



# Speech Language & Hearing Professions NEWS

Newsletter for Speech Language and Hearing Professions (SLH) Board



## CONTENTS

1. Chairpersons' Note
2. Introducing the new Board members
3. How prepared are new graduates for Speech-Language Therapy service provision as independent practitioners
3. The Board Task Teams in Progress
4. Obtaining medical aid authorisation for treatment is the responsibility of the patient
5. For your information

## CHAIRPERSON'S NOTE



01

The Speech, Language and Hearing Board is proud in publishing the first edition for the term. It gives me great pleasure to report and highlight the progress and successes of this Board during the year under review.

I take this opportunity to express my appreciation to the previous Board members (2010-2015) whose term of office ended in June 2015, for working diligently, with great commitment and professionalism in implementing the set strategic objectives of the professional board. This they did through providing guidance in improving processes at the Board, evaluation and accreditation visits of higher educational institutions, and receiving inputs through stakeholder engagements. During this period, they improved the functioning of the Board and sought answers to a number of burning issues.

The current Board has three key strategic priorities; categorised into short, medium and long term as outlined in the Strategic Plan. The plan will be finalised in due course. The strategic objectives to be implemented within the five year term include the following:

- Overcoming cultural and linguistic barriers,
- Improve stakeholder engagement in order to promote the Speech, Language and Hearing Professions
- Guide, develop and regulate education and training of the Professions,
- Ensure an efficient operating and accountable

- professional Board to the Profession and the Public;
- Improve the quality of Professional Best Practice,
- Effective inclusion of mid-level workers through curricula development and planning and defining the Scope of Practice for Hearing Aid acousticians,
- To facilitate continued professional competence for the Continuing Professional Development system,
- Developing a framework and guidelines for Mobile Practice for the profession.

### Some of the highlights achieved in 2016 include;

- Hosting a successful Strategic Planning meeting of the Professional Board to develop the Board's Strategic Plan.
- The stakeholder engagements conducted on 22 March and 20 June 2016 respectively with Professional Associations, National Department of Health, Heads of Higher Educational Institutions Departments and other key role players.
- The composition of the Task Team for Language and Culture in Audiology and Speech Therapy respectively.
- The review of the curricula for the University of Witwatersrand (Programme for Speech Therapy & Audiology) and the University of KwaZulu Natal (Discipline of Audiology);
- The publication of the first newsletter for the Professional Board;
- The completion of the guidelines for EHDI and Ototoxicity
- The establishment of the new task team on Occupational Hearing loss
- Representation of the Board at meetings with Gauteng guidelines task team strategic session held on 07 June 2016, and Development of a local advisory committee on assistive technology for the GATE Project (WHO) held on 11 February 2016.

During this term the Board will focus on the following Higher Educational Institutions for accreditation:

- University of Cape Town to be accredited for Speech-Language, Pathology and Audiology
- University of Pretoria - Speech - Language, Pathology and Audiology
- University of KwaZulu-Natal - Discipline of Audiology and Discipline of Speech- Language

### Continued from page 1

- Pathology
- University of Witwatersrand - Speech Therapy and Audiology
- Sefako Makgatho Health Science University - Speech-Language Pathology and Audiology
- Stellenbosch University - Speech-Language and Hearing Therapy
- University of Fort Hare - Speech Language Therapy and Audiology

The current Board commits itself to protecting the public and guiding the profession by following through on our objectives set for this term. We welcome your feedback and encourage active participation in ensuring that our profession maintains high quality standards and adheres to ethical practice.

All the best!

## INTRODUCING THE NEW PROFESSIONAL BOARD MEMBERS

The new Professional Board members for Speech, Language and Hearing were inaugurated in September 2015.

