



Submission

by

Speech Pathology Australia

to the

**Department of Education,
Employment and Workplace
Relations**

Review of Higher Education

July 2008

Speech Pathology Australia (The Association) welcomes the opportunity to provide feedback to the discussion paper by the Department of Education, Employment and Workplace Relations (DEEWR) into its Review of Australian Higher Education. Our comments are submitted below in accordance with the consultation questions. Speech Pathology Australia has only provided comment to those questions immediately relevant to the Association.

Background to Speech Pathology Australia and its Role in Higher Education

The Speech Pathology Association of Australia Ltd (Speech Pathology Australia) is the national peak body for speech pathologists in Australia, representing approximately 4,200 members. A speech pathologist is a specialist qualified to provide a variety of services to people with communication and swallowing difficulties that may be present across the life span.

Speech Pathology Australia is the sole national professional body for speech pathologists in Australia and is recognised by the Federal Government of Australia, Department of Education, Science and Training, as the professional body representing speech pathologists in Australia.

Speech Pathology Australia grants accreditation to speech pathology degree programmes that meet specific professional requirements. Accreditation assures the general public that speech pathology degree programmes in Australia have the appropriate qualities to produce professional speech pathologist practitioners who are eligible for membership of Speech Pathology Australia.

Speech Pathology Australia maintains close and productive relationships with the degree programmes through regular meetings with the Heads of Programmes, and has been instrumental in ensuring international recognition of Australian qualifications through its Mutual Recognition Agreement with the United Kingdom, USA, New Zealand and Canada.

CONSULTATION QUESTIONS

CHAPTER 1 HIGHER EDUCATION IN MODERN AUSTRALIA

1. How adequate is the statement of functions and characteristics of higher education in modern Australia?

Speech Pathology Australia considers the statement of functions and characteristics within the Discussion Paper to be (generally) adequate. However, the Association considers that the role of higher education should be noted as both *shaping and responding* to the needs of the labour market, rather than responding in isolation.

CHAPTER 3 KEY CHALLENGES AND ISSUES FOR HIGHER EDUCATION

Section 3.1 Meeting Labour Market and Industry Needs

2. Are there impediments to the higher education sector being able to innovate in the development of courses and programmes? What are these impediments and how could they be removed?

Speech Pathology Australia believes there are significant impediments to the ability of the higher education sector to innovate in the development of courses and programmes. Many of these have been identified in the Discussion Paper, including:

- academic staff workforce being too small to allow adequate time for new curriculum development whilst delivering current programmes of study;
- an ageing academic workforce;
- academic skill shortages are limiting the ability to recruit staff to develop new courses;
- inadequate resources available for new infrastructure, learning materials, technology and clinical education;
- difficulty in forecasting future demand for new courses and skills;
- presence of restrictions created by internal and external accreditation and quality assurance processes;
- availability of a limited range of course types funded by government.

Whilst a number of new speech pathology courses and programmes have been developed in recent years (which are elaborated upon in the Association's response to Question 5), there have been a number of impediments to the development of these new courses:

(i) Innovative teaching methods do not always accommodate flexible service delivery.

The use of problem based learning (PBL) in professional education is cutting edge educational theory in Australia and has been incorporated into a number of new speech pathology courses. However, this method of teaching does not permit students to attend

part time, does not allow course material to be released to students ahead of time (such as not releasing a list of topics to be covered in class), nor adequately accommodate students who may miss a tutorial. As such, the method does not fit easily with the modular, flexible service delivery of courses as outlined in the Discussion Paper.

(ii) Clinical education/field placements are limited.

Using an outcome focused accreditation process in programmes that have clinical/field components such as speech pathology has major implications for field placements when enrolments are increased. The current trend in universities to increase enrolments in courses where demand is high frequently occurs because anticipated enrolments in other courses have not reached quota. Many times, an increased number of enrolments will take place without consultation with programmes that will be impacted by the increased enrolments. This has a major impact, not only in the classroom but in sourcing an adequate number of field placements to ensure graduates meet the level of competency required.

A further impediment to sourcing adequate numbers of field placements is a trend by state governments to charge the universities that accept students for training in health professions. This is creating an uneven playing field where the wealthier universities are able to pay, thus providing their students with placements. This may become an impediment when the speech pathology course is only available in one university in the state and students are not free to choose their university. Their clinical programme is compromised by the lack of funding available in their university. Other universities may see the cost of setting up of new programmes prohibitive.

