

Guidelines for speech-language therapists and audiologists working in private practice

Introduction

The purpose of this document is to outline standards for Speech-Language Therapists and Audiologists working in private practice and to provide information about the requirements for ethical and professional conduct and service provision.

The overall aim is to promote standards of practice excellence and respectful conduct with clients¹ and professionals alike.

Responsibilities, tasks and specific issues are set out to guide professional judgment and ethical decision-making in private practice.

Speech-language therapy practitioners² shall observe these requirements as affirmative obligations and duties for practice.

Relevant legislation

Annual registration with the HPCSA is mandatory for all practitioners (Health Professions Act No 56 of 1974; Amendments R717 2006 and No: 101 2009).

The qualification leading to registration with the Health Professions Council of SA in the category *Independent Speech-Language Therapist* or *Audiologist* is a degree in Speech-Language Therapy from a South African university. Completion of one year of *Community Service* is a prerequisite for registration. Graduates with qualifications from institutions abroad are required to have completed an examination set by the Professional Board for SLH of the HPCSA in order to register for practice in SA.

All practitioners should know the SLT Scope of Practice, amended 2009 and awaiting promulgation by the Department of Health. Practitioners should be "adequately educated, trained **and sufficiently experienced**" to manage communication disorders (Rule 21: Amendment R717 2006 of the Health Professions Act No 56 1974).

Continuing Professional Development (CPD) is compulsory for re-registration with the HPCSA. Practitioners are responsible for ensuring that they obtain a minimum of 30 continuing education units (CEUs) per year. For detailed regulations refer to Guidelines for Continuing Professional Development, HPCSA, April 2009.

Registration with the Board of Healthcare Funders/PCNS is required to obtain a practice number, which is necessary for medical aid schemes to process claims.

¹ The terms 'client' and 'patient' are used interchangeably.

² The terms 'Speech-Language Therapist' (SLT) and 'practitioner' are used interchangeably.

Practitioners are required by law to register with the South African Revenue Services (SARS) to declare income and pay tax. Practitioners who employ others are likewise required to register as employers and pay PAYE tax, UIF and a skills development levy.

Models of practice

A *solus practice* has a single owner and the practitioner's name must be used for the name of the practice.

A *partnership* is a legal arrangement between two or more practitioners and the practice is named after at least two of the partners if there are more than two in the practice.

A practice *in association* is an arrangement between two practitioners who are independent of each other but who have a financial arrangement for the shared use of the facility and infrastructure.

An *Incorporated practice* is a business vehicle that enables an individual practitioner to create a company (Section 54A of the Health Professions Act) that has juristic person status in law and through which the practice operates. (Rule 8(2) Health Professions Act No 56 1974).

Itinerant practice is the provision of the same service at a different location, on a regularly recurring basis at the same fees. (Rule 6 Amendment R717 2006 of the Health Professions Act No 56 1974).

A *group of practitioners* of different professions may share common space but may not enter into a partnership, be in association or be part of an Incorporated practice (Rule 7(3) and 8A Health Professions Act No 56 1974).

A *close corporation* may be created for conducting the non-patient-related business activities of the practice. Therapists may **not** practice as a close corporation (CC) (Rule 7 Health Professions Act No 56 1974).

Audiologists who are employed in the *hearing aid industry* by distributors need to apply to the Professional Board for Speech, Language and Hearing Professions of the HPCSA for permission to work for a company, when the director of the company is not a registered health professional; the contract with the distributor must be provided

Audiologists who enter into *franchise agreements* with a hearing aid distributor or related company must submit the contract with the franchisor to the Professional Board for Speech, Language and Hearing Professions of the HPCSA

Practitioners who are employed by *organisations or institutions* (eg. businesses or non-profit organisations) must apply for permission to work for that body and submit their contract of employment to the Professional Board for Speech, Language and Hearing Professions of the HPCSA

Requirements for private practice

A practice must be named after the owner or partners or director; words such as 'clinic', 'hospital' or 'centre' may not be used (Rule 5(3) Health Professions Act No 56 1974).

