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	Issue Date	18/09/2017
Scope of Practice for Speech Therapy in Hong Kong	Review Date	17/09/2020
	Page	1 of 7

Scope of Practice for Speech Therapy in Hong Kong

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Hong Kong Institute of Speech Therapists Limited	Document No.	HKIST-A-SOP-v1
	Issue Date	18/09/2017
Scope of Practice for Speech Therapy in Hong Kong	Review Date	17/09/2020
	Page	2 of 7

1.0 Statement of Purpose

This document provides a general description of the scope of practice for the profession of speech therapy in Hong Kong. It supports speech therapists in providing high-quality services to individuals with communication or swallowing difficulties and in conducting related research. It also serves to inform other health care professionals, educators, regulators, government agencies and the public about the professional services provided by accredited speech therapists.

2.0 Definition

Speech therapists are defined as the professionals who practice in the areas of communication and swallowing across the lifespan.

“Communication” includes speech production and fluency, verbal and nonverbal language, cognition, voice, resonance, and hearing. “Swallowing” includes all aspects of swallowing, including related feeding behaviors. Throughout this document, the terms communication and swallowing are used to reflect all areas. The term “individuals” is used throughout the document to refer to students, clients, and patients who are served by speech therapists.

Speech therapy is a profession that has been undergoing continuous development. Speech therapists are ethically bound to perform services that are appropriate to their levels of education, training, competency, skills and proficiency with respect to the roles identified within this scope of practice document. Continuous professional education should be pursued by a speech therapist in order to expand his or her expertise into novel clinical and technological development of the profession. As such, the listing within this document is not exhaustive to other professional services provided by any accredited speech therapist. Besides, the overlapping of scopes of practice is unavoidable in the rapidly changing health care, education, and other environments. Hence, speech therapists in various settings need to work collaboratively with other educational or healthcare professionals to make sound decisions for the benefit of individuals with communication and swallowing disorders.

3.0 Educational Requirements

For a speech therapist to practice in Hong Kong, he or she should possess a bachelor’s degree or above in speech therapy in a recognized tertiary institution or equivalent, and should demonstrate competency as specified in Competency Based Occupational Standards (CBOS) 2011 with reference to the supplementary document by Hong Kong Institute of Speech Therapists.

Hong Kong Institute of Speech Therapists Limited	Document No.	HKIST-A-SOP-v1
	Issue Date	18/09/2017
Scope of Practice for Speech Therapy in Hong Kong	Review Date	17/09/2020
	Page	3 of 7

4.0 Roles and Responsibilities

The responsibilities of a speech therapist include the assessment, diagnosis, rehabilitation, and prevention of communication and swallowing disorders resulting from dysfunctions of the oral, laryngeal, resonatory, respiratory, esophageal, or neurological mechanism. Besides management of physical impairment, speech therapists also manage the social and vocational impact of the communication and/or swallowing disorders on an individual's wellbeing. The ultimate aim of speech therapy is to improve individuals' quality of life by optimizing his or her communicative and swallowing abilities with up-to-date, rational, safe and cost-effective management.

Speech therapists provide a wide range of clinical and other related services that support individuals with a diversified range of communication and swallowing difficulties. These services complement with the World Health Organization (WHO)'s the International Classification of Functioning, Disability and Health (ICF). The ICF provides a conceptual framework that guides clinical and research practices in the field of speech therapy, and it consists of the following key components:

- i. **Body functions and structures:** This relates to the anatomy and physiology of the human body. Examples related to speech therapy are cerebral palsy, language impairment, stuttering, vocal fold paralysis.
- ii. **Activity and Participation:** Activity refers to the execution of a task while participation refers to the individual's involvement in a life situation. Examples related to speech therapy are safe swallowing for independent feeding, active participation in class, access to the general education curriculum.
- iii. **Environmental and personal factors:** Environment factors include the physical and social environment where individuals live while personal factors include those internal influences of the individuals on their functioning and disability (e.g. age, gender, ethnicity, educational background, etc.) Examples related to speech therapy are roles of caregivers in creating a facilitative environment for communication and safe swallowing, and the cultural background of the individuals related to their communication with others.

