

SCOPE OF PRACTICE POSITION STATEMENTS

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ASHA Certificate of Clinical Competence

Effective June 1, 2006, the Board no longer accepts the ASHA Certificate of Clinical Competence as being reciprocal with the North Carolina statute requirements for licensure. *Authority – G.S. 90-295*

Foreign-Trained Applicants

Foreign-trained applicants must contact an education evaluation service and obtain an official education evaluation showing (a) your educational level and (b) a detailed course-by-course evaluation of your coursework and practicum completed. *Authority – G.S. 90-295*

Policy for Doctorate Degree Representation

The Board of Examiners for Speech and Language Pathologists and Audiologists has established the following policy. It is inappropriate to use Dr. without further clarifying your professional role.

The Board suggests the following terminology: John Doe, Au.D./Ph.D. or John Doe, Au.D./Ph.D., Doctor of Audiology/Speech-Language Pathology, or Dr. John Doe, Audiologist/Speech-Language Pathologist. This clarifies the profession of the individual to the public.

The Board also requires an official transcript which indicates that the doctorate degree has been conferred before the licensee can represent himself/herself with that title. *Authority - -G.S. 90-301A(3); 21 NCAC 64 .0303(2)*

License Renewal Notices

Be advised that the license renewal notice sent as a reminder that license renewal fee needs to be remitted in order to renew the license is sent as a courtesy by the Board. The notices are not required by the statute and it is the **LICENSEE'S RESPONSIBILITY TO KNOW WHEN THE LICENSE EXPIRES AND TO RENEW IT IN A TIMELY FASHION.** *Authority – G.S. 90-300*

Telepractice Policies

1. Parent/Guardian notification and approval – Informed consent before services provided. Right to refuse telepractice services.
2. The telepractitioner is responsible for assessing the patient's candidacy for telepractice including behavioral, physical and cognitive abilities to participate in services provided via telecommunications.
3. Confidentiality of the patient's medical information is maintained. Protecting the privacy of patient records and information is mandated by federal and state laws. Security of treatment rooms and remote access to electronic documentation must be considered to protect patient privacy and confidentiality at both sites. Telepractice sessions should not be observed by anyone without

the permission of the patient/guardian. All persons in rooms at both sites should be identified prior to each session.

4. Telepractitioners must have the knowledge and skills to competently deliver services via telecommunication technology by virtue of education, training and experience.

5. The use of technology (equipment, connectivity, software, hardware and network compatibility) must be appropriate for the service being delivered and be able to address the unique needs of each patient. Services should also be in compliance with safety and infection control policies and procedures.

6. Telepractice service delivery includes the responsibility for calibration of clinical instruments in accordance with standard operating procedures and the manufacturer's specifications.

7. Telepractice services may not be provided by correspondence only, e.g. mail, email, faxes, although they may be adjuncts to telepractice.

8. Audio and video quality should be sufficient to deliver services that are equivalent to those provided in-person.

9. Facilitators should be appropriately trained to provide the type of assistance needed for the session (escorting patients to and from session, establishing and troubleshooting the telespeech connection, setting up therapy materials, assisting with behavior management as needed, etc).

10. Evaluate the effectiveness of services rendered via telepractice to ensure that methods, procedures, and techniques are consistent with best available evidence and adhere to standards of best practices.

Clinical competencies may include:

- a. The types and use of technology used for delivering telepractice services, and awareness of the remote patient's resources and support systems
- b. How to address cultural/linguistic differences in patient populations using telepractice service delivery (e.g. non-verbal communications, pragmatics)
- c. Ability to assess the appropriateness of patients as candidates for telepractice
- d. Match the appropriate technology to the clinical needs of the patient
- e. Assure the reliability and validity of diagnoses obtained via telepractice
- f. Adapt diagnostic procedures and treatment techniques to the telepractice encounter
- g. Assure the effectiveness of the telepractice intervention (outcome measures, consumer satisfaction)
- h. Document services appropriately

Authority – G.S. 90-304(a)(3); 21 NCAC 64 .0219

Social Media

Be reminded of 21 NCAC 64 .0302 Principle of Ethics (b)(5) when using any type of social media (Facebook, Twitter, etc.):

- Licensees must not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law or unless necessary to protect the welfare of the person or community. *Authority – 21 NCAC 64 .0303(b)(5)*

AUDIOLOGY ISSUES

Audiology Habilitation/Rehabilitation

It is the Board of Examiner's opinion that habilitation/rehabilitation includes the dispensing of hearing aids. This does not supersede the requirements of any other statute. *Authority – G.S. 90-293(6)*

Vestibular Rehabilitation

If the audiologist is properly trained and meets the workplace standards, it would be within the scope of practice to provide vestibular rehabilitation. *Authority – G.S. 90-293(6)*

Cerumen Management by Audiologists

Cerumen management is within the scope of practice of Audiology as defined in North Carolina G.S. 90-293(6) as being related to "disorders of hearing" and for the purpose of "ameliorating, or modifying such disorders." Such services may also be within the scope of practice of medicine and other disciplines.

