Guidelines for accreditation of speech pathology degree programs

PART 1
Regulation, standards and procedures

Version 1.2

Speech Pathology Australia

1

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Part 1: Regulation, standards and procedures

Version history

Version	Date	Revision notes
1.0	May 2022	Release of pre-print version
1.1	August 2022	Minor formatting changes Footnote added to Template 3 Added detail and column edits to Templates 7, 8, 9 Added detail in Part 2, section 2.1 related to alternative assessment tools if COMPASS® is not used
1.2	September 2022	'Cognitive communication' changed to 'cognition' Part 2 p. 12 Minor wording changes to Criterion 20 and evidence required Removal of 'actively' before 'reflect' in the evidence required of Criterion 37 Removal of 'capacity' and minor wording changes to Criterion 39

Note: As there is content duplication across the Excerpt and Parts 1, 2 and 3, the same version history table appears in each document.

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Guidelines for accreditation of speech pathology degree programs
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Background

The publication of the *Guidelines for accreditation of speech pathology degree programs in Australia* (Speech Pathology Australia (SPA), 2022) is the result of significant collaboration and work by a team of speech pathologists and advisors, with the objective to reflect the integration of the *Professional Standards for Speech Pathologists in Australia* (SPA, 2020) in Speech Pathology Australia's revised Accreditation Standards.

Associate Professors Anne Hill and Anthony Angwin, and project officer Kylie Webb, led the review in 2020–21.

This process involved several rounds of consultations with an appointed Steering Committee, the Professional Standards Advisory Committee and key stakeholders throughout 2021 and 2022.

Stakeholders included the Speech Pathology Australia Aboriginal and Torres Strait Islander Advisory Committee and Indigenous Allied Health Australia (IAHA), Speech Pathology Australia accreditors, speech pathology students and early career speech pathologists, speech pathologists from each Australian state and territory and from a variety of workplaces, as well as practice educators and team leaders, academics, clinicians and managers and staff at Speech Pathology Australia.

The draft accreditation standards were released for review to Heads of Speech Pathology Program and accreditation delegates, as well as Speech Pathology Australia accreditors in early 2022.

The *Guidelines for accreditation of speech pathology degree programs in Australia* (SPA, 2022) is the result of this process.

Please contact the Professional Standards team <office@speechpathologyaustralia.org.au> with any questions about the development of these accreditation standards.

Introduction

The suite of documents comprising the *Guidelines for accreditation of speech pathology degree programs* (SPA, 2022) outlines Speech Pathology Australia's role in the accreditation of speech pathology degree programs in Australia. It also details the processes to follow and accreditation standards to address when applying for and undergoing accreditation.

These documents supersede all previous accreditation standards and accreditation guideline documentation.

The documents are for:

- universities developing a new speech pathology degree program.
- universities applying to be accredited for the first time.
- universities applying for re-accreditation.
- Speech Pathology Australia accreditors.

Universities and Speech Pathology Australia accreditors may refer to *Transitioning to accreditation that aligns with the professional standards for speech pathologists in Australia: A resource document* (SPA, 2020) to support their transition from previous accreditation guidelines to the current standards.

Please ensure you are using the latest version of the guidelines by downloading them directly from the Speech Pathology Australia website, rather than using a previously printed or cached version.

The *Guidelines for accreditation of speech pathology degree programs* (SPA, 2022) is divided into three parts:

- **Part 1:** Regulation, standards and procedures (this document)
- **Part 2:** Evidence guide
- **Part 3:** Templates

Part 1: Regulation, standards and procedures

1.1 Accreditation regulation

Speech Pathology Australia is recognised by the Australian Government's Department of Education, Skills and Employment as the professional body representing speech pathologists in Australia.

Speech Pathology Australia is responsible for setting the minimum standards expected of the speech pathology profession in Australia. These standards determine the eligibility for Certified Practising membership of Speech Pathology Australia.

Speech Pathology Australia is a member of the National Alliance of Self-Regulating Health Professions (NASRHP). NASRHP represents self-regulating professions in Australia that have been assessed as having the necessary standards in place to ensure that their certified practitioners offer safe and effective services to the public (NASRHP, 2016).

In line with NASRHP requirements, and for the purposes of self-regulation, Speech Pathology Australia sets accreditation standards that are used to assess whether a program of study will provide students with the knowledge, skills and attributes to safely practice speech pathology in Australia.

Accreditation provides assurance that graduating speech pathology students meet the certification requirements of Speech Pathology Australia and are therefore eligible for Certified Practising membership of Speech Pathology Australia. Speech Pathology Australia also uses the accreditation standards to monitor accredited programs and ensure they continue to meet the accreditation standards (AHPRA and National Boards, 2022).

Speech Pathology Australia recognises The Tertiary Education Quality and Standards Agency (TEQSA) as the independent national regulatory agency for higher education. TEQSA protects student interests and the reputation of Australia's higher education sector. Speech Pathology Australia and TEQSA have a mutual interest in maintaining and improving quality in the provision of higher education in Australia. Speech Pathology Australia has a Memorandum of Understanding to streamline processes and facilitate sharing to reduce regulatory burden on higher education providers. The Speech Pathology Australia accreditation process does not replace or replicate the TEQSA process but aims to confirm that the TEQSA requirements have been met as they pertain to the program being accredited.

Accreditation classifications

Speech Pathology Australia's accreditation classification system is based on the requirements of NASRHP. The classifications reflect a university program's compliance with the accreditation standards.

Table 1 provides the classifications that can be issued to a university program following accreditation.

Table 1: Accreditation classifications

Classification	Description
Qualifying	The **Qualifying** classification is awarded to new programs seeking accreditation for the first time that have not yet undergone accreditation evaluation. During this qualifying period, graduate cohorts are ineligible for Certified Practising membership of Speech Pathology Australia. Annual reports that detail program development are required by the due date each year.
Provisional	**Provisional accreditation** is awarded to qualifying programs that fully meet or will foreseeably fully meet the accreditation standards. Provisional accreditation enables the first (inaugural) and second graduating cohort to be eligible for Certified Practising membership of Speech Pathology Australia. A program must commence the re-accreditation process before the end of the provisional term. Annual reports that detail enacted and foreseeable changes, modifications or additions to the program and a self-declaration of the program's continuing compliance (or otherwise) with the accreditation standards are required by the due date each year.
Provisional accreditation with conditions	**Provisional accreditation with conditions** is awarded when a new program substantially meets the accreditation standards but has areas of deficit or weakness against the accreditation standards that can be addressed within a specified and reasonable period of time. Speech Pathology Australia will set a date by which the specified conditions must be met. Provisional accreditation with conditions enables the first (inaugural) and second graduating cohort to be eligible for Certified Practising membership of Speech Pathology Australia. The program must subsequently be re-accredited by Speech Pathology Australia and meet the requirements for Full accreditation or the program will be awarded a Not accredited status. Annual reports that detail enacted and foreseeable changes, modifications or additions to the program and a self-declaration of the program's continuing compliance (or otherwise) with the accreditation standards are required by the due date each year.
Full	**Full accreditation** is awarded to a program that fully meets the accreditation standards. The maximum accreditation term is five years. Annual reports which detail enacted and foreseeable changes, modifications or additions to the program and a self-declaration of the program's continuing compliance (or otherwise) with the accreditation standards are required by the due date each year.

Classification	Description
Conditional	**Conditional** accreditation is awarded when a program that has previously achieved full or provisional accreditation substantially meets the requirements for Full or Provisional accreditation but has areas of deficit or weakness against the accreditation standards that can be addressed within a specified and reasonable period of time. Speech Pathology Australia will set a date by which specified conditions must be met, the maximum period being two years. Students graduating from a conditionally accredited program are eligible for Certified Practising membership of Speech Pathology Australia. However, if the university fails to comply with the specified requirements within the specified timeline, accreditation may be withheld, or the program awarded a Not accredited status. The university must be re-accredited following the conditional term. The classifications available for conditional programs are Full accreditation or Not accredited. That is, a second term of Conditional accreditation will not be offered. Annual reports which detail enacted and foreseeable changes, modifications or additions to the program and a self-declaration of the program's continuing compliance (or otherwise) with the accreditation standards are required by the due date each year.
Not accredited	**Not accredited** is awarded when a program does not meet the accreditation standards, and the deficits cannot be addressed within a reasonable period of time by imposing conditions and/or the program does not have the appropriate governance, curriculum planning and review processes, resources and/or staffing profile to maintain the accreditation standards.

Classification pathways

The classification pathway available to a university program is dependent upon their current accreditation classification.

Not accredited

In the event a program receives a Not accredited classification:

- it is the university's responsibility to inform current students and prospective students of the program of the accreditation status of that program
- Speech Pathology Australia will only share the accreditation classification with the public once it has been ratified by the Speech Pathology Australia Board of Directors and any process of appeal has been exhausted
- the university may wish to submit a new application for accreditation following the university making the necessary changes to the non-accredited program
- any subsequent accreditation would follow the usual accreditation process.

Graduates of programs that receive a Not accredited classification by Speech Pathology Australia are not eligible for Certified Practising membership. Alternative pathways to membership for graduates of Not accredited programs may be considered by Speech Pathology Australia but must be approved by the Speech Pathology Australia Board of Directors in advance of any alternative pathway being commenced and/or actioned. Speech Pathology Australia is not obligated to evaluate, review or

assess any student who graduates from a Not accredited program or to evaluate, review or assess any additional coursework.

Pathways following a Not accredited outcome may include (for example):

- every student/graduate of a Not accredited program individually completes additional course work and/or assessments in order to meet Speech Pathology Australia's requirements
- the university establishes and delivers additional coursework and/or assessments for current students of the Not accredited program in order for those students to meet Speech Pathology Australia's requirements.

Evaluation and determination of alternative pathways will be undertaken in a manner which Speech Pathology Australia deems, in its absolute discretion, is appropriate to the circumstances. Any additional content must be approved by the Speech Pathology Australia Board of Directors in advance of the university delivering any such activity.

Figures 1–3 illustrate the pathways available to university programs that have differing classifications at the point of their accreditation or re-accreditation.

