



Assessment of Competency to Practise as a Speech Pathologist in Australia

ANZSCO - 252172

Information Guide for Applicants



Assessment of Competency to Practise as a Speech Pathologist in Australia
Information Guide for Applicants, January 2011

Contents

About this Application Guide	4
1. Introduction	5
1.1 Speech Pathology in Australia	5
1.2 Membership of The Speech Pathology Association of Australia Limited	5
1.3 Procedures for having your qualifications recognised in Australia	6
1.4 Additional process required in Queensland	6
2. The Assessment Process – Overview and General Information	7
2.1 The reason that Speech Pathology Australia assesses overseas qualifications	7
2.2 Types of Application	7
2.3 How your application is processed	9
2.4 Authenticity of Materials Supplied	9
2.5 Preparation and Presentation	9
2.6 Declaration and consent form	10
2.7 Fees	10
3. How to make a Complete Application	11
3.1 What you must include in a Complete Application	11
3.2 How to present your portfolio evidence	12
3.3 How you will be advised of the results of a Complete Application	13
4. How to make a Mutual Recognition Agreement (MRA) Application	15
4.1 What you must include in a MRA Application	15
4.2 How you will be advised of the results of a MRA Application	16
5. Assessment of Competent Professional Use of English	18
5.1 Evidence of English Competence for Complete Application	18
5.2 Evidence of English Competence for MRA Application	20
5.3 How you will be advised about the results of your English competency assessment	20
6. Review of Outcome of my Qualifications Assessment	21
6.1 What might be the outcome of the review	21
6.2 How do I lodge that I wish my overseas assessment outcome to be reviewed	21
6.3 Who is on the Review Committee and how does it operate?	22
Appendices	
Appendix 1: Recency of Practice Requirements	
Appendix 2: Types of Evidence for your portfolio	
Appendix 3: Competencies required for working with patients with dysphagia	

About this Application Guide

The Guide explains:

- How speech pathologists work in Australia, and how they are recognised professionals
- Why Speech Pathology Australia provides assessment of competencies for speech pathologists trained overseas
- The **two** types of applications overseas trained speech pathologists may make
- The importance of a high level of competence in English language
- How your application should be presented, and what information it must contain
- The costs of making an application
- How your application will be assessed

You should read this Information Guide very carefully, including the two appendices. You should also read any other information that you are sent or advised to read if you intend to make an application to have your competency to practise as a speech pathologist assessed.

1. Introduction

1.1 Speech Pathology in Australia

In Australia, speech pathologists diagnose and treat communication impairments related to speech, language, voice, fluency, reading and/or learning. Speech pathologists also provide services for people who have difficulties with chewing and swallowing. People of any age may require speech pathology services.

Speech pathologists may specialise in specific fields such as paediatrics or with specific groups of patients (e.g. children with autism spectrum disorders).

Speech pathologists work in a range of settings in health (e.g. public hospitals, rehabilitation centres, community health), education and early intervention, specialist organisations providing services for people with disabilities or private practice. Some speech pathologists carry out teaching and research work in academic institutions.

Speech pathologists may work directly with clients, may provide liaison, advocacy, consultancy and advisory services.

English is the national language of Australia, and the first language for the majority of Australians. There are many languages other than English used in Australia. Over 25 percent of the Australian population speak a language other than English at home. However it is a requirement that speech pathologists in Australia are able to work with English both as the form of communication and as the focus of assessment and treatment.

1.2 Membership of The Speech Pathology Association of Australia Limited (Speech Pathology Australia)

Most employers in Australia require prospective employees to be eligible for Practising Membership of Speech Pathology Australia.

Speech Pathology Australia is recognised as the national scientific and professional standards organisation for speech pathologists in Australia. Speech Pathology Australia is also the assessing authority for speech pathologists intending to apply for skilled migration to Australia.

The Association has established the educational and clinical standards required for current Practising Membership. These standards are called the Competency-Based Occupational Standards 2001 (CBOS 2001). CBOS 2001 outlines the minimum skills, knowledge base and attitudes required for entry-level practice of the profession. The Association uses CBOS 2001 to accredit University programs which educate speech pathologists in Australia, and assess the qualifications of overseas applicants.

All applications for recognition by Speech Pathology Australia are assessed by the CBOS 2001 standards.

CBOS 2001 may be downloaded from the Association's website at www.speechpathologyaustralia.org.au or is included in application packages mailed directly from the National Office of Speech Pathology Australia.

To be eligible for Practising Membership of the Association you must meet the Australian standards for practice, including that you are competent in the use of English within the Australian clinical context, and if applying for migration have met any English language threshold requirements set by the Department of Immigration and Citizenship (DIAC). If you graduated more than five years ago, you must also have practised as a speech pathologist for at least 1000 hours during the previous five years. What 'counts' as hours of practising as a speech pathologist is outlined in Appendix 1.

1.3 Procedures for having your qualifications recognised in Australia

Overseas qualifications are assessed to determine whether they are comparable to the qualifications gained by speech pathologists educated in Australia. If you are applying for skilled migration to Australia, your qualifications will be assessed by Speech Pathology Australia. Only speech pathologists who can show that they hold, or are eligible for, current Practising Membership of Speech Pathology Australia will meet the skill level requirement for migration purposes.

If you are a current member of ASHA (USA), CASLPA (Canada), IASLT (Ireland), NZSTA (New Zealand) or RCSLT (UK) you should refer to additional information about the Mutual Recognition of Professional Association Credentials between Speech Pathology Australia, ASHA, CASLPA, IASLT, NZSTA and RCSLT on their respective websites. The agreement of mutual recognition of credentials signed between the six national speech pathology professional associations of Australia, Canada, Ireland, New Zealand, the United Kingdom, and the United States of America came into force on 1 January 2009.

The Mutual Recognition Agreement of Professional Association Credentials (MRA) is not one of reciprocity or reciprocal recognition of qualifications. The Agreement is of mutual recognition that, under some conditions, the six associations have substantially equivalent credentials and that it is therefore possible for certified members of one association to become recognised by the other associations. (Refer to section 4).

If your qualifications meet the Australian standards for Practising Membership of Speech Pathology Australia, it does not imply that your application to migrate to Australia will be successful. Approval for migration is the responsibility of the Australian Government Department of Immigration and Citizenship (DIAC) at www.immi.gov.au

If your qualifications meet the Australian standards for Practising Membership of Speech Pathology Australia, the assessment will remain current for two (2) years from the date of approval, during this time you must commence practice in Australia for your eligibility status to remain valid. If you have been assessed as eligible for membership of Speech Pathology Australia, it does not automatically entitle you to employment, nor is it a job offer.

1.4 Additional process required in Queensland

In addition to assessment by Speech Pathology Australia, speech pathologists wishing to work in the Australian State of Queensland must apply separately to the Speech Pathologists Board of Queensland for registration. This is a legal requirement under The Speech Pathologists Registration Act 2001 (Queensland Government). Registration is not required in other States or Territories at present.

The Speech Pathologists Board of Queensland recognises Speech Pathology Australia as the assessing authority for speech pathology qualifications, and will refer you to Speech Pathology Australia for assessment of your overseas qualifications prior to consideration of registration. For further information please contact:

Mail	The Registrar Speech Pathologists Board GPO Box 2438 Brisbane Qld 4001 Australia
Phone	+61 7 3225 2508
Fax	+61 7 3225 2527
Email	speechpathology@healthregboards.qld.gov.au
Website	www.speechpathboard.qld.gov.au

