

Hong Kong Institute of Speech Therapists Limited	Document No.	HKIST-A-COS-v1
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Author	HKAST AR Sub-committee
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Approved / Endorsed By	HKIST Professional Council
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1.0 Background

1.1 The Supplementary Document of Competency-based Occupational Standards for Speech Therapists (CBOS) was originally compiled by The Hong Kong Association of Speech Therapists (HKAST) Membership Eligibility Committee in 2015. It was adopted as a supplement document in the educational requirement for membership eligibility of HKAST after thorough consultation among speech therapists in Hong Kong. The Committee, as a whole, is formed by representative delegates from the academia in speech therapy and a range of clinical settings in Hong Kong. Each member of the Committee contributed to this supplementary document.

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1.2 Hong Kong Institute of Speech Therapists Limited (HKIST) continue to adopt the HICAST Supplementary Document for CBOS in accreditation of speech therapists. Minor amendments were made after reviews to suit the application in HICAST.

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2.0 ORIGIN AND AIMS OF THIS DOCUMENT

HKIST is the recognized organization for speech therapists in Hong Kong. HKIST adopts the Competency-based Occupational Standards (CBOS): Entry-Level, 2011 developed by Speech Pathology Australia as the framework of educational and clinical standards required for Accredited Speech Therapists. Therefore, the qualification of an applicant as an Accredited Speech Therapist will be determined with reference to the standards stated in CBOS 2011.

The CBOS 2011 is employed by speech therapy associations across a number of countries as one of their accreditation criteria. It outlines the minimum skills, knowledge base, and attitudes required for entry-level practice in the profession.

Some required skills outlined in CBOS 2011, however, are culturally and contextually specific to the original country and may not be applicable to the Hong Kong context. This supplementary document is developed after thorough discussions and considerations of the Committee so that its descriptions comply with the local context.

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3.0 DEFINITION OF TERMS IN CBOS

General changes which apply to the whole document:

- 3.1 From “Australia” to “Hong Kong”,
- 3.2 From “Speech Pathology Australia (SPA)” to “Hong Kong Institute of Speech Therapists (HKIST)”,
- 3.3 From “speech pathology” to “speech therapy”, and
- 3.4 From “speech pathologist” to “speech therapist”.

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4.0 LISTS OF MODIFICATIONS

Modifications specified in this supplementary document are made in reference to Competency-Based Occupational Standards (CBOS): Entry-Level, 2011.

The section of Defining 'Entry level' on Page 2 of CBOS 2011 will be modified as follows:

Original text:

Defining 'Entry level'

Entry level for speech pathologists in Australia is defined as:

1. the point equivalent to graduation with a degree from a course in speech pathology from an Australian university which has been accredited by Speech Pathology Australia. Currently, in Australia, graduates may enter the profession with either a Bachelor or Masters Degree. Regardless of degree, graduates must meet the minimum requirements set out in this document
2. the minimum requirements to be met before employment as a speech therapist in Australia, if not a graduate from an Australian institution
3. the first 12 months of practice as a speech pathologist in Australia.

Revised text:

Defining 'Entry level'

Entry level for **speech therapists** in **Hong Kong** is defined as:

1. the point equivalent to graduation with a degree from a course in **speech therapy** from **a recognized tertiary institution in Hong Kong**
2. the minimum requirements to be met before employment as a **speech therapist** in **Hong Kong**, if not a graduate from a **Hong Kong** institution
3. the first 12 months of **consecutive** practice as **a speech therapist** in **Hong Kong**

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The section of Unit 1 on Page 11 of CBOS 2011 will be modified as follows:

Original text:

Unit 1: Assessment:

In assessment, the speech pathologist investigates the client's communication and/or swallowing condition and explores the primary concerns of the client with his/her consent.

The best available evidence is used to underpin assessment.

Comprehensive assessment includes the components of the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001):

- identifying the underlying body functions and structures that impair the client's communication and swallowing abilities
- identifying the extent to which the communication and swallowing condition impacts on the client's ability to perform everyday life activities
- identifying how to facilitate the client's participation in educational, employment and social interactions on a daily basis.

The speech pathologist must collaborate with the client and their significant others/caregivers (where necessary) in all decision making. Collaboration and/or negotiation may also involve other professionals involved with the client and the person who made the referral.

