

Speech Pathology Australia's Submission to the

The Senate Select Committee on the Future of Work and Workers

Inquiry into the Future of Work and Workers in Australia

30 January 2018



Committee Secretariat
Select Committee on the Future of Work and Workers
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Committee

Speech Pathology Australia welcomes the opportunity to provide feedback to the Senate Select Committee on the Future of Work and Workers' Inquiry on the impact of technological and other change on the future of work and workers in Australia.

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 8400 members. Speech pathologists are university trained allied health professionals with expertise in the assessment and treatment of communication and swallowing disabilities.

Difficulties in speech, language, fluency, voice, social communication and swallowing can occur in isolation or the person may have difficulties in more than one area. Communication and swallowing difficulties can arise from a range of conditions that may be present from birth (e.g. Down Syndrome or Autism Spectrum Disorder), emerge during early childhood (e.g., stuttering, severe speech sound disorder), or during adult years (e.g., traumatic brain injury, stroke and head/neck cancers, neurodegenerative disorders such as motor neurone disease) or be present in the elderly (e.g., dementia, Alzheimer's disease, Parkinson's disease).

Communication disorders encompass difficulties with speech (producing spoken language), understanding or using language (including oral language, reading, spelling and written expression), voice, fluency (stuttering), and pragmatics (the social use of language), or a combination of areas. There is very strong international and Australian evidence that communication disorders negatively affect an individual's academic participation and achievement, employment opportunities, mental health, social participation, ability to develop relationships, and overall quality of life.

The Australian Bureau of Statistics' 2015 Survey of Disability, Ageing and Carers, estimated that 1.2 million Australians had some level of communication disability, ranging from those who function without difficulty in communicating every day but who use a communication aid, to those who cannot understand or be understood at all.

Speech pathologists work in both publicly and privately funded services. In recent years, there has been a significant shift in the location of service delivery from a previous majority government-employed to the private sector including private practice (many as sole traders), not-for-profit and non-government organisations.

We hope you find our comments useful. If you require any further detail please contact Ms Gail Mulcair, Chief Executive Officer

Yours faithfully

Gaenor Dixon

National President

Speech Pathology Australia's Submission to the Senate Select Committee on the Future of Work and Workers Inquiry into the Future of Work and Workers

Speech Pathology Australia welcomes the opportunity to provide comment to the Senate Select Committee on the Future of Work and Workers' Inquiry into the Future of Work and Workers in Australia. We preface our remarks to relevant terms of reference with information on communication and swallowing disability and the role of speech pathologists in improving outcomes for Australians with speech, language, communication and swallowing disability.

About speech pathologists and Speech Pathology Australia

Speech pathologists are the university trained allied health professionals who specialise in diagnosing and treating speech, language, communication and swallowing problems. Speech pathologists work across the life span with infants, children, adolescents, adults and the elderly with communication and swallowing problems.

Speech pathologists provide services in the acute care (hospital), sub-acute care, rehabilitation and primary care sector (including community health, general practice and mental health services) as well as within other sectors such as disability, residential and community based aged care, education, juvenile justice, prisons and community settings.

Speech pathologists work in both publicly and privately funded services. In recent years, there has been a significant shift in the location of service delivery from a previous majority government-employed to the private sector including private practice, not-for-profit and non-government organisations.

Speech pathologists undertake a four-year undergraduate degree or a two-year graduate entry Masters degree to be qualified as speech pathologists. To be eligible to graduate students must have achieved the minimum skills, knowledge base and professional standards described in the Competency Based Occupational Standards (CBOS) Entry Level¹.

There are no formally credentialed areas of specialty within the speech pathology profession in Australia. New graduate speech pathologists enter the workforce with a minimum level of skills that equip them to commence working with the full range of ages and speech pathology client groups. Many practitioners tend to focus their practice on infants and children (paediatric speech pathology) or adults and the elderly (adult speech pathology practice) or in different areas of clinical practice.

It is recognised within the profession, however, that there are a number of client groups (e.g., those with multiple disabilities, or clients with complex communication needs) and a number of speech pathology clinical areas (e.g., assessment and prescription of Augmentative and Alternative Communication (AAC) for clients with complex communication needs) or mealtime assessment for clients with multiple disabilities, that require further skills and competencies than those gained in entry-level training degrees. For example, complex procedures such as Fiberoptic Endoscopic Evaluation of Swallowing (FEES), which is an instrumental imaging technique used to evaluate and manage dysphagia, requires advanced skills and knowledge. Speech pathologists intending to use FEES must firstly participate in a formalised training program, underpinned by an educational framework, to ensure competency in performing FEES and/or interpreting videoendoscopic images of swallowing.