Figure 1: Qualifying pathway

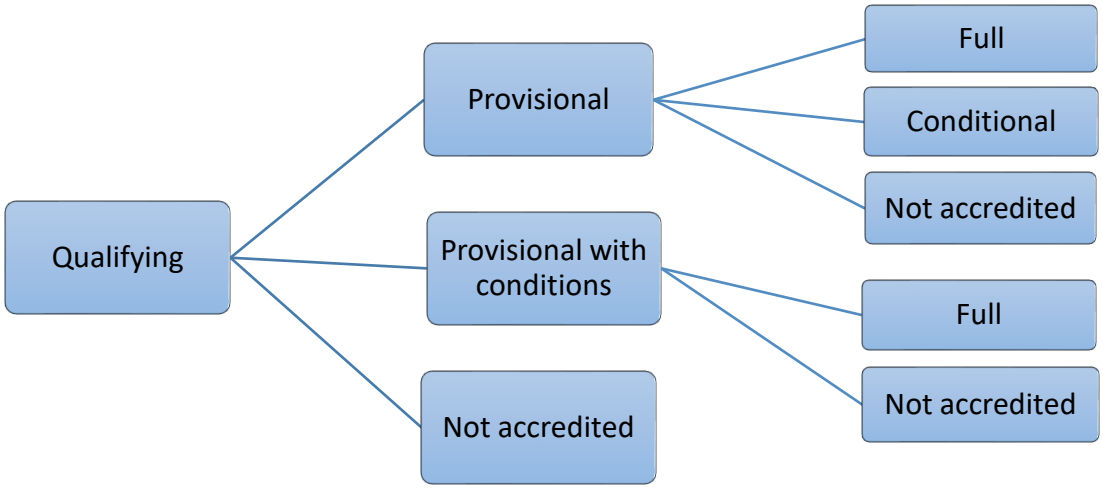


Figure 2: Full or Not accredited pathway

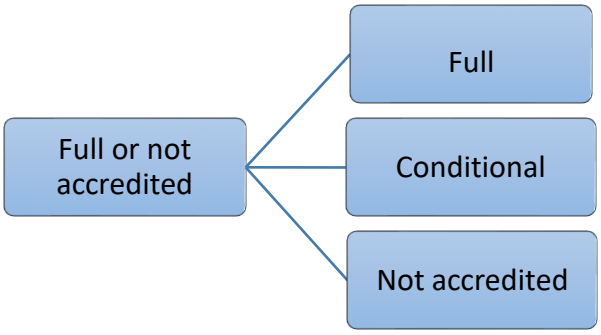
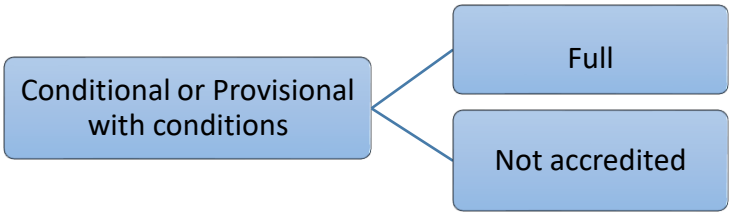


Figure 3: Conditional pathway



A program with Conditional accreditation can only transition to Full or Not accredited. Two consecutive terms of Conditional accreditation are not permitted.

Accreditation staff

Speech Pathology Australia accreditors

Speech Pathology Australia accreditors are appointed by Speech Pathology Australia.

Accreditors must:

- be members of Speech Pathology Australia or a relevant professional association
- have significant experience and/or knowledge of university processes and competency-based assessment
- have received accreditation training from Speech Pathology Australia.

The Accreditation Panel

An Accreditation Panel (AP) is appointed to conduct the accreditation of a university program. For accreditation of a single degree program, it is usual to have two accreditors (a chair of the panel and a panel member) and a moderator. In the case of two-program accreditation (for example, a Bachelor and Master program) concurrently, the panel will have three accreditors (a chair of each program and a panel member) and a moderator. See Appendix 1 for details of the AP roles and responsibilities.

The composition of the panel is nominated by Speech Pathology Australia. The university is invited to accept or reject the nominations. If the university or Speech Pathology Australia perceives a member of the panel to have a conflict of interest (personal or professional), Speech Pathology Australia will offer alternative nominations until both the university and Speech Pathology Australia agree on the composition of the panel. With the consent of the participating university, trainee accreditors/ observers may be involved in the review of documentation with the panel and/or the site visit, but they do not have a vote on the panel.

The university will be requested to confirm acceptance of the AP and timelines in writing.

1.2 Accreditation standards

The Speech Pathology Australia accreditation standards were revised during 2021 to integrate Speech Pathology Australia's professional standards. The accreditation standards continue to 'allow for diversity, innovation and continuous development' (NASRHP, 2016, p. 20).

The three accreditation standards are:

Accreditation standard 1: Governance

The university has established governance procedures for the speech pathology program that ensure development and delivery of sustainable, high-quality education for students that enables them to graduate with the competencies required for entry to the speech pathology profession in Australia.

Accreditation standard 2: Students

The university has transparent and equitable processes in relation to recruitment, enrolment and support for all students throughout the program.

Accreditation standard 3: Curriculum

The university ensures the curriculum content and student assessments cover communication and swallowing in speech pathology across the lifespan and provides evidence of how the *Professional standards for speech pathologists in Australia* are addressed and assessed. The university provides evidence that curriculum development and reviews include collaboration with key stakeholders.

Each standard has several criteria. The accreditation criteria that universities must address to meet each of the three accreditation standards are summarised below. *Part 2: Evidence for university accreditation* contains a detailed explanation of each criterion.

Accreditation standard 1: Governance	
Criterion 1	The university holds current registration with Tertiary Education Quality and Standards Agency (TEQSA) as an education provider in the Australian University category.
Criterion 2	The speech pathology degree awarded by the university meets the specifications for the appropriate Australian Quality Framework (AQF) level.
Criterion 3	Governance and academic oversight of the speech pathology program are clearly defined.
Criterion 4	The university has a process for quality management, program review, response to feedback and maintenance of accreditation requirements in relation to teaching, learning and research practices.
Criterion 5	University facilities, equipment and resources support sustainable delivery of the speech pathology program.
Criterion 6	Existing processes ensure adherence to professional, ethical and legislative safety standards that are relevant to delivery of the speech pathology program.
Criterion 7	The head of the speech pathology discipline or program is appropriately qualified and has demonstrated expertise in the field of speech pathology.
Criterion 8	The speech pathology program has staffing levels and expertise consistent with the requirements of TEQSA to enable quality and sustainable program delivery.
Criterion 9	An appropriate staff performance review process is in place.
Criterion 10	Policies and/or strategies are in place to extend staff capabilities in culturally safe and responsive practice for Aboriginal and Torres Strait Islander Peoples and communities.
Criterion 11	Strategies are in place to build/extend constructive partnerships and contractual arrangements with workplace practice education providers.

Accreditation standard 2: Students	
Criterion 12	Information regarding the speech pathology program for prospective and current students is accessible and accurate.
Criterion 13	Admission eligibility and selection criteria are documented. Policies exist regarding recognition of prior learning and credit transfer consistent with AQF Qualifications Pathways Policy.
Criterion 14	Admission to the speech pathology program for international students includes a minimum (IELTS) score of 8.0* for each component of reading, writing, listening and speaking, or an equivalent grading using another English language testing system. * If IELTS requirement is not 8.0 or there is no English language assessment in place, evidence of how the program assesses, monitors and supports students' English proficiency across reading, writing, listening and speaking is required.
Criterion 15	Enrolment patterns are recorded and monitored.
Criterion 16	A strategy is in place to facilitate recruitment and retention of Aboriginal and Torres Strait Islander students, and the strategy is regularly reviewed.
Criterion 17	Students are informed of and have access to appropriate academic, cultural and personal support services.
Criterion 18	Processes are in place to enable early identification and support for students not performing satisfactorily in academic or practice education environments.
Criterion 19	Assessment policies and academic progression rules are applied transparently, consistently and rigorously.

Accreditation standard 3: Curriculum	
Criterion 20	The conceptual framework/philosophy and pedagogies that are used in the program are described with appropriate rationale related to students' competency development in professional conduct, reflective practice and lifelong learning, and speech pathology practice.
Criterion 21	Speech pathology staff partner with Aboriginal and Torres Strait Islander Peoples and communities in the development of curriculum content and processes which build students' culturally safe and responsive practice.
Criterion 22	The curriculum ensures that students have comprehensive knowledge and understanding of communication and swallowing needs.
Criterion 23	The curriculum assesses at a level appropriate for entry to the profession[1], students' ability to assess communication and swallowing[2] needs and to plan,

[1,2] For definitions see Part 2: Evidence guide

	implement and monitor suitable support for individuals and communities[3] across the lifespan.
Criterion 24	An explicit description of transfer of knowledge and skills is provided where the curriculum does not assess students' competency for entry to the profession in all areas of communication and swallowing across the lifespan.
Criterion 25	The curriculum includes a well-integrated combination of academic and practice education content.
Criterion 26	Evaluation of students' communication competence in English is evident.
Criterion 27	The curriculum supports students to recognise and respond respectfully to the impact of culture, language and diversity when working with individuals and communities.
Criterion 28	The curriculum is current and relevant to the Australian context and addresses broader international perspectives.
Criterion 29	The structure of the curriculum has a developmental trajectory in which students are supported to progress to a level of competency appropriate for entry to the profession.
Criterion 30	Assessment of students during practice education experiences in all contexts throughout the program is robust, standardised across the cohort, and linked to learning outcomes. Assessment criteria are transparent and universally applied across the cohort.
Criterion 31	Student performance in practice education placements is assessed at near Entry-level (when using COMPASS®) or equivalent* for the penultimate placement and assessed at Entry-level (when using COMPASS®) or equivalent* for the final placement (with a population different from the penultimate placement). *if not using COMPASS®
Criterion 32	The practice education placement program meets the following criteria: 1. The majority of student placements must be: a. in Australia b. with service users who reside in Australia c. with practice educators who reside in Australia d. assessed by practice educators who hold or are eligible for Certified Practising Speech Pathologist (CPSP) status. 2. At least one near-entry level/penultimate or entry-level placement in Australia, which includes in-person, face-to-face service delivery. 3. The majority of placements are with real, rather than simulated, service users.
Criterion 33	Students are provided with practice education experiences with individuals and communities across the lifespan in a range of contexts and with a range of populations.

