New Zealand Speech-language Therapists' Association
Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

NZSTA Programme Accreditation Framework 2011 Amended 2020/21

- New Aotearoa / New Zealand Context Standard 2019
- New fee structure 2020
- New Annual Report and Annual Report submission date 2019
- Revised re-accreditation process including Site Visit Plan and Site Visit Process 2020
- Additional of substantial change document 2020

Current PAC Membership

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Foreword

Welcome to the New Zealand Speech-language Therapist's Association (NZSTA) Programme Accreditation Framework 2011. This document specifies the accreditation and reporting requirements for New Zealand-based Universities providing undergraduate and postgraduate education in speech-language therapy. The main purpose of this document is to ensure that New Zealand speech-language therapy students participate in world-class academic and clinical education programmes.

This document represents the investment of considerable time and effort by many people. In particular, the NZSTA acknowledges the outstanding contributions of the current Programme Accreditation Committee (PAC); Linda Hand, Clare McCann, Colette Maier, Yvonne Cope, Jo Davies and Stella Ward. We also acknowledge the many hours contributed by University staff and previous members of the PAC during the development of the Framework.

The NZSTA appreciates the work that our Universities undertake to ensure that students graduating in the field of speech-language therapy are appropriately equipped with the knowledge and skills to make a difference in the lives of New Zealanders who experience communication and swallowing difficulties. We look forward to ongoing feedback and communication as the professional needs of practising speech-language therapists evolve over time.

Sincerely

Dean Sutherland
President
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The New Zealand Speech-language Therapists' Association
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ACKNOWLEDGEMENTS
Speech Pathology Australia is acknowledged for the permission granted to incorporate CBOS (2011) into the NZSTA Programme Accreditation Framework.

DISCLAIMER
To the best knowledge of the New Zealand Speech-language Therapists' Association (NZSTA), this information is valid at the time of publication. The NZSTA makes no warranty or representation in relation to the content or accuracy of the material included herein. The NZSTA expressly disclaims any and all liability (including liability for negligence) in respect of use of the information provided. The NZSTA recommends you seek independent professional advice prior to making any decision on the basis of matters outlined in this publication.

NZSTA Programme Accreditation Framework
Revised 2011

NZSTA Programme Accreditation Framework

Section One — Defining the Framework

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1.1 Introduction

The NZSTA represents the profession in New Zealand and, as such, is responsible for the maintenance of the professional and practice standards of its members. The setting of accreditation standards appropriate to membership of the NZSTA is an integral part of this overall responsibility.

Speech-language therapy education Programmes provide the initial education for prospective members of the profession and of the NZSTA. These Programmes must provide adequate education in the understanding of human communication and swallowing and their disorders and also include a practical component, to enable graduates to become competent therapists.

Close co-operation between the NZSTA and the Programmes offering qualifications is essential to ensure that they meet their mutual responsibilities. Accreditation is an important part of this co-operation because it provides a vehicle for regular contact, exchange of information and review of courses in relation to the changing needs of the profession.

The principle objective of accreditation is to assess the standard and content of Programmes in relation to the requirements in New Zealand and internationally, and then to assist in any appropriate way to effect changes or improvements that may be desirable. This is a joint exercise between the NZSTA and the tertiary Provider Institutions involved in providing the Programmes. It is designed to be mutually beneficial so that the Programmes can better relate their activities to the needs of the profession and the profession can appreciate developments and requirements in the tertiary education sector.

This document outlines the function and structure of the Programme accreditation process undertaken by the New Zealand Speech-language Therapists' Association Inc (NZSTA). The process is one which awards accreditation status to those New Zealand speech-language therapy education Programmes which educate students for entry-level clinical practice as speech-language therapists. The processes are administered by the PAC of the NZSTA. The terms of reference of the Committee are outlined in Appendix B. The terms used in speech-language therapy are often specific to that context and some terms in this document have specific meanings with regards to this Framework. A glossary of terms and definitions is provided in Appendix A.

1.2 About this Programme Accreditation Framework

This Programme Accreditation Framework provides the guidelines and states the requirements for the accreditation process.

1.3 Speech-language Therapist Role Definition

The NZSTA endorses the following definition of the role of the speech-language therapist:

> *"The speech and language therapy profession recognises the rights of individuals to possess an effective form of communication and swallowing, and the need for efficient and effective service provision.*
> *Speech-language therapists undertake to provide a high-quality service to individuals, service providers and the community and to maximise these functions through assessment and identification, intervention, appropriate liaison, management, advocacy, community education and research"*
>
> *(Speech Pathology Australia, 2001, p.8)*

1.4 Purpose of Accreditation

The key benefit of accreditation is to assure the general public of the quality of the speech-language therapy degree Programmes provided in New Zealand and, by direct inference, of the quality of professional speech-language therapists graduating from any of the accredited Programmes. It also promotes accountability in the Provider Institutions regarding the quality of speech-language therapy education Programmes that are accredited.

Accreditation standards are specified within the NZSTA Programme Accreditation Framework, to ensure that all Provider Institutions offering speech-language therapy education Programmes (hereafter called "Programmes") meet the same standards and are substantially equivalent. All Programmes, whether they are at an undergraduate or postgraduate level, will be assessed the same way, using the same criteria.

The NZSTA Programme Accreditation Framework further serves to:

- Provide an assurance of quality to prospective students
- Inform prospective students for entry to the profession of the standards and range of competencies they must achieve prior to recognition as members of the profession
- Demonstrate internationally the level of competency achieved by New Zealand speech-language therapy students. This international comparability will continue to allow for graduate mobility
- Provide a benchmark against which speech-language therapy qualifications from other countries can be assessed for eligibility for NZSTA membership
- Inform Provider Institutions of the basic requirements of the professional education of speech-language therapists and the level of resources reasonably expected to meet these
- Inform employers of their contribution to the Programme and their responsibilities to entry-level speech-language therapists
- Outline the range and standard of practice employers can expect of entry-level speech-language therapists
- Promote dialogue between the Provider Institutions and the NZSTA.

1.5 Why the NZSTA Accredits Speech-language Therapy Programmes

The NZSTA is recognised by the Government of New Zealand as the professional body representing speech-language therapists in New Zealand. The NZSTA grants accreditation to the Programmes that meet the requirements outlined in the NZSTA Programme Accreditation Framework. A Programme accredited by the NZSTA permits only those students who have achieved the entry-level standard specified in the NZSTA Programme Accreditation Framework to graduate.

By providing the basis for accrediting speech-language therapy Programmes, the NZSTA Programme Accreditation Framework has the potential to also:

- Support the NZSTA in its endeavour to become a registered profession
- Inform and guide the assessment and re-education of those wishing to re-enter the profession, and
- Inform the profession of areas for professional development.

1.6 Principles of the New Zealand Speech-language Therapists' Association (NZSTA) Accreditation Standards

Research and discussion has resulted in the emergence of five principles. These provide the rationale and background concerning the development of the accreditation philosophy and standards.

Principle 1: Accreditation standards will relate to the New Zealand context

The NZSTA Programme Accreditation Framework reflects New Zealand's cultural, social and political identity, as well as a current perspective of speech-language therapy education and practice in this country.

Te Tiriti o Waitangi, as the founding document of Aotearoa New Zealand, provides a framework for how Māori and other New Zealanders agree to work in partnership. The NZSTA is committed to giving effect to the principles of the Treaty within its policies and practices, and to recognising the mutual benefits which follow ~~(see Appendix D).~~

New Zealand has a growing diversity of ethnic groups and cultural identities. The framework recognises that within broader diversity, Pasifika populations are a unique focus in New Zealand. The various needs and aspirations of these diverse groups are recognised and valued by the NZSTA, and competency in working with diverse groups is understood to be basic to practice in New Zealand. Resource levels (e.g. socio-economic resources) are also factors in diversity, and their impact must be recognised and integrated into speech-language therapy practices.

The NZSTA Programme Accreditation Framework recognises and reflects New Zealand's disability strategies. The various needs and aspirations of persons with disabilities are similarly recognised and valued by the NZSTA, and competency in working with disability is also considered basic to New Zealand speech-language therapy practice.

new the NZSTA Principles & Rules of Ethics

The New Zealand Speech-language Therapists' Association ~~Code of Ethics (NZSTA, 2008)~~ provides the fundamental rules of professional conduct for speech-language therapists in New Zealand ~~(see Appendix E).~~
https://speechtherapy.org.nz/wp-content/uploads/2016/03/NZSTA-Principles-_-Rules-of-Ethics-June-2015.pdf

Principle 2: Accreditation standards will ensure that rigorous broad-based academic and clinical standards are upheld

Speech-language therapy is a graduate-entry profession in New Zealand. Entry level is determined as the point at which a person has graduated in speech-language therapy from a Provider Institution in New Zealand and before he or she takes up employment for the first time as a speech-language therapist.

The NZSTA is committed to maintaining the rigorous standards of education that this level of qualification implies. A degree at Level 8 as set out in the New Zealand Register of Quality Assured Qualifications involves skills and knowledge that enable a learner to:

- engage in self-directed learning and advanced study
- demonstrate intellectual independence, analytic rigour, and the ability to understand and evaluate new knowledge and ideas
- demonstrate the ability to identify topics for original research, plan and conduct research, analyse results, and communicate the findings to the satisfaction of subject experts.

(NZQA, 2003).

The NZSTA has strong links with many equivalent professional associations in other countries. In a specialised discipline, international collaboration in teaching and research is essential. Qualified practitioners need international opportunities to extend their professional and clinical practice, to gain specialised skills and to complete postgraduate study. In 2008, the NZSTA joined the international Mutual Recognition of Credentials Agreement ~~(2008)~~ which allows for mutual **2017** recognition of credentials in speech-language therapy between the signatory associations. The NZSTA Programme Accreditation Framework is a fundamental component of the agreement and the NZSTA is committed to maintaining the rigorous standards it contains. The Framework will continue to enhance New Zealand's reciprocal relationship with international professional associations.

The NZSTA is committed to determining the professional and English language competency of candidates for membership. A high level of spoken and written communication skills in English is necessary whether graduates have English as a first language or as a second or other language. The NZSTA recognises that skills in languages other than English have the potential to enhance speech - language therapy practice.

The NZSTA is committed to the provision of a high level of clinical skills in graduates with a competency-based approach to evaluation of these skills across the full scope of practice (see appendices ~~G~~ and H).

https://speechtherapy.org.nz/wp-content/uploads/2013/09/NZSTA-Scope-of-Practice-2012.pdf

Principle 3: Accreditation standards will be sufficiently flexible to allow for the development of diverse and distinctive Programmes

The International Association of Logopedics and Phoniatrics' (IALP) guidelines for initial education in logopedics (speech/language pathology/therapy, orthophony, etc.) were originally published in 1995. The main objective of these guidelines was to harmonise the initial education of speech-language pathologists/therapists worldwide in order to facilitate the international movement of personnel and knowledge and to guarantee education and training of competent and innovative practitioners.

These guidelines were revised by the IALP Education Committee in 2009 in order to address the ongoing cultural, political, professional and educational changes occurring globally. The guidelines include the general framework of the Programme of studies for the education and training of these practitioners. The guidelines also emphasise a research component to foster a research-oriented approach (evidence base) to clinical work, and to assist the student in the critical examination of research in the field. The document is intended to act as a guide but not a substitution for the existing accreditation requirements set by national professional bodies concerned with speech-language pathology.

The IALP guidelines emphasise the importance of accreditation standards that allow for and encourage diversity, sensible risk-taking and a sense of ownership and responsibility.

As a member of the IALP, the NZSTA supports the IALP guidelines with regards to content, the expected duration of Programme and the range of educational routes to achieve a speech-language therapy qualification (see Appendix H).

The NZSTA's Programme Accreditation Framework is sufficiently flexible to allow for the development of diverse and distinctive Programmes. The NZSTA recognises that the Provider Institutions involved are responsible for the educational process and accepts that varying Programme structures, pedagogy and assessment strategies may be used to develop students' skills and to assess students' competencies. However, the NZSTA will consider the evidence of competency of the graduates, and review course and subject outlines and the assessments carried out in the Programmes.

Principle 4: Accreditation standards will clearly define a measurable scope of practice

In order that students become competent clinical speech-language therapists, direction is given regarding the necessary academic and clinical components of the Programmes that will meet this purpose. In addition, it is important to determine the minimum skills, knowledge base and attitudes required for entry-level practice as a speech-language therapist, as defined by the Competency-Based Occupational Standards for Speech Pathologists: Entry Level (The Speech Pathology Association of Australia Ltd, 2011) (CBOS) (see Appendix J).

The CBOS outline the minimum skills, knowledge base and attitudes required for entry-level practice to the profession in Australia. The CBOS provides a comprehensive and in-depth description that fulfils these needs in New Zealand. The NZSTA has adopted the CBOS. Users of the CBOS interpret it for the New Zealand context, while maintaining the intent of the document. The interpretation for the New Zealand context simply involves the substitution of 'New Zealand' for 'Australia'.

We acknowledge that the revised CBOS (2011) has been incorporated into the NZSTA Programme Accreditation Framework with the kind permission of Speech Pathology Australia.

Principle 5: Goodwill

The accreditation process highlights the importance of good relationships and goodwill between the Provider Institutions and the NZSTA. This relationship is focused on providing high quality speech-language therapy services for the population of New Zealand.

Accreditation is a shared experience, which the NZSTA will seek to make as positive, reasonable and collaborative as possible.

The NZSTA accredits each Programme individually, and will negotiate, as far as possible, any conditions that may be required for Full Accreditation. Communication between the Association and Provider Institutions about the accreditation of Programmes will occur regularly at the Heads of Programme meetings. Additionally, the Association's PAC, whose members are drawn from across the broad domains of the profession including the Provider Institutions, will have the opportunity to provide feedback to both parties.

1.7 Accreditation

1.7.1 Full Accreditation

Full Accreditation is awarded when there is evidence that the assessments, the currency and scope of Programme content (as reflected in subject outlines and topics), are deemed to have fulfilled the accreditation criteria.

Once Full Accreditation is awarded, the Association will issue a certificate of accreditation of the Programme to the Provider Institution. This is valid for seven years subject to the qualifications below. During that time, the graduates from the qualification Programme will be accepted as eligible for Provisional Membership of the NZSTA, provided that the Programme remains fully accredited for the duration of their education.

Accreditation may be withdrawn within the seven year period if any of the following occur:

1. The Annual Report statement of changes to curriculum and assessments mapped against the Programme Accreditation Framework Standards is not presented to or accepted by the NZSTA;

2. There are substantive changes made to the assessments, curriculum or Programme structure such that a Programme is judged to no longer be in compliance with all accreditation standards, as indicated by clear evidence of circumstances that jeopardise the capability of the Programme to provide acceptable educational experiences for the students;
3. A Programme has not corrected issues identified at the site visit and/or by the PAC.

Re-accreditation at the end of the seven years

A Provider Institution seeking re-accreditation for a Programme must submit a formal application to the NZSTA PAC no later than six months before the accreditation expiry date. This application may be in lieu of the Annual Report (see 1.9 below). Unless it is renewed, accreditation will lapse at the end of seven years.

In the event of substantive changes

Either party may instigate a re-accreditation if there are substantive changes in the NZSTA's requirements or the Provider Institution's Programme during a seven-year accreditation cycle, and those changes affect the documented assessments of students. A large and cumulative set of significant changes may also, if occurring over more than two years, raise the possibility of re-accreditation. The NZSTA will notify the Programme's Provider Institution at least six months in advance of any substantive changes to the accreditation standards and requirements. It is required that the parties regularly keep each other informed of all changes that affect the assessments and subject outlines presented and accepted for accreditation. The PAC, on the basis of the Annual Reports and the previous site visits, and any notifications from the Programme's Provider Institution or other sources, will evaluate whether a re-accreditation process will be necessary and make a recommendation to the NZSTA Executive Council, who will decide whether or not to direct the Committee to proceed with the re-accreditation process.

1.7.2 Provisional Accreditation

Provisional Accreditation is awarded when the NZSTA Executive Council finds, based on the Accreditation Panel's report, that the assessments, currency and scope of Programme content (as reflected in subject outlines and topics) do not yet adequately demonstrate that the Programme fulfils the accreditation criteria, but that there are a limited number of changes which need to be made to reach those criteria. The NZSTA will indicate which specified conditions must be met to allow full accreditation to be awarded. When provisional accreditation is awarded the NZSTA Executive Council sets a date within 12 months of the initial provisional accreditation award by which specified conditions must be met. If the Programme fails to comply with the specified requirements within that 12 month period it will be deemed 'not accredited'.

A Provider Institution may appeal against the awarding of provisional accreditation.

1.7.3 No Accreditation

A Programme is declared "not accredited" when the NZSTA Executive Council finds, based on the Accreditation Panel's report, that the assessments, the currency and scope of Programme content (as reflected in subject outlines and topics), are deemed to have failed to fulfil the accreditation criteria, and if it is clear that major adjustments to the curriculum and/or assessment processes are necessary before the Programme can fulfil the accreditation criteria, and that those adjustments are likely to take more than 12 months to implement. If a Programme has had Provisional Accreditation for 12 months but is deemed to have not met the specified conditions, it will be deemed "not accredited".

A Provider Institution may appeal against the non-awarding of accreditation.

A Programme must re-apply for the full process of accreditation if 'No Accreditation' is awarded.

1.8 Annual Reports

At the beginning of each calendar year the Provider Institutions with accredited Programmes are required to complete an Annual Accreditation Report in respect of each Programme, using a template provided (see Appendix C). These reports must be submitted to the NZSTA by ~~31st December~~ **1st March** ~~**28th February**~~ every year, except for a year in which re-accreditation is being sought (see below). The purpose of the Annual Report is to provide updated information, including past and anticipated changes in the Programme, as it relates to the Programme's continued compliance with the Programme accreditation standards. The Annual Report must:

1. Respond to issues raised in the review of the prior Annual Report
2. Detail progress towards issues raised in the initial accreditation or reaccreditation report
3. Outline any substantive or significant changes that have been made in the past year in each of the standards.

The Provider Institution is also encouraged to include in the Annual Report ways that the Programme is representing ongoing best practice and innovations that relate to quality improvement, particularly in relation to changes in the profession, fields of knowledge or wider society. The process of Annual Reporting should be usable as documentation of positive progress and a dissemination of good ideas and practices.

The NZSTA, through the PAC, will review the Annual Reports and write an evaluation of the Programme's continued meeting of the standards, its progress towards improvements or the meeting of goals from strategic plans, and its continued reactions to changes in the profession, fields of knowledge or wider society. The review will contain requirements that *must* be addressed in order to avoid putting accreditation status at risk, and other matters which are suggestions or recommendations on the part of the Committee, to which the Provider Institution may respond either in the response indicated below, or in the next Annual Report. These suggestions or recommendations will not be binding on the Provider Institution and it will be clear in the review those things which are mandatory and those which are not. This evaluation of the Annual Report will be sent to the Provider Institution by the 31st of March of that year.

If in the opinion of the PAC, the Programme is at risk of losing its current accreditation status, or the PAC deems that the Programme has lost this status, the review will state this. If accreditation status has changed, the Provider Institution has the right to appeal, as in 3.6 (p. 30).

The Provider Institution may write a response to the review of its Annual Report, if it wishes to comment or expand upon the points made in the review, or in the Annual Report itself, providing the matter does not concern a change in accreditation status. The PAC will endeavour to respond to this correspondence within a month of its receipt.

NZSTA Programme Accreditation Framework

Section Two — The Accreditation Standards

Accreditation Standard for the Aotearoa/New Zealand Context; July 2016

This standard was approved by the NZSTA executive council in September 2016 and now forms part of the accreditation standards in the accreditation framework.

Preface: There is currently (2016) a debate as to what concept is the goal in the area of culture and practice. Terms such as 'cultural competence', 'cultural awareness', cultural sensitivity', 'cultural safety', 'cultural security', 'cultural responsiveness' etc. are contested terms, and there is a yet no consensus on what is required. The SLT profession in NZ needs to decide which of these concepts are the significant ones for us. However this will take time, and in the meantime, the terms are used at various points in this document, but with an awareness that their use(s) may need to change in the future.

