

Speech Pathology Australia



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SPEECH PATHOLOGY AUSTRALIA RESPONSE

PRODUCTIVITY COMMISSION POSITION PAPER

AUSTRALIA'S HEALTH WORKFORCE

Prepared by:

SPEECH PATHOLOGY AUSTRALIA

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This document outlines the Speech Pathology Australia response to the Productivity Commissioner's Australia's Health Workforce Position Paper (September 2005).

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SUMMARY COMMENTS

Speech Pathology Australia (the Association) is recognised by the Federal Government of Australia, Department of Education, Science and Training (DEST), as the professional body representing speech pathologists in Australia. Speech Pathology Australia welcomes the opportunity to respond to what is a detailed and wide ranging discussion and analysis by the Productivity Commission of the Australian health workforce. The Association considers there to be many proposals in the Position Paper that deserve further consideration and analysis. At the same time however, a number of proposals pose concern for the profession.

The general impression of the report is that whilst a large number of health issues are addressed, this is done in isolation, with a failure to consider the social and medical impact of chronic disease on the health workforce and community. Likewise, the report focuses service provision to the health community and does not acknowledge that many allied health professional's work outside the health arena, i.e. in disability and education, as well as independent practice. This latter point is particularly relevant in regard to the proposals to shift funding for tertiary education from DEST to the Department of Health and Ageing.

Many of the proposals are directed at the medical model and do not take account of the professional differences within allied health. 'Allied health' is not one discipline but many; although they work closely together in multidisciplinary teams, each profession has its own area of specialisation. Expansion of this specialisation has been influenced by the health needs of the community. As such, speech pathology and the other allied health professions need to be viewed separately from medicine and nursing, and any initiatives derived from the Productivity Commission's report must take into account that "one size does not fit all".

A major issue not addressed by the Productivity Commission is the impact of retention and attrition within the health professions. With regard to speech pathology, the common profile of the working speech pathologist in Australia is female (97.7% of speech pathologists) between the ages of 24-34 years, Australian born and English

speaking (Lambier, 2002). The feminisation of the profession brings with it a number of inherent issues, including:

- Attrition due to child rearing responsibilities and non-family friendly workplace policies
- Increase in demand for part time work, which may be accommodated by job-sharing combinations, the success or otherwise of which depends on the individual/s involved.

Speech Pathology Australia believes any initiatives recommended by the Productivity Commission to address the current issues in health workforce supply and demand must consider the factors impacting upon retention and attrition, and should include consideration of strategies that may improve retention and re-entry, including improved remuneration and career structure and opportunities for increased family-friendly arrangements.

Speech Pathology Australia wishes to emphasise the relevance of ensuring workforce projections are inclusive of the smaller professions such as speech pathology, and specifically of those professions where there has been an identified shortage in service provision.

Speech Pathology Australia is particularly concerned regarding the potential for a graduate entry “generic health worker” to be considered as one means of addressing current workforce shortages in allied health. Whilst Speech Pathology Australia acknowledges that there is merit in qualified allied health professionals expanding their knowledge base to include aspects of other therapies and disciplines, the Association believes a generically trained health professional will not possess the range of skills or expertise to ensure the quality and safety of his/her clinical practice. Speech pathologists already work effectively with qualified allied health assistants in certain settings, who can be delegated specific tasks and provide a valuable support role and maximise the efficiency of the qualified speech pathologist.

Whilst Speech Pathology Australia supports the development of a national framework for accreditation and regulation of the professions, we do not believe that mandatory registration for all professions is essential for ensuring maintenance of the necessary professional standards for practice. Speech Pathology Australia does not support a

single national agency to oversee accreditation of individual professions. Speech Pathology Australia believes the individual professions must continue to own and set the competency standards relevant to their profession; there is the potential for generic standards to ‘water down’ profession specific standards and fail to address individual professions’ competencies and expertise.

The following provides a detailed analysis from Speech Pathology Australia of the Productivity Commission’s draft proposals.

DRAFT PROPOSAL 3.1

Speech Pathology Australia supports CoAG's endorsement of the National Health Workforce Strategic Framework (NHWSF) as a means to enhancing cohesion between the key stakeholders in health workforce policy. However, Speech Pathology Australia recommends the CoAG position be strengthened to not only endorse the NHWSF but to assume responsibility for owning and guiding its implementation.