[3] Community is defined in Part 1, Glossary

Criterion 34	Practice educators are supported to ensure they provide appropriate quality of practice education learning, teaching and assessment for students.
Criterion 35	Ethical practice as described by the Speech Pathology Australia *Code of Ethics* (as a minimum) is integrated within the curriculum and its application is assessed in academic and practice education contexts.
Criterion 36	Evidence-based practice principles and processes are integrated within the curriculum and their application is assessed in academic and practice education contexts.
Criterion 37	Reflective practice skills are integrated within the curriculum and their application is assessed in academic and practice education contexts.
Criterion 38	Competencies integral to teamwork and interprofessional collaborative practice are integrated within the curriculum and their application is assessed in academic and practice education contexts.
Criterion 39	Students' understanding of service provision to individuals, families and/or communities is explicitly developed and assessed within academic and practice education contexts.
Criterion 40	The curriculum develops students' awareness of a range of service delivery approaches and provides opportunities to experience these.
Criterion 41	The curriculum develops students' awareness of the diverse range of speech pathology professional roles and provides opportunities to experience these.

1.3. Accreditation principles

Speech Pathology Australia is committed to ensuring the accreditation of university programs is undertaken in a fair, transparent and equitable manner. Speech Pathology Australia also aims to support innovation and best practice in the design and delivery of programs. Subsequently the accreditation of university programs is guided by the below principles.

Moderated program evaluation

Accreditation ensures that accredited university programs have met the accreditation standards. This is achieved through a moderated evaluation of each university program, using the same accreditation standards and accreditation processes for every university program undergoing accreditation.

Flexibility

Speech Pathology Australia's accreditation standards are sufficiently flexible to allow for the development of diverse and distinctive degree programs. Speech Pathology Australia does not seek to prescribe inputs or inclusions of speech pathology degree programs by way of hours of study, delivery of specified subjects/units, or pedagogy.

Collaboration

Accreditation, while a regulatory process, is carried out with recognition that it is a collaborative process between Speech Pathology Australia and universities.

Quality improvement

The Speech Pathology Australia accreditation process encourages and facilitates a continuous quality improvement approach. Universities receive formative and summative feedback during the formal accreditation process. Additionally, Speech Pathology Australia requires the university to review and self-report the program's continuing compliance with the accreditation standards throughout the accreditation term.

Outcomes focused

The accreditation standards assess a university program in terms of its governance, students and curriculum. The criteria relating to curriculum require a holistic evaluation, with a focus on how the university program ensures their students are ready to enter the profession by the conclusion of the program.

1.4. Accreditation cycle

Accreditation is a continuous quality improvement process. The accreditation cycle commences from initial contact with Speech Pathology Australia regarding a request for accreditation or trigger for re-accreditation. Each phase of the cycle has specific processes or steps that require action for the accreditation cycle to function effectively and progress to the next phase.

Figure 4 summarises the key phases in the accreditation cycle. The accreditation procedures for each phase are discussed in greater detail in the following sections. Each phase has been colour coded for easy reference to the relevant phase.

Figure 4: Summary of accreditation cycle

1.5. Accreditation procedures

There are several procedures for each phase of the accreditation cycle. The procedures may vary depending on the program's accreditation classification.

Figure 5 summarises this cycle.

Figure 5: Accreditation cycle procedures

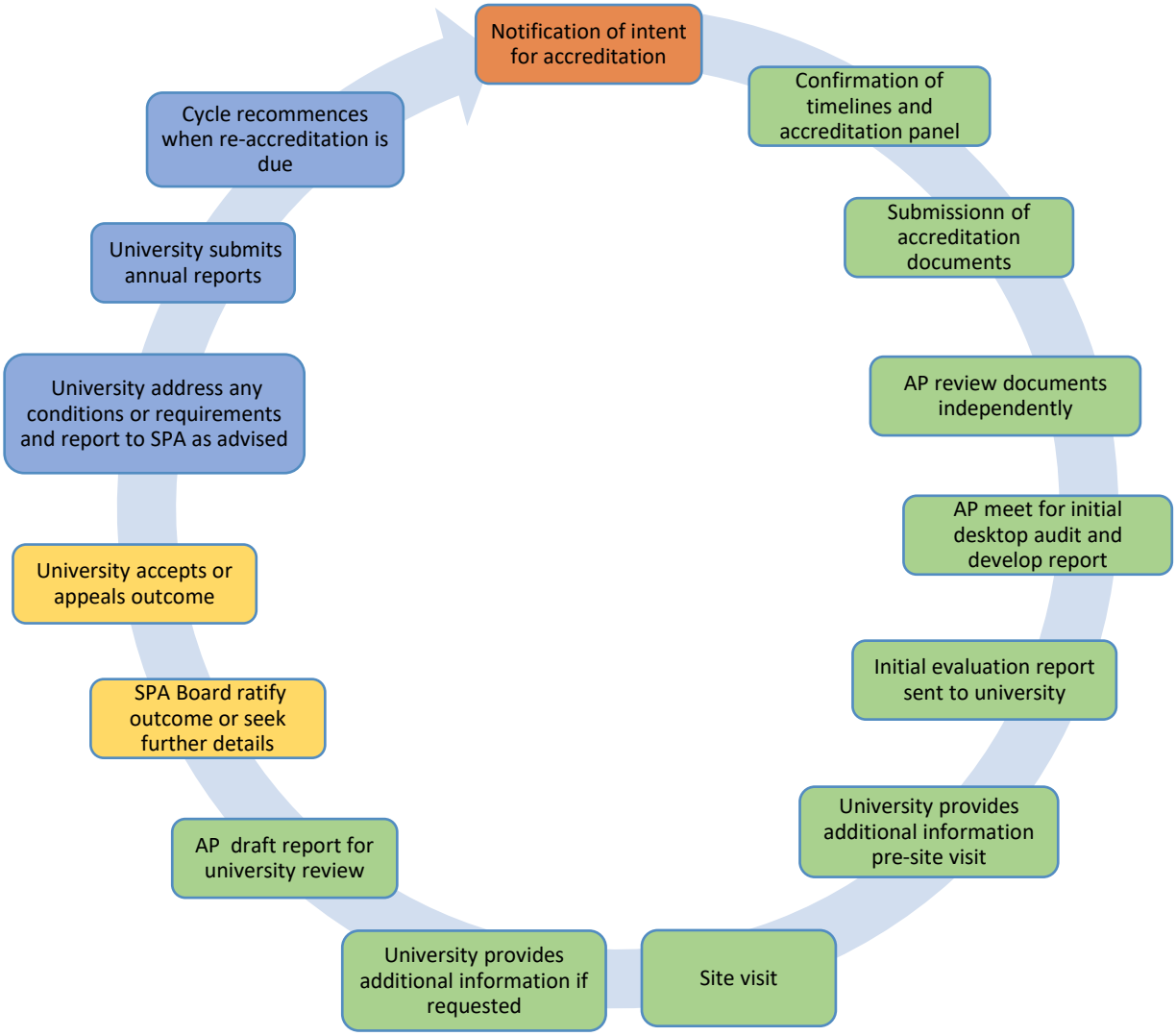


Table 2: Accreditation procedures

Phase	Activity	Procedures	
		New programs	**Previously accredited programs**
Accreditation notification	Notification that a university wishes to participate in an accreditation and/or re-accreditation	University notifies SPA of intention to seek accreditation of a new program at least 18 months prior to student enrolment.	SPA initiates discussions with accredited programs at least 18 months prior to the end of current accreditation term to confirm if they wish to pursue re-accreditation.
	Execution or confirmation of accreditation agreement	SPA will issue an accreditation agreement for execution with the university wishing to undergo accreditation.	SPA will confirm the accreditation agreement has been executed.
Program accreditation	Provision of information	SPA will provide details of the location of accreditation documents and fees. SPA will meet with universities on request to support their understanding of the accreditation standards and accreditation process.	
	Confirmation of accreditation timelines and AP	SPA and the university will mutually agree on the members of the AP, site visit dates and timelines for the initial accreditation submission. The university will confirm in writing their acceptance of the AP and relevant timelines/dates.	
	Submission of accreditation documents	The university will submit accreditation documents by 30 April of the year of the site visit or as mutually agreed.	The university will submit accreditation documents by the due date as mutually agreed.

	Pre-site visit preparation	The SPA appointed moderator will liaise with Head of Program or delegate at least three months prior to the agreed site visit date to coordinate the agenda and any other required activities.
	Initial desktop evaluation	The AP will undertake an evaluation of the accreditation documents as they relate to the accreditation standards. A report will be submitted to the university at least six weeks prior to the site visit outlining areas that require further evidence or explanation. Universities are required to provide the additional information at least two weeks prior to the site visit.
	Site visit	The AP will meet with relevant university representatives and evaluate information gained at the site visit to support their understanding of the university program. The AP may request additional information within a reasonable timeline post site visit. The AP may provide feedback regarding their evaluation 'to date' at the conclusion of the site visit. The recommended classification outcome is rarely provided.
	Forming accreditation recommendation	The AP will review all information provided pre, during and post site visit against the accreditation standards and criteria. The AP will form a recommendation for accreditation based on the accreditation classifications and guidelines for evaluating the evidence.
	Preparation of accreditation report	The AP will prepare a draft accreditation report within six weeks of receipt of all requested information from the university. The university will be provided with a copy of the draft report for factual accuracy checking prior to submission to the Board of Directors.
Accreditation outcome	Board of Directors ratification of accreditation classification	The recommendation for full accreditation will be referred to Speech Pathology Australia's Board of Directors. A recommendation of full accreditation or provisional accreditation may be passed via circular resolution. The Board of Directors will be required to meet (in person or via electronic means) to

		discuss recommendations of provisional with conditions, conditional and not accredited. The Board of Directors will determine if the accreditation recommendation was formed following due process and ratify the recommendation if due process was followed.
	University notification of outcome	The university will be notified within two weeks of the Board of Directors' decision.
	Notification of appeals	SPA will provide information to the university of the appeals process for accreditation classifications of conditional or not accredited. The university may lodge an appeal regarding the accreditation classification of provisional with conditions, conditional or not accredited. An appeal against SPA's decision must be received by SPA within 30 days of the university's receipt of the ratified outcome by the SPA Board of Directors.
Maintenance of accreditation	Annual reports	All accredited programs are required to submit an annual report on the prescribed template by the prescribed date, confirming the program continues to meet the accreditation standards. All qualifying programs are required to submit annual reports following commencement of students into the program.
	Specified accreditation requirements	All universities with stipulated requirements post an accreditation must submit information as stipulated in the accreditation report.