The Board also notes that not all audiologists are adequately trained to perform this service. G.S. 90-301(A)(8) makes it unethical for a licensee to perform services for which the licensee is not properly prepared.

Whether any particular licensed audiologist may perform cerumen management is a question of the level of the training of such licensee. Licensed audiologists who perform this service should be prepared to produce evidence of special preparation in this field to the Board or to others who may question the specific qualifications of a particular licensee. *Authority – G.S. 90-293(6); 90-301A(8)*

Certified Technician

The term “certified technician” as used in G.S. 90-294(f) is synonymous with “certified audiometric technician”, “certified industrial audiometric technician”, or similar designations used for audiometric technicians in industry. Certified audiometric technicians may perform air conduction, threshold audiograms required by the Occupational Safety and Health Act (OSHA) for industrial hearing conservation programs, provided that the following three conditions are met:

- The audiometric technician has received appropriate instruction, including supervised practicum, in the principles and specific techniques for testing hearing in the industrial environment. The standards established by the Council for Accreditation of Occupational Hearing Conservation (CAOHC) for certified occupational hearing conservationists meet this training requirement. Where other training programs are used, the curriculum shall be in writing and available for inspection by the Board of Examiners, if necessary.
- Supervision of the audiometric technician must be vested in a licensed physician or licensed audiologist.
- A licensed audiologist who supervises the activities of audiometric technicians, whether as employer or program consultant, must provide documented sufficient on-site supervision of the technician to ensure continuous adherence to the standards of this statute as well as relevant OSHA regulations. *G.S. 90-294(f); 21 NCAC 64 .0210*

Contracted Audiologist

A contracted audiologist is one who holds a valid North Carolina audiology license and provides audiology services at a particular location and is available each day for direct one to one testing, counseling, etc. with a work schedule listed for one or more sites. *Authority – G.S. 90-295*

Declaratory Ruling on Dual Licensure of Audiologists

In response to the questions directed to the Board of Examiners with regard to the recent Declaratory Ruling on Dual Licensure of Audiologists, the Board offers the following information.

In its interpretation and administration of G.S. 90-290, the Board interprets the statute to apply equally to all licensees. Be advised that the Board of Examiners can only interpret its own statute and cannot interpret the statutes of other licensing boards. *Authority – G.S. 90-295*

Supervised Experience Year for Au.D. Applicants

Students enrolled in Au.D programs who are completing their fourth year internship and do not hold a terminal degree must be continuously enrolled in a university training program for their temporary license to be valid. If they do not remain enrolled, the temporary license will be suspended. *Authority – G.S. 90-295(b)(4)*

Hearing Assessment, Selection, Fitting, Verification and Validation for Children Under the Age of Eighteen

It is the position of the N.C. Board of Examiners for Speech and Language Pathologists and Audiologists that hearing evaluations and hearing aid selection, fitting, verification and validation for children under the age of eighteen requires special qualifications (expertise, skills, training, test equipment and experience) that may not be possessed by all audiologists.

Advances in hearing aid and cochlear implant technology, as well as our understanding of the characteristics of the pediatric ear canal, dictate the need for special qualifications, understanding, and equipment when fitting children with hearing aids who are under eighteen years of age. Children should be stratified by age group, degree of hearing impairment, and lingual status (pre-lingual, peri-lingual, and post-lingual).

Furthermore, the Board recognizes that different skills are necessary when evaluating and fitting very young, pre-lingual and peri-lingual children as compared to post-lingual toddlers, elementary-age children, or adolescents. Frequently, many very young children require two specially trained professionals, rather than one, to effectively evaluate, fit, verify, and validate fittings hearing aid fittings.

Pre-lingual and peri-lingual, profoundly deaf children under the age of five years should be evaluated and treated by audiologists who have special training and expertise working with such children.

Therefore, it is the policy of the Board that all audiologists should evaluate, dispense and fit hearing aids for children under the age of eighteen only if they are able to demonstrate that they possess:

1. the necessary pediatric qualifications and credentials,
2. age appropriate test equipment, and
3. experience required to diagnose and treat these patients.

Such qualifications should be maintained and documented through the established continuing education process. *Authority – G.S. 90-304(a)(3); 21 NCAC 64 .0215; 21 NCAC 64 .0217; 21 NCAC 64 .0302(a)(1)*

SPEECH-LANGUAGE PATHOLOGY ISSUES

DPI Policy Change

At the February 2, 2011 meeting of the N.C. State Board of Education, the following policy change was approved:

Effective July 1, 2011, the State Department of Public Instruction will recognize the N.C. Board of Examiners license as the qualifying credential required for service as a new Speech and Language Pathologist in the N.C. Public Schools.

