

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY
AD HOC COMMITTEE ON FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING
MEETING MINUTES
MARCH 25, 2011**

- TIME AND PLACE:** The Board of Audiology and Speech-Language Pathology's (Board) Ad Hoc Committee (Committee) meeting was called to order at 3:02 p.m. on Friday, March 25, 2011, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, Virginia.
- PRESIDING OFFICER:** A. Tucker Gleason, Ph.D., CCC-A
- COMMITTEE MEMBERS PRESENT:** George T. Hashisaki, MD
Laura Purcell Verdun, MA, CCC-SLP
Daniel Karakla, MD, President, Virginia Society of Otolaryngology (VSO)
Christine Ludlow, PhD, James Madison University, Speech-Hearing Association of Virginia (SHAV)
- STAFF PRESENT:** Leslie L. Knachel, Executive Director
Carol Stamey, Operations Manager
Asia Williams, Administrative Assistant
Elaine Yeatts, Senior Policy Analyst
- OTHERS PRESENT:** Scott D. Rankins, MS, CCC-SLP, SHAV
David Bailey, SHAV
Wendy Bunting, Riverside Health System
Ralston King, VSO
- QUORUM:** With all members of the Committee present, a quorum was established.
- ORDERING OF AGENDA:** The agenda was revised to include the addition of "Introduction of Committee Members and Staff" prior to Public Comment and a "Background Summary of the Endoscopic Procedure" under Committee Discussion/Action. Dr. Ludlow moved to accept the agenda as amended. The motion was seconded and carried.
- PUBLIC COMMENT:** Dr. Karakla addressed the Committee regarding the guidelines for speech-language pathologists (SLPs) performing endoscopic procedures. He expressed his support of the SLP community and his desire to contribute to the goal of establishing guidelines to properly train SLPs in performing the procedures.
- Mr. Rankins reported that SHAV had formed a committee of qualified speech-language pathologists to develop proposed regulation for the endoscopic procedures. He reported that the SHAV committee had met and submitted its proposed regulations for consideration by the Ad Hoc Committee of the Board. Additionally, Mr. Rankins expressed appreciation for the opportunity to collaborate with the Board in developing guidelines

for SLPs performing the procedure.

Dr. Ludlow provided background history regarding her involvement with otolaryngologists in developing guidelines for endoscopic procedures and other relative procedures. She informed the Committee of the following areas of concern regarding the proposed regulation for the fiberoptic endoscopic evaluation of swallowing: need for more stringent training requirements, broadening of regulations to include other procedures, types of physicians providing referrals for the procedure, safety and emergency care in the patients' environment, and issues related to providing visual recordings.

Wendy Bunting of Riverside Health System thanked the Board for developing a committee to address proposed guidelines for the endoscopic procedures. She requested that the Committee consider the grandfathering of SLPs that currently perform the procedure to ensure continuous care in environments where there may be limited access to otolaryngologists.

DISCUSSION/ACTION ITEMS:

Introduction of Committee Members and Staff

All committee members and board staff introduced themselves and explained their roles relative to the Board.

Background Information on the Notice of Intended Regulatory Action for the Fiberoptic Endoscopic Evaluation of Swallowing

Ms. Knachel provided a brief background summary of the issue of SLPs performing endoscopic procedures. The summary is as follows: the Board received a question as to whether endoscopic procedures were within the scope of practice for a SLP; the issue was discussed at the June 2, 2010, board meeting and resulted in a guidance document that included a requirement for a physician to be present when an SLP is performing a fiberoptic endoscopic evaluation of swallowing; after the publication of the guidance document, the Board received input that the guidance document was problematic; a board meeting was held on August 11, 2010, to hear public comment on the issue which resulted in a revision of the guidance document; and it was the desire of the Board to move forward with regulations to define training needed for an SLP to perform a fiberoptic endoscopic evaluation of swallowing.

Draft Proposed Regulations on the Training, Supervision and Practice of Speech-Language Pathologists in the Performance of Endoscopic Procedures.

Prior to the meeting, the Committee and interested parties were sent a discussion draft of proposed regulations. Draft #1 is incorporated into the minutes as Attachment 1. At the meeting, Draft #2 that included several technical amendments was distributed. Draft #2 is incorporated into the minutes as Attachment 2.

The Committee recommended the following amendments to Draft #2:

18VAC30-21-141. Replace “fiberoptic” with the term *flexible* throughout the entire draft to encompass all endoscopic procedures performed by SLPs.

18VAC30-21-141. (A.) Remove the term “communication” as it was not applicable to endoscopic procedures.

18VAC30-21-141. (B) (1). To “Completion of a course” add *or courses* and replace “endoscopy” with *endoscopic procedures*.

18VAC30-21-141. (B) (2). Change “otolaryngologist” to *board-certified otolaryngologist* and add clarification that the supervising speech-language pathologist must have performed “at least 50 *flexible* endoscopic procedures *beyond the 25 required for initial qualification.*”

18VAC30-21-141. (C). Add reference to subsection B of the draft with regard to qualifications required in order to perform flexible endoscopic procedures.