Assessment of the communication and/or swallowing condition takes into consideration the client's preferred language/s and is completed in a culturally competent manner.

The assessment must be appropriate to the workplace context of the service provider and consider all appropriate workplace legislation (e.g. anti-discrimination, occupational health and safety, privacy and freedom of information).

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Revised text:

Unit 1: Assessment:

In assessment, the **speech therapist** investigates the client's communication and/or swallowing condition and explores the primary concerns of the client with his/her consent. The best available evidence is used to underpin assessment.

Comprehensive assessment includes the components of the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001):

- identifying the underlying body functions and structures that impair the client's communication and swallowing abilities
- identifying the extent to which the communication and swallowing condition impacts on the client's ability to perform everyday life activities
- identifying how to facilitate the client's participation in educational, employment and social interactions on a daily basis.

The **speech therapist** must collaborate with the client and their significant others/caregivers (where necessary) in all decision making. Collaboration and/or negotiation may also involve other professionals involved with the client and the person who made the referral.

Assessment of the communication and/or swallowing condition takes into consideration the client's preferred language/s and is completed in a culturally competent manner.

The assessment must be appropriate to the **clientele** of the service provider and consider all appropriate workplace legislation (e.g. anti-discrimination, occupational health and safety, privacy and freedom of information).

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The section of Element 1.1 on Page 11 and 12 of CBOS 2011 will be modified as follows:

Original text:

Element 1.1

Investigate and document the client's communication and/or swallowing condition and explore the primary concerns of the client.

Information may be gathered from the significant other people in the client's life where necessary.

Performance Criteria

1. Obtain the client's perceptions and description of the communication and/or swallowing condition.
2. Obtain a case history: holistic consideration of the client's medical history, physical, cognitive functioning and environmental factors that may impact on the swallowing or communication condition.
3. Establish the impact of the communication and/or swallowing condition in relation to the client and significant others. (Include components of the ICF described earlier.)
4. Document the importance the client or family attributes to the communication and/or swallowing condition and consider it in relation to other life factors.
5. Discuss and establish the client's desired outcome in relation to the nature of the communication and/or swallowing condition.
6. Establish the need for the assessment of the client's communication and/or swallowing with the consent of the client and in relation to the referral.
7. Discuss the client's communication and/or swallowing condition in a sensitive and empathic manner with the client and the client's significant others using appropriate interview techniques.
8. Integrate information obtained from assessment using knowledge, clinical reasoning (COMPASS®), decision-making and evidence-based practice to develop an interpretation of the data.
9. Obtain and document the client's goals and life circumstances. Determine speech pathology service options for achieving the goals in partnership with the client, their nominated significant other and, where necessary, the service provider.
10. Note any requirement or potential need for other assessments and/or support for

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the client and take steps to facilitate their provision.

11. Ensure that information gathered is not released without the informed consent of the client, guardian or significant other, and maintain confidentiality at all times in accordance with Speech Pathology Australia's Code of Ethics, freedom of information and privacy legislation.

12. Record information accurately and systematically, in the English language, and according to the needs of the reader and the service provider's requirements.

Cues for this element

Interview processes:

- development of rapport
- direct questioning (e.g. history of hospitalisation)
- reflective questioning (e.g. determining client's perceptions of swallowing difficulties)
- responsive questioning (e.g. responding to the parent who is expressing guilt)
- use of questionnaires (e.g. collect developmental information)
- responses to the client's verbal and non-verbal communication
- listening skills that are adapted to the context of the interview.

Types of information:

- biographical, medical and/or developmental
- social skills and pragmatic communication
- cultural and linguistic information, including attitudes towards disability, intervention and community support (obtained from client or significant other)
- the value placed on communication and/or swallowing skills by the client and his/her family
- psychological (including cognitive, psycho-emotional and/or mental health)
- behavioural
- activity limitations
- participation restrictions
- educational and vocational
- contextual (e.g. service provider's context such as pre-school, aged care facilities)
- legislative (e.g. anti-discrimination, food handling, child abuse, occupational health and safety)
- pragmatic skills of the interviewee.

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Consultation with the client and/or service provider (if required) regarding:

- specialised counselling
- respite services
- new intervention or service delivery option
- resource implications of interventions.

