



Professional Standards for Speech Pathologists in Australia



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Pathology
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Acknowledgement of Aboriginal and Torres Strait Islander peoples and communities

Speech Pathology Australia recognises, values and respects Aboriginal and Torres Strait Islander peoples' cultures, knowledges, languages and ways of healing and the connection to and custodianship of land, waterways and sea.

Our commitment

On 3 June 2019, Speech Pathology Australia delivered a formal apology to Aboriginal and Torres Strait Islander peoples for the profession's actions, and lack of action, that have resulted in negative impacts on the language survival, health, educational and well-being outcomes of Aboriginal and Torres Strait Islander peoples. Going forward, Speech Pathology Australia is committed to contributing to a future where Aboriginal and Torres Strait Islander peoples and communities have timely access to culturally safe and responsive speech pathology services that are designed, led and implemented by communities.

The Professional Standards for Speech Pathologists in Australia (Professional Standards) are a demonstration of that commitment, now and into the future. The Professional Standards define approaches to professional practice that acknowledge past and current wrongs. They highlight the need to listen to, respect, learn from and collaborate with Aboriginal and Torres Strait Islander peoples to achieve equitable health, well-being, language and educational outcomes for individuals, families and communities.

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About the Professional Standards

The Professional Standards for Speech Pathologists in Australia (Professional Standards) detail

- 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
- 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.

The Professional Standards should not be read in isolation. Speech pathologists should also be cognisant of, and comply with, relevant legislation, Speech Pathology Australia policies and the *Speech Pathology Australia Code of Ethics*.¹

The Professional Standards and the Speech Pathology Australia Code of Ethics are integrated; they operate in parallel and in a complementary manner. While the documents might use slightly different language in relation to certain concepts, the language is intended to embody the same principles and any difference in that language does not derogate from the meaning or application of the principle under either document—the underlying intention and purpose of the principle is the prevailing consideration.

Items which appear in the glossary are **bolded** the first time they appear in the text.

The Professional Standards are administered by Speech Pathology Australia.

The speech pathology role

Speech pathologists are **autonomous professionals**. Speech pathologists have comprehensive knowledge and understanding of communication and swallowing, and communication and swallowing needs, throughout an individual's lifespan. Speech pathologists support every individual's right to optimal communication and swallowing.

A range of factors may cause or result in an individual or **community** having communication and swallowing needs. These may include but not be limited to

- delay, disorder, disability, impairment or loss
- inadequacy or incongruence of communication and swallowing for social, personal, community and vocational needs.

Speech pathologists work towards optimising

- communication for interacting and exchanging information, for a range of purposes and across different contexts, including understanding and expression using verbal (speech), written, signed, natural nonverbal, and augmentative and alternative communication
- swallowing to support health, well-being and participation. Swallowing includes orally eating, drinking and taking medication, saliva control, sucking, chewing and mealtime participation, as well as protecting the lungs from food, drink and saliva.

The work of a speech pathologist involves

- facilitating individuals' communication and swallowing goals
- enhancing the awareness, capabilities and participation of those who interact with, care for and support individuals with communication and swallowing needs
- implementing **prevention and promotion strategies** with individuals, groups, communities and at a population level to reduce the impacts and incidence of communication and swallowing needs
- creating inclusive social and physical environments by developing social supports and structures and providing recommendations to improve services, systems, policies and laws.

Speech pathologists provide individual, **targeted** and **universal/systemic** services that are

- informed by the goals and needs of individuals and communities
- planned and delivered using best available evidence
- guided by local context.

In all aspects of their work, speech pathologists

- uphold the principles of ethical practice
- are informed by the principles of **evidence-based practice**
- provide **person, family and community-centred practice**
- advocate for people's rights for optimal communication and swallowing
- respect the qualities that make each person and community unique
- provide access to culturally safe and responsive services that acknowledge and respond to cultural and linguistic diversity in the communities and individuals they serve
- recognise language as an important cultural determinant of health and well-being
- are committed to safe, quality care and continuous improvement and innovation
- are focused on partnership and collaboration with individuals, their families and communities, as well as other professionals.

Speech pathology practice

A diverse and evolving profession

Speech pathology practice is continually evolving. Speech pathologists practise in a wide range of contexts and with diverse people and communities in roles such as clinicians, managers, researchers, educators, policy advisers, advocates, consultants and **community development** professionals.