Content	Requirements	Acceptable Evidence
1. That the Programme reflects te Tiriti o Waitangi[1] in its recruitment, curriculum and clinical education practices. This includes recognition of Māori as tangata whenua; and how this and te Tiriti apply to professional practices. The Programme needs to provide students with the best possible education in theory and practice about responsiveness to Māori, and show how these are woven throughout the Programme.	1.1. That the Programme, incorporates the Tiriti o Waitangi principle[2] of Partnership	1.1.1. Statements of the strategies and their outcomes as to how the Programme is building strong relationships and networks with Māori, including local iwi, hapū, kōhanga reo and kura kaupapa Māori through 'kanohi ki te kanohi' or face to face communication.
		1.1.2. Evidence that the programme is working with whānau, hapū and iwi to develop practices and procedures that will improve cultural safety and competence in graduates.
		1.1.3. Statements of strategies and their outcomes designed to bring partnership into clinical education. This may include service delivery options in partnership with Māori.
		1.1.4. Statements of strategies and their outcomes designed to bring partnership into academic and research activities in the Programme. This should include evidence that the Provider Institution continually presents the best current research and scholarship concerning Māori, with an emphasis on research and scholarship *by* Māori.
	1.2. That the Programme incorporates the Tiriti o Waitangi principle of Participation	1.2.1. The provision of a plan to actively seek Māori students and staff (see *education structure standard* point 4.2 for evidence required for staff). The plan must include goals and a series of actions to increase Māori student numbers in the Programme.
		1.2.2. Statements of how the Provider Institution and the Programme understand the cultural and institutional barriers that make success difficult for Māori students and staff, and how the Programme demonstrates continual efforts to eliminate and/or overcome these, for example through support and mentoring structures.
		1.2.3 Evidence of how the programme is valuing the contributions of Māori staff and students as Māori[3], to the ongoing development of the programme

[1] See appendix 1 for the 3 versions of te Tiriti – the English, the te reo Māori, and the translation of the te reo Māori version.

[2] See appendix 2 for the origin and nature of the principles of te Tiriti o Waitangi

[3] The expression "valuing the contributions of Māori staff and students as Māori" relates to the NZSTA mission 2016. Māori students, and to an extent staff, do not have an obligation to contribute to the ongoing development of the programme. However, many Māori students and staff will bring with them innate cultural knowledge that they may be happy to share. Examples include te reo Māori ability (e.g. that a student supply a word in te reo Māori for a

Content	Requirements	Acceptable Evidence
	1.3. That the Programme incorporates the Tiriti o Waitangi principle of Protection	1.3.1 Evidence that the programme ensures te Tiriti o Waitangi workshops, sanctioned by Māori and in liaison with local iwi, are accessed by both staff and students
		1.3.2 Evidence for how the Programme has areas of specific focus on tikanga Māori including spiritual beliefs and values, for example in academic curriculum or through guest or invited lecturers
		1.3.3 Evidence of how the programme demonstrates that Māori students and staff are valued and supported to practice as Māori
		1.3.4 Indications of how the Programme builds constant references through the duration of the course to te Ao Māori; these may include visual (eg.,eg. art, symbols), verbal (use of Māori terms by staff wherever possible), tikanga Māori and Māori models of health.
		1.3.5 Indications of how the Programme uses te reo Māori, preferably in both focused and in incidental use, to increase awareness, pronunciation, and skills of understanding in graduates. That the majority of staff in the Programme are involved in this use.
		1.3.6 Evidence for how the Programme conveys to students the concepts of cultural awareness, cultural safety and cultural competence with regards to Māori, and how students' learning of these concepts is assessed.
	1.4 That the Programme reflects te Tiriti o Waitangi principle of Oritetanga or Equity	1.4.1 Evidence of how the programme conveys to students the significance of NZ's colonial history and the ongoing impact of colonisation and breaches of te Tiriti o Waitangi on health and education outcomes for Māori
		1.4.2 Indications in course outlines, lecture and tutorial content, skills of clinical educators and assessment practices for students that the Programme includes tikanga Māori as part of clinical skills. That students demonstrate culturally safe ways of interacting, goal setting and delivering services for Māori. Examples might include specific engagement techniques such as the hui process.
		1.4.3 A plan and outcomes for the continual development of Māori-led research about communication development and disorders.
2. That the Programme develops students' understanding of New Zealand's socio-political and cultural	2.1 That the Provider Institution and the Programme incorporate understanding of the issues of diversity in New Zealand, and ways to overcome	2.1.1 Evidence for where and how information on NZ society is communicated to students. This should include demographic information such as the linguistic and cultural diversity in NZ, social determinants such as poverty, deprivation and ongoing inequities in health & education, and strategies to help overcome these inequities for all population groups in NZ.
		2.1.2 Evidence that the Provider Institution and the Programme understand the particular cultural issues for Pasifika populations in NZ. This shall include the systemic cultural and institutional barriers

concept being taught in class, and that the teacher takes up that word and uses it consistently), ways of relating to Māori clients and whānau (e.g. taking time to exchange pepeha in a clinic session, or Māori networks or practices to contact whānau), networks within Māori communities (e.g. students or staff offering whānau members to contribute to a powhiri or a curriculum area), and insights into the effects of colonisation (e.g an understanding of the lived experience of inequity). It is the responsibility of the programme to work with Māori students and staff to incorporate their worldviews and experience into speech-language therapy teaching and practice. Evidence of this may be anecdotal examples of the ways in which Māori staff and students have been supported in applying their cultural knowledge and ways of working, and how these have contributed to developments within the programme.

Content	Requirements	Acceptable Evidence
character.	inequities.	that can make success difficult (for SLT students and staff as well as clients), and the particular issues in communication disorders for Pasifika peoples. Evidence that the Programme and Provider Institution are undertaking steps to help ensure success within the programme for Pasifika staff and students.
		2.1.3 Evidence that the Provider Institution and the Programme understand the situation of refugee and migrant groups in NZ and the particular issues in communication disorders for these groups, and communicate this to students.
	2.2 That the Programme demonstrates culturally appropriate, collaborative ways of working with a diverse range of cultures.	2.2.1 Evidence of how cultural competence (and related concepts) are understood and communicated to students in working across all cultures. The term 'cultures' here refers to all aspects of cultural diversity including; linguistic, cultural, gender, age, sexual, religious and spiritual. This should include both specific foci and general integration through the academic and clinical courses. Evidence of how the programme keeps current on the ongoing debates in this domain, and updates curriculum and assessment accordingly.
		2.2.2 Course outlines, clinical assessments etc which show how theory and best practice are conveyed to students to achieve competence in working with those who speak languages other than their own.
3. That the Programme reflects New Zealand's perspectives on disability.	3.1 That the Provider Institution and the Programme demonstrate adherence to the current New Zealand Disability Strategy (see Appendix 3).	3.1.1 Evidence of how competence in best practices for working with clients with disability is assessed in students.
		3.1.2 Evidence that the Provider Institution and the Programme demonstrate adherence to the strategy through provision of support for students with disabilities.
4. That the Programme is committed to ongoing development in meeting this standard	4.1 That the Programme demonstrates ongoing development in meeting the requirements of this standard.	4.1.1. Evidence of improvements and developments made in each of content points 1, 2 and 3 since the previous accreditation, if applicable.

(Working Party, Karen Brewer & Linda Hand, additional assistance provided by He Kete Whanaungatanga. Significant contributions were gratefully received from Waimirirangi Andrews, Anneka Anderson, Sharon Farao and Margaret Dudley.)

Appendix 1: Te Tiriti o Waitangi; 3 versions

English text

Article the first

The Chiefs of the Confederation of the United Tribes of New Zealand and the separate and independent Chiefs who have not become members of the Confederation cede to Her Majesty the Queen of England absolutely and without reservation all the rights and powers of Sovereignty which the said Confederation or Individual Chiefs respectively exercise or possess, or may be supposed to exercise or to possess over their respective Territories as the sole sovereigns thereof.

Article the second

Her Majesty the Queen of England confirms and guarantees to the Chiefs and Tribes of New Zealand and to the respective families and individuals thereof the full exclusive and undisturbed possession of their Lands and Estates Forests Fisheries and other properties which they may collectively or individually possess so long as it is their wish and desire to retain the same in their possession; but the Chiefs of the United Tribes and the individual Chiefs yield to Her Majesty the exclusive right of Preemption over such lands as the proprietors thereof may be disposed to alienate at such prices as may be agreed upon between the respective Proprietors and persons appointed by Her Majesty to treat with them in that behalf.

Article the third

In consideration thereof Her Majesty the Queen of England extends to the Natives of New Zealand Her royal protection and imparts to them all the Rights and Privileges of British Subjects.

Source: http://www.nzhistory.net.nz/politics/treaty/read-the-treaty/english-text

Te Reo Māori Text

Ko te tuatahi

Ko nga Rangatira o te wakaminenga me nga Rangatira katoa hoki ki hai i uru ki taua wakaminenga ka tuku rawa atu ki te Kuini o Ingarani ake tonu atu – te Kawanatanga katoa o o ratou wenua.

Ko te tuarua

Ko te Kuini o Ingarani ka wakarite ka wakaae ki nga Rangitira ki nga hapu – ki nga tangata katoa o Nu Tirani te tino rangatiratanga o o ratou wenua o ratou kainga me o ratou taonga katoa. Otiia ko nga Rangatira o te wakaminenga me nga Rangatira katoa atu ka tuku ki te Kuini te hokonga o era wahi wenua e pai ai te tangata nona te Wenua – ki te ritenga o te utu e wakaritea ai e ratou ko te kai hoko e meatia nei e te Kuini hei kai hoko mona.

Ko te tuatoru

Hei wakaritenga mai hoki tenei mo te wakaaetanga ki te Kawanatanga o te Kuini – Ka tiakina e te Kuini o Ingarani nga tangata maori katoa o Nu Tirani ka tukua ki a ratou nga tikanga katoa rite tahi ki ana mea ki nga tangata o Ingarani.

Source: http://www.nzhistory.net.nz/politics/treaty/read-the-treaty/maori-text

English translation of Te Reo Māori text

The First

The chiefs of the Confederation and all the chiefs who have not joined that Confederation give absolutely to the Queen of England for ever the complete government over their land.

The Second

The Queen of England agrees to protect the chiefs, the subtribes and all the people of New Zealand in the unqualified exercise of their chieftainship over their lands, villages and all their treasures. But on the other hand the chiefs of the Confederation and all the chiefs will sell land to the Queen at a price agreed to by the person owning it and by the person buying it (the latter being) appointed by the Queen as her purchase agent.

The Third

For this agreed arrangement therefore concerning the government of the Queen, the Queen of England will protect all the ordinary people of New Zealand and will give them the same rights and duties of citizenship as the people of England.

Source: http://www.teara.govt.nz/en/document/4216/the-three-articles-of-the-treaty-of-waitangi

Commentary

Both the English and the te reo Māori version are legally recognised (Treaty of Waitangi Act 1975).

There are many differences between these texts, which has led to different understandings of the meaning and implications of the Treaty (Orange, 1997).

Two of the major differences are:

Article One: In the English text Māori ceded "sovereignty" to the British Crown. In the te reo Māori text the chiefs ceded "government" (kāwanatanga) of their lands.

Article Two: In the English text Māori retained "full exclusive and undisturbed possession" of land, forests, fisheries and other property. In the te reo Māori text Māori were guaranteed "unqualified exercise of their chieftainship" (tino rangatiratanga) over land, settlements and all their treasures (taonga katoa).

Over time difficulties arose; the different versions of the Treaty created different expectations and some people argued that te Tiriti had become obsolete. One way of dealing with the differences in the texts and finding ways to apply te Tiriti in modern society was the use of Treaty principles (Durie, 1998). It is worth noting, however, that "Māori, placing greater emphasis on the actual words of the Treaty, have never been entirely comfortable with a focus on principles" (Durie, 1998, p. 84).

References

Durie, M. (1998). *Whaiora : Māori health development* (2nd ed.). Auckland, N.Z.: Oxford University Press.
Orange, C. (1997). *The Treaty of Waitangi*. Retrieved from http://quod.lib.umich.edu.ezproxy.auckland.ac.nz/cgi/t/text/text-idx?c=acls;cc=acls;rgn=full%20text;idno=heb03898.0001.001;didno=heb03898.0001.001;view=toc

Appendix 2: The origin of the 'Principles of the Treaty'

There are many Treaty principles, from multiple sources. Some of the main principles and their applications are outlined in the following table, taken from Durie (1998) p. 90. It is important to recognise that these principles are not *the* Treaty principles but *some* Treaty principles.

	Waitangi Tribunal	Court of Appeal	Royal Commission on Social Policy	Crown Principles for Action on Treaty Issues
Main Principles	Partnership Tribal rangatiratanga Active protection Mutual benefit Consultation	Honour Good faith Reasonable actions Partnership	Partnership Participation Protection	Kāwanatanga Rangatiratanga Equality Cooperation Redress
Application	Claims to the Tribunal	State Owned Enterprises Act 1986	Social Policies	Government departments and Treaty negotiators

Of these principles, the most relevant to speech-language therapists are those of The Royal Commission on Social Policy (1988) – partnership, participation and protection. The Royal Commission on Social Policy (1988) provides a detailed explanation what each of these principle entails, which is summarised here:

Partnership

In 1840 it was clear that the partners in te Tiriti were Māori chiefs and representatives of the British Crown. It must be noted that not all Māori chiefs or all iwi signed te Tiriti. In the current day the partners can be interpreted as tangata whenua (the descendants of the chiefs who signed te Tiriti) and tauiwi (the descendants of the settlers at the time of the signing of te Tiriti and all subsequent immigrants) (Sullivan, 1994). By this definition, all people in New Zealand are involved in the partnership.

"Fairness, equality and justice will be best addressed when partnership is vigorously pursued at all levels with recognition of differing values and perspectives and an acknowledgement of the other partner's prerogatives" (The Royal Commission on Social Policy, 1988, p. 56).

Protection

"A just society is one which protects its members, including those who through no fault of their own are not able to protect their own interests or exercise their own rights and obligations" (The Royal Commission on Social Policy, 1988, p. 56).

The principle of protection can be considered at three levels. The state is expected to protect Māori interests; Māori leaders are expected to protect the wellbeing of their iwi and protect the authority of the Crown and its laws; all partners undertake to protect the honour of the Treaty and "its continued application to the nation's development" (The Royal Commission on Social Policy, 1988, p. 61).

Participation

Participation is a broad principle which includes a range of activities such as decision-making, access to social services and good outcomes from these, planning, responsibility for others and sharing in New Zealand's wealth and resources. "Participation is not only about Maori involvement in society, but also the way in which other New Zealanders share in Māori interests" (The Royal Commission on Social Policy, 1988, p. 68).

References

Durie, M. (1998). *Whaiora : Māori health development* (2nd ed.). Auckland, N.Z.: Oxford University Press.

Sullivan, K. (1994). Bicultural Education in Aotearoa/New Zealand: Establishing a Tauiwi Side to the Partnership. *New Zealand Annual Review of Education*, 3, 191-222.

The Royal Commission on Social Policy. (1988). *The April Report: Future Directions Volume II*. Wellington:

Appendix 3: The NZ disability strategy

https://www.odi.govt.nz/nz-disability-strategy/

Accreditation Standard for Education Programme Structure

Tables referred to in these standards may be found in the Annual Report form (Appendix C)

See NZ Qualifications Register http://www.kiwiquals.govt.nz/about/index.html

Content	Requirements	Acceptable Evidence
1. That the Programme meets the appropriate Level of the NZQA Register.	1.1 That the Bachelor level Programmes meet level 7, Postgraduate Certificate or Diploma Programmes meet level 8 and Master's Programmes meet level 9.	1.1.1 A copy of the Programme's submission to and its acceptance from the NZQA.
2. That the Programme duration is based on the most recent IALP guidelines.	2.1 That the qualification, if a first degree in speech-language therapy, takes a minimum of 115 weeks of full-time study (or its equivalent part-time), preferably distributed over four years. OR: if the qualification in speech-language therapy is postgraduate, that it takes a minimum of 80 weeks of full-time study (or its equivalent part-time) distributed over at least two extended academic years.	2.1.1 The Programme University calendar regulations or equivalent.
	2.2 That if a part-time study option is offered, it is no longer than twice the length of the full-time equivalent Programme in the same Provider Institution.	2.2.1 The Programme University calendar regulations or equivalent for part-time study.
	2.3 That the Programme may provide non-standard routes to qualification that are assessed individually. These routes must be assessed in a similar way and with the same criteria as 2.1 and 2.2 above.	2.3.1 Documentation of individual cases of non-standard routes to entry-level.
3. That the Provider Institution accepts and maintains a high quality student cohort.	3.1 That the Programme's entry requirements for students are consistent with the quality standards and with the demands of the Programme and the profession.	3.1.1 Relevant documentation that all students meet the academic entry requirements.
		3.1.2 Statements or policies of how they judge suitability of applicants and enrolled students for the Programme and the profession.
	3.2 That the Programme demonstrates diversity in the student cohort appropriate to meet the needs of the profession.	3.2.1 A breakdown of student demographics re: ethnicity, languages spoken, sex, undergraduate degree where relevant (Table A).

Content	Requirements	Acceptable Evidence
		3.2.2 A statement or plan from the Programme of their intentions to address any major issues regarding the diversity represented in the graduating groups.
	3.3 That the Programme indicates the progress of students through the course.	3.3.1 A table of numbers in each year group, accounting for changes from year to year (Tables B & C).
		3.3.2 Evidence for how the Programme manages students who may fail to meet the requirements of the course.
	3.4 That the Programme requires high levels of English proficiency both oral and literate in accepting students into the course.	3.4.1 Evidence that incoming students have met the English proficiency requirements of the Provider Institution. 3.4.2 Where this proficiency requirement is below the equivalent of IELTS average 7.0, the Programme will indicate how it incorporates monitoring and intervention with students whose English proficiency scores may be lower on entry.
	3.5 That students demonstrate adequate spoken and written English to enable them to provide appropriately for the needs of clients.	3.5.1 The Programme will report on any students for whom English proficiency had been raised as an issue by an assessor or supervisor, indicate the steps taken to ameliorate the problem, and the outcomes.
4. That the Programme employs appropriately qualified staff in all positions.	4.1 That the individual responsible for the Programme of professional education will hold a doctoral degree and have a research emphasis in speech-language therapy or in speech or language science and will hold a full-time appointment in the Provider Institution, ideally within the programme.	4.1.1 Copy of qualifications.
		4.1.2 Statement indicating the proportion of FTE allocated to the Programme (Table E).
	4.2 That the Provider Institution employs a balance of academic and clinical staff in order to deliver the Programme adequately. This should include Māori staff.	4.2.1 A staffing plan that outlines the type, responsibilities and balance of academic and clinical staff (Table E).
		4.2.2 This plan will include recruitment and retention plans for Māori staff.
	4.3 That the majority of academic staff teaching in the Programme hold a speech-language therapy qualification, a doctorate and are eligible for membership of the NZSTA.	4.3.1 Table of the qualifications of staff (Table D).
		4.3.2 A plan to recruit appropriately qualified staff.
		4.3.3 Where academic staff do not hold a doctoral qualification, the Provider Institution is to show evidence of planning and support for academic staff to complete this qualification in their subject area (Table F).

Content	Requirements	Acceptable Evidence
		4.3.4 Evidence of staff eligibility for membership of the NZSTA.
	4.4 That the Clinical Educator staff teaching in the Programme hold a relevant post-graduate qualification (in addition to a clinical qualification in speech-language therapy), preferably a Master's Degree, and a minimum of three years post-qualifying clinical experience and are Full Members of the NZSTA.	4.4.1 Table of the qualifications of staff (Table D).
		4.4.2 Where clinical staff do not hold a relevant post-graduate qualification, the Provider Institution is to show evidence of planning and support for staff to complete this qualification in their subject area.
		4.4.3 Copies of CVs of Clinical Educator staff.
		4.4.4 Evidence of the NZSTA membership status of Clinical Educator staff.
	4.5 That the Provider Institution employs administration staff sufficient to meet academic and clinical outcomes.	4.5.1 Table of staff and their FTE allocations to the Programme (Table E).
5. That the resources of the Provider Institution support and maintain a high-quality speech-language therapy qualification programme.	5.1 That the Provider Institution has sufficient physical resources to ensure the curriculum can be delivered adequately. This includes (but is not limited to) appropriate state-of-the-art technology, information technology, equipment, and library.	5.1.1 Statement from Head of the Provider Institution or equivalent detailing the relevant aspects of asset plans and budgets.
	5.2 That the Provider Institution has secured funding provision for future programme development.	
	5.3 That the Provider Institution has adequate facilities to support research.	

