education and training

(a)   educate the public, and foster awareness, about communication and swallowing disorders, and the treatment thereof;

(b)   provide in-service training to families, caregivers, and other professionals;

(c)   educate, supervise, and mentor current and future speech-language therapists.

(d)   educate speech-language therapy assistants; (e)   conduct research.

(6) Administration

(a)   administer and manage clinical and academic programs;

(b)   participate in the development of policies, operational procedures, and professional standards;

(c)   supervise and manage support personnel.

(7) Practice settings

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

(a) early intervention pre-schools, day-care facilities, schools;

(b) hospitals, clinics, rehabilitation facilities, long term care facilities, behavioural and mental health facilities;

(c) tertiary institutions of education;

(d) private practices;

(e) homes and community residences;

(f) communities;

(g) corporate and industrial settings;

(h) research facilities;

(i) supported and other employment settings;

(j) correctional institutions;

(k) military;

(l) local, provincial and national institutions and government departments;

(8) Range of clients or patients

Speech language therapists provide their service to all age groups, Individual patients, their families, and groups from diverse linguistic and cultural backgrounds.

3. Repeal

The regulations as published under Government Notice No. R889 in *Government Gazette* 11289 of 5 May 1988 will be repealed by the promulgation of these regulations

---

DR. AARON MOTSWALEDI

MINISTER OF HEALTH

DATE:

STANDARDS FOR ACCREDITATION IN UNDERGRADUATE PROGRAMMES IN SPEECHLANGUAGE THERAPY

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.

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:

- Qualification requirements
- Administrative structure and governance
- Academic Staff
- Curriculum ○ Academic and clinical education ○ Assessment
- Students
- Programme resources

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

1.   QUALIFICATION REQUIREMENTS

1.   Purpose of the Qualification in Speech-Language Therapy

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.

2.   Design of the qualification

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.

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

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

3. **Total credits required**

(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

2. **ADMINISTRATIVE STRUCTURE AND GOVERNANCE**

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 non-discriminatory 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, health, education and labour, and executive orders pertaining thereto.
6. The programme provides information about the programme and the institution to students and to the public that is current, accurate, and readily available

3.   ACADEMIC STAFF

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.

4.   CURRICULUM

1.   Overall premises

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.

2. General requirements relating to the curriculum

(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;

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

3.   The core curriculum

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.

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

- •   basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, linguistic and cultural bases;
- •   development of speech and language production and perception;
- •   interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders;
- •   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.

These opportunities must be provided in the following areas:

1) speech difficulties in children and adults including:

o articulation; o fluency;

o voice and resonance, including respiration and phonation; o   dysarthria   and apraxia

2) developmental and acquired difficulties in language in children and adults including: o receptive and expressive language:

o   phonology, morphology, syntax, semantics, and pragmatics;

o   in speaking, listening, reading, writing, and manual

modalities; ○ difference, delay, disadvantage, disorder; ○ aphasia and right hemisphere language impairments

3) hearing, including the impact on speech and language;
4) swallowing (oral, pharyngeal, oesophageal) in adults and children, and feeding;
5) cognitive aspects of communication (e.g. attention, memory, sequencing, problem solving, executive functioning);
6) social aspects of communication (e.g. behavioural and social skills affecting communication);
7) communication modalities (e.g., oral, manual, and augmentative and alternative communication techniques and assistive technologies) and use of interpreters.

- 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
- infectious/contagious diseases and universal precautions;
- principles and practices of research, including experimental design, evidence-based practice, statistical methods, and application to clinical populations;
- 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;
- ramifications of cultural and linguistic diversity on professional practice;
- educational, vocational, and social and psychological effects of speech, language, communication and swallowing difficulty and their impact on the development of a treatment programme;
- health care and educational delivery systems;
- professional codes of ethics and human rights;
- laws, regulations, policies, and management practices relevant to the profession of speech-language therapy;
- 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;

- counselling relevant to speech-language therapy practice; □ professional scope of practice.

(b) 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:

- interact and communicate appropriately and effectively with clients/ patients, families, other appropriate individuals, and professionals;
- develop and maintain professional relationships;
- uphold professional ethical standards;
- identify and solve problems, using critical and creative thinking to arrive at responsible decisions;
- plan, implement, manage and participate in promotion of healthy lifestyles to prevent speech, language, communication difficulties and swallowing disorders and their sequalae;
- plan, implement, manage and participate in programmes to identify speech, language, voice, communication and swallowing disorders;
- participate in the promotion of healthy lifestyles to prevent hearing loss and the communication sequalae;
- identify individuals at risk for hearing impairment by participating in programmes for screening individuals for hearing impairment using clinically appropriate and culturally sensitive screening measures and refer as appropriate;
- apply the principles of evidence-based practice.