Speech pathology is a self-regulated health profession through Certified Practising Speech Pathologist (CPSP) membership of Speech Pathology Australia. Speech pathologists are not required to also be registered with the Australian Health Practitioners Regulation Agency (AHRPA).

The CPSP credential is required to be an approved provider under a range of government funding programs including Medicare, all private health insurance providers, some Commonwealth aged care

funding, Department of Veteran Affairs (DVA) funding, Betterstart for Children with Disability (BetterStart) and Helping Children with Autism (HCWA) programs.

The NDIS Quality and Safeguarding Framework also requires that providers of speech pathology services funded through the NDIS are required to be CPSP members of Speech Pathology Australia.

About communication and swallowing disability

Difficulties in speech, language, fluency, voice, social communication and swallowing can occur in isolation or the person may have difficulties in more than one area. Communication and swallowing difficulties can arise from a range of conditions that may be present from birth (e.g. Down Syndrome or Autism Spectrum Disorder), emerge during early childhood (e.g., stuttering, severe speech sound disorder), or during adult years (e.g., traumatic brain injury, stroke and head and neck cancers, neurodegenerative disorders such as motor neurone disease or Parkinson's disease) or be more prevalent in the elderly (e.g., dementia, hearing and vision changes).

Individuals with communication and/or swallowing difficulties frequently require interventions and supports from multiple service areas. This includes health, the disability and education sectors, aged care services, and mental health services. Communication and swallowing difficulties can result in significant social disadvantage, impact negatively on relationships, result in reduced independence, reduced participation in community activities, including education and employment, and need for social support services, acute medical care or residential care. Swallowing difficulties in particular can present a significant health risk, and can result in adverse medical complications and even death.ⁱⁱ Early intervention, supported by robust quality and safety standards will assist in reducing these risks.

The clinical protocols for speech pathology treatment are evidence based and often supported by multidisciplinary scientific evidence for efficacy. Clinical protocols for treatment in terms of session duration, frequency of care, and intensity differ depending on the clinical presentation and diagnosis.

There is often a poor understanding by the general community of the experiences of people with communication and swallowing disability in Australia. This is exacerbated by the fact that some individuals with communication and swallowing disorders have no obvious outward physical signs of their disability. This can significantly affect individuals' access and participation in the wider society, and have negative impacts on their social and emotional wellbeing, and quality of life outcomes.

The Australian Bureau of Statistics' 2015 Survey of Disability, Ageing and Carers (SDAC), estimated that 1.2 million Australians had some level of communication disability, ranging from those who function without difficulty in communicating every day but who use a communication aid, to those who cannot understand or be understood at all.ⁱⁱⁱ

There is an overlap of incidence between the different types of communication disorders and swallowing disorders, with some Australians experiencing both due to developmental, disease or injury processes (for example, individuals with Down Syndrome, cerebral palsy or Parkinson's disease). It is also clear that these prevalence figures will likely increase exponentially as the population ages.

In recognition of the prevalence of communication and swallowing problems and in accessing speech pathology services in Australia, in 2014 the federal Senate Community Affairs References Committee held an inquiry into the prevalence of speech, language and communication disorders and speech pathology services in Australia.

Speech Pathology Australia's feedback to relevant sections of the consultation's terms of reference

When considering the impact of 'technological and other change' on the future of speech pathology services and speech pathologists working in Australia, we focus on what would affect the desired outcome of having adequate numbers of speech pathologists, appropriately distributed, to ensure timely access for all Australians who require speech pathology services/intervention.

Impact of technology – models of care, training and education

Technological developments such as assistive technologies, telepractice, robotics, virtual reality, and developments in medical instrumentation and imaging are already transforming intervention options, role definitions, relationships between professionals, service delivery practices, and approaches to learning.

Speech Pathology Australia would always support any innovation that would lead to improved access to appropriate and timely speech pathology services, address service gaps, improve service efficiency and productivity and improve retention of speech pathologists, especially in rural and remote settings. One such innovative model of care is telepractice.