It is suggested that state governments set up student units in hospitals, schools etc. funding both facilities and staff. Students would then provide services for the needs of clients that may be unmet by hospitals, schools or other existing services. Currently there are examples where university-staffed voice clinics and language/ literacy clinics in public schools fund services which are then counted in financial statistics as part of state funded services.

(iii) Staffing in universities is inadequate.

University courses are finding it difficult to recruit properly qualified staff, especially for senior positions. This becomes a particular issue as staff approach retirement age. The problems with recruitment stem partly from university salaries not having kept abreast with salaried clinical positions. For example, a full time salary for a Level B lecturer begins at approximately \$70,145 per annum whilst a senior speech pathologist begins at \$71,188 per annum. Of note, a speech pathologist with only two years experience may be eligible for the starting salary of a senior speech pathologist. Academic workloads have also increased (e.g. teaching 3 semesters of the year with the introduction of GEM programmes; staff-student ratios, etc), thereby making academia a less attractive career option than previously.

Secondly, newly graduated PhD students are not moving into or staying in academia. This is likely due to a number of factors including workload demands that require time for teaching, research, clinical education and administration. Senior clinical positions or research-only positions are far more attractive in relation to workload, and their increasing availability sees newly graduated students taking this path over academia.

Thirdly, there is some evidence that speech pathology programmes within Australian universities are no longer able to readily attract suitable international candidates. This has been the case for one particular university in NSW which has been unable to recruit a professor for over three years. Visiting Level D and E academic staff on sabbatical leave in Australia may be attracted to the thought of applying for positions here, but are discouraged by the high student numbers, lack of resources and the workloads of local staff.

3. What are the appropriate mechanisms at the national and local level for ensuring higher education meets national and local needs for high level skills? What is the role of state and territory governments in this area?

Graduate entry Masters Programmes aim to meet the needs of mature age students by providing lifelong learning and re-training opportunities. However, there is an impediment to the full potential of these programmes which relates to the financial support available to students, in particular for those students with families to support and/or other financial commitments.

Despite the financial concerns raised above, the Association recognises the ongoing need for a range of Masters/Diploma coursework degrees to be made available in speech pathology. However, to accommodate a range of student needs, such courses should be developed using flexible delivery options for students who are unable or do not wish to relocate, and for international and interstate students. Currently universities do not address this issue because local markets are too small to make such courses financially viable. Further to this, universities do not have the time or resources to develop distance education programmes due to other demands of research, clinical and academic teaching.

4. How adequate are the mechanisms for aligning supply and demand of graduates? How do pricing and labour market signals impact on student choices?

Supply and demand of graduates may not be aligned when decisions about increases in student numbers or new courses are made at a Federal or university level but employment is provided by state governments. In general, speech pathology courses in Australia are in demand with large numbers of applicants; however the supply of speech pathologists remains grossly inadequate.

Movement between business/industry and academia may be a viable option to improving supply/demand issues, having the potential to be beneficial to both sectors. However, such movement may interrupt career paths in both sectors as people take time to settle into their new work environments (For example, time taken to become familiar with governing legislations, OH&S policies and procedures etc). Such movement could also impact on an academic's research programme (and this is still the primary track for promotion in universities) if time is not made available in an industry position to complete the writing of grants, papers, etc. It would however, create the potential for collaborative research.

5. Are there particular examples of good practice where you can demonstrate rapid response to skill shortages?

There is a recognised national shortage of speech pathologists, especially in rural and remote locations, as well as in particular health sectors such as Disability and Aged Care. As one means to address this shortage, since 2001 a number of new speech pathology courses have been developed and are offered to prospective students:

- Four (4) new speech pathology graduate entry Masters Degrees have been accredited:
 - Master of Human Communication Sciences, La Trobe University, Melbourne (2000);
 - Master of Speech Pathology, University of Queensland (2001);
 - Master of Speech and Language Pathology, Macquarie University, NSW (2001);
 - Master of Speech Language Pathology, University of Sydney (2005).

- Two new speech pathology Bachelor degree courses have been accredited:
 - Bachelor of Speech Pathology, Charles Sturt University, Albury, NSW (2001);
 - Bachelor of Speech Pathology, James Cook University, QLD (2008).

- Other new speech pathology Bachelor degrees include:
 - Edith Cowan University, WA (first graduates due 2012);
 - Flinders University of South Australia (first graduates due 2009).

