

SPECIAL ARTICLE

# Looking back, zooming in, and moving forward: The Speech-Language Pathology profession in the Philippines four decades after its inception

Paolo Diaz Mangune

University of the Philippines Diliman, Philippines

## ABSTRACT

**Purpose:** The field of speech-language pathology (SLP) is a young profession in the Philippines compared and relative to the other health sciences in the country. The emergence of this profession is marked by the milestones laid by the development of the first speech pathology education and training program at the University of the Philippines (UP); the establishment of its national professional organization, the Philippine Association of Speech Pathologists (PASP); and the enactment of RA 11249 or the Speech Language Pathology Act, which created the Professional Regulatory Board for Speech-Language Pathology (PRB-SLP) under the Professional Regulation Commission (PRC).

This article looks back at these early beginnings, focuses at the current status of the profession, and provides perspectives for its growth moving forward. Specifically, this article provides an overview of the education and training, professional organization, and local practice of Filipino SLPs. Some emerging issues about the local practice and research gaps are also discussed.

**Conclusions:** The SLP profession in the Philippines has come a long way in developing education and training programs, expanding its national professional organization, and obtaining regulation of the practice of this profession under the law. However, there is still much work to be done to ensure its growth and further its development as a health science. Among these, strengthening the body of research to respond to the evolving needs and distinct landscape of local practice could further the growth of SLP in the Philippines.

## Introduction

### “What do you know about your profession's history?”

The prominent speech-language pathology historian, Judith Duchan, once asked this evocative question to argue for the need to revisit the history of speech-language pathology (SLP) as a profession and to reflect on how our history unfolded to be what it is at present [1]. This question is still relevant today, as we witness how this profession emerges and flourishes in different countries around the world, including the Philippines. Currently, however, we do not only become passive onlookers to the process of development of the profession, but rather we take part, directly or indirectly, on how SLP progresses in terms of the different aspects concerning this profession—education and training, professional organization, and our respective practice. In the same light, Cheng, Olea, and Marzan published a seminal work that expounded on their reflections on the past and present as well as their perspectives for the future of SLP in the Philippines in 2002 [2]. However, after more than two decades, this profession has attained significant milestones, including the recent enactment of RA 11249, or the Speech Language Pathology Act, that paved the way for the creation of the Professional Regulatory Board for Speech-Language Pathology (PRB-SLP) under the Professional Regulation Commission (PRC). Hence, it is imperative to revisit the history of the profession, have a closer look at its status, and explore ways forward to further its development.

The first part of this article unpacks the brief history of SLP in the Philippines. After having a closer look at the past, I will be zooming in on the profession's current situation, as well as the challenges that it faces. Lastly, by making sense of our history and the current situation, I will discuss suggestions to inform our way forward for the growth and development of the profession. However, before delving into this, it is important to have an overview of the distinct contexts that affect the country in general and the profession in particular.

The Philippines as a nation arises from a historical background of a protracted colonial past, series of political upheavals, as well as spurts of armed conflict [3]. The compounding effects of these contribute to the high incidence of poverty and high level of disparity across those coming from different socioeconomic classes. This, in turn, results to massive unemployment which fuels the continuing exodus of skilled workers in the

country. Even with this grim situation, the population of the country has reached 109,035,343 by the year 2020 [4]. Based on the 2016 National Disability Prevalence Survey, approximately 47% of the total population were reported to be experiencing moderate disability, and about 12% were found to bear the burdens of medical conditions that pose severe disability [5]. In the same study, a significant proportion of the participants with severe disability reported extreme difficulties with being understood (10%), understanding others (9%), and eating (4%). While these tallies are generally regarded as an underestimation since the respondents included are those aged 15 years old and above only, the country is confronted with a significant number of people presenting with possible communication and swallowing disorders that would need to be addressed by local SLPs [6].