It consists of five professional members registered in these categories, three appointed non-SLH professionals. Two vacancies exist in the SLH Board and are:

1. Audiometrist
2. Universities of South Africa Representative (U.S.A)

**Dr Sadna Balton** was elected Chairperson of the Board. She ascends to this important position with the experience gained in her previous five year term (2010-2015) on the Professional Board where she served as a member of the Executive Committee, the Education Committee and the Chairperson of the Committee of Preliminary Inquiry. In addition to her position as Board Chairperson, she represents the Board at Council meetings and serves on the Executive, Evaluation, Training & Registration, and CPD committees. She was also nominated by Council to chair the Human Rights, Ethics and Professional Practice Committee. As Assistant Director in Speech Therapy and Audiology at Chris Hani Baragwanath Academic Hospital, she brings a lot of insight from the public sector, both from the perspective of patients and therapists, to ensure that matters remain relevant and accountable to the needs of the country.

**Prof Katijah Khoza-Shangase** is the Deputy Chairperson of the Board. She also ascends to this important position with the experience gained in her previous five year term (2010-2015) on the Professional Board where she served as the Deputy-Chairperson, a member of the Executive Committee and Chairperson of the Education Committee

(2010-2015). She is currently Chair of the Education, Training & Registration Committee and, serves in the Executive Committee and on the Committee of Preliminary Inquiry. She is an Associate Professor in Speech Pathology and Audiology at the School of Human and Community Development, Faculty of Humanities at the University of Witwatersrand and a former Head of Department.

**Ms Amanda Msindwana** was elected Chairperson of the Committee of Preliminary Inquiry. She ascends to this important position with experience gained as a former member of the Board and served on the Committee of Preliminary Enquiry (2012-2015). In addition to chairing the Committee of Preliminary Inquiry, she is also a member of the Education, Training and Registration Committee. She is currently in Private Practice in the rural areas of the Eastern Cape. Her aspirations include active participation in specific policy development issues, as well as regulating and supporting healthcare professionals and the public, in upholding quality healthcare services.

**Mr Rayhaan Moosa** has been reappointed as a member of the Board and serves on the Education, Training and Registration Committee. He is a former member of the Board (2013-2015) and has years of experience as a healthcare practitioner practising as a Hearing Aid Acoustician.

**Ms Jane Herbert** is a new member of the Board and serves on the Education, Training and Registration Committee. She is committed to protecting the public from unethical services by promoting the development and training of well trained, ethical graduates.

02

Continued from page 1

**Dr Frans Krige** is appointed a member of the Board and serves on the Executive Committee. He is a medical doctor and is currently a Campus Manager at the Rural Clinical School at the University of Stellenbosch in Worcester. His special interest is to serve the Deaf.

**Mr Fraser Ramphisa** is a appointed member of the Board and serves on the Education, Training and Registration Committee. He comes with vast experience in the education, both as a teacher, headmaster and Education Manager.

**Ms Vimla Moodley** is appointed a member of the Board and serves on the Committee of Preliminary Inquiry. She has years of experience in the field of Health Promotion and Education, and currently holds the position of Director: Health Promotion in the Public Service.

## THE BOARD TASK TEAMS IN PROGRESS

To uphold its mandate of guiding the professions and protecting the public; the 2010 - 15 Speech Language and Hearing Professional Board established task teams to develop amongst other but not limited to position statements and clinical standards in EHDI, School Screening and Ototoxicity. The task teams engaged extensively with all relevant stakeholders in developing these; and are in the final stages of completing the project. The documents will be shared with the profession through the HPCSA website as soon as they have been finalized.

It is hoped that these will enhance the best practice and improve clinical care provided to patients in the country. To make sure that the profession remain contextually relevant and responsive, the Speech Language and Hearing Board will continue to receive input from the stakeholders and review such for continued updates.

other areas where adequate theory together with clinical learning opportunities had not been provided at an undergraduate level. This has left new graduates feeling unprepared to deliver services. Only half of the graduates sample they felt confident treating adult dysphagia, while less than half felt prepared to provide services in paediatric dysarthria and paediatric dysphagia. Less than a quarter of those surveyed said they felt competent in providing services in sign language and African languages. Other areas of the curriculum perceived to be less than optimal included cerebral palsy, craniofacial abnormalities and service delivery to culturally and linguistically diverse patients.

