Speech Pathology Australia’s Submission to the

Independent Review of Accreditation Systems with the National Registration and Accreditation Scheme for health professions

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Speech Pathology Australia welcomes the opportunity to provide comment to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions. Any initiatives to improve the relevance and responsiveness of health workforce education to sustain the current health workforce and to ensure a viable health workforce for the future must include a consideration by governments of the interface between the regulated and self-regulated professions. Failure to consider this interface would result in fragmentation of health workforce education in Australia and will not achieve the desired outcomes of a responsive future workforce.

Speech Pathology Australia strongly recommends that an evidence-based approach to the development and review of competency frameworks and accreditation standards for health professions be implemented.

Speech Pathology strongly supports workforce planning and regulation initiatives that facilitate inclusiveness of consumers and stakeholders, improving efficiency, cross professional collaboration and transparency to accreditation functions.

As the organisation accrediting all speech pathology training programs for Australian universities, Speech Pathology Australia has an interest in monitoring accreditation of programs for registered professions (though NRAS) and ensuring our own system of accreditation of programs is comparable to registered professions. With this in mind, we have structured our feedback in response to relevant key questions asked in the Discussion Paper where there exist an interplay or implications for self-regulating professions.

About Speech Pathology Australia

Speech pathologists are the university trained allied health professionals who specialise in treating speech, language, communication and swallowing problems. Speech pathologists work across the life span with infants, children, adolescents, adults and the elderly with communication and swallowing problems.

Speech pathologists provide services in the acute care (hospital), sub-acute care, rehabilitation and primary care sector (including community health, general practice and mental health services) as well as within other sectors such as disability, residential and community based aged care, education, juvenile justice, prisons and community settings.

Speech pathologists undertake a four-year undergraduate degree or a two-year graduate entry Masters degree to be qualified as speech pathologists. To be eligible to graduate speech pathology students must have achieved the minimum skills, knowledge base and professional standards described in the Competency Based Occupational Standards (CBOS) Entry Level (2011).

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 7500 members.

Speech Pathology Australia is recognised by the Federal Government of Australia, Department of Education, Employment and Workplace Relations as the professional body representing speech pathologists in Australia. Speech Pathology Australia is the body that grants accreditation to speech pathology degree programs.

A speech pathology degree program accredited by Speech Pathology Australia permits only those students who have achieved the Entry Level standard specified in the Competency Based Occupational
Standards (CBOS) to graduate. Graduates of an accredited program are eligible for Certified Practising Membership of Speech Pathology Australia.

The Competency Based Occupational Standards for Speech Pathologists (CBOS, 2011) is accepted by the profession as the expression of the knowledge, skills and attitudes required of someone entering the profession of speech pathology in Australia. CBOS was created in 1994 and then revised in 2001 and 2011. Speech Pathology Australia in consultation with the profession will review CBOS again in 2018.

Speech pathology is a self-regulated profession and not part of the National Registration and Accreditation Scheme (NRAS).

Speech Pathology Australia is a member of the National Alliance of Self Regulating Health Professions. (NASRHP). Speech Pathology Australia maintains robust self-regulation of its members and alongside a number of other non-registered allied health professions has progressed work in establishing the National Alliance of Self-Regulating Health Professions (NASRHP) to facilitate the development of a National Framework for Self-Regulation for Health Professionals. Where possible, this national framework mirrors that required by AHPRA in relation to monitoring and systematic self-regulation mechanisms for quality and safety in the delivery of health care by these professions. This framework augments the existing operations of our Association in relation to developing and maintaining the clinical, educational and ethical standards that promote high quality and safe speech pathology care.

The professions represented in NASRHP include speech pathology, audiologists, social workers, diabetes educators, perfusionists, orthotics and prosthetics, sonographers, dieticians, and exercise and sports scientists — together these represent around 45,000 allied health practitioners across Australia.

Speech pathology is a self-regulated health profession through Certified Practicing Speech Pathologist (CPSP) membership of Speech Pathology Australia. Speech pathologists are not required to also be registered through the National Registration and Accreditation Scheme.

To be eligible for CPSP membership of Speech Pathology Australia, a speech pathologist is required to demonstrate they have completed an approved university course, they have recency of practice and have undertaken a minimum level of professional development in the previous 12 months. New graduate speech pathologists who agree to meet specified requirements are afforded provisional CPSP status.

The CPSP credential is recognised as a requirement for approved provider status under a range of government funding programs including Medicare, all private health insurance providers, some Commonwealth aged care funding, Department of Veteran Affairs (DVA) funding, NDIS funding, Betterstart for Children with Disability and Helping Children with Autism Package programs.