Revised text:

Element 1.1

Investigate and document the client's communication and/or swallowing condition and explore the primary concerns of the client.

Information may be gathered from the significant other people in the client's life where necessary.

Performance Criteria

1. Obtain the client's perceptions and description of the communication and/or swallowing condition.
2. Obtain a case history: holistic consideration of the client's medical history, physical, cognitive functioning and environmental factors that may impact on the swallowing or communication condition.
3. Establish the impact of the communication and/or swallowing condition in relation to the client and significant others. (Include components of the ICF described earlier.)
4. Document the importance the client or family attributes to the communication and/or swallowing condition and consider it in relation to other life factors.
5. Discuss and establish the client's desired outcome in relation to the nature of the communication and/or swallowing condition.
6. Establish the need for the assessment of the client's communication and/or swallowing with the consent of the client and in relation to the referral.
7. Discuss the client's communication and/or swallowing condition in a sensitive and

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empathic manner with the client and the client's significant others using appropriate interview techniques.

8. Integrate information obtained from assessment using knowledge, clinical reasoning, decision-making and evidence-based practice to develop an interpretation of the data.

9. Obtain and document the client's goals and life circumstances. Determine speech **therapy** service options for achieving the goals in partnership with the client, their nominated significant other and, where necessary, the service provider.
10. Note any requirement or potential need for other assessments and/or support for the client and take steps to facilitate their provision.
11. Ensure that information gathered is not released without the informed consent of the client, guardian or significant other, and maintain confidentiality at all times in accordance with **The HKIST's Code of Practice**, freedom of information and privacy legislation.
12. Record information accurately and systematically, in **English and/ or Chinese**, and according to the needs of the reader and the service provider's requirements.

Cues for this element

Interview processes:

- development of rapport
- direct questioning (e.g. history of hospitalisation)
- reflective questioning (e.g. determining client's perceptions of swallowing difficulties)
- responsive questioning (e.g. responding to the parent who is expressing guilt)
- use of questionnaires (e.g. collect developmental information)
- responses to the client's verbal and non-verbal communication
- listening skills that are adapted to the context of the interview.

Types of information:

- biographical, medical and/or developmental
- social skills and pragmatic communication
- cultural and linguistic information, including attitudes towards disability, intervention and community support (obtained from client or significant other)
- the value placed on communication and/or swallowing skills by the client and his/her family

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- psychological (including cognitive, psycho-emotional and/or mental health)
- behavioural
- activity limitations
- participation restrictions
- educational and vocational
- contextual (e.g. service provider's context such as pre-school, aged care facilities)
- legislative (e.g. anti-discrimination, food handling, child abuse, occupational health and safety)
- pragmatic skills of the interviewee
- **family history of communication problem**

Consultation with the client and/or service provider (if required) regarding:

- specialised counselling
- respite services
- new intervention or service delivery option
- resource implications of interventions.

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The section of Element 1.2 on Page 12 and 13 of CBOS 2011 will be modified as follows:

Original text:

Element 1.2

Identify the communication and/or swallowing conditions requiring investigation and use the best available scientific and clinical evidence to determine the most suitable assessment procedures in partnership with the client.

Performance Criteria

1. Set priorities for assessment in collaboration with the client. Make referral to other agencies in accordance with the interpretation of the client's needs, and the client's priorities and circumstances (with reference to the ICF).
2. Select communication and/or swallowing assessment procedures and tools that are suitable to the client's needs, abilities, social and cultural background.
3. Be able to justify the choice of assessment procedures and tools with reference to:
 - the client's communication and/or swallowing history
 - best available evidence available from current literature and research
 - availability of procedures and tools.
4. Discuss the client's condition with relevant members of the professional team and with the full consent of the client.
5. Make referral to speech pathologists and other professionals with additional expertise to undertake those procedures for which you are untrained or for which the clinic is not resourced.

Cues for this element

Priorities determined with reference to:

- the client's cultural background, values placed on communication and life circumstances
- best available evidence from the current literature and research
- service delivery options and quality processes used by the service provider.

Assessment procedures and tools:

- standardised tests

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- self report scales
- hearing screening
- language samples
- speech samples
- digital recordings-audio & visual
- fluency ratings
- physical and functional examination of oral, pharyngeal, laryngeal, oesophageal, aural and/or nasal areas
- examination of respiratory, auditory, phonatory and articulatory systems.