The writers of this study concluded that there is a need to review both the current curricula, as well as to consider developing a standard speech-language therapy curriculum across universities. This appears to be particularly necessary in the areas of theory and clinical learning for the assessment and management

of dysphagia and the provision of services to multilingual population groups.

The SLT profession is urged to consider how to optimise service provision in a multilingual context, and to look at improving training outcomes in the areas identified in this study so that it can improve services offered to the South African population.

### References

- Singh S, Booth A, Choto F, Gotlieb J, Robertson R, Morris G, Stockley N, Mauff K. (2015). *New graduates' perceptions of preparedness to provide speech-language therapy services in general and dysphagia services in particular.* SAJCD.Vol 62
- Miller RM, Grobler ME. *Speech-Language Pathology and Dysphagia: A Brief Historical Perspective.* *Dysphagia* 8:180-184 (1993)

## HOW PREPARED ARE THE GRADUATES FOR SPEECH-LANGUAGE THERAPY SERVICE PROVISION AS INDEPENDENT PRACTITIONERS?

Speech and Language Therapists have been addressing issues of oral feeding and swallowing since the 1930's. Initially the oral motor disorders (speech and swallowing) of cerebral palsied children were addressed. During the 1970's and 1980's the clinical settings of Speech, Language and Therapists began to evolve from mainly schools and ambulatory care populations to involvement in acute and chronic care medical settings. The academic and clinical training of SLT's made them ideal to assess and manage dysphagia.

In a recent study, S Singh et al (2015) explored new graduates' perceptions of the dysphagia curricula and their readiness to practise independently across the scope of the profession of Speech-Language Therapy. Using an electronic questionnaire, eighty new graduates participated from all six South African training universities.

While all graduates felt adequately prepared in the area of child language, 97% were confident with articulation and phonology impairments, there were



## OBTAINING MEDICAL AID AUTHORISATION FOR TREATMENT IS THE RESPONSIBILITY OF THE PATIENT

The majority of medical schemes require that their members obtain authorisation before receiving services from health practitioners registered under the Health Profession Act.

While acting in the best interest of their patients, some practitioners offer to assist their patients with obtaining authorisation from their medical schemes for services to be rendered. Unfortunately, this has made most patients who are members of the medical aids to believe that it is the health practitioners' responsibility to obtain authority from their medical schemes.

Council has received many complaints against practitioners emanating from practise as some patients have experienced financial losses. Patients who are members of the medical schemes are advised as follows:

- Health practitioners have no relationship with the patients' medical schemes except that which is provided for in managed health care arrangements.
- The responsibility of obtaining authorisation for treatment or services to be rendered lies between a member of the medical aid after receiving prescribed information from the patient's treating practitioner.



- Patients are also reminded that it is their responsibility to ensure that the authorisation obtained from their medical schemes covers the scope of their treatment and services that will be rendered.
- Patients should communicate with the practitioner concerned especially when there is limitation to the authorisation given.

### References:

HPCSA media release

## FOR YOUR INFORMATION

### Did you know...

- As at 1st September 2015 there were 2,919 registered practitioners in the Speech, Language and Hearing category on the HPCSA; and
- 1,523 registered students

### Did you know...

- Council and the Professional Board are totally funded by fees (annual fees, registration fees, etc.) received from registered practitioners
- The budgets are prepared in consultation with the various Professional Boards prior to submission to Council for approval
- Professional Board administers its own budget once approved by Council (quarterly financial reports provided)
- Fees are not uniformed and are dependent on the costs associated with activities of each Professional Board such as committees, stakeholder consultations, task teams as well as payment for secretariat functions.