Phase 1: Accreditation notification

New programs

Speech Pathology Australia must be notified of a university's intention to commence a new speech pathology program with sufficient notice to enable that program to be accredited by Speech Pathology Australia, and to enable the usual procedures and timelines of an accreditation process to be followed. Universities are required to notify Speech Pathology Australia at least 18 months prior to students enrolling in the program.

Speech Pathology Australia reserves the right to determine whether it will conduct an accreditation for a degree program.

An authorised representative of the university executive team, such as the Dean of the Faculty, Head of School or delegate, should confirm the program details in written correspondence to the CEO, Speech Pathology Australia. The notification of intent to commence a new program should include:

- name of university
- name of degree, and course code if known, for example, Bachelor of Speech Pathology, course code BSPIP60943
- name of campuses where students can enrol to undertake the degree
- anticipated date of first enrolment
- anticipated month/year of first cohort completing the full degree
- anticipated number of places to be offered in first year of offering
- key contacts for future communication with Speech Pathology Australia.

Accredited programs

Speech Pathology Australia will contact universities at least 18 months prior to their accreditation term ceasing to confirm if they wish to be re-accredited.

Universities at their discretion may initiate this contact to confirm details and/or open discussions if they request a variation to the accreditation timing.

Accreditation agreement

The accreditation agreement outlines the roles and responsibilities of each party regarding the accreditation of speech pathology programs in Australia.

Notification of intent to commence a new program will trigger Speech Pathology Australia to request universities wishing to undergo accreditation to enter into an accreditation agreement.

The accreditation agreement will also enable Speech Pathology Australia to arrange opportunities to discuss accreditation timelines, accreditation process, training opportunities and resource provision, accreditation fees and reporting requirements, and the program being listed on the Speech Pathology Australia website alongside other university programs.

Phase 2: Program accreditation

There are many procedures involved in completing a program accreditation, including confirming timelines for document submissions and site visits, coordinating site visit activity, and preparing reports. These activities are outlined in Table 2. Specific details relevant to the program accreditation are outlined below.

Key dates

There are two key dates that must be mutually agreed by the university and Speech Pathology Australia in the initial stages: the date for initial document submission and the date of the site visit.

These dates will be influenced by several factors, such as the classification of the program, the type of program and the number of sites to be visited. Once confirmed, the dates can only be varied by mutual agreement.

Appendix 5 provides a flowchart of timelines.

Previously accredited programs

The site visit for accreditation of programs which have previously been accredited will typically be in the first half of a calendar year unless the program has a midyear intake.

- Documentation should be received at Speech Pathology Australia National Office by 30 September the previous year for programs being visited in January to March.

- Documentation should be received at Speech Pathology Australia National Office by 30 November the previous year for programs being visited in April to July.
- Documentation should be received at Speech Pathology Australia National Office by 30 April the previous year for programs being visited in August to December.

New/not yet accredited (qualifying) programs

The site visit for accreditations of qualifying programs will typically be in Year 1 Semester 2 of a two-year program or Year 3 Semester 2 of a four-year program.

Documentation should be received at Speech Pathology Australia National Office by 30 April in the year of the site visit, unless the program has a mid-year intake, in which case documentation is due by 30 October of the year prior to the site visit.

Initial desktop audit

The AP is sent a copy of the university's accreditation submission following receipt at Speech Pathology Australia National Office. Each panel member thoroughly reviews the submission prior to meeting as a panel at the initial desktop audit meeting. The AP evaluates the accreditation submission in terms of the responses to the mandatory reporting requirements and the evidence provided against the accreditation standards (see Part 2). It also identifies and reaches consensus regarding areas that require further detail and/or clarification or appear not to meet the standards.

Following the initial desktop audit meeting, an initial evaluation report is developed by the AP, which is forwarded to the university at least six weeks prior to the site visit.

This report provides a summary of the AP's evaluation of the initial submission and any requests for additional information or clarification. The report will provide timelines for submission of additional information and suggest areas which will be discussed further at the site visit.

Panel members will independently review all subsequent information sent by the university before discussing with the entire AP at a pre-site visit meeting. The university does not typically receive any further correspondence from the AP until after the site visit.

Site visit

The site visit provides the AP with an opportunity to validate the accreditation documentation and gain a more complete understanding of the program being accredited. The visit also enables the AP to view the university facilities and discuss the program with university staff, students and graduates, as well as external practice education staff.

With the increasing use of videoconferencing, accreditation site visits can occur virtually. Virtual site visits are used as a contingency when an in-person site visit is not possible. There are various configurations available, and the moderator will discuss options with the university/AP if a virtual site visit is necessary.

A template for an agenda will be sent to universities in advance of the site visit. Universities should consider inclusions based on requests made in the initial evaluation report, and their own structures/programs/staffing and inclusions which may assist the AP to understand the breadth and detail of the program offerings.

It is strongly recommended that planning for the site visit commences as soon as site visit dates have been confirmed. A number of meetings are proposed in the agenda template. Further details regarding site visit requirements and inclusions are found in Appendices 2 and 3.

At the conclusion of the site visit the AP will provide a summary of their evaluation to date which may include:

- perceived strengths of the program

- identification of the accreditation standards which have been met or not met
- identification of the accreditation standards that require further evidence and/or action
- recommendations to facilitate ongoing development of the program/s.

The AP may provide the proposed accreditation outcome recommendation however are not obliged to do so.

Forming the accreditation outcome

The AP will form an accreditation recommendation outcome following evaluation of all available evidence. The AP will evaluate the evidence following the guidelines as outlined in Part 2.

A unanimous AP recommendation about the final accreditation outcome is the ideal; however, in the case of disagreement, the decision will be based on a majority vote. In this situation, Speech Pathology Australia will inform the university that it was a majority recommendation rather than a unanimous one. The draft final report will state the recommendation to the Speech Pathology Australia Board of Directors.

Final accreditation report

The AP will develop a draft final report outlining the accreditation standards met and not met and required actions.

The university will be provided with the opportunity to provide a factual accuracy check of the information within the report prior to a final version being submitted to the Speech Pathology Australia Board of Directors for ratification.

Phase 3: Accreditation outcome

The Speech Pathology Australia Board of Directors is responsible for the ratification of accreditation outcomes. The role of the Board of Directors is to ensure that due process has been followed prior to ratification of an accreditation outcome.

The university will be notified within two weeks of the Board of Directors decision regarding the outcome.
The university has 30 days from the receipt of the outcome to appeal the decision in writing to the CEO. The appeals process is outlined in section 1.6.

Phase 4: Maintenance of accreditation

Accreditation term

The accreditation classification that is awarded (other than qualifying) remains valid provided there are no substantial changes to the degree program or to the ability of the university to deliver the program as accredited and the university satisfies annual reporting requirements. Accreditation will automatically lapse at the end of the determined term based on the accreditation classification awarded. Re-accreditation procedures commence within the current accreditation term.

Extensions to accreditation term

Under extraordinary circumstances Speech Pathology Australia may grant an extension to an existing accreditation term. Application for extension of an existing accreditation must be made in writing to Speech Pathology Australia who has the absolute right to agree to or refuse the extension.

Annual reports

Each calendar year, universities are required to provide Speech Pathology Australia with an annual report relating to the previous year. The annual report provides Speech Pathology Australia with current information regarding accredited or qualifying speech pathology program/s and any additional information as requested as part of the accreditation process.

The annual report is evaluated by Speech Pathology Australia, enabling each program/s accreditation classification for the coming year to be confirmed. Speech Pathology Australia may seek further information to clarify if actioned or foreseeable changes will substantially alter the evidence upon which the program was previously accredited or the university's ability to provide the program as accredited.

Notification of program changes

Speech Pathology Australia recognises that speech pathology university programs will change over time. These may be triggered by circumstances such as university-led program reviews, changes to staffing or context, student demographics, new research and evidence, resourcing, and other quality assurance processes. Some changes may be relatively minor, and others more significant. The annual reporting process requires universities to report foreseeable and actioned changes against the accreditation Core Standards of Governance, Students and Curriculum.

Material Changes

Material changes to a program are those that will or may significantly affect the way the program currently meets, or will meet, the accreditation standards. Importantly, the timing of the annual reporting process may not always align with university timelines regarding change. Material changes must therefore be reported to Speech Pathology Australia as soon as it becomes apparent that the changes will or may significantly affect the university's ability to provide the program as accredited, or to meet the accreditation standards.

The university should discuss any proposed changes with Speech Pathology Australia at their earliest convenience if there is any doubt as to whether a proposed change represents a material change. A non-exhaustive list of material changes is detailed below. Speech Pathology Australia notes these are generally consistent with those detailed by TEQSA, however the list also includes additional elements considered relevant to speech pathology programs. Material changes which include any of the following items are likely to trigger a discussion regarding re-accreditation or new accreditation of the program.

- Change to the Australian Qualification Framework (AQF) award level
- An additional or changed campus site
- Changes in staffing (or establishment of staffing) such that 50% or more of the academic positions are casual or short-term contract
- Replacement or redesign of more than 30% of units within a program
- Changes to student assessment which impact on the program's evidence of meeting the accreditation standards.

Review or revision of an accreditation classification

Speech Pathology Australia may initiate a review or revision of an accreditation classification during the accreditation term or at re-accreditation if:

- the university indicates that current or foreseeable changes to the program will affect the program's capacity to deliver the program as accredited

- the university's annual report outlines changes to the program that affect the program's capacity to deliver the program as accredited
- the university is unable to meet the accreditation requirements during the accreditation term
- the university is unable to meet the accreditation conditions imposed on the program within the specified timeframe
- a complaint regarding a university program is received and will be investigated by Speech Pathology Australia
- a university withdraws a program.