Telepractice may encompass individual sessions, group sessions, specialist clinical consultation, and clinical training/supervision. Telepractice service delivery may be provided between individual sites or multiple sites. Telepractice encompasses synchronous (real-time delivery) or asynchronous (delayed delivery/store and forward) formats. A hybrid model is also utilised which combines these two technologies (e.g. videoconferencing with store and forward capabilities) to optimise clinical decision making in the presence of unreliable infrastructure/connectivity^{iv}. The technologies that are associated with telepractice include the clinical use of videoconferencing (both hardware and software), teleconferencing, email, and store and forward of clinical data.

As with standard care, clinicians using telepractice are bound by professional practice documents including Speech Pathology Australia's Code of Ethics, Parameters of Practice, Credentialing Position Statement and existing national and facility based guidelines. Speech pathologists engaging in telepractice should possess the necessary knowledge and skills to provide the level of clinical service required, as they would in standard care.

Clinicians undertaking telepractice should be appropriately trained to operate the telepractice equipment and deliver the modified clinical service. This knowledge and skill base should be reviewed, maintained, and updated to meet advancements in technology and telepractice services. Any training required is the responsibility of the service provider and must be maintained in accordance with clinical and operational standards

A thorough understanding is required of the telepractice environment (site based versus home based services) and the telepractice systems (i.e. hardware vs software/mobile devices) to be used. This includes audio-visual capability, peripheral devices, interoperability between the prospective systems and network quality. Telepractice services should be supported as per standard care. The physical environment in which the service is delivered should be safe, confidential, and modified (e.g., lighting) to optimise the telepractice session. Adherence to relevant policies and regulations regarding technology and technical safety are essential. Compliance with Australian privacy legislation must be met to ensure client-clinician confidentiality is maintained when utilising the chosen technological platform/network (e.g. videoconferencing via secure versus insecure networks). Appropriate workplace documentation (i.e. health information) and procedures (e.g. infection control) should also be followed.

The uptake and sustainability of telepractice as a model of care requires that educational programs include evidence-based theoretical and practical training of telepractice in their curriculum. Ideally these educational programs should enable students to suitably determine and facilitate the translation of current clinical services into a telepractice model, where appropriate.

Within Australia, there are currently limited reimbursement models for telepractice delivered by speech pathologists and this contributes to the barriers for uptake of telepractice in public and private speech pathology services. Although some speech pathology studies have reported the potential for cost savings using telepractice, further research is required to advocate for mainstream reimbursement for telepractice services in speech pathology.

Speech Pathology Australia recognises that telepractice may address some of the issues of inequity of access to speech pathology services in Australia and that demand for this service delivery model is

increasing. It is critical that the outcomes from speech pathology services using telepractice are at least comparable to current clinical care. In addition telepractice services may offer the opportunity to enhance existing models of care. Speech Pathology Australia acknowledges that the evidence-base for telepractice is rapidly evolving and that as technology and communication infrastructure becomes more sophisticated and accessible this evidence-base will continue to grow^{v,vi, vii}

Other important tools that have the potential to facilitate the development of new knowledge, enable service access and support delivery of more targeted interventions are web-based therapy tools, and social robotics. It will be important to ensure that professionals such as speech pathologists build partnerships in the development and application of such technologies as well as ensuring training and education adapts to include new innovative ways of working.

For example, Curtin University in Western Australia in collaboration with Citrine Technologies in Atlanta, has developed virtual learning technology to train students and health care workers in the development of fundamental communication and interpersonal skills. The current virtual learning education tool is a life-like computer-simulated “avatar” of an elderly Australian gentleman with dementia. This Empathy Simulator, is a computer-based program featuring an avatar character named “Jim”, which has been developed to address the demands of education and health care provision. “Jim”, a virtual client, provides a cost-effective way for students to practise and master essential interpersonal and rapport-building clinical skills before they work with real clients. The simulator challenges students to manage complex scenarios, such as putting the client at ease, delivering bad news and managing clients who are agitated, confused, or feeling depressed.^{viii}

With funding provided by the Australian Government’s Department of Health, Speech Pathology Australia has been working with The University of Queensland to investigate the role and impact of clinical simulation through the *Embedding Simulation in Clinical Training in Speech Pathology* project. Speech pathology students at six participating universities across Australia have participated in a randomised controlled trial comparing students undertaking a traditional clinical placement with those students who received some simulation activities before continuing into their traditional clinical placement. Analysis of data collected from students, educators and trainers is currently underway, with the final report expected later this year.

