

SPEECH PATHOLOGY AND ITS PROFESSIONAL ASSOCIATION IN AUSTRALIA

Compiled for Speech Pathology Australia by Alison McDougall



IN THEIR OWN WORDS

SUPPORT AND PROFESSIONAL DEVELOPMENT

Joyce Alley recalls there wasn't really anything except your own reading.

As the sole therapist in Tasmania Ruth Porteous found it was practically impossible to keep abreast of the changes in the profession. There were no journals; there was nobody else to talk to. You could write letters...but it wasn't easy...Once there were more than two people in a state, then your getting together with your colleagues was your postgraduate education.



Joyce Alley at the Royal Children's Hospital, 1959.
Photo courtesy of The Royal Children's Hospital Archives, Melbourne.

With regard to peer support Dimity Dimity Dornan says I didn't have any...none at all except for what I got through the Speech Pathology Association until about four or five years ago. Everywhere I went I was the lone practitioner and that was very hard.

Whilst Jan Baker remembers, I had a lot of rehab work out at Northfield wards which I hated - I liked the rehab but not the Northfield wards. They were crippling awful, they were like Nissan huts; very badly equipped, no resources - you felt very lonely out there...I was a very young therapist and I had no mentor, no therapist above me anywhere.

Helen Sjardin worked in a number of education settings. On the isolated west coast of Tasmania she remembers visiting community schools: you visit and only go back in three months time and you're supposed to fix every thing up in that one visit! To walk in and establish a relationship with a child and give them something useful to do in one visit when you're passing through town is pretty difficult.

Edwina Bryson remembers I was living back at my hometown, Gunnedah, in the northwest of New South Wales, three hundred miles from Sydney, for a little while before I was married. I had a private practice there [2 afternoons a week] with one of the general practitioners. As soon as people heard that there was someone working in speech and language problems they began to ring up from all over the place. I could have worked all day and all night and I wouldn't have coped.

Speech Pathology Australia organises an annual themed National Conference which provides members with opportunities to keep up to date and to build and maintain networks. At times they are held in conjunction with other professional bodies, such as the New Zealand Speech Therapy Association and the International Association of Logopedics and Phoniatrics.

Two of the tasks the Continuing Professional Development Portfolio of Speech Pathology Australia undertakes are to coordinate a National tour and oversee a branch based mentoring system. At the state level there are paid Continuing Professional Development officers.

Part of the Scientific Affairs Portfolio is to oversee and deliver to every member the ACquiring Knowledge in Speech, Language and Hearing quarterly, and the journal, Advances in Speech Language Pathology, which has just become quarterly.

The Member Networks Portfolio, amongst a number of tasks, oversees member networks who are linked by similar interests and needs with each having a reference group that is a link between the wider group and the Council.¹⁸ One of these is the Rural and Remote Reference Group. They have developed a database of rural and remote members to facilitate a two-way flow of information and have a presence at National Conferences.¹⁹ Two speech pathologists who work in remote locations, share their experiences.

Meaghan McAllister: As a Speech Pathologist in the Katherine Region of the Northern Territory I cover the urban township (a population of approximately ten thousand) and twelve remote communities and other outstations. The locals compare the area of the Katherine region to the size of Victoria - approximately 300,000 square kilometres. Mix long distances between communities, tropical weather with monsoonal rains, cross-cultural communication, the odd washed out road and a few stray buffalo and you have some of the very real issues that face clinicians "out bush"... the red dust doesn't mix with a twin set and pearls!

The team I am a part of is fortunate in the sense that we have a mixed and varied caseload which makes for very interesting working days. With our urban clients we cover a caseload similar to other urban community centre teams - phonology, language, dysphagia, stuttering, dysphasia and children with multiple special needs. Then there is our bush work and this contrasts starkly to the 8am -4.21pm working days in Katherine! [see Section on Cultural Issues]

Kate Gregory is based at Broome, Western Australia. Broome Health Services (BHS) is one of three Speech Pathology departments in the Kimberley Health Region. It has been operating since 1995, when it began with a service of 15 hours per week. The service was increased to full-time in 1997. I have been working as a sole therapist in Broome for the past 2 1/2 years and love it!

Town Based Services: The population of Broome is currently 15,000 and the population continues to expand rapidly. It is a very multicultural town, with a large Asian population as well as Aboriginal and non-Aboriginal residents. The Speech Pathology department is based at Broome Regional Hospital, where I provide inpatient services as well as a very busy outpatient service. The Speech Pathology department also provides consultative services to the 5 schools in Broome and endeavours to provide early intervention presentations to organisations within the wider community as often as possible. The town-based caseload in Broome consists predominantly of non-Aboriginal clients.