Accreditation Standard for Clinical Education

Content	Requirements	Acceptable Evidence
1. That clinical practica for students include experience with both child and adult populations across disorders of speech, language, swallowing, fluency and voice.	1.1 That the Programme describes how it ensures that each graduate has been exposed to clients with a variety of types and severities of communication and swallowing disorders across the life span and from culturally and linguistically diverse backgrounds.	1.1.1 Statement from the Director of Clinical Education of the process to ensure exposure. Plus, if requested, a sample of student journals or of data sheets (e.g., a clinical log) indicating examples of student exposure.
		1.1.2 Audited database of exposures of the students to this range of populations.
	1.2 That the Programme provides evidence that graduates have had some clinical responsibility for clients with a variety of types and severities of communication and swallowing disorders across the life span and from culturally and linguistically diverse backgrounds.	1.2.1 Statement from the Director of Clinical Education that graduating students have had supervised clinical observation and supervised direct clinical practice with a range of client types and severities of communication and swallowing disorders. The amount of supervised clinical observation and supervised direct clinical practice must be sufficient for students to achieve clinical competence across a range of clinical practice (refer p. 7, CBOS 2011).
		1.2.2 Audited database of students' clinical observation and practice across clients with a variety of types and severities of communication and swallowing disorders.
		1.2.3 Evidence from the Programme of its process for ensuring students gain a distribution of placements across their degree programme, including a reasonable balance of on-site and off-site placements.
2. That the clinical education curriculum reflects current knowledge, skills, technology, and scope of practice.	2.1 That the Programme provides evidence that the curriculum in clinical education reflects current and future trends and issues in the field.	2.1.1 Detailed course outlines of clinical subjects including reference/reading lists, which indicates currency of knowledge, skills, technology and scope of practice.
		2.1.2 Summary of field supervisor feedback on the clinical performance of students.
	2.2 That the Programme has a process to continually or regularly update the curriculum in clinical education.	2.2.1 An outline of the revision process and indicators of changes that have been made from previous versions of the clinical curriculum in the programme.
		2.2.2 Copies of Provider Institution's Programme evaluations, faculty and administrative reviews of graduates' performance and outcomes, when available.
	2.3 That the Programme has provided graduates with knowledge and experience in a range of service delivery models, including individual, group, consultative and remote service delivery.	2.3.1 Course outlines with relevant sections.
		2.3.2 A statement of how the Programme ensures exposure of graduates to a variety of service delivery models in their clinical practice through the Programme.

Content	Requirements	Acceptable Evidence
3. That clinical supervision is appropriate to the clinical knowledge and skills of each student.	3.1 That the Programme has written policies that describe the extent to which students are supervised and receive supervisor consultation when providing services to clients. The policies also detail the manner and amount of that supervision (with rationales), and how these are determined and adjusted to reflect the competence of each student and the specific needs of the clients.	3.1.1 Policy statements covering these issues of supervision, plus an indication of how these policies are conveyed to clinical supervisors.
	3.2 That the Programme has procedures to be followed by students which ensure ethical practice such as for client safety, confidentiality, and security of client records. The procedures must be clearly described in the Programme's written policies, in accordance with relevant legislation.	3.2.1 The process by which the Programme ensures that students meet ethical standards must be clearly documented. This should include indicators of how client safety (including cultural safety) and other ethical issues are conveyed to students in the curriculum.
4 That Clinical Educators/ Supervisors demonstrate best practice and ongoing commitment to further education.	4.1 That Clinical Educators on the staff delivering the Programme have in-depth knowledge of up-to-date clinical practice, of clinical teaching theories, and be consistently extending their knowledge and skills.	4.1.1 Evidence of qualifications of Clinical Educator staff (Table D).
		4.1.2 Evidence of the ongoing education of Clinical Educators; for example, attendance at appropriate PD events including conferences, presentations at conferences and other PD events, and a plan for ongoing extension of their knowledge and skills.
5. That clinical education obtained in placements external to the Programme provider's facilities is governed by agreements between the Programme and the external facility and is monitored by the Programme.	5.1 That the Programme has clear policies and procedures regarding the identification and ongoing evaluation of external placements, procedures for selecting and placing students in external clinical sites, and evidence that clinical education in external facilities is monitored by the Programme to ensure that educational objectives are met.	5.1.1 Written agreements with external facilities to be available if requested. If commercial confidentiality is an issue, a certified statement that the documents meet the requirement of 5.1 by a Dean or equivalent.
		5.1.2 Copies of student feedback from external placements.
	5.2 That the primary Field Supervisors have a minimum of two years' clinical experience, and are eligible for Full Membership of the NZSTA.	5.2.1 Statement from Director of Clinical Education that they have viewed evidence of clinical experience and evidence or statement from field supervisors that they are eligible for Full Membership of the NZSTA.
	5.3 That education programmes for Field Supervisors are offered at least once annually. Additional support and training is provided for field supervisors who are not available to attend training.	5.3.1 Outline of education programmes and additional support where needed that were offered, and evidence of Field Supervisor enrolment.

Content	Requirements	Acceptable Evidence
	5.4 That the Programme undertakes evaluation of Field Supervisors at the completion of each clinical placement.	5.4.1 Summary of Clinical Director's evaluations of Field Supervisors at completion of placement.
		5.4.2 Action plans which resulted from these evaluations.
6. That student clinical competence is regularly assessed throughout the clinical programme of study.	6.1 That the Provider Institution ensures students meet clinical competency standards.	6.1.1 Statement about how competency-based standards are used.
		6.1.2 Copies of competency based assessment tools.
		6.1.3 A database detailing the students' attainment of entry-level competency on COMPASS in addition to exposure and clinical experience under the range indicators.
		6.1.4 Action plan for management of students who do not meet clinical competencies.
	6.2 That the Programme provides for sequential development of clinical skills and integration with academic curriculum. When a student is assigned to a clinical experience before or concurrent with appropriate academic course work the Programme ensures the student is appropriately prepared for the clinical experience.	6.2.1 Academic and clinical calendar that shows timing and sequential development in clinical placements relative to academic work.
		6.2.2 Statements from the Programme about the relationships between clinical and academic courses/subjects and how they manage any inconsistencies.
		6.2.3 Examples of preparation students are required to undertake when needed; these may include but are not limited to extra readings; observations prior to placement; 1:1 tutorials; additional time spent with supervisor; and concentrated course work.
		6.2.4 Examples of student learning contracts that indicate how integration of academic and clinical skills has progressed for that student.
7. That the Programme staff demonstrate integration between academic and clinical programmes.	7.1 That academic staff reflect on clinical issues in their particular teaching and research specialism(s) and that clinical staff reflect on research in their clinical teaching.	7.1.1 Table including clinical activities of the staff (Table E), where relevant.
		7.1.2 Student feedback including perceptions of integration of academic and clinical issues in courses.
		7.1.3 Statements and examples from the Programme as to how it meets this requirement.

Accreditation Standards for Academic Education

Content	Requirements	Acceptable Evidence
1. That the academic Programme ensures that graduates have the foundation knowledge and theoretical frameworks underlying the assessment and treatment of communication and swallowing disorders.	1.1 That the Provider Institution ensures students have an understanding of the development and complexity of human communication and swallowing across the lifespan and across cultures and languages.	1.1.1 A statement of how the Provider Institution evaluates students' academic backgrounds in areas which provide such knowledge, such as linguistics, where it is not otherwise included in the Programme.
		1.1.2 Course/subject outlines that indicate where such material is included and assessed in the programme, if students do not already have such a background; OR – Indications of how and when students are directed to fill in missing knowledge should it become evident.
	1.2 That the Provider Institution ensures students have an understanding of human behaviour and learning and humans as social and cultural beings.	1.2.1 A statement of how the Provider Institution evaluates students' academic backgrounds in areas which provide such knowledge, such as Psychology, Education, Māori studies, and/or other Social and Cultural studies, where it is not otherwise included in the Programme.
		1.2.2 Course/subject outlines that indicate where such material is included and assessed in the Programme, if students do not already have such a background; OR – Indications of how and when students are directed to fill in missing knowledge should it become evident.
	1.3 That the Provider Institution ensures students have an understanding of the biological bases of human communication and swallowing.	1.3.1 A statement of how the Provider Institution evaluates students' academic backgrounds in areas which provide such knowledge, such as neurology, anatomy, and physiology of speech, language & hearing, where it is not otherwise included in the Programme.
		1.3.2 Course/subject outlines that indicate where such material is included and assessed in the Programme, where needed; OR: Indications of how and when students are directed to fill in missing knowledge should it become evident.
2. That the academic programme ensures graduating students have attained a	2.1 That the Programme includes a curriculum involving up-to-date and in-depth knowledge and theory of disorders of communication, of whatever cause and associated conditions at all stages of the lifespan, and how to assess and	2.1.1 Course/subject outlines that indicate the material, and where it is included and assessed in the Programme.
		2.1.2 The assessment tasks, including marking criteria that demonstrate critical evaluation and integration in all subject areas.

Content	Requirements	Acceptable Evidence
critically evaluated and integrated knowledge and understanding of the core discipline of human communication disorders and related disorders. This includes populations across the lifespan and across disorders of speech, language, swallowing, fluency, voice and hearing.	intervene with these disorders. The Programme demonstrates that students have the opportunity to learn, critically evaluate and synthesise information in these areas: *developmental speech and language disorders* *acquired speech and language disorders* *voice disorders* *disorders of fluency* *disorders of swallowing and feeding* *disorders of hearing.*	2.1.3 Evidence of students attaining the criteria. This may be in the form of student marks, external examiner comment, or similar reporting of success in those who will be graduating from the Programme. 2.1.4 Indications of how the material supports and is integrated into the clinical education programme.
	2.2 That the Programme demonstrates that the curriculum covers up-to-date theory and knowledge about *disabilities*, including the current NZ disability strategies, as they relate to communication and swallowing/ feeding disorders, and how to assess and intervene with these disorders. Complex communication needs, complex linguistic and social contexts (e.g., cross-cultural and multilingual contexts, low resource families) must also figure in the curriculum. The Programme demonstrates that students have the opportunity to learn, critically evaluate and synthesise information in these areas.	2.2.1 Course/subject outlines that indicate the material, and where it is included and assessed in the Programme. 2.2.2 Assessment tasks, including marking criteria that demonstrate students' critical evaluation and integration in all subject areas. 2.2.3 Evidence of students attaining the criteria. This may be in the form of student marks, external examiner comment, or similar reporting of success in those who will be graduating from the Programme. 2.2.4 Indications of how the material supports and is integrated into the clinical education programme.
	2.3 That the content of the Programme is regularly reviewed and adapted to reflect best current knowledge, practice and research.	2.3.1 A statement from the Programme about its review and adaptation process and the impact on specific course/subjects 2.3.2 Any regulations (e.g., in University calendars or policy documents) from the Provider Institution that may be applicable to academic programme review and change, and any reports on the Programme in this regard.
3. That the Provider Institution ensures it maintains the highest possible educational standards in the delivery of its academic curriculum, such that it produces	3.1 That the Provider Institution demonstrates how it maintains high standards of teaching.	3.1.1 Evidence of the Provider Institution's requirements for teaching standards and how the Programme meets these standards. 3.1.2 A table of the activities undertaken by teaching staff to maintain and improve individual teaching standards over the previous year. 3.1.3 Evidence of any awards, nominations for awards or positive feedback from staff or students on teaching in the Programme.

Content	Requirements	Acceptable Evidence
safe and effective practitioners able to be autonomous and reflective thinkers in inter-professional contexts.	3.2 That the Programme demonstrates that it is sensitive to the diversity of academic learning needs of students.	3.2.1 A statement from the Programme of its systems for management of students who are failing or at-risk academically.
		3.2.2 Evidence from the Programme that it uses a variety of teaching and assessment methods through the academic courses.
		3.2.3 Evidence from the Programme that it considers and adapts for learning differences including cultural differences, in students.
	3.3 That the Programme demonstrates how it promotes life-long learning in graduates.	3.3.1 A statement from the Programme of its strategies to achieve this, and any evidence it may have to support achievement.
4. That the Provider Institution ensures it is up-to-date in research consumption and promotes skills and knowledge in graduates for the use and integration of research into practice. The Programme ensures it is making a contribution to research in the speech-language therapy field and to the NZ situation in particular.	4.1 That graduates of the Programme acquire sufficient knowledge of research principles and practices in order to make sense of published research relating to speech-language therapy, and become competent and critical consumers of the research and other evidence for practice. This includes the ability to use information technology and skills in locating additional research and knowledge as needed.	4.1.1 Course/subject outlines that indicate this material, and where it is included and assessed in the Programme.
		4.1.2 The assessment tasks, including marking criteria that indicate how understanding of research and evidence-based practice are integrated into the academic and clinical programmes.
	4.2 That graduates of the Programme acquire the foundation to permit them to make an appropriate contribution to the acquisition and dissemination of knowledge in the speech-language therapy field.	4.2.1 Indications as to where in the Programme students acquire skills in planning research, and the extent to which they are involved in any research activities.
		4.2.2 The assessment tasks involving students research planning and/or production, including marking criteria.
	4.3 That the majority of academic staff and where possible, clinical staff, are actively involved in research and new scholarship in a relevant field. This research is made known to students and integrated into teaching.	4.3.1 An indication from the Programme as to the research grants, ongoing projects and research teams that the academic staff are involved in (Table G).
		4.3.2 A list of current conference presentations, seminar or professional development presentations and publications by academic and clinical staff (Table G).
		4.3.3 Indications of where staff research and scholarship is integrated into the Programme for students.

NZSTA Programme Accreditation Framework

Section Three — The Accreditation Process

3.7 New Re-accreditation Process 2020

3.1 Introduction

This section outlines the guidelines for new accreditation applications and the seven-yearly accreditation round. It covers:

- How the NZSTA works with the Provider Institution in the accreditation process
- The roles and responsibilities of accrediting personnel
- The documentation and costs associated with accrediting a Programme
- How a Provider Institution can appeal if accreditation is not granted.

3.2 Policy on Accreditation in Speech-language Therapy

3.2.1 Introduction

The profession of speech-language therapy in New Zealand is self-regulating. Standards are set and monitored by the NZSTA. The Executive Council of the NZSTA is the body empowered by practitioners in New Zealand to accredit education Programmes in speech-language therapy and to accept graduates from accredited Programmes as qualified speech-language therapists in New Zealand, and as members. The NZSTA is responsible for arranging the accreditation of an education Programme in consultation with relevant Dean/s, Head/s of Department, and any other appropriate members of the administration of the Provider Institution.

The principle objective of accreditation is to assess the standard and content of Programmes in relation to the requirements in New Zealand and according to the standards required for mutual recognition of New Zealand qualifications in other countries, and then to assist in any appropriate way to effect changes or improvements that may be desirable. This approach is designed to be mutually beneficial in order that the Programme can better relate its activities to the needs of the profession and the profession can appreciate developments and requirements in the tertiary education sector. In keeping with this approach, it is important that the NZSTA engenders the goodwill of the Provider Institution and that the staff of the Provider Institution co-operate with the accreditation process to the fullest extent.

There is a cost for furnishing an application to the NZSTA for accreditation, at the time of the Annual Report and at the time of a site visit. These costs are to be paid by the Provider Institution.

3.2.2 Requirements for Accreditation

For the NZSTA to be confident that Programme content, academic standards and relevance are being maintained, accreditation is required as follows:

1. New degree Programme: assessment initially within the first two years, then after the final year that a Programme has been completed for the first time.
2. Accredited Programme: re-accredited on a regular basis. In normal circumstances the interval between accreditation visits is seven years. A shorter interval will be considered when a Programme experiences substantive changes or when substantive problems are brought to the attention of the NZSTA.
3. Accredited Programmes must submit an Annual Report indicating that accreditation is maintained and that development of the Programme according to the principles of the

Framework is continuing. These Annual Reports are reviewed by the PAC, and evaluated as to whether the Programme continues to have accredited status.

3.2.3 Applications for Accreditation and Annual Reports from the Programme

Provider Institutions must provide a detailed application for accreditation following the application form provided by the NZSTA. This application will indicate how the Programme is meeting the standards outlined in the Programme Accreditation Framework (Section 2, p10).

Once a Programme is accredited, the Provider Institution must provide an Annual Report each year to the NZSTA outlining how the Programme is maintaining and, where relevant, improving its adherence to the Accreditation standards as part of its quality assurance procedures. This includes any changes to the curriculum or assessment particularly any that require approval by the academic board of the Provider Institution (see Section 1.8, p9 for further details on the Annual Report). Changes which are likely to be substantive should be notified to the NZSTA as soon as they are known by the Provider Institution, so that feedback concerning any likely effect on accreditation can be provided in a timely fashion.

3.2.4 Accreditation Site Visits

A site visit follows the Provider Institution's initial application for accreditation or re-accreditation. A site visit is carried out by an Accreditation Panel appointed by the NZSTA and is used to confirm the information in the documentation provided by the Provider Institution, and to augment understanding in areas where there is uncertainty or lack of clarity. The Provider Institution hosts the site visit.

Site visits allow the Accreditation Panel to:

- validate information provided in the documentation
- obtain multiple perspectives on the assessments of the Programme
- appreciate the documented Programme in context
- obtain a fuller understanding of the manner and depth of the assessment of the competencies, through both the holistic clinical assessments and the academic assessments that are used
- develop a fuller understanding of the integration of clinical and academic experiences and assessment.

Site visits also assist the accreditation process by:

- providing an opportunity for mutual discussion, and clarification between the NZSTA and the Provider Institution and Programme
- facilitating the achievement of the accreditation within a reasonable time frame
- giving the institutional community an opportunity to have fuller involvement in the process
- permitting discussion of the Programme's perceived strengths and weaknesses from the perspective of the practising profession in New Zealand.

3.3 The Accreditation Process

The accreditation process involves examination of the Provider Institution's staffing, organisation, value systems and quality assurance, and examination of the syllabi, courses, entry standards and other aspects that comprise the graduating student experience. The primary focus of the process is on whether or not the Provider Institution meets the standards documented in Section 2 above.

The NZSTA reserves the right to make the final decision on whether or not it accredits or re-accredits a particular qualification Programme.

3.3.1 Communication

Communication between the Provider Institution and the Accreditation Panel before and after the site visit will be through the President of the NZSTA. Written communication, including email, between the Provider Institution/Programme and the NZSTA about the Accreditation will be copied to all members of the Accreditation Panel as appropriate and the NZSTA Administrator who will be responsible for the administration.

The Professional Standards Portfolio of the Executive of NZSTA will provide the official link between the PAC and the NZSTA Executive Council. The Chair of the Accreditation Panel will communicate with the NZSTA Executive Council via the PAC (including the Professional Standards Portfolio member of that committee).

3.3.2 The Accreditation Sequence

When a new Programme is planned it is advised that the developers consult with the NZSTA early in its development. If it is desired that the Programme will provide professional entry into the speech-language therapy profession for its graduates, the Provider Institution must alert the NZSTA that it will be requesting accreditation at least fifteen months prior to the first graduates completing the course.

In the case of an existing Programme, the NZSTA will endeavour to remind the Head of the Programme in the Provider Institution that accreditation is due, via a letter in the sixth year of the accreditation cycle. The letter will also remind the Provider Institution that a request for re-accreditation should be sent to the NZSTA as early as possible in the final year of accreditation.

Accreditation is a three-stage process:

1. The Provider Institution prepares a comprehensive application for accreditation which is sent to the NZSTA (see appendix I).
2. This application is reviewed by the PAC. If the PAC judges that the application is at accreditation standard, it may proceed to stage 2.
3. The NZSTA appoints an Accreditation Panel for that accreditation application, and the Accreditation Panel carries out a site visit. This must include, but is not limited to, discussions with a wide spectrum of staff and students, visits to on- and off-campus clinics, the library, and computing, research and other facilities relevant to the Programme.
4. The Accreditation Panel leader prepares a report for the NZSTA, based on the PAC's evaluation of the written application and the site visit data, which indicates what status of accreditation is recommended. The NZSTA Executive Council will then communicate its findings and recommendations to the Provider Institution. Three outcomes are possible (see Section 1.7, p7):
    a) The NZSTA Executive Council grants Full Accreditation. This accreditation is subject to a full and comprehensive review in seven years from the date of awarding.

b) The NZSTA Executive Council withholds accreditation because the Provider Institution/Programme does not meet the Accreditation criteria.

c) The NZSTA Executive Council grants Provisional Accreditation to the Programme on the grounds that the Programme needs to meet certain requirements by a specific date (see conditions in Section 1.7 p8).