2. The Assessment Process – Overview and General Information

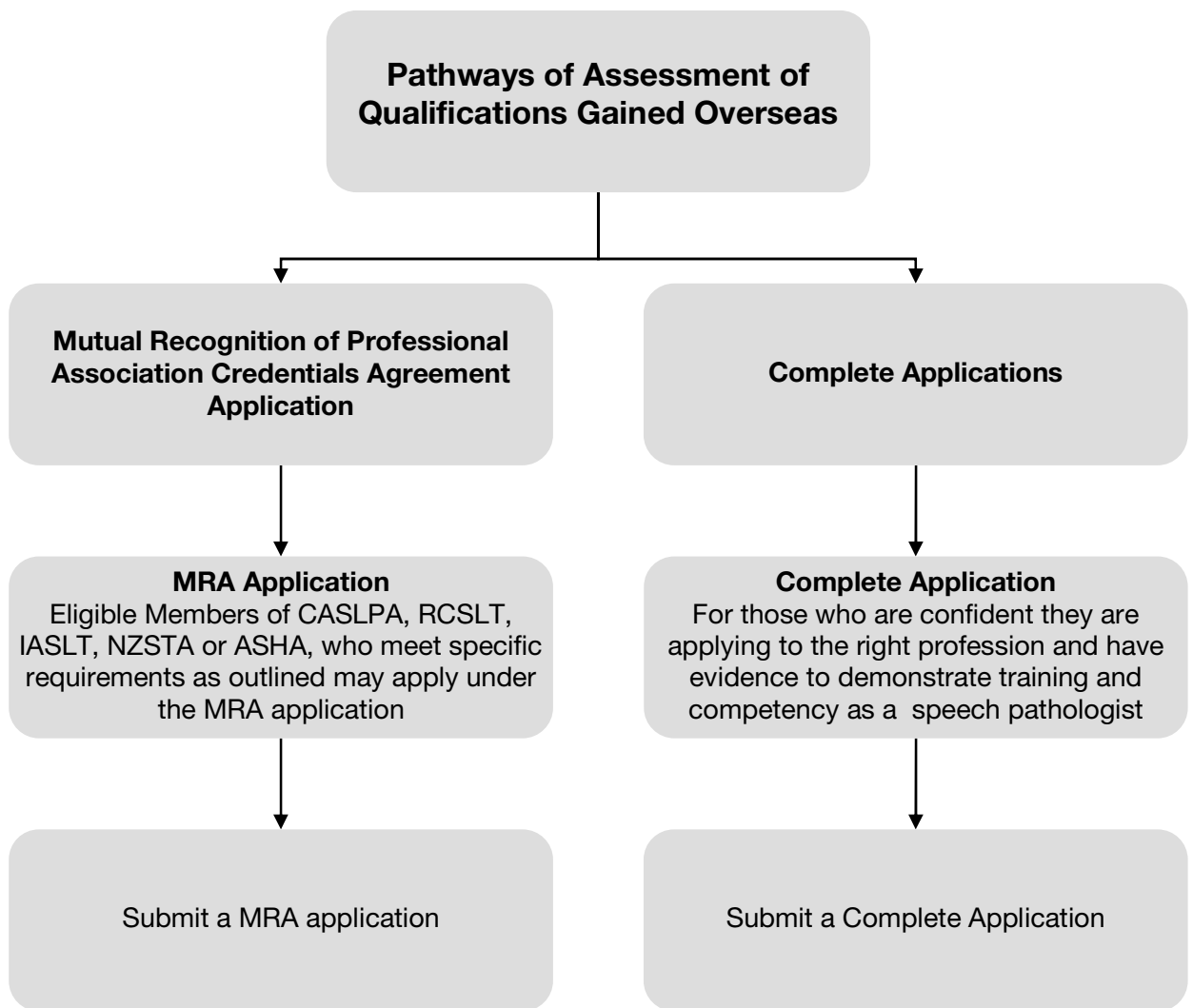
2.1 The reasons that Speech Pathology Australia assesses overseas qualifications are:

- To maintain minimum standards of the speech pathology profession in Australia
- To protect consumers of speech pathology services
- To stimulate maintenance of high standards and continuing improvement in the quality of speech pathology services in Australia
- To provide support and guidance to overseas applicants in developing programs to achieve competence for practice in Australia
- To enrich the cultural and educational diversity of speech pathologists in Australia
- To meet the requirements for assessment for migration of the Federal Government, through the Department of Immigration and Citizenship (DIAC).

2.2 Types of Application

There are **two** types of application that you may make. These are:

- **A Complete Application:** You should make this application if you are confident you are applying to the right profession and that you have the evidence to demonstrate your competence as a speech pathologist.
- **A Mutual Recognition Agreement (MRA) Application:** You should make this application if you are a current member of the speech pathology associations of ASHA (USA), CASLPA (Canada), IASLT (Ireland), NZSTA (New Zealand) or RCSLT (UK) and believe you are eligible to meet the stated requirements (see Section 4).



2.3 How your application is processed

The appropriate application form must be completed and forwarded in hard copy along with all supporting documentation to Speech Pathology Australia.

Your application will be acknowledged by staff at the National Office of Speech Pathology Australia within **1 week** of your application being received. Your application will then be forwarded to one, or in some cases, two eligibility assessors. The assessor/s will review the materials submitted and will make recommendations based on the materials you have submitted. You will be contacted within **six weeks** in regards to the progress of your application, including if further evidence is required.

During this process you may be contacted to clarify materials or to provide supplementary evidence. It is therefore important that you maintain accurate contact details with Speech Pathology Australia. If you have a current email address it will help us communicate directly and promptly with you. Please note that **all** correspondence, including emails, must be sent directly to Speech Pathology Australia National Office.

The assessor/s will examine your application for evidence of competence in clinical practice and for competence in English.

The process of assessment may take time depending on how thorough your evidence is in the first instance, and on how quickly any queries or ambiguities are clarified. The assessment must be concluded within two years of your original application. This timeframe is to provide you with sufficient time to gather the information needed and/or to undertake further training, testing or professional development to meet the requirements.

2.4 Authenticity of the Materials Supplied

All materials must be individually certified as to their authenticity. You must also sign a declaration of authenticity to cover the whole of your application.

Copies of documents must be certified as a true and accurate copy of the original by being sighted and signed by a Justice of the Peace or other person who has legal authority. The official title and address of the person certifying the documents must be displayed with their signature on the documents.

Any documents in a language other than English must be accompanied by a certified translation into English by a professional translator. The official title, address and signature of the translator must be included on the documents.

You must demonstrate that portfolio materials submitted relate to your independent effort, and have not been prepared with assistance of another person.

All documentation and evidence provided will be checked for fraudulent representation. Any evidence of fraudulent representation will result in refusal to process the documents and therefore your application will not proceed.

Please do not send original documents or other materials which cannot be replaced. They could become damaged, misplaced or lost.

2.5 Preparation and Presentation

It is in your interest to prepare and present your application in a way that makes it easy for the assessor to establish whether or not you possess the required competencies. Documentation which is not presented in a clear manner and/or without all the necessary evidence will be returned to you for further development. Take care that all DVD and CD/audio recordings are of good quality, especially the sound track on video recordings.

All information supplied should be labelled clearly with your name, address and contact details. Three separate forms are to be used to organise and label items in your portfolio (Form 2.1 – Reference List

of Items of Evidence in Portfolio; Form 2.2 - CBOS 2001 Summary Table of all Portfolio Items; Form 2.3 - CBOS 2001 Cover Sheet for Each Item of Evidence in Portfolio). These forms are attached to the Complete Application.

Remember to look after the safety of your documents and materials. Documents may be damaged if they are not carefully packaged. Information may be missed if it is not well organised for the assessor.

Keep a copy of the entire contents of your application. This will assist you if we wish to ask you questions on any of the information you have supplied.

2.6 Declaration and consent form

You will be required to complete the following:

- declaration of disclosure regarding any convictions for criminal offences, any findings of professional misconduct, incompetence, or incapacity in relation to the profession and any pending charges before any disciplinary board related to the practice of the profession
- statement of consent to allow all disciplinary boards or regulatory bodies to share information regarding any convictions and disciplinary actions against you including any that may arise subsequent to your application.

2.7 Fees

The fee for assessment of a Complete Application is **AUD \$1100**. This must be paid when you submit your application.

The fee for assessment of a MRA Application is **AUD \$550**. This must be paid when you submit your application.

No refunds are payable once an application has been accepted for assessment.

3. How to make a Complete Application

A Complete Application is used to determine whether or not you are currently eligible for Practising Membership of Speech Pathology Australia. Assessment of a Complete Application is required for skilled migration purposes and is expected by most employers and health insurance funds.

Complete Applications should be used if you are confident that you are applying to the right profession and that you can demonstrate your competence to practise as a speech pathologist in Australia with reference to the Competency-Based Occupational Standards 2001 (CBOS 2001).

The information you supply should also demonstrate that:

- your qualifications are comparable to those of speech pathologists trained in Australia
- you have the ability to use English effectively in the Australian speech pathology setting, and
- if you graduated more than five years ago, you must demonstrate that:
 - you have practised as a speech pathologist for at least 1000 hours in the last **five** years.

All these conditions must be met for you to be assessed as eligible for Practising Membership of the Association.