Response to Discussion Paper Questions

Accreditation Standards

There are a range of benefits of greater consistency and commonality in the development and application of accreditation standards (both across those regulated through NRAS) and for self-regulating professions. Perceived benefits may include:

- enrichment to the accreditation process by facilitating cross professional training of accreditors and cross professional accreditation panels
- increased diversity of skills and knowledge of individuals on accreditation panels
- increased consistency of accreditation requirements across professions

However, perceived costs need to be considered including:

- Direct financial costs associated with the development of a committee/working groups to develop, oversee and manage a changed accreditation process.
• Resources associated with maintenance of such a program (ie ongoing training of accreditors and university programs)

In relation to accreditation authorities being required to incorporate the decisions of TEQSA/ASQA assessments and accreditation of education providers as part of their own reviews, it is important to note that TEQSA/ASQA assessments and decisions provide valuable information for the professional accreditation process. TEQSA/ASQA decisions provide information on the inputs of the facility as they relate to the quality of the educative processes and teaching. The information is important to ensure a university has systems and processes in place to maintain standards.

There are some benefits associated with adopting more open-ended and risk-adjusted accreditation cycles including the ability to target accreditation processes for university programs that are at most risk of lapsing/not meeting relevant standards during a longer accreditation cycle. Conversely, a risk-adjusted accreditation cycle would afford universities with high performing programs to reduce the burden associated with a full cycle accreditation review. Cost modelling could be undertaken to determine the resource implications associated with a risk-adjusted accreditation process with consideration of developing appropriate monitoring systems (such as annual reporting, national exams, specific purpose reviews etc). Further research would need to be undertaken to determine the most suitable monitoring systems.

**Training and readiness of assessment panels**

The involvement of consumers and broader stakeholders in assessment teams needs to be carefully considered in terms of their roles and responsibilities, the standards against which the program is being assessed (including if consumers were involved in the development of those Standards) and the training provided to support their role in assessment teams. There is considerable potential for consumers to add value and improve the accreditation process for both the registered and self-regulating professions. For example, accreditation processes should consider the involvement of Aboriginal Torres Strait Islander (ATSI) academics or representatives to review programs with respect to how they are developing the capabilities of students to work with First Nation people. The involvement of Indigenous representatives however is only relevant if there are standards/principles/requirements relating to indigenous and culturally appropriate care that universities must meet as part of the accreditation process.

**Sources of accreditation authority income**

Accreditation bodies need to consider funding models for that support the overall quality of the accreditation program. This needs to be inclusive of costs for accreditation, training of accreditors and staff and funds to support the ongoing review and improvement of accreditation standards and functions. As a self-regulating profession, the accreditation program administered by Speech Pathology Australia for speech pathology program is funded by accreditation fees payable by the university at the time of accreditation.

The fees for each function (assessment of overseas qualified practitioners and assessment of offshore competent authorities) should be based on actual costs incurred for the service to ensure transparency with how fees are developed.

**Input and outcomes based accreditation standards**

Accreditation processes that award a term for accreditation (ie 2,3,4,5 years) need to ensure that there are sufficient systems at the university level to ensure the quality of standards are maintained for the duration of the awarded term. Subsequently, accreditation needs to consider both process and outcome indicators. This needs to be considered in the context that the output of “quality student” can only be achieved by ensuring processes and inputs are sufficient and sustainable for the duration of the training term. Some of these processes/inputs may include university curriculum review processes, university processes to support new academics with improving teaching capacity, processes to ensure external
Clinical supervisors of students are sufficiently trained and credentialed. Ideally, there should be a mix of both process and outcome indicators included in Standards.

The assessment processes need to reflect the evidence with respect to measuring performance based /outcome standards. This field of evidence would benefit from cross professional research to identify the best processes to “assess” outcome based standards across health professions and training programs.

**Health program development and timeliness of assessment**

An **evidence based** approach to the development of professional competency frameworks is strongly supported – ideally this would be a common approach to the development of professional competency frameworks however the evidence may be different for different health professions and this would need to be considered. An evidence based approach will facilitate the capacity of developing common systems and inclusion of stakeholders in the development.

The possible benefits of developing accreditation standards that have common health profession elements/domains, overlayed with professional—specific requirements are that it could create opportunities for:
- interdisciplinary training in academic and clinical contexts.
- external clinical educators to supervise students across professions.
- common/core student competencies to be incorporated into university training programs for all health professions
- interdisciplinary and transdisciplinary practice skills.

Whilst there are possible benefits, the risks associated with ambiguous scope of practice across disciplines and the loss of discipline-specific competencies would need to be very carefully managed.

In terms of consider changes to accreditation systems that could improve the timelines and responsiveness of processes to ensure education programs are delivering graduates who have the knowledge, clinical skills and professional attributes required of the current and future workforce, accreditation systems should consider what the research indicates enables graduates to be responsive and resilient in the health care environment. Using an evidence-based approach could identify what skills and competencies are needed (and likely to be needed) and embed these knowledge/skills and attributes into university training programs. It is not feasible to educate students on the range of different funding models and reforms that they might encounter working in a federated health system (with significant reforms occurring during the political cycle). Students need to be equipped with knowledge, skills and attributes that enable them to be responsive in any health care setting and funding climate. These may include knowledge, skills and attributes regarding clinical reasoning, being able to interrogate the literature, understanding the importance of life-long learning etc.