The profession has grown and developed in response to community needs and research evidence and continues to respond flexibly to changes in technology, community expectations, demographics, evidence, government policies and funding models. These factors, among others, are also driving change in the scope of practice for speech pathologists.

Scope of practice

Speech pathology scope of practice aligns with the principles of practice established and followed by other health professions—that is, ‘the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform’². An individual’s scope of practice may be more circumscribed than the profession’s scope of practice and will be ‘directly influenced by the service and client needs’³; however, the individual’s scope of practice will only include that which the individual is educated, authorised and competent to perform.

Use of the Professional Standards

The Professional Standards apply to all speech pathologists, from entry to the profession and throughout their career. They identify and apply to the spectrum of activities which may be involved in the practice of speech pathology. While speech pathologists may not be engaged in activities that relate to all the Professional Standards all of the time, the Professional Standards apply to the extent a speech pathologist engages in the relevant activities, roles or service provision identified in this document and also in circumstances where those activities, roles or service provision would reasonably require the application of the relevant duty or principle set out in the Professional Standards.

The Professional Standards are used to

- inform speech pathologists of the minimum standards expected of speech pathologists in Australia
- guide speech pathologists to evaluate the knowledge, skills and attributes required for their role and work context
- inform the public of the minimum standards they can expect of speech pathologists in Australia
- inform government, policymakers and employers of the minimum standards expected of speech pathologists in Australia
- inform universities responsible for the education of speech pathology students of the minimum standards required of speech pathologists in Australia
- inform Speech Pathology Australia's processes for accreditation of professional-entry speech pathology programs
- inform and guide Speech Pathology Australia's policies and processes regarding the establishment, management and outcome of issues regarding members' practice of speech pathology and professional conduct, including the investigation, management and outcome of complaints it receives regarding an individual member's professional conduct.

Expectations of speech pathologists

The Professional Standards recognise the broad and expanding scope of the speech pathology profession and the diversity of roles within the profession. Speech pathologists must use their knowledge, skills and attributes to practise lawfully, safely and effectively and in a way that meets the Professional Standards. They must also ensure they remain competent as required by law, by their professional ethical duties and by these Professional Standards if they change roles or if the requirements of their role changes.

Australian laws, including the common law and civil liability and consumer legislation, and relevant codes of conduct, require speech pathologists to exercise a reasonable degree of care and skill in the performance of their professional activities—that is, the diligence, skill and care which an ordinary, skilled speech pathologist commonly possesses and exercises. Further, a speech pathologist's duty of care involves taking all necessary steps to avoid acts or omissions which could be reasonably foreseen to injure or harm a person or cause loss or damage. When providing speech pathology services, speech pathologists must (among other things)

- maintain the necessary competence in their areas of practice
- not provide a service of a type that is outside their experience or training
- not provide services they are not qualified to provide
- recognise their limitations and the limitations of the services they can provide.

Professional Standards

Structure of the Professional Standards

Domains, Standards and Elements

The structure of the Professional Standards includes a hierarchy of Domains, Standards and Elements. The three Domains reflect the core areas of competence required for speech pathology practice in Australia, namely,

- professional conduct
- reflective practice and life-long learning
- speech pathology practice.

There are 20 Standards across the three Domains. Professional conduct (Domain 1) and Reflective practice and life-long learning (Domain 2) each contain seven Standards. Speech pathology practice (Domain 3) contains six Standards. These are shown in the Overview of the Professional Standards on page 10.

The Standards are contextualised by Elements which are written as 'We' statements, for example, 1.1a. *We practise competently within the limits of our scope of practice.* Each Standard and Element is informed by and dependent upon the other Standards and Elements across the three Domains. The Standards and Elements for each Domain are detailed on pages 11-16.

The Domains, Standards and Elements detail the knowledge, skills and attributes that must be demonstrated by all university graduates at the time of entry to the profession and demonstrated and applied by all practising speech pathologists, as relevant to the activities and services they provide, throughout their career.