### Did you know...

The Committee of Preliminary Inquiry of the previous SLH Board in 2015 dealt with 35 complaints of which 9 were referred to the Professional Conduct Committee

### Did you know...

The most prominent finalised matters dealt with by the HPCSA Legal department covering all Professional categories were (in order of frequency)

1. Fraud and theft
2. Incompetence
3. Overcharging/charging for services not rendered
4. Issues relating to consent
5. Bringing the professions into disrepute

### Did you know...

Employers in the private and the public sector need to have proof that all professional employees maintain current HPCSA registration and remain CPD compliant, and will face prosecution if found guilty of neglecting to do this.



### Did you know...

All foreign qualified lecturers, professors, clinicians and researchers employed by the institutions or intending to work in Higher Education Institutions should ensure that they have registered with the Health Professions Council of South Africa to comply with regulations relating to the registration of persons who hold qualification not prescribed for registration.

### Did you know...

The objects of the professional Boards (which, as we have observed elsewhere, are established by the Minister in terms of section 15(1)) are, in so far as is relevant, the following:

- To control and exercise authority in respect of all matters affecting the manner of the exercise of the practices pursued in connection with any profession falling within the ambit of the professional board
- To maintain and enhance the dignity of the relevant health profession and the integrity of the persons practicing such profession; and
- To guide the relevant health profession or professions and to protect the public.

## GENERAL INFORMATION



### For enquiries, please direct them to the Call Centre

Tel: 012 338 9300/01  
Fax: 012 328 5120  
Email: info@hpcsa.co.za

### Where to find us:

553 Madiba Street  
Corner Hamilton and Madiba Streets  
Arcadia, Pretoria

P.O Box 205  
Pretoria 0001

### Working Hours :

Monday – Friday : 08:00 – 16:30  
Weekends and public holidays – Closed

### Certificate of Good Standing/ Status, certified extracts verification of licensure

**Susan Ndwalane**  
Tel: 012 338 3995  
Email: hpcsaacs@hpcsa.co.za

### Continuing Professional Development (CPD)

**Helena da Silva**  
Tel: 012 338 9413  
Email: cpd@hpcsa.co.za

### Raylene Symons

Tel: 012 338 9443  
Email: raylenes@hpcsa.co.za

### Change of contact details

Email: records@hpcsa.co.za

### Ethics and professional practice, undesirable business practice and human rights of Council:

#### Sadicka Butt

Tel: 012 338 3946  
Email: SadickaB@hpcsa.co.za

### Service Delivery

Email: servicedelivery@hpcsa.co.za  
Tel: 012 3389301

### Complaints against practitioners

#### Legal Services

Fax: 012 328 4895  
Email: legalmed@hpcsa.co.za

### Statistical Information and Registers:

#### Yvette Daffue

Tel: 012 338 9354  
Email: yvetted@hpcsa.co.za

### Professional Board for Speech Language and Hearing

#### Abegail Nkosi

Tel: 012 338 3906/ 3904/ 3964  
Email: SLHboard@hpcsa.co.za

### Copyright and Disclaimer

The SLH News is a newsletter practitioners registered with the SLH. It is produced by the Public Relations and Service Delivery department, HPCSA building, 2nd floor, Madiba Street, Arcadia, Pretoria. SLH are encouraged to forward their contributions to Fezile Sifunda at [feziles@hpcsa.co.za](mailto:feziles@hpcsa.co.za). The copyright in the compilation of this newsletter, its name and logo is owned by the Health Professions Council of South Africa. You may not reproduce this newsletter, or its name or the logo of the Health Professions Council of South Africa that appears in this newsletter, in any form, or for commercial purposes or for purposes of advertising, publicity, promotion, or in any other manner implying their endorsement, sponsorship of, or affiliation with any product or service, without the Health Professions Council of South Africa's prior express written permission. All information in this newsletter, is provided in good faith but is relied upon entirely at your own risk. By making use of this newsletter and its information you agree to indemnify the Health Professions Council of South Africa, Employees and Service Providers from all liability arising from its use.