DRAFT PROPOSAL 3.2

Speech Pathology Australia supports regular reviews of the implementation of the NHWSF, and as stated above, believes CoAG should assume the role of ownership of the implementation.

DRAFT PROPOSAL 4.1

Speech Pathology Australia supports the recommendation of the Health Professions Council of Australia (HPCA) for the development of an independent advisory health workforce education and improvement agency to evaluate and facilitate workforce innovation. Likewise, Speech Pathology Australia supports the HPCA recommendation that this advisory body subsume the responsibilities of the Workforce and Training Council in Draft Proposal 5.2 and of the Secretariat in Draft Proposal 9.1. Separate bodies may encourage internal competition and complicate communications with stakeholders. This single advisory body would be responsible for mapping workforce supply and demand and monitoring progress towards implementation of the NHWSF.

As proposed by the HPCA, this single national body might be called the Health Workforce and Education Improvement Agency (HWEIA). It would be essential for this body to comprise key stakeholders and representative bodies, including allied health representatives, and have sufficient resources to ensure its ongoing viability.

Unfortunately, a major limitation of the proposed agency would be its inability to impose/enforce its recommendations. Whilst this agency would be linked to other key health workforce agencies, without the power or capacity to force implementation of its recommendations, any ability to achieve workforce innovation or change may prove difficult. Consideration should be given to providing this agency with powers

of implementation, whilst at the same time acknowledging the inherent problems that may arise between state and federal government agencies if this were to occur.

With regard to the facilitation of innovation in education, Speech Pathology Australia supports the notion of health professionals completing a core group of undergraduate subjects as a foundation for future multi-disciplinary teamwork and as a means of ensuring clients receive a minimum level of service/quality and safety. However, the Association is extremely concerned that there is an underlying agenda for the development of a generic health worker. Speech Pathology Australia believes that the use of a generic health worker, i.e. someone who has completed an undergraduate course covering a wide range of therapies such as speech pathology, physiotherapy, psychology for example, may impact negatively upon the expertise and safety of care provided. Speech Pathology Australia strongly believes there is an argument for broadening the overarching workplace competencies of existing health workers in order to ensure quality, safety and timeliness of service provision to clients, but does not support the provision of ‘clinical’ services that are unable to fully address the breadth and complexity of speech pathology practice.

DRAFT PROPOSAL 5.1

Speech Pathology Australia does not support transferring responsibility for allocation of funding for tertiary health care education from DEST to the Department of Health and Ageing. As is the case for other health care professions, speech pathologists work within the areas of Education and Disability, and in independent practice, as well as within Health. Indeed, current university education programs place almost as much emphasis upon disability and education as they do health, and there is increasing use of student placements within independent practices. Speech Pathology Australia acknowledges the need for a link between skill need and tertiary place allocation but believes decisions regarding allocation of tertiary funding should be made by DEST after consultation with the proposed Health Workforce and Education Improvement Agency (HWEIA).

DRAFT PROPOSAL 5.2

Speech Pathology Australia recommends this advisory council be amalgamated with the agency proposed under 4.1.

Given the proposed function of the independent advisory workforce improvement agency, consideration of job redesign will fall within this agency's terms of reference. As discussed in Draft Proposal 4.1, Speech Pathology Australia supports the notion of extending scope of practice and acknowledges the inherent value of adequately trained allied health assistants to assist in the provision of, in some clinical settings, timely and appropriate speech pathology services. However, the Association does not support the untested concept of the university trained, degree qualified generic health professional. Specifically, Speech Pathology Australia is concerned that generic health professionals will not qualify with a degree that provides the level of knowledge, expertise and skill mix required to meet the specialised and expanding scope of speech pathology practice. Additional regulatory and administrative frameworks would be required to ensure the roles undertaken by qualified allied health assistants and other health workers address legal, safety, professional and quality of care issues. Health workers must only operate within the limits of their training and competency, and in relation to speech pathology support roles they must operate only under the supervision and direction of a qualified speech pathologist. As in Draft Proposal 4.1, Speech Pathology Australia believes it imperative that any advisory body relating to curricula include direct representation from the professional bodies.

DRAFT PROPOSAL 5.3

Speech Pathology Australia recommends this advisory council also be amalgamated with the agency proposed under 4.1, and at the very least, include direct representation from the allied health professional bodies. Speech Pathology Australia is extremely concerned regarding the impact of significant under-funding in relation to clinical education of speech pathology students and allied health professionals in general. The Association urges the Productivity Commission to highlight to the Federal Government the major impact of under-funding, with an urgent need for immediate funds to assist education needs of allied health students. Schemes such as those provided for medical students on rural placement need to be expanded to include allied health students.