18VAC30-21-141. (F). Change requirement to provide a visual recording to the referring physician to *if requested, shall ensure access to a visual recording for viewing.*

18VAC30-21-141. (G). Reorder subsection G to become subsection H. Subsection G is to read, *A speech-language pathologist is not authorized to possess or administer prescription drugs except as provided in §54.1-3408 B of the Code of Virginia.*

18VAC30-21-141. (H). Replace “documentation” with *verification.*

Based upon the recommendations discussed at the Ad Hoc Committee meeting, Dr. Karakla moved that a final draft of the proposed regulations for SLPs performing endoscopic procedures be presented at the May 26, 2011, full Board meeting. The motion was seconded and carried.

NEW BUSINESS:

No new business was presented.

ADJOURNMENT:

With the conclusion of board business, Dr. Gleason adjourned the meeting at 5:02 p.m.

A. Tucker Gleason, Ph.D., CCC-A
Chair

Leslie L. Knachel, M.P.H
Executive Director

Date

Date

DISCUSSION DRAFT

3/25/11

REGULATIONS FOR FEES BY SPEECH-LANGUAGE PATHOLOGISTS

18VAC30-21-141. Performance of fiberoptic endoscopic evaluation of swallowing.

A. For the purposes of this section, fiberoptic endoscopic evaluation of swallowing shall be limited to the use of rigid and flexible endoscopes to observe, collect data, and measure the parameters of communication and swallowing for the purposes of functional assessment and therapy planning.

B. A speech-language pathologist who performs an endoscopic evaluation shall meet the following qualifications:

1. Completion of a course or an educational program offered by a provider approved in 18VAC30-20-300 that includes at least 12 hours on endoscopy;

2. Successful performance of at least 25 endoscopic procedures under the immediate and direct supervision of an otolaryngologist or another speech-language pathologist who has successfully performed at least 50 endoscopic procedures and has been approved in writing by a board-certified otolaryngologist to provide that supervision; and

3. Current certification in Basic Life Support (BLS).

C. The speech-language pathologist who qualifies to perform a fiberoptic endoscopic evaluation of swallowing shall maintain documentation of course completion and written verification from the supervising otolaryngologist or speech-language pathologist of successful completion of endoscopic procedures.

D. An endoscopic procedure shall only be performed by a speech-language pathologist on referral from an otolaryngologist or other qualified physician.

E. A speech-language pathologist shall only perform an endoscopic evaluation in a facility that has protocols in place for emergency medical backup. Fiberoptic endoscopic evaluation of swallowing shall only be performed by a speech-language pathologist in either:

1. A licensed hospital or nursing home under the general supervision of a physician who is readily available in the event of an emergency, including physical presence in the facility or available by telephone; or

2. A physician's office at which the physician is on premises and available to provide on-site supervision.

F. The speech-language pathologist shall promptly report any observed abnormality or adverse reaction to the referring physician and/or an appropriate medical specialist. The speech-language pathologist shall provide a report and visual recording of an endoscopic procedure to the referring physician in a timely manner.

G. A speech-language pathologist who has been performing fiberoptic endoscopic evaluations of swallowing prior to (insert effective date of regulation) may continue to perform such evaluations provided he has written documentation from a board-certified otolaryngologist that he has the appropriate training, knowledge and skills to safely perform endoscopic evaluations.

DISCUSSION DRAFT

3/25/11

DRAFT #2
REGULATIONS FOR FEES BY SPEECH-LANGUAGE
PATHOLOGISTS

18VAC30-21-141. Performance of fiberoptic endoscopic evaluation of swallowing.

A. For the purposes of this section, an endoscopic procedure shall mean a fiberoptic endoscopic evaluation of swallowing limited to the use of flexible endoscopes to observe, collect data, and measure the parameters of communication and swallowing for the purposes of functional assessment and therapy planning.

B. A speech-language pathologist who performs an endoscopic procedure shall meet the following qualifications:

1. Completion of a course or an educational program offered by a provider approved in 18VAC30-20-300 that includes at least 12 hours on endoscopy;

2. Successful performance of at least 25 flexible endoscopic procedures under the immediate and direct supervision of an otolaryngologist or another speech-language pathologist who has successfully performed at least 50 flexible endoscopic procedures and has been approved in writing by a board-certified otolaryngologist to provide that supervision; and

3. Current certification in Basic Life Support (BLS).

C. The speech-language pathologist who qualifies to perform an endoscopic procedure shall maintain documentation of course completion and written verification from the supervising otolaryngologist or speech-language pathologist of successful completion of flexible endoscopic procedures.

D. An endoscopic procedure shall only be performed by a speech-language pathologist on referral from an otolaryngologist or other qualified physician.

E. A speech-language pathologist shall only perform an endoscopic procedure in a facility that has protocols in place for emergency medical backup. A fiberoptic endoscopic evaluation of swallowing shall only be performed by a speech-language pathologist in either:

1. A licensed hospital or nursing home under the general supervision of a physician who is readily available in the event of an emergency, including physical presence in the facility or available by telephone; or

2. A physician's office at which the physician is on premises and available to provide on-site supervision.

F. The speech-language pathologist shall promptly report any observed abnormality or adverse reaction to the referring physician and/or an appropriate medical specialist. The speech-language pathologist shall provide a report and visual recording of an endoscopic procedure to the referring physician in a timely manner.

G. A speech-language pathologist who has been performing fiberoptic endoscopic evaluations of swallowing prior to (insert effective date of regulation) may continue to perform such evaluations provided he has written documentation from a board-certified otolaryngologist that he has the appropriate training, knowledge and skills to safely perform such evaluations.