The future speech pathologist workforce

Workforce shortages

The report to the Senate Community Affairs References Committee’s inquiry into the ‘Prevalence of different types of speech, language and communication disorders and speech pathology services in Australia’ states that there is ‘considerable evidence that the supply of speech pathology services has fallen well below demand, leading to considerable waiting times. These delays for public and community-based services are evident in all states and territories. There is some evidence that services are inadequate in socio-economically disadvantaged areas while in many remote areas, the services are simply not there’.^{ix}

With an ageing population, with predicted increases in those with dementia and multiple co-morbidities; increasing incidence of chronic disease; and increasing incidence of paediatric disability (for example autism spectrum disorders), along with the roll out of the National Disability Insurance Scheme (NDIS), an increase in demand for speech pathology services is expected^x. So while it can be seen that there is demand in many core areas of practice for speech pathologists, which will be suitable for newly graduated or early career speech pathologists, an increasing demand also exists for areas of more complex and specialised practice.

For example, within the disability field, there is strong need for experienced clinicians who have extensive experience in areas of complex communication needs and prescription and training in the use of Augmentative and Alternative Communication (AAC) aids. There is also a high need for those

who have recognised skills in delivering best practice early intervention programs. Similarly, in the Aged Care sector there is a strong need for speech pathologists who have considerable experience in assessing and managing older people with complex needs arising from stroke, progressive neurological diseases, dementia and a range of co-morbidities associated with the ageing process. Expanding or emerging areas of practice, such as mental health and justice services, involving speech pathology services, are not considered suitable for new graduates, without adequate supervision and support, due to the complex and specialised nature of work with these populations.

While Speech Pathology Australia recognises the value of suitably trained and competent support workers and as such has contributed to the development of elective subjects particular to speech pathology practice in the Certificate IV Allied Health Assistance course; support workers should not be used as a replacement for a speech pathologist.

Recruitment from overseas remains important with respect to attracting speech pathologists with more experience, with specialist clinical skills, or with specific academic and research competencies to fill these specific expertise gaps in the speech pathology market. However, balancing the workforce needs of domestic speech pathology graduates versus continuing to enable those with specific competencies to enter the Australian workforce requires ongoing analysis and monitoring.

Maldistribution of speech pathologists

Another consideration is the recognised maldistribution of speech pathologists, with more speech pathologists working in metropolitan versus regional areas and even fewer speech pathologists working in rural and remote communities. Research which has mapped available speech pathologists to local government areas that demonstrate the higher needs for speech pathology (utilising data collected from the Australian Early Development Index) shows a maldistribution across the country, with services lacking in areas of social disadvantage and high need, these were typically in outer metropolitan or rural areas^{xi}.

Workforce planning

While the recent ABS thematic publication *Australians living with a communication difficulty* (2017)ⁱⁱⁱ is both welcome and useful in helping to understand the demand for speech pathology services, a projection of future numbers is still required to inform workforce planning. Without this data, which would indicate future demand trajectories, it is difficult to plan the future speech pathology workforce to ensure it can adequately match service demand.

Other issues impacting workforce - NDIS

The further impact of major reforms, such as the NDIS, cannot be emphasised enough. As mentioned above, there is a high level of unmet need for speech pathology services, and the NDIS is likely to exacerbate this situation; indeed the intermediate evaluation of the NDIS repeatedly acknowledged unmet demand within the scheme^{xii}.

Paradoxically, the very nature of the registration, and in some jurisdictions, the additional verification processes involved in becoming an NDIS registered provider, is acting as a barrier to joining the scheme. Many speech pathologists are sole practitioners, and the high administrative and cost (both time and monetary) burden of registering and operating as an NDIS provider, is forcing a number to either withdraw from the scheme or question joining in the first instance. For example, a survey of our members, carried out in November 2017, showed an estimated 42 per cent of respondents who were registered with the NDIS had considered withdrawing from the scheme at some point during the last six months, indeed thirteen members confirmed that they had already withdrawn. We also asked for estimates of the cost (monetary value) of Third Party Verification (TPV); these ranged from \$1,000 to \$20,000. Even if the highest value is excluded as an outlier, the average estimated cost of TPV is around \$4,500, which would be prohibitively expensive for a sole practitioner. Furthermore, some of

the comments provided by the survey respondents indicated the cost of TPV as the reason for not registering or would be a reason for withdrawing if it became a requirement of the scheme.