3.1 What you must include in a Complete Application

- The application form, in which you provide your personal details, a checklist for material submitted, and a signed declaration and consent for the assessment.
- Information on all your speech pathology qualifications, i.e.
 - the name of the qualification/s
 - the name and location of the university at which you obtained each qualification
 - the dates you were enrolled in your studies
 - the date/s you qualified
 - the language of instruction
- Certified copies of the qualifications you have received in speech pathology, speech therapy, speech sciences or similar.
- Certified copies of transcripts of results for all subjects in all courses you took in gaining your qualifications.
- A certified translation into English by a professional translator of any documents in a language other than English. The document in both its original language and the translation must be included. The original document is certified as a true copy and the translation is certified by the translator.
- Evidence of any name change. If your name has changed since graduation, you must attach a certified copy of the official document registering your change in name.
- Evidence that you have been recognised as a speech pathologist in the country in which you trained or have worked. Suitable evidence would be that:
 - you have been accepted as a member by a speech pathology professional organisation in the country in which you trained, and/or
 - you have been accepted as a member by a speech pathology professional organisation in the country in which you have been working and/or,
 - you have been employed as a speech pathologist.
- English competency (see Section 5: Assessment of Competent Professional Use of English)
- The portfolio. This is a collection of evidence and reports that demonstrates your professional knowledge and skills. The purpose of the portfolio is to relate your prior learning experience to the Australian CBOS 2001 standards.

Your portfolio will consist of a variety of written documents **2 x copies** in hard copy, CD ROM, videotapes/DVD and/or CD /audiotapes (**2 x copies to be provided**). You need to demonstrate your knowledge and skill in relation to each Unit of the CBOS 2001 for both children and adults and across the five Range Indicators of language, speech, voice, fluency and swallowing.

Additionally, if you graduated more than five years ago, you must include in your application:

- Certified evidence that you have worked as a speech pathologist for at least 1000 hours in the last five years. This evidence may be documents such as a letter of appointment or other statement of actual hours worked specifying the duration of the appointment. The five year time period relates to the years immediately prior to the completion of this application. You may have to update your documentation in this area.

If you wish, you may also submit a summary of your workplaces and the primary responsibilities you had, although this alone will not be considered to provide certified evidence of work experience or competency.

Please remember that all documentation and evidence provided will be checked for fraudulent representation. Any evidence of fraudulent representation will result in refusal to process the documents and your application will not proceed.

3.2 How to present your portfolio evidence

Your portfolio is a very important part of your Complete Application. Please refer to the document CBOS 2001 which accompanies this Information Guide. Your portfolio must demonstrate and prove that you are competent in each CBOS Unit across the Range Indicators.

You should present the evidence in your portfolio clearly and efficiently.

Draw your portfolio evidence from a broad range of contexts. The quality of the evidence is important. If you collect your evidence effectively you will have high quality evidence of your competencies. Quality is more important than quantity.

Each document in your portfolio can provide evidence for more than one Unit of the CBOS 2001. For example, a session plan supplied as evidence for Unit 3 may also be evidence for interpretation of assessment as described in Unit 1. A full case history may provide evidence for Units 1, 2, 3 and 4. Samples of the types of evidence that you can include in your portfolio are shown in Appendix 2.

It is estimated that a maximum of 24 pieces of evidence will be sufficient to demonstrate your overall competency.

You may include both 'direct' and 'indirect' evidence in your portfolio.

Direct evidence demonstrates your competencies in direct work with clients or patients. The assessor/s of your application will prefer direct evidence. It is unlikely that your application will be successful if you do not include any direct evidence. Examples of direct evidence are:

- Videotaped/ DVD (**2 x copies to be provided**) assessment or treatment sessions with accompanying relevant documentation such as session plan, outcome measures, assessment results, etc.;
- a case history with follow-up assessment, diagnostic report, treatment plans, etc.

Indirect evidence can be used to indicate your knowledge and skills where you do not have direct evidence. Examples of indirect evidence are:

- evidence of learning gained through normal work tasks;
- evidence of significant and relevant learning acquired from formal, accredited courses;
- comments by you and others on how you could apply your knowledge and skills in situations where you do not currently have an actual involvement;

- evidence of significant and relevant learning acquired from reading or other professional development courses and training programs that you may have undertaken to enhance your practice as a speech pathologist.

It is strongly recommended that you include at least one piece of direct evidence of your professional writing skills in English and one piece of taped (video or audio – 2 x copies to be provided) evidence of your clinical skills working with a client, carer or colleague.

When you have collected all the evidence for your portfolio, you must organise it in the following way:

- You must number each piece of evidence supplied. Write the number clearly on the actual piece of evidence and submit a reference list of the numbered items using Form 2.1 – Reference List of Items of Evidence in Portfolio.
- You must fill out the Form 2.2 - CBOS 2001 Summary Table of All Portfolio Items. This table is a summary of the items of your evidence that relate to the areas of the CBOS 2001. Filling out this table will help you check that you have provided evidence of competency in all Units for all Range Indicators. The table also provides a summary of your portfolio for the assessors.
- You must attach to each piece of evidence a cover sheet using Form 2.3 – CBOS 2001 Cover Sheet for Each Item of Evidence in Portfolio. You use this form to specify the Range Indicators, Units and Elements of the CBOS 2001 to which that item refers. This should also include an indication of your role and previous contact with the client, to place the session in context for the assessor/s.

Please remember that:

- you must demonstrate that portfolio materials submitted relate to your independent effort, and have not been prepared with assistance of another person, and that
- all documentation and evidence provided will be checked for fraudulent representation. Any evidence of fraudulent representation will result in refusal to process the documents and your application will not proceed.

3.3 How you will be advised of the results of a Complete Application

When the final assessment of your application has been made, the National Office of Speech Pathology Australia will formally advise you in writing of the outcome.

There are several possible outcomes of a Complete Application:

- Your application may be accepted as evidence to infer that you would be competent to work as a speech pathologist in Australia. You will then be considered eligible for current Practising Membership of Speech Pathology Australia. You will be forwarded a letter confirming your positive Skills Assessment in the occupation of speech pathology (ANZSCO 252712).
- Your application may be assessed as providing insufficient evidence that you have the necessary competency to work as a speech pathologist in Australia. In this case you will be given information in writing about how you can proceed. You may then:
 - choose to find and present more evidence from existing resources to demonstrate your competency in the areas where the evidence has been identified as insufficient
 - provide further evidence in the areas where the evidence has been identified as insufficient by undertaking formal assessment (for example, clinical or theory examinations in the areas where the evidence has been identified as inadequate) specified by Speech Pathology Australia
 - choose to stop there as you realise that you will not be accepted as eligible to work as a speech pathologist in Australia.
- Your application may be assessed as providing evidence that you do not have the necessary competency to work as a speech pathologist in Australia. In this case you will be given information in writing about what you can do. You may then:

- choose to undertake more study or gain more experience, and then submit evidence of increased competency in the areas that have been identified as inadequate. Please note that if the further study will take longer than the two years of the currency of your application you will have to re-apply in total after completing the study. If the study can be completed within the two-year timeframe, your total new application, with the new items of evidence integrated into it, will need to be reviewed.
- choose to stop there as you realise that you will not be accepted as eligible to work as a speech pathologist in Australia

4. How to make a Mutual Recognition Agreement of Professional Association Credentials (MRA) Application

A MRA Application is used to determine whether or not you are currently eligible for Practising Membership of Speech Pathology Australia under the Mutual Recognition of Credentials between The American Speech-Language-Hearing Association (United States of America), The Canadian Association of Speech-Language Pathologists and Audiologists (Canada), Irish Association of Speech and Language Therapists (Ireland), New Zealand Speech-Language Therapists Association (New Zealand), The Royal College of Speech and Language Therapists (United Kingdom) and The Speech Pathology Association of Australia (Australia) (2009).

MRA Applications should be used if you are a certified practitioner of these associations as designated below:

- American Speech-Language-Hearing Association (ASHA) – Certificate of Clinical Competence – Speech-Language Pathology (CCC-SLP)
- Canadian Association of Speech Language Pathologists and Audiologists (CASLPA) – Certified Speech-Language Pathologist (S-LP(C))
- Royal College of Speech & Language Therapists (RCSLT) – Certified Member (Cert MRCSLT)
- Irish Association of Speech and Language Therapists – Full Member
- New Zealand Speech-Language Therapists' Association – Full Member (with the exception of those who graduated before 1993, who are not eligible to apply under this agreement).

4.1 What you must include in a MRA Application

You will need to submit all the following items.

General – you will have to comply with the following:

- The application form, in which you provide your personal details, a checklist for material submitted, and a signed declaration and consent for the assessment.
- A letter attesting to your good standing with your Home Association. The letter must:
 - be sent directly from your Home Association to Speech Pathology Australia
 - be dated no more than six months before the date of your application
 - be signed by a recognised signatory of the Association
 - be on official letterhead
 - contain confirmation of your certification with your Home Association
 - contain confirmation that no breach of the Association's Code/Canon of Ethics has been upheld against you

This may be termed “a Letter of Good Standing”.