(c) 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:

- interact effectively with clients/ patients, families, professionals, and others, as appropriate;
- develop and maintain professional relationships;
- uphold professional ethical standards;
- identify and solve problems, using critical and creative thinking to arrive at responsible decisions;
- evaluate information from appropriate sources to facilitate assessment planning;
- obtain explicit and ongoing consent for all evaluations;
- obtain a case history;
- administer clinically appropriate, and linguistically and culturally sensitive assessment measures;
- document evaluation procedures and results;
- analyze and interpret results of the evaluation;
- determine the basis of the communication difficulties and or swallowing disorders and project possible outcomes;
- demonstrate clinical reasoning and decision making skills;
- apply the principles of evidence-based practice;
- generate recommendations and referrals resulting from the evaluation process;
- identify the appropriate channels for referral;
- provide counselling to facilitate understanding of the speech, language and swallowing difficulty;
- maintain records in a manner consistent with legal and professional standards;
- communicate results and recommendations orally and in writing to the client/ patient and other appropriate individual(s).

(d) 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:

- interact effectively with clients/patients, families, professionals, and other appropriate individuals;
- uphold professional ethical standards;
- develop and maintain professional relationships;
- demonstrate clinical reasoning and decision making skills;
- discuss prognosis and treatment options with appropriate individuals;
- obtain explicit and ongoing consent for all interventions;
- develop and implement treatment plans using appropriate data;
- counsel clients/patients, families, and other appropriate individuals;
- develop culturally sensitive and age-appropriate management goals and strategies;
- provide appropriate therapeutic intervention for all aspects of speech, language, and communication difficulties and swallowing disorders and their consequences in all age groups in conjunction with the client/patient and significant others;
- provide communication interventions for aural re/habilitation in children;
- collaborate and participate purposefully in an appropriate model of teamwork with the client/patient, family members and other service providers;
- conduct self-evaluation of effectiveness of practice;
- monitor and summarize management progress and outcomes;
- assess efficacy of interventions for speech, language and swallowing disorders;
- recognize the need for referral and refer when appropriate;
- apply the principles of evidence-based practice;
- establish treatment admission and discharge criteria;
- serve as an advocate for clients/ patients, families, and other appropriate individuals
- document treatment procedures and results;
- maintain records in a manner consistent with professional and legal standards;

- communicate results, recommendations, and progress to appropriate individual(s);
- deliver services to culturally and linguistically diverse populations;
- practice in a culturally sensitive and appropriate manner across the broad range of social contexts;
- ensure quality service provision in multilingual populations; select and manage a caseload.

(e) 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.

(f) 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:
- negotiate with appropriate individuals;
- organize and manage own practice and activities responsibly and effectively;
- manage own time effectively;
- manage human, physical and financial resources;
- ensure quality speech-language therapy service provision in a multilingual and culturally diverse population;
- engage with administrative processes; engage in cost-effective health care.

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.

4.   Clinical curriculum requirements

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.

1)   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;

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

    a.   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;

    b.   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.

    c.   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 /

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.

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

  ii. Further to direct clinical contact, additional clinical skills are to be developed and demonstrated by means such assimulations.

  iii. Activities suchas preparation for clinical work, analysis and interpretation of results, and report writing, which support the clinical process must also be incorporated into clinical training.

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

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

3) 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;

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

5) 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;

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

7) Clinical training programmes must be supported by an adequate service platform;

8)   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

9)   Clinical supervision must be commensurate with the clinical knowledge and skills and professional attitudes of each student;

10) 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;

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

5.   STUDENTS

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

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

b) 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.

2)   Selection criteria

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.

3)   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;

4)   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.

5)   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.

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

6.   ASSESSMENT

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

    a) 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;

    b) 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.

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

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

2) 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;

3) 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;

4) 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;

5) 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;

6) No student can graduate until he/she has successfully completed all requirements for the programme;

7) The programmemust regularly evaluate all staff members and staff should use the results for continuous improvement.

## 3.	PROGRAMME RESOURCES

In order for the programme to achieve its stated mission and goals:

i.	The institution provides adequate financial support to the programme;

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

iii.	The programme's equipment and educational/ clinical materials are appropriate and sufficient;

iv.	The programmemust have access to appropriate and sufficient clerical and technical staff, support services, library and technology resources.

8.   ARTICULATION POSSIBILITIES WITH OTHER RELATED QUALIFICATIONS

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

9.   REGISTRATION AS A SPEECH-LANGUAGE THERAPIST

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.

--o0o—

GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

No. R.   **2013**

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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

4.   Definitions

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

5.   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.

6.   (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:

   (g) qualification requirements
   (h) administrative structure and governance
   (i)   academic Staff
   (j)   curriculum
    (iii)   Academic and clinical education
    (iv)   Assessment
   (k) Students
   (l)   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 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).

(7) 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.

(8)   The programme's staff has authority and responsibility for the programme.

(9)   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).

(10) Students, faculty, staff, and persons served in the programme's clinic are treated in a non-discriminatory 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.

(11) 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.

(7)   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.

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

(9)   The number of staff is sufficient to meet the teaching, research, and service needs of the programme and the expectations of the institution.

(10) The institution provides stable support and resources for the professional development of academic staff.

(11) Staff members must engage in continuing professional development.