In these instances, Speech Pathology Australia will provide a written warning to the university specifying the accreditation standards that have not been met or are unsustainable and will provide an opportunity for the university to meet the accreditation requirement(s) within a specified period of no greater than twelve months.

If the accreditation standards are not met within the specified period, conditions will be prescribed and must be satisfactorily met within a specified timeframe within that year.

If the conditions are not satisfactorily met, a re-accreditation will be required and until such time that this process is completed, accreditation of the program will be suspended.

Complaints about an accredited program

Speech Pathology Australia will consider complaints submitted in writing about an accredited program. The Manager, Professional Standards, in discussion with the CEO and Board Executive Subcommittee, will determine if the complaint demands further investigation and a review of the status of the accredited program is required.

1.6. The appeal process

Grounds for appeal

The grounds for appeal are only relevant to accreditation classifications of Conditional and Not accredited.

There are three acceptable grounds for appealing a decision:

1. The accreditation procedures and processes as set out in this document have not been implemented or adhered to in the established manner or format by Speech Pathology Australia.
2. There is demonstrated prejudice or bias exhibited by the AP in the undertaking of the accreditation that has adversely affected the outcome of the accreditation process.
3. Speech Pathology Australia has failed to consider relevant information or documentation that was submitted by the university, and there is reasonable basis to conclude that this information was material to the application and would have altered the outcome.

The purpose of an appeal is not to re-evaluate afresh the program for which accreditation is being sought. An appeal will not be accepted if the university does not specify one or more of the stated grounds.

An appeal will not be accepted or considered based on:

- dispute or questioning of Speech Pathology Australia's accreditation standards and criteria
- dispute or questioning of the Speech Pathology Australia accreditation procedure or process; and/or the university's failure to meet dates and appointments established under the Speech Pathology Australia accreditation process.

The examples provided for the rejection of an appeal are a non-exhaustive list of circumstances where the threshold requirement for an appeal is not met. The university bears the burden of proof on appeal. In other words, the university must adduce evidence that supports its ground(s) of appeal.

Timeline, sequence and responsibilities

- An appeal against Speech Pathology Australia's decision must be received by Speech Pathology Australia within 30 days of the university's receipt of the ratified notification of the decision by the Speech Pathology Australia Board of Directors. The university must inform Speech Pathology Australia in writing of the grounds for the appeal and provide evidence supporting the appeal within that timeframe.
- The appeal application fee must be paid at the time of submitting the written appeal.
- Within 10 business days of receipt of the notification of appeal, Speech Pathology Australia will appoint an appeals committee, namely the Accreditation Appeals Committee. This committee shall consist of two Speech Pathology Australia accreditors who have not been involved with the accreditation/re-accreditation, and an agreed arbiter.
- Within 10 business days of the appointment of the Accreditation Appeals Committee, Speech Pathology Australia will send the documentation to the Accreditation Appeals Committee, consisting of the original documentation provided by the university seeking accreditation, the preliminary and final accreditation reports, the university's stated grounds for appeal and the supporting evidence for the appeal.
- Following receipt of the evidence, the Accreditation Appeals Committee will review the evidence and decide on the validity of the appeal. The committee may call for more evidence from the university and/or Speech Pathology Australia.
- The committee will determine if the appeal should be upheld and make their recommendation to the Speech Pathology Australia Board of Directors within three months of receiving the evidence.
- Within 10 business days of receipt of the Accreditation Appeal Committee's recommendation, the Speech Pathology Australia Board of Directors will determine if they are satisfied that due process has been followed, and if so, ratify the Accreditation Appeal Committee's decision. If they are not satisfied that due process has been followed, they will refer the appeal back to the appeals committee with instruction to follow due process. Once it is ratified by the Board of Directors, no further appeal of the decision is permitted.
- Speech Pathology Australia informs the university of the outcome of the appeal within 10 business days of receipt of the Board of Director's decision.
- If the final decision, affirmed by the Board of Directors, is to deny accreditation, to award conditional accreditation and/or impose any conditions on accreditation, the effective date of that decision will be the date the university was notified of the Board's ratification of the AP's report and recommendation.

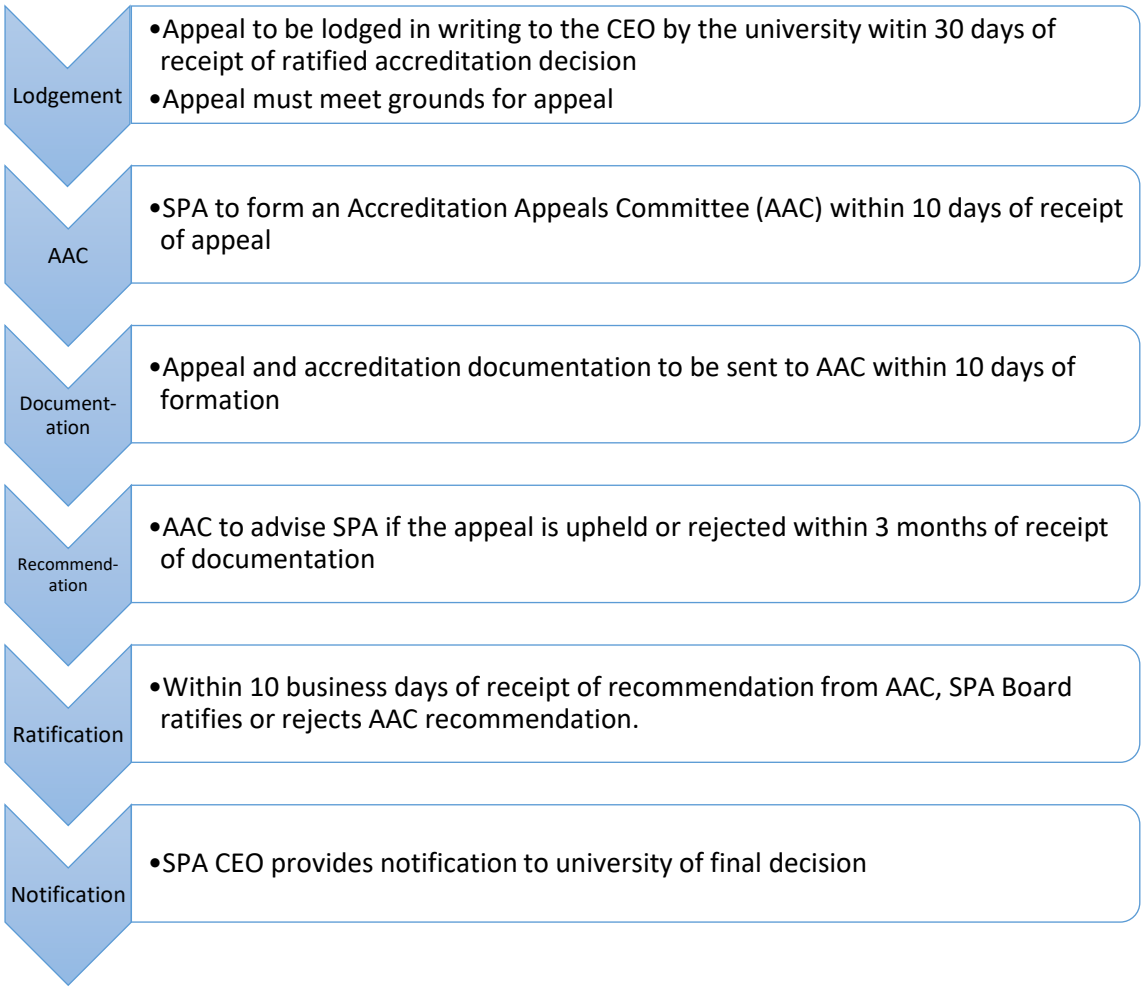
Appeal application fee

The appeal application fee is set at 25% of the program accreditation fee for accreditation of the university program. The appeal application fee will be reimbursed to the university if the appeal is successful.

Notification of other parties

As soon as the period to lodge an appeal has lapsed, or as soon as the appeals process is exhausted, Speech Pathology Australia may notify any health professional, organisation, agency, authority or government department of the university's accreditation status. Further, Speech Pathology Australia may otherwise make the university's accreditation status and specific conditions public where it deems it appropriate to do so.

Figure 6: Summary of appeals process



1.7. Accreditation fees

Speech Pathology Australia accreditation fees consist of two separate fees:

- an annual fee, payable by all speech pathology degree programs who have students enrolled in the program
- a program accreditation fee, payable in the year of accreditation or re-accreditation. Program accreditation activities include evaluation of the initial accreditation submission, site visit/s and all other components of the accreditation or re-accreditation process.

Accreditation fees are typically reviewed by Speech Pathology Australia each year and reflect consumer price index increases. Fees are detailed on the Speech Pathology Australia website, listed under ‘Accreditation fees’.

Programs with more than one site

Speech Pathology Australia considers a program to be offered on more than one site (an additional site) if there is more than one site option for enrolment into the program. Universities that offer satellite sites, external student hubs or similar should consider the number of enrolment location options when providing Speech Pathology Australia with information about the number of sites offering the program. Additional accreditation fees will be charged for programs with additional sites (see the Speech Pathology Australia website: ‘Accreditation fees’).

The accreditation process requires a holistic view of the program in the context of the university and local setting. The sustainability of a program, ability to cope with change, and capacity to maintain delivery of academic and practice education experiences will be influenced by university and external local factors. Accordingly, substantial information detailing a university’s background, context and plans for sustainability are required.

For university programs with more than one site, each site will be considered as a separate entity. This will require the accreditation submission to clearly delineate and detail each site as relevant to the accreditation standards. If an accreditation of more than one site is scheduled for the same time, there is scope to streamline the documentation to reduce duplication. Information that is common to all sites for example, university processes and subject/unit details, may be submitted without delineation. However, areas of difference, for example, staffing, teaching spaces, or the practice education program, would require specific delineation.