- Evidence of any name change. If your name has changed since graduation, you must attach a certified copy of the official documentation registering your change in name.

Specific Requirements

Additional requirements for ASHA certification holders

- a letter is required from your state board or, in absence of regulatory board in your state or similar regulatory body, stating that you are currently recognised as a practitioner in speech-language pathology, that you are fit for practice, and that there are no current pending ethical or legal issues against.
- Completion of ASHA approved Clinical Fellowship within the last five years (5) or 1000 hours speech pathology practice within the last five (5) years
- ASHA certificate holders who graduated with a Master's degree in speech-language pathology prior to 1998: Demonstrated competency in dysphagia assessment, diagnosis

and management, either through evidence of specific courses passed or prior experience. Refer to Appendix 3.

Additional requirements for CASLPA Certified Member

- Certified proof of having completed a year of speech pathology practice since graduation in the country of certification. (A year of clinical practice is defined as a minimum of 1000 hours of speech pathology practice over a period of 12 months). Speech pathology practice is defined as being engaged in activities of speech pathology as a practitioner, educator, administrator, researcher or any combination of these activities receiving remuneration.
- Certified Evidence of recency of practice - 1000 hours of speech pathology practice, within the last five (5) years.
- Certified members who were certified prior to 1999: Demonstrated competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience. Refer to Appendix 3.

Additional requirements for RCSLT Certified Member

- Demonstrated competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience. Refer to Appendix 3.

Additional requirements for IASLT Full Members

- Demonstrated competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience. Refer to Appendix 3.

4.2 How you will be advised of the results of a MRA Application

When the final assessment of your application has been made, the National Office of Speech Pathology Australia will formally advise you in writing of the outcome.

There are several possible outcomes of a MRA Application:

- Your application may be accepted as evidence to infer that you would be competent to work as a speech pathologist in Australia. You will then be considered eligible for current Practising Membership of Speech Pathology Australia. You will be forwarded a letter confirming your positive Skills Assessment in the occupation of speech pathology (ANZSCO 252712).
- Your application may be assessed as providing insufficient evidence that you have the necessary competency to work as a speech pathologist in Australia. In this case you will be given information in writing about how you can proceed. You may then:
 - choose to find and present more evidence from existing resources to demonstrate your competency in the areas where the evidence has been identified as insufficient
 - provide further evidence in the areas where the evidence has been identified as insufficient by undertaking formal assessment (for example, clinical or theory examinations in the areas where the evidence has been identified as inadequate) specified by Speech Pathology Australia
 - choose to stop there as you realise that you will not be accepted as eligible to work as a speech pathologist in Australia
- Your application may be assessed as providing evidence that you do not have the necessary competency to work as a speech pathologist in Australia. In this case you will be given information in writing about what you can do. You may then:
 - choose to undertake more study or gain more experience, and then submit evidence of increased competency in the areas that have been identified as inadequate. Please note that if the further study will take longer than the two years of the currency of your application you will have to re-apply in total after completing the study. If the study can be completed within the two-year timeframe, your total new application, with the new items of evidence integrated into it, will need to be reviewed.

- choose to stop there as you realise that you will not be accepted as eligible to work as a speech pathologist in Australia

5. Assessment of Competent Professional Use of English

You must demonstrate that you can use English competently in your speech pathology practice. This is particularly important if English is not your first language and/or if your speech pathology education was not completed in English. It is a requirement that speech pathologists in Australia are able to work with English both as the form of communication and as the focus of assessment and treatment.

There are many languages other than English used in Australia with over 25% of the Australian population speaking a language other than English at home (Australian Bureau of Statistics, 1996). Speech Pathology Australia is keen to increase the number of languages in which competent clinical practice is available, but this does not remove the requirement for competence in English.

For the purpose of certain Skilled Migration visas, the Department of Immigration and Citizenship (DIAC) require that all applicants must demonstrate that they meet the required English Language threshold and unless as stipulated below will be required to sit a formal English language test. Applicants for Skilled Migration can also meet the English language threshold if they meet one of the following:

applicants who hold a valid passport from, and are citizens of one of, the following countries:

- United Kingdom (UK)
- Canada
- New Zealand
- United States of America (USA)
- Republic of Ireland

For details, refer to the Department of Immigration and Citizenship (DIAC) at www.immi.gov.au

If you are making a Complete Application, and English is not your first language and/or if your speech pathology education was not completed in English, you must submit results of a formal screening test of English language use. The test must have been taken within the last 12 months and must be the Occupational English Test (OET) .

The OET provides a more direct assessment of vocational use of English than IELTS because it includes a simulation of several profession-specific performance tasks. OET test results give a global evaluation of the candidate's ability to use English in professionally relevant reading, writing, listening and speaking tasks. The OET examines features such as naturalness and general effectiveness.

The English language threshold requirement of DIAC is at the 'competent' English level, however due to the nature of work of a speech pathologist, a higher level of English language competence is required in order to practice speech pathology in Australia.

Speech Pathology Australia requires a 'superior' English level, with grades of at least 3 As and 1 B (listening and reading subtests only) on the OET test. Speech Pathology Australia will also review the OET transcripts and tapes to identify those features, mainly in speaking task but also in the writing task, which might limit your ability to use English as the tool for assessment and treatment. If it seems that you will be unable to demonstrate competent clinical practice in English for the majority of Australian clients, you will be told which areas of language use that you may wish to address before you submit a Complete Application for eligibility to practise as a Speech Pathologist in Australia.

The OET Centre is supported by its partnership with The University of Melbourne, which originally developed the test under contract to the Australian Federal Government. Further information is available from:

Mail	OET Centre GPO Box 372 Melbourne Vic 3001 Australia		
Phone	+61 3 9652 0800	Fax	+61 3 9654 5329
Website	http://www.occupationalenglishtest.org/		

If you undertake the OET, and the tapes are available to the Speech Pathology Australia eligibility assessors, you will be given feedback on any areas that may need attention.

Additionally, we require actual evidence of your applied use of English across the Units and Elements of the CBOS 2001. It is anticipated that most of this evidence can be provided within the material you supply for your application.

5.1 Evidence of English Competence for Complete Application

In addition to formal English language testing, the preferred evidence for you to demonstrate competent practice in English is to provide a videotape or DVD of yourself working with at least one client. You should also send supporting documentation about the client(s) and the sessions(s) taped. If you provide videos /DVD's (2 x copies) of your work with clients, the assessors will be able to use the video/DVD(s) to judge both your clinical skills and your English competence.

It is best if the video/DVD shows you working with a client or patient who enables you to demonstrate clearly your use of English, both for effective interaction and as the focus of therapy. For example, a video/DVD of you working with a client on some form of language/phonological impairment would be ideal. We suggest that no unnecessary identifying information about the client should be provided, though it is not necessary to use false names during the actual recording.

The assessment or treatment session(s) that you show on your video/ DVD recording may be with either adult or child clients. If the session is with a child, it is useful if there is some interaction with an adult also shown. For example, you might show yourself talking with the parent of the child, or discussing a videotaped case with a professional colleague.

The supporting documentation for any video(s) you send should include:

- a plan for the session containing information about the client and your aims for the session. The plan should also indicate whether the session is for assessment or intervention
- an indication of your role and previous contact with the client. This will place the videoed session in context for the assessors
- a written self-assessment report focusing on issues relating to clinical practice or language use which arose during the course of the session
- a statement of what strategies you will use to overcome any problem areas which were identified during the session
- evidence of the client's consent to use the video for your application

Please note that Speech Pathology Australia is not able to arrange for clients with whom you can make this tape.

We assume that any clinician who has agreed to provide you with the opportunity to prepare this videotape /DVD will have satisfied her or himself that appropriate supervision would be provided as deemed necessary to ensure that patients are managed appropriately.

We confirm that any tapes you make, and all supporting documentation that you send with the tape /DVD(s) will only be viewed by the members of the Overseas Qualifications Assessment team for the purpose of reviewing your use of English, or to review our processes of decision making regarding English competency.

When the assessors have reviewed your evidence, including your videotape /DVD(s), they will make a decision about your English competency. The assessors will rate your English competency, and will make specific observations about your use of English in relation to the professional competencies required by the Australian CBOS 2001 standards.

The English competence ratings used by the assessors are:

- Rating 1: Clearly adequate for full professional demands
Rating 2: Adequate for most professional demands
Rating 3: Clearly adequate for all everyday demands

Rating 4: Adequate for most everyday demands

Rating 5: Adequate for some basic everyday demands

You need to achieve a Rating 1 for your application to be successful in the first instance.