Remote Services: In addition to the busy town-based service, the Broome Speech Pathology department also provides services to the Aboriginal communities of Beagle Bay, Bidadyanga, Djarinjin, Lombadina and One Arm Point. One Arm point is the most remote location I travel to, taking 4 hours in a 4 Wheel Drive up a very rough track. Most community visits are carried out on a two-monthly basis and can involve overnight stays of up to three nights at a time.

SUPPORT AND PROFESSIONAL DEVELOPMENT

Kate continues..... as I am not able to travel out to these communities any more regularly, the success of any intervention offered currently relies heavily on my interactions with community health workers, schoolteachers, and family members.

Challenges: Working as a sole therapist this varied position is challenging to say the least. I like to tell people that I have become a "specialist generalist"! Keeping abreast of the most efficient service delivery models and managing my time effectively are the tools I find most useful.

Speech Pathology Australia has been able to help me in a number of ways over the past few years:

- I participated in the mentoring program as a new graduate.
- I have been able to refer to the list of 'Speech Pathologists Working in Indigenous Health/Education' developed by Judy Gould and contact other Speech Pathologists to ask questions/ advice of other therapists working in similar situations.
- The National Lending Library has been useful in helping me continue my Professional Development, as it is not always possible to travel to capital cities.

Overall: I would highly recommend practising in a rural/remote setting to anyone who has an affinity with nature and doesn't mind a challenge or two! Not too many people get paid to travel through the magnificent Kimberley bush to meet some wonderful characters in the Aboriginal communities, and the lifestyle I am able to enjoy outside of work (eg. Cable Beach) is magnificent.

Of course access to the Internet and video tele-conferencing helps to further overcome a number of the difficulties earlier practitioners experienced.



Broome Speech Pathologist, Kate Gregory, "where bush meets beach".
Photo courtesy of Kate Gregory.

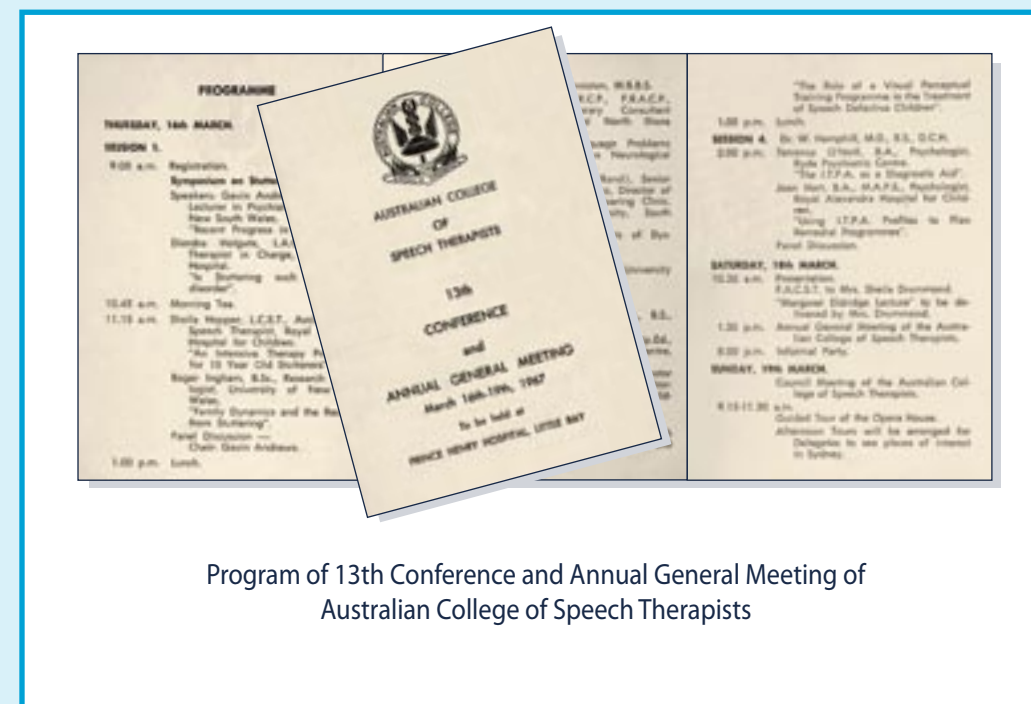
RESEARCH

Joyce Alley recalls, the only area that I think was very poor was for a long, long time was research. There was no research professor..., no facility to tell you how to do this, or courses on statistics or methodology. But there was certainly an idea that you should be collecting cases and talking about them.

Jan Baker believes we're beginning to publish and now we're beginning to really do the research - I actually think the research is one of the biggest changes that's taken place in the profession in the last ten years. And it's crucial...That's what's going to give us more credibility both academically and clinically.