The owner of a practice may only employ other practitioners who practice within the scope of the profession in respect of which the owner practitioner is registered under the Act and whose registration with the Health Professions Council of SA is up to date (Rule 8(1) Health Professions Act No 56 1974)

An *individual* practice number must be obtained from the BHF/PCNS for a *solus practitioner*; a *Group* practice number must be obtained by the owner therapist when there are *employees* of a practice who provide clinical services in the practice for which reimbursement is claimed from medical aids

Owners of private practices who employ other practitioners must have evidence of their employees' registration with the HPCSA on record (Health Professions Act No 56 1974).

At the commencement of employment, a written contract stipulating terms of employment, conditions of service, leave and benefits should be drawn up. The contract must be compliant with Section 29 of the Basic Conditions of Employment Act 75 of 1997 ("the Act")

Locums should be employed on a contract for the period of time for which cover is required but this period may not exceed 6 months (Rule 9(1) Health Professions Act No 56 1974)

Employers must ensure that a prospective employee has sufficient experience and is competent to provide the services for which s/he is employed (Rule 21 Health Professions Act No 56 1974).

Terminology

Specialist Speech-Language Therapist or Audiologist

This descriptor is used to designate a clinician who is performing her/his duties at a level of clinical competence that serves as a senior point of reference for colleagues within the profession and in related professional groups (eg. academic environments).

Such a clinician

- will have undertaken a range of post-graduate study courses and training events in fields/subjects directly related to the sphere of specialism;
- will have at least three years of continuous post qualification experience (excluding the community service year);
- will have provided or participated in the delivery of services to the specialist group in a range of contexts and organisational models

Generalist Speech Language Therapist or Audiologist

This descriptor is used to designate a clinician who serves a mixed population of clients in a range of contexts (in- and outpatients, institutions, service locations) and who has not yet developed a specialist knowledge of a particular field or subject. A generalist clinician refers to specialist colleagues for advice and information regarding particular clients and/or their communication disorders

Specialised Speech-Language Therapist or Audiologist

This descriptor is used to identify therapists who deliver clinical services to a single designated client/disorder group. A specialised clinician may refer to a specialist colleague when indicated

Additional training (through an HPCSA accredited education and training programme) may be required should practitioners wish to practice in an area in which they did not receive specific undergraduate training. Such areas include cochlear implantation,

tracheo-oesophageal voice management (assessment, placement of prostheses and intervention) and alternative and augmentative communication intervention (AAC). Neuro-Developmental Training (NDT) is not included in the Speech Therapy curriculum but is a field of interest and specialisation that is open to allied health professionals.

Qualifications and registration

In order to practice in the private sector, a practitioner should:

- have a minimum of an undergraduate degree in Speech-Language Therapy or Audiology from a registered South African university or a recognised and accredited foreign equivalent
- be registered on an annual basis with the HPCSA for a licence to practice
- be registered with the Board of Health Funders (BHF) Practice Code Numbering System (PCNS) in order to obtain a practice code number
- have completed a year of community service as an employee of the Department of Health
- complete the required number of Continuing Professional Development (CPD) activities to obtain 30 CEUs per year

In addition, registration with SASLHA and other professional interest groups is strongly recommended

Roles and responsibilities of private practitioners

Practitioners are competent to fulfil the **roles** of:

- Manager** to operate a practice according to the requirements of South African law; to administer all aspects of a practice in a cost effective and efficient manner in accordance with good business principles and practice;
- Clinician** to identify, assess and treat communication and swallowing disorders;
- Counsellor** to persons with communication disorders, their families and significant others;
- Mentor** to colleagues who seek support and guidance in clinical practice;
- Researcher** to contribute to the growth and development of the professions by collecting and adding data to relevant organisations and institutions as supportive evidence for the efficacy of interventions;
- Educator** to contribute, where and when necessary, to public sector community based health promotion and prevention programmes to raise awareness of communication and swallowing with information about best practice for management of these disorders
- Resource** to know of and refer to groups and non-profit organisations that offer support to patients, families and anyone interested in communication and its disorders

In these roles professionals have the following **responsibilities**:

Practice management and administration

- To register with SARS as a tax payer and employer
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- To register with the Department of Labour for employee/s UIF
- To hire administrative personnel (receptionist, credit controller, book keeper)
- To enter into a contract of employment with therapists in the relevant practice models and with administrative personnel
- To pay salaries timeously according to the terms of the contract of employment
- To insure for professional indemnity from legal liability claims
- To insure against personal liability (comprehensive 3rd party insurance)
- To insure premises and materials against loss, theft, damage
- To maintain patient data records including contact details and medical aid membership
- To provide patients with a copy of the practice information including financial contract for payment of all fees and contract/agreement for therapy including discharge on termination of therapy
- To maintain a running case history for all clients
- To maintain accurate and detailed records regarding therapy attendance and progress
- To adhere to legal requirements regarding consent and confidentiality
- Accounts shall be submitted directly to the client; reimbursement to the client is by arrangement with the medical aid³
- Accounts shall contain the required data fields for settlement of the account directly to the therapist or for reimbursement to the client (refer to relevant section below)
- The practice financial policy shall set out the terms of payment by the client

Clinical services (referrals, assessment, intervention, discharge)

- There will be an open referral system (ie. patients may self refer); in cases with a swallowing, voice or disorder a medical referral is required and discussion with the referring doctor when it is appropriate
- All referrals shall be recorded and shall be acknowledged in writing
- All patients shall be seen within one month: acute clients have priority and shall be seen within two working days (in-patients) or two weeks (out patients or home visits)
- When the referral is for a second opinion, contact shall be made with the first clinician for a detailed report
- Assessment may take place over several sessions with the aim of establishing the presence and specific diagnosis of a speech, language and/or swallowing disorder
- Assessments of children under the age of 14 years must be with the consent of their parents
- Direct assessments shall be carried out in conjunction with at least one other person who is well known to the client (parent, guardian, carer, significant other)
- The assessment should make use of a range of standardised and non-standardised materials that are culturally relevant and appropriate to an initial diagnosis⁴

³ Note that some medical aids allow the submission of claims for settlement directly with the therapist

⁴ Note that the main aim of assessing language in children from bilingual communities is to differentiate a language acquisition problem that affects all language and learning from a problem that affects the acquisition of English as a second language

- When assessments are of patients in hospital and still in the acute stage post- event or post-surgery, they should be sufficiently medically stable for a valid assessment of their problem
- The results of an assessment should be written up within 24 hours of the event
- The outcome of the assessment should be communicated promptly to the client and/or carer and other relevant professionals and recorded in the patient's case file
- Referrals to other professionals should be made promptly, when indicated
- A clear plan for intervention must be drawn up with aims and objectives that are agreed upon between the client and/or carer/significant other⁵
- Therapy plans shall be individualised to the client's particular needs and shall be appropriate to the client's age, cultural and linguistic needs
- The plan must be recorded in writing in the client's file
- Goals must be regularly reviewed within a clearly defined timeframe and adjusted when necessary
- Group interventions may be provided to no more than three persons per group, per therapist
- When there is a multidisciplinary team involved in the intervention (particularly for speech-language therapy) the findings and recommendations shall be conveyed to the team for discussion and further decision making
- Prior to discharge the actual outcome of therapy must be evaluated with reference to the expected outcome
- A complete report shall be compiled and circulated to the relevant parties prior to discharge⁶ (Booklet 11 HPCSA 2002)
 - Reports shall be factual, objective and free from bias, expressed in language meaningful to parents, carers and other health professionals
- The reasons for discharge shall be recorded in the client's file
- In the case of children, the decision to discharge the client shall be taken in consultation with the parent/s or guardian and/or carers
- In the case of clients under medical care, discharge shall be discussed with the doctor responsible for medical care
- The reasons for discharge and any other referrals shall be carefully explained to the client and parent and/or carer/significant other
- Referrals to other professionals shall be accompanied by a detailed report including information about the diagnosis, assessment results, goals and outcomes of therapy together with the reason for the referral
- When the reason for a referral is because the therapist is closing his/her practice clients shall be given adequate prior notice and referred to another therapist whose area of interest is similar and who will be able to resume therapy with due consideration for the client's needs and requirements; all relevant documentation shall be handed to the client to expedite ongoing management and intervention; a written report shall be forwarded to the new therapist
- When a client chooses to terminate therapy and self refer to a second therapist, a written report shall be provided to the therapist
- When a referral is made for a second opinion all of the relevant documentation shall be provided (results of assessment and diagnosis, goals of intervention, outcome to date, recommendations)