Procedures and tools chosen with reference to:

- age and gender of the client
- cultural and linguistic background
- client's preferred mode of communication and/or communication system.

Professional team members:

- teachers
- general and/or specialist medical practitioners
- social workers
- occupational therapists.

Referral for the following procedures (if required):

- videofluoroscopy
- nasendoscopy
- audiometric testing
- sizing a voice prosthesis
- electronic alternative and/or augmentative communication.

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Revised text:

Element 1.2

Identify the communication and/or swallowing conditions requiring investigation and use the best available scientific and clinical evidence to determine the most suitable assessment procedures in partnership with the client.

Performance Criteria

1. Set priorities for assessment in collaboration with the client. Make referral to other agencies in accordance with the interpretation of the client's needs, and the client's priorities and circumstances (with reference to the ICF).
2. Select communication and/or swallowing assessment procedures and tools that are suitable to the client's needs, abilities, social and cultural background.
3. Be able to justify the choice of assessment procedures and tools with reference to:
 - the client's communication and/or swallowing history
 - best available evidence available from current literature and research
 - availability of procedures and tools.
4. Discuss the client's condition with relevant members of the professional team and with the full consent of the client **and/or significant others**.
5. Make referral to **speech therapists** and other professionals with additional expertise to undertake those procedures for which you are untrained or for which the clinic is not resourced.

Cues for this element

Priorities determined with reference to:

- the client's cultural background, values placed on communication and life circumstances
- best available evidence from the current literature and research
- service delivery options and quality processes used by the service provider.

Assessment procedures and tools:

- standardised tests
- self report scales
- hearing screening

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- language samples
- speech samples
- digital recordings-audio & visual
- fluency ratings
- physical and functional examination of oral, **facial**, pharyngeal, laryngeal, oesophageal, aural and/or nasal areas
- examination of respiratory, auditory, phonatory and articulatory systems.
- **instrumental assessment**
- **acoustic analysis**

Procedures and tools chosen with reference to:

- age and gender of the client
- cultural and linguistic background
- client's preferred mode of communication and/or communication system
- **client's preferred mode of feeding and or diet texture.**

Professional team members:

- teachers
- general and/or specialist medical practitioners
- social workers
- clinical and/ or educational psychologist
- audiologist
- **dietitian**
- **physiotherapist**
- occupational therapists.

Referral for the following procedures (if required):

- videofluoroscopy
- nasendoscopy
- audiometric testing
- sizing a voice prosthesis
- electronic alternative and/or augmentative communication
- **assistive input device**

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The section of Element 1.3 on Page 14 of CBOS 2011 will be modified as follows:

Original text:

Element 1.3

Administer speech pathology assessment relevant to the communication and/or swallowing condition.

Performance Criteria

1. Conduct the speech pathology assessments in a manner that is sensitive to the client's cultural and social background, and in accordance with the specific assessment tool requirements and the requirements of the service provider.
2. Obtain information required for the differential diagnosis of the communication and/or swallowing condition by using assessment practices that may be static (e.g. standardised testing at a particular point in time to describe the condition) or dynamic (e.g. testing procedures designed to determine the potential for change across time).
3. Show an understanding of, and ability to carry out, formal administration of both standardized assessments and non-standardised assessment procedures.
4. Recognise when standard procedures are appropriate and be able to justify any non-standard use of procedures or materials.
5. Take steps to ensure that the client is fully informed of the nature of the assessments and conduct the assessments with safety and comfort for the client.
6. Record information objectively and accurately and as required by the service provider.

Cues for this element

Awareness and understanding of:

- client's use of languages other than English
- background and culture of the client
- cultural appropriateness (or otherwise) of the test
- the client's expressed goals for participation in community, educational or work activities
- barriers to the client's capacity to articulate their needs
- client's need for an interpreter
- the client's need for counselling and support.

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Revised text:

Element 1.3

Administer speech therapy assessment relevant to the communication and/or swallowing condition.