Overview of the Professional Standards

Domains

1. Professional conduct

Standards

- 1.1. Provide ethical and evidence-based practice
- 1.2. Comply with legislation, standards, policies and protocols
- 1.3. Provide safe and quality services
- 1.4. Collaborate with individuals, their supports, our colleagues and the community
- 1.5. Maintain high standards of communication, information sharing and record keeping
- 1.6. Consider the needs of individuals and communities in clinical decision-making and practice
- 1.7. Advocate for optimal communication and swallowing

2. Reflective practice and life-long learning

- 2.1. Demonstrate self-awareness
- 2.2. Use **critical reflection** to guide professional development and practice
- 2.3. Plan personal development goals
- 2.4. Participate in professional development
- 2.5. Acquire, critique and integrate knowledge from a range of sources
- 2.6. Engage in learning with colleagues, students and the community
- 2.7. Contribute to the speech pathology evidence base

3. Speech pathology practice

- 3.1. Develop shared understanding of speech pathology
- 3.2. Assess communication and swallowing needs
- 3.3. Interpret, diagnose and report on assessments
- 3.4. Plan speech pathology intervention or service response
- 3.5. Implement and evaluate intervention or service response
- 3.6. Support development of the profession

Domain 1. Professional conduct

Our practice is ethical, safe and lawful and is guided by evidence and quality processes. We provide culturally safe and responsive services and respect the qualities that make each person and community unique. We collaborate and advocate to achieve the best possible outcomes.

Standards	Elements
1.1. Provide ethical and evidence-based practice	<ul style="list-style-type: none"> a. We practise competently within the limits of our scope of practice. b. We exercise informed ethical judgement consistent with the Speech Pathology Australia Code of Ethics. c. We use evidence-based practice principles and processes. d. We practise as autonomous professionals, using independent judgement in accordance with the profession's knowledge base, Code of Ethics and our individual scope of practice. e. We provide the individual, substitute decision makers or community with information on service options, their costs, evidence base and potential risks, benefits and outcomes to obtain informed consent. f. We substantiate our decisions and take responsibility for our actions. g. We monitor and maintain our health and well-being for safe and effective practice.
1.2. Comply with legislation, standards, policies and protocols	<ul style="list-style-type: none"> a. We comply with government legislation, regulations and codes of conduct. b. We adhere to Speech Pathology Australia standards, policies and practice guidelines. c. We carry out our roles and manage our workload in accordance with our workplace policies, priorities and protocols and subject to law.
1.3. Provide safe and quality services	<ul style="list-style-type: none"> a. We use continuous improvement processes to guide systematic improvements to service safety and quality. b. We identify, evaluate and manage risks that may result in damage, harm, liability or loss. c. We use clinical governance frameworks to ensure safe and quality practice when we delegate tasks. d. We benchmark our practice, processes and outcomes against practice guidelines and the performance of other services. e. We contribute to evaluating service provision outcomes against service goals. f. We contribute to a learning environment in which our colleagues and students feel safe and supported to develop their skills, innovate and practise new approaches. g. We demonstrate digital literacy across practice areas and tasks.
1.4. Collaborate with individuals, their supports, our colleagues and the community	<ul style="list-style-type: none"> a. We use person-centred, family-centred and community-centred approaches, as relevant to the context. b. We engage in interprofessional collaborative practice to achieve respectful partnerships across disciplines and provide safe, high-quality, coordinated services. c. We develop partnerships with individuals, communities, leaders and Elders to plan, develop, implement and monitor speech pathology practice. d. We address conflict and respond to differences in perspectives in a proactive, respectful and timely manner.