CURRICULUM

Overall premises

9. (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 audiology. Education and training must:

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

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

     (h)   provide opportunities to enable graduates to practise professionally and ethically;

     (i)   cultivate a culture of life-long learning; and

     (j)   ensure that provision of services to clients and patients is not compromised where the clinician does not speak the client's/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:

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

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

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

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

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

(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; (d) management as described below:

(a) Education in the foundations of audiology must include opportunities for students to acquire and demonstrate knowledge in:

(xxix) human communication including the biological, neurological, acoustic, psychological, developmental, linguistic and cultural bases, normal aspects of auditory and vestibular physiology and behavior over the life span;

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

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

(xxxii) anatomy and physiology, pathophysiology and embryology, and development of the auditory and vestibular systems;

(xxxiii)   principles, methods, and applications of psychoacoustics.

(xxxiv)   effects of chemical and pharmacologic agents on the auditory and
           vestibular systems;

(xxxv)   instrumentation and bioelectrical safety issues;

(xxxvi)   infectious/contagious diseases and universal precautions;

(xxxvii)   physical characteristics and measurement of acoustic stimuli;

(xxxviii) physical characteristics and measurement of electric and other nonacoustic stimuli;

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

(xl)   medical/surgical procedures for treatment of disorders affecting auditory and
           vestibular systems;

(xli)   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;

(xlii)   genetic bases of hearing and hearing loss and balance disorders;

(xliii)   speech and language characteristics across the life span associated with hearing
           impairment;

(xliv)   manual and other communication systems, use of interpreters, and assistive
           technology;

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

(xlvi)   educational, vocational, and social and psychological effects of hearing impairment
           and their impact on the development of an intervention programme;

(xlvii)   management of psychosocial sequalae of hearing loss;

(xlviii)   auditory training, speech reading and communication training;

(xlix)   health care and educational delivery systems;

(l)   educational audiology;

(li)   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;

(lii)   professional codes of ethics and human rights;

(liii)   laws, regulations, policies, and management practices relevant to the profession of
           audiology;

(liv) 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;

(lv) counselling relevant to audiology practice; and

(lvi) 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:

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

(xiii) develop and maintain professional relationships;

(xiv) uphold professional ethical standards;

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

(xvi) plan conduct, direct and/or participate in the promotion of healthy lifestyles to prevent hearing loss/auditory and vestibular pathology and the communication sequalae;

(xvii) prevent the onset and minimize the development of communication disorders;

(xviii) identify individuals at risk for hearing impairment and balance disorders;

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

(xx) develop, implement and manage identification and screening programmes. Programmes for screening individuals for hearing impairment using clinically appropriate and culturally sensitive screening measures;

(xxi) identify speech, language, voice and swallowing disorders and refer to the appropriate health care professional for further management; and

(xxii) 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:

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

(xxx)   develop and maintain professional relationships;

(xxxi)   uphold professional ethical standards;

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

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

(xxxiv)   obtain explicit and on-going consent for all evaluations;

(xxxv)   obtain a case history;

(xxxvi)   perform an otoscopic examination;

(xxxvii) remove cerumen when appropriate;

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

(xxxix)   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;

(xl)   conduct audiologic assessment using physiological, psychophysical, and self assessment measures;

(xli)   perform electrodiagnostic test procedures;

(xlii)   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;

(xliii)   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;

(xliv)   administration and interpretation of behavioural and electro-physiological tests of equilibrium;

(xlv)   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;
          (xlvi)   document evaluation procedures and results;

(xlvii)   analyze and interpret results of the evaluation to establish type and severity of disorder;

(xlviii) demonstrate clinical reasoning and decision making skills;

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

(l)   identify the appropriate channels for referral;

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

(lii)   provide counselling to facilitate understanding of the auditory and vestibular disorder;

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

(liv)   communicate results and recommendations orally and in writing to the client or patient and other appropriate individual(s);

(lv)   use instrumentation according to manufacturer's specifications and recommendations; and

(lvi)   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:

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

(xxxi)   uphold professional ethical standards;

(xxxii)   develop and maintain professional relationships;

(xxxiii) demonstrate clinical reasoning and decision making skills;

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

(xxxv)   obtain explicit and on-going consent for all interventions;

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

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

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

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

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

(xli)   perform hearing aid, assistive listening device, and sensory aid check;

(xlii)   recommend and dispense prosthetic and assistive devices;

(xliii)   select, fit and evaluate appropriate rehabilitation technology (hearing aid, assistive listening device, and sensory aid) for all ages;

(xliv)   conduct audiologic re/habilitation in adults and children;

(xlv)   monitor and summarize treatment progress and outcomes;

(xlvi)   assess efficacy of interventions for auditory and vestibular disorders;

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

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

      (xlix)   establish treatment admission and discharge criteria;

      (l)   serve as an advocate for clients or patients, families, and other appropriate individuals;

      (li)   document treatment procedures and results;

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

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

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

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

      (lvi)   ensure quality service provision in multilingual populations;

      (lvii)   use instrumentation according to manufacturer's specifications and recommendations; and

      (lviii)   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:

     (viii)   negotiate with appropriate individuals;

     (ix)   organize, market and manage own practice and activities responsibly and effectively;

     (x)   manage own time effectively;

     (xi)   manage human, physical and financial resources;

     (xii)   ensure quality audiology service provision in a multilingual and culturally diverse population;

     (xiii) engage with administrative processes; and (xiv) engage in cost-effective health care.