⁵ In the case of acquired neurological disorders, it should be clearly explained to clients and/or carers/significant others that the nature of intervention has a long term maintenance role

⁶ Clients who are discharged with an ongoing swallowing problem associated with progressive neurological disorders must have access to speech language therapy services as required throughout the course of the problem

Clinical services (screening)

- *There is a separate guideline for screening for speech and hearing problems in newborns, pre-school and school age populations*

Counsellor

- *'Counselling is a mechanism through which the individual is assisted to make a decision from the many choices available'. (RCSLT, 2006)*
- Whether a counselling approach is adopted in therapy depends on the needs of the particular client
- The purpose of counselling in therapy is to assist the client to gain greater understanding of the nature of the problems created by the communication disorder, accepting the limits this imposes on activity and how it restricts social participation, and reaching realistic expectations of the outcome of therapy
- From time to time, therapists fulfil the role of counsellor and shall provide informational and emotional support to clients and their carer/significant other
- When it is apparent that a client requires counselling to deal with personal dysfunction or psychodynamic issues a referral to an appropriate professional shall be arranged
- Audiologists plan and implement tinnitus retraining programmes that have a cognitive behavioural therapy component for which relevant counselling shall be provided

Mentor

- A specialist therapist is by definition a resource for colleagues who seek guidance in best or preferred management for clients with complex problems
- Specialist therapists shall arrange opportunities to supervise and guide less experienced generalist therapists particularly when this function is included in the the contract of employment or the specialist job description
- Individual arrangements may be entered into between a specialist therapist and a generalist therapist colleague for supervisory support when a contract or job description does not include this function
- Community Service Therapists have a particular need for guidance and support and should be able to access therapists in the private sector as well as the public sector if needed

Researcher

- Therapists in private practice have a rich field of experience and access to ready data to inform research into the efficacy of interventions
- Therapists shall participate in the collection of data for field trials and contribute data to inform the evidence for best practice

Educator

- Therapists in private practice have a responsibility to raise the awareness of the public regarding communication and its disorders and can do so within the context of national professional marketing events
- Therapists in private practice have a responsibility to contribute to community based service development and to this end may participate in primary health care activities and training programmes when necessary and appropriate

Resource

- Therapists shall be fully informed of all relevant groups – non-profit organisations, support groups, government agencies – that provide ancillary services to persons with communication disorders
- Therapists shall promote the profession by providing accurate information regarding the scope of practice, new developments, types of services and where to access them

For additional information refer to the Patient Rights Charter (November, 2005); Ethical guidelines for good practice in the health care professions (HPCSA 2008); Code of Ethics (SASLHA 2010)

Minimum requirements to perform the tasks

Premises used to conduct a private SLT practice should

- When they are owned by the practitioner
 - have a dedicated entry and be used by the practitioner solely for the purpose of therapy
 - be appropriately fitted and furnished to reflect professional use
 - ensure the client's privacy and safety
 - be accessible for people using wheelchairs
 - ensure minimum noise levels and external interruptions
 - comply with infection control (SASLHA ESC guidelines 2010)
- When practitioners are not the owners of the premises, they should lease suitable premises that comply with the above-mentioned requirements
- When a service is provided *off site* at pre-schools, schools, community centres, church halls, hospitals or clinics these premises should also be leased or occupied at a *market-related rental*

Materials used for assessment and therapy should be

- appropriate for the client's age, culture and type of disorder
- original and not copied photographically or electronically
- normative scores provided by 'formal' assessments which have been standardised on populations in other countries should be used with caution because the diversity of cultures and languages used in South Africa makes quantitative comparisons invalid; therefore qualitative interpretations are advised

The development of assessments and materials that are appropriate for the needs of the South African community is strongly encouraged (Refer to Guideline for working with Bilingual Populations)

Other relevant issues

Fees and tariffs

- Therapists may only charge for those services they have provided on the actual date of service; splitting of tariff codes is not permissible and thus the cost for services rendered on one particular date may not be spread over different service dates