Another NDIS related issue, as acknowledged in the intermediate report of the evaluation of the NDIS, concerns the funding of therapist travel^{xiii}. The NDIA's decision to cap the funding each therapist can claim for travel has led to a range of access issues and administrative challenges for speech pathologists which in turn has led to reduced frequency of services for many rural and outer metropolitan Participants.

Recommendations

Speech Pathology Australia recommends:

1. Ensure accurate data, such as workforce statistics and disability prevalence are collected regularly and made easily available, not only to ascertain future need for services such as speech pathology, but also to assist with the development of strategies to ensure the workforce will adequately match demand. This work must be equally applied across both registered and self-regulating health professions.
2. Encourage the use of proven contemporary education practices, for example, the evidence for simulation as a comparable learning opportunity to clinical experiences is growing. As such, accreditation processes need to be sufficiently flexible to promote innovation and diversity of curricula and university pedagogy.
3. Ensure funding models enable and encourage coordination of care across a multidisciplinary team for all Australians with complex and chronic conditions.
4. Ensure reimbursement structures promote innovative service delivery through models of care such as telepractice.
5. Promote strategies that support the development and retention of a quality speech pathology workforce. For example, ensure that any administrative and registration processes associated with schemes, such as the NDIS, do not act as a barrier to providers. It is also prudent to ensure that costs, such as travel for home or community based service provision, is fully costed and included in reimbursement structures.

References

- ⁱ Speech Pathology Australia (2011) *Competency-based Occupational Standards (CBOS)*. Melbourne, Vic.
- ⁱⁱ Ibrahim, J.E., Murphy, B., Bugeja, L., Ranson, D.L., 2015, *Nature and extent of external-cause deaths of nursing home residents in Victoria, Australia*, Journal of the American Geriatrics Society [P], vol 63, issue 5, pp. 954-962.
- ⁱⁱⁱ Australian Bureau of Statistics (2017) Thematic Publication: *Australians living with communication disability*,
<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4430.0Main%20Features872015?opendocument&tabname=Summary&prodno=4430.0&issue=2015&num=&view=>
- ^{iv} Keck, C. S., Doarn, C. R. (2014). *Telehealth technology applications in speech-language pathology*. Telemedicine Journal and e-Health, 20, 653–659. doi:10.1089/tmj.2013.0295
- ^v Hill AJ, Breslin HM. Refining an Asynchronous Telerehabilitation Platform for Speech-Language Pathology: Engaging End-Users in the Process. *Frontiers in Human Neuroscience*. 2016;10:640. doi:10.3389/fnhum.2016.00640.
- ^{vi} Theodoros D.G.(2014) Improving access to speech pathology services via telehealth: Submission to the National Inquiry into the prevalence of different types of speech, language, and communication disorders and speech pathology services in Australia. Brisbane (AU): University of Queensland; 2014. (Submission 234).
- ^{vii} Bridgman, K. (2014) Webcam Delivery of the Lidcombe Program for Preschool Children Who Stutter: A Randomised Controlled Trial, University of Sydney. Australian Stuttering Research Centre, <http://hdl.handle.net/2123/11658>
- ^{viii} Speech Pathology Australia (2016) *Speech Pathology 2030 - making futures happen*. Melbourne: Author ISBN-10 1-876705-14-0
- ^{ix} Senate Community Affairs References Committee (2014) *Final Report. Inquiry into the Prevalence of Different Types of Speech, Language and Communication Disorders and Speech Pathology Services in Australia*. SCARC. Commonwealth of Australia: Canberra.
- ^x Health Workforce Australia 2014: *Australia's Health Workforce Series – Speech Pathologists in Focus*. Department of Health: Canberra
- ^{xi} McCormack, J & Verdon, S (2015). *Mapping speech pathology services to developmentally vulnerable and at-risk communities using the Australian Early Development Census*. International Journal of Speech-Language Pathology. The Speech Pathology Association of Australia Limited.
- ^{xii} Mavromaras, K., Moskos, M., and Mahuteau, S. (2016) *Evaluation of the NDIS, Intermediate Report*, National Institute of Labour Studies, Flinders University. Adelaide.
- ^{xiii} Mavromaras, K., Moskos, M., and Mahuteau, S. (2016) *Evaluation of the NDIS, Intermediate Report*, National Institute of Labour Studies, Flinders University. Adelaide.