When Ruth Porteous was asked what she thought was the biggest change in the profession, she replied, it would have to be the exposure to research...this includes training in research methods... and working in settings which give you access to mentors who have done it before and can suggest other ways.

Edwina Bryson [Editor of the Journal of the Australian College of Speech Therapists, 1963-1967] is in agreement. The research papers and the clinical practices coming from the training schools nowadays are absolutely first class... I would see that as a huge improvement and huge step forward in the whole profession.



Program of 13th Conference and Annual General Meeting of Australian College of Speech Therapists

Speech Pathology Programs in Australia offer honours and postgraduate studies including course work Masters, research Masters and Doctorates, with many of the programs specialising in particular research areas and providing opportunities in working either in a multidisciplinary or multi-centred way.²⁰

In 2002, a Membership Survey revealed a median time of two hours per week spent on Speech Pathology related research.²¹

The Scientific Affairs Portfolio of Speech Pathology Australia oversees the profession's research publications and 'encourages, supports and facilitates clinical research and data collection for evidence based practice'. This is further supported by the awarding of research grants to clinicians and students. In 2002, an edition of ACquiring Knowledge in Speech, Language and Hearing was devoted to 'Getting Started on Research', jointly authored by researchers across Australia.

PRIVATE PRACTICE

Elinor Wray was the first private practitioner in Australia because it was the only way she could use her qualification whilst persuading the medical fraternity of the need for speech therapy in the public system.²²

Joyce Alley remembers when I first started in order to earn my living I had to work really hard. I worked from eight in the morning to six at night. And then I had to come home and get the family dinner and then do reports afterwards and I wouldn't get to bed until twelve or one o'clock in the morning. That was just to make money to exist because we were paying rent...we had a secretary and a receptionist. There wasn't much social time. At weekends you were busy doing things and catching up - it was quite hard.

Edwina Bryson, who worked for a number of years in the public sector, recalls I had three children by then and I had to juggle it a bit and private practice seemed to be the way to manage the hours... Most people tend to specialise, they don't take the full range of problems because it's a very wide range and so people tend to go into private practice and deal with a more restricted area in which they feel more expert. Edwina was part of a group who developed the New South Wales Association of Private Speech Pathologists in 1976.

Lesley Henderson recalls I made some errors in the first place. I just rocked up to a private hospital and saw a patient and I think I'd been doing that for some time before I realised you were supposed to apply for privileges but there wasn't anyone to tell you what to do. Lesley helped to start the Queensland Private Speech Pathologists Group in 1977.

The 2002 Membership Survey revealed that 41.1% of respondents worked in private practice, the majority (78.2%) of whom indicated they worked part time, whilst 21.8% indicated they worked full time in that sector.²³

Today, members are linked through the Private Practitioners Member Network. Unlike the very early days, private practice is now seen as a professional and serious career option. Major issues over time have dealt with maintaining standards and ethics, supporting and educating members, health fund rebates, professional indemnity and how best to work with Speech Pathology Australia. Private Practitioners have a strong presence through dedicated modules and meetings at each National Conference.²⁴

SOME FINAL THOUGHTS

Lesley Henderson recalls that originally we just thought we had to talk speech-wise and there weren't a lot of other communication aids, unlike now... the biggest single change is the impact of swallowing management...Swallowing was hardly mentioned when we were students...

I don't know what it is about speech pathologists. Those that persist with the profession have a very strong work ethic.

Dimity Dornan relates...all those years I spent working with aphasic adults and working with hearing impaired children in the days before the new technology - you couldn't compare it to what we can do today with new teaching techniques and new technology.

Helen Sjardin feels the old concept of the therapist probably was more 'I'm here, I have these qualifications and I'll fix you up. But I think it's changed to 'okay, we need to work out a contract here. I have something to offer that you may or may not want. What was it that you were wanting?'

Joyce Alley believes it [Speech Pathology] is much more independent with a much broader frame of reference...They [students] don't necessarily have to fight for their survival. You always have to stand up for yourself and have disagreements with other people, but that's a little bit different if you feel you're accepted on an equal basis.

Jan Baker has some concerns about the discrepancy between what people are being trained to do and the knowledge base they have and what they're actually permitted to do once they get out. Apart from that, I think the profession is much more worldly. I think we're much more internationally aware and I think we're much more interdisciplinary. I think research is making us much more accountable, so I feel optimistic about those things.

Ruth Porteous says the College [Speech Pathology Australia] strikes me now as being a very professionally run body...all of that has become so much easier with the larger numbers and more funds. The young, newly trained graduates are splendid... they can meet anything the future holds.

Edwina Bryson says it's been a thrilling profession to be in, especially the early days. I enjoyed every minute of it and I'm very proud of the way it's progressed from the early beginnings... I like the directions it's taking as far as I can tell.

FOOTNOTES

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