
GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

No. R. 787

13 October 2014

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: Public Entities Governance 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 No. 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.

2. Scope of the Profession of Speech-Language Therapy

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; and
- (vii) feeding and swallowing: oral, pharyngeal, laryngeal components or facial 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. videofluoroscopy, 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) counseling 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; and
- (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; and
- (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; and
- (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; and
 - (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; and
- (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; and
- (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; and
- (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; and
- (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



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MINISTER OF HEALTH

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