Where feasible, the same AP will accredit programs with more than one site. A university may apply in writing for Speech Pathology Australia to consider accrediting a program that has more than one site as a single-site program if:

1. the sites have the same processes for:
    a. governance, including budgets and staff
    b. curriculum development and review
2. the practice education and academic components of the program are the same across sites
3. students have equitable access to similar practice education experiences. The opportunities, risks and threats to the delivery of the program are the same across sites
4. the proximity of each site to another permits students and staff to utilise the resources at different sites on a regular basis
5. the training and professional development opportunities for university and external practice educators are similar.

Glossary

Note, many of the definitions below are drawn from the *Professional standards for speech pathologists in Australia*.

Accreditation refers to the process by which Speech Pathology Australia determines whether a degree program does or does not meet the Speech Pathology Australia accreditation standards.

The **Accreditation Appeals Committee** (AAC) is formed in response to an appeal of an accreditation decision. The AAC is responsible for determining if the university has grounds for appeal.

The **Accreditation Panel** (AP) is a group of three to five Speech Pathology Australia accreditors who participate in the accreditation process. Each panel consists of a moderator who is a member of the Speech Pathology Australia Professional Standards team and is responsible for ensuring all accreditations are carried out in a comparable manner, as well as the following members:

- for a single degree program – a chair and a panel member
- where two programs are being assessed concurrently – a chair for each program, and one panel member.

Accreditation standards means the standards prescribed by Speech Pathology Australia for assessing and granting university program accreditation.

AQF refers to the Australian Quality Framework, see https://www.aqf.edu.au/

An **arbiter** is a person who chairs the Accreditation Appeals Committee if a university requests an appeal following notification of the accreditation classification decision. The arbiter is an independent and impartial professional, who has experience in accreditation. The arbiter is nominated by Speech Pathology Australia when an appeal is formally requested by the university and must be accepted by both parties.

The **Board Executive Subcommittee** consists of the National President and two Vice Presidents of Speech Pathology Australia.

Community refers to a group of people living in one particular area or people who are considered as a unit because of their interests, social group or nationality (https://dictionary.cambridge.org/dictionary/english/community). A community may be large or small, and any individual may be a member of any number of communities. An individual's community includes communication and mealtime partners within their family, social networks, services and other supports.

Community-centred approaches (1) recognise and seek to mobilise strengths and assets within communities, (2) focus on promoting wellbeing in community settings, (3) promote equity in service access by working in partnership with individuals and groups that face barriers to positive outcomes, (4) seek to increase the control people have over their wellbeing and lives and (5) use participatory methods to facilitate the active involvement of members of the public.

Course – refer to **program**.

Culturally responsive practice is the means by which cultural safety is achieved, maintained and governed. Culturally responsive practice recognises the centrality of culture to people's identity and working with people to determine what is culturally safe care for them as individuals (Indigenous Allied Health Australia, 2019).

Cultural safety is experienced by Aboriginal and Torres Strait Islander Peoples when individual cultural ways of being, preferences and strengths are identified and included in policies, processes, planning, delivery, monitoring and evaluation. It describes a state where people are enabled and feel they can access care that suits their needs, challenge personal or institutional racism (when they experience it), establish trust in services and expect effective, quality care. The individual determines

whether the service they receive is culturally safe, or not (Indigenous Allied Health Australia, 2019; SPA, 2021a).

Entry to the profession is the term used to describe the minimum competency expected of a student graduating from a speech pathology degree accredited by Speech Pathology Australia.

A **Certified Practising Speech Pathologist** (CPSP) describes the status attributed to a speech pathologist who maintains recency of practice and commits to undertaking continuing professional development to ensure their professional skills and knowledge remain current, relevant and evidence-based.

Evidence-based practice (principles) is the integration of best available external scientific evidence; the education, skills, clinical expertise and experience of professionals; the preferences, values and circumstances of service users; and information from the practice context into service delivery and decision-making (Hoffmann et al., 2017; SPA, 2021b; Straus et al., 2010).

Evidence-based practice (processes) involves (1) constructing a well-built question derived from the practice situation, (2) selecting the appropriate resources and conducting a search to identify the evidence, (3) appraising the evidence for its validity and applicability, (4) integrating the evidence with clinical expertise and individual preferences and applying it to practice and (5) evaluating the performance and success of the change in practice. The evidence-based practice process is circular, where assessing the effects of practice leads to consideration of another practice question (NSW Government, n.d.).

The terms **faculty**, **school** and/or **program** are used throughout these documents to reflect structures in which degree programs are commonly situated. These terms may not be universal, and speech pathology programs undergoing accreditation or re-accreditation should apply their own terminology as required.

Family-centred practice emphasises, values and acts on the strengths of a family. Professionals encourage and respect the choices and decision-making of families. They work collaboratively with families, recognising them as equal partners in supporting the communication, swallowing and mealtime participation needs of individuals. Effective family-centred practice is characterised by sensitivity, diversity and flexibility (Cohrssen et al., 2010).

Head of Program is an academic staff member responsible for leadership in curriculum and delivery of the overall program of study in a speech pathology degree program. The Head of Program is appropriately qualified and has expertise within the field of speech pathology.

Interprofessional Collaborative Practice (IPCP) occurs when multiple workers from different professional backgrounds collaborate together and with clients to deliver high-quality care and achieve maximal client outcomes (World Health Organization, 2010).

IELTS – International English Language Testing System.

The **International Classification of Functioning, Disability and Health** (ICF) (World Health Organization, 2011) is a conceptual framework that identifies and organises an individual's ability and functioning within the broader environment. It is expected that an entry-level speech pathologist in Australia will be familiar with the ICF framework and be able to apply the social health principles of individual functioning and wellbeing to their speech pathology practice.

OET – Occupational English Test.

Person-centred practice is a way of thinking and doing things that sees individuals as equal partners in planning, developing and monitoring care to ensure it meets their needs. This means putting people and their families at the centre of decisions and seeing them as experts in their own lives, working alongside professionals to achieve the best outcome.

Practice education, also known as workplace learning, work integrated learning, professional practice, clinical education and clinical practice. The scope of the term 'practice education' may vary

across universities. It may include external practice education placements and university-based practice education placements, as well as other university-based clinical learning activities such as simulation, case-based activities and practical tasks.

Practice educators are the staff providing supervision and guidance for students on practice education placements.

Prevention and promotion strategies and initiatives can be primary, secondary or tertiary in nature. Primary prevention focuses on eliminating or inhibiting onset and development of a communication, swallowing or mealtime participation need. Secondary prevention involves early detection and treatment of communication, swallowing and mealtime needs that may eliminate the need or slow its progress, thereby preventing secondary complications. Tertiary prevention involves reducing need by attempting to restore effective functioning. The major approach is rehabilitation when some level of residual need results from an existing difficulty (ASHA, 1988)

A **program**, as used by the Australian Qualifications Framework (AQF), is a degree program of learning (or program), that is, a course, curriculum, training package, subjects of study, or workplace learning that leads to the award of a degree qualification that enables the graduate to work as a speech pathologist in Australia. The program may be undergraduate at AQF 7 or above, or graduate entry master program of AQF 9.

Professional standards for speech pathologists in Australia (2020) detail a) the knowledge, skills and attributes a speech pathologist practising in Australia must demonstrate and apply, at any point in their career, as relevant to their speech pathology role and work context, b) the knowledge, skills and attributes a graduating speech pathology student must demonstrate and be able to apply by the time they complete their entry-level degree.

Reflective practice refers to the capacity to reflect on one's own actions and experiences in a deliberate and thoughtful manner with the intent to learn from such experiences.

Re-accreditation is the acknowledgement by Speech Pathology Australia that a previously accredited program is continuing to meet the accreditation standards and permits only those students who have achieved the required standard to graduate with the degree of the accredited program. The process of re-accreditation is similar to the process of accreditation.

A SPA **accreditor** is a person appointed by Speech Pathology Australia to serve on accreditation panels for the accreditation of speech pathology degree programs.

The **Speech Pathology Australia Board of Directors** is the governing body of Speech Pathology Australia. In the case of an appeal, a Speech Pathology Australia Board Group for Accreditation Appeals is formed to receive and ratify or reject the report and decision of the appeal.

Subject/unit – a subject or unit of study within a program, sometimes also called a course, for example SPATH101: Linguistics for Speech Pathologists.

Whole of cohort refers to an assessment that is common to the entire year-level cohort of a specific program, that is, all students experience the same assessment content and delivery and are assessed against the same marking criteria/rubric as their peers to ensure an equitable, well-moderated assessment experience.

TEQSA – Tertiary Education and Quality Standards Agency, see https://www.teqsa.gov.au/

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Appendix 1: Roles and responsibilities of the accreditation panel

Chair

The Chair is the appointed head of the panel. The Chair is responsible for ensuring accreditation outcomes are met. Responsibilities include:

- accurate documentation of all discussions and interactions throughout the accreditation process, enabling accurate recall and documentation of outcomes and recommendations
- leading accreditation discussions and interactions, in collaboration with the moderator, in a neutral and unbiased manner
- guiding AP discussions pre/during/post accreditation
- chairing the site visit meeting
- significant contribution to the development of all documentation to be sent to the university and the Speech Pathology Australia Board of Directors
- ensuring all timelines are met.

Panel member

A panel member undertakes the process of assessment of a university against the relevant accreditation criteria with the Chair/s.

Responsibilities include:

- reviewing all accreditation documents against the criteria
- providing written comments regarding all documents submitted pre/during/post the site visit
- actively contributing to accreditation meetings, discussions and interactions with the AP and during site visits in a neutral and unbiased manner
- attending all accreditation team meetings as required
- contributing to the drafting of relevant accreditation reports
- ensuring all timelines are met.

Moderator

The moderator is a Speech Pathology Australia staff member. The moderator is responsible for ensuring all accreditations are administered equitably and objectively. The moderator will ensure the agenda is being followed and all participants are able to contribute/engage without preference or bias. The moderator must be experienced in accrediting programs and have no conflict of interest when engaged in the moderator role.

Responsibilities include:

- planning and coordinating the administrative aspects throughout the accreditation process – including the provision and distribution of template letters, organisation of tele/video conferences and ensuring site visit schedules/travel is arranged and timelines are met
- providing key coordination for the accreditation process and facilitating the efficient and ethical operation of the AP
- liaising with stakeholders during the accreditation process regarding schedules, information required, documentation timelines etc.