The assessors will make observations in relation to the CBOS 2001, particularly noting any non-standard English use and its effect on the session observed. Feedback will be provided about your use of English in the areas of:

- Language: Receptive syntax, semantics, morphology, phonology
Expressive syntax, semantics, morphology, phonology
- Speech: Fluency/flow; articulation, voice, prosody
- Pragmatics
- Other non-verbal (e.g. “fillers”)
- Communicative effectiveness

5.2 Evidence of English Competence for MRA Application

If your first language is not English and/or your training was not in English you will be required to sit an Occupational English Test (OET). A very high standard of English is required to achieve an acceptable result.

Please refer to Section 5 for information on the OET and Section 5.1 for information on preparing a videotape.

5.3 How you will be advised about the results of your English competency assessment

When your competence to practice in the English language has been assessed you will be advised of one of the following outcomes:

- Competent use of English_for clinical practice. The letter you receive from Speech Pathology Australia advising you of the outcome of your application will comment specifically about competent use of English for professional purposes as a speech pathologist.
- There is insufficient evidence of your competency in English for clinical practice. If you have not provided sufficient evidence in the portfolio to demonstrate your competent use of English in the professional setting, you may be requested to provide specific or additional evidence. This evidence may include the following items.
 - You may be asked to make a videotape /DVD as outlined in Section 5.1 if such evidence was not originally provided, or if additional examples are required
 - You may be advised to enrol in a University subject which contains a clinical component, and thus be assessed for your developing English competency in an ongoing clinical experience
 - You may be asked to review a videotape of a clinical session. You would be asked to transcribe the relevant speech and language used and to prepare a diagnostic report and treatment plan. You would then be asked to discuss the case in English with an assessor from Speech Pathology Australia, if necessary by telephone. This interview may include: examination of factual details about the session and the client; participation in active clinical decision making about the case; demonstration of how you would discuss aspects of the case with the client or others; and demonstration of your ability to model and give feedback relevant to the case.
- There is evidence that you lack competency in English for clinical practice. It may be decided that you have not demonstrated competent clinical practice for the majority of Australian clients, and that your use of English is a contributing factor. If this is the case, you will not be eligible for current Practising Membership of Speech Pathology Australia. You will be advised of the areas of language use that appeared to cause problems.

6. Review of Outcome of my Qualifications Assessment, if recognition of qualifications for eligibility for Practising membership is declined

In certain circumstances it is possible for you to seek a review of the outcome of your overseas qualifications assessment, where your application has been deemed to be unsuccessful.

Feedback and counselling is available in relation to your assessment and Speech Pathology Australia strongly suggests that you take advantage of this option to ensure that you have understood the assessment process and the reason why your application was not successful. Feedback and counselling must have been undertaken before a review of your assessment will be considered.

Speech Pathology Australia will only consider a review of the assessment outcome in the following circumstances.

- The assessment procedures and processes as approved by Speech Pathology Australia have not been implemented or adhered to in the established manner or format.
- There is proven prejudice or bias exhibited by the assessor in the undertaking of the assessment.
- The assessor lacked the approved competencies to undertake the assessment.
- Significant new information or documentation becomes available after the assessment process which would add to or change the applicant's claims and capacities to demonstrate competence in the practice of the profession.

The review process is not to be used by applicants as an alternative to the established assessment process. A review cannot reverse or change a decision of an assessor, nor will it exempt an applicant from any component of the assessment process. The review can only request that the assessment process be re-done or not proceed.

A review will **NOT** be considered if the circumstances for the review:

- disputes or questions the standards set.
- disputes or questions the assessment process as established by Speech Pathology Australia.
- contests the nature and extent of the information and advice provided to the applicant.

6.1 What might be the outcome of the review?

The review process has the capacity to review the circumstances of your application and if appropriate, can:

- Set aside the assessment outcome and direct that a new assessment process be undertaken on the disputed aspect of the assessment without any further cost to you, or
- Direct a new assessor to review the case in light of the information available and confirm the result without any further cost to you, or
- Reject the Review on the grounds that the circumstances for the Review have not been clearly established.

6.2 How do I lodge that I wish my overseas assessment outcome to be reviewed?

You must lodge your request for a review in writing, within three months of the date of receiving the letter stating that your assessment was unsuccessful. Your request must be directed to the Chief Executive Officer of Speech Pathology Australia. The reason for this request must be clearly stated.

Further information on the Review Request and process can be obtained from the Association.

The cost of the review is \$250.00, which is only refundable if the review is upheld.

6.3 Who is on the Review Committee and how does it operate?

The Review Committee consists of three voting members of the Association and will include the Council member responsible for Professional Standards and two senior members of the profession.

The Committee has access to an external and alternative assessor for advice on technical process and content issues only. This person is not the assessor who undertook the assessment that is subject to the review process.

The Review Committee meets in person or by teleconference as required on the basis of the submission of a review to Speech Pathology Australia.

The Review Committee may permit a personal appearance by you to present your case. Any costs incurred will be at your own expense.

No legal representation before the Review Committee is permitted.

If your review is upheld and you are permitted a re-assessment, you must comply with those conditions, directions and time periods imposed by the Review Committee.

You should read the following appendices to this information guide.

Appendix 1

Recency of Practice Requirements

What counts as speech pathology practice for applicants for eligibility for Practising membership?

Given 'Practising' as defined in the Constitution of Speech Pathology Australia means: engaged for a period determined by Council in the activities of speech pathology as a practitioner, administrator, educator, researcher or any combination of these, the following would be considered relevant to count towards hours of speech pathology practice:

- Direct client related activities including work with the client and/or the client's significant others (e.g. parent, spouse, carer, medical practitioner, teacher).
- Non-direct contact activities which support service to the client, such as report writing and session preparation, and the maintenance of the practice; however they should not be in excess of 50% of hours counted. Travel time which is directly related to client contact or practice maintenance (e.g. a home visit or school visit, collection of work material for the client) is countable.
- Attendance at professional development related to speech pathology practice including: attendance at workshops or conferences, independent study, mentoring, undertaking formal study. Travel for professional development or to and from work is not countable.
- Administrators / Managers whose role involves significant clinical supervision of speech pathologists and the management of speech pathology service delivery, and/or where the position is significantly in and/or related to speech pathology.
- Educators and researchers in discipline-specific or inter-professional teaching and research settings where the position is significantly in and/or related to speech pathology.

Who must provide evidence of hours of speech pathology practice?

- All new applicants who have graduated from an overseas speech pathology training course
- All new applicants who graduated from an Australian entry level speech pathology course more than 3 years ago.
- Speech pathologists whose prior membership has lapsed for more than 5 years.
- Those members upgrading from Non-practising to Practising membership status.

For those applicants for Practising membership who are required to provide evidence of hours of speech pathology practice, what supporting documentation is acceptable?

- If the practitioner is an employee, an outline of the 'practising' hours, as above, along with a position description (showing hours of employment), letter from employer, statutory declaration or similar documentation can be produced to verify the hours worked.
- For those practitioners who are not employees (i.e. in private practice), a statutory declaration outlining the 'practising' hours and attesting to meeting the above will be accepted.

For those engaged in a recognised voluntary capacity, a statutory declaration outlining the nature of position and 'practising' hours and attesting to meeting the above will be accepted.

Appendix 2:

Types of Evidence for your Portfolio

The following table gives examples of **possible** types of evidence you could use in your portfolio for a Complete Application. Your evidence need not be restricted to this list. You may use other types of evidence that demonstrates your competence. Remember, any one piece of evidence can reflect more than one Unit and/or Element of the CBOS 2001. You may find the Cues given in the CBOS 2001 are useful in helping you decide the kind of evidence you may wish to submit.

You need evidence of your competency with both children and adults and across the five Range Indicators of speech, language, voice, fluency and swallowing. It is estimated that a maximum of 24 pieces of evidence will be sufficient to demonstrate your overall competency. You may not have direct evidence of your work with clients for all elements across all Range Indicators. Where you do not have direct evidence you should provide indirect evidence.

You should try to provide:

- at least one video or DVD (CD or audio - 2 x copies to be provided) recording of yourself working as a speech pathologist (for example, with a client, parent, spouse, colleague, or, if necessary a role play of such a situation);
- at least one piece of professional writing (such as an assessment or treatment report or a referral letter)

Confidentiality

In your evidence, the diagnostic information and age of your client/s should be included, but all references to the actual names of clients or patients must be deleted from documents.

We confirm that any tape/DVD/CD(s) you make and the supporting documentation will only be viewed by the members of the Overseas Qualifications Assessment Team for the purpose of evaluating the evidence of your competency and reviewing your use of English. Also, we suggest that no unnecessary identifying information about the client should be provided, although it is not necessary to use false names during the actual recording and the client should sign a form consenting to their participation in the video/audio recording and the subsequent use of the tape.

