



Scope of Practice in Speech Pathology

Revised 2015



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1. Statement of Purpose

The purpose of this document is to inform employers and other professionals of the professional roles, activities, practice settings and guiding frameworks covered by the profession of speech pathology in Australia.

The Scope of Practice aims to be a description of the breadth of practice carried out within the speech pathology profession in Australia, but is not intended to be an exclusive list of areas of practice.

Speech pathologists may extend their scope of practice via additional qualifications, experience or training. The extended activities are not covered by the Scope of Practice however these activities should not be precluded from a speech pathologist's capability, providing the area of practice is within the professional competence of the speech pathologist.

Innovation and research in clinical practice and technology will result in periodic review of this document.

2. Introduction

2.1 What is a Speech Pathologist?

“Speech pathologists study, diagnose and treat communication disorders, including difficulties with speech, language, fluency and voice. They work with people who have difficulty communicating because of developmental delays, stroke, brain injuries, learning disability, intellectual disability, cerebral palsy, dementia and hearing loss, as well as other problems that can affect speech and language. People who experience difficulties swallowing food and drink safely can also be helped by a speech pathologist.”

(Speech Pathology Australia, 2014)

Speech pathologists are autonomous professionals; that is their services are not prescribed or supervised by another professional. Speech pathologists, however frequently collaborate with other professionals.

Speech pathologists provide services across all of the following domains: advocacy, clinical services, consultation, education, prevention, population health and research for communication and swallowing disorders across the lifespan.

Speech pathologists are responsible for ensuring they work within the limits of their competence and update their professional knowledge and skills as needed (Speech Pathology Australia, 2010a).

2.2 About the Document

The Scope of Practice has been developed in alignment with the Speech Pathology Australia documents Code of Ethics (2010a) and the Competency-based Occupational Standards for Speech Pathologists, Entry Level (CBOS) (2011). These documents describe the skills, knowledge, attitudes and ethical behavior expected of Speech Pathology Australia members practising in Australia.

2.2.1 Extended Skills and Credentialing

Extended skills are emerging practice areas from new innovations, technology or research and are important for the development and growth of the profession. Extended skills are not discussed in the Scope of Practice document however this should not limit or prohibit speech pathologists working in these areas subject to appropriate training, credentialing and/or endorsement by an employing body.

Credentialing is the process of validating an individual's qualifications, skills, experience, training and/or competency to perform certain procedures or service activities against a set of recognised standards (Speech Pathology Australia 2009a).

Speech Pathology Australia currently has an extensive role in credentialing speech pathologists at the

point of graduate entry into the profession (Entry-Level). Credentialing of extended skills is NOT undertaken by Speech Pathology Australia. Credentialing of extended skills is typically undertaken by employing bodies.

2.2.2 International Context

The development of this document has been undertaken with reference to international associations' scope of practice documents or equivalent that are signatory to The Agreement for the Mutual Recognition of Professional Association Credentials (2008). The relevant associations include: American Speech-Language Hearing Association (ASHA), Speech-Language and Audiology Canada (SAC), The Royal College of Speech and Language Therapists (RCSLT), Irish Association of Speech and Language Therapists (IASLT) and the New Zealand Speech-Language Therapists' Association (NZSTA).

2.3 Framework for Practice

In Australia speech pathology practice is guided by a professional framework. The framework highlights that practice needs to utilise the best available evidence and meet the needs of individuals with communication and swallowing disorders (Speech Pathology Australia, 2011). Speech pathologists need to provide culturally sensitive services, utilise best available evidence to support clinical decisions and be able to apply the social health principles of individual functioning and well-being into their practice. It is expected that speech pathologists have knowledge of and utilise the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001) and the Child and Youth version (ICF-CY, 2007) to provide a holistic approach to service provision.

The ICF provides a conceptual framework for speech pathologists within which individual functioning and health are paramount. Applying the ICF to the clinical practice of speech pathology, practitioners can incorporate both the diagnosis of impairment (body function and structure) and the activity and participation of the individual to assess the impact of the communication and/or swallowing disorder on quality of life (World Health Organization, 2001). A guiding principle of speech pathology assessment, habilitation and/or rehabilitation is a thorough evaluation of an individual's functional abilities. Using the ICF framework, including contextual factors (environmental and personal) and activity and participation levels, allows speech pathologists to collaboratively set goals with an individual and their caregivers.

