



Indian Speech and Hearing Association (ISHA)

Regd. Under the Kamataka Societies Registration Act. Karnataka Act No. 17 Registration No. 25/67-68

PRESIDENTIAL ADDRESS

Presented by



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Link ISHA with National bodies

I humbly take over as president of ISHA at the 50th ISHACON, at the headquarters of the association. I am indeed honoured to have the opportunity to become the president at this landmark conference. I hope to leave a mark in the annals of the association by forging linkages with other national bodies dealing with individuals with communication disorders.

One of the aims and objectives of the Indian Speech and Hearing association, as stipulated in its memorandum of association, is “ --- to advice, monitor, develop and implement educational standards laid down by the association for training by various institutions in the country”. ISHA as an isolated body would find it difficult to comply with this objective.

In order to have better reach than what it currently has, it is imperative that ISHA partners with national bodies that cater to the needs of those with communication needs. A representative of ISHA EC should be mandatory at the different levels of national bodies to present the voice of the members of this profession. Decisions made by these bodies, which are not always in accordance with the wants/needs of the majority of the members, could be avoided.

By having a permanent representative of ISHA in the Speech and Hearing subcommittee of the Rehabilitation council of India, the requirements of a large number of members of the association can be expressed. The executive council of ISHA, in synchrony with the branches of ISHA can be partners in several decisions made by RCI.



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The modus operandi would be to obtain input from the various branches of ISHA in a structured format designed by the EC members. The presidents of the branches could in-turn collectively send the views of the members of the various branches in this structured format. The compiled information would represent the opinions of a large number of members of ISHA. With the approval of the EC of ISHA, this information, could be presented to RCI.

Preventing those not authorised to carryout activities related to the field of speech and hearing is of grave concern to all of us. While we all agree that RCI is expected to monitor this malpractice, it could be more effective if ISHA members work towards this cause conjointly with RCI.

Clause 13 (3) of the 1992 RCI Act states, *“Any person who acts in contravention of any provision of sub-section (2) (that deals with the scope of practice) shall be punished with imprisonment for a term which may extend to one year, or with fine which may extend to one thousand rupees, or with both.”* The amendments recommended in the proposed 2017 Act is a lot more stringent, with both institutions and individuals being liable to punishment. Both the quantum of fine and the duration of imprisonment has been increased. In my opinion there is scope to further increase both. The proposed new amended act of RCI has an entire chapter dedicated to handling malpractice, unlike its previous version (Chapter 14 on ‘Cognizance of offences and penalties’). This modification in the act is definitely welcome. However, this chapter of the proposed 2017 RCI Act will be effective only if the members of ISHA work in coordination with each other.

There is a difference of opinion as what can be considered as malpractice and what cannot. This mainly stems from variations in the acceptable terms of reference of those having different educational qualifications. If the scope of practice of those with different educational qualifications can be jointly consolidated by members of ISHA through its branches, and approved by the concerned body, such differences in opinion can be mitigated. Such explicit information will help detect and confirm whether an individual is actually indulging in malpractice or not. Such a document that has the consensus of the majority of the members may also help in curbing malpractice.



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One big objection by the speech and hearing professionals is the violation of their rights by individuals who employ speech and hearing diploma holders in their place. Cheap labour is preferred over technical qualification. To overcome this problem, the recommendation made most often is to discontinue all diploma programmes in Speech and Hearing. Is this the right solution? Who then will help in the implementation of the universal hearing screening in the country? Professionals with degrees in Speech and Hearing, trained to do a lot more than hearing screening, often do not wish to be involved in only hearing screening programmes. Those personnel with diploma would be apt to carry out such work, under the supervision of speech and hearing professionals.

In a similar line, coordination of ISHA with the National Programme of Prevention and Control of Deafness (NPPCD), conducted by the Ministry of Health and Family Welfare, will lead to much better implementation of the programme. Members of ISHA could collectively join hands with the Ministry to implement the program more effectively. Currently, linkages with national bodies is not a part of the public-private partnership that is recommended in the program.

It is a known fact that as individuals we cannot achieve as much as we can as a united group. Working as a team, utilising the abilities/potentials of different members will help us achieve greater heights. As Henry Ford said, "Coming together is a beginning. Keeping together is progress. Working together is success." Let each one of us work in unison, putting aside differences, to take ISHA forward and let it make a mark in the functioning of the nation. While we bask in the glory of the Golden Era of ISHA, let us work together to take the vision of our founders and all those who contributed to the making of ISHA to new heights. Let us march into the next half century of the association with the determination to not just make ISHA better, but to improve the lives of those with communication problems.

Thank You