Another factor that must be taken into consideration is the geographical context and the consequent linguistic diversity in the Philippines. The country currently has 81 provinces, 146 cities, and 1488 municipalities spread across the 7,640 islands of the archipelago [7]. Due to its geographical and demographic characteristics, the Philippines has about 186 distinct languages with Filipino (mainly based on Tagalog) and English recognized as the two official languages used widely in school, government, and various workplaces [8,9]. Aside from the physical barrier posed by the inaccessibility of far-flung islands in the country, language barrier also brings about a distinct challenge in the practice of Filipino SLP professionals. These factors are just among the unique considerations that the SLP profession navigated in the past and has been continuing to do so at the present to ensure its sustained growth and development.

### Looking back and appreciating the humble beginnings

As Ligot put it, “the development of speech pathology in the Philippines is a story of personal aspirations, challenges, and triumphs” [10]. The beginnings of this profession can be traced back to the establishment of the

Corresponding author's email address:

[pdmangune@up.edu.ph](mailto:pdmangune@up.edu.ph)

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degree program, Bachelor of Science in Speech Pathology, on January 26, 1978, under the leadership of Dr. Guillermo Damian, the Dean of the University of the Philippines (UP) School of Allied Medical Professions (SAMP) at that time. The curriculum for this undergraduate program was developed by Ms. Rosella de Jesus-Sutadisastra, the first chair of the Department of Speech Pathology, who completed her fellowship at the University of Hawaii in 1975 through a Fulbright scholarship. Offering this education and training program complemented the other earlier established degree programs, Bachelor of Science in Occupational Therapy and Bachelor of Science in Physical Therapy, in what is now known as the UP College of Allied Medical Professions (CAMP) [11].

The UP CAMP has been the birthplace of the pioneering advocates, practitioners, researchers, and academics in the field of allied health professions in the country. Completing this triumvirate of allied health sciences has shaped the development of the organizational structures and service delivery models of various succeeding academic, clinical, and community-based programs in the country [10]. An example of which is the establishment of the UP CAMP Community-based Rehabilitation (CBR) program as early as 1973 in Bay, Laguna which has been instrumental in providing exposure to and training in interdisciplinary and transdisciplinary care for prospective allied health professionals [12]. Moreover, it is worth noting that it was a group of speech pathology alumni from UP CAMP who assembled and formally launched the professional association of Speech-Language Pathologists (SLPs) in the Philippines [10].

The Philippine Association of Speech Pathologists (PASP) was officially registered in the Securities and Exchange Commission (SEC) in 1991 under the helm of a self-organized core group of Filipino SLPs [13]. The establishment of the professional organization has led to increased national recognition of this field and eventually paved the way to having an initial national certification body for Filipino SLPs. Through its leaders and members in the academe and sectoral practice areas, PASP took part in molding the national education and training curriculum for Speech Pathology under the directive of the Commission on Higher Education (CHED). The CHED Technical Panel for SLP Education, led by Dr. Jocelyn Christina B. Marzan, developed a “prescribed curriculum” which became the basis for the creation of the succeeding bachelor's degree programs in SLP in the country—two of which are situated within the Greater Manila Area and the other one is in Cebu. Furthermore, PASP served as the key entity in the lobbying efforts behind the Speech Language Pathology Act. The passage of this law institutionalized the creation of a national SLP Board that will be responsible for supervising and regulating the registration, licensure, and practice of the profession in the country [14]. This regulatory board is currently led by Maria Eusebia Catherine S. Sadicon as chair, together with Juan Paolo D. Santuele and Ma. Rowena A. Ynion as board members [15]. Moreover, PASP is now recognized as the accredited integrated professional organization (AIPO) of SLPs in the Philippines. Going with this recognition are the crucial roles accorded to PASP including: (a) defining the responsibilities of its members; (b) ensuring adherence to the Code of Ethics and highest professional and technical standards; (c) collaborating with the regulatory board to enhance its professional standards; (d) addressing issues affecting the profession; (e) promoting the welfare and harmonious relationships among members; and (f) reporting any violations of the professional regulatory law to PRC.