Of note, the courses at Charles Sturt University NSW, James Cook University QLD and the Edith Cowan University in WA were developed in direct response to workplace shortages of speech pathologists in these states. Course curricula in these universities have specifically taken a rural focus, acknowledging and reflecting the inherent differences and challenges associated with working in a rural environment.

The School of Human Communication Sciences at La Trobe University, in partnership with the Department of Human Services Victoria & Austin Health, has developed and now

regularly delivers a competency training short-course for qualified speech pathologists in Fiberoptic Endoscopic Evaluation of Swallowing (FEES). FEES is an example of advanced practice skill that is not taught in Entry-Level speech pathology programmes, but one which is essential for the modern speech pathology workforce. This short course is a good example of a rapid response to a skill shortage, co-funding of training between a higher education institution and a large employer organisation, development of a tailor-made course for adults, and encouragement of employees to upgrade their skills. Speech Pathology Australia, in recognition of this advanced scope of practice, has developed an Association position paper to guide the practice of FEES by its members in Australia.

Section 3.2 Opportunities to Participate in Higher education

8. Should there be a national approach to improving indigenous and low SES participation and success in higher education?

Yes. However, a critical key to success will rest in identifying and successfully addressing the factors that contribute to the poor record of participation and success of these groups in the school system. This is predicated on the fact that entry scores to speech pathology courses are typically quite high; but also on the fact that the percentage of indigenous/low SES students completing high school is low. A focus on the higher education sector without redressing issues present in the school sector or indeed alternative pathways for entering higher education would be doomed to failure.

Section 3.3 The Student Experience of Higher Education

14. How do institutions measure the quality of their learning outcomes and how do they know they are nationally and internationally competitive?

An example of good practice in the measurement of learning outcomes has recently been implemented by all speech pathology programmes in Australian universities. The COMPASS™ system for evaluating the competency of students in the clinical workplace was developed through collaboration between Speech Pathology Australia and all speech pathology programmes in Australia. It was implemented in all speech pathology programmes in 2006. This project was funded by the universities, Speech Pathology Australia and the Carrick Institute for Learning and Teaching in Higher Education. This assessment system allows national benchmarking of student learning outcomes. Speech Pathology programmes in New Zealand, Malaysia, Singapore and Hong Kong have recently opted in to this system, so that international benchmarking will now become possible.

Section 3.5 Higher Education's Role in the National Innovation System

19. By what mechanisms should research activities in Australian universities be supported?

Speech Pathology Australia believes research funding should not be limited to a particular type of university. Allied health, in particular speech pathology courses, is distributed across different sectors of the university community. If research is limited to only one type of university it would mean that some allied health programmes would not be taught by staff currently engaged in research. Most of the Association's accreditation competencies stress the use of recent research findings, and Speech Pathology Australia believes it important that students have access to teachers who are role models both in research and in their use of current knowledge and evidence based practice.

Further to this, all speech pathology university programmes have an Honours track that requires completion of a research project. It is important that staff who supervise Honours students are current in their own research method and design knowledge base. Speech Pathology programmes have a rapidly expanding postgraduate research cohort and it is imperative that suitable staff be available to supervise the research that is generated. Keeping a postgraduate cohort is also necessary in order to address the shortage of academic staff.

20. On what principles and for what purpose should research activity be concentrated in particular universities or types of universities?

Speech Pathology Australia strongly supports the notion that research in speech pathology should *not* be concentrated in particular universities or types of universities. In the discipline of speech pathology the academic network is small and it may at times be difficult to source natural research groups within a university. Currently in the field of speech pathology, national research networks are being established across universities within Australia and with international collaborators. Having said this however, the model that supports quality research, wherever it is situated institutionally, should ensure that the current speech pathology research (which is recognized internationally as of a very high standard) will continue and researchers will not be lost to overseas posts, thereby exacerbating current staffing shortages.

21. Do you believe there is a place in Australia's higher education system for universities that are primarily 'teaching only' universities?