3. Scope of Practice

This Scope of Practice is presented with the following structure.

1. Relationship of the Scope of Practice to Speech Pathology Australia

The Scope forms one of the core foundation documents for speech pathologists practising in Australia. Diagram 3.1 illustrates the Scope of Practice relationship to other key Speech Pathology Australia documents.

2. Populations (Who speech pathologists work with)

The "Populations" section will describe the recipients of speech pathology services in Australia.

3. Services (What speech pathologists' practice includes)

The "Services" section lists the activities of speech pathologists in Australia in terms of:

- clinical services provided
- service management

4. Rationale (Why speech pathologists provide services)

The "Rationale" section outlines the range of intended outcomes of speech pathology services in Australia.

5. Contexts (Where speech pathologists practice)

The “Contexts” section lists the range of organisational contexts and environments in which speech pathologists work in Australia.

6. Models of Service Provision (How speech pathologists provide services)

The “Models” section provides examples of the range of service delivery approaches used by speech pathologists in Australia to guide their work practices.

Note 1: Involvement in some areas may necessitate specialised education, training and supervision.

Note 2: While examples are provided, lists are not intended to be exhaustive nor exclusive.

Note 3: A speech pathologist does not work typically with all populations or practice in all contexts listed in the document.

Note 4: It is recognised that some activities may also be undertaken by other professionals and/or in consultation with other professionals.

3.1 Scope of Practice Relationship

This diagram illustrates how the Scope of Practice fits within existing legal, ethical and professional frameworks. The Scope of Practice forms one of the key foundation documents for speech pathologists practising in Australia.



3.2 Populations (Who speech pathologists work with)

Newborns through to old age

Individuals with disabilities related to (disabilities include: impairments, activity limitations and participation restrictions):

- Speech
- Fluency
- Voice
- Resonance

- Receptive language
- Expressive language
- Pragmatics and social skills
- Cognitive communication
- Problem Solving
- Emergent literacy and literacy
- Sensory awareness
- Eating, drinking and swallowing
- Alternative and augmentative communication

Communication and swallowing issues may be a result of or contributed to by a range of factors including:

- Developmental delay/disorder
- Congenital and/or acquired neurological disorder
- Congenital and/or acquired medical conditions
- Progressive neurological and medical conditions
- Hearing impairment
- Vision impairment
- Congenital and acquired intellectual disability
- Mental health problems
- Cultural and linguistic diversity
- Trauma
- Socio-economic reasons
- Unknown origin.

Working with or alongside ...

- Individuals with communication and swallowing disabilities
- Parents and families, caregivers, communication partners, friends and colleagues
- Employers
- General public/community
- Other professionals including: health workers, educators, therapy assistants, care workers,
- Interpreters, cultural advisors
- Volunteers
- Speech pathology students
- Speech pathology colleagues.

3.3 Services (What speech pathologists' practice includes)

In Australia a speech pathologist may:

- Provide clinical services independent of other professionals such as:
 - Assessment and diagnosis of communication and swallowing disorders
 - Goal setting
 - Treatment
 - Counselling on aspects of communication, swallowing disorders and therapy
 - Discharge and resolution planning
 - Client/family education and support
 - Documentation
 - Screening and identification
 - Prevention
 - Coordination of care
 - Onward referral to relevant services
 - Consultation to other health or educational professionals
 - Management (accommodating diverse needs of specific populations)
- Provide advocacy on behalf of clients
- Provide advocacy via involvement in committees, working groups and health boards
- Provide specialist advice, selection and prescription, design and establishment of intervention programs and training in the optimal use/ maintenance of, for example:
 - Augmentative and alternative communication techniques and strategies
 - Communication technology and software
 - Tracheostomy, laryngectomy and voice prostheses
 - Assistive devices (Note: this does not include sensory devices used by individuals with hearing loss and other perceptual disorders)
 - Modified diet and fluids
- Interpret instrumentation data to assist in the diagnosis and management of communication and swallowing. The use of instrumentation and interpretation of data may require assistance from other health professionals depending upon legal requirements and guidelines and the speech pathologist's experience and expertise. Instrumentation may include: videofluoroscopy, electromyography, nasendoscopy, stroboscopy, electrical stimulation and communication technology.
- Address behaviours and make environmental modifications that affect communication, swallowing or other upper aerodigestive functions i.e. dietary modification, tracheostomy management
- Provide services such as hearing screening, auditory training, speech-reading, interpretation of audiological report, speech and language intervention/rehabilitation secondary to the hearing loss or central auditory processing disorders
- Provide services to modify or enhance communication performance (e.g. preventative voice care, accent modification)