### Zooming in and making sense of current challenges

As mentioned earlier, there have been three other universities which joined UP Manila, in offering bachelor's degree programs in SLP in the Philippines. These include the University of Santo Tomas, Cebu Doctors University, and the De La Salle Health Sciences Institute, with programs which were established in 2009, 2012, and 2014, respectively. This is a welcome development, as UP Manila has been the sole university producing SLP graduates for more than thirty years [16]. Within that time frame, only a handful of students, ranging from two in its early years to thirty at present, get to graduate and practice in the country every year. However, a considerable percentage of those eventually pursue careers in other fields such as medicine or explore employment opportunities abroad [17]. Hence, efforts to curve the exodus of SLPs have been implemented in UP by instituting a Return Service Agreement as part of the admission requirements. However, further studies are needed to examine the efficacy of this mechanism in encouraging SLPs to remain and practice in the Philippines [17].

Meanwhile, as prescribed by the CHED Technical Committee for SLP Education, it usually takes four to five years of undergraduate education and training to be granted a bachelor's degree in SLP. With a total of more than 200 units in the curriculum, about 70 units are allotted for general education subjects which include humanities, arts, mathematics, and natural science; 24 units are allotted for core subjects that focus on basic sciences and research methods; and about 60 units are allotted for major subjects focusing on normal development and clinical conditions. The last year in the curriculum, approximately 10 months, is allotted for a full-time (8 hours per day, 4-5 days each week) supervised internship in various settings which include hospitals, clinics, schools, and community-based programs. After completing these internship rotations, the students need to submit and successfully defend an undergraduate thesis as a final requirement to be granted a bachelor's degree in SLP [18].

Upon graduation, the newly minted SLPs are required to take and pass the PRC licensure examination and are encouraged to undergo the certification process by PASP. They also have the option to pursue continuing education for graduate studies. So far, only UP CAMP offers a graduate program, the Master of Rehabilitation Sciences-Speech Pathology, specifically designed to further the research capacity and deepen knowledge of the various practice areas in the profession. From the same academic institution, the Department of Speech Pathology, together with the Tinig AAC Project, also offer a 10-month certification course for alternative and augmentative communication (AAC) which includes didactics, case presentations, and mentorship [19]. Moreover, PASP holds regular continuing education opportunities by inviting Filipino subject matter experts and other international training providers like The PROMPT Institute, Lee Silverman Voice Treatment Global, The Hanen Program, etc. [20].

Even with the abovementioned promising developments in training and education, the number of SLPs is still considered to be inadequate to meet the demands of people with communication and swallowing disorders. In the 2019 Filipino SLP Survey, [21] it was found that around 90% of the respondents who practice in the Philippines are in Metro Manila, Central Luzon, and Southern Tagalog. These are regions encompassing the national capital and surrounding provinces from Luzon. The reported caseload averaged to 29 clients and 30 contact hours per week. Within this caseload, 62% were devoted to pediatric clients only and 36% for both adult and pediatric practice. Moreover, it was found that 74% of the respondents provide speech and language therapy services in private clinics and 69% reported to be self-employed. In many public hospitals, tenured positions for SLPs are scarce, and even when available, career progression tends to be uninviting due to limited upward mobility in terms of rank and salary grade. This means that the costs incurred for such services are charged against the personal funds of the clients, as insurance policies do not usually cover fees for private speech therapy services. Even though the Philippine Health Insurance Corporation (PhilHealth) released a benefit package for children with developmental disabilities, clients can only access this at a few accredited healthcare institutions and for only a limited number of sessions [22]. Lastly, another glaring issue unraveled in the commissioned survey was about the mental health of Filipino SLPs. While 75% of the respondents indicated positive perceptions regarding their professional practice, almost 20% of them expressed having prior experience of burnout symptoms. This is an emerging clinical practice issue that must be addressed to potentially improve the quality of life of Filipino SLPs [21].