The term 'university' should continue to be applied only to institutions that demonstrate research capability. There is therefore no place for universities that are primarily 'teaching only'. However, given a base rate of research funding for all universities, significantly higher

levels of funding should be reserved for those areas within universities that can demonstrate internationally-competitive research capability. Such higher levels of funding should be allocated to research groups regardless of institution (i.e. allowing cross-institutional research groups to flourish without the constraint of inter-university competition for funds). Further, while all universities should demonstrate research capability, not all academic staff should be required to be research active to the same degree. The individual and the institution should be considered separately and different levels of research activity allowed for at the individual level. It is not feasible for a single academic to be an excellent teacher, researcher, professional/clinical practitioner, and administrator. This expectation is counterproductive and appears to be contributing to low morale, burn-out, and sub-optimal productivity of some academic staff across the system, as well as to a view held in the graduate workforce that an academic career is no longer attractive. Diversification of roles is required so that a balance between these multiple roles can be achieved at the institutional level and so that individual academics can focus on those spheres of higher education for which they have the aptitude and enthusiasm. Further, it is important that this be reflected in promotion opportunities – as it currently is, research capability and output still drive promotion in most, if not all universities.

A high level of scholarship, however, should continue to be mandatory for all academics. Those who focus more on teaching than research should be expected to interact closely with researchers and to ensure that their teaching is informed by research and evidence base, and those who focus more on research should be required to demonstrate how their research impacts on teaching within their institution. All professions must be guided by evidence based practice. In the field of speech pathology, this type of research can only be done by speech pathologists. Therefore it is important that students are exposed to teachers who are engaged in that type of research within the Australian context.

Section 3.6 Australia's Higher Education Sector in the International Arena

22. Are there any unintended consequences of the current approach to internationalisation of higher education in Australia?

One unintentional outcome of internationalization in Australian programmes has been an increase in staff workloads in universities, particularly in courses such as speech pathology that demand a high level of English proficiency. Even with high IELTS scores, some international students struggle in clinical placements and in clinical report writing as a consequence of limited English skills. As the level of English proficiency required is high, often the usual support systems provided by universities do not cater for speech pathology students. The burden of closing the gap then falls back onto staff, increasing their workloads. Together with this, international student places are often in addition to the quota for a particular course. This situation further compounds the increased student: staff ratio.

23. What is an appropriate role for government in assisting the Australian higher education system in its internationalisation? On what principles should this role rest and what purposes should it serve?

Funding and provision of adequate bridging courses for incoming international students, including English proficiency and other generic studying skills, is critical.

However, it is important for the Government, when it assumes responsibility for accrediting programmes and registering practitioners as competent to practice in Australia, to negotiate with their counterparts in other countries to enable easy recognition of qualifications and portability of skills. A vocational qualification that is not recognised internationally is self-limiting and does not enhance Australia's international reputation as a provider of higher education.

24. Can you provide any examples of good practice in encouraging local students to undertake study in other countries?

A number of speech pathology courses provide the opportunity for students to undertake clinical placements overseas. Charles Sturt University, Albury, provides students with clinical placement opportunities in Vietnam. Fourth year students at Curtin University, Western Australia are currently undertaking placements in the UK, India and China. Ad hoc clinical placements are also organised on occasion, for example to Scotland and other locations in the UK.

Despite the necessity for excellence in English the structure of some speech pathology courses make it possible for students to study specific areas of speech pathology overseas. Such areas include voice and fluency. CBOS allows flexible study arrangements through the use of a portfolio of verified assessments to the necessary standards.

Section 3.7 Higher Education's Contribution to Australia's Economic, Social and Cultural Capital

25. How would you define knowledge transfer and community engagement in an Australian context?

Speech Pathology Australia views knowledge transfer and community engagement in the Australian context on a number of levels. Firstly through the development of evidence based knowledge and practice resultant from research and investigation, and secondly through the timely dissemination of this information to professionals and members of the community. Speech Pathology is a profession whose charter, by its very nature, is to foster stakeholder engagement so as to maximise communication and swallowing outcomes for those requiring speech pathology services. The Association strongly supports and actively seeks engagement of its members, the community, other health practitioners, university staff and

government to inform and guide policy in relation to education and service provision. This may occur through lobbying, marketing and self promotion strategies, identification of key health concerns and initiatives and positioning of the Association to ensure it can respond to relevant issues in a timely manner.

Speech Pathology Australia has a policy of professional self regulation with regard to continuing professional education which is backed up by a strong Continuing Professional Development programme in all states, as well as an annual National Conference. Clinicians and university staff are regular contributors to all of these initiatives, disseminating their clinical expertise, as well as attending research focused international conferences to further the dissemination of their research.