DRAFT PROPOSAL 6.1

Speech Pathology Australia does not support the development of a single national accreditation agency to cover all allied health professions and strongly believes that the individual professions must maintain responsibility for the accreditation of individual courses and for the setting of competency standards relevant to their profession. Accreditation of speech pathology courses is currently based on strict competency standards as outlined in the profession's Competency Based Occupational Standards (CBOS) for Entry Level Speech Pathologists (2001)). These standards define the level and areas of competence expected of an entry-level speech pathologist. Speech Pathology Australia is committed to ensuring the highest possible standards are maintained with regard to clinical standards and expertise and believe the individual professions are best placed to meet these objectives.

Speech Pathology Australia rejects the Productivity Commission's statement that "Profession-based accreditation impedes workplace innovation and job design". Speech pathologists, along with other health professionals, strive to improve and develop their skills, and a marked increase in work value and expanding scope of practice attest to this (Speech Pathology Australia Work Value Submission, 2005). The emergence of "specialists" within the allied health professions, as within medicine, has resulted from the ongoing improvement and development of new skills, a situation that can only be of benefit to health consumers. Speech Pathology Australia accreditation requirements are not static, but are seen as part of a two-way process. Further, any perceived "restriction" on expansion of scope of practice is done so for the purpose of protecting the health consumer.

Speech Pathology Australia supports the development of a national regulation framework that encompasses all health professions, i.e. medical, nursing and allied health, subject to all professions having equal representation and input to the development of the framework. Providing a framework for accreditation of training in the health professions would ensure uniform regulations and enable a means of evaluation of courses against a set of recognised standards. Speech Pathology Australia supports the development of the framework by the proposed Health Workforce and Education Improvement Agency (HWEIA), in consultation with universities, health professional organisations and other key stakeholders.

DRAFT PROPOSAL 6.2

Speech Pathology Australia supports a national approach to accreditation of overseas health professionals but as outlined above, does not support the development of a single national accreditation agency. Speech Pathology Australia currently provides a competency based assessment of overseas qualifications based on CBOS (2001). These standards define the level and areas of competence expected of a speech pathologist with overseas qualifications wishing to practice in Australia. The Association strongly believes assessment processes, the setting of professional and competency standards and criteria for practice must remain the responsibility of the individual professions.

The development of national accreditation guidelines could be undertaken by the newly formed Health Workforce and Education Improvement Agency (HWEIA). The importance of ensuring the HWEIA has adequate consultation with and representation from key stakeholders cannot be understated.

DRAFT PROPOSAL 7.1

Speech Pathology Australia supports the development of a national framework for uniform standards with regard to professional regulation. Such a framework would provide consistency with regard to minimum professional standards and highlight processes that would ensure accountability and communication across and between the health professions.

Speech Pathology Australia acknowledges the importance of a rigorous profession-based regulatory program, whether this be through registration or self regulation, that maintains appropriate professional standards and accountability so as to maximise consumer safety. Currently Speech Pathology Australia maintains a strong commitment to self regulation and ongoing professional development and believes it is meeting these key objectives at a national level.

Speech Pathology Australia maintains its strong commitment to self regulation through a number of specific initiatives. All speech pathologists must meet the Competency Based Occupational Standards (CBOS) for Entry Level Speech Pathologists (2001). All practicing speech pathologists are bound by the Association's

Code of Ethics (2000) and all potential breaches to the Code of Ethics are dealt with by an independent Ethics Board.

Current members of Speech Pathology Australia are eligible for participation in the Association's 'Professional Self Regulation Program' that provides the opportunity for participants to earn the status of 'Certified Practicing Speech Pathologist'. This non-mandatory program allows speech pathologists to demonstrate a commitment to updating and extending professional abilities through ongoing professional development. Consideration is being given to extending this program to non-members and to future mandatory participation.

DRAFT PROPOSAL 7.2

Speech Pathology Australia supports proposals to improve the operation of mutual recognition in relation to the health workforce. The Speech Pathology Board of QLD, the only state based registration board for speech pathologists, and Speech Pathology Australia have adopted identical national standards so as to facilitate mutual recognition.