(20) 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 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.

(21) The curriculum must include provision for a student to receive a minimum of 400 hours of clinical practice in Audiology.

(22) 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.

(23) 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.

(24) 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.

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

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

(27)   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.

(28)   The student must maintain documentation verified by the programme of time spent on:

(c)   clinical contact/direct provision of services to the clients/patients; and

(d)   additional clinical learning activities.

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

(30)   In addition to direct client/patient contact, clinical experiences must include consultation, record keeping, and administrative duties relevant to professional service delivery in Audiology.

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

(32)   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.

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

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

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

(I)   University speech, language and audiology clinics;

(m) Secondary and tertiary level hospitals;

(n) Rehabilitation facilities;

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

(p) Schools (mainstream);

(q) Schools for learners with special educational needs;

(r) NGOs and community centres;

(s) Industry;

(t) Private practice;

(u) Communities; and (v) Rural practice

(36) 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.

(37) 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

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, 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

13. (1) The programme conducts on-going 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 documents guidelines for remediation (e.g. repeatable courses and/or clinical experiences, provisions for re-taking examinations) and implements remediation opportunities 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

14. In order for the programme to achieve its stated mission and goals:

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

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

(g)   The programme's equipment and educational/ clinical materials are appropriate and sufficient; and

(h)   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

15. 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

16.   (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

17. 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.

_____

DR AARON MOTSWALEDI
MINISTER OF HEALTH
DATE:

--o0o--

GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

No. R. 2011

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

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

The Minister of Health intends, 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, 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: Department of Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Human Resource Stakeholder Relations and Management) within three months from the date of publication of this notice.

SCHEDULE

4.   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;

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

(4) Communication and swallowing

(c) Addressing communication and swallowing disorders in the following areas:

    (viii)   speech sound production: articulation, apraxia of speech, dysarthria and dyskinesia;

    (ix)   resonance;

    (x)   voice: phonation quality, pitch, loudness and respiration;

    (xi)   fluency: stuttering and cluttering;

    (xii)   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), and paralinguistic communication;

    (xiii)   cognition: attention, memory, sequencing, and executive functioning;

    (xiv)   feeding and swallowing: oral, pharyngeal, laryngeal components orofacial myology (including tongue thrust), and oral-motor functions

(d) diagnosing, assessing, and treating communication and swallowing disorders; advocating for healthy lifestyle practices to prevent communication and swallowing disorders; educating the public about communication and swallowing disorders; administering and managing clinical and academic programs.

(5) Clinical services

(k) screening persons for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;

(l) using instrumentation (e.g., video fluoroscopy, trans-nasal endoscopy, trans oral stroboscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions;

(m) providing intervention and support services for persons diagnosed with speech, and language disorders;

(n) providing intervention and support services for persons diagnosed with auditory processing disorders;

(o) addressing behaviours (e.g., perseverative or disruptive actions) and environments and (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing;

(p) providing speech language therapy services to patients and their families or 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);

(q) providing speech language therapy services to modify or enhance communication performance (e.g., transgender voice, care and improvement of the professional voice);

(r) 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);

(s) 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 persons suffering from hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists);

(t) counselling patients, their families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing;

(t) 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);

107

(u) 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);

(v) documenting the provision of services in accordance with accepted procedures appropriate for the practice setting;

(w) assisting with appropriate educational placement;

(x) 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;

(y) making service delivery decisions (e.g., admission or eligibility, frequency, duration, location, discharge or dismissal) across the lifespan;

(z) determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);

(aa) facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing;

(bb) serving as expert witness.

(6) Promotion

(a) promoting healthy lifestyle practices to prevent communication and swallowing disorders e.g. promotion of the cessation of smoking, the wearing of seat belts and helmets appropriately, practicing road safety; stroke prevention;

(b) promoting behaviours that facilitate the acquisition and development of speech and language e.g. encouraging parent and caregiver communication with neonates and infants; fostering reading by parents in children.

(5) Prevention and advocacy

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

(i)   presenting primary prevention information to risk groups;

(j)   providing early identification and early intervention services;

(k)   advocating prevention for individuals and families through:

    (vi)   community awareness;

    (vii)   health literacy;

    (viii) the facilitation of access to full participation in communication;

    (ix)   the elimination of societal, cultural, and linguistic barriers;

    (x)   participating in policy development and implementation;

(l)   advocating at the local, provincial and national levels of government for improved policies affecting access to services;

(m)   advocating for social inclusion and participation;

(n)   promoting professional services;

(o)   recruiting potential speech-language therapists;

(p)   active participation in professional organizations to contribute to best practices in the profession.