All university programmes have clinical services attached to their facilities. The major aim of these clinics is to provide students with essential clinical practice to be able to meet accreditation standards. Academic staff, who are qualified speech pathologists, are usually involved in this clinical education on a weekly basis in addition to their teaching, research and administration roles. This is necessary as enough clinical placements are not offered from practicing speech pathologists to allow increased numbers of students to gain the required level of experience.

26. Do you believe that knowledge transfer and community engagement are legitimate and appropriate roles for contemporary Higher Education institutions?

This role of Higher Education has been neglected by government, university management and the general community for too long. It is not sufficient for Higher Education to produce graduates who have the *potential to contribute* to Australia's economic, social and cultural capital once they leave the higher education institution. Higher Education has that potential in its own right and the nation would be wise to harness and maximise this potential. However, Higher Education's participation in knowledge transfer should be limited to that which arises directly from each institution's demonstrated expertise, purpose and strategic objectives. Third stream funding initiatives should be developed; however, because universities do not currently have the resources to significantly increase their knowledge transfer and community engagement activity, it will be necessary to strengthen and facilitate partnerships between universities, government and industry in order to provide the additional funding required.

Speech Pathology Australia believes knowledge transfer and community engagement roles have actually evolved over time and are very legitimate and appropriate roles for Higher Education institutions. Firstly, the interaction between academics and clinicians in continuing education programmes allows peer critique. It also ensures that current theories are being used in the workplace enabling Australian practitioners to retain their high

professional status in the world, and that practising clinicians are aware of the knowledge being covered currently in the classrooms. As importantly, it allows the academics to “come down from their ivory towers” and to engage in peer debate with people in the workplace.

Secondly, the clinical services strengthen the link between theory and practice if the same staff are involved in teaching, research and clinical education. This is crucial for courses that have a professional/vocational/ applied emphasis, which are courses on the rise in the Higher Education sector. In one case, an Australia wide association which includes academics, practitioners, and clients who have language difficulties following a stroke and their families (The Australian Aphasia Association) has developed from a clinical programme at one of the universities.

27. If you think knowledge transfer and community engagement are appropriate roles for Higher Education, how do you believe these functions should be funded?

As stated above, Speech Pathology Australia does believe that knowledge transfer and community engagement are appropriate roles for higher education institutions. These roles should be funded in a partnership arrangement – i.e. the universities should support these initiatives financially, but the potential for contribution from outside funding should also be investigated. Some university-based speech pathology clinics see more clients than outpatient clinics in major metropolitan hospitals. They often have a crucial role in the provision of general speech pathology services, especially to children in the community. As is the case with public community based services, university clinics provide services to those on low incomes as the fees charged are usually well below the private practice schedule because of the involvement of students in the treatment. The clinics also often provide specialist clinical services (because of the highly skilled staff at the university) that are not available in the community.

University clinics are also the basis for community education projects carried out by senior students as a requirement of accreditation. Increasingly, the clinics are used for research projects; especially for Honours students or those staff involved with research into evidence based practice. The potential for more research to be generated based on these clinics is only limited by the available staff time and resources. In a number of the well established programmes, university clinics are, or are close to, self funding because the universities’ resources do not cover such costs. The university clinics are, in fact, often seen as a survival revenue-raising operation rather than facilities that need resources in their own right to fund a community service. The correct balance between these two ideologies (perhaps through those allocating funding recognising the university’s contribution to community service) would result in bigger and better community services as well as provide opportunities for increased research programmes. Clinically based research is crucial as staff need to test out new theories/ methodologies developed by themselves or by

international researchers to determine whether they are still efficient and effective within an Australian context.

Section 3.8 Resourcing the System

28. What incentives or unintended consequences are there in current arrangements for higher education funding?

One of many unintended consequences of the current funding arrangements is the lack of proper funding for the vital clinical/professional education components of allied health courses. This has dire consequences that have already had a major negative impact on the health workforce in Australia. While there continues to be no equivalent to the medical student funding for institutions offering allied health courses, recruitment and retention of the allied health workforce is at risk of falling even further below the levels required to meet the needs of our ageing society and growing population. Universities offering allied health courses cannot provide optimal clinical and professional education within their programmes unless resources for clinical and professional placements are dramatically increased.

Speech Pathology Australia wishes to again thank the Department of Education, Employment and Workplace Relations for the opportunity to comment on this discussion paper. We would be pleased to comment further where required and look forward to receiving further advice on the Department's deliberations.

Yours sincerely,



Gail Mulcair
Chief Executive Officer

31 July 2008