DRAFT PROPOSAL 7.3

Further clarification is required regarding this proposal, in particular, regarding the Productivity Commission's reference to "a formal regulatory framework for task delegation". If this proposal is directed towards the delegation of tasks to suitably qualified assistants, then both doctors and allied health professionals should be able to do this, with the health professional maintaining ultimate responsibility for consumer outcomes, well being and safety. Speech Pathology Australia does not however, support the concept of doctors "delegating" to allied health professionals. Since professions such as medicine and speech pathology are autonomous, it is appropriate for doctors to "refer" but not delegate. Likewise, apportion of responsibility for clinical outcomes and patient safety to GPs is not appropriate – these responsibilities remain those of the allied health professional, as a primary healthcare provider.

DRAFT PROPOSAL 8.1

Speech Pathology Australia strongly supports changes to the MBS scheme that would see MBS decisions based on clinical effectiveness and efficiency rather than the

current situation where in the main only treatments provided by doctors attract an MBS rebate. The new Allied Health and Dental Care Medicare initiative is valuable but remains extremely limited, with the option of only 5 consultations of allied health services per year. Extension of MBS rebates for diagnostic services and pharmacological management to certain professions should be considered on the basis of timely, effective patient care. Again, the proposed standing review agency must have direct consultation with the allied health professions.

DRAFT PROPOSAL 8.2

Requires further clarification – see comments under 7.3. If this proposal means delegation to suitably qualified allied health assistants, then Speech Pathology Australia is supportive of this part of the proposal. Speech Pathology Australia does not support, at any level, an “incentive” rebate to doctors for delegation of services – referral for services should occur routinely as a means to ensuring provision of best quality care.

DRAFT PROPOSAL 9.1

Speech Pathology Australia supports the abolition of AMWAC and AHWAC. However, as outlined under Draft Proposal 4.1, Speech Pathology Australia supports the establishment of a single advisory body such as the Health Workforce and Education Improvement Agency (HWEIA) to undertake quantitative workforce planning and other responsibilities.

DRAFT PROPOSAL 9.2

As outlined above, Speech Pathology Australia believes the role of quantitative workforce projections should be undertaken by the single advisory agency HWEIA. Workforce projections must be based on need for service, not simply demand. This is particularly relevant to some marginalised communities that may not necessarily demand services but are in desperate need of increased health service provision.

Speech Pathology Australia believes that for all workforce projections, emphasis should be given to those professions where there has been an identified shortage in service provision, i.e. “skills in demand”.

Speech Pathology Australia wishes to emphasise the relevance of ensuring projections for workforce numbers include the smaller professions such as speech pathology. It is not sufficient to determine future workforce need and demand based solely on the larger professions, as factors impacting upon the smaller professions may be different, eg impact of attrition rates, re-entry, and the impact of shortages upon those professions whose skills are in demand.

DRAFT PROPOSAL 10.1

Supported.

DRAFT PROPOSAL 10.2

Speech Pathology Australia strongly supports measures to improve access to rural health services. However, any proposed innovations to improve rural health service access should be equally useful in the city as in rural communities. As such, if changes to job design are to be considered, they should not be in response solely to rural urgency/need but more so to an identified need to meet the needs of the community as a whole.

DRAFT PROPOSAL 10.3

Speech Pathology Australia strongly supports the need for evaluation of current initiatives to improve the sustainability, quality and accessibility to rural and remote health services. Speech Pathology Australia believes adequate evaluation of current initiatives should occur before the introduction of any new initiatives; in particular assessment of the effectiveness of regionally based education and training relative to other policy initiatives. To promote cooperation and workforce retention, rural divisions of general practice should be transformed into rural divisions of primary care. Workforce initiatives should focus on attracting and retaining all health professionals required to provide equitable and best quality care to rural and remote communities.

DRAFT PROPOSAL 11.1

Speech Pathology Australia supports the use of a multidisciplinary team approach, through the development of Divisions of Primary Care, as means to address the needs of groups with special needs. The required mix and types of skills of the health

professions will vary for each group with special needs, and thus a general framework for all health areas is not appropriate.

REFERENCES

Lambier, J (2002). *Speech Pathology Australia Membership Survey – Part A.*

Speech Pathology Australia (2005). *Work Value Submission July 2005*

Speech Pathology Australia (2003). *Professional Self Regulation (PSR)*

Speech Pathology Australia (2001). *Competency Based Occupational Standards (CBOS) for Entry Level Speech Pathologists.*

Speech Pathology Australia (2000). *Code of Ethics.*