

## LIST OF TABLES

Table 1:	Current undergraduate degrees offered by training institutions in South Africa and relevant registration with the HPCSA.....	11
Table 2:	Number of persons served by a speech therapist by province in South Africa.....	15
Table 3:	Percentage distribution of languages spoken in South Africa according to Census 2001 (Statistics South Africa 2003).....	18
Table 4:	Themes that clinical services were divided into for the questionnaire.....	26
Table 5:	Distribution of respondents according to their year of graduation.....	31
Table 6:	Distribution of respondents practicing as audiologists across primary workplace setting.....	36
Table 7:	Primary workplace as a factor of registration with the Health Professions Council of South Africa.....	38
Table 8:	Primary workplace as a factor of the profession that audiologists are currently practicing.....	38
Table 9:	The mid-2007 population estimates for the nine provinces and the distribution of respondents per province.....	39
Table 10:	Test of reliability for perceived adequacy of theoretical undergraduate training.....	41
Table 11:	Test of reliability for perceived adequacy of clinical undergraduate training.....	42
Table 12:	Test of normal distribution for the perceived adequacy of undergraduate training.....	43
Table 13:	The perceived adequacy of preparation offered by the theoretical training of undergraduate audiology programmes.....	45
Table 14:	The adequacy of clinical preparation offered by undergraduate audiology programmes.....	53
Table 15:	A summary of the perceived adequacy of theoretical and clinical and undergraduate training in audiology.....	62
Table 16:	A summary of the suggested structure of the future audiology curriculum.....	64
Table 17:	Clinical services identified as not suitable for an undergraduate curriculum.....	70
Table 18:	The difference in perception between theoretical and clinical undergraduate training.....	75
Table 19:	Test of difference for theoretical and clinical undergraduate training.....	76

Table 20:	Test of difference between universities on preparedness.....	82
Table 21:	Test of difference between years of graduation on preparedness.....	86
Table 22:	Test of difference between levels of qualification on preparedness by theoretical training.....	87
Table 23:	Test of difference between levels of qualification on preparedness by clinical training.....	87
Table 24:	Test of effect of those registered with HPCSA on preparedness by theoretical training.....	88
Table 25:	Test of effect of those registered with HPCSA on preparedness by clinical training.....	89
Table 26:	Test of association between future audiology curriculum and qualification .....	90
Table 27:	Test of association between future audiology curriculum and registration with the HPCSA. ....	91
Table 28:	Test of association between future audiology curriculum and workplace sector.....	95
Table 29:	Distribution of respondents by year of graduation of undergraduate degree.....	97
Table 30:	Distribution of respondents as a function of registration with the HPCSA and current occupation practiced.....	95
Table 31:	Number of persons served by a speech therapist by as cited by Benatar (2004).....	96
Table 32:	Clinical services that were listed as “always” performed in an audit of clinical service delivery in South Africa (Naidoo, 2006).....	101
Table 33:	Clinical services that were listed as “never” performed in an audit of clinical service delivery in South Africa (Naidoo, 2006).....	100

## LIST OF FIGURES

Figure 1:	Institution at which undergraduate training was completed.....	32
Figure 2:	Institution at which postgraduate training was completed.....	32
Figure 3:	The nature of qualification of the respondents.....	32
Figure 4:	Registration with the Health Professions Council of South Africa (HPCSA).....	33
Figure 5:	Current occupation of respondents.....	35
Figure 6:	Current workplace of participants.....	36
Figure 7:	Distribution of respondents by province.....	38
Figure 8:	Languages that respondents are confronted with in the workplace setting.....	37
Figure 9:	Languages in which respondents are able to provide services independently .....	38
Figure 10:	Percentage of respondents that have access to interpreters.....	38
Figure 11:	Intention of respondents to maintain dual registration for continuing professional development.....	40
Figure 12:	Respondents' perceptions regarding the adequacy of undergraduate theoretical training in basic audiology.....	46
Figure 13:	Participant's perceptions of the adequacy of theoretical training on diagnostic and electrophysiological tests.....	47
Figure 14:	Participants' opinion regarding the adequacy of undergraduate academic training on paediatric audiology.....	48
Figure 15:	Respondents' perceptions regarding the adequacy of undergraduate theoretical training with regard to amplification.....	49
Figure 16:	Respondents' opinions regarding the adequacy of undergraduate academic training regarding hearing conservation and prevention.....	50
Figure 17:	The perceived adequacy of undergraduate theoretical training on miscellaneous items.....	51
Figure 18:	The perceived adequacy of clinical undergraduate training for basic audiology.....	54
Figure 19:	The perceived adequacy of clinical undergraduate training for diagnostic and electrophysiological tests.....	56
Figure 20:	The perceived adequacy of clinical undergraduate training for paediatric audiology.....	56