- providing information and assistance to universities in relation to accreditation
- arranging additional meetings or requesting additional documentation as required by the panel
- reviewing and revising documentation prepared by the panel members prior to dissemination to the university and the Speech Pathology Australia Board of Directors to ensure alignment with the accreditation standards.

Arbiter

An arbiter chairs the appeals committee if a university requests an appeal following the accreditation decision. The arbiter is an independent and impartial professional, who has experience in accreditation. The arbiter is nominated by Speech Pathology Australia when an appeal is formally requested by the university and must be accepted by both parties.

Confidentiality

All documentation and information provided by the university will be treated with the utmost confidentiality by Speech Pathology Australia and their employees. Speech Pathology Australia accreditors have signed an agreement which includes matters related to confidentiality.

Any preliminary reports related to the accreditation will be confidential between the university and Speech Pathology Australia. Final reports and/or information contained in the final reports may be made publicly available by Speech Pathology Australia. When the accreditation process is complete, Speech Pathology Australia will keep a clean copy of all documentation related to the accreditation at national office. Other copies will be destroyed or returned to the university.

Appendix 2: In-person site visit requirements

Orientation

The university should provide the moderator with a campus map and any other information to assist the AP to locate the first meeting room during day 1 of the site visit. Information should also include taxi rank locations and parking areas, including parking fees if relevant.

Space

Where feasible, it is preferred that the AP have access to a lockable single room for the duration of the site visit. This allows for set-up of accreditors' computers and organisation of accreditation documentation, as well as for confidential discussions to occur throughout the visit.

Ideally the room should have:

- several accessible power points
- sufficient space to meet with up to 10 people at one time (larger meetings can be accommodated in an alternative room when required)
- video/teleconferencing facilities
- phone access
- easy access to bathrooms, water and refreshments
- Wi-fi access for the AP.

Catering

Universities are asked to provide lunch and morning/afternoon tea for the AP each day of an in-person site visit, or as required. Light/healthy options are appreciated. A staff member from Speech Pathology Australia will advise the university of any dietary requirements of the AP several weeks prior to the site visit.

Appendix 3: Site visit meetings and participants: in-person and online

Site visit liaison staff

During a site visit, the AP may have additional requests such as needing additional documentation, unscheduled meetings with staff/students/other stakeholders or other ad hoc requirements. The university should ensure there is a member/s of staff available to support these requests.

Typically, an administrative liaison staff member assists with ensuring the any needs are met – such as assisting the AP to navigate the campus if required, facilitating catering requests, printing or copying requested documentation and any other administrative needs.

In addition, the Head of Program or a senior member of staff typically acts as a resource/liaison person to provide (or seek) further information regarding the program being accredited. This staff member is also expected to be present for all discussions apart from those with students, recent graduates and practice educators. This facilitates transparency of the process and supports staff during the site visit.

Site visit meeting participants

The AP will need to meet with a range of stakeholders during the site visit. These should include at a minimum:

- Dean of Faculty or equivalent
- Head of School/College
- Head of Speech Pathology Program
- practice education coordinator
- subject/unit coordinators
- practice educators employed by the university and external practice educators
- students from all programs being accredited, including those on altered pathways, and domestic and international students
- new/recent graduates.

Following review of the accreditation documentation, the AP will provide an initial evaluation report. This report will identify if the AP wish to meet with any specific stakeholders, or if particular site visit inclusions are required. It may list questions which will be asked or explored with meeting attendees at the site visit.

It is the university's responsibility to commence planning the site visit interviews as soon as practical to facilitate stakeholder attendance and access to requested information.

The site visit agenda should be finalised by the university and shared with the AP at least two weeks prior to the site visit.

Initial meeting

The purpose of the initial meeting is:

- to confirm the agenda, participant attendance and general orientation for the site visit

- to raise the themes identified for further discussion or review (as required) in the initial evaluation report.

Attendees will be the AP and two to three senior staff from the university who have an overview of the speech pathology program. This often includes the academic program coordinator/s and the practice education coordinator.

The liaison person may be one of these senior staff or may attend in addition to the other staff members.

Meeting with the Head of the Speech Pathology Program and/or the Departmental Head

This meeting provides the AP with:

- a verbal overview of where the speech pathology program is situated within the university and the supports and resources available to support teaching, learning, research and practice education
- a discussion of foreseeable changes that may impact on the program during the term of accreditation (up to 5 years).

Attendees will typically be the same as the Initial meeting.

Meeting with the Head of Faculty and/or the Dean (or equivalent)

This meeting enables:

- the AP to familiarise the university attendees with the Speech Pathology Australia accreditation process and purpose
- the university to describe the strengths and points of difference of the speech pathology program and the university more broadly
- the university to share foreseeable university changes that may facilitate or impact the speech pathology program during the term of accreditation (within the next 5 years)
- clarification or additional information identified in the initial evaluation report or during the site visit.

Attendees will be the AP and the Faculty Head and/or Dean. Senior speech pathology university staff (for example academic program coordinators) may also wish to attend.

Meeting with all speech pathology program staff

This meeting enables the AP to obtain:

- an overview of staff research, teaching load and areas of clinical interest
- clarification of how the Professional Standards are embedded and assessed across the program/s
- a more complete picture of the program/s and the context in which it is delivered, with the purpose of augmenting and validating the information provided in the initial documentation
- clarification or additional information identified in the initial evaluation report or determined at the visit.

Attendees will be the AP, liaison person, clinical program coordinator/s, year and/or subject/unit coordinators of the program and any staff members nominated by the university. If the AP have

specific queries, they may request that particular staff members are present or arrange to meet with them at another time.

Meeting with university-employed practice educators

This meeting will enable the AP to further explore themes such as:

- the university's program of practice education
- university requirements regarding the assessment of students during practice education experiences
- practice educator training opportunities
- the support provided for educators and students if a student is at risk of not passing a placement
- questions identified in the initial evaluation report or additional themes identified during the visit.

Attendees will be the AP and university-employed practice educators.

A sample explanatory letter regarding the accreditation meeting is provided in Appendix 4. Universities are welcome to edit and adapt the letter to meet the needs of their program and their practice educator invitees.

Meeting with external practice educators

This meeting will enable discussion of themes including:

- training and support from the university for practice educators
- familiarity with assessment processes and assessment tools
- the processes for managing challenging students or students at risk of not meeting competency expectations
- the administrative and documentation requirements that students and educators have during a placement to meet the requirements of the placement
- placement sourcing and inclusions to meet the requirements of the Professional Standards
- clarification or additional information identified in the initial evaluation report or during the site visit.

Attendees will be the AP and clinical educators invited by the university. Note that university staff are not usually in attendance as their presence may influence the educators' willingness to share their perspectives.

A sample explanatory letter regarding the accreditation meeting is provided in Appendix 4. Universities are welcome to edit and adapt the letter to meet the needs of their program and their external practice educators.

Meetings with current students and recent graduates

The purpose of these meetings will be to:

- validate the assessment information provided in the accreditation documentation and to calibrate this with the views of the students/recent graduates

- obtain the students'/recent graduates' opinion on the range, cohesion and adequacy of the academic and practice education program
- obtain the students;/recent graduates' perspectives on the opportunities for competency development against the Professional Standards throughout the program.

Meetings with current students and recent graduates are typically held separately.

Attendees for each meeting will be the AP and a sample of students from all years of the program (recommended numbers are two students from each year of the program) or recent graduates. Please note that university staff do not attend this meeting, as their attendance may influence the students' and recent graduates' perspectives.

It is strongly encouraged that the university brief the students/recent graduates on the purpose of the meeting and assure them that their comments and/or suggestions will not be identifiable.

A sample explanatory letter regarding the accreditation meeting is provided (see Appendix 4). Universities are welcome to adapt the letter to meet the needs of their program and student/recent graduate invitee.

Appendix 4: Site Visit Meeting Information for Students, Recent Graduates and Practice Educators

Background of Accreditation

The University has applied to have their Speech Pathology degree program/s accredited by the Speech Pathology Association of Australia Ltd and you have been invited to attend a meeting with the Accreditation Panel (AP) during their visit to the university.

Speech Pathology Australia is recognised by the Federal Government of Australia, Department of Education, Skills and Employment, as the professional body representing speech pathologists in Australia. Speech Pathology Australia sets accreditation standards which are used to assess whether a program of study will provide students with the knowledge, skills and attributes to safely practice speech pathology in Australia. Accreditation provides assurance that graduating speech pathology students meet the certification requirements of Speech Pathology Australia and are therefore eligible for Certified Practising membership of Speech Pathology Australia. Speech Pathology Australia also use the accreditation standards for monitoring accredited programs to ensure the program and its university continue to meet the accreditation standards.

The accreditation process requires the university to submit written documentation to Speech Pathology Australia, providing evidence of how the speech pathology degree program claims to meet the Accreditation Standards. An appointed AP consisting of 3-4 people evaluate this evidence and identify areas which are met, and which require further discussion or exploration.

The site visit gives the AP an opportunity to gain a more complete understanding of the program being accredited. The site visit agenda usually includes meetings with university staff, practice educators, students and new graduates. These meetings enable the AP to clarify any uncertainties and to hear the perspectives and experiences of key stakeholders.

Following the site visit, the AP formulate their recommendation about the accreditation outcome, and make this recommendation to the Speech Pathology Australia Board of Directors. Accreditation classifications can be found on the Speech Pathology Australia website.

What will you be asked to do?

You will be asked to attend a group meeting with your like-peers/colleagues (ie. other students, recent graduates or practice educators) and the AP. Meetings are usually between 30-60 minutes long and may be in person, via videoconference or a hybrid model. The specific time and location will be provided to you shortly.

Be assured that the meetings are conversational and collegial, and the AP highly value your perspectives.

The AP will usually ask specific questions which relate to your experiences of the university program/s. Depending on the nature of the questions and the number of attendees, you may respond to a number of questions or very few.

The AP may explore areas such as:

Students/recent graduates

- The various assessments used throughout the program that supported your development of knowledge and skills
- The supports offered to students who experience challenges on placement

- The placement and academic activities that you found beneficial in your journey to becoming a speech pathologist
- Your thoughts on the strengths of the program and areas you'd like to see strengthened.