(5) Education and training

(f)   educate the public, and foster awareness, about communication and swallowing disorders, and the treatment thereof;

(g)   provide in-service training to families, caregivers, and other professionals;

(h)   educate, supervise, and mentor current and future speech-language therapists.

(i)   educate speech-language therapy assistants; (j)   conduct research.

(6) Administration

(d)   administer and manage clinical and academic programs;

(e)   participate in the development of policies, operational procedures, and professional standards;

(f)   supervise and manage support personnel.

(7) Practice settings

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

(m) early intervention pre-schools, day-care facilities, schools;
(n) hospitals, clinics, rehabilitation facilities, long term care facilities, behavioural and mental health facilities;
(o) tertiary institutions of education;
(p) private practices;
(q) homes and community residences;
(r) communities;
(s) corporate and industrial settings;
(t) research facilities;
(u) supported and other employment settings;
(v) correctional institutions;
(w) military;
(x) local, provincial and national institutions and government departments;

(8) Range of clients or patients

Speech language therapists provide their service to all age groups, Individual patients, their families, and groups from diverse linguistic and cultural backgrounds.

6. Repeal

The regulations as published under Government Notice No. R889 in *Government Gazette* 11289 of 5 May 1988 will be repealed by the promulgation of these regulations

_____

DR. AARON MOTSWALEDI
MINISTER OF HEALTH
DATE:

DEPARTMENT OF HEALTH

No. R. 443   2 June 2014 HEALTH PROFESSIONS ACT, 1974 (ACT NO.56 OF 1974)

REGULATIONS RELATING TO THE REGISTRATION OF AUDIOLOGY STUDENTS

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 Cluster Manager: Public Entities Governance and Management), within three months from date of publication of this notice.

SCHEDULE

1. Definitions

In these regulations "the Act" means the Health Professions Act, 1974 (Act No. 56 of 1974), and any expression to which a meaning has been assigned in the Act, shall bear that meaning and, unless inconsistent with the context;

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

"student" means a student in audiology registered as such in terms of the Act;

REGISTRATION OF STUDENTS

2. Registration as a student

(1)

A student in Audiology at an accredited educational institution, shall submit to the registrar an application for registration as a student on a form provided by the board in accordance with the provisions of sub-regulation (2) —

(a)

in the case of a student enrolling at an accredited educational institution in his or her first year of study, within four months of such enrolment; or

(b)

in the case of a student who has been exempted from the first or second year of study, within four months of such enrolment in the second or third year of study, respectively; or

(c)

in the case of a student who on the date of publication of these regulations has already commenced study at an accredited educational institution, within four months from date of publication of these regulations.

(2)

An application for registration as a student shall be accompanied by —

(a)   such student's identity document or birth certificate or, if the student is unable to furnish either of these documents, such other proof of his or her age and correct names as may be acceptable to the registrar;

(b)   a certificate to prove that such student has commenced study in a subject or subjects at an accredited educational institution, which certificate shall specify the year of study and the date on which the student enrolled; and

(c)   the registration fee.

(3)

An application for registration as a student by a visiting student from a country other than South Africa who has been admitted to an accredited educational institution for non-degree purposes for a period not exceeding one academic year, shall be accompanied by —

(a)   *a* certificate to prove that such student has commenced such study;

(b)   proof of registration as a student in audiology by a recognised registering authority in a country or state other than South Africa; and

(c)   the registration fee.

(4)

A student who resume his or her studies after having interrupted such studies for at least one year, shall submit an application for re-registration within four months of resuming such study.

(5)

An application referred to in sub-regulation(4)shall be accompanied by —

(a)

        a certificate to prove that such student has resumed such study;

(b)   the original certificate of previous registration
issued by the registrar; and

(c)   the registration fee.

(6)

Subject to the provisions of regulation 3(3), the name of a student who interrupted his or her studies for more than one year, but who indicates annually in writing his or her intention to continue with his or her studies, shall not be removed from the register.

(7)

A student who applies for registration in terms of sub-regulation (4) and who is unable to submit the original registration certificate, shall apply for a certified extract from the register, for which the fee shall be payable.

(8)

An application for registration, together with the applicable documents and fees, submitted after the period of four months, shall be subject to the penalty fee for late registration in respect of each month or portion of a month for which it is submitted after the due date.

(9)

No student shall be registered or re-registered as a student under the Act unless he or she has complied in all respects with the requirements of this regulation.

(10)

The registrar shall furnish a registered student with a registration certificate.

(11)

Should a student change from one educational institution or programme to another during the course of his or her study, the board shall be advised within four months of such change.

3.

Information to be submitted to the board

(1)

An accredited educational institution in South Africa, shall submit to the board on or before 31 May of each year —

(a)   a list of all students enrolled for that year; and

(b)   a list of all students who have discontinued their studies during the preceding year.

(2)

The lists referred to in sub-regulation (1) shall include students' full names, the year of study and, where applicable, the date of discontinuation of study.