Performance Criteria

1. Conduct the **speech therapy** assessments in a manner that is sensitive to the client's cultural and social background, and in accordance with the specific assessment tool requirements and the requirements of the service provider.
2. Obtain information required for the differential diagnosis of the communication and/or swallowing condition by using assessment practices that may be static (e.g. standardised testing at a particular point in time to describe the condition) or dynamic (e.g. testing procedures designed to determine the potential for change across time).
- 3. Show ability to carry out, formal administration of both standardized assessments and non-standardized assessment procedures.**
4. Recognise when standard procedures are appropriate and be able to justify any non-standard use of procedures or materials.
5. Take steps to ensure that the client is fully informed of the nature of the assessments and conduct the assessments with safety and comfort for the client.
6. Record information objectively and accurately and as required by the service provider.

Cues for this element

Awareness and understanding of:

- client's use of languages other than **English and Cantonese**
- background and culture of the client
- cultural appropriateness (or otherwise) of the test
- **the client's expressed goals for participation in community, educational or work activities obtained from clients or significant others**
- barriers to the client's capacity to articulate their needs
- client's need for an interpreter
- the client's need for counseling and support

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The section of Element 1.4 on Page 15 of CBOS 2011 will be modified as follows:

Original text:

Element 1.4

Undertake assessment within the ethical guidelines of the profession and all relevant legislation and legal constraints, including medico-legal responsibilities.

Performance Criteria

1. Follow ethical guidelines as outlined in Speech Pathology Australia's Code of Ethics and show an awareness of current and relevant legislation impacting on speech pathology assessment.
2. Provide documentation of the client's speech pathology history when required to do so by law.
3. Obtain consent from the client for distribution of information about the client to other agencies, while adhering to confidentiality guidelines in accordance with Speech Pathology Australia's Code of Ethics and any applicable freedom of information and/or privacy legislation. (Seeking advice from a supervising or senior speech pathologist is appropriate.)

Cues for this element

Relevant legislation:

- freedom of information
- privacy legislation
- equal opportunity and anti-discrimination
- power of attorney
- disability services
- notification of child abuse
- occupational health and safety
- copyright laws.

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Revised text:

Element 1.4

Undertake assessment within the ethical guidelines of the profession and all relevant legislation and legal constraints, including medico-legal responsibilities.

Performance Criteria

1. Follow ethical guidelines as outlined in **HKIST's Ethical Framework** and show an awareness of current and relevant legislation impacting on **speech therapy** assessment.
2. Provide documentation of the client's **speech therapy** history when required to do so by law.
3. Obtain consent from the client for distribution of information about the client to other agencies, while adhering to confidentiality guidelines in accordance with **HKIST's Code of Practice** and any applicable freedom of information and/or privacy legislation. (Seeking advice from a supervising or senior **speech therapist** is appropriate.)

Cues for this element

Relevant legislation:

(Note: The following is a non-exhaustive list of examples that comply with the context in Hong Kong. Readers are advised to consult their respective institutions and/ or work settings for a comprehensive list of relevant documents.)

- freedom of information
- **equal opportunity ordinance**
- power of attorney
- disability services
- notification of child abuse
- occupational health and safety
- **privacy and personal data ordinance**
- **copyright ordinance**

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The section of Unit 2 on Page 16 of CBOS 2011 will be modified as follows:

Original text:

Unit 2: Analysis and interpretation

The interpretation and analysis of clients' communication and/or swallowing condition must demonstrate current clinical reasoning approaches (refer to COMPASS®) and relevant evidence-based analysis. All factors (e.g. *body function and structure; contextual factors*) related to the communication and/or swallowing condition must be identified for diagnosis and the client's activities and desired participation level must be incorporated into the analysis.

The client (and/or their significant other) and the speech pathologist mutually determine the strategies to address the communication and/or swallowing condition.

Revised text:

Unit 2: Analysis and interpretation

The interpretation and analysis of clients' communication and/or swallowing condition must demonstrate current clinical reasoning **approaches and** relevant evidence-based analysis. All factors (e.g. *body function and structure; contextual factors*) related to the communication and/or swallowing condition must be identified for diagnosis and the client's *activities* and desired *participation* level must be incorporated into the analysis.

The client (and/or their significant other) and the **speech therapist** mutually determine the strategies to address the communication and/or swallowing condition.

