



Submission to:



Health Education and Training: Clinical Education and Training

Clinical placements across Australia: capturing data and understanding demand and capacity

Prepared by:

Speech Pathology Australia

10 February 2009





Health Education and Training: Clinical Education and Training

Clinical placements across Australia: capturing data and understanding demand and capacity

Submission from Speech Pathology Australia

Section 1- Demographics of organisation and profession

Speech Pathology Australia (The Speech Pathology Association of Australia Ltd) is the national peak body for speech pathologists in Australia, representing approximately 4,500 members. A speech pathologist is a university trained specialist, qualified to provide a variety of services to people with communication and swallowing disorders that may be present across the life span. Speech pathologists work across a range of clinical settings including health (hospitals, community health and rehabilitation); aged care; education (schools and early intervention); disability and private practice. The entry level training of speech pathologists has a dual pathway, that being through a four year bachelor program or two year graduate entry masters.

Speech Pathology Australia is recognised by the Federal Government of Australia, Department of Education, Employment and Workplace Relations (DEEWR), as the professional body representing speech pathologists in Australia. As such, the Association is acknowledged as both an assessing authority for those with overseas qualifications and an accreditation authority for university speech pathology degree programs.

Clinical Placement requirements for speech pathology students

Australia's health workforce shortage is being compounded by a severe lack of availability of clinical placements as part of the clinical and professional education of allied health professions. This is true for the speech pathology profession, where there have been long-standing shortages of placements, particularly for certain clinical presentations or within specific clinical settings. To meet competency requirements students must undertake clinical placements across specified range indicators involving both adult and child caseloads for the various core areas of speech pathology practice. This does not occur only in health facilities, with the need for placements in other settings such as schools and centres providing early intervention and disability services.

Anecdotally the workload pressures on practitioners have exacerbated the situation. Despite a professional commitment to training students (Speech Pathology Australia, 2005), the frequent lack of organisational support and designated funding has led to a reduction in offers to provide clinical placements. The university programs themselves have a far lower level of funding for clinical education than is available to medicine and nursing, and cannot offer the additional incentives and resources to clinical educators in the field. This is in the context of increasing intakes and the commencement of new speech pathology programs adding to heightened competition for available placements in some states.

While some innovation can be seen across speech pathology programs with respect to the coordination of placements and some limited funding support programs through certain government departments (e.g. Tasmanian Department of Education), there is a general agreement that the area of clinical education is a continuing crisis.





Section2- General Comments

Competency Based Occupational Standards and Education

While this specific Discussion Paper has the narrower focus on Clinical Placement Data, it is understood that this forms just one part of a range of potential reform agendas in terms of health workforce education. NHWT presentations have referred to the desire to move from time based learning approaches to competency based learning and outcomes. Speech Pathology Australia is pleased to inform on the profession's well established commitment to competency based standards and learning.

The Competency Based Occupational Standards for Speech Pathologists (CBOS 2001), developed by the Association in 1996, details the minimum knowledge, skills and attributes required for graduate entry into the profession of speech pathology. These standards, similarly, are applied to those with qualifications as a speech pathologist gained overseas and those who are re-entering the profession and do not meet the requirements for recency of practice.

Speech Pathology Australia has been responsible for the accreditation of all Australian university educational programs to educate speech pathologists to entry level since the inception of such programs in 1962. Since the year 2001 the accreditation of speech pathology courses has been based on outcomes and an in-depth evaluation of the assessments of competency achieved by graduating students.

The Association's accreditation process is designed to assure that graduates are of a sufficient level academically and practically for them to practise as a speech pathologist at entry level. It considers that professional accreditation should necessarily take into consideration in great depth the specific content of program especially in relation to:

- the relevance to the profession as it exists in Australia,
- the scope of the content,
- the level at which it is taught and learned
- the experiences of the students required for them to achieve competency across a range of clinical elements, in particular through clinical practicum.

The accreditation evaluation, which is not prescriptive with respect to clinical hours, has been built around the explicit entry level standards of the profession (CBOS 2001) which are nationally and internationally recognised. These standards are well accepted by the profession, the universities and employers in Australia and are the basis for successful mutual recognition negotiations with international professional associations (RCSLT (UK) CASLPA (Canada) ASHA(USA)) [Mutual Recognition Agreement 2004] and subsequently IASLT (Ireland) and NZSTA (New Zealand) [MRA 2008].

COMPASS® - Competency Assessment in Speech Pathology

A recent extension of the profession's integration of competency based occupational standards within entry level training of speech pathologists, is the development of a national standardised tool to assess students' competencies throughout their clinical learning.