There is an appeals process where Accreditation is deemed to be withheld or provisional (Section 3.6, p30). The NZSTA will endeavour to provide guidance and support to assist Provider Institutions to achieve the accreditation standards.

Greater details of this process are found in Section 3.4 below.

3.3.3 The Application for Accreditation

A Provider Institution seeking accreditation or re-accreditation for its speech-language therapy education Programme must give full details of how the Programme meets the standards as set out in the Programme Accreditation Framework. The application must include a full course outline with the timing of assessments and details of the students' clinical programme and assessment (See Appendix I).

For new speech-language therapy Programmes, all documentation should be received by the NZSTA Administrator no less than fifteen months before the first graduates complete the Programme.

For existing speech-language therapy Programmes, all documentation should be received by the NZSTA Administrator at least six months before the current accreditation expires.

Multiple copies of all documentation must be submitted. The exact number will be advised by the NZSTA Administrator at the time of application.

3.3.4 The Accreditation Panel

1. The NZSTA Executive Council will appoint an Accreditation Panel leader. This Panel leader will liaise with the NZSTA President via the PAC, and with the Dean or equivalent and any other relevant people (such as Heads of Departments) in the Provider Institution. The Accreditation Panel leader may be any of the persons described in clause 4 below.
2. The Accreditation Panel leader, along with the NZSTA Executive Council, will select personnel for the panel, in consultation with the Dean of the faculty or equivalent and the Head of the Programme.
3. The NZSTA through the PAC will provide training for Accreditation Panel members as appropriate.
4. The Accreditation Panel will include the following representatives:
   (a) A member of the PAC, but not the Chair, who is experienced or trained in site visits and accreditation.
   (b) A Māori academic, who should demonstrate whakapapa and tikanga Māori, understand the university curriculum in terms of the Treaty of Waitangi and cultural responsiveness/competence and knowledge, and understand the issues and skills required when working with whānau Māori and be able to advise the panel on these things.
   (c) An independent speech-language therapist experienced in accreditation.

PAC Member - silent observer - in training
PAC Chair - silent observer

5. The Dean of the faculty or equivalent is responsible for co-ordinating the Provider Institution's response to the NZSTA on the Accreditation Panel selection and comments and feedback from the Programme.

No person with current involvement in or close association with a Programme may serve on the Accreditation Panel of that individual Programme. Committee members must inform the NZSTA of any conflict of interest they may have with regard to acting as an Accreditor to a particular Programme.

The Provider Institution involved may lodge an objection to nominated member/s of the Accreditation Panel. The NZSTA will consider any objections before the final appointment of Accreditation Panel members is made.

The NZSTA may request the Provider Institution allow the participation of a trainee Accreditor on the Accreditation Panel.

3.3.5 Responsibilities of the Accreditation Panel

1. The Accreditation Panel leader is responsible for leadership of the Panel and for preparation of the Panel's final report.
2. Each Panel member will be provided with a briefing pack and be advised by the Accreditation Panel leader of:
   - The need to prepare for the actual Panel review
   - The expected time commitment
   - The requirement that the accreditation report fairly represent the views of all Panel members
   - The need for confidentiality regarding the accreditation and any other associated activities.
3. The NZSTA President or delegated Council member is responsible for the overall organisation and administration of the visit.
4. During the accreditation site visits, the Panel members liaise with the individual departments of the Provider Institution, while the Accreditation Panel leader is responsible for co-ordination with the Dean or equivalent and, if necessary, the chief executive of the Provider Institution.

3.4 The Detailed Process and Timeline of Accreditation

3.4.1 Costs

See new Fee Structure **2020-2024**

~~The NZSTA and the Provider Institution will mutually agree on the meeting of expenses incurred by the Panel and Association during the Accreditation Panel site visit. The full cost of the Accreditation exercise will be borne by the Provider Institution. The Provider Institution also is expected to meet the costs of preparing and posting pre-accreditation information.~~ However, the NZSTA will pay for the production of drafts of the final report (if required) and the final report. Panel members will be reimbursed for reasonable tolls, travel, accommodation and other out-of-pocket expenses incurred during accreditation visits.

3.4.2 Detailed Process Stage One – Examination of the Accreditation Application

The PAC is responsible for examining the initial application. The PAC will look for evidence that the Programme is meeting the standards across the range indicators, i.e. adult, child and adolescent

practice in speech, language, swallowing, voice, hearing and fluency. The PAC chair will write a report of its findings for the President and Executive Council of the NZSTA.

If the PAC considers that the Programme is not meeting the standards on the basis of this documentary information, the accreditation Process will not proceed. This judgement will be passed on to the President of NZSTA who will inform the Dean or equivalent of the Provider Institution.

If the accreditation process is deemed to have passed the initial evaluation of the documentary evidence, the President of the NZSTA will initiate the Accreditation Panel process and pass the PAC report to the Accreditation Panel leader.

3.4.3 Detailed Process Stage Two – The Accreditation Site Visit

1. The NZSTA President or delegated Executive Council member will, on behalf of the Accreditation Panel leader, contact the Dean or equivalent to make the accreditation visit arrangements, which will include a suitable timetable. It is desirable that accreditation takes place during term time so that students can be involved. If times outside of this must be used, the Provider Institution should arrange for students to be available to talk to the Accreditation Panel.
2. Accreditation Panel site visits will typically take two to three days, including provision for a pre-accreditation meeting to plan the visit and a post-accreditation meeting to assess the result of the visit.
3. Once the timetable has been agreed with the Dean or equivalent, the NZSTA President will notify the Dean or equivalent and the chief executive of the Provider Institution of the proposed arrangements.
4. In preparation for the Accreditation Panel visit, the Dean or equivalent will provide details concerning the Programme to be assessed and ~~will~~ may include:-
   a) A full set of examination papers for the most recent year, with representative student scripts and reports.
   b) Any external examiner reports or equivalents for the Programme in the period since the previous accreditation or any to date for first accreditation.
5. During preparation of the pre-accreditation material, the Accreditation Panel leader will keep in close touch with the Dean or equivalent to ensure that accreditation requirements are being met and that the Provider Institution is not doing unnecessary work.
6. ~~Copies of~~ Access to the pre-accreditation material are to be sent to the Accreditation Panel leader and each Panel member, and to the NZSTA president, no later than five weeks before the visit.
7. The Provider Institution is responsible for ensuring that the Panel has access to staff, students, clinics, facilities and any other requested relevant items or people during the site visit. A detailed plan for efficient use of the site visit time will be drawn up well before the visit.
8. The NZSTA President will advise the Accreditation Panel leader of any specific concerns that may have come to the notice of the NZSTA concerning the degree Programme or department and that may need to be taken into account as part of the accreditation visit. The NZSTA President will provide copies of previous accreditation reports and any relevant data from recent Annual Reports.

3.5 The Reporting Process

1. The Accreditation Panel leader and Panel members will verbally report to the Dean or equivalent (of the Provider Institution) during the site visit as to the general findings and specific queries as relevant.
2. The Accreditation Panel leader will allocate aspects of the investigation to members of the panel, who will be responsible for documenting these. The Accreditation Panel leader will then be responsible for synthesising these into the final overall report. Consensus notes prepared during the visit will also be used in the final report. It is appropriate to include recommendations regarding facilities, accommodation, course content and funding in the report. It will clearly identify problems and major changes that may be required, but it will not include the minute detail of the Programme structure.
3. A draft report is discussed with the Dean of the faculty or equivalent and the Head/s of Department to ensure that there are no errors of fact. The Accreditation Panel leader may also seek advice or comment from these people as appropriate.
4. Copies of the draft report are sent to Accreditation Panel members for comment and amendment.
5. The final report is then prepared and signed by the Accreditation Panel leader on behalf of the Accreditation Panel and is forwarded to the President of the NZSTA and the Chair of the PAC.
6. A summarised version of this final report is prepared for the NZSTA Executive Council by the Accreditation Panel leader. The summary report also documents any follow-up actions to be taken by the NZSTA Executive Council in response to the panel's recommendations.
7. Note in particular:
    a) The confidentiality of documents and other material gathered in connection with the Accreditation must be respected. The report must be marked 'Confidential'.
    b) The Council will consult with the Dean of the faculty or equivalent of the Provider Institution to determine who should receive copies of the final report and/or where it should be lodged. However, in all cases these should include:
        - the Dean or equivalent
        - the Head/s of Department or equivalent
        - the Chief Executive of the Provider Institution
        - a 'limited access' file of the NZSTA for reference by subsequent Accreditation Panels

    Others may include the chairperson of the New Zealand Vice Chancellors' Academic Audit Unit in Wellington.

3.6 Appeals

When Accreditation is not awarded or Provisional Accreditation only is awarded to a Programme, the Provider Institution may, subject to the provisions below, appeal the decision to the Accreditation Appeals Committee of the NZSTA. Prior to the completion of any appeal process, stakeholders will not be informed of the accreditation status.

If the appeal fails, the NZSTA will inform the Dean or equivalent of the Provider Institution that the Programme is not accredited as it has not met the accreditation standards. In this situation, to be

reconsidered for accreditation, the Provider Institution is required to submit a new application for the Programme once the necessary changes are made.

3.6.1 The Appeal Process

Grounds for Appeal

An appeal can be made against any decision to withhold accreditation, or to grant provisional accreditation (reaccreditation), or to withdraw accreditation (reaccreditation) if and only if:

1. The accreditation procedures and processes as set out in the Programme Accreditation Framework have not been reasonably implemented or adhered to
2. There is manifest prejudice or bias exhibited by the Accreditation Panel in the undertaking of the accreditation
3. Significant new information or documentation, which would materially add to or change the Provider Institution's claims and capacities to demonstrate compliance with the accreditation standards, has become available after the accreditation process was completed.

An appeal will not be considered on any other ground including, by way of example:

1. A dispute over or questioning of the NZSTA's standards as currently detailed in the Programme Accreditation Framework
2. A dispute over or questioning of the accreditation procedure or process
3. The Provider Institution's failure to meet dates and appointments established under the Programme Accreditation Framework.

The Accreditation Appeals Committee

The function of the Accreditation Appeals Committee is to review the records relating to the relevant accreditation application and to determine whether one or more of the three available grounds of appeal set out above has been reasonably and clearly established. The Accreditation Appeals Committee shall consist of two accreditors from the pool of NZSTA accreditors who have not been involved with the particular accreditation or re-accreditation to this point, and an arbitrator, whose nomination is agreed between the NZSTA Executive Council and the Provider Institution at the start of the Accreditation Appeals Process.

Timeline and Sequence of the Appeal Process

If the Provider Institution wishes to appeal, it must be submitted within 30 days of the date of notification of the accreditation decision. During the appeal process, no change shall be made to the accreditation status held by the Programme prior to the accreditation status under appeal. That is, during the appeal process, previously accredited Programmes remain accredited, previously provisionally accredited Programmes remain provisionally accredited and previously unaccredited Programmes remain unaccredited. If the Provider Institution does not submit an appeal within the 30 days, then the decision to withhold or withdraw accreditation (or reaccreditation) or grant provisional accreditation becomes final and no appeal is available.

The Accreditation Appeals Committee shall meet within 30 days of the appeal being lodged and submit a decision to the NZSTA Executive Council within a reasonable timeframe (preferably no longer than 30 days). The NZSTA Executive Council shall inform the Provider Institution of the outcome.

Costs of the Appeal

If the appeal is successful then the costs of the appeal will be borne equally between the NZSTA and the relevant Provider Institution. If the Appeal is unsuccessful then the costs of the appeal will be borne by the relevant Provider Institution.

3.7 The Re-accreditation Process

The re-accreditation process determines whether the Provider Institution continues to meet the standards documented in Section 2 above. The process involves examination of the Provider Institution's staffing, organisation, value systems and quality assurance, and examination of the syllabi, courses, entry standards and other aspects that comprise the graduating student experience.

The NZSTA reserves the right to make the final decision on whether or not it re-accredits a particular Programme.

3.7.1 Communication

Communication between the Provider Institution and the Site Visit Panel before and after the site visit will be through the PAC Chair. Written communication, including email, between the Provider Institution/Programme and the NZSTA about the re-accreditation will be copied to the NZSTA Administrator who will be responsible for the administration of the process.

The PAC Chair will be the official link between the PAC and the NZSTA Executive Board.

3.7.2 The Re-accreditation Sequence

The NZSTA will send a letter at the start of the sixth year of the accreditation cycle to the Head of the Programme and the Dean in the Provider Institution that reaccreditation is due. The letter will request the Provider Institution negotiate the dates for the written application for reaccreditation and the Site Visit with the PAC Chair. There must be a minimum of six months between the written application being received and the Site Visit. These dates must be agreed at least six months in advance of the written application being submitted.

At the time of submitting the application, the Provider Institution will provide the name of the person who the NZSTA and the PAC Chair should communicate with throughout the reaccreditation process.

Reaccreditation is a four-stage process:

1. **Application:** The Provider Institution prepares a comprehensive application for reaccreditation which is sent to the NZSTA (see appendix I).
2. **PAC Review**: This application is reviewed by the PAC. If the PAC judges that the application is at re-accreditation standard, it may proceed to stage 3. The PAC provides a written report of this review which is sent to the Provider Institution, the Board of the NZSTA, and the Site Visit Panel members.
3. **Site Visit:** The NZSTA will appoint a Site Visit Panel for that reaccreditation application, and the Site Visit Panel will carry out a site visit. This may include, but is not limited to, discussions with a wide spectrum of staff, present and recently graduated students, employers, clinical educators and other relevant stakeholders, visits to clinics, and

research and support facilities relevant to the Programme. The Site Visit Panel prepares a report for the PAC under the oversight of the PAC Chair (see section 3.9.2).

4. **Reporting and Decision Making**: The PAC generates a final report based on their review of the written application and the report from the Site Visit Panel.

The PAC, in their written report, indicates what status of accreditation is recommended. The NZSTA Board makes the final determination and communicates its findings and any recommendations to the Provider Institution. Three outcomes are possible (see Section 1.7, p7):

1. The NZSTA Board grants Full Re-accreditation. This accreditation is subject to a full and comprehensive review seven years from the date of awarding;
2. The NZSTA Board withholds accreditation because Programme does not meet the Accreditation criteria; or
3. The NZSTA Board grants Provisional Accreditation to the Programme on the grounds that the Programme needs to meet certain requirements by a specific date (see conditions in Section 1.7 p. 8).

If re-accreditation is withheld or provisional, the programme may appeal this decision (Section 3.6.1, p. 30). Greater details of the reaccreditation process are found in Section 3.4 below.

3.7.3 The Application for Reaccreditation

A Provider Institution seeking re-accreditation for its speech-language therapy education Programme must give full details of how the Programme meets the standards as set out in the Programme Accreditation Framework. The application must include a full course outline with the timing of assessments and details of the students' clinical programme and assessment (See Appendix I).

The application may be submitted electronically or in writing. If submitted electronically, the exact nature of this presentation must be agreed with the PAC Chair in advance. If submitted in writing, multiple copies of all documentation may be required. The exact number will be advised by the PAC Chair at the time of application.

3.7.4 The Site Visit Panel

The Site Visit Panel will be chaired by the PAC Chair. The PAC will propose the three members of the Site Visit Panel to the Head of Programme. The Provider Institution holds the right of appeal with the PAC to any nominated member/s of the Site Visit Panel. This appeal must be made to the PAC Chair in writing and must detail the grounds for the objection. The PAC will consider this information before submitting the names of the Site Visit Panel to the Board for final approval. When submitting the Panel to the Board, the PAC will document any appeals and their final recommendations. The Board will determine the final membership of Site Visit Panel members.

The Site Visit Panel is comprised of four people: the PAC Chair, a member of the PAC,and two independent panellists. Within the Site Visit Panel, there will be a minimum of:

- One senior academic with experience in curriculum development, monitoring and delivery;
- One senior speech-language therapist with experience in accreditation; and
- One Māori representative who demonstrates whakapapa and tikanga Māori, understand the university curriculum in terms of Te Tiriti o Waitangi and cultural responsiveness/competence and knowledge, and understand the issues and skills required when working with whānau Māori and be able to advise the panel on these things.

A Site Visit Panel member may fit one or more of these criteria. In addition, a PAC member will attend as a silent observer as part of their training in accreditation.

No person with current involvement in or close association with a Programme may serve on the Site Visit Panel of that individual Programme. PAC members must inform the PAC Chair and Professional Standards Portfolio Leader of any conflict of interest they may have with regard to acting as an Accreditor to a particular Programme.

All people involved in a reaccreditation will complete conflict of interest forms and sign confidentiality agreements.

The NZSTA, through the PAC will provide training for Site Visit Panel members.

3.7.5 Responsibilities of the Site Visit Panel

The PAC Chair is responsible for leadership of the Panel and for preparation of the Panel's final report, in consultation with the full PAC. The PAC Chair is responsible for the overall organisation and administration of the visit and co-ordinates communication between the Site Visit Panel and the Provider Institution.

Each Panel member will be provided with a briefing pack and be advised by the PAC Chair of:

- The need to prepare for the actual Site Visit
- The expected time commitment
- The requirement that the accreditation report fairly represents the views of all Panel members
- The need for confidentiality regarding the reaccreditation and any other associated activities.

3.8 The Detailed Process and Timeline of Reaccreditation

3.8.1 Costs

The cost of the re-accreditation will be borne jointly by the NZSTA and the Provider Institution. The NZSTA will meet the costs of the PAC and Site Visit Panel through the annual accreditation fees paid by the Provider Institutions. The Provider Institution will meet the costs of hosting the Site Visit Panel and of preparing and posting pre-reaccreditation information. If the Provider

Institution hosts more than one Programme and they are being reaccredited at the same time, additional expenses will be negotiated. See PAF Budget for details.

Site Visit Panel members will be reimbursed for reasonable travel, meals, accommodation and other out-of-pocket expenses incurred during reaccreditation visits.

3.8.2 Detailed Process. Stage One – Examination of the Reaccreditation Application

1. The PAC is responsible for examining the initial application. The PAC will look for evidence that the Programme is meeting the Standards.
2. The PAC will write a report of its findings. This report will detail any determinations as to whether standards have been met, the strengths of the programme, recommendations regarding whether the reaccreditation process should proceed and, if so, any further information required prior to the Site Visit and the areas for specific focus and discussion during the Site Visit. The report will be sent to the Board of the NZSTA and the Provider Institution.
3. If the PAC considers that the Programme is not meeting the standards on the basis of this documentary information, the reaccreditation process will not proceed. This judgement will be communicated to the Head of Programme within the Provider Institution. The PAC will identify the areas which require further evidence or change, and will provide guidance and support to assist Provider Institutions to achieve the accreditation standards.
4. If the reaccreditation process is deemed to have passed the initial evaluation of the documentary evidence, the PAC will initiate the Site Visit process.

3.8.3 Detailed Process Stage Two – The Site Visit

1. The PAC Chair will contact the Head of Programme to make the reaccreditation visit arrangements. It is desirable that reaccreditation takes place during term time so that students can be involved. If times outside of this must be used, the Provider Institution should arrange for students to be available to talk to the Site Visit Panel.
2. Site visits will typically take two-to-three days for a single programme and three-to-four days for multiple programmes. This includes provision for a pre-reaccreditation meeting to plan the visit and a post-reaccreditation meeting to assess the result of the visit.
3. In preparation for the Site Visit Panel visit, the Programme may be required to provide additional details to their application as required by the PAC.
4. During preparation of the accreditation application, the PAC Chair will remain in regular communication with Head of Programme to ensure that the reaccreditation process is progressing.
5. The Provider Institution is responsible for ensuring that the Site Visit Panel has access to staff, students, clinics, facilities and any other requested relevant items or people during the site visit. The Provider Institution will draft a timetable for the Site Visit at least two months before the visit. This will be discussed with, and approved by the PAC Chair and Site Visit Panel who may request changes.

6. The PAC Chair will advise the Site Visit Panel of any specific concerns that may have come to the notice of the NZSTA or the PAC concerning the degree Programme or department and that may need to be taken into account as part of the reaccreditation visit. The NZSTA will provide the Panel with copies of the previous accreditation or reaccreditation report and any relevant data from recent Annual Reports.