Figure 21:	The perceived adequacy of clinical undergraduate training for amplification.....	58
Figure 22:	The perceived adequacy of clinical undergraduate training for hearing conservation and prevention.....	58
Figure 23:	The perceived adequacy of clinical undergraduate training for habilitation and rehabilitation.....	59
Figure 24:	The perceived adequacy of clinical undergraduate training for miscellaneous items.....	61
Figure 25;	The level at which participants' indicated that basic audiology should be included in the curriculum.....	66
Figure 26:	The level at which participants' indicated that diagnostic and electrophysiological tests should be included in the curriculum.....	64
Figure 27:	The level at which participants' indicated that paediatric audiology should be included in the curriculum.....	65
Figure 28:	The level at which participants' indicated that amplification should be included in the curriculum.....	65
Figure 29:	The level at which participants' indicated that hearing conservation and prevention should be included in the curriculum.....	68
Figure 30:	The level at which participants' indicated that habilitation and rehabilitation should be included in the curriculum.....	69
Figure 31:	The level at which participants' indicated miscellaneous should be included in the curriculum.....	67
Figure 32:	Faculty in which audiology programmes should be situated.....	70
Figure 33:	The research areas in which respondents completed their undergraduate reports ( <i>n</i> = 268).....	71
Figure 34:	The importance of a research report at an undergraduate level.....	71
Figure 35:	Participants' responses to the question of whether a masters degree should be the minimum entry-level into the profession of audiology.....	72
Figure 36:	The response of participants to the question of whether the AuD is appropriate to the South African context.....	72
Figure 37:	The attitude of respondents regarding whether the HPCSA should institute a national exam for registration purposes.....	73
Figure 38:	The degree structure that respondents would choose if they were to complete their degrees again.....	73
Figure 39:	The effect of university on the perceived adequacy of basic audiology training.....	77

Figure 40:	The effect of university on the perceived adequacy of training in diagnostic and electrophysiological tests.....	78
Figure 41:	The effect of university on the perceived adequacy of training in paediatric audiology.....	78
Figure 42:	The effect of university on the perceived adequacy of training in amplification.....	79
Figure 43:	The effect of university on the perceived adequacy of training in hearing conservation and prevention.....	80
Figure 44:	The effect of university on the perceived adequacy of training in rehabilitation and habilitation.....	80
Figure 45:	The effect of university on the perceived adequacy of training in miscellaneous items.....	81
Figure 46:	The effect of year of graduation on the perceived adequacy of training in basic audiology.....	82
Figure 47:	The effect of year of graduation on the perceived adequacy of training in diagnostic and electrophysiological tests.....	83
Figure 48:	The effect of year of graduation on the perceived adequacy of training in paediatric audiology.....	84
Figure 49:	The effect of year of graduation on the perceived adequacy of training in amplification.....	84
Figure 50:	The effect of year of graduation on the perceived adequacy of training in hearing conservation and prevention.....	85
Figure 51:	The effect of year of graduation on the perceived adequacy of training in rehabilitation and habilitation.....	85
Figure 52:	The effect of year of graduation on the perceived adequacy of training in miscellaneous items.....	84
Figure 53:	The effect of registration with the HPCSA on the adequacy of undergraduate theoretical training.....	88
Figure 54:	The effect of registration with the HPCSA on the adequacy of undergraduate clinical training.....	89
Figure 55:	Placement of rehabilitation and habilitation services within the curriculum as a function of primary workplace of participants.....	91
Figure 56:	Distribution of respondents practicing as audiologist across primary workplace setting.....	98
Figure 57:	Languages confronted with in the workplace and languages in which independent services can be provided.....	99

## **GLOSSARY OF TERMS**

Please note that for the purposes of this research report, the following terms have been applied in a specific way:

### ***Dual Register***

This refers to registration as both an Audiologist (A) Speech-Language Therapist (SLT) with a single degree as a qualification.

### ***Generalist:***

This term is used to refer to a Speech-Language & Hearing Therapist. These graduates are training primarily in speech-language therapy and have accumulated 200 hours of audiology. They are thus in a position to provide basic audiological services.

### ***Professional Board***

This term is used to refer to the Professional Board of the Speech, Language and Hearing Professions of the Health Professions Council of South Africa (HPCSA).

### ***Scope of Practice:***

This is used to refer to the possible range of clinical activities performed by an audiologist or services offered by an audiologist. The use of the term is somewhat different to the legal term “scope of practice” which defines the actual activities that an audiologist is officially permitted to perform in a particular country based on education and experience.

### ***Specialist:***

This term refers to a graduate that has graduated with a degree in either Speech-Language Therapist or Audiologist and therefore presumably has more specialized knowledge and skills than a generalist.

### ***Speech and Hearing Therapist: T***

This term is used to refer to the single qualification in Speech-Language Pathology and Audiology that permits registration on the dual register of the Health Professions Council of South Africa (HPCSA). Some universities refer to offering a degree in “Speech and Hearing Therapy” whereas others refer to it as a degree in “Speech-Language Pathology and Audiology”. The term is controversial in that the HPCSA does not acknowledge it and yet it is used informally by practitioners who practice predominantly as speech therapist, but also provide basic audiological services. The term is used to differentiate those audiologists who have completed a dual curriculum versus those that have completed a split curriculum.

### ***Split Curriculum***

This term is used to refer to the separate training programmes in Speech-Language Therapy or Audiology that allow registration with the HPCSA on a single register.

### ***ABBREVIATIONS***

The following abbreviations are used within the research report:

ABR:	Auditory Brainstem Response
AIDS:	Acquired Immunodeficiency Syndrome
ASHA:	American Speech-Language-Hearing Association
ASSR:	Auditory Steady State Response
AuD:	Doctor of Audiology
BOA:	Behavioral Observation Audiometry
CPD:	Continuing Professional Development
ECochG:	Electrocochleography
ENG:	Electronystagmography
GDP:	Gross Domestic Product
HPCSA:	Health Professions Council of South African
HIV:	Human Immunodeficiency Virus
LLR:	Late Latency Response
MEDUNSA:	Medical University of South Africa (now part of the University of Limpopo)
MLR:	Mid Latency Response
MMN:	Mismatch Negativity
OAE:	Otoacoustic Emission
PHC:	Primary Health Care
SLT:	Speech-Language Therapist
SOL:	Site of Lesion
UKZN:	University of KwaZulu-Natal
UP:	University of Pretoria
US:	University of Stellenbosch
VRA:	Visual Response Audiometry
WHO:	World Health Organization
WITS:	University of the Witwatersrand