(3)

Together with the lists referred to in sub-regulation (1), an accredited educational institution shall submit:

(a)

a list of students who discontinued their studies temporarily during the preceding twelve months, specifying the reasons for such discontinuation and the date on which the students concerned are expected to resume their studies; and

(b) a list of students who resumed their studies during the preceding twelve months after temporarily discontinuing such studies

(4)

The name of a student shall be removed from the register as soon as he or she has been deregistered as an Audiologist or as soon as the registrar receives proof that such student has discontinued his or her studies in South Africa.

(Signed)

DR AARON MOTSOALEDI
MINISTER OF HEALTH DATE:

DEPARTMENT OF HEALTH

HEALTH PROFESSIONS ACT 56 OF 1974

REGULATIONS RELATING TO THE REGISTRATION OF SPEECH LANGUAGE THERAPY STUDENTS

Published under Government Notice 86 in *Government Gazette* 37312 of 10 February 2014.

 SCHEDULE

1.   Definitions

In these regulations "Act" means the Health Professions Act, 1974 (Act No. 56 of 1974), and any expression to which a meaning has been assigned in the Act, shall bear that meaning and, unless inconsistent with the context -

"accredited educational institution" means an educational institution accredited by the professional board to offer training and education in speech language therapy;

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

"student" means a person studying speech language therapy at an accredited educational institution, or a person registered as a student in speech language therapy under the Act;

2.   Registration as a student

(1) A student shall submit to the registrar an application for registration as a student on a form provided for this purpose by the professional board in accordance with the provisions of sub regulation (2)-

(a)   in the case of a student enrolling at an accredited educational institution in his or her first year of study, within four months of such enrolment; or

(b)   in the case of a student who has been exempted from the first or second year of study, within four months of such enrolment in the second or third year of study, respectively; or

(c)   in the case of a student who on the date of publication of these regulations has already commenced study at an accredited educational institution, within four months from date of publication of these regulations.

(2)   An application for registration as a student shall be accompanied by-

(a)   such student's identity document or birth certificate or, if the student is unable to furnish either of these documents, such other proof of his or her age and correct names as may be acceptable to the registrar;

(b)   a certificate to prove that such student has commenced study in a subject or subjects at an accredited educational institution, which certificate shall specify the year of study and the date on which the student enrolled; and

(c)   the registration fee.

(3) An application for registration as a student by a visiting student from a country other than South Africa who has been admitted to an accredited educational institution for non-degree purposes for a period not exceeding one academic year, shall be accompanied by -

(a)   a certificate to prove that such student has commenced such study;

(b)   proof of registration as a student in speech language therapy by a recognised registering authority in a country or state other than South Africa; and

(c)   the registration fee.

(4)   A student who resume his or her studies after having interrupted such studies for at least one year, shall submit an application for re- registration within four months of resuming such study.

(5)   An application referred to in sub-regulation (4) shall be accompanied by -

(a)   a certificate to prove that such student has resumed such study;

(b)   the original certificate of previous registration issued by the registrar; and

(c)   the registration fee.

(6)   Subject to the provisions of regulation 3(3), the name of a student who interrupted his or her studies for more than one year, but who indicates annually in writing his or her intention to continue with his or her studies, shall not be removed from the register.

(7)   A student who applies for registration in terms of sub regulation (4) and who is unable to submit the original registration certificate, shall apply for a certified extract from the register, for which the prescribed fee shall be payable.

(8)   An application for registration, together with the applicable documents and fees, submitted after the prescribed period of four months, shall be subject to the prescribed penalty fee for late registration in respect of each month or portion of a month for which it is submitted after the due date.

(9)   No student shall be registered or re-registered as a student under the Act unless he or she has complied in all respects with the requirements of these regulations.

(10)   The registrar shall furnish a registered student with a registration certificate.

(11)   Should a student change from one educational institution or programme to another during the course of his or her study, the board shall be advised within four months of such change.

3.   Information to be submitted to the board

(1) An accredited educational institution in South Africa, shall submit, to the professional board on or before 31 May of each year -

(a)   a list of all students enrolled for that year; and

(b)   a list of all students who have discontinued their studies during the preceding year.

(2)   The lists referred to in sub regulation (1) shall include students' full names, the year of study and, where applicable, the date of discontinuation of study.

(3)   Together with the lists referred to in sub regulation (1), an accredited educational institution shall submit:

(a)   a list of students who discontinued their studies temporarily during the preceding twelve months, specifying the reasons for such discontinuation and the date on which the students concerned are expected to resume their studies; and

(b)   a list of students who resumed their studies during the preceding twelve months after temporarily discontinuing such studies.

(4) The name of a student shall be removed from the register as soon as he or she has been registered as Speech Language Therapist or as soon as the registrar receives proof that such student has discontinued his or her studies in South Africa.