3.8.3.1 Suggested Agenda for the Site Visit

Day	Morning	Afternoon
Day 1	Off-site: Site Visit Panel meets. PAC Chair and PAC representative provide briefing and guidance around requirements for site visit	On-site: "Welcome and showcase" This is an opportunity to welcome and build relationship with the panel members and highlight the strengths and unique culture of the programme. To be directed by the programme.
Day 2	See below for more detail and suggested agenda. This should include meetings with University staff (including the upper levels of management that the Head of Programme reports to), students and other stakeholders such as field educators, employers and new graduates. These meetings should be designed to allow the Panel to understand the Programme in context, obtain fuller understandings of the Programme, and to address any gaps identified in the initial PAC report.	
Day 3	Site visit cont. (as required). Note this is at discretion of Site Visit Panel - if all questions have been addressed during Day Two, additional meetings may not be required.	Site visit panel meet afterwards to discuss and begin to draft report. Verbal summary provided to Programme that afternoon.

The final programme will be distributed to the Site Visit Panel in advance of the site visit.

Initial Meeting

Participants will be:

- The Site Visit Panel
- Senior staff from the Provider Institution who have an overview of the programme, for example the Head of Programme and the Director of Clinical Education
- Staff involved in co-ordinating the reaccreditation application and Site Visit process

The purpose of the initial meeting is to confirm arrangements for the Site Visit, confirm understandings of the issues on the agenda, and to make any modifications that may be required. Subsequent meetings may be in any order that is convenient to all involved.

Meeting with the Head of Programme and Clinical Director

Participants will be:

- The Site Visit Panel
- The Head of Programme
- The Clinical Director

The purpose of this meeting is for the Site Visit Panel to obtain:

- A clear overview of the programme structure and leadership
- An overview of the Programme values and these are supported and enacted
- An understanding of future directions for the Programme
- Any specific clarification or additional information as required by the PAC.

Meeting with Members of Staff

Participants will be

- The Site Visit Panel
- The year and/or subject coordinators of the programme
- Any staff members nominated by the Provider Institution
- The Director of Clinical Education or Head of Programme may be present

Should the Site Visit Panel have specific queries about particular topics they may request that certain staff members are present or arrange to meet with them at another time during the day.

The purpose of this meeting is for the Site Visit Panel to obtain:

- A more complete picture of the total programme and the context in which it is delivered to augment and validate the information provided in the documentation
- Any specific clarification or additional information as required by the PAC
- Discussion of research interests, education experience, and the use of CBOS 2011 in the curriculum and in academic assessments may also occur.

Meeting with Provider Institutions Clinical Educators (or equivalents)

Participants will be

- The Site Visit Panel
- Provider Institution employed clinical educators
- The Clinical Director or Head of Programme may be present

The purpose of this meeting is for the Site Visit Panel to obtain:

- A clear understanding of the documented programme of clinical education and the process of the clinical assessment of students
- A clear understanding of the process for education of clinical educators in the Provider Institution's clinical programme and methods of assessment used
- Any specific clarification or additional information as required by the PAC.

Meeting with Field Supervisors

Participants will be:

- The Site Visit Panel
- Field Supervisors invited by the Provider Institution to attend
- An accompanying staff member may be present

The purpose of this meeting is for the Site Visit Panel to:

- Validate documented information on the training of the clinical educators in the use of the assessment tool
- Validate documented information on the processes for managing failing students
- Obtain the Field Supervisors' opinions of the students' preparedness for field placements
- Any specific clarification or additional information as required by the PAC.

Meeting with Students

Participants will be

- The Site Visit Panel
- A sample of students from all years of the Programme (recommended numbers are two students from each year of the Programme).
- Note: if two programmes are being accredited, the Site Visit Panel should meet separately with students from each Programme

The purpose of the meeting will be to:

- Validate the assessment process information given in the documentation and to calibrate this with the views of the students
- Obtain the students' opinion on the range, cohesion and adequacy of the clinical and academic education programme and assessments
- Any specific clarification or additional information as required by the PAC.

Meeting with Graduates

Participants will be:

- The Site Visit Panel
- At least four individuals who graduated from the Programme within the last two years

The purpose of the meeting will be to obtain the graduates' opinions on their preparedness for entry-level practice upon completion of the Programme.

Meeting with the Senior Leadership within the Provider Institution

Participants will be:

- The Site Visit Panel
- Leadership within the Faculty such as the Head of the School and/or the Dean (or equivalents)
- Other academic leadership in the University as appropriate.

The purpose of the meeting is for the Site Visit Panel to obtain an understanding of:

- The situation of the Programme within the Provider Institution
- The perceived strengths and weaknesses of the Provider Institution to support a speech-language therapy Programme
- Funding and resource issues that impinge on the Programme including what projected changes are to occur within the Provider Institution over the period of accreditation (within the next 7 years)
- The Provider Institution's relationship with the NZSTA
- Any specific clarification or additional information as required by the PAC.

Deliberation Time

Participants will be the Site Visit Panel.

The Provider Institution will be asked to provide a private room for the use of the Site Visit Panel as they discuss the results of the day. The purpose of the deliberation time is to review notes, compile draft report and decide on next step (e.g. further teleconference meeting to determine conditions, or immediate drafting of report by the Chair.)

Final Meeting/Poroaki

Participants will be:

- The Site Visit Panel
- The Provider Institution staff in charge of the site visit i.e. the Head of Programme and Director of Clinical Education, or equivalents.
- Other staff and Site Visit participants as determined by the Provider Institution

The purpose of the final meeting is to allow the Site Visit Panel the opportunity to fill any gaps identified during the deliberation time, to provide an overview of the feedback the Site Panel anticipate providing to PAC, and for the closure of the site visit.

3.8.4 Timeline of Reaccreditation Activities

The timeline of reaccreditation activities should be as follows:

Timing	Activity	By Whom
Sixth year of accreditation cycle	PAC Chair notifies university via HoP of need to apply for re-accreditation The PAC commence planning for the reaccreditation, including identifying possible Panel Members	PAC Chair PAC
No less than six months before the current accreditation expiry date	Provider Institution submits an application for reaccreditation	Provider Institution
Within six weeks of receiving the application	The PAC review the application Commence planning for the Site Visit	PAC PAC Chair, NZSTA Admin
Within eight weeks of receiving the application	The PAC review is completed and report sent to the Provider Institution and Board	PAC Chair
Four months before Site Visit	Panel members discussed with Provider Institution Site Visit Panel members proposed to the Board	PAC Chair PAC via PAC Chair
Three months before Site Visit	Any requested additional material is provided to the PAC Draft timetable discussed for Site Visit	Provider Institution; NZSTA Admin Provider Institution and PAC Chair
Eight weeks before Site Visit	All Panel members have access to reaccreditation documentation Initial remote Site Visit Panel meeting Particular responsibilities allocated to each Site Visit Panel member Travel and accommodation finalised	PAC Chair, NZSTA Admin, Provider institution PAC Chair, Site Visit Panel PAC Chair NZSTA Admin, PAC Chair
Four weeks before visit	Timetable finalised Remote Site Visit Panel meeting	Provider Institution, PAC Chair PAC Chair, Site Visit Panel
Evening before visit	Full Site Visit Panel briefing	PAC Chair
During visit	Draft report prepared in response to the PAC's initial report Verbal feedback of reaccreditation process and evaluation given to the Provider Institution	Site Visit Panel Site Visit Panel
No more than four weeks after visit	Draft report shared with Head of Programme for correction Site Visit report presented to the PAC	PAC Chair, HOP PAC Chair
No more than eight weeks after visit	Draft reaccreditation report prepared Draft report shared with Site Visit Panel and Provider Institution for correction	PAC PAC Chair, HOP, Site Visit Panel

No more than ten weeks after visit	Final report presented to the NZSTA Board and Provider Institution	PAC Chair
No more than twelve weeks after visit	NZSTA Board decision on reaccreditation Formal notification to the Provider Institution	NZSTA Board PAC Chair, NZSTA President

3.9 The Re-Accreditation Reporting Process

3.9.1 Verbal Report

The PAC Chair and Site Visit Panel members will verbally report to the Head of Programme within the Provider Institution during the site visit, providing a summary of general findings at the end of the site visit.

3.9.2 Site Visit Report

1. The PAC Chair will allocate aspects of the investigation to members of the panel who will be responsible for documenting these. The PAC Chair will then be responsible for synthesising these into the final overall Site Visit report. Consensus notes prepared during the visit will also be used in the final Site Visit report. This report will provide an evaluation of the Programme based on the evidence gathered during the Site Visit, and will respond to each area identified by PAC. It may also include recommendations regarding facilities, accommodation, course content and resourcing in the report, as related to the Accreditation Standards. It will clearly identify problems and major changes that may be required.
2. Copies of this draft report are sent to Site Visit Panel members for comment and amendment, and to the Head of Programme to ensure that there are no errors of fact. The Site Visit report is then presented to the PAC.

3.9.3 Reaccreditation Report

1. The PAC generate a final re-accreditation report, combining the findings from their review of the initial written application with the report of the Site Visit Panel. The PAC Chair may also seek advice or comment from the Head of Programme or Site Visit Panel during this process as appropriate.
2. The final report is then prepared and signed by the PAC Chair on behalf of the PAC and is forwarded to the President of the NZSTA. This report will be accompanied by details of any follow-up actions to be taken by the NZSTA Board in response to the Site Visit Panel and/or PAC's recommendations.
3. The PAC Chair will be present when the NZSTA Executive Board meets to discuss the report and make a final determination regarding re-accreditation to ensure that the Board has a full understanding of the process and recommendations, and to answer any questions the Board has.

Note in particular:

a) The confidentiality of documents and other material gathered in connection with the re-accreditation must be respected. The report must be marked ‘Confidential’.
b) The PAC Chair will consult with the Head of Programme of the Provider Institution to determine who should receive copies of the final report and/or where it should be lodged. However, in all cases these should include:
    - the Dean or equivalent
    - the Head/s of Department or equivalent
    - the Chief Executive of the Provider Institution

Others may include the chairperson of the New Zealand Vice Chancellors’ Academic Audit Unit in Wellington.

References

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NZSTA Programme Accreditation Framework

Section Four — Appendices

Appendix A: Glossary of Terms

This section contains terminology included within this publication which requires definition that is more specific than that given in a general dictionary. Within complex professions such as speech-language therapy, specific meanings tend to be attached to words and/or phrases that may denote something either more specific or more inclusive than the general meaning. Similarly, different sections of a profession may use a term in different ways.

Accreditation

The process by which the Association comes to the understanding that an education Programme does or does not fulfil the requirements for producing entry-level graduates with appropriate competencies.

Accreditation Panel

A group of appointed people who carry out the seven-yearly accreditation process on behalf of the NZSTA. See section 3.3.4 in the Programme Accreditation Framework for details.

Appeals Process

The process wherein a Programme or Provider Institution may appeal the findings of the accreditation process of the NZSTA.

Audited Database (of Clinical Hours)

The database or collection of students' clinical hours and the categories to which they are assigned that has been signed off by supervisors and audited by the Clinical Director.

Bachelor Degree

As defined by the New Zealand Register of Quality Assured Qualifications (NZQA, 2004).

Client

Client refers to an individual or a group of people with communication and/or swallowing disorders that are to be addressed. It may also refer to people (for example, teachers, nursing staff) working with individuals with communication and/or swallowing disorders, and to service providers (for example, schools and rest home facilities).

Clinical Educator/Clinical Tutor/Clinical Supervisor

See "Supervisor" below.

Clinical Responsibility

Clinical responsibility may include planning, direct assessment and intervention with clients, indirect forms of assessment (including gathering information from third parties), case conferences, working with parents, teachers or other direct intervention agents, and inter-professional team meetings about clients.

Communication

This is to be understood as applying, as broadly as possible, to human communication both expressive and receptive, but excluding long-distance electronic communication. It includes the specific systems of semantic, syntactic, phonological, articulatory, pragmatic, discourse/text-level and physiological organisation and the alternative and/or augmentative communication systems,

including sign language. It also includes the socialising, educational, literate and psychological techniques and systems, as well as the techniques of reading and writing (written communication).

Competency

Competency is the demonstrated ability to apply knowledge and/or skills and where relevant, demonstrated personal attributes, as defined in the certification scheme (standards). (ISO/IEC Guide 2 (2004), Standardisation and related activities-General vocabulary). "Competency is a combination of generic and occupational competencies necessary for competent integrated and coordinated performance across the scope of practice of a particular occupation" (McAllister, 2005).

Competency Based Occupational Standards for Speech Pathologists: Entry Level

The Competency-Based Occupational Standards for Speech Pathologists: Entry Level (The Speech Pathology Association of Australia Ltd 2011) describes the entry level skills, knowledge and attitudes required for practising speech pathology in Australia. The COMPASS® (McAllister at al., 2006) used by New Zealand Programmes to assess students' clinical skills incorporates all seven of the CBOS units.

Current Literature and Research

This term refers to and includes speech-language therapy, educational, medical, psychological, linguistic, cultural and sociological literature, including evidence-based research, scholarship, and theory, which reflects those practices and philosophies which are agreed by a substantial group of professionals and/or academics to be applicable at the time. It is recognised that 'current' has a bias towards, but is not exclusive to, 'recent'. Those theories and knowledge which have not been superseded or disproved/disputed and which have clinical efficacy would qualify as 'current'.

Direct Contact Hours

Direct Contact hours refers to time spent in direct client contact in assessment, diagnosis, evaluation, screening, habilitation, or rehabilitation of clients suspected of or having a communication and/or swallowing disorder. In addition to time spent in face-to-face therapy, this includes time spent with the client/whānau/caregiver/support worker in seeking information, giving information, counselling or training for a home or school programme, where this activity is directly related to evaluation or treatment of a specific client.

While acknowledging the prevalence of the consultative model of service delivery, the framework recognises that students need to gain competence in 'hands on practice' prior to developing the skills to work in a consultative manner. Direct contact hours should be predominantly achieved through face-to-face therapy.

Practicum needs to begin with observation of skilled practitioners and continue with direct interactive experience for each student with a variety of caseloads and in different clinical settings. The framework recognises that there is merit in experiencing both intensive clinical placements, as well as ongoing, regular clinical experiences.

Disability

As defined the New Zealand Disability Strategy (Ministry of Health, 2001) (See Appendix F)

> *"Disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have. Disability is not something individuals have. What individuals have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments" (p. 7).*

Disability as used in this document may include disability related to cognitive or learning impairment, physical impairment, hearing impairment, academic impairment (e.g., literacy learning disorders) and psychiatric or social and emotional impairment.

Entry-Level Practice

Entry-level practice is the level of professional knowledge, integrated skills and ethical conduct expected from a speech-language therapist after graduation with a degree in speech-language therapy from a Provider Institution in New Zealand, and before he or she takes up employment for the first time as a speech-language therapist. It is not considered appropriate for an entry-level speech-language therapist to manage a speech-language therapy service single-handedly. Employers need to be aware of the need to provide managerial as well as professional support for entry-level speech-language therapists.

Exposure (to clinical practice)

Exposure to clinical practice may include observation, listening to case reports/conferences, viewing videos of cases etc. It may also include 'actor' or 'simulated' cases.

Field Supervisor

See "(Clinical) Supervisor" below.

Goals

Within the context of speech-language therapy practice and in this document, the word 'goal' is used for the immediate and longer-term aims of the speech-language therapist determined in conjunction with the client for speech-language therapy progress.

Graduate Entry

Speech-language therapy is a graduate-entry profession in New Zealand. This means that to be eligible for provisional NZSTA membership, a therapist must have, as a minimum, a Bachelor's degree. The NZSTA is committed to maintaining the rigorous standards of education that this level of qualification implies.

Informed Consent

The Code of Health and Disability 2004 which was developed as a result of the Health and Disability Act 1994 states that no health or disability service can be provided without informed consent. Informed consent is basic to the individual's freedom, rights and self-determination. It comprises four key elements; competence, voluntarism, full information and full comprehension. Refer to www.hdc.org.nz/index.php for fuller information.

The NZSTA recognises the rights of the client, whānau and significant others to determine the decisions that affect the client, following the principles of client-centred and family-centred practice. These involve the speech-language therapist discussing and sharing with the client and/or whānau/significant others all the decisions that impinge on the client. It may also involve considerable education of the client to ensure that informed decisions are made.

Interprofessional Contexts

These are contexts or workplaces where allied professionals are working with children, families, clients, or caregivers in a collaborative manner. 'Interprofessional' is also a philosophy of education and practice that holds that students learning in interprofessional contexts can produce more efficient and effective services that benefit clients. It requires knowledge and awareness of other professions and their roles and mutual respect and good communication between professionals.

Master's Degrees

The definition by the New Zealand Register of Quality Assured Qualifications (NZQA, 2003) is:

Master's degrees are constituted in one discipline or coherent programme of study. They may be undertaken by taught courses or research or by a combination of both.

Master's degrees usually build on undergraduate degrees, bachelor with honours degrees or postgraduate diplomas. They may also build on extensive professional experience of an appropriate kind. They are demonstrably in advance of undergraduate study, and require students to engage in scholarship and/or research. (www.kiwiquals.govt.nz)

A Master's qualifying (clinical) degree in speech-language therapy will involve the same core subjects and clinical competencies as the Bachelor level qualification degrees. There may be other Master's degrees in the discipline which are not clinically qualifying (i.e. post-qualification Master's degrees that are extensions of scholarship and research in speech-language therapy).

Programme

A combination of tertiary level courses required to achieve an academic qualification of diploma or degree. In this document 'Programme' refers to such a combination in speech-language therapy.

Programme Accreditation Committee (PAC)

A Committee of the New Zealand Speech-language Therapists' Association which oversees the initial accreditation process and the ongoing Annual Reporting process of education Programmes in speech-language therapy in New Zealand. Terms of reference for the PAC are available on the NZSTA website, and in Appendix B.

Provider Institution

The tertiary institution, usually a University, which provides speech-language therapy education Programmes to the required level for accreditation.

Range Indicator

A statement of the general range or set of contexts in which an entry-level speech-language therapist is expected to work, and the level of independence that is required for competent performance at entry-level. For example, fluency and voice are range indicators.

Rationale

Rationales are a very significant part of clinical practice. They are how clinical decisions are justified, using reference to evidence from research, theory, scholarly literature, clinical experience, the limitations and goals of the client and family/whānau, and the availability of the service, among other factors.

Service Provider

A service provider may be the employer, the agency or the organisations requiring the speech-language therapy service for the benefit of the client.

Scholarship

The term "scholarship" as used in this document refers to depth and quality of understanding, theorising and writing in a discipline or field.

Scope of Practice

Scope of practice refers to the domain of action within which a practitioner may safely operate. The NZSTA Scope of Practice for speech-language therapists is included in Appendix G.

Significant Other

The term 'significant other' means those significant to the client, and may be whānau/family, partner, parents, guardian, advocate, carer, and any other support network relevant to the client. In New Zealand, 'whānau' is often used to cover this area, but the other terms may be used as well.

Significant Changes

Each Programme must report on any 'significant change' that has occurred (or will occur) within the period of the Annual Report. A 'significant change' may be a loss of or change to any one or more of the following:

- staff
- course
- structure
- facilities
- Provider Institution imposed conditions (e.g. regulations about admissions)
- aspects of the curriculum that affect assessment of students.

A 'significant change' is generally seen to be a lesser change than a 'substantive change' but it may be both, depending on the circumstances (See "substantive changes" below).

Speech-language Therapist/Pathologist (SLT, SP, SLP, S-LP)

Includes the terms 'speech and language therapist' (SLT), 'speech-language therapist' (SLT), 'speech pathologist' (SP) and 'speech-language pathologist' (SLP or S-LP). There is no difference in the qualifications or scopes of practice implied by the use of these terms; they are local choices of name for the profession or discipline area.

Substantive Changes

A 'substantive change' has occurred if a Programme has changed so significantly that previously awarded accreditation may no longer apply. In this case, re-accreditation may be needed (see Section 1.7, p8 of the framework for details). Substantive changes might include;

- A change of level, such as a Bachelor to a Master's level degree
- A change of the Programme organisation such that the same content is no longer covered
- More than two courses within the Programme having completely different content, order, and assessment such that the nature of the Programme is altered
- Compounded smaller changes whose net effect is that a standard that was previously met is now compromised; e.g., removal of the cultural competency sections integrated into the courses, removal of research components or major content areas from a degree, or changes from case-based assessments to exam-only assessments across a Programme.

(See also "significant changes" above).