<p>1.5. Maintain high standards of communication, information sharing and record keeping</p>	<ul style="list-style-type: none"> a. We use accurate, accessible communication to respond to the needs of individuals and communities in all circumstances. b. We work with interpreters, translators and support workers, including cultural support workers, to facilitate service delivery for individuals and communities in their preferred language and mode of communication. c. We gain informed consent from individuals, substitute decision-makers, family or extended family for information sharing and practice. d. We maintain the confidentiality and privacy of individuals and communities in accordance with our professional duties and the law. e. We recognise and respond when it is necessary to share information to safeguard individuals and the community in accordance with our professional duties and the law. f. We maintain accurate, timely, complete and secure records of practice.
<p>1.6. Consider the needs of individuals and communities in clinical decision-making and practice</p>	<ul style="list-style-type: none"> a. We provide culturally safe and responsive services that acknowledge cultural and linguistic diversity in the communities and of the individuals we serve. b. We adapt our practice to respond to the influence of personal history, culture, language and social background on optimising the communication and swallowing goals of individuals and communities. c. We are guided by Aboriginal and Torres Strait Islander peoples and communities to respond to their shared identity as well as the differences in history, culture, language and traditions across nations, communities, families and individuals.^y
<p>1.7. Advocate for optimal communication and swallowing</p>	<ul style="list-style-type: none"> a. We advocate for the role of the speech pathology profession and the needs of individuals and communities to employers, the community, legislators, policymakers and funders. b. We promote the human right to freedom of opinion and expression as stated in Article 19 of The Universal Declaration of Human Rights⁴ and Article 21 of The Convention on the Rights of Persons with Disabilities.⁵ c. We partner with individuals and communities to advocate for the rights of all people to optimise their communication and swallowing. d. We collaborate with those experiencing vulnerability and disadvantage, individuals and communities to advocate for speech pathology services.^p e. We collaborate with Aboriginal and Torres Strait Islander individuals and communities to advocate for and work towards equitable outcomes and development and delivery of speech pathology services that respond to contemporary needs, recognising community and cultural strengths and the ongoing impacts of colonisation and intergenerational trauma that may affect health and well-being.^o

^y Examples include gender-based roles and responsibilities, the role of kinship systems and traditional healing practices.

^p Vulnerability and disadvantage may arise from a wide range of circumstances. Examples include socioeconomic disadvantage; living in a rural or remote community; being a member of a minority group based on ethnicity, culture, faith and beliefs, language, sexuality or gender; experiences of physical or mental illness, disability, trauma, imprisonment, being a refugee, etc.

^o For Aboriginal and Torres Strait Islander peoples and communities, the consequences of the colonisation of Australia are ongoing due to intergenerational trauma and poorer health outcomes, resulting from systematic discrimination and institutional racism; experiences of violence and exploitation; a dramatic decline in the Aboriginal and Torres Strait Islander population; loss of connection to country, culture and language; forced removal of children; epidemics of contagious disease; and intersectional disadvantage. These issues present additional barriers to inclusion and access to services, particularly in relation to experiences of **cultural safety** and trust.

Domain 2. Reflective practice and life-long learning

We are reflective practitioners who seek to continually develop our own knowledge and approaches to practice and support the learning of others.

Standards	Elements
2.1. Demonstrate self-awareness	<ul style="list-style-type: none"> a. We can describe our own cultural identity, values, and personal biases and the culture of the system in which we work. b. We demonstrate awareness of our personal and professional abilities and limitations and how they develop and change over time and across contexts.
2.2. Use critical reflection to inform professional development and practice	<ul style="list-style-type: none"> a. We use our awareness of our personal and professional abilities and limitations to inform our scope of practice, our professional development needs and our participation in professional supervision and mentoring. b. We develop our reasoning and decision-making through critical reflection on our practice at an individual, team, organisational and policy level. c. We reflect on and integrate insights into our practice regarding <ul style="list-style-type: none"> • the social, political, legal, cultural and organisational context of our work • the influence of culture, language and social background on experiences of communication and swallowing goals and needs • the impact of historical and current injustices, culture and language in our practice with Aboriginal and Torres Strait Islander peoples and communities.
2.3. Plan personal development goals	<ul style="list-style-type: none"> a. We establish, review and revise goals for our professional development, informed by insights from self-reflection; feedback from others; current and emerging evidence, policies and community priorities; and workplace practices and priorities. b. We develop a plan to progress our professional development goals. c. We advocate for our professional development needs.
2.4. Participate in professional development	<ul style="list-style-type: none"> a. We participate in professional development, supervision and/or mentoring to develop knowledge and skills relevant to our roles and to maintain currency. b. We engage in development opportunities, supervision and mentoring to enable responsive and reflective services that meet the preferences and needs of people from diverse cultural, language and social backgrounds.
2.5. Acquire, critique and integrate knowledge from a range of sources	<ul style="list-style-type: none"> a. We acquire, critique and integrate knowledge from different sources to develop and inform our practice, including <ul style="list-style-type: none"> • contemporary theory • research, practice, evidence, outcomes, knowledges and experiences of individuals and their supports, and community members, leaders and Elders • speech pathology colleagues and colleagues from other disciplines • cultural, ethical, legal, policy and organisational knowledge and requirements. b. We recognise limitations in the speech pathology evidence base relevant to our areas of practice.