(Signed)

DR AARON MOTSOALEDI

MINISTER OF HEALTH

DATE: 15/12/2013

APPENDIX P

Health Professions Act of 1974 (as amended)

http://www.polity.org.za/article/health-professions-act-561974-health-professions-council-of-south-africa-amendment-ethical-rules-of-conduct-for-practitioners-registered-under-the-actgazette-no-33400-regulation-654-2010-08-04

APPENDIX Q

The higher Education Qualifications Framework Higher Education Act, 1997 (Act no. 101)

http://www.che.ac.za/documents/d000004/Higher_Education_Act.pdf

APPENDIX R

Suggested content areas to be covered in specific interviews:

Dean:

- Authority of the programme director

- Role of the programme in the academic unit

- Budgetary items (e.g., equipment, salaries)

- Instructional staff advancement and tenure

- Leadership of programme director

- Participation of staff in university activities (e.g., service on committees, etc.)

- Productivity (perceptions of teaching, service, scholarship, research)

- Perceptions of how the program compares with similar academic units in the institution

- Advocacy for specific program needs, as appropriate **Program Director:**

- Development and achievement of program goals

- Budget

  Role of non-tenure-track instructional staff

  Community relationships

  Future plans

  In service, continuing education

  Organization chart

- Clinic operations, decisions: how made, by whom

- Personnel decisions: how made, by whom

- Problems: means of resolving problems, lines of authority for problem resolution

- Program evaluation/quality assurance mechanisms

- Qualifications of staff

- Rank and authority of staff

- Responsibilities of all staff

- Time commitments of all staff

- Staff meetings, communications

- Participation of staff in university activities (e.g., service on committees, etc.)

- Productivity

- Managing diversity

Instructional Staff:

- Development and achievement of programme goals

- Budget adequacy

- Teaching and supervision loads

- Clarity of responsibilities

  Clinical service and supervisory responsibilities

  Research responsibilities
  Community relationships

  Responsibility for client decisions

  Equipment adequacy

- Continuing education

- Program evaluation/quality assurance mechanisms

- Qualifications

- Salaries

- Staff meetings: how often, who participates

- Curriculum and clinical mechanisms for addressing multicultural diversity and life span issues

Clinic Educators:

- Role in the programme

- Perception of strengths/weaknesses in practicum supervisory format

- Perception of students' application of academic information to clinical practice

- Conditions for clinical education (setting, monitoring, etc.)

- Procedures for clinical education

- Evaluation of supervisors, feedback

- Grading

- Continuing education/in-service

- Personnel: staff rank, contract, merit

Off Site Clinical Educators:

Relationship to programme

Perception of student strengths/weaknesses

Preparation of students

Procedures for supervision

Evaluation of students

- Grading procedures

- Extent to which students use the practicum site

- Comparisons with students from other institutions

- Changes in student preparation over the past years

- Relationship with Institution's staff and administration

Students:

- Nature of programme communications about academic progress, program offerings, graduation rates and requirements

- Extent of knowledge about professional issues

- Quality of instruction (how measured)

- Materials, equipment

- Access to staff

- Quality of supervision

- Frequency of supervision

- Suggestions for change or improvement

![HPCSA - Health Professions Council of South Africa]

PROFESSIONAL BOARD FOR SPEECH-LANGUAGE AND HEARING PROFESSIONS

Your programme recently had an accreditation visit by Evaluators on behalf of the Professional Board for Speech, Language and Hearing Professions of the Health Professions Council of South Africa (HPCSA). It would be appreciated if you would kindly complete the report below. This report is intended to provide institutions with an opportunity to comment of the accreditation process. Please complete the document (electronic option available) and return to the Board Manager, Mr Mokete Penane within two weeks of receipt. You may return the form to the HPCSA per e-mail, fax or post. If the post is used, please make allowance for additional time to ensure your submission meets the deadline. Contact details appear at the bottom.

Thank you very much for your time and effort.

REPORT BY INSTITUTION

Name of Institution: _____

Dates of Accreditation Visit: _____

Speech-Language Pathology Programme_____   Audiology Programme_____

Details of Person Completing Assessment Form: Name: _____
Position: _____

Evaluation team member(s): _____
_____

Please use the following scale to describe the **ARRANGEMENTS FOR THE ACCREDITATION PROCESS**

SD=Strongly Disagree	**D**=Disagree

	SD	D	N	A	SA
N=Neutral/No Opinion	**A**=Agree				
SA=Strongly Agree	**Leave Blank**=Not Applicable/Unable to Evaluate				

	SD	D	N	A	SA
1. Administrative staff at HPCSA were available to assist in preparing the for the accreditation process					
2. Administrative staff at the HPCSA competently handled the accreditation arrangements (e.g., selection of dates and selection of evaluators).					
3. The Board provided clear information regarding the program's responsibilities for the accreditation process (e.g. developing a tentative schedule, arranging interviews and appointments, etc.)					
4. Administrative staff at the HPCSA were timely in setting up the accreditation visit					

Use the rating scale below to rate the value of the following aspects of the accreditation review process ineffecting positive changes in your program

1=Poor	4=Good
2=Fair	5=Excellent
3=Satisfactory	

_____ Self-Analysis **Process**
_____ Self-Analysis **Report**
_____ Accreditation Visit
_____ Exit Report

Please make any recommendations that you think will enhance the accreditation process on additional paper.