(Clinical) Supervision

Clinical practicum is to be supervised according to a student's level of skill, knowledge and experience (competence). Acceptable supervision is a minimum of 25% of a student's client contact being directly observed by a clinical supervisor combined with appropriate guidance and feedback.

(Clinical) Supervisor

A clinical supervisor is a qualified professional who has the responsibility for a clinical education placement of one or more speech-language therapy students. The supervisor may be employed directly by the Programme. They may also be known as 'clinical educators' and 'clinical tutors'.

A supervisor must be a qualified speech-language therapist who is eligible to be a Full Member of the NZSTA and has a minimum of two years clinical experience. Those not directly employed by the Programme but who take students in their workplace are also known as 'field supervisors'. The 'primary field supervisor' who meets these criteria may, in limited amounts, delegate some supervision of a student to a colleague who does not meet these criteria. However, this must be for less than 40% of the supervised time.

A 'clinical supervisor' might also be a position in relation to a new graduate in the workforce, depending on employer policies. In this context, a supervisor may be an experienced speech-language therapist or an experienced colleague from an allied profession, depending on the specific requirements of supervision.

Te Reo

The Māori language term for itself.

Te Tiriti o Waitangi/Treaty of Waitangi

Te Tiriti o Waitangi is New Zealand's founding document. It is a broad statement of principles on which the British and Maori made a political agreement to found a nation state and build a government in New Zealand in 1840. It is common now to refer to the *intention, spirit* or *principles* of the Treaty, which are referred to in several Acts of Parliament. See Appendix D for more details.

Units of Competency

Units of Competency refer to broad areas of professional activity within a competency based system of assessing clinical skills. For example, currently students' clinical skills are rated on a minimum of eleven units of competency. These are: *Reasoning; Communication; Professionalism; Lifelong Learning; Assessment; Analysis and Interpretation; Planning of Speech Pathology Intervention; Speech Pathology Intervention; Planning, Maintaining and Delivering Speech Pathology Services; Professional, Group and Community Education*; and *Professional Development*. Within each Unit of Competency there are Elements which further specify the competency expected of an entry-level speech-language therapist.

Whānau

Whānau is a Māori-language or Te Reo word for extended family which may consist of the nuclear family and their blood relatives.

Appendix B: Programme Accreditation Committee

Terms of Reference

1) TITLE

The name of the Committee shall be The New Zealand Speech-language Therapists' Association PAC.

2) PURPOSES

a) To assure the general public regarding the quality of speech-language therapy education Programmes.

b) To assure students that the Programmes they are being offered meet the standards for them to become competent speech-language therapists in NZ.

c) To provide a benchmark against which speech-language therapy qualifications from other countries can be assessed for membership of the NZSTA.

d) To provide a framework for assessment and programming for re-entry into the profession or upgrading of standards to allow acceptance of qualifications.

e) To inform Provider Institutions of the basic requirements of the professional education of speech-language therapists and the level of resources needed to meet these.

f) To inform employers of the range and standards of practice they can expect of entry-level speech-language therapists.

g) To promote inter-programme dialogue and assist ongoing Programme development. To promote dialogue between Programme providers and the NZSTA.

3) MEMBERSHIP

a) Chair: The Chair of the Committee shall be appointed by the NZSTA Executive Council. This person shall have experience in the speech-language therapy field or a closely related field, preferably in NZ, of at least three years standing. Desirable qualities include knowledge of the tertiary education sector, experience in accreditation or professional regulation systems and/or experience and skill in running a committee. The Chair shall not be a current staff member of any Programme which the Committee is currently responsible for accrediting.

The Chair shall be appointed for a period of four years with the option of reappointment for one further term. The NZSTA Executive Council may vary this duration of appointment as it sees fit and may also, without the need for giving any reasons, remove a person from the Chair at any time, with or without notice.

The NZSTA Executive Council shall call for nominations for the Chair, which may include self-nominations, with a letter outlining why this person would be an appropriate person. The NZSTA Executive Council shall follow up any initial nominations and appoint as it sees fit.

The Chair is answerable to the President of the NZSTA.

Responsibilities of the Chair are

- To call for, prepare agendas for, and run the meetings of the Committee
- To inform the NZSTA President through the NZSTA Administrator of the meetings and the outcomes of the meetings (agendas and minutes).
- To ensure the functions of the Committee are carried out (see section 4 below) in a timely fashion.
- To ensure members are appropriately trained to conduct site visits and evaluate Annual Reports for the purposes of accreditation.

b) Elected representatives: The Committee shall have a member elected by the members of the NZSTA at the nearest appropriate Annual General Meeting or Special General Meeting, from each of the sectors *health, education, private practice* and a Māori representative.

Each elected representative shall be appointed for a period of four years with the option of reappointment for one further term. Appointment dates will be staggered so new members come on to the Committee in successive years as much as is practicable.

The NZSTA Executive Council shall call for nominations for these positions, which may include self-nominations.

Candidates should:

- Have a minimum of 3 years of experience in the sector they are representing
- Have experience in governance and committee processes
- Have a proven ability to work collaboratively
- Be able to allocate sufficient time to complete their duties and responsibilities as a committee member
- Have established relationships with stakeholders from the sector they are representing

Additionally, the Māori representative (who does not need to be a speech-language therapist) should:

- Demonstrate tikanga Māori
- Understand the University curriculum in terms of the Treaty of Waitangi and cultural responsiveness/competence and knowledge
- Understand the issues and skills required when working with whānau and be able to advise the Committee on these things.

Each of these members shall represent the views and needs of the constituency group concerned. They shall also participate in the accreditation, Annual Report and review processes as organised by the Committee.

c) Nominated Representatives: The Committee shall have a member from the academic or clinical staff of each of the accredited Programmes that provide a qualification for speech-language therapists in NZ.

The NZSTA shall call for such nominations from each accredited Programme to the Committee. The duration of the membership shall be four years with the option of reappointment for one further term, or for such other period as determined by the NZSTA Executive Council at the time of nominations.

Each of these members shall represent the views and needs of the constituency group concerned. They shall also participate in the accreditation, Annual Report and review processes as organised by the Committee, with the caveat that such representatives will not be involved in discussions of the site visits or Annual Reports concerning their represented Programmes, unless called upon by the Chair of the Committee to do otherwise. The Chair may also call upon member's absence regarding other Programme evaluations if a conflict of interest is seen to exist.

d) Appointed member: The holder of the NZSTA Professional Standards Portfolio will be a member of the Committee. Duration of the membership will be that of the duration of the Portfolio holding. This member shall also participate in the accreditation, Annual Report and review processes as organised by the Committee.

e) Invited attenders: The Committee may from time to time invite up to two external person(s) to attend the meetings at the request of the Chair or of the NZSTA Executive Council to provide advice or assistance as necessary. They have no voting rights and may be requested to leave the meeting at any time by the Chair.

f) The majority of the members of the PAC shall be qualified speech-language therapists and Full Members of the NZSTA.

g) Committee members may cease to be on the Committee if they;

- Resign from the Committee in writing to the NZSTA Executive Council
- Cease to be employed in or can otherwise no longer represent the constituency of their position
- Consistently fail to meet their commitments to the Committee (Without limiting the foregoing failure to attend 3 consecutive committee meetings without the leave of the Chair, shall be grounds for ceasing to be a member)
- Breach confidentiality, or any other breach of ethics related to Committee matters
- The NZSTA Executive Council shall determine whether a member has ceased to be on the Committee under the above provisions and its decision shall be final

4) Confidentiality

a) All members of the Committee shall keep matters discussed in or pertaining to the Committee confidential, unless permission is given otherwise by the Committee chair and the source of any information (e.g., a Programme Head).

b) All members of the Committee shall sign a Confidentiality Agreement.

5) Functions

a) To carry out the accreditation processes for new Programmes, and on a 7-year cycle thereafter for existing Programmes which educate professionals to entry-level standard in speech-language therapy in New Zealand. To report to the NZSTA Executive Council on whether these Programmes should be accredited, according to the standards and framework as the NZSTA approved, what strengths and weaknesses they exhibit, and what the Committee recommends they continue to develop.

b) To request Annual Reports on how the Provider Institutions/Programmes are continuing to demonstrate the adherence to the accreditation standards. To evaluate these reports, and provide an Annual Report Evaluation to the NZSTA Executive Council on each Programme and whether they have maintained the accreditation status.

c) To provide feedback to the Provider Institutions if they take up the right-of-reply to their Annual Report Evaluation from the Committee.

d) To participate in the appeals process should it be called upon, as indicated by the NZSTA Executive Council.

e) To keep detailed records of meetings, decisions and reports, and to make these available to the NZSTA Administrator.

f) To ensure the Committee webpages/section on the NZSTA website is maintained.

g) To review the policies, procedures and processes of accreditation on a 5-yearly basis, or earlier if required by the NZSTA Executive Council.

6) Meetings

Meetings shall be held at least once yearly, in a timely fashion after the deadline for the Annual Reports from the Programmes. This meeting is to carry out the evaluation of the Annual Reports, which will be sent to the NZSTA Executive Council.

In years where a site visit is to be conducted, additional meetings of the Committee may be held, one to review the application, one to plan that site visit and one after to assist in the preparation of the evaluation report. The site visit team will conduct further meetings as needed.

If a review process is underway, the Committee may meet more frequently, as needed and called upon by the members.

The Committee may meet more frequently if called upon to do so by the NZSTA Executive Council.

7) Meeting Procedures

a) Decisions: Reasonable endeavours shall be made to ensure that all decisions shall be made by consensus but failing that, by a majority of those present and entitled to vote. All minutes shall be recorded.

b) Note-taker: Detailed notes shall be taken at each meeting. There being no designated minute secretary, this role will be appointed at each meeting by consensus. These will be circulated after each meeting, and checked, revised if necessary, and passed by those attending the meeting as a true and accurate record, before being passed on to the NZSTA Executive Council.

c) Quorum: Five members shall constitute a quorum. Meetings may not proceed if fewer numbers than this can attend. However, special meetings of fewer members may take place with the prior agreement of the full Committee (see 6) above), and records of such meetings shall be kept and sent to the NZSTA Executive Council.

8) Amendments

The terms of reference will be reviewed biennially from the date of approval. They may be altered to meet the current needs of the NZSTA, of the Committee members, or by a consensus of these plus the Programme providers.

The above terms of reference have been agreed to:

President of the NZSTA

Chair of PAC

Committee elected representatives

Date

Appendix C

NZSTA Programme Accreditation Committee

Review of 2017 Annual Report

Programme: **Date of review:**

Reviewer:

- Has the report shown evidence of addressing the issues of concern?
- Consider each standard in the accreditation report. Indicate if there are any concerns.
- Record any suggestions or comments beside each standard that you would like to raise in the written response to the programmes and/or the PAC teleconference.

Standard	Comments:
Accreditation Standard for the Aotearoa/New Zealand Context	
Accreditation Standard for Education Programme Structure	
Accreditation Standard for Clinical Education	
Accreditation Standard for Academic Education	
Anticipated Substantive Changes	

Information relating to progress towards adherence to the updated (2016) Aotearoa/ New Zealand Context Standard: *examples of acceptable evidence or other ways progress towards implementing the updated standard. If this process is not yet underway, please also indicate that here. (contribution is voluntary, for formative feedback only.)*

Current students. Please complete Tables A, B and C below. Please provide all information requested.

Table A: Diversity in student body

No. of students in the Programme who identify as:	New Zealand European		
	Māori ~~(or having Māori ancestry)~~		
	Samoan		
	Cook Island Māori		
	Tongan		
	Niuean		
	Chinese		
	Indian		
	Other (please state)		
Languages spoken by students:			
Gender ~~Sex~~ of students	Male:	Female:	**Other:**
Previous degrees (areas of study and levels) of students:			

Table B: Student Numbers

Total number of students in the speech-language therapy Programme:	
Target intake into first (professional) year:	
Number of applicants for first (professional) year:	
Numbers accepted into first (professional) year:	
Numbers withdrawn from first (professional) year:	

Table C: Student Progress

Student Year	No. of students	No. of students successful by year end	No. of students unsuccessful at year end	No. of students withdrawn
Year 1				
Year 2				
Year 3				
Year 4				

Table D: Qualifications, NZSTA membership status and Courses taught by academic and clinical staff.

To add rows: in Word, put cursor in the last row, hit 'Ctrl+A', then 'I' then 'B'. Or go to the "table" menu, choose "insert" then "row below".

Name, academic rank (when relevant) and title of current staff	Qualifications	Role *	NZSTA member-ship status	Courses taught (state titles)
Full-time staff				
Part-time staff				

* A = Academic, C= Clinical (Ad = Administrative). Combinations may occasionally be used, but they are about the *role the person is employed* as, rather than the work allocation (see Table B).

Table E: Contributions of academic, clinical and administrative staff to the Programme

To add rows: in Word, put cursor in the last row, hit 'Ctrl+A', then 'I' then 'B'. Or go to the "table" menu, choose "insert" then "row below".

Name & employment status (eg., employee or contractor) - current staff	FTE status (full-time = 1.0)	Allocation of FTE to classroom teaching	Allocation of FTE to administration (academic & clinical)	Allocation of FTE to clinical supervision	Allocation of FTE to research and mentoring	Allocation of FTE to other services*
Full-time staff						
	1.00					
	1.00					
Part-time staff						

*(e.g, advising, service on committees supporting the graduate program, NZSTA advising)

Note: The breakdown of allocations of FTE (classroom teaching, administration, supervision, research, other) must equal the FTE contribution to the Programme. If the Programme reports .75 FTE for an individual, then the breakdown must equal .75 FTE.

Total FTE staff in the Programme	

Table F: Staff Development. Progress towards PhD qualification (academic staff) or appropriate postgraduate qualification of clinical staff.

Please provide evidence such as a copy of staff members' most recent PhD progress report, conferment of their PhD degree, or other relevant documentation of progress towards completion of postgraduate study for clinical educators. Include this as an appendix.

To add rows: in Word, put cursor in the last row, hit 'Ctrl+A', then 'I' then 'B'. Or go to the "table" menu, choose "insert" then "row below".

Name of staff member	Qualification being pursued	Progress to Date
Full-time staff		
Part-time staff		

Table G: Research and professional development activities of academic and clinical staff

Provide evidence such as certificates of attendance at professional development events, including conferences. Provide a sample of publications (or links to publications). Include this as an appendix.

Name of staff member	Title of Research/Publications	Professional Development
Full-time staff		
Part-time staff		

Student Year	Ethnicities of students successful by year end	Ethnicities of students unsuccessful at year end	Ethnicities of students withdrawn
Year 1			
Year 2			
Year 3			
Year 4			

Appendix H:

International Association of Logopaedics and Phoniatrics (IALP) Guidelines for Initial Education in Speech-language Pathology, Revised (September 2009)*

Preamble

In 1995, the IALP Board approved the guidelines for the Initial Education in Logopedics. The guidelines were published in Folia Phoniatrica et Logopedica in 1995. They have been used extensively to support and inform those interested in the development of new education courses/programs and the revision of existing course curricula/programs around the world.

Since the original adoption, many cultural, political and educational changes have taken place globally. Several countries are developing an awareness of the need to provide services to persons with disabilities. Others are finding it necessary to expand their education programs to meet the needs of expanding client base. It was necessary to review the educational guidelines for their current appropriateness.

Members of the Logopedics Education Committee met at the 2007 IALP Congress in Copenhagen, Denmark and again in Ljubljana, Slovenia in 2009 and agreed to contribute to the review of the education guidelines and revise as necessary. The following is the revised version.

It should be noted that these guidelines refer only to the education of speech-language pathologists (or their equivalent in other terminologies) as defined in 'Appendix 1' of this document. The IALP recognizes that some countries may choose to train people whose work includes helping people with communication-disorder through alternative or additional routes than by setting up academic programs of the type illustrated here. The guidelines have been devised with the intention of describing patterns of good practice in the education of professionals identified as speech-language pathologists, which many programs at present follow, and which other programs may wish to bear in mind in seeking to work towards an international framework.

The IALP Education Committee recognizes that a variety of social, cultural and educational influences need to be taken into consideration in planning programs in different countries, and that this may be particularly important where new programs are initiated for the first time in the country. Following the tremendous changes that have taken place globally during the last decades, it is appropriate to describe different educational routes because the profession developed at different levels in different parts of the world. In some countries speech-language pathology education programs are well established. In other countries, such programs are in the development stage. In still other countries, the programs may be just beginning or may be in the planning stages. These guidelines relate to each of the three levels of programs. The guidelines are not intended to substitute for the accreditation requirements set by national professional bodies. For the countries without specific accreditation and evaluation of requirements in speech pathology, these guidelines can serve as a reference for the establishment of national standard.

While it is recognized that the education of speech-language pathologists is a lifelong pursuit, these guidelines relate only to the initial education of speech-language pathologists, rather than to their continuing professional development following qualification.

PART A: PREMISES

1. Background

The purposes of providing guidelines for the education of speech-language pathologists are to harmonize the initial education of speech-language pathologists, to develop and maintain appropriately high standards of education, and, in due course, to facilitate the international movement of personnel and knowledge. It is hoped through the dissemination of these guidelines to all educational programs in speech-language pathology that competent and innovative practitioners will be able to do the following:

offer and/or to improve quality service to people with communication and/or swallowing disorders in countries where initial educational programs are already established;

improve the service to people with communication and/or swallowing disorders in countries where educational programs are developing; and

establish new programs for the initial professional education of speech-language pathologists, where such programs do not currently exist.

Surveys of the education of speech pathologists world-wide have indicated that:

- a variety of approaches to the initial education of speech-language pathologists currently exist;
- in some countries education in speech-language pathology is undertaken simultaneously with education in a second profession, i.e. audiology/hearing therapy, education, psychology, generalist rehabilitation.

The Statement of Premises and the Illustrative Framework below provide a general statement of principles to be taken into consideration in the education of speech-language pathologists, with allowance for the practices of different cultures and in different countries. Where it is the practice to combine education in speech-language pathology with that for another profession, these guidelines relate specifically and strongly to the speech-language pathology component of the education. This is to ensure that this discipline should be sufficient to stand on its own and to be comparable to such programs where it is an independent field.

Statement of Premises

1. Speech-language pathology is an identifiable independent profession in its own right, and is not one whose practitioners are seen as educational/medical/social assistants.
2. Practitioners follow a code of ethics, which specifies level of training and responsibilities, recognition of the boundaries of their work and skills, and the need to consult with and refer clients to other professionals, as appropriate.

3. The education of speech-language pathologists is aimed at preparing professionals for a broad and general scope of work with people of all ages who may have communication and/or swallowing disorders.
4. The education of speech-language pathologists includes an appreciation of cultural and linguistic factors that influence the development of speech and language and the delivery of appropriate clinical services.
5. The education of professional practitioners includes advanced knowledge about the nature of communication disorders and the provision of culturally appropriate diagnosis and intervention.
6. The education of professionals includes an appreciation of evidence based practice and the use of research to support clinical approaches.
7. Speech-language pathologists should be given opportunities to develop their skills under supervision for their first year of experience in the profession.

Opportunities should be provided for speech-language pathologists to continue their professional development through continuing education, specialization and studying for advanced degrees which foster research in communication disorders.

PART B: ILLUSTRATIVE FRAMEWORK

1. Principles

A fundamental principle of education in speech-language pathology is the recognition of complexity of the field of human communication and its development, and communication impairments and disabilities.

1.1 The program should make students aware of the complexity of human communication and its disorders as well as normal/disordered swallowing.

1.2 The study of communication disabilities should be based on a foundation of the study of normal communication and its development.

1.3 The program should integrate the teaching of theory with the teaching of the practical applications of theory, and include a substantial element of clinical practicum to achieve clinical competence as generic therapists.

1.4 The program should include an awareness of social, linguistic and cultural differences both within and across countries, and a respect for differences both amongst individuals and amongst societies. Students should be made aware of multilingual issues within specific communities. They should be informed about the possible role of the speech-language pathologist to establish inter-professional networks in their communities.

2. Content

2.1. The study of speech-language pathology is highly related to the disciplines of psychology and linguistic sciences, behavioral sciences, biomedical sciences and ethical issues. The program should cover the main concepts of supporting disciplines. Such coverage should

provide the students with an overview of the relevance of the main concepts of each discipline, and detailed study of such theories and approaches that are directly relevant to the understanding of human communication and its disorders.