**Inter professional education, learning and practice**

Interprofessional learning (IPL) occurs as a result of planned and structure interprofessional education experiences. As with other specific skill sets and behaviours, interprofessional capability or capacity is learnt, develops and matures over time. In considering how best interprofessional education could be expressed in accreditation standards we should first refer to the interprofessional education literature on how best to structure the development of IPL within university academic and clinical curriculum. This evidence may be published in any of the health profession’s academic publications (not just the registered professions) and it is recommended that a review of literature on IPL be extended to also include allied health (including self-regulating professions). Once this is established then the standards should be developed to facilitate the development and training of interprofessional clinicians.
Clinical experience and student placement

The topic of health care priorities should be embedded across curricula with the focus on students understanding the need to learn about the context in which they work and how this influences care provision. Universities should be provided with the opportunity to embed these principles across the curricula and clinical experiences based on the pedagogy of their program.

The use of any contemporary education practice should only be undertaken in light of the evidence of the value it provides to teaching and learning. For example, the evidence for simulation as a comparable learning opportunity to clinical experiences is growing. Accreditation processes should be sufficiently flexible to promote innovation and diversity of curricula and university pedagogy. How contemporary education practices are incorporated into universities should be the responsibility of universities to decide as part of their curricula planning processes.

Speech Pathology Australia with funding from the Department of Health (Commonwealth) is supporting a National Speech Pathology Simulation Project across six universities in Australia. All Australian universities were provided with the opportunity to engage in the project however not all met the criteria for the randomised control trial. The project aims to determine if speech pathology students achieve a statistically-equivalent level of competency in placements where a mean of 20% of placement time is replaced with a simulation model compared to traditional clinical placements. Preliminary analysis of the data indicates there is no difference between our simulation and traditional student groups with respect to pass/fail rates.

The delivery of work-ready graduates

Speech Pathology Australia a self-regulated profession with no mandatory supervised practice precondition for membership and as such is unable to comment on the period of supervised practice the other professions should undertake as a pre-condition of general registration. Certified Practising Speech Pathologist (CPSP) is a designation that may be used by a speech pathologist, who is a member of the Speech Pathology Association of Australia Limited, who practises full- or part-time and who has met the requirements of the Professional Self Regulation program. Newly qualified speech pathologists are provided with Provisional CPSP and to move to Full CPSP must meet the professional development requirements, undertake clinical supervision mentoring or peer support for a minimum of one hour per month in a calendar year and undertake Speech Pathology Australia’s independent study resources in Evidence Based Practice and Ethics Education.

The definition of “work readiness” will be different for the grading/level or experience expected of an employee in different work contexts. In considering the roles of the employers and the universities to prepare graduates to be ‘work ready’, it is strongly suggested that the literature with respect to graduate transition is utilised. There is a range of literature across medicine, nursing and some in allied health that discusses core themes and recommendations to support graduate transition to the work force. The literature discusses perceptions, expectations and the realities of being “work ready” in a complex and changing health system.

The below link provides an example of a transition program developed for Allied Health Graduates in Victoria. This is provided as an example of how the literature on “work ready” and transition has been utilised to determine the role of the employer in supporting graduates in the work place. [https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Statewide%20interprofessional%20allied%20health%20graduate%20program%20manual](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Statewide%20interprofessional%20allied%20health%20graduate%20program%20manual)
**National Examinations**

Speech Pathology Australia utilises the accreditation process as the mechanism to ensure graduates of accredited universities meet the required competencies for speech pathology practice. Individuals that graduate from an accredited course are eligible for Certified Practising Membership of Speech Pathology Australia. Speech Pathology Australia has confidence in the accreditation process and therefore does not require an additional pre-practice requirement (such as an entry examination) for graduates to become members and begin practicing their profession.

**Assessment of overseas health practitioners**

Speech Pathology Australia is currently the responsible Assessing Authority for competency qualifications assessment for skilled migration visas of speech pathologists. Successful completion of the competency qualifications assessment automatically provides individuals with Certified Practising Membership status of Speech Pathology Australia. As such, in our profession the skilled migration and self-regulation processes are aligned.

The processes for assessment pathways, assessment approaches and subsequent granting of registration status for overseas trained practitioners should at a minimum align with the *Guidelines for skilled migration Assessing Authorities* (Australian Government Department of Education and Training). These guidelines recommend comparable assessment of qualifications should be considered and multiple pathways for individuals to apply so that qualifications and experience can be considered not just qualifications.