Authenticity

- All materials must be individually certified as to their authenticity and, in addition, you must sign a declaration of authenticity to cover the whole of your application
- Do not send original documents or other materials which cannot be replaced as they could become damaged, misplaced or lost
- Copies of documents must be certified as a true and accurate copy of the original by being sighted and signed by a Justice of the Peace or other person who has legal authority. The official title and address of the person certifying the documents must be displayed on the documents with their signature
- In addition, any documents in a language other than English must be accompanied by a certified translation into English by a professional translator. The official title, address and signature of the translator must be included on the documents
- You must demonstrate that portfolio materials submitted relate to your independent effort, and have not been prepared with assistance of another person.
- **All documentation and evidence provided will be checked for fraudulent representation. Any evidence of fraudulent representation will result in refusal to process the documents and your application will not proceed.**

PLEASE NOTE: The following is not an exhaustive list and assessment depends on the quality of the evidence you present. There is no guarantee even if you produce evidence of the types listed here that your application will be accepted.

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE
<p>Unit 1</p> <p>Assessment (both adults and children across the Range Indicators of Speech, Language, Swallowing, Voice and Fluency)</p>	<p>All identifying information regarding the client must be removed from all documents. Consent must be given by the client for any recording and its subsequent use.</p> <p>Direct Evidence</p> <ul style="list-style-type: none"> ▪ A completed assessment report giving your rationale for assessment, describing the materials and methods used the results, implications, and your recommendations. (Note: this piece of evidence may also be able to be used for demonstrating your competence in Unit 2, Unit 3 and some of Unit 4 of the competencies.) ▪ A video/ DVD(3 x copies) of an assessment and feedback session with a client and/or significant others. (Note again, depending on the content of the discussion there may be evidence useful for proving your competence in Unit 2 and/or Unit 3.) A reflective self-evaluation of this assessment session would also count as direct evidence of your competence in Unit 1 and Unit 7. ▪ Case specific work materials from your workplace or final year of studies. <p>Indirect Evidence</p> <ul style="list-style-type: none"> ▪ A performance review report from a senior or supervising speech pathologist about your competency in assessment in one or more of the Range Indicators, your independence in this area and the complexity of cases managed. ▪ A reflective self-evaluation about your general assessment skills or what you have learned about a particular form of assessment from a seminar.

So, for example, your evidence for Unit 1 may include:

- Item No. 1. An assessment report for an adult with acquired language problems.
- Item No. 2. A dysphagia assessment report in a longitudinal case study.
- Item No. 3. A video recording of an assessment session with a teenage child who stutters.
- Item No. 4. A reflective writing following a workshop on assessment of paediatric dyspraxia (which you have undertaken because you are aware of your lack of experience and/or opportunity to work with a paediatric caseload).
- Item No. 5. A clinical assessment report from a supervisor or from your final year at university, evaluating your clinical competence in assessing and treating clients with voice disorders.
- Item No. 6. A statement confirming that you passed a paediatric clinic in your final year of university which involved treatment of developmental speech and language and some voice disorders.
- Item No. 7. A copy of your log of professional development activities including your plan and rationale.

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE
<p>Unit 2</p> <p>Analysis and Interpretation (both adults and children across the Range Indicators of Speech, Language, Swallowing, Voice and Fluency)</p>	<p>All identifying information regarding the client must be removed from all documents and consent given by the client for any recording and its subsequent use.</p> <p>Direct Evidence</p> <ul style="list-style-type: none"> ▪ Copies of entries in client notes or files showing how you evaluated the information available and arrived at a diagnosis and/or prognosis. This may also be significant for assessment of your competency in Unit 1. ▪ Video/ DVD/CD/audio-recordings (3 x copies) of discussions with your client and/or the significant other about the diagnosis and/or prognosis. Information on planning that is included in the discussion will also add evidence to your competency in Unit 3. ▪ A copy of assessment results accompanied by your analysis and conclusions about possible diagnosis and prognosis. <p>Indirect Evidence</p> <ul style="list-style-type: none"> ▪ A reflective self-assessment on your learning from a professional development workshop or seminar on diagnosis and/or prognosis of one or more of the Range Indicators. This may also have value for demonstrating your competency in Unit 1, Unit 3 and Unit 7.

Your evidence for Unit 2 may include, for example:

- Item No. 1: The analysis and interpretation of the assessment included in your assessment report for an adult with acquired language problems.
- Item No. 2: The analysis and interpretation included in your dysphagia case study.
- Item No. 3: The video/DVD recording of the session with the teenage child who stutters that includes a discussion with the child and parent about your diagnosis and the prognosis.
- Item No. 4: A copy of your workshop analysis and interpretation of a child speech assessment from the workshop undertaken on paediatric dyspraxia.
- Item No. 5: A clinical assessment report from a supervisor, or from your recent final year at university, evaluating your clinical competence in assessing and treating clients with voice disorders.
- Item No. 6: A statement confirming that you passed a paediatric clinic in your final year of university which involved treatment of developmental speech and language and some voice disorders.
- Item No. 7: A copy of your log of professional development activities including your plan and rationale.
- Item No. 8: A reflective self-assessment on your competency in analysing and interpreting paediatric developmental language disorders.
- Item No. 9: A reflective self-assessment on your competency in analysing and interpreting voice disorders outlining your experience.

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE
<p>Unit 3</p> <p>Planning of Speech Pathology Intervention (both adults and children across the Range Indicators of Speech, Language, Swallowing, Voice and Fluency)</p>	<p>All identifying information regarding the client must be removed from all documents and consent given by the client for any recording and its subsequent use.</p> <p>Direct Evidence</p> <ul style="list-style-type: none"> ▪ Video/DVD/CD/audio-recordings (3 x copies) of discussions with clients and/or significant others about proposed management plans, etc. Depending on the content of the discussion this may also be used for evidence for Unit 1, 2, 4 and 6. ▪ Copies of management plans, home programs, therapy plans, file notes. Again these may also be valuable evidence of your competency in Units 1, 2 and 4 as well as Unit 3. ▪ Examples of referral letters and assessment reports you have written (with copies of test forms, notes etc.) to a variety of recipients. Possibly also useful for evidence in Units 1, 2, 4 and 6. <p>Indirect Evidence</p> <ul style="list-style-type: none"> ▪ Training, educational or professional development materials that you have produced or made a contribution to in the area of treatment planning. (This could include any audio-visual and computer based packages or products.) This would constitute direct evidence for Unit 6 but, depending on the context, indirect evidence for Units 1, 2, 3 or 4.

Your evidence for Unit 3 may include, for example:

- Item No. 2: A dysphagia assessment report in a longitudinal case study.
- Item No. 3: The video/DVD recording of your discussions with a teenage child who stutters which includes your discussions of the therapy you plan to use and demonstrates your consultation with the client and significant other.
- Item No. 5: A clinical assessment report from a supervisor, or from your (recent) final year at university, evaluating your clinical competence in assessing and treating clients with voice disorders.
- Item No. 6: A statement confirming that you passed a paediatric clinic in your final year of university which involved treatment of developmental speech and language and some voice disorders.
- Item No. 7: A copy of your log of professional development activities including your plan and rationale.
- Item No. 9: A reflective self-assessment on your competency in analysing and interpreting voice disorders outlining your experience.
- Item No. 10: An article co-authored by you on the value of group work in managing a case load within a community health centre including a copy of the therapy plans you have developed for the aphasic group featured in the article.
- Item No. 11: A copy of your therapy plan for a nine year old child with motor speech, voice and swallowing problems following a head injury.
- Item No. 12: Being aware that you have a lack of direct evidence on paediatric speech pathology, you submit a reflective self-assessment of your learning from six journal articles you have read on speech pathology therapy programs for children with developmental language disorders and a hypothetical treatment plan that you have developed for one of the children in one of the journal articles.
- Item No. 13: A copy of your plans for developing an aphasia group therapy program including the rationale and its place in the context of your workplace service delivery model.