Supporting Disciplines

Linguistic Sciences

Linguistics, language acquisition, sociolinguistics, multilingualism, phonetics, and acoustics are relevant to linguistic sciences. The study should include speech sounds, phonology, syntax, semantics, lexicons, discourse and pragmatics, with practical work in data collection, transcription, measurement and analysis (including qualitative analysis of oral as well as written language. It should also include discourse analysis, especially in relation to disordered speech and language. The content of the above mentioned domains of study should be relative to the language of the country.

Behavioral Sciences

Studies in the Behavioral Sciences should include cognitive psychology, social psychology, developmental psychology (across the life span), neuropsychology, education/pedagogy and studies of personality and individual differences, with guided fieldwork particularly in relation to understanding psychological assessment.

Biomedical Sciences

Studies in Biomedical Sciences should include biological bases of language, speech and swallowing (human anatomy and physiology, and neuroanatomy); clinical medical sciences as applied in neurology, otorhinolaryngology, pediatrics, geriatric medicine, psychiatry (across the age-span), audiology, orthodontics and the study of craniofacial anomalies and their repair, and of deglutition. Opportunities for observing clinical sessions (especially multidisciplinary) in these related disciplines should be included.

The teaching in the above-mentioned supporting disciplines should preferably be provided by qualified specialists in each field, who are sensitive to the specific relevance of their field to the needs of speech-language pathologists.

Ethical Issues

Students should have knowledge of relevant ethical guidelines of research and practice. They should be familiar with laws, statutes and regulations concerning professionals in private and public social and health care organizations. Throughout the entire program, students should follow these ethical principles in theoretical and practical studies. The program should use professionally and scientifically qualified teachers. Teachers providing clinical supervision need to hold the professional certificate in speech-language pathology required in the local country.

2.2 In addition to the above supporting sciences, the program should cover the principle areas in the discipline. This should include the study of the following:

(a) the varieties of normal and abnormal communication, their characteristics and possible causal factors/etiologies and interpretations of their nature from biological, cognitive and socio-cultural perspectives;

(b) theories of the assisted establishment/recovery of language function;

(c) culturally and linguistically appropriate methods and resources for assessment and diagnosis;

(d) methods of evaluating the effectiveness of diagnosis and intervention;

(e) the consequences of communication disorders for the families and social contacts and methods of counselling;

(f) the social and organizational settings in which speech-language pathologists work, with respect to health, education, the work of allied professionals, legal and ethical issues, use of resources and professional responsibility.

(g) The teaching of logopedics should be provided by qualified speech-language pathologists, who maintain active involvement with clinical work and have clinical research experience in specific areas of speech-language pathology.

2.2.1 The study of logopedics must include practical work carried out under the supervision of qualified and experienced speech-language pathologists, and monitored by the educational program. This should be aimed at enabling the student to acquire generalist skills and systematic methods of working with clients. It should foster the personal development of the student and interactive communication skills. It is necessary that the supervisors have current knowledge of the profession and be trained in supervision.

2.2.2 The practicum should show how the studies identified under 2.2. (a) to (g) above are applied. It is, therefore recommended that the practicum is undertaken in association with the teaching of the theory components outlined in 2.2., in order to facilitate the integration of theory and practice.

2.2.3 Practicum should begin with observation of skilled practitioners and continue with direct interactive experience for each student in a variety of settings, with a variety of types of clients, and with a variety of responsibilities, from screening to diagnosis, from planning to applying intervention programs.

2.2.4 Students should receive training with a variety of cases. Direct experience in clinical practicum should include work with *at least* the following types of disorders:

(a) Developmental and acquired speech disorders of a phonetic and/or phonological nature in children and disorders which predominantly or also involve other levels of language organization in both children and adults.

(b) Voice and resonance disorders

(c) Fluency disorders

(d) Swallowing disorders

(e) Reading and writing disorders

2.2.5 In addition the program should provide some practical experience for the student of cases with communication or oral disorders secondary to at least some of the following:

(a) hearing impairment;

(b) cognitive impairment and disability;

(c) language learning impairment and disability;

(d) behavioral and emotional disabilities (e.g., autism, attention deficit);

(e) psychiatric disabilities (e.g., schizophrenia, psychosis, the dementias);

(f) structural abnormalities, including congenital (e.g., cleft palate) and acquired abnormalities (e.g., laryngectomy);

(g) cerebral palsy and other neuro-motor impairment;

(h) swallowing and feeding disabilities. See 2.2.4. above.

(i) symptoms secondary to social deprivation;

(j) multiple and complex impairments and disabilities (e.g., combinations of any of the above);

To supplement (but not substitute for) the direct practical experience with some of the above, videotaped recordings and use of web-based technology (preferably interactive) may be used in order to make students aware of work with the other categories of disabilities if direct access to such client groups is not possible.

2.2.6 There should be a practical examination of the student's clinical work at or near the end of the program, in which the student's ability to apply theory to practice is assessed. It is also recommended that there should be frequent in-course assessment of students during the program, to allow opportunity for remedial help or redirection, if necessary.

2.2.7 Clinical guidelines for supervisors should be provided.

3. Structure

3.1 For countries where the service to people with communication disorders is already well established.

In order to achieve the requisite competencies related to the profession of speech-language pathology, the educational program giving access to the profession must be undertaken at the university or equivalent academic level. If possible doctoral degree and other forms of specialization should be offered in accordance with the traditions of the organizing university or academic institution or specialized scientific committee.

The educational program should be in balance with the generic competencies related to equivalent academic degree and in accordance with discipline related competencies described as an integration of knowledge, understanding, discipline specific skills and abilities and organized into three competency areas:

(a) Clinical practice: competency in prevention, assessment, diagnostics, training and therapy related to clients and their community.

(b) Organization and Administration: understanding the requirements for working in and for an organization in the country including an understanding of the laws.

(c) Professionalization: understanding the principles of professional conduct, and expectations of the development of the profession and the discipline.

It is recommended that terms such as generic, discipline related competencies, Master, Bachelor level etc., be adopted and defined for the country.

3.2 For countries where the service to people with communication disorders is developing.

Two educational routes giving access to the profession are considered acceptable:

(a) First degree generic competencies obtained at the bachelor or equivalent degree level preferably distributed over four years and covering all necessary domain specific competencies related to good practice of the profession.

(b) A professional, postgraduate degree, or equivalent, in speech-language pathology, following a first degree course in logopedics of at least three years. It is recommended that the postgraduate degree be distributed over at least two years.

3.3 For countries where the professional education of speech-language pathologists does not currently exist and where the service to people with communication disorders is not yet established.

The purpose of this section is to facilitate the initiation of appropriate professional education in speech-language pathology in countries that have chosen to establish new programs for the education of practitioners in a speech-language pathology service. It is recognized that some countries may choose initially to develop other patterns of service which include help for persons with communication disorder, and that different means of training community workers might be used as a supplement to, or instead of, education in speech-language pathology. The prime motivation for such education should arise indigenously, with consideration for the resources for the country and the usual pattern of the delivery of health care and education in the community.

A crucial first stage should be to identify major cultural issues of providing the service in the community and to evaluate needs of the people in the community. This should include a review of existing services, resources, and barriers to the establishment of the service within the prevailing local context. The local education system should be taken into consideration when developing and planning a new program.

In such cases, the program should begin with external advisers acting as facilitators rather than directors External facilitators should be sensitive to aspects of indigenous culture and circumstances, and some points for consideration are given below:

(a) Sustainability, financing and the intermeshing of the speech-language pathology service with other existing health and educational services;

(b) Materials such as textbooks and other resources must be evaluated for appropriateness for the culture and circumstances, particularly in respect of the pictorial illustrations included;

(c) The stated cultural value or purpose of rehabilitation in the country must be considered. The program must be culturally appropriate.

(d) Equipment and technical resources need to be appropriate to the circumstances, and availability of technical support staff is essential;

(e) Where other professional services are unavailable, workers with individuals with communication disorders are likely to extend the boundaries of their professional training beyond that which is conventionally acceptable in better resourced countries, and, therefore, workers and organizers need to be made aware of the points at which such tolerances may endanger the welfare of the persons served.

(f) In countries where a speech-language pathology service does not exist, local clinical practicum for students may be impossible, and the appropriateness of placing these students in well-resourced countries for their clinical experience needs to be carefully considered; alternatively it may be suggested that experienced professionals are brought into build this practicum.

(g) A greater emphasis in initial training may need to be given to the management role of communication workers, and their role in training the skills of others. Students should be trained to provide speech-language pathology services within the construct of health care services and educational services in the country.

(h) There may be linguistic variations and a range of coexisting languages which will have implications for the educational program;

(i) The program content may need to be adjusted to facilitate meeting the local needs;

(j) Students should be made aware of the limitations of using materials and resources which have been developed by other countries (or in other regions of the same country) for different cultural and linguistic needs.

(k) Steps should also be taken to initiate the development of an appropriate status for the profession and career progression of its practitioners.

4. Research

Academics on the programs should be active in research in speech-language pathology and/or its supporting disciplines, so as to stimulate interest in research, and to keep academics and students

up-to-date with current developments in these fields, e.g., single case study of behavioral analysis in clinical assessment.

All programs should include a research project to foster a research-oriented approach (evidence based) to clinical work, and to assist the student in the critical examination of research in the field.

5. Program evaluation

Programs should periodically undertake self-evaluation to determine whether they are satisfying that the guidelines have been adequately met and to determine how the program can be improved.

6. Continuing Education and Scientific Study

Speech-language pathologists should continue to maintain their competence through updating their knowledge and skills. They should contribute to the development of the discipline and of the profession by undertaking and publishing research. Experienced speech-language pathologists have a responsibility to assist and tutor students of their profession and supervise their clinical practice.

APPENDIX

Definition and Roles of the Speech-language Pathologist

The definition and roles of the speech-language pathologists have developed and expanded during the 20th century. Scientific and technical developments, along with changes in law and funding relating to the provision of health and education services, will influence the definition and roles of the speech-language pathologist.

Definition

The central concern of the profession of speech-language pathology is that people with communication and swallowing disabilities (dysphagia) receive the best possible service to alleviate their disabilities, and improve their quality of life. To achieve these goals, the speech-language pathologist is involved in the prevention, assessment, intervention, management and scientific study of disorders of human communication, and of swallowing. In this context, human communication comprises all those processes and functions associated with the production of speech, and with the comprehension and production of oral and written language, as well as forms of non-vocal communication. Swallowing refers to safe transit of food and drinks through the oro-pharynx to ensure optimal oral nutrition.

Roles and Functions of the Speech-language Pathologist

Speech-language pathologists require both scientific knowledge and clinical competence in order to provide optimal levels of client care. The speech-language pathologist has the following roles:

Prevention

The prevention of the occurrence or the development of communication disorders:

(a) education of the public and other professionals about the nature of communication and the prevention of communication disorders;

(b) early identification of communication disorders and factors directly associated with communication disorders

(c) collaboration with other professionals as relevant to the role of the speech-language pathologist in the prevention of communication disorders.

Assessment

Assessment is a continuing process, and in most cases, instances will involve collaboration with other disciplines. A diagnosis is reached through objective testing, observation, and consultations with the client/family members, and other professionals as necessary. This leads to a hypothesis about the nature and duration of targeted intervention.

Intervention

The speech-language pathologist carries out intervention for communication disorders and dysphagia to assist clients to achieve the best possible function, and to reduce or eliminate the impact of the primary impairment. Intervention represents a joint undertaking between the speech-language pathologist and the client/family and subsumes client management, including the selection of goals and therapy procedures. Intervention goals are based on assessment and client/family priorities and may include early intervention, rehabilitation, counselling, consultation, and participation in management through teamwork. An essential part of intervention is the evaluation of its efficacy.

Professional Conduct

Speech-language pathologists must maintain professional responsibility for the welfare of their clients at all times. They must observe the code of ethics of their national professional body and/or as prescribed by their employer, and/or their national/state government.

Continuing Education and Scientific Study

It is an ethical responsibility of the speech-language pathologists to participate in continuing education and scientific study to update their knowledge and skills, and to maintain their competence to practice. Where possible, speech-language pathologists should contribute to the development of the discipline and of the profession by undertaking and publishing research and therapy reports. Experienced speech-language pathologists have a responsibility to assist and tutor students of their profession and supervise their clinical practice.

***In the original guideline, the term Logopedics was used to identify the professional area. Although the term is used in many places throughout the world, currently the title most commonly used in the United States and Canada is *Speech-language Pathology*. *Speech-language therapy* is used in most English speaking countries. Throughout this revision, the term *speech-language pathology* will be used to identify the professional area. Persons using these guidelines are free to use the title as used in their country or locale.**

Appendix I: NZSTA Accreditation Application Form

APPLICATION FOR NZSTA ACCREDITATION OF ENTRY-LEVEL EDUCATION PROGRAMMES IN SPEECH-LANGUAGE THERAPY

The Provider Institution named below desires that its education Programme leading to an entry-level qualification into the profession of speech-language therapy is accredited by the New Zealand Speech-language Therapists' Association (NZSTA). It hereby applies for an evaluation of this education Programme in accordance with the standards set forth in the NZSTA Programme Accreditation Framework (May 2011).

The Provider Institution agrees to the following process:

i) To cooperate fully with the NZSTA Programme Accreditation Panel during the evaluation process.

ii) To arrange a site visit to the educational Programme, ~~the fee of which is payable when invoiced at the completion of the visit.~~

iii) ~~To pay the costs of evaluation of the initial application, payment of which accompanies this application form.~~

iv) To pay an annual accreditation fee, due each year that the Programme is accredited.

_____

Name of Provider Institution

_____

Name of education Programme to be evaluated

_____

Signature university/Provider Institution director, or designee *Date*

_____

Name and title of the director for the Programme of education in speech-language therapy

_____

Signature of Programme Director *Date*

This application form is to be completed with reference to the NZSTA Programme Accreditation Framework (May 2011).

The Provider Institution is expected to provide relevant written information supported by appropriate documents to demonstrate how each of the standards set forth in the NZSTA Programme Accreditation Framework is met. The specific information required is listed under each standard.

Please refer to the Framework for what constitutes "Acceptable Evidence" with regards to each requirement. Note however that the Programme is not restricted to this evidence, but may provide other evidence in support of its case.

Also required to be provided for the accreditation site visit panel are:

- A full set of examination papers for the most recent year, with representative student scripts and reports
- Any external examiner reports or equivalents for the Programme in the period since the previous accreditation or any to date for first accreditation.

NZSTA Accreditation Standards for the Aotearoa/New Zealand Context

Refer to new Aotearoa / New Zealand Context Standard

1. **~~That the Programme reflects te Tiriti o Waitangi in its recruitment, curriculum and clinical education practices. This includes recognition of Māori as tangata whenua; and how this and the Tiriti apply to professional practices. The Programme needs to provide students with the best available evidence re Māori responsiveness, practice, theory and intervention and show how these are woven throughout the Programme.~~**

~~Requirements~~

~~a) That the Programme has both a targeted and integrated focus on tangata whenua in the content and practices of the Programme.~~

~~b) That the Programme demonstrates how it reflects KĀWANATANGA or Principle 1, Partnership.~~

~~c) That the Programme demonstrates how it reflects TINO RANGATIRATANGA or Principle 2, Participation or Self-Determination.~~

~~d) That the Programme demonstrates how it reflects ORITETANGA Principle 3, Equity.~~

~~e) That the Programme demonstrates how it reflects Principle 4 of te Tiriti o Waitangi: Protection: the validation of both Māori culture and non-Māori culture and the safe practice of religious beliefs and values.~~

2. That the Programme reflects New Zealand's social political and cultural character.

Requirements

a) That the Programme demonstrates how it incorporates understanding of the issues of diversity in New Zealand.

b) That the Programme demonstrates culturally appropriate, collaborative ways of working with diverse cultures.

3. That the Programme reflects New Zealand's perspectives on disability

Requirements

a) That the Programme demonstrates adherence to the current New Zealand Disability Strategy.

Describe how your Programme meets these requirements and provide evidence from Programme policy documents, curriculum documents, and relevant other sources to support your statements.

NZSTA Accreditation Standards for Education Programme Structure

1. That the Programme meets the appropriate Level of the NZQA Register.

Requirements

a) That the Bachelor level Programmes demonstrate level 7, postgraduate cert/diplomas level 8, and master's Programmes, level 9.

2. That the Programme duration is based on the most recent IALP Guidelines.

Requirements

a) That the qualification, if a first degree in speech-language therapy, takes a minimum of 115 weeks of full-time study (or its equivalent part-time), preferably distributed over four years.

OR: if the qualification in speech and language therapy is postgraduate, that it takes a minimum of 80 weeks of full-time study (or its equivalent part-time) distributed over at least two extended academic years.

b) That if a part-time study option is offered, it is no longer than twice the length of the full-time equivalent Programme in the same Provider Institution.

c) That the Programme may provide non-standard routes to qualification that are assessed individually. These routes must be assessed in a similar way and with the same criteria as 2.1 and 2.2 above.

3. That the Programme accepts and maintains a high quality student cohort.

Requirements

a) That the Programme's entry requirements for students are consistent with the quality standards and with the demands of the Programme and the profession.

b) That the Programme demonstrates diversity in the student cohort appropriate to meet the needs of the profession.

c) That the Programme indicates the progress of students through course.

d) That the Programme requires high levels of English proficiency both oral and literate in accepting students into the course.

e) That the students demonstrate adequate spoken and written English to enable them to provide appropriately for the needs of clients.

4. That the Programme employs appropriately qualified staff in all positions.

Requirements

a) That the individual responsible for the Programme of professional education will hold a doctoral degree and have a research emphasis in speech-language therapy or in speech or language science and will hold a full-time appointment in the Provider Institution, ideally within the Programme.

b) That the Programme employs a balance of academic and clinical staff in order to deliver the Programme adequately. This should include Māori staff.

c) That the majority of academic staff teaching in the Programme hold a speech-language therapy qualification, a doctorate and are eligible for membership of the NZSTA.

d) That the Clinical Educator staff teaching in the Programme will hold a relevant post-graduate qualification (in addition to a clinical qualification in speech-language therapy) preferably a Master's degree, and a minimum of three years post-qualifying clinical experience, and be a Full Member of the NZSTA.

e) That the Programme employs administration staff sufficient to meet academic and clinical outcomes.

5. That the Provider Institution's resources support and maintain a high-quality speech-language therapy Programme.

Requirements

a) That the Programme has sufficient physical resources to ensure the curriculum can be delivered adequately. This includes (but is not limited to) appropriate state-of-the-art technology, information technology, equipment, and library.

b) That the Programme has secured funding provision for future Programme development.

c) That the Programme has adequate facilities to support research.

Describe how your Programme meets these requirements and provide evidence from Programme policy documents, curriculum documents, and relevant other sources to support your statements.

NZSTA Accreditation Standard for Clinical Education

1. That clinical practica for students include experience with both child and adult populations across disorders of speech, language, swallowing, fluency and voice.

Requirements

a) That the Programme describes how it ensures that each graduate has been exposed to a variety of clinical populations across the life span and from culturally and linguistically diverse backgrounds.

b) That the Programme provides evidence that graduates have had some clinical responsibility for clients with a variety of types and severities of communication and swallowing disorders across the life span and from culturally and linguistically diverse backgrounds.

2. That the clinical education curriculum reflects current knowledge, skills, technology, and scope of practice.

Requirements

a) That the Programme provides evidence that the curriculum in clinical education reflects current and future trends and issues in the field.

b) That the Programme has a process to continually or regularly update the curriculum in clinical education.

c) That the Programme has provided graduates with knowledge and experience in a range of service delivery models, including individual, group, consultative and remote service delivery.

3. That clinical supervision is appropriate to the clinical knowledge and skills of each student.

Requirements

a) That the Programme has written policies that describe the extent to which students are supervised and receive supervisor consultation when providing services to clients. The

policies also detail the manner and amount of that supervision (with rationales), and how these are determined and adjusted to reflect the competence of each student and the specific needs of the clients.

b) That the Programme has procedures to be followed by students which ensure ethical practice such as client safety, confidentiality, and security of client records. The procedures must be clearly described in the Programme's written policies, in accordance with relevant legislation.

4. That clinical Educators/Supervisors demonstrate best practice and ongoing commitment to further education.

Requirements

a) That clinical educators on the staff of the Programme have in-depth knowledge of up-to-date clinical practice, of clinical teaching theories, and be consistently extending their knowledge and skills.