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The section of Element 2.2 on Page 16 of CBOS 2011 will be modified as follows:

Original text:

Cues for this element

Methods for augmenting information:

- review of the relevant research literature
- seeking professional advice on cultural and language issues
- seeking advice from a supervising or senior speech pathologist
- case conferences, team meetings and school consultation
- seeking advice through special interest groups or forums (e.g. SPA Autism discussion board)
- referral to other professionals
- consultation with the client and significant other
- further speech pathology assessment (using knowledge and skills outlined in Unit 1).

Revised text:

Cues for this element

Methods for augmenting information:

- review of the relevant research literature
- seeking professional advice on cultural and language issues
- seeking advice from a supervising or senior **speech therapist**
- case conferences, team meetings and school consultation
- seeking advice through special interest groups or forums
- referral to other professionals
- consultation with the client and significant other
- further **speech therapy** assessment (using knowledge and skills outlined in Unit 1).

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The section of Element 2.4 on Page 17 of CBOS 2011 will be modified as follows:

Original text:

Element 2.4

Report on analysis and interpretation.

Performance Criteria

1. Prepare written reports on the analysed and interpreted assessment data. Include clinical reasoning, integration and interpretation of assessment results, intervention planning and projected outcomes.
2. Include the evidence (from the assessment results or from the literature) in the report to support the recommendations and conclusions.
3. Integrate input from the client and the advice of other team members and colleagues associated with the client in the report.
4. Write the report in English using a reader-friendly style (plain English) and take into account health literacy levels. Sign and date the report and write in the format required by the service provider's policies.
5. Use qualified interpreters (e.g. sign and/or other language) to interpret, translate and/or present the report when necessary.
6. Obtain consent from the client or person responsible, facility or service provider for reports to be sent to any other person or service provider. Apply confidentiality guidelines and, with consent, send reports to appropriate personnel involved with the client.

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Revised text:

Element 2.4

Report on analysis and interpretation.

Performance Criteria

1. Prepare written reports on the analysed and interpreted assessment data. Include clinical reasoning, integration and interpretation of assessment results, intervention planning and projected outcomes.
2. Include the evidence (from the assessment results or from the literature) in the report to support the recommendations and conclusions.
3. Integrate input from the client and the advice of other team members and colleagues associated with the client in the report.
4. Write the report in English **and/ or Chinese** using a reader-friendly style and take into account health literacy levels. Sign and date the report and write in the format required by the service provider's policies.
5. Use qualified interpreters (e.g. sign and/or other language) to interpret, translate and/or present the report when necessary.
6. Obtain consent from the client or person responsible, facility or service provider for reports to be sent to any other person or service provider. Apply confidentiality guidelines and, with consent, send reports to appropriate personnel involved with the client.

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The section of Element 2.5 on Page 18 of CBOS 2011 will be modified as follows:

Original text:

Element 2.5

Provide feedback on results of interpreted speech pathology assessments to the client and/or significant others and referral sources, and discuss management.

Performance Criteria

1. Determine the participants who need to be included in feedback. Give feedback in a written and/or oral form using all means to enhance communication and using language modified according to the client's background (using generic competencies, refer to COMPASS®).
2. Check accuracy of the assessment results against the client's perceptions and address differences with the aim of reaching a common understanding.
3. In consultation with the client and/or significant others and the original referral source, make referrals for further assessment or intervention.
4. With the consent of the client, convey the results of the assessment back to the referral source via verbal and/or written report.
5. Present intervention options, taking into account the client's assessed communication and swallowing abilities, and goals with respect to quality of life and participation (ICF). Choose the most appropriate option in collaboration with the client and/or significant other.

Revised text:

Element 2.5

Provide feedback on results of interpreted speech therapy assessments to the client and/or significant others and referral sources, and discuss management.

Performance Criteria

1. Determine the participants who need to be included in feedback. Give feedback in a

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written and/or oral form using all means to enhance communication and using language modified according to the client's background (using generic **competencies**).

2. Check accuracy of the assessment results against the client's perceptions and address differences with the aim of reaching a common understanding.
3. In consultation with the client and/or significant others and the original referral source, make referrals for further assessment or intervention.
4. With the consent of the client, convey the results of the assessment back to the referral source via verbal and/or written report.
5. Present intervention options, taking into account the client's assessed communication and swallowing abilities, and goals with respect to quality of life and participation (ICF). Choose the most appropriate option in collaboration with the client and/or significant other.