Those individuals already possessing a Professional Educators' license issued by DPI as Speech and Language Pathologists prior to July 1, 2011 would be grandfathered for public school employment and would not be impacted by this change in policy. *Authority – G.S. 90-294*

Fiberoptic Endoscopic Evaluation of Swallowing (FEES) & Videolaryngostroboscopy

Whether any licensed speech-language pathologist may participate in FEES or videolaryngostroboscopy is a question of the level of the training of the individual speech-language pathologist, the quality of the facility in which the procedure is performed, and the risk management policy of the hospital. Accordingly, the Board is unable to say categorically that either all speech-language pathologists may perform the FEES procedure or a videolaryngostroboscopy or that none are able to perform the procedures, as this is a matter of individual ethical consideration.

The question is not so much one of scope of practice as one of individual ethics. G.S. 90-301(A)(8) states that it is unethical for a person licensed to provide services for which the licensee is not properly prepared to perform.

Licensed speech and language pathologists who perform fiberoptic endoscopic evaluation of swallowing (FEES) or videolaryngostroboscopy should be prepared to produce evidence of special preparation in this field to the Board or to others who may question the specific qualifications of a particular licensee. *Authority – G.S. 90-301A(8)*

Pharyngeal and Tracheal Suctioning

Pharyngeal and tracheal suctioning is not recognized by ASHA as being within the scope of practice of speech and language pathology. This, however, does not prevent a speech-language pathologist from performing suctioning if the individual is appropriately trained. The North Carolina Board of Examiners

considers this activity to be a workplace issue and therefore subject of professional oversight of the institution where the activity is conducted. Deep suctioning would be considered below the tongue base if performed orally and more than four inches (with an adult) if performed from the trachea, as long as the suctioning does not cause discomfort. The bottom line relative to this Board's stance is that the speech-language pathologist should be precepted by nursing or respiratory therapy and be in some manner credentialed to perform suctioning by the institution as a means of protecting the public. The primary statutory language in Article 22 can be found in 90-301A (8), Unethical acts and practices. This simply states that one can not perform an activity or task if one is not properly prepared or legally qualified to do so. *G.S. 90-301A(8)*

TOPICAL ANESTHETICS IN SPEECH-LANGUAGE PATHOLOGY

Whether any licensed speech-language pathologist may participate in the administration of topical anesthetics is question of the level of the training of the individual speech- language pathologist, the quality of the facility in which the procedure is performed, and the risk management policy of the facility. Accordingly, the Board is unable to say categorically that either all speech-language pathologists may perform the administering of topical anesthetics or that none are able to perform the act of administering a topical anesthetic, as this is a matter of individual ethical consideration.

The question is not so much one of scope of practice as one of individual ethics. G.S. 90-301(A)(8) states that it is unethical for a person licensed to provide services for which the licensee is not properly prepared to perform.

The American Speech-Hearing-Language Association (ASHA) states in the ASHA Report (Supplement #7, March 1992) that "Administration of medication to achieve a desired patient state is a medical procedure requiring physician or dentist prescription, physician or dentist approval of the conditions of administration and monitoring, and physician or dentist availability for provision of emergency care that may be required."

These issues should be defined in specific, written protocol or institutional policy that the speech-language pathologist develops in collaboration with the physician who is responsible for patient care. The protocol or institutional policy should be signed off on by the physician authorizing administration of the anesthetic. At minimum, the protocol or institutional policy should include the following components:

- A. Facilities and Equipment
 - 1. Facilities
 - 2. Back up emergency services
 - 3. Equipment

- B. Informed consent
- C. Responsible Clinician (Physician)
- D. Documentation
 - 1. Prior to administration
 - 2. During administration
 - 3. After administration
- E. Personnel engaged in administration
- F. Monitoring procedures

Licensed speech-language pathologists who are institutionally credentialed to administer topical anesthetics should be prepared to produce evidence of special preparation in this area to the Board or to others who may question the specific qualifications of a particular licensee. *Authority – G.S. 90-301A(8)*

GUIDELINES FOR PERSONNEL MONITORING COMPUTER-ASSISTED THERAPY

If the function of the (computer) program is limited to delivering therapeutic stimuli, tabulating responses, and delivering consequences using an internal software algorithm, it may be monitored by non-licensed, non-registered personnel supervised by a licensed speech-language pathologist. If the program requires any therapeutic decisions (modifying stimuli, making response judgments, or determining consequences), then a speech-language pathologist or speech-pathology assistant must carry out the program. *Authority – G.S. 90-301A (8)*

AUTISM

Diagnosing autism is not in the scope of practice of speech and language pathologist. The role of the SLP is as a member of an interdisciplinary team whose members possess expertise in diagnosing Autism Spectrum Disorder. Speech-Language Pathologists can only address the speech-language issues with these patients. Article 22 90-293(7) states, “the practice of speech and language pathology means...development and disorders of speech, voice, language and swallowing...” Neurodevelopmental disorders are not listed.