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE
<p>Unit 4</p> <p>Speech Pathology Intervention (both adults and children across the Range Indicators of Speech, Language, Swallowing, Voice and Fluency)</p>	<p>All identifying information regarding the client must be removed from all documents and consent given by the client for any recording and its subsequent use.</p> <p>Direct Evidence</p> <ul style="list-style-type: none"> ▪ Video/DVD/CD/audio recordings (3x copies) demonstrating rapport and treatment with a client or group of clients. This may be useful evidence of your competent professional use of English as well as direct evidence for Unit 4. ▪ A copy of client speech pathology notes demonstrating reflection on client management and change in therapy direction in response to the client's performance. This may also provide direct or indirect evidence of your competency in Units 1, 2 and 3. ▪ Examples of data collection and client progress recording methods used. Depending on the extent and use of the data and the explanation given, this may also provide direct evidence for Unit 5. ▪ A reflective report on an ethical issue you were involved in and how it was resolved. It may also demonstrate your competency in English and be indirect evidence for Unit 5. ▪ A copy of a therapy activity devised by you including a description of the problem it was designed to address and an evaluation of its successfulness. This may also be indirect evidence for Unit 5. ▪ A copy of a long term case study undertaken by the applicant. A detailed case study may provide indirect evidence for Units 1, 2, 3, 4, 6 and 7. <p>Indirect Evidence</p> <ul style="list-style-type: none"> ▪ Assessment of you at the completion of a particular training course, e.g. on a treatment technique such as bio-feedback. Such reports can provide indirect evidence for any of the Units depending on the content of the course. ▪ A log of professional development activities successfully completed. Again, such a log can provide indirect evidence for any of the Units depending on the content of the professional development activities.

Your evidence for Unit 4 may include, for example:

- Item No. 2: A copy of the longitudinal dysphagia case study, which includes all therapy activities used, evaluation of the response of the client, the outcome measures used.
- Item No. 3: The video/DVD with the child who stutters also shows your introduction to therapy including the client's attempts and your feedback.
- Item No. 5: A clinical assessment report from a supervisor, or from your (recent) final year at university, evaluating your clinical competence in assessing and treating clients with voice disorders.
- Item No. 6: A statement confirming that you passed a paediatric clinic in your final year of university which involved treatment of developmental speech and language and some voice disorders.
- Item No. 7: A copy of your log of professional development activities including your plan and rationale.
- Item No. 14: A Video recording of a therapy session with a head injured boy (see Item No. 11.) including elements on his speech and voice production and showing you using outcome measures and discussions of his progress.

- Item No. 15: A copy of progress notes for an aphasic client.
- Item No. 22: A reflective review of case and family meeting notes describing the ethical decision-making concerning whether or not to introduce tube feeding for a patient with Motor Neurone Disease. Written reflective review, including ethics decision making grid.

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE
<p>Unit 5</p> <p>Planning, Maintaining and Delivering Speech Pathology Services</p>	<p>All identifying information regarding the client must be removed from all documents and consent given by the client for any recording and its subsequent use.</p> <p>Direct Evidence</p> <ul style="list-style-type: none"> ▪ A copy of your workplace caseload statistical entries and your strategies for managing and/or prioritising the case load. ▪ A copy of any documents, reports, plans that you initiated, contributed to and/or managed for the development and delivery of speech pathology services and programs. This may possibly provide indirect evidence for Units 3 and 4. ▪ Examples of any resources, services or information packages you have developed, with a critical analysis of the contents and their use. This may also provide evidence for Unit 6. ▪ A copy of any research papers or projects which you have written, developed or participated in with clinical educators, colleagues or staff. This may also provide evidence for Unit 7. <p>Indirect Evidence</p> <ul style="list-style-type: none"> ▪ A letter or reference from your employer or supervisor commenting on your participation in, for example, a quality management project.

Your evidence for Unit 5 may include, for example:

- Item No. 7: A copy of your log of professional development activities including your plan and rationale.
- Item No. 10: An article co-authored by you on the value of group work in managing a caseload within a community health centre including a copy of the therapy plans you have developed for the aphasic group featured in the article.
- Item No. 13: A copy of your plans for developing an aphasia group therapy program including the rationale and its place in the context of your workplace service delivery model.
- Item No. 16: A copy of letters written by you to management about a problem with confidentiality in the transport of client notes between clinics and the result of the discussion you initiated.
- Item No. 17: A sample of the data entry system for collection of workplace statistics you use at work and an explanation of its uses.
- Item No. 18: A letter of reference from your employer or clinical supervisor commenting on your participation in a caseload prioritisation study carried out by the department in which you were working.
- Item No. 19: A copy of a report and appraisal of your competence in a multidisciplinary team and your positive response to supervision.
- Item No. 20: A copy of the community education project you passed in your (recent) final year of university aimed at educating early-childhood workers on ways to encourage child language development including the Powerpoint presentation you gave and the feedback evaluation of the success of the project.

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE
Unit 6 Professional, Group and Community Education	<p>All identifying information regarding the client must be removed from all documents and consent given by the client for any recording and its subsequent use.</p> <p>Direct Evidence</p> <ul style="list-style-type: none"> ▪ A copy of the plans, materials and outcome measures of a community education or health promotion project to which you contributed e.g. school in-service, new mothers' group talk, with a critical evaluation of the project and your role in it. ▪ A video/DVD or CD/audio recording (3 x copies) of you delivering a talk or giving professional education to colleagues, staff or students. ▪ Copies of papers and or research you have presented at conferences or seminars. <p>Indirect Evidence</p> <ul style="list-style-type: none"> ▪ A description of the professional group and community education activities you have undertaken with testimonials from other members of staff indicating the role you took. ▪ A letter from senior management or a clinical supervisor outlining your involvement in clinical education of, for example, work-experience students.

Your evidence for Unit 6 may include, for example:

- Item No. 7: A copy of your log of professional development activities including your plan and rationale.
- Item No. 20: A copy of the community education project you passed in your (recent) final year of university aimed at educating early-childhood workers on ways to encourage child language development including the Powerpoint presentation you gave and the feedback evaluation of the success of the project.
- Item No. 21: An CD/audio recording of an in-service education session you gave to kitchen staff at a nursing home about modification of food textures for management of dysphagia.

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE
Unit 7 Professional Development	<p>All identifying information regarding the client must be removed from all documents and consent given by the client for any recording and its subsequent use.</p> <ul style="list-style-type: none"> ▪ Copies of papers and research which show critical evaluation of trends in speech pathology, or updating of the applicant's knowledge and skills. ▪ Your personal and professional development plan over recent years. ▪ Evidence of workshops or conferences the applicant has attended.

Your evidence for Unit 7 may include, for example:

- Item No.4: A copy of your workshop analysis and interpretation of a child speech assessment from the workshop undertaken on paediatric dyspraxia.
- Item No. 7: A copy of your log of professional development activities including your plan and rationale.
- Item No. 8: A reflective self-assessment on your competency in analysing and interpreting paediatric developmental language disorders.
- Item No. 9: A reflective self-assessment on your competency in analysing and interpreting voice disorders outlining your experience.
- Item No. 12: Being aware that you have a lack of direct evidence on paediatric speech pathology, you submit a reflective self-assessment of your learning from six journal articles you have read on speech pathology therapy programs for children with developmental language disorders and a hypothetical treatment plan that you have developed for one of the children in one of the journal articles.
- Item No. 16: A copy of letters written by you to management about a problem with confidentiality in the transport of client notes between clinics and the result of the discussion you initiated.
- Item No. 18: A letter of reference from your employer or clinical supervisor commenting on your participation in a caseload prioritisation study carried out by the department in which you were working.
- Item No. 19: A copy of a report and appraisal of your competence in a multidisciplinary team and your positive response to supervision.

FORM 2.1 (Example)

**Reference List of Items of Evident in Portfolio
(To be submitted with Complete Applications)**

Applicant: Applicant X (name)

Item Number (the number you have placed on each item)	Title of item (e.g. Diagnostic report JR)	Type /Format (e.g. written report; video; CD ROM)	Location (e.g. in blue folder; on Floppy disk 2)
1	Assessment. Report, Mrs. B	Written	1 st item in Green Folder
2	Case Study, Mr. Q	Written, longitudinal case study	2 nd item in Green Folder
3	First session, John H and Mother	Video tape (3 x copies)	1 st item on video tape/DVD (runs for 1 hour)
4	Reflection – Paediatric dyspraxia	Written reflection on workshop	3 rd item in Green Folder
5	Clinical Feedback Form –Voice 27.09.2001	Written evaluation of performance in student placement	4 th item in Green Folder
6	Clinical Assessment Form 06.10.2001	Written results of clinical placement	5 th item in Green Folder
7	Professional Development Log 2003	Plan, rationale and evaluation of PD	6 th item in Green Folder
8	Reflection – Developmental Language Disorders	Written self evaluation	7 th item in Green Folder
9	Reflection – Voice Disorders	Written Self Evaluation	8 th item in Green Folder
10	“Language Groups in Community Settings”	Co-authored article with treatment plan	9 th item in Green Folder
11	Treatment Plan – Phillip H	Written treatment plan (see also Item 14)	10 th item in Green Folder
12	Review and Plan – Developmental Language	Written self reflection and hypothetical treatment plan	1 st item in Blue Folder
13	Language Group, Community Health, Bluetown.	Written plans and rationale for new Language Group	2 nd item in Blue Folder
14	Phillip H – Treatment; progress review	Video tape / DVD(3 x copies) of treatment and review session (see also item 11)	2 nd item on videotape/DVD (runs for 35 minutes)
15	Progress notes Mrs. F	Written extract from treatment notes	3 rd item in Blue Folder
16	Memo Re: safe transport of patient notes 22.04.2003	Letters to management of CH Centre	4 th item in Blue Folder
17	Statistics collection – data entry	Written copies of data entry system and explanation	5 th item in Blue Folder
18	Commendation – caseload prioritisation study	Letter from Director of Community Health Centre	6 th item in Blue Folder