More recently, the inaccessibility of speech and language services brought about by the centralized distribution of practitioners was exacerbated by the onslaught of the then-novel coronavirus disease (COVID-19). Since 2020, the mismanagement of the COVID-19 pandemic in the country [23] has been a significant barrier in providing access to speech and language therapy services caused by local lockdowns and increased collateral costs in health facilities. In response to this, practitioners and academics were forced to shift drastically to teletherapy and remote e-learning modes respectively. Two months into the national lockdown, PASP released official guidelines for SLP practice during the pandemic which provided guidance in compliance with the infection prevention and control protocols released by relevant policy-making agencies in the country.

While telehealth service delivery is not entirely novel, the efficacy of using virtual platforms amidst the surge of COVID-19 infections in the country showed promising outcomes at the clinical, academic, and humanitarian

settings. For instance, Eguia and Capio found that both therapists and parents of children with developmental disorders indicated positive satisfaction with teletherapy during the long series of lockdowns in the country [24]. Laxamana *et al.* described the feasibility of synchronous and asynchronous speech teletherapy in a case study of a woman presenting speech disorders secondary to Parkinson's disease [25]. Moreover, Ponciano-Villafania *et al.* reported the potential of speech telerehabilitation in the context of a community-based rehabilitation program to bring speech therapy services closer to different island groups in the Philippines [26]. After the COVID-19 experience, speech teletherapy now appears to be cemented into the local practice as an alternative mode of service delivery and may serve as a solution to the problem posed by the limited accessibility of speech therapy services in the different parts of the country.

### Moving forward and strengthening the profession

Starting from literally a couple of students graduating from one university, four cohorts of graduates are now being granted bachelor's degrees by four accredited higher education institutions yearly. Beginning from a small group of SLP incorporators, PASP currently has a stronghold of members with active status and special interest groups who serve as a foundation supporting the expansion of this professional organization. Commencing from self-regulation, SLPs are now lawfully recognized as licensed allied health professionals. While the SLP profession in the Philippines has come a long way since its inception more than four decades ago, there is still much work to be done to ensure its growth and to keep up with the changing landscape of the practice in the local and international contexts [27]. To achieve this, strengthening the local research capacity may pave the way forward for our profession. This may be done by 1) assessing where it is now, 2) identifying the bottlenecks and gaps, and 3) formulating data-driven strategies to address relevant issues affecting the profession.

As Bondoc, Mabag, Dacanay, and Macapagal asserted, research plays an integral role in filling the gaps in knowledge and practice in the local context and consequently in furthering the growth of the SLP profession in the Philippines [28]. At the outset, there is a significant need for local research that builds upon our understanding of the normal development of human communication and swallowing domains. Considering the distinct context of the Philippines, assessment and treatment considerations must be based upon a comprehensive understanding of the evolving economic, sociocultural, and linguistic conditions of the country. For instance, the use of standardized tools developed from Western cultures has been rampant in the local practice due to the lack of locally developed tests [6]. This approach admittedly poses limitations in accurately appraising a client's skills and may affect one's clinical reasoning when making plans for the appropriate line of management. This, in turn, could undermine the out-of-pocket expenses that families of people with communication and/or swallowing disorders need to shoulder to sustain such services. Hence, local research must be reinforced in the country to create a body of knowledge to develop standardized tools that are based on Filipino normative data and to inform outcomes studies about service delivery practices and interventions.

Aside from building up the local practice, research also fortifies the credibility of the profession by building "evidence-based systems of accountability to underpin our clients' and students' communication outcomes" [29]. The application of approaches and techniques in our practice that are backed by scientific evidence separates our profession from "quack" practitioners or "pseudo therapists" as popularly labeled in the Philippines. Hence, there is a constant need to recalibrate how we conduct our practice by keeping up with the available evidence and critically importing emerging approaches that can be appropriately applied in our context. Doing such will help inform outcomes studies and policies related to funding and human resources allocation. A good example illustrating this is the cross-sectional survey of Chua and Gorgon describing the practice of Filipino SLPs in augmentative and alternative communication (AAC) [30]. The major findings in their research revealed that about 71% of their respondents, from a sample of 108 Filipino SLPs, reported to practice AAC but most did not perceive themselves to be competent in handling various client populations with complex communication needs. This could be attributed, in part, to limited undergraduate education and training which tackles evaluation procedures and therapy planning for a patient's AAC needs. Moreover, the findings suggest ways to improve AAC training and service provision in the Philippines and underscore the need for further research on alternative service delivery models.