- Payment for professional services or products dispensed may not be received prior to the service being rendered or the product being provided to the client
- Clients have the right to discuss and negotiate fees and related costs with a therapist
- A discounted tariff may be offered at the therapist's discretion
- Clients have the right to query whether or not they have been overcharged for professional services with the relevant authorities of the HPCSA or the forensic services division of the particular medical scheme
- Care should be taken to avoid over-servicing and the provision of services that are no longer within the individual therapy plan, particularly when the goals of therapy have been met and the outcome is satisfactory
- Language enrichment programmes are not covered for reimbursement by medical aids; this service should be provided with discretion
- Fee sharing with another professional who has not provided a commensurate degree of direct service to the client, is not allowed
- Payment to an employee or another professional of a commission for patients seen or hearing aids and other products dispensed, is not allowed

Accounts

Accounts must be presented with the following information clearly stated:

- Name of practitioner
- Profession and qualifications of practitioner
- HPCSA registration number
- BHF practice code number
- Practice address, telephone number, email
- Surname and initials of principal member
- Name of medical scheme
- Membership number of the principal member
- Full name and date of birth of patient
- Name of referring practitioner if applicable
- Date on which service(s) were provided
- Relevant National Health Reference Price List (NHRPL) treatment codes relating to service rendered (*depending on the settlement of the current dispute at the time of writing, between the Department of Health and a consortium of health care providers*)
- The Medical Schemes Act 131 of 1998 rules that in terms of regulation 5(f) all registered providers of healthcare services are shall include an ICD-10 diagnostic code (International classification of diseases) on all invoices submitted to medical schemes for reimbursement

Logos may not be used on professional accounts

Professional stationery

A letterhead on practice stationery should only contain

- Name and qualifications
- Profession and HPCSA registration number
- Practice address and contact information
- Practice number
- Consulting hours

Logos may not be used on professional stationery

Business cards

A business card may contain

- Name and qualifications
 - Profession and HPCSA registration number
 - Practice address and contact information
 - Practice number
 - Consulting hours
- A logo and a strapline may be used on a business card but these should not be the dominant feature of the card or suggest that the name of the practice is that displayed in the logo
 - Audiologists who are associated with one company as its agent should indicate this clearly on the business card

Practice signage (outside the practice location, in the foyer of a building, on the exterior of a building)

A sign should be an appropriate size and should only contain

- Name and qualifications
- Profession

Logos may not be used on professional signage

Marketing and advertising

Advertisements may be placed in newspapers or magazines; their purpose is to inform the public where the services of Speech-Language Therapists and Audiologists are available and what the nature of these services may be

- In addition an advertisement may provide some information about methods of payment (credit cards, electronic transfer of funds);
- If an advertisement offers 'free' services it must be explicitly stated what these will be so that the public is not misinformed and has realistic expectations about what is offered and will be provided
- Audiologists may not endorse products in their advertorial
- An Audiologist or practice that is an *agent* for a hearing aid distributor should state so clearly (eg. Agent for XYZ, these products only are supplied in this practice)

Avoid any activities that may be regarded as canvassing or touting for clients.

Touting means conduct which draws attention either verbally or by means of printed or electronic media, to one's offers, guarantees or material benefits that do not fall in the categories of professional service or items, but are linked to the rendering of a professional service or designed to entice the public to the professional practice" (Amendment No R. 68, 2nd February 2009)

- Patients may not be solicited from a secondary source of employment or practice activity for benefit in a therapist's primary private practice (eg. pre-schools or schools where a peripatetic service is provided by a speech therapist to children and/or learners; a pre-school, school or residential centre where a hearing

screening service is provided to children, learners and older persons by an Audiologist)

- Bulk distribution of practice flyers or pamphlets is not allowed (eg. pamphlets in carparks, unaddressed postbox drops, street corner distributions)

Marketing is a process that is designed to attract business to a practice by focusing on building relationships with potential clients be these institutions, businesses or individuals; marketing has an educational and informative purpose as opposed to that of an advertisement (which is to provide contact details); information is provided about the practice, the services offered there, new technical developments, emerging research data as evidence for best practice, the professions, materials to raise awareness about communication disorders and the help that is available, directing persons to relevant other sources of support or information