2.6. Engage in learning with colleagues, students and the community	a. We participate in reciprocal learning with our speech pathology colleagues, colleagues from other disciplines, students, service users, their families and social networks, and community members, leaders and Elders.
2.7. Contribute to the speech pathology evidence base	a. We generate possibilities for advancing practice by challenging ideas, asking questions and being open to opportunities. b. We share the outcomes of quality evaluations and service benchmarking with stakeholders. c. We participate in research that contributes to the evidence base of the profession. d. We engage in ethical, inclusive and rigorous research. e. We plan and conduct research and share research outcomes in collaboration with individuals, their families and social networks, as well as community leaders, Elders and organisations representing diverse cultural, language and social backgrounds. f. We ensure research with Aboriginal and Torres Strait Islander peoples and communities responds to local priorities, is planned with and led by community members, and ensures community access, input and influence over how the results are used.

Domain 3. Speech pathology practice

We use our knowledge of communication and swallowing and our commitment to person-centred, family-centred and community-centred practice to assess and determine needs. We plan, implement and monitor responses to support individual and community goals.

Standards	Elements
3.1. Develop shared understanding of speech pathology	<ul style="list-style-type: none"> a. We work with individuals, communities and professionals to develop knowledge and shared understanding of <ul style="list-style-type: none"> • the scope of speech pathology practice • the anticipated functional, activity and participation outcomes of speech pathology services • ways to support optimal communication and swallowing for every individual.
3.2. Assess communication and swallowing needs	<ul style="list-style-type: none"> a. We seek information (within the bounds of informed consent) from a range of sources to understand <ul style="list-style-type: none"> • the individual's or community's strengths and reasons and goals for seeking speech pathology services • the history and current status of communication and/or swallowing needs and concerns. b. We use each contact with the individual and/or community to contribute to ongoing individual assessment or community needs assessment. c. We assess and consider the communication and swallowing goals and needs of the individual and/or community with respect to <ul style="list-style-type: none"> • body structures and functions, and/or • performance and capacity in activities and participation • opportunities for prevention and promotion strategies and initiatives • facilitators and barriers in the social and physical environment. d. We assess the needs of the individual, the individual's community and/or the community in partnership with colleagues, other services and supports, and/or community members, leaders and Elders.
3.3. Interpret, diagnose and report on assessments	<ul style="list-style-type: none"> a. We use clinical reasoning to synthesise assessment findings and formulate a diagnosis or description. b. We use evidence to inform our understanding of why a need exists and to identify factors that may contribute to possible outcomes. c. We integrate the input of the individual, family and community members, leaders and Elders, other colleagues, other disciplines and organisations as needed.
3.4. Plan speech pathology intervention or service response	<ul style="list-style-type: none"> a. We identify communication and/or swallowing intervention or service response options relevant to the identified goals. b. We design an intervention or service response plan informed by a range of options, such as <ul style="list-style-type: none"> • delivering individual, community, targeted, and/or universal/systemic intervention or service responses • developing the knowledge and skills of communication and mealtime partners within families, social networks, services and the community • implementing prevention and promotion strategies and initiatives

	<ul style="list-style-type: none"> • considering enablers and barriers in the social and/or physical environment • using a multidisciplinary, interdisciplinary, or transdisciplinary practice approach • delegating to and liaising with support workers • providing consultative support to other colleagues and services • providing face-to-face service delivery and synchronous and asynchronous telepractice • advocating for and implementing change in the social and physical environment, including political and systemic advocacy • working with services, community groups and organisations. <p>c. We identify how intervention or service response outcomes will be measured.</p> <p>d. We adjust plans over time informed by assessments, changing goals, current needs and outcomes of interventions or service responses.</p>
3.5. Implement and evaluate intervention or service response	<p>a. We implement the agreed intervention or service response that is responsive to the capability and progress of the individual or community.</p> <p>b. We collect, record, analyse and share data to evaluate</p> <ul style="list-style-type: none"> • the fidelity of the intervention or service response • the appropriateness of the goals, plans and approaches being used • the progress towards and acquisition of individual and community goals • the timing of and engagement with other services and supports as needed • when the intervention or service response will be complete. <p>c. We continually refine goals and modify the implementation of the intervention or service response to meet the needs of the individual or community.</p> <p>d. We provide counselling within the scope of the speech pathology role in relation to communication and swallowing and refer to other professionals as required.</p>
3.6. Support development of the profession	<p>a. We participate in activities and provide education and/or practice-based learning opportunities to develop and advance the future speech pathology workforce and profession.</p> <p>b. We contribute to building a diverse workforce.</p>