However, with emerging professions like SLP, the burden of proving its credibility lies on its practitioners, ideally represented by its professional organizations. Unfortunately, in the local context, the responsibility of generating knowledge through research is implicitly accorded to a few academics who also wear multiple hats as clinical practitioners, advocates, and administrators. Bondoc *et al.* found that among the 250 articles included in their retrospective review of studies completed from 1978 to 2015, about 97% were authored by SLPs in the academe, 94% of which are unpublished, and 95% were completed using personal funds and resources [28].

The bottleneck problem posed by having limited research undertakings to further the growth of the profession is a concern shared by other national SLP organizations in Southeast Asia and other neighboring countries [31,32]. The strategies to address these shared challenges may be optimally addressed by taking a closer look at how scholars in our field have tackled the issue about bolstering the capacity of SLPs to produce research that is responsive to their local context. Three main points are discussed here: 1) incentivizing research work, 2) reinforcing capacity-building activities, and 3) intensifying strategic linkages. These strategies will be expounded and contextualized in relation to the way forward in the Philippine setting.

### Incentivizing research work

The first issue that needs to be tackled is how to incentivize research work. Currently, doing supervised research is typically an academic requirement that must be completed to obtain a bachelor's degree at the undergraduate level or a master's degree for graduate studies. After completing such, only those few who teach in the academe are required to conduct research as a part of the promotion mechanisms in their respective universities [33]. Should we need to boost SLP's capacity to produce research, it is imperative to establish support systems that incentivize research production by making sure that engaging in this work could be, at the very least, an adequately compensated career option [34,35].

In the Global North, national research institutions regularly offer research grants to fund short-term and long-term research projects. Locally, such grants are seldom available [35] or are skewed to prioritize the more prevalent health concerns like non-communicable diseases or emerging infectious diseases. If there are any research calls involving allied health sciences, these are usually subjugated under broader thematic areas like maternal and child health or aging population. Moreover, issues and concerns affecting our primary clientele—people with disabilities—remain understudied and arguably excluded in issues that affect them [2,35]. In this light, PASP may advocate for our inclusion and representation at the relevant key agencies like Philippine Council for Health Research and Development and Philippine National Health Research System so that the health sciences, specifically SLP, may have equitable appropriations in their priority research agenda. Additionally, PASP, through its special interest group, Advocating for Research and Learning (ARAL), may organize members with skills and prior experience in writing research grants and expanding a network of potential funding agencies that could support our priority research areas in the field. It can also help pool funds from prospective donors to provide grants to students with limited resources and help alleviate the costs incurred in conducting research.

### Reinforcing capacity-building activities

Aside from creating mechanisms to incentivize research production, the capacity of SLPs in engaging in this work must also be simultaneously reinforced. While the existing curriculum requires undergraduate research courses and a submission of thesis, these will not be enough to have an in-depth knowledge of various research methods and approaches. Usually, pursuing graduate-level studies is necessary to gain mastery of such. However, based on the most recent survey commissioned by PASP, only 5.5% of Filipino SLPs have completed graduate studies while about 18% are currently enrolled in graduate programs (63% of which are taking graduate programs outside of SLP or communication sciences) [21]. Admittedly, having this slim research workforce cannot be expected to generate substantial research output that could have significant impact in the local practice. Hence, SLP practitioners must be given capacity-building opportunities to update their skills and must be encouraged to use these skills to contribute to prospective local research endeavors.