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The section of Element 3.1 on Page 20 of CBOS 2011 will be modified as follows:

Original text:

Cues for this element

Relevant fields from which to obtain additional information:

- audiology
- genetics
- neurology
- psychology
- medicine
- pharmacy
- psychiatry
- gerontology.

Revised text:

Cues for this element

Relevant fields from which to obtain additional information:

- **education**
- audiology
- genetics
- neurology
- psychology
- medicine
- pharmacy
- psychiatry
- gerontology.

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The section of Element 3.5 on Page 20 of CBOS 2011 will be modified as follows:

Original text:

Cues for this element

Examples of speech pathology interventions:

- individual or group speech pathology intervention carried out by the speech pathologist
- individual or group speech pathology intervention planned and supervised by the speech pathologist and carried out by a speech pathology assistant (e.g. allied health or teacher)
- curriculum adaptation for students at school with speech, language and/or literacy difficulties
- the education of parents, carers and/or significant others to deliver an intervention for communication disorders
- providing a program targeting speech and/or language difficulties to be implemented in the home
- a speech pathology program implemented within an educational or aged care facility
- referral of the client's family or carers to a support group
- monitoring 'at-risk' clients through review
- collaborative program delivered within the classroom with a teacher.

Revised text:

Cues for this element

Examples of **speech therapy** interventions:

- individual or group **speech therapy** intervention carried out by the speech **therapist**
- individual or group **speech therapy** intervention planned and supervised by the **speech therapist** and carried out by **collaborators**.
- curriculum adaptation for students at school with speech, language and/or literacy difficulties
- the education of parents, carers and/or significant others to deliver an intervention for communication disorders
- providing a program targeting speech and/or language difficulties to be implemented in the home
- a **speech therapy** program implemented within an educational or aged care facility

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- referral of the client's family or carers to a support group
- monitoring 'at-risk' clients through review
- collaborative program delivered within the classroom with a teacher.

The section of Element 3.7 on Page 23 of CBOS 2011 will be modified as follows:

Original text:

Element 3.7

Document speech pathology intervention plans, goals and outcome measurement.

Performance Criteria

1. Document plans for intervention, therapy goals, measurement of outcomes and the rationale for decisions in speech pathology client records and/or the service provider's general records, in plain English, and in accordance with the service provider's policy and quality management guidelines.
2. On discharge, or when speech pathology intervention is not indicated, follow the service provider's policies and quality management guidelines for documentation.
3. Obtain consent from the client or guardian for information to be released to any person, in accordance with Speech Pathology Australia's Code of Ethics and any applicable freedom of information and privacy legislation.

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Revised text:

Element 3.7

Document speech therapy intervention plans, goals and outcome measurement.

Performance Criteria

1. Document plans for intervention, therapy goals, measurement of outcomes and the rationale for decisions in **speech therapy** client records and/or the service provider's general records, **in English and/or Chinese**, and in accordance with the service provider's policy and quality management guidelines.
2. On discharge, or when **speech therapy** intervention is not indicated, follow the service provider's policies and quality management guidelines for documentation.
3. Obtain consent from the client or guardian for information to be released to any person, in accordance with **HKIST's Code of Practice** and any applicable freedom of information and privacy legislation.

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The section of Cue for Element 4.2 on Page 26 of CBOS 2011 will be modified as follows:

Original text:

Community support groups and professional networks:

- Speakeasy Association
- Headway Australia
- Autism Associations in each state
- Down syndrome Associations
- Alzheimer’s Australia
- Cleft Pals Connect Groups.

Revised text:

Community support groups and professional networks:

- **Alliance for Patients’ Mutual Help Organizations**
- **Hong Kong Association for Cleft Lip and Palate**
- **Hong Kong Association for Specific Learning Disabilities**
- **Hong Kong Parents Association for the Hearing Impaired**
- **Hong Kong Association for Parents of Persons with Physical Disabilities**
- **Neuro United**
- **The New Voice Club of Hong Kong**
- **Society for the Welfare of the Autistic Persons**
- **Hong Kong Stroke Society**
- **The Association of Parents of the Severely Mentally Handicapped**
- **The Hong Kong Down Syndrome Association**
- **The Hong Kong Joint Council of Parents of the Mentally Handicapped**
- **The Intellectually Disabled Education And Advocacy League (IDEAL)**
- **The Parent Association of Autistic Children in Mainstream Education**
- **The Parents' Association of Pre-school Handicapped Children**