4.1 Clinical Services

4.1.1 Screening and identification of communication and swallowing disorders

4.1.2 Assessment and diagnosis of communication and swallowing disorders

4.2.3 Intervention for communication and swallowing disorders

Hong Kong Institute of Speech Therapists Limited	Document No.	HKIST-A-SOP-v1
	Issue Date	18/09/2017
Scope of Practice for Speech Therapy in Hong Kong	Review Date	17/09/2020
	Page	4 of 7

- 4.1.4 Management of communication and swallowing disorders using instrumental techniques, including but not limited to videofluoroscopy, electromyography, nasometry, nasendoscopy, videostroboscopy, sonography and electrical stimulation
- 4.1.5 Coordination of care with other professionals
- 4.1.6 Consultation for individuals and their caregivers
- 4.1.7 Measurement of therapy outcomes and documentation of therapy progress
- 4.1.8 Areas of speech therapy service:
- i. Receptive and expressive language
 - ii. Pragmatics and social skills
 - iii. Cognitive communication
 - iv. Problem solving
 - v. Emergent literacy and literacy
 - vi. Speech sound production
 - vii. Fluency
 - viii. Voice
 - ix. Resonance
 - x. Feeding and swallowing
 - xi. Airway management
 - xii. Alternative and augmentative communication
 - xiii. Aural habilitation/rehabilitation
- 4.1.9 Potential etiologies of communication and swallowing disorders
- i. Unknown etiologies (e.g., functional disorders)
 - ii. Neonatal problems (e.g., prematurity, low birth weight, substance exposure)
 - iii. Developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention-deficit disorder, intellectual disabilities, unspecified neurodevelopmental disorders)

Hong Kong Institute of Speech Therapists Limited	Document No.	HKIST-A-SOP-v1
	Issue Date	18/09/2017
Scope of Practice for Speech Therapy in Hong Kong	Review Date	17/09/2020
	Page	5 of 7

- iv. Disorders of respiratory tract function (e.g., irritable larynx, chronic cough, abnormal respiratory patterns or airway protection, paradoxical vocal fold motion, tracheostomy)
- v. Oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral motor dysfunction)
- vi. Respiratory patterns and compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease)
- vii. Pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence)
- viii. Laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis)
- ix. Neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebrovascular accident, dementia, Parkinson's disease, and amyotrophic lateral sclerosis)
- x. Psychiatric disorder (e.g., psychosis, schizophrenia)
- xi. Genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome)
- xii. Orofacial myofunctional disorders (e.g., habitual open-mouth posture/nasal breathing, orofacial habits, tethered oral tissues, chewing and chewing muscles, lips and tongue resting position)

4.1.10 Elective services include:

- i. Professional voice use
- ii. Preventive vocal hygiene
- iii. Accent/dialect modification

4.2 Prevention, Promotion and Advocacy

- 4.2.1 Provision of primary prevention information regarding different disorder groups in form of educational leaflets, posters, videos etc. to increase public awareness of communication disorders and swallowing disorders.
- 4.2.2 Addressing influential behaviors and environmental factors that affect communication and swallowing through public education, talks and presentation.

Hong Kong Institute of Speech Therapists Limited	Document No.	HKIST-A-SOP-v1
	Issue Date	18/09/2017
Scope of Practice for Speech Therapy in Hong Kong	Review Date	17/09/2020
	Page	6 of 7

4.2.3 Promotion of and advocacy for the speech therapy profession

4.3 Education and Research

Speech therapists involve in the following education and research activities:

- 4.3.1 Participation in professional training programs, research activities, conventions and seminars for continuous professional development.
- 4.3.2 Providing training and development programs for speech therapy colleagues and other health professionals.
- 4.3.3 Providing supervision and clinical placement to speech therapy students.
- 4.3.4 Delivery of talks and organization of educational seminars.
- 4.3.5 Research in communication, swallowing and other related areas

4.4 Administration

- 4.4.1 Caseload management and coordination of speech therapy services
- 4.4.2 Planning, development, implementation and review of programs, policies and guidelines related to speech therapy service
- 4.4.3 Conducting service management activities such as quality improvement initiatives and clinical auditing.
- 4.4.5 Management of staff related to the provision of speech therapy service

5. Practice Settings

Speech therapists work in various settings that include, but not limited to:

- i. Hospitals
- ii. Schools
- iii. Preschool centres
- iv. Nursing homes and day care centres
- v. Community rehabilitation centres
- vi. Private practice
- vii. Tertiary institutions
- viii. Government departments

Hong Kong Institute of Speech Therapists Limited	Document No.	HKIST-A-SOP-v1
	Issue Date	18/09/2017
Scope of Practice for Speech Therapy in Hong Kong	Review Date	17/09/2020
	Page	7 of 7

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