To achieve this, PASP may organize capacity-building opportunities and facilitate matching of researchers and clinicians for collaboration. For instance, clinicians may be tapped to validate scales developed by researchers from academic institutions. They may also be asked to contribute data about functional outcomes based on their personal practice, similar to American Speech-Language Hearing Association's (ASHA) National Outcomes Measurement System (NOMS) developed in the late 1990s [36]. In this system, clinicians are encouraged to voluntarily contribute data by using ASHA's Functional Communication Measures (FCMs) upon intake as well as after the discharge of a client/patient under their care. This voluntary data collection registry helps quantify the value of speech-language pathology services and enables clinicians to participate in improving the quality of those services [37]. Moreover, with adequate training on translational research, local practitioners may be encouraged to engage in research work in their own capacity and to demystify their preconceived notions of what research engagement entail.

### Intensifying strategic linkages

Intensifying strategic international linkages provides a great opportunity in strengthening local research production as well as in facilitating expansion of professional networks. This has been initiated by PASP by joining the International Association of Logopedics and Phoniatrics as an affiliate society since 2005.38 Moreover, our national organization, after sending delegates to the ASHA Convention 2017 in California, was able to secure a partnership for the second national convention of SLPs in the Philippines in 2018. Right off the bat, intensifying international linkages helps facilitate the creation of venues for exchanging research through research symposia and presentations. This setting allows for immediate feedback from and professional discussion with subject-matter experts present in conferences. Moreover, it also provides platforms for local researchers to build professional networks with foreign counterparts who share the same research interests. Since PASP does not have a local publishing arm yet, intensifying strategic international linkages may create opportunities for collaboration so that local studies may be accessible through the reputable journals in our field.

Moving forward, the Filipino SLP national organization may benefit from linking up with its neighboring countries through the Asia Pacific Society of Speech, Language, and Hearing (APSSLH). Aside from the potential partnership in hosting research symposia and journal publication, the SLPs from the Philippines as well as those from the Asia Pacific may collaboratively work on Community-based Rehabilitation as an emerging research area. As mentioned earlier, CBR is an approach initiated in the Philippines as early as 1973 and was developed due to the scarcity of rehabilitation professionals in the local setting. This service delivery model banks on a multi-sectoral strategy that focuses on improving the quality of life of people with disabilities and their families, ensuring inclusion and participation, and empowering them to access basic health and social services [39]. It is an approach claimed to be the most suitable and appropriate method of rehabilitation for developing countries [40] and has been implemented in various Asian countries such as Laos [41], Vietnam [42], Malaysia [43], Thailand [44], Japan [45], China [46] among others. Prospects for knowledge sharing and mentoring may be explored by creating a consortium of subject-matter experts in the region and organizing a special interest group under the helm of APSSLH [47].

## Conclusion

To end this article, I go back to the question posed by Duchan, "What do you know about your profession's history?" [1] In the last four decades, the SLP profession in the Philippines has come a long way in creating education and training programs that are responsive to the increasing demand for speech and language therapy services. From its humble beginnings in UP, the SLP education for undergraduate students has now expanded to three more universities, including a higher education institution located in Cebu. It would not be surprising if we see at least one more program opening in either the northern part of the country in the Cordilleras or the southern part of the country in Mindanao. PASP has achieved a long list of significant milestones which include its official registration as a professional organization, holding its first few research conventions, and lobbying for the lawful recognition of SLPs as licensed health professionals.

By looking back at the past, we can trace the origins of the development of the profession and how this history continues to shape what it is now and

what it might become. However, there remain various challenges and barriers that need to be overcome to ensure its growth and to keep up with the changing landscape of the practice in the local and international contexts [48]. Strengthening the research capacity of SLP professionals may just pave the way forward for our profession through the incentivization of research work, addressing significant gaps in the local practice, and intensifying strategic international linkages.

At this point onward, I will ask the next question that we need to reflect on as the next generation of global SLPs tasked to carry the torch and keep the fire burning: Where are we heading next?

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