Practice Educators

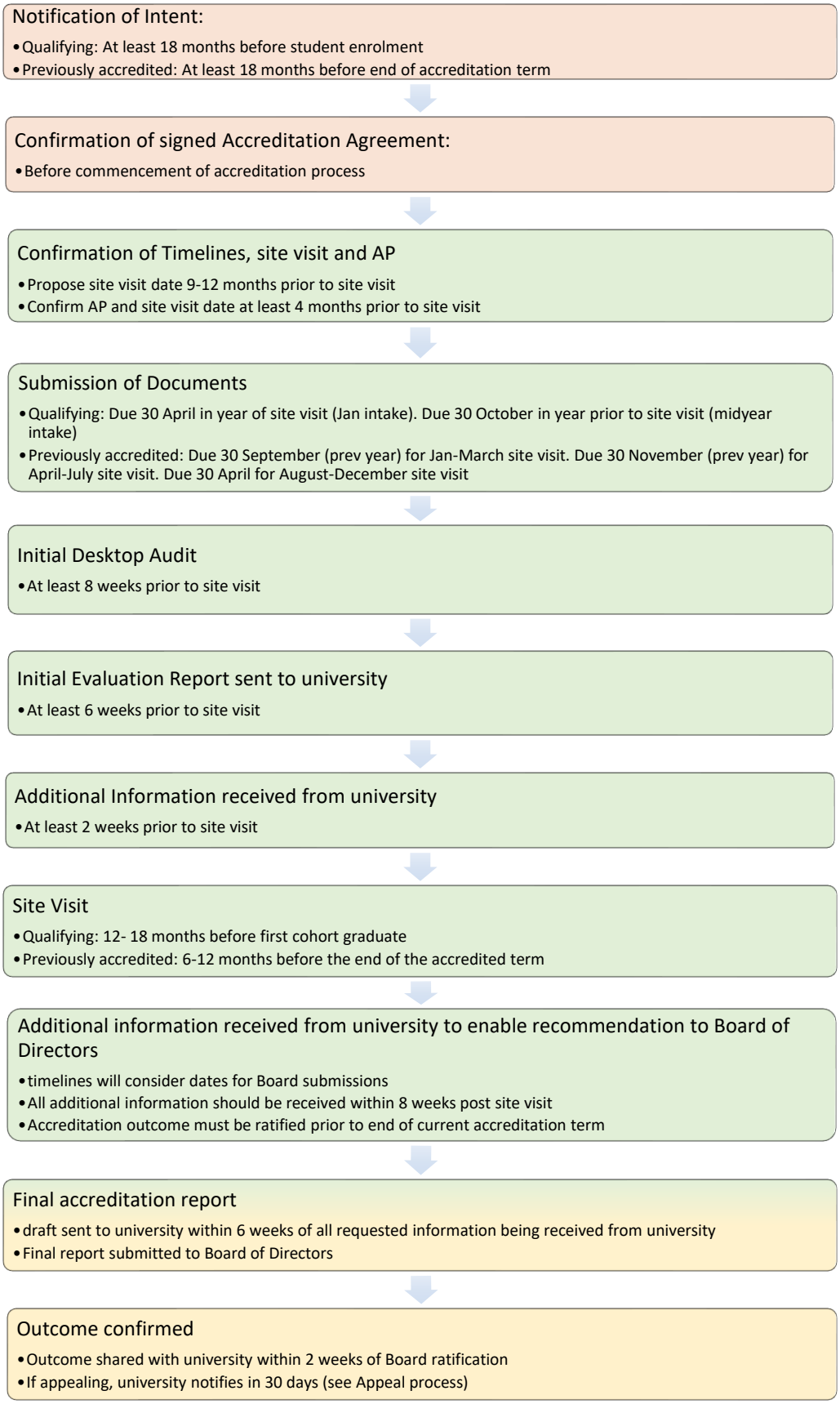
- The support and training you received in the use of the assessment tool/s
- The processes and supports offered to you for managing students who are experiencing challenges on placement
- Any perceived trends or themes regarding the skills and knowledge the students bring to placement
- Any suggestions you have to enhance the readiness of students for placement and their readiness to enter the workforce.

Importantly, the AP will not be evaluating you, your knowledge or skills, but will be considering your responses against the Accreditation Standards. In addition, while your perspectives may be integrated into feedback to the university, any content you share will be carefully de-identified.

If you have further queries regarding the accreditation process, please contact a member of the Professional Standards team at Speech Pathology Australia via office@speechpathologyaustralia.org.au or talk to your university contact.

The AP look forward to meeting you and thank you for your contribution to this important process.

Appendix 5: Key timelines for accreditation



Appendix 6: Responsibilities during the accreditation cycle

New programs

Action	The university	SPA Professional Standards team	Accreditation Panel (AP)	SPA Board of Directors	SPA CEO or delegate
Notification of a new (qualifying) university program	Write to SPA CEO confirming program details including intended year of first intake Return signed accreditation agreement Request information regarding accreditation from SPA Professional Standards team Provide SPA Professional Standards team with details of liaison person for communications between university and SPA	Send accreditation agreement to university for signing Sends executed copy to university once all parties have signed			Signs accreditation agreement once university has signed
Provision of accreditation preparation documentation and		Direct university to accreditation guidelines, links to Professional Standards and Aboriginal and			

Action	The university	SPA Professional Standards team	Accreditation Panel (AP)	SPA Board of Directors	SPA CEO or delegate
liaison with qualifying program		Torres Strait Islander curriculum guidelines On request of university, provide additional support regarding accreditation requirements			

Previously accredited programs

Action	The university	SPA Professional Standards team	Accreditation Panel	SPA Board of Directors	SPA CEO or delegate
Request re-accreditation	Request re-accreditation by contacting SPA Professional Standards team University understands the accreditation timeline requirements specified in Part 1				

All programs

Action	The university	SPA Professional Standards team	Accreditation Panel	SPA Board of Directors	SPA CEO or delegate
Annual report	Head of Speech Pathology Program or delegate completes annual report each year	Mid-November, SPA Professional Standards team send annual report template to Heads of Speech Pathology Programs	The AP will review inclusions related to previous accreditation requests AP advise SPA Professional Standards team if inclusions meet the conditions/ recommendations specified in the final accreditation report		
Determine timelines for program accreditation	University and SPA Professional Standards staff negotiate timelines for document submission, site visit and any other requests (e.g., training, teleconferences)				
Nominate Accreditation Panel		SPA Professional Standards team nominate Chair/s, Panel Member/s and Moderator SPA Professional Standards team request nominated panel members to state any conflict of interest			

Action	The university	SPA Professional Standards team	Accreditation Panel	SPA Board of Directors	SPA CEO or delegate
		SPA Professional Standards team request permission from university for participation of trainee AP member/s and advise University to confirm AP or request revisions			
Confirmation of Accreditation Panel or request for modifications	University agrees to or requests modifications to AP Once agreed, university signs panel/site visit confirmation and returns to SPA Professional Standards team				
Site visit documentation		SPA Professional Standards team send sample site visit agenda and any additional information regarding site visits to university Also confirm dietary requirements of Panel			

Action	The university	SPA Professional Standards team	Accreditation Panel	SPA Board of Directors	SPA CEO or delegate
Document submission to SPA and preparation for site visit	University sends required accreditation documents to SPA National Office by agreed date University considers/schedules stakeholders for accreditation site visit, particularly senior staff e.g., Head of School, Dean/s, learning and teaching staff and potential student, new graduate and practice educator interviewees				
Document submission to Accreditation Panel		SPA Professional Standards team send accreditation documents to AP for review within 10 working days of receipt			
Review of documents			AP review documents, participate in videoconference and agree on requests for further information from the university		

Action	The university	SPA Professional Standards team	Accreditation Panel	SPA Board of Directors	SPA CEO or delegate
Preparation of initial evaluation report			AP prepare report Report is finalised by moderator and sent to university at least 6 weeks prior to the site visit		
Provision of response to initial evaluation report	University responds to requests within initial evaluation report within the specified timelines noted in the report				
Review of responses to initial evaluation report		SPA Professional Standards team forward responses to AP for review	AP review and consider additional information prior to site visit		
Confirmation of site visit agenda and inclusions	University confirms agenda (in consultation with AP), meeting rooms and interviewees and catering for AP, and any other specific requests		AP confirm proposed agenda (in consultation with university)		
Site visit	University collaborates with the AP to ensure maintenance of the agenda or agreement to any changes		The AP ask questions, take notes, identify unresolved issues, work with the university to resolve them and share any continuing		

Action	The university	SPA Professional Standards team	Accreditation Panel	SPA Board of Directors	SPA CEO or delegate
			unresolved issues with the university during the visit		
Pre/post site visit liaison		SPA Professional Standards team (usually the AP moderator) act as conduit between university and AP for any/all correspondence between the two parties			
Draft final report			Completed by AP within 6 weeks of all additional post site visit documentation and requests being provided to the AP by the university Moderator sends completed draft final report to university for review		
Review of draft final report	Within 2 weeks of receipt of draft final report, the university responds to AP re accuracy				

Action	The university	SPA Professional Standards team	Accreditation Panel	SPA Board of Directors	SPA CEO or delegate
	University notes any amendments, adds more information and/or clarifies information or interpretation University also provides a clean copy of documents requested by AP				
Final report			Within 4 weeks of receipt of university response, AP finalise report with recommendations regarding accreditation outcome Final report is submitted to SPA Board of Directors		
Decision-making regarding accreditation outcome				If provisional or full accreditation is recommended, within 2 weeks of receiving the report, the Board will follow processes detailed in Part 1 (Decision on Accreditation of a	

Action	The university	SPA Professional Standards team	Accreditation Panel	SPA Board of Directors	SPA CEO or delegate
				Speech Pathology Program) If provisional with conditions, conditional or not accredited, the Board of Directors will consider the decision at the next scheduled Board of Directors meeting	
Notification of accreditation outcome	University informs current and prospective students of accreditation outcome once ratified	SPA Professional Standards team ensure the Board of Directors-ratified outcome and final report are issued to the university SPA Professional Standards Staff ensure the accreditation classification is updated on the SPA website			University receives formal notification of accreditation outcome from SPA CEO