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The section of Cue for Element 4.5 on Page 27 of CBOS 2011 will be modified as follows:

Original text:

Cues for this element

An awareness of:

- the necessity for a focus on educational outcomes and curriculum focused interventions in educational contexts
- specific disability legislation and its relation to speech pathology in disability services
- a focus on screening programs and/or community based prevention packages in the delivery of community services
- the role of auxiliary staff in mealtime management in aged care facilities and disability services.

Revised text:

Cues for this element

An awareness of:

- the necessity for a focus on educational outcomes and curriculum focused interventions in educational contexts
- specific disability legislation and its relation to **speech therapy** in disability services
- a focus on screening programs and/or community based prevention packages in the delivery of community services
- the role of **supporting** staff in mealtime management in aged care facilities and disability services.

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The section of Cue for Element 5.1 on Page 29 of CBOS 2011 will be modified as follows:

Original text:

Cues for this element

Relevant policies and procedures:

- equity and equal opportunity policies
- occupational health and safety regulations
- freedom of information legislation
- confidentiality and privacy policies
- quality management policy
- clinical pathway procedures
- procedures for dealing with medical and/or educational records
- policies on internet use
- incident reports
- funding policies
- client's entitlements
- grievance policies
- performance appraisal mechanisms.

Revised text:

Cues for this element

Relevant policies and procedures:

- equity and equal opportunity policies
- occupational health and safety regulations
- confidentiality and privacy policies
- quality management policy
- clinical pathway procedures
- procedures for dealing with medical and/or educational records
- incident reports
- performance appraisal mechanisms.

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The section of Cue for Element 5.5 on Page 31 of CBOS 2011 will be modified as follows:

Original text:

Cues for this element

Knowledge of professional networks:

- existing support networks within the service
- clinical and professional supervision from a senior speech pathologist within the service
- Speech Pathology Australia Mentoring Program
- special interest groups
- professional development activities
- external professional contacts with colleagues.

Revised text:

Cues for this element

Knowledge of professional networks:

- existing support networks within the service
- clinical and professional supervision from a senior **speech therapist** within the service
- special interest groups
- professional development activities
- external professional contacts with colleagues.

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The following section of Element 5.8 on Page 33 of CBOS 2011 will be deleted.

Element 5.8

Participate in and collaborate on the evaluation of speech pathology services.

Performance Criteria

1. Demonstrate participation in service evaluation procedures in accordance with service provider's policies and procedures.

Cues for this element

See Element 4.3: Evaluation of intervention.

Knowledge of evaluation procedures with respect to:

- organisational reviews
- accreditation procedures
- quality programs
- performance appraisal procedures
- strategic planning processes.

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The following section of Element 7.2 on Page 37 of CBOS 2011 will be deleted.

Element 7.2

Participate in professional development and continually reflect on practice.

Continuing professional development refers to a range of learning activities through which professionals maintain and develop knowledge and skills throughout their career to ensure that they retain their capacity to practice safely and effectively....within the evolving scope of practice (Communicating Quality 3, RCSLT, 2006).

Performance Criteria

1. Know current research trends, concepts and theories in speech pathology practice as reported in the literature. Understand the extent and limitations of the evidence base. Actively seek information and analyse new research for implications for practice.
2. Demonstrate a commitment to a range of professional development activities.
3. Demonstrate a continuing and increasing awareness of professional research and a willingness and ability to be involved in research.
4. Reflect on speech pathology practice: evaluate assessment and intervention efficacy and assess one's own clinical skills in a variety of practice contexts.

Cues for this element

Professional development activities:

- independent study
- attendance at conferences, workshops, seminars, short courses, special interest groups
- teaching or presenting at a conference or to community groups
- participation in research activities and quality improvement activities
- participation in Speech Pathology Australia activities
- updating skills with the latest technology (e.g. tele-health applications)
- participation in the Professional Self Regulation (PSR) program of Speech Pathology Australia which recognizes all the above activities
- participation in the Mentoring Program of Speech Pathology Australia.