"COMPASS®: Competency Assessment in Speech Pathology" (McAllister et al, 2006) is a psychometrically validated based assessment tool that is used across participating Australian and New Zealand universities to assess speech pathology students' competency against Competency Based Occupational Standards (SPAA 2001) during field placements. Clinical competencies assessed include profession specific as well as generic competencies. The initial paper-based tool began its use in 2006 and in 2009 a web-based application "COMPASS® Online" will be launched which provides online functionality to the processes of student placements and assessment incorporated in the COMPASS® tool. It is designed to electronically manage, collect, and store the competency scores for all speech pathology students in Australia and New Zealand undergoing placements (e.g. for the duration of their course).

Current research within the profession is also exploring the application of data benchmarking as a quality improvement process to identify strengths and weakness in learning and teaching practices, and indicate





whether resulting curriculum changes are having a positive impact on student performance. It is also anticipated that benchmarking will assist in identifying areas requiring further research, which will specifically test hypotheses regarding teaching practices and student performance in the workplace as measured by COMPASS®.

The COMPASS® tool has been met with great interest by the profession locally and internationally. There has also been considerable interest expressed by other professions, with the speech pathology profession in Australia being regarded very highly for its innovation in the area of standardised, competency based assessment of students.

Section 3 - Responses to Discussion Questions

Part 1

1. Are there other data elements needing to be captured to map demand?
2. Can education providers provide the necessary data elements?
3. Would existing data collections provide this information and enable comparisons across the sector?

Comments:

The fundamental question of whether one system and data set will suit all stakeholders needs to be fully explored. The underlying premise of obtaining data on the demand and supply of placements so as to adequately allow for demand projections for the now and into the future is supported. However, the needs of the various stakeholders will significantly influence how such a system would look from the differing perspectives. It may be unrealistic to expect that one data collection and benchmarking system will cater for the different requirements of different disciplines, different health, human services and education agencies, and different universities. The reported experience is that even within one university, achieving consensus across different health disciplines as to the very basic components of placements such as timing and duration and the content of orientation programs for students has been almost impossible.

The proposed data elements for both the education providers and the health/placement services seem too limited at this stage, to be useful (e.g. additional elements such as objectives of the placement, qualifications/experience of clinicians, prior training of clinicians in clinical education, model of supervision, availability of accommodation for students, number of students who could be placed together, number of days per week, days of week available etc, would ideally be included) and some of the elements need clear definition (e.g., what does “placement type” mean?).

An overarching comment the Speech Pathology profession would make, is that placements do not just occur in health facilities and this is a narrow definition of where clinical placements can be obtained. A better term to use in this context could be ‘placement provider’. Speech pathology, as some other allied health professions, is practised in a variety of settings and as such clinical placements must reflect the profession’s work setting profile and the student’s clinical learning needs. As highlighted above, speech pathologists work in a variety of settings including: health (hospitals, community health and rehabilitation); aged care; education (schools and early intervention); disability and NGO facilities; and private practice. The competency standards as set by CBOS (2001) requires academic and clinical learning across a range of settings so that the student can demonstrate competency across both developmental and acquired speech pathology disorders in any unit of the following units:

- Paediatric speech pathology practice, and
- Adult speech pathology practice, in the areas of:
 - speech
 - language
 - swallowing
 - voice, and
 - fluency





This level of detail in terms of placement and caseload/service type would be required for a system to be useful for the education provider, student and placement provider alike.

Part 2

4. How can additional capacity be quantified and what specific metrics could be applied?
5. Who can provide this level of data?
6. What are the strategies for identifying potential capacity?
7. What is the capability of health service providers to provide data that might be necessary?
8. How would data integrity and quality be assured?
9. How would capacity be benchmarked?
10. What are the potential benefits and challenges of identifying benchmark measures?

Comments:

The current voluntary nature of offering clinical placements makes the whole notion of capacity difficult to track as even from one semester to the next, clinicians' choice to offer placements, based on their own current work capacity, may alter. This adds to the challenge for universities in the annual planning for placements.

It is believed that unless required clinical placement targets/KPIs are able to be set for individual health professionals via industrial awards or for departments (according to the staffing profile etc) via agreements with health, human service and education agencies, real capacity will be extremely difficult to determine. In turn, without clear targets for individual health professionals or departments, even benchmarking is not likely to increase placement availability to the degree required. Appropriate funding would of course need to be linked to any KPIs.

Clinical Education providers need to be able to earmark placements for individual universities i.e. all placements should not be made available to all university programs through a centralized database, especially in the case where they may be co-funded or supported in some way by the university. These placements need to be captured in the database in order for it to be comprehensive but not so they necessarily then become available to all universities.

An overall statement of availability therefore may not accurately reflect the capacity for placements for any one university.

Part 3

11. What is the most feasible, relevant and beneficial approach for each stakeholder?
12. Is there interest in developing a national approach and could this be achieved through capturing data from existing systems and collections or would new systems need to be developed?
13. Would a preferred model be one that progresses an active clinical placement management systems that provide planning data as a by product or should it be one that focuses' on only collecting data?
14. What incentive would ensure a high level of compliance?
15. What might be barriers to achieving a high level of compliance?
16. What is non negotiable at the local, jurisdictional and national levels to ensure improved data for planning placements and identifying capacity?