The following marketing strategies are available:

- *Practice newsletters* to the existing client base
- *Flyers* that may be placed in locations which potential clients may visit (eg. pharmacies, health professionals' waiting rooms, libraries, community centres, hospital reception areas, residential homes)
- *Websites* may be considered to be 'virtual waiting rooms'; here general information about the profession/s, the services they provide, **generic** details of the products that are available in the market place, materials about communication disorders and support groups that may be contacted, other helpful resources or websites for additional information, is posted; if a website is developed and provided for an Audiologist by a hearing aid distributor, acknowledgement to and information about that company may not appear on the website
- Photographs may be used in marketing material but these should be consistent with the image and reputation of a profession

The principles and rules set out in the Code of Ethics should be applied to all advertising and marketing strategies and activities

Complaints and peer review

In order to deal with complaints amongst professionals about conduct that is deemed to be unprofessional and/or unethical, there is a Peer Review process that is available to members of SASLHA.

The purpose of this is to assist in resolving problems by facilitating discussion between the parties who are at odds with each other on professional issues.

When a problem cannot be resolved it will be referred to a suitable agency for resolution. When an issue is clearly a breach of the Rules of the HPCSA it will be referred to the Legal Department of that body.

Key references

Legislation www.doh.gov.za

- Health Professions Act No 56 of 1974
- Amendment R717 2006 of the Health Professions Act No 56 1974
- Reporting unprofessional conduct. Government Gazette R102 Feb 2009
- Medical Schemes Act 131 of 1998 regulation 5(f)

HPCSA documents <http://www.hpcsa.co.za>

The National Patients' Charter (25th November, 2005)

Scope of practice for the professions of Speech-Language Therapy and Audiology (21st November, 2009)

Ethical guidelines for good practice in the health care professions (revised 2008)

- General ethical guidelines for health care professions Booklet 1
- Professional self-development Booklet 4
http://www.hpcsa.co.za/downloads/cpd/cpd_guidelines_2010.pdf
- Guidelines for making professional services known Booklet 5
- Policy statement on perverse incentives and related matters Booklet 7
- Guidelines on keeping of patient records Booklet 11
- The National Patients' Charter Booklet 13
- Confidentiality: protecting and providing information Booklet 14
- Seeking patients' consent: The ethical considerations Booklet 15

SASLHA ESC documents <http://www.saslha.co.za>

Code of Ethics 2010

ESC guidelines 2010

- Infection control, 2010
- Guidelines on Peer Mentoring, 2001
- Guidelines for the Provision of Speech-Language Services by Private Practitioners in Schools, 2005
- Guidelines for Hearing Conservation, 2010
- Guidelines for Medico-Legal practice, 2010
- Guidelines for Newborn Hearing Screening, 2010
- Contract of employment
- Contract for locum employment

Useful resources

ASHA (American Speech-Language and Hearing Association) <http://www.asha.org>

AAA (American Academy of Audiology) <http://www.audiology.org>

ASH (Australian Speech and Hearing)

CASLPA (Canadian Speech Language Pathologists Association)

Board of Health Funders of Southern Africa (BHF) <http://www.bhfglobal.com>

Council for Medical Schemes (CMS) <http://www.medicalschemes.com>

SAAA (South African Association of Audiologists)

Professional indemnity

Contact one of the following for details of the policies that are available:

Medical Protection Society (MPS)- mps@global.co.za

Natmed— Stephen@NatmedFinancial.com

The South African Medical Association (SAMA)
PO Box 74789
Lynwood Ridge 0047
Tel: (012) 481 2000
www.samedical.org

Carl Greaves Brokers – 021 948 0630

If you are interested in joining Medical Protection Society, please contact:

- **Ian Middleton**, PO Box 72506, Parkview 2122, Johannesburg, South Africa.
Tel: (011) 887 0197, Fax: (011) 887 0427, email:
medprotection@global.co.za.
- **Alika Maharaj**, PO Box 72506, Parkview 2122, Johannesburg, South Africa.
Cell: (083) 277 9208, email: mps@iburst.co.za.

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