- Conduct service management activities such as:
 - Human resource management, including supervision of speech pathology students and colleagues, mentoring, recruitment. Supervision of speech pathology practice may occur as part of a leadership or management role within an organisation or externally through a contractual arrangement with another service provider.
 - Business planning
 - Financial management
 - Physical resources and facilities management
 - Marketing and public relations
 - Quality improvement
 - Education of others (students, staff, carers and significant others and the community)
 - Research
 - Negotiate service delivery models, referral and prioritisation procedures and team processes
 - Serve as expert witnesses in court

3.4 Rationale (Why speech pathologists provide services)

Populations receiving speech pathology services throughout Australia are diverse. The rationale for intervention and the expected outcome may differ depending on the setting and caseload.

Some examples of outcomes include:

- Diagnosis of:
 - Communication and/or swallowing disorder
- Improvement in:
 - Communication skills and/or swallowing function
 - General health, well-being and quality of life
- Maintenance of:
 - Current communication skills and/or swallowing function
 - Independence
- Reducing risks related to:
 - Communication or swallowing impairment in vulnerable populations
 - Communication disability
 - Respiratory problems and other medical issues associated with swallowing difficulties
 - Anxiety and avoidance due to communication difficulties
 - The development of behavioural disorders
 - The development of literacy problems
 - Educational and vocational under achievement
- Improve knowledge and understanding through education of:
 - Client and family
 - Educators
 - Wider community (e.g. Justice system, Child Youth and Family Services)

- Improving access and participation in various communication environments including:
 - Health
 - Education
 - Social
 - Family
 - Work
 - Community

3.5 Contexts (Where speech pathologists practice)

In Australia, Speech Pathologists work in a private or public capacity, in various contexts. Some examples include:

- Aged care facilities
- Community Health services
- Community Rehabilitation Services
- Community and state agencies
- Corporate settings
- Correctional institutions
- Disability Services
- Early intervention services
- Education settings
 - Childcare facilities,
 - Preschools
 - Primary schools
 - Secondary schools
 - Special schools and special education units
 - Language services
 - Tertiary settings
- Group homes
- Hospital settings
 - Acute hospitals
 - Sub-acute and rehabilitation hospitals
- Industrial settings
- Individual homes
- Mental health settings
- Not for profit organisations
- Private clinic rooms
- Supported employment
- Universities and research facilities

3.6 Models of Service Provision (How speech pathologists provide services)

Speech pathology services may be delivered using varied evidence based approaches. Speech pathologists may work independently or with other professionals. Some examples of service delivery approaches include:

- Early intervention using a team or individual therapist approach
- Use of natural contexts for assessment and intervention (i.e. home, school classrooms, work settings, community)
- Individual or group programs
- Clinic-based intervention
- Intensive programs
- Training volunteers and significant others as facilitators of intervention programs
- Multidisciplinary, interdisciplinary and transdisciplinary teams
- Collaborative and consultative partnerships
- Family-centred approaches
- Holistic patient care and management (i.e. considering all aspects of the individual's life and well-being)
- Assessing and prescribing (e.g. communication aids, texture modification for food or fluid)
- Preventative models of service
- Telepractice. This involves using telecommunications technology to deliver clinical services at a distance by linking the speech pathologist to the client, caregiver, or any person(s) responsible for delivering care to the client, for the purposes of assessment, intervention, case discussion, and/or consultation.

4. References

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