Comments:

The minimalist approach proposed in the NHWT Discussion paper potentially would be a wasted effort due to limited usefulness and possible low compliance. The database will need to do more than just collect data otherwise compliance will be low. It does need to manage the allocation of placements if comprehensive data collection is to occur.

A possible two-layered approach (or three-layered) may be appropriate, with

- a detailed comprehensive system available for individual education providers (and possible subset with specific needs of students incorporated ie specific placement and supervisor details)
- extraction of minimal de-identified data for government planning purposes.

This would allow some tailoring to suit needs by individual programs or universities but at the same time deliver the core data required to track demand and supply of placements across the country. Some consideration will need to be given to placement providers who offer placements to more than one program so that duplication of data does not eventuate. It is expected there would be unique identifier means of achieving this.

Section4 - Further Comments

Entry level training

The Discussion paper refers regularly to undergraduate training. It needs to be noted that many programs offer entry level courses through undergraduate bachelor or graduate entry level masters degree programs. Both pathways for speech pathology meet the same entry level competencies and are considered synonymous with respect to graduating competencies (Speech Pathology Australia, 2005). A preferred term should be Entry Level Preparation or Entry Level Education/Training.

Appendix 1 – Explanatory notes for estimating clinical placements

In the Appendix, Speech Pathology is noted as having the majority of clinical training in the latter years with some greater focus occurring in the second year and then further emphasis in the fourth year. It is suggested that this data may have been contaminated by the fact that programs are either the four year bachelors or two year entry level masters program. We would contend that there is clinical placement requirements across all years, commencing with observation only and then progressively involving greater degrees of independence in practicum. The weighting would be heavier in final years but this will naturally differ for the four versus two year programs.

Generic Competencies and Interprofessional Education

While not a specific focus of this paper, there has been mention in the Round table meetings regarding some movement towards more generic competencies across health professions education and the incorporation of interprofessional education and training.

While Speech Pathology Australia would not argue against there being a range of core competencies across health professions, and as such some generic competencies have been incorporated into the profession's own student assessment tool COMPASS®, we wish to caution against a dilution of profession specific clinical skills. Appropriate clinical education funding must be made available at the necessary level to allow for the in-depth clinical education and training required by each profession. A generalist health worker will not be a suitable workforce substitute for a comprehensively trained professional. The profession-specific skills necessary should be guided and nurtured over the course of the student's training.

Speech pathologists are well used to working in a multidisciplinary and interdisciplinary context. Interprofessional education and placement opportunities are seen as a very useful adjunct to profession specific training, and may assist the health workforce in a broad sense through increasing awareness of the





skills and contribution all health professions can make to the health outcomes of the Australian community. Currently however there is limited research in the area of Interprofessional Education and Learning with regard to the benefits of mandatory integration into curricula. We note however that there is some consultation at this time on this topic through the Learning and Teaching for Interprofessional Practice, Australia, L-TIPP (Aus).

Clinical Education Funding

A real and tangible shift in available clinical funding needs to be achieved. Any funding through the Federal government that is specifically related to clinical education needs to be strongly tagged to the student and/or the specific training program or otherwise it will be absorbed into general university revenue and diluted, as often is the current case, and not used for the purpose it was intended. Funding must be made available to serve as an incentive for an increase in placement capacity.

Additionally there needs to be equity across the health professions in regard to clinical education funding and specific student placement financial support, particularly with respect to rural placement scholarships and travel/accommodation support. Allied health courses despite their high clinical education component still receive only 55 % of the funding provided for medicine, dentistry and veterinary science, and receive 10% less than nursing. This situation remains unacceptable and contrary to working towards a highly skilled and responsive health workforce.

Speech Pathology Australia welcomes the opportunity to comment on the Discussion Paper 'Clinical Placements across Australia: capturing data and understanding demand and capacity'. For further clarification or queries on comments within this submission please contact:

Gail Mulcair

Chief Executive Officer
Speech Pathology Australia

Level 2 / 11-19 Bank Place
Melbourne Victoria 3000
T: 03 9642 4899
F: 03 9642 4922
www.speechpathologyaustralia.org.au

10 February 2009

References

Speech Pathology Australia (2001). *Competency-Based Occupational Standards (CBOS) for Speech Pathologists – Entry Level*. The Speech Pathology Association of Australia Ltd. Melbourne.

Speech Pathology Australia (2005). *Clinical Education – The Importance and value for the speech pathology profession – a position statement*. The Speech Pathology Association of Australia Ltd. Melbourne.

Speech Pathology Australia (2005). *Dual Entry to the speech pathology profession – a position statement*. The Speech Pathology Association of Australia Ltd. Melbourne.

McAllister, S., Lincoln, M., Ferguson, A. & McAllister, L. (2006) *COMPASS™: Competency Assessment in Speech Pathology*, The Speech Pathology Association of Australia Ltd. Melbourne.