Appendix

History of speech pathology standards in Australia

Speech Pathology Australia and its members and stakeholders first developed standards for the speech pathology profession in Australia in 1994. Originally known as *Competency-Based Occupational Standards for Speech Pathologists: Entry Level* (CBOS), their purpose was to detail the minimum skills, knowledge base and professional standards required for entry-level speech pathology practice in Australia.

Since that time, the CBOS have underpinned the functions for determining eligibility for membership of Speech Pathology Australia, including accreditation of all current and proposed university programs, assessment of speech pathologists with qualifications from overseas, and assessment of people seeking to re-enter the profession after a period of leave.

The original CBOS were revised in 2001 and then again in 2011 and updated in 2017. The revisions reflected changes in scope of practice, work context and professional terminology. The 2017 update was a step towards reflecting Speech Pathology Australia's commitment to provide **culturally responsive** services to Aboriginal and Torres Strait Islander peoples, with the intention to develop more substantive content in the 2018–19 review.

Development of the Professional Standards

Speech Pathology Australia policy requires speech pathology standards to be reviewed every seven years. The long-term vision for the future of speech pathology in Australia, presented in *Speech Pathology 2030: Making Futures Happen*⁶, also provides an impetus to review the Professional Standards to ensure development of a future-ready workforce.

The Professional Standards are informed by the outcomes of a comprehensive review that invited participation from all of Speech Pathology Australia's members, other speech pathologists across Australia, as well as other professional associations and stakeholders.

Since the revision of the CBOS in 2011, speech pathology practice has continued to change in Australia and globally. The Professional Standards reflect these changes by articulating the breadth of speech pathology practice and supporting a broader definition and scope of practice for the profession. The aim is to stimulate flexibility in scope of practice in response to a changing society and to empower speech pathologists to innovate in response to emerging needs and opportunities. The overarching organising framework of the Professional Standards has been changed to emphasise development of integrated and transferable knowledge and skills.

The Professional Standards incorporate a stronger focus on specific practices required to improve outcomes for Aboriginal and Torres Strait Islander peoples and people from diverse cultural, linguistic and social backgrounds. Culturally safe and responsive practices are the responsibility of all professionals. Speech Pathology Australia acknowledges that cultural responsiveness is fundamental and an area of life-long learning.

Previous versions of speech pathology standards in Australia were primarily relevant to entry-level professionals, overseas-trained professionals and people re-entering the profession. These Professional Standards have broader application, requiring all practising speech pathologists to abide by the standards to the extent that is relevant to their current speech pathology role and work context.

Review

The Professional Standards are reviewed in line with Speech Pathology Australia policies and procedures.

Glossary

An **autonomous professional** is equipped to make decisions about service delivery based on the professional's own knowledge and expertise in accordance with the knowledge base of the profession, legislation, regulation and Code of Ethics.^{7,8}

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 nationality⁹. 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 strength and assets within communities, (2) focus on promoting well-being 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 people's control over their well-being and lives and (5) use participatory methods to facilitate the active involvement of members of the public.¹⁰

Community development is a process where community members are supported to identify and take collective action on issues important to them. It is a holistic approach grounded in principles of empowerment, human rights, inclusion, social justice, self-determination and collective action. Community development considers community members to be experts in their lives and communities, values community knowledge and wisdom, and involves community members at every stage.¹¹

Critical reflection is a process of meaning-making that is the link between thinking and doing. It assists an individual to (1) set goals, (2) use past lessons to inform future action and (3) consider the real-life implications of the individual's thinking. Critical reflection fosters critical evaluation and knowledge transfer by helping individuals to articulate questions, confront bias, examine causality, contrast theory with practice and identify systemic issues.¹²

