



**COUNCIL FOR THE PROFESSIONS
COMPLEMENTARY TO MEDICINE**

Code of Practice

**Speech Language
Pathology**

CPCMM/MLTA

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CPCM MALTA

Code of Practice – Speech Language Pathology

1.0 Occupational Description

A Speech Language Pathologist assesses, treats and helps prevent speech, language and swallowing difficulties caused by injury, disability or illness in individuals of all ages.

The following is a code of practice for speech language pathologists:

2.0 Access

1. Speech language pathologists will operate non-discriminatory practices.
2. Admission to and discharge from speech and language intervention will be at the discretion of a registered speech language pathologist.
3. An open referral system is adopted whereby various professionals or carers may refer to a speech language pathologist.
4. All referrals will be acknowledged, and the acknowledgement will indicate when the client can expect to be seen for an assessment.
5. The client is entitled to information regarding details of the service prior to the initial appointment.

6. All appointments should take into account:
 - the clinical needs of the client
 - the most mutually convenient location and time.
7. Access to the service will include the appropriate involvement of carers/family.
8. Re-referrals after discharge for failure to attend will not necessarily receive priority for intervention.

3.0 Admission to Service

1. The client will be offered a timed appointment.
2. The speech language pathologist will be adequately prepared to receive the client with all relevant information available.
3. The client will be informed that the purpose of the assessment is to establish a diagnosis and to form an opinion as to intervention and outcome. This may include an appropriate range of formal and /or informal assessments and observations, as well as a complete and relevant case history, which will be recorded in the notes.
4. Speech language pathologists will have access to a range of assessment tools.
5. The initial assessment should be repeatable, to allow for measurement of change at a later date.

6. On the completion of the assessment procedure, which may take more than one appointment, the findings and implications for future management will be discussed with the client/ carer. This will include an explanation of the diagnosis and prognosis when appropriate. These findings will then be recorded in the notes.

7. The outcome of assessment will be recorded and made known to client/ carer and relevant professionals. The outcome may be one of the following:
 - nothing abnormal detected
 - client/ carer declines treatment
 - treatment not appropriate
 - refer to other agency/ service for further opinion or action, prior to speech and language intervention
 - refer to multi-disciplinary team
 - advice with access to reassessment within a given time scale
 - treatment programme recommended with a given time scale.

8. The assessment findings will include an opinion as to the appropriate timing of intervention. Treatment should commence within a specified time following assessment. The period of time should not be of a duration that renders the assessment 'out of date' by the time the treatment programme has commenced.

9. Information in respect of relevant voluntary agencies/ organizations will be given to clients/ carers by the speech language pathologist.

4.0 Criteria for acceptance for treatment

1. Clinical judgment of the individual speech language pathologist based upon the assessment findings and discussion with the client/ carer.
2. Competencies of the speech language pathologist.
3. The agreement of the client to receive intervention.
4. The expected outcomes of intervention.

5.0 Programmes of Care

1. All episodes of care will be negotiated and agreed between client/ carer and the speech language pathologist.
2. The responsibility of the client/ carer for active participation in treatment will be explained. The nature of their participation will be agreed.
3. Achievable goals will have been identified and agreed between the speech language pathologist and client/ carer - these will include expected outcomes and timescales.
4. The psychological adjustment of client/ carer to communicative disability must be an integral part of every programme of care and identified within the care programme.
5. There will be ongoing evaluation of the effectiveness of the programme by both speech language pathologist and client/ carer, with modifications as necessary.

6. The repeatable assessment used at the initial contact will serve as the baseline to determine change.
7. In the event of any concern regarding the effectiveness of the programme or its application, the client/ carer or the speech language pathologist may ask for a second opinion.
8. In all cases overall responsibility for the speech and language intervention management of the client remains with the speech language pathologist.
9. Throughout the period of contact the speech- language pathologist will ensure that any other professionals or agencies involved with the client/ carer will be kept informed of progress, as appropriate. Specific advice and training by the speech language pathologist of other professionals/ carers in regular contact with the client may be required.
10. Speech and language intervention may form part of a multi-disciplinary programme of care and may include joint aims and intervention.
11. Any change in speech language pathologist should be communicated to the client and carer concerned and appropriate agencies in advance.
12. The client/ carer will be adequately prepared for the cessation of intervention.

6.0 Outcomes

1. The outcome of a programme of care/ episode of treatment will be one of the following:

- achieved communication potential
- achieved goals for current episode
- treatment no longer appropriate
- treatment deferred
- transfer to another agency
- client/ carer self-discharge
- failure to attend, inadequate compliance
- health deterioration or death of client

and will be recorded in the notes.

2. Procedures dealing with clients failing to attend will be available.

3. Clients who are between episodes of treatment may be given clear, written guidance, to encourage consolidation and/ or continuation of progress.

4. At final discharge clients/ carers may be given guidelines for maintenance of their maximum communicative ability. This may include referral to other statutory or voluntary agencies (as appropriate of specific care groups).

7.0 Administration and Liaison

1. Reports will normally be provided - following assessment, and on completion of treatment if requested by the client/ carer.
2. Clients' contact records will be kept up to date and will be concise and factual. All client/ carer contacts, direct and indirect, will be recorded.
3. The speech language pathologist will endeavour to attend any relevant case conferences, review meetings, etc., called by another agency, to discuss the client's progress.
4. Written consent will be obtained from all clients/ carers for any recording - film or sound - which may be used for teaching or publicity purposes.
5. The speech language pathologist will ensure that advice and / or training is available and provided for any individuals, other professionals and voluntary agencies relevant to an individual client or care group.
6. Time and resources must be allocated for speech language pathologists to maintain and develop appropriate clinical standards for each care group.

It is highly recommended that every Speech Language Pathologist carries out Continuing Professional Development.