Please use the following scale to evaluate the **performance of (name)** _____ **a member of the accreditation team**

	SD	D	N	A	SA
1. Demonstrated thorough knowledge and understanding of the Accreditation requirements.					
2. Demonstrated thorough knowledge and understanding of the process of accreditation.					
3. Demonstrated thorough familiarity with the document submitted by the programme.					
4. Requested pertinent additional information to evaluate the programme (as needed).					
5. Raised relevant, appropriate questions during the interview process.					
6. Promoted an open, honest, and non-threatening atmosphere during interview and discussion sessions.					
7. Observed the critical aspects of the program.					
8. Provided the programme with sufficient opportunity to highlight its strengths.					
9. Demonstrated effective, appropriate interpersonal communication skills.					
10. Maintained an open and objective attitude about the program.					
11. Avoided comparison with own program and expressions of personal philosophies about professional education.					
12. Conducted accreditation visit in an organized way.					
13. Conducted accreditation visit with a professional and respectful manner.					
14. Reported accreditation visit findings clearly, objectively, and accurately in exit Report					

Provide explanations and comments below or on a separate sheet about all items rated as SD and D, specifying the item #. Additionally, provide any other comments you wish to about the items rated above and about the accreditation visit in general.

Please indicate below your recommendation regarding this accreditation visit evaluator. Your recommendation should be based on the performance of the individual in terms of the behaviours noted in the preceding table.

_____ I strongly recommend this individual for future site visits.

_____ I recommend this individual for future site visits **with reservations**.

Please   explain   _____

_____

_____ I do **not** recommend this individual for future site visits.

Please explain _____

Please use the following scale to evaluate the **performance of the other member (name)**

_____ **of the accreditation team**

	SD	D	N	A	S A
1. Demonstrated thorough knowledge and understanding of the Accreditation requirements.					
2. Demonstrated thorough knowledge and understanding of the process of accreditation.					
3. Demonstrated thorough familiarity with the document submitted by the programme.					
4. Requested pertinent additional information to evaluate the programme (as needed).					
5. Raised relevant, appropriate questions during the interview process.					
6. Promoted an open, honest, and non-threatening atmosphere during interview and discussion sessions.					
7. Observed the critical aspects of the program.					
8. Provided the programme with sufficient opportunity to highlight its strengths.					
9. Demonstrated effective, appropriate interpersonal communication skills.					
10. Maintained an open and objective attitude about the program.					
11. Avoided comparison with own program and expressions of personal philosophies about professional education.					
12. Conducted accreditation visit in an organized way.					
13. Conducted accreditation visit with a professional and respectful manner.					
14. Reported accreditation visit findings clearly, objectively, and accurately in exit report					

Provide explanations and comments below or on a separate sheet about all items rated as SD and D, specifying the item #. Additionally, provide any other comments you wish to about the items rated above and about the accreditation visit in general.

Please indicate below your recommendation regarding this accreditation visit evaluator. Your recommendation should be based on the performance of the individual in terms of the behaviours noted in the preceding table.

_____ I strongly recommend this individual for future site visits.

_____ I recommend this individual for future site visits **with reservations**.

Please explain

_____

_____

_____ I do **not** recommend this individual for future site visits.

Please explain

_____

_____

 (Adapted from ASHA document)

APPENDIX T

NQF/SAQA level descriptors

http://www.saqa.org.za/docs/misc/level_descriptors.pdf

APPENDIX U

HPCSA Health Professions Council of South Africa	**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA PROFESSIONAL BOARD FOR SPEECH LANGUAGE AND HEARING PROFESSIONS**
	APPLICATION FORM FOR APPOINTMENT OF EVALUATORS FOR EVALUATON VISIT FOR SPEECH LANGUAGE AND HEARING PROGRAMMES AT EDUCATION INSTITUTIONS AND CLINICAL TRAINING FACILITIES **APPENDIX U**

APPLICANT			
Registration Number			
Title (Mr, Mrs, etc.), Initials and Surname			
In good professional standing, including CPD (Please provide proof of CPD Compliance)			
Postal Address			
Physical Address			
Telephone		Cell Number	
E-Mail Address			
SUPPORTING DOCUMENTS (PLEASE TICK)			
Motivational letter			

Curriculum Vitae	
Copy of ID	
Proof of CPD Compliance	
Certificate of good status (COS)	

EDUCATION AND TRAINING (INCL POSTGRADUATE QUALIFICATIONS) Please submit certified copies of the qualifications			
INSTITUTION	**QUALIFICATION**	**YEAR(S)**	**FIELD OF STUDY**
PROFESSIONAL REGISTRATION/S			
CONTRIBUTION TO THE PROFESSION OF SPEECH, LANGUAGE AND HEARING PROFESSIONS			

RECOGNISED PROFESSIONAL CLINICAL EXPERTISE

EXPERIENCE AND FAMILIARITY WITH THE HEALTH AND EDUCATION ISSUES RELATED TO NATIONAL AND INTERNATIONAL TRENDS

RELEVANT AND IN-DEPTH KNOWLEDGE OF EDUCATIONAL CURRICULUM PROCESSES AND BOARD ROLES

Applicant's Signature	
Date	