Cultural identity refers to identification with, or a sense of belonging to, a group based on cultural categories such as nationality, ethnicity, race, gender and religion. Cultural identity is constructed and maintained by sharing collective knowledge such as traditions, heritage, language, aesthetics, norms and customs. As individuals typically connect with more than one cultural group, cultural identity is complex and multifaceted. Identification with cultural groups is dynamic and context dependent. In a globalised world, cultural identity is constantly enacted, negotiated, maintained and challenged through communicative practices.¹³

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.¹⁴

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.¹⁵

Cultural support workers provide a cultural link between professionals and individuals from a range of different cultural backgrounds and professionals to support delivery of culturally responsive services. Examples include Aboriginal and Torres Strait Islander liaison officers and deaf liaison officers.

Digital literacy is the ability to use, manage and evaluate technology to meet personal and professional demands. In the context of the Professional Standards, digital literacy is a holistic term that includes competent use of online communication, professional development and collaboration tools, management of online content, privacy and security, seeking technology-driven options to improve efficiency and to facilitate use of online service delivery models or practice.¹⁶

Elders are men and women in Aboriginal communities who are respected for their wisdom and knowledge of their culture, particularly the Lore. Male and female Elders, who have higher levels of knowledge, maintain social order according to the Lore. The word 'Elder/s' is capitalised as a mark of respect.¹⁷

Evidence-based practice (principles) is the integration of best available external scientific evidence; the education, skills and experience of professionals; the preferences, values and circumstances of service users; and information from the practice context into service delivery and decision-making.^{18,19}

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.²⁰

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.²¹

Informed consent refers to the process whereby a person is given clear and understandable information about the proposed care or treatment and the relevant (or material) risks, and the person agrees for that care or treatment to be provided. As part of their duty of care, speech pathologists must provide such information as is necessary for the client or individual to give consent to treatment and/or research, including information on all material risks and outcomes of the proposed treatment and/or research. Failure to do so may give rise to a professional conduct, or other complaint and/or legal liability even if the treatment (or research) was not negligent.²²

Knowledges is used in the plural form to reflect the range of different knowledge systems that exist across cultures.

Mentoring is a professional support and guidance relationship between a mentee and mentor/s. Mentees usually select their mentor based on their specific learning needs and goals, and on the mentor's established skills or knowledge. Mentoring is not typically aimed at ensuring accountability within a workplace. Individuals may engage with more than one mentor to support their speech pathology practice and professional development throughout their career.²³

A **needs assessment** is a systematic process that provides information about social needs or issues in a place or population group and determines which issues should be prioritised for action. A needs assessment moves beyond individual assessment and explores the needs of a community in a geographical area but could also explore the needs of a specific population group.²⁴

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 guidelines are evidence-based statements that include recommendations intended to optimise service provision and assist practitioners to make decisions about appropriate interventions and responses for specific circumstances. Practice guidelines should assist practitioners, individuals who use services, and communities in shared decision-making.²⁵

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.²⁶

Reciprocal learning emphasises reciprocity in the process of teaching and learning between professionals and the individuals and communities that access their services, between students and professionals, and between professionals within and across disciplines.

Supervision is a professional contracted relationship between a practitioner (the supervisee) and an experienced professional (the supervisor) in the supervisee's area of practice. Supervision is characterised by accountability and adherence to professional, ethical and workplace standards. Supervision supports a supervisee's critical reflection on their practice, addressing a supervisee's work role and personal and professional development needs. Supervision is collaborative and formalised by written agreements, learning goals, and documentation of supervisory activities and progress.²⁷

The term **support worker** includes paid or voluntary workers who are delegated tasks by the speech pathologist to facilitate the delivery of speech pathology services. Other terms for support workers may include support staff, allied health workers, allied health assistants, therapy aides, integration aides, language/literacy aides or school services officers. It is acknowledged that support workers may be part of a multidisciplinary team and may also be supervised and delegated tasks by principals, teachers and other health professionals.^{28,29}

Targeted services are provided to individuals or populations with identified risk factors for communication, swallowing and mealtime participation concerns and needs.

Universal/systemic services deliver whole of population/system interventions focused on promotion and prevention through access to information, advice and self-help resources.

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Professional Standards for Speech Pathologists in Australia

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