Item Number (the number you have placed on each item)	Title of item (e.g. Diagnostic report JR)	Type /Format (e.g. written report; video; CD ROM)	Location (e.g. in blue folder; on Floppy disk 2)
19	Performance Appraisal 29.06.2003	Copy of written performance appraisal	7th item in Blue Folder
20	"Children's language – your vital role" July 2001	CD ROM: PowerPoint Slides and Notes; Written summary of participant evaluation	8th item in Blue Folder, plus CD ROM in compartment
21	"Safe swallowing – your vital role" September 2002	Audiotape/ CD (3 x copies) of education session	Only item on Audio tape/CD
22	Ethical issues: dysphagia in MND	Written reflective review, including ethics decision making grid	9th item in Blue Folder

FORM 2.2 (Example)

**CBOS 2001 Summary Table of all Portfolio Items
(To be submitted with Complete Applications)**

- Please list the Item Numbers of each piece of evidence you have supplied in the appropriate cells below.
- All identifying information regarding the client must be removed from documents, and consent given by the client for any recording and its subsequent use.
- It is unlikely that you will have direct evidence in all the cells below. For any major gaps (e.g. a whole Range Indicator, such as adult language) you should provide indirect evidence.

Applicant: Applicant X (name)

	Speech		Language		Voice		Fluency		Swallowing	
	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult
Unit 1: Assessment	4 6 7	1 2	6	1	5 6	5	3? 7	3? 7	7	2
Unit 2: Analysis and Interpretation	4 6 7	1 2	6 8	1	5 6 9	5 9	3? 7	3? 7	7	2
Unit 3: Planning of Speech Pathology Intervention	6 11		6 12	10 13	5 6 9 11	5 9	3? 7	3? 7	7 11	11 22
Unit 4: Speech Pathology Intervention	6	14		15	5 6	5 14	3? 7	3? 7	14	22
Unit 5: Planning, Maintaining and Delivering Speech Pathology Services	7, 10, 13, 16, 17, 18, 19, 20									
Unit 6: Professional, Group and Community Education	7, 20, 21									
Unit 7: Professional Development	4, 7, 8, 9, 12, 16, 18, 19									
Effective use of English	Best evidence: 3, 11 & 14, 15, 16, 21									

Form 2.3 (Example)

**CBOS 2001 Cover Sheet for Each Item of Evidence in Portfolio
(To be submitted with Complete Applications)**

Please complete and attach one of these forms to each item of evidence in your portfolio.

Your name: Applicant X

Item Number: 2

Title of item(s) of evidence: Adult with Dysphagia – Longitudinal Case Study

Type or format of evidence: Written Assessment Report, Treatment Plan and Evaluation

Context of evidence: I saw this patient in a Rehabilitation Inpatient Unit for 8 weeks

CBOS 2001 Units addressed by this item:										
	Speech		Language		Voice		Fluency		Swallowing	
	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult
Unit 1: Assessment										✓
Unit 2: Analysis and Interpretation										✓
Unit 3: Planning Speech Pathology Intervention										✓
Unit 4: Speech Pathology Intervention										✓
Unit 5: Planning, Maintaining and Delivering Speech Pathology Services										
Unit 6: Professional, Group and Community Education										
Unit 7: Professional Development										
ENGLISH COMPETENCE										
Evidence of effective use of English										✓

Appendix 3

Competency Required for Working with Patients with Dysphagia

Speech Pathology Australia's Overseas Qualifications Eligibility Assessors must ensure that applicants can demonstrate that they have the training and/or experience to be competent in dysphagia management.

Speech Pathology Australia looks for evidence to confirm you have attained the level of competence that would enable you to work independently with dysphagia patients **of any age**. (Please note that at "Entry-Level", as specified in our Range Indicator statement (CBOS 2001), you would be expected to know how and when to seek help with complex patients.)

The Association believes the required level of competence is similar to the level of post registration dysphagia training provided in the UK. Consequently, a section of the report from RCSLT web pages and an extract from the Sheffield Dysphagia Continuum (Sue Pownall) are reproduced below. These statements appear to be generally consistent with the Association's expectation for Entry-Level competency, which is the benchmark used for assessing any qualification for membership of Speech Pathology Australia.

You should provide certified evidence of your ability to work at this level in the area of dysphagia. Such evidence may include:

- information about your coursework and clinical experience during your education to become a speech pathologist
- information about subsequent educational activities you have undertaken in this area
- confirmation by a work supervisor that you have demonstrated these competencies in the workplace

If you do not have such evidence, you will need to undertake some additional study in this area. In this case, it is recommended that you complete study in your country of origin to achieve the level of competence required.

If you wish to undertake any necessary additional study after arrival in Australia, you may wish to approach the universities which offer speech pathology programs to see if they offer a single subject type enrolment in dysphagia. It is strongly recommended that you investigate this prior to your arrival. Please note that you will be required to enrol in the relevant subject at the university to complete this requirement.

Some of the options currently available are:

- Sydney University, School of Communication Sciences and Disorders, Faculty of Health Science. Subject: CSCD 3037 Swallowing Impairments. This is a single subject offered as part of the undergraduate Speech Pathology course. It is offered in semester 1 and requires attendance at the university in Sydney, NSW, and is assessed through examination. For details contact Dr Cate Madill at catherine.madill@sydney.edu.au
- An online elearning course is available through Auckland University in New Zealand. You may be able to complete this course prior to arriving in Australia, or you may be able to commence the course in your home country and complete the subject after your arrival in Australia. For further information please refer to <http://www.psych.auckland.ac.nz/slt/index.htm>

It may be possible to create a self study package through reading and through the professional development activities of Speech Pathology Australia (contact National Office for a list of upcoming events in your state). Overseas universities may provide distance education units you could consider. You may find a hospital clinic which would assist with providing clinical observation. It is anticipated 30-40 hours of study should suffice, as long as you can achieve the level of competence outlined in this paper.

Statements generally consistent with Speech Pathology Australia's expectation for Entry-Level competency in dysphagia assessment and management

1. From Royal College of Speech Language Therapists report by the Dysphagia Working Group

Assessment

- recommendations on referral for instrumental assessment, e.g. videofluoroscopy;
- knowledge of a range of formal and informal procedures;
- knowledge of psychosocial factors related to dysphagia.

Management

- management strategies, e.g. compensatory techniques, therapy exercises;
- more common aspects of alternative methods of feeding, e.g. PEG.

Skills-Base

While maintaining an awareness of when to seek advice/support from a more experienced practitioner, it is expected that a therapist working without supervision would be able to:

- prioritise and manage a dysphagia caseload within the context of a larger case load;
- use compensatory techniques within therapy;
- optimise the environment for the client and carers in relation to eating and drinking;
- contribute to the decision making process regarding risk factors and non-oral feeding;
- advise on risk management;
- apply management strategies including compensatory techniques, therapeutic exercises, positioning and food consistencies;
- interpret videofluoroscopy and recommend appropriate management;
- select appropriate assessment procedures;
- train other professionals and carers;
- advise and support clients, relatives, carers and professionals in the multidisciplinary team;
- co-ordinate a multidisciplinary team approach;
- provide basic training within the multidisciplinary team.

2. A summary of the standards set out as the "Sheffield Level 4" (from the Sheffield Continuum, Sue Pownall, Sheffield)

The competencies at this level are described as:

- independently managing a caseload of classical (rather than complex) cases
- feeding/clinical assessment
- determining safety with trialled foods and thickened fluids
- management decisions:
 - change of diet
 - strategies
 - therapies
- recognising need for further assessment:
 - second opinion
 - VF
 - FEES
- prioritisation from defined criteria
- determining safety of oral feeding vs alternative feeding (acute condition)
- providing feedback to client/referral source re: status of swallow and feeding recommendations
- liaison with other professionals regarding assessment/management
- education - basic awareness training and training around issues/competencies from levels one to four
- participation in audit or research.