5. That clinical education obtained in placements external to the Programme provider's facilities is governed by agreements between the Programme and the external facility and is monitored by the Programme.

Requirements

a) That the Programme has clear policies and procedures regarding the identification and ongoing evaluation of external placements, procedures for selecting and placing students in external clinical sites, and evidence that clinical education in external facilities is monitored by the Programme to ensure that educational objectives are met.

b) That the primary field supervisors have a minimum of two years' clinical experience, and are eligible for full membership of the NZSTA.

c) That education Programmes for field supervisors are offered at least once annually. Additional support and training is provided for field supervisors who are not available to attend training.

d) That the Programme undertakes evaluation of field supervisors at the completion of each clinical placement.

6. That student clinical competence is regularly assessed throughout the clinical Programme of study.

Requirements

a) That the Programme ensures students meet clinical competency standards.

b) That the Programme provides for sequential development of clinical skills and integration with academic curriculum. When a student is assigned to a clinical experience before or concurrent with appropriate academic course work the Programme ensures the student is appropriately prepared for the clinical experience.

7. That the Programme staff demonstrates integration between academic and clinical programmes.

Requirements

a) That academic staff reflect on clinical issues in their particular teaching and research specialism(s) and that clinical staff reflect on research in their clinical teaching.

Describe how your Programme meets these requirements and provide evidence from Programme policy documents, curriculum documents, and relevant other sources to support your statements.

NZSTA Accreditation Standards for Academic Education

1. That the academic Programme ensures that graduates have the foundation knowledge and theoretical frameworks underlying the assessment and treatment of communication and swallowing disorders.

Requirements

a) That the Programme ensures students have an understanding of the development and complexity of human communication and swallowing across the lifespan and across cultures and languages.

b) That the Programme ensures students have an understanding of human behaviour and learning and humans as social and cultural beings.

c) That the Programme ensures students have an understanding of the biological bases of human communication and swallowing.

2. That the academic Programme ensures graduating students have attained a critically evaluated and integrated knowledge and understanding of the core discipline of human communication disorders and related disorders. This includes populations across the lifespan and across disorders of speech, language, swallowing, fluency voice and hearing.

Requirements

a) That the Programme includes a curriculum involving up-to-date and in-depth knowledge and theory of disorders of communication, of whatever cause and associated conditions at all stages of the lifespan, and how to assess and intervene with these disorders. The Programme demonstrates that students have the opportunity to learn, critically evaluate and synthesise information in these areas:

- *developmental speech and language disorders*
- *acquired speech and language disorders*

- *voice disorders*
- *disorders of fluency*
- *disorders of swallowing and feeding*
- *disorders of hearing*

b) That the Programme demonstrates that the curriculum covers up-to-date theory and knowledge about disabilities, including the current NZ disability strategies, as they relate to communication and swallowing/ feeding disorders, and how to assess and intervene with these disorders. Complex communication needs, complex linguistic and social contexts (e.g., cross-cultural and multilingual contexts, low resource families) must also figure in the curriculum. The Programme demonstrates that students have the opportunity to learn, critically evaluate and synthesise information in these areas.

c) That the content of the academic Programme is regularly reviewed and adapted to reflect best current knowledge, practice and research.

3. That the academic Programme ensures it maintains the highest possible educational standards in the delivery of its academic curriculum, such that it produces safe and effective practitioners able to be autonomous and reflective thinkers in interprofessional contexts.

Requirements

a) That the Programme demonstrates how it maintains high standards of teaching.

b) That the Programme demonstrates that it is sensitive to the diversity of academic learning needs of students.

c) That the Programme demonstrates how it promotes life-long learning in graduates.

4. That the Programme ensures it is up-to-date in research consumption and promotes skills and knowledge in graduates for the use and integration of research into practice. The Programme ensures it is making a contribution to research in the speech-language therapy field and to the NZ situation in particular.

Requirements

a) That graduates of the Programme acquire sufficient knowledge of research principles and practices in order to make sense of published research relating to speech-language therapy, and become competent and critical consumers of the research and other evidence for practice. This includes the ability to use information technology and skills in locating additional research and knowledge as needed.

b) That graduates of the Programme acquire the foundation to permit them to make an appropriate contribution to the acquisition and dissemination of knowledge in the speech-language therapy field.

c) That the majority of academic staff and where possible, clinical staff, are actively involved in research and new scholarship in a relevant field. This research is made known to students and integrated into teaching.

Describe how your Programme meets these requirements and provide evidence from Programme policy documents, curriculum documents, and relevant other sources to support your statements.

New version of Accreditation Standard for the Aotearoa/New Zealand Context requirements

1. That the Programme reflects te Tiriti o Waitangi[1] in its recruitment, curriculum and clinical education practices. This includes recognition of Māori as tangata whenua; and how this and te Tiriti apply to professional practices. The Programme needs to provide students with the best possible education in theory and practice about responsiveness to Māori, and show how these are woven throughout the Programme.

Requirements

a) That the Programme, incorporates the Tiriti o Waitangi principle[2] of Partnership
b) That the Programme incorporates the Tiriti o Waitangi principle of Participation
c) That the Programme incorporates the Tiriti o Waitangi principle of Protection
d) That the Programme reflects te Tiriti o Waitangi principle of Oritetanga or Equity

2. That the Programme develops students' understanding of New Zealand's socio-political and cultural character.

Requirements

a) That the Provider Institution and the Programme incorporate understanding of the issues of diversity in New Zealand, and ways to overcome inequities.
b) That the Programme demonstrates culturally appropriate, collaborative ways of working with a diverse range of cultures.

3. That the Programme reflects New Zealand's perspectives on disability.

Requirements

a) That the Provider Institution and the Programme demonstrate adherence to the current New Zealand Disability Strategy.

4. That the Programme is committed to ongoing development in meeting this standard

a) That the Programme demonstrates ongoing development in meeting the requirements of this standard.

[1] See appendix 1 for the 3 versions of te Tiriti – the English, the te reo Māori, and the translation of the te reo Māori version.
[2] See appendix 2 for the origin and nature of the principles of te Tiriti o Waitangi

Current students. Please complete Tables A, B and C below. Please provide all information requested.

Table A: Diversity in student body

No. of students in the Programme who identify as:	New Zealand European		
	Māori ~~(or having Māori ancestry)~~		
	Samoan		
	Cook Island Māori		
	Tongan		
	Niuean		
	Chinese		
	Indian		
	Other (please state)		
Languages spoken by students:			
Gender ~~Sex~~ of students	Male:	Female:	**Other:**
Previous degrees (areas of study and levels) of students:			

Table B: Student Numbers

Total number of students in the speech-language therapy Programme:	
Target intake into first (professional) year:	
Number of applicants for first (professional) year:	
Numbers accepted into first (professional) year:	
Numbers withdrawn from first (professional) year:	

Table C: Student Progress

Student Year	No. of students	No. of students successful by year end	No. of students unsuccessful at year end	No. of students withdrawn
Year 1				
Year 2				
Year 3				
Year 4				

Table D: Qualifications, NZSTA membership status and Courses taught by academic and clinical staff.

To add rows: in Word, put cursor in the last row, hit 'Ctrl+A', then 'I' then 'B'. Or go to the "table" menu, choose "insert" then "row below".

Name, academic rank (when relevant) and title of current staff	Qualifications	Role *	NZSTA member-ship status	Courses taught (state titles)
Full-time staff				
Part-time staff				

* A = Academic, C= Clinical (Ad = Administrative). Combinations may occasionally be used, but they are about the *role the person is employed* as, rather than the work allocation (see Table B).

Table E: Contributions of academic, clinical and administrative staff to the Programme

To add rows: in Word, put cursor in the last row, hit 'Ctrl+A', then 'I' then 'B'. Or go to the "table" menu, choose "insert" then "row below".

Name & employment status (eg., employee or contractor) - current staff	FTE status (full-time = 1.0)	Allocation of FTE to classroom teaching	Allocation of FTE to administration (academic & clinical)	Allocation of FTE to clinical supervision	Allocation of FTE to research and mentoring	Allocation of FTE to other services*
Full-time staff						
	1.00					
	1.00					
Part-time staff						

*(e.g, advising, service on committees supporting the graduate program, NZSTA advising)

Note: The breakdown of allocations of FTE (classroom teaching, administration, supervision, research, other) must equal the FTE contribution to the Programme. If the Programme reports .75 FTE for an individual, then the breakdown must equal .75 FTE.

Total FTE staff in the Programme	

Table F: Staff Development. Progress towards PhD qualification (academic staff) or appropriate postgraduate qualification of clinical staff.

Please provide evidence such as a copy of staff members' most recent PhD progress report, conferment of their PhD degree, or other relevant documentation of progress towards completion of postgraduate study for clinical educators. Include this as an appendix.

To add rows: in Word, put cursor in the last row, hit 'Ctrl+A', then 'I' then 'B'. Or go to the "table" menu, choose "insert" then "row below".

Name of staff member	Qualification being pursued	Progress to Date
Full-time staff		
Part-time staff		

Table G: Research and professional development activities of academic and clinical staff

Provide evidence such as certificates of attendance at professional development events, including conferences. Provide a sample of publications (or links to publications). Include this as an appendix.

Name of staff member	Title of Research/Publications	Professional Development
Full-time staff		
Part-time staff		

Student Year	Ethnicities of students successful by year end	Ethnicities of students unsuccessful at year end	Ethnicities of students withdrawn
Year 1			
Year 2			
Year 3			
Year 4			

Appendix J: Competency-based Occupational Standards for Speech Pathologists: Entry Level Revised 2011

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Speech Pathology Australia

Competency-based Occupational Standards for Speech Pathologists

Entry Level

Revised 2011

The Speech Pathology Association of Australia Limited
ABN 17 008 393 440

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Competency-based Occupational Standards for Speech Pathologists: Entry Level

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Disclaimer

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Contents

Introduction

In this document we set out the competency-based occupational standards (CBOS) – the minimum skills, knowledge base and professional standards – required for entry-level practice in speech pathology in Australia.

The CBOS document was initially developed in 1994 and has been revised twice, in 2001 and 2011. Revisions reflect changes in scope of practice, work context and professional terminology.

The purpose of competency-based occupational standards

The main purpose of these occupational standards is to define the minimum skill level and areas of competence the public has a right to expect of an entry-level speech pathologist.

They also:

- inform candidates for entry to the profession (both Australian and overseas) of the standards and range of competencies that they must achieve prior to recognition as a member of the profession
- inform and guide the assessment and re-education of those wishing to re-enter the profession
- inform the profession of areas relevant for professional development
- inform the institutions responsible for the education of speech pathologists of the competency demanded of an entry-level speech pathologist in Australia
- inform entry-level speech pathologists and employers of the range and standard of independent practice they can expect of an entry-level speech pathologist in Australia
- inform government and policy makers of the range and standard of practice of an entry-level speech pathologist in Australia.

Defining ‘entry level’

Entry level for speech pathologists in Australia is defined as:

1. the point equivalent to graduation with a degree from a course in speech pathology from an Australian university which has been accredited by Speech Pathology Australia. Currently, in Australia, graduates may enter the profession with either a Bachelor or Masters Degree. Regardless of degree, graduates must meet the minimum requirements set out in this document
2. the minimum requirements to be met before employment as a speech pathologist in Australia, if not a graduate from an Australian institution
3. the first 12 months of practice as a speech pathologist in Australia.

Entry-level considerations

It is unrealistic to expect that an entry-level speech pathologist will be competent in all areas of speech pathology practice without access to supervision, guidance and support from a senior member of the profession.

An entry-level speech pathologist needs to have professional support and clinical supervision as well as managerial supervision. This is particularly important for entry-level speech pathologists employed in regional, rural or remote contexts or in any practice where they are the sole speech pathologist. Some areas of practice in particular will require more input from an experienced speech pathologist. (See Range of practice principles in this document.)

Employers need to familiarise themselves with the expected competency of entry-level speech pathologists and consider how to provide the professional support necessary to enable them to perform competently.

Refer to Scope of Practice document and The Role and Value of Professional Support Position Statement.

Defining 'competence'

'Competence' is an individual's ability to effectively apply all their knowledge, understanding, skills and values within their designated scope of practice (Communicating Quality 3, RCSLT 2006). Competence is observed when a speech pathologist effectively provides services, acts professionally and ethically, and reflects critically on their practice.

The entry-level speech pathologist's behaviour and clinical decision making must adhere to Speech Pathology Australia's Code of Ethics.

Defining 'speech pathology practice'

Speech pathology practice incorporates any, or a combination, of these domains for communication and swallowing disorders across the lifespan:

- advocacy
- clinical services
- consultation
- education
- prevention
- research.

Clients

Our clients include any individual (of any age) or group of individuals with communication and/or swallowing difficulties and the significant others/caregivers of these individuals. For the purposes of providing clinical and consultation services, our clients may also include other professionals (such as allied health staff) or groups of professionals (such as teaching staff or maternal and child health nurses) and other service providers.

Clinical services

Clinical services include, but are not limited to, the provision of one-to-one intervention with a speech pathologist and client; group intervention with a number of clients and a speech pathologist; classroom or workplace-based intervention; training caregivers, significant others or allied health/teaching assistants to deliver an intervention program. With the advent of new technologies, entry-level speech pathologists will have competencies with, for example, video conferencing, social networking platforms, and tele-health applications.

Consultation and education

Consultation with and education of other professionals, family members, carers and/or significant others is a key component of the entry-level speech pathologist's scope of practice. Consultation, education and population health activities can both ameliorate the impact of the communication and swallowing difficulty and prevent future difficulties. Consultation is frequently highlighted as a priority for speech pathologists working within the different educational sectors across Australia.

Advocacy

Advocacy is a professional responsibility that may apply on a population basis or in relation to individual client management. It is acknowledged that in some instances policies and/or identified 'core areas of practice' of the service provider or employing organisation will have an impact on the type and quantity of intervention chosen by the speech pathologist. All speech pathologists are required to be advocates for their clients.

Defining 'evidence-based practice'

Sackett et al (1996) defined evidence-based practice as: 'the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.… evidence-based practice means integrating individual clinical expertise with the best available external clinical evidence from systematic research' (p. 71).

Speech Pathology Australia's position is that evidence-based practice is the combination of clinical expertise, research evidence and resources and contextually appropriate decision making in order to make informed choices and decisions about clinical best practice.

When a clinician engages in evidence-based practice, they approach their clinical practice from the perspective of a researcher. They critically analyse their practice and formulate focused and structured questions or hypotheses about the likely outcomes of their planned management.

Refer to Evidence-Based Practice Position Statement.

speechBITE™ sponsored by Speech Pathology Australia, is one of a number of evidence-based practice resources available to speech pathologists. Where appropriate reference to speechBITE™ is made in this document, however, this is not to the exclusion of other resources (e.g. The Cochrane Library) or the integration of systematic research with clinical expertise.

Format of the Competency-based Occupational Standards

CBOS 2011 includes seven Units which represent key areas of professional activity. The Units are not sequentially ordered and are not intended to represent discrete stages in speech pathology practice. Competent speech pathology practice frequently requires a number of Elements within the Unit or Units to be performed simultaneously.

CBOS 2011	**Units**	**Elements**	The Elements provide key descriptions of the components of each Unit. They detail specific activities to be demonstrated.
		Performance Criteria	The Performance Criteria are descriptions of speech pathology practice activities. The Performance Criteria provide detail about the level expected in order to infer competency in the Element.
		Cues	The Cues illustrate the knowledge, actions, attitudes and contextual features that impact on competency. The Cues provide practical examples of the application of the Performance Criteria. The Cues given in the document are not to be considered comprehensive for any one Element.

Professional framework

Speech pathologists are the professionals with expert knowledge in communication and swallowing. Speech pathologists provide services across all of the following domains: advocacy, clinical services, consultation, education, prevention and research for communication and swallowing disorders across the lifespan.

The speech pathology profession recognises the rights of individuals to have optimal communication and swallowing skills. The services provided by speech pathologists must utilise the best available evidence and meet the needs of individuals with communication and swallowing disorders.

The 'International Classification of Functioning, Disability and Health'

Speech pathology practice recognises the importance of communication and swallowing skills to every individual's engagement in education, employment, social interaction and community participation.

The International Classification of Functioning, Disability and Health (ICF) (WHO, 2001), provides a conceptual framework for speech pathologists within which individual functioning and health are paramount (refer to ICF, World Health Organization, 2001 and with reference to the Child and Youth Version, ICF-CY, 2007).

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.

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 the contextual factors (environmental and personal) and activity and participation levels, allows speech pathologists to collaboratively set goals with an individual and their caregivers.

It is expected that an entry-level speech pathologist in Australia will be familiar with the ICF framework and competently apply the social health principles of individual functioning and well-being to their speech pathology practice.

Generic professional competencies

For any speech pathologist to be a competent professional, certain generic skills are required to 'underpin' the discipline specific knowledge and skills. Generic professional competencies facilitate transfer of performance across occupational competencies in the present and in the future (McAllister et al, 2006). Competent speech pathology practice is based on excellent and effective communication, counselling and interpersonal skills (CBOS Review focus groups, 2010).

The profession identified generic professional competencies (see McAllister et al, 2006) and confirmed them through research to define an underlying variable of competency. They are detailed in 'COMPASS®: Competency Assessment in Speech Pathology' and form one aspect of the competency assessment used widely by universities in Australia in the clinical assessment of speech pathology students.

The generic competencies are:

- reasoning
- communication
- lifelong learning
- professionalism.

Refer to COMPASS®.

An entry-level speech pathologist must demonstrate competence in both the generic professional competencies and the CBOS Units (across the range of practice in speech pathology) in order to achieve overall competency.

[Note: All versions of the CBOS document include aspects of the generic competencies within a number of different Units and Elements of the document. Where reference is made to the generic competencies in this version, COMPASS® is referred to and, where appropriate, a link to the website provided.]

Range of practice for the entry-level speech pathologist

Speech pathologists are professionals with expertise in communication and swallowing disorders. Communication refers to speech, verbal and nonverbal language, written language, voice and fluency. Swallowing refers to dysphagia, oral function and mealtime management.

An entry-level speech pathologist in Australia must be able to demonstrate competence in any unit of CBOS in paediatric and adult speech pathology practice with both developmental and acquired disorders in the areas of:

- language
- speech
- swallowing
- voice
- fluency
- multi-modal communication.

Range of practice	Examples (include but not limited to)
1. LANGUAGE	Disorders of: • preintentional/preverbal language • verbal/expressive language • comprehension/receptive language • literacy, including phonological awareness • social communication • cognition (attention, memory, executive function).
2. SPEECH	Speech sound disorders of: • articulation • phonology • motor speech • structural basis.
3. SWALLOWING	• dysphagia – oral, pharyngeal and oesophageal • oral function for eating/drinking • meal time management.
4. VOICE	• laryngeal pathology • functional disorders.
5. FLUENCY	• stuttering in children, adolescents or adults.
6. MULTI-MODAL COMMUNICATION	• oral • manual • augmentative and alternative • assistive technology.

Range of practice principles

Principle 1

In all work contexts and decision-making, the speech pathologist must consider the recommended evidence base for the speech pathology practice.

They also must consider an individual's:

1. functioning and health (ICF)
2. preferred mode of communication (e.g. alternative and augmentative communication [AAC])
3. physical well-being
4. hearing status
5. developmental abilities or cognitive abilities
6. educational or employment circumstances
7. cultural and linguistic background
8. social circumstances (e.g. complexity and/or vulnerability)
9. mental health status (e.g. emotional well-being)
10. significant others/caregivers
11. other professionals involved.

Principle 2

Speech pathologists at entry-level are not required to demonstrate full competence in areas of complex clinical practice.

Clinical complexity is by its nature difficult to define or to classify. Examples of clinical complexity include:

- a clinical presentation for which the efficacy of treatment will be significantly affected by environmental factors (e.g. the child with developmental delay, who is living in a vulnerable environment and whose mother has depression)
- where co-morbidities combine to require specialist intervention (e.g., the adult with intellectual disability, mental health issues and significant behavioural problems).

Clinicians achieve competence in complex areas of practice through experience and repeated exposure to patterns of features of disorders. Therefore, it is often counterproductive to exclude the entry-level speech pathologist from any involvement with complex cases. **However, it is essential that the entry-level speech pathologist has supervision from a senior speech pathologist when working with complex cases to ensure clinical standards are maintained.** If supervision and/or mentoring cannot be provided, the entry-level speech pathologist should not be working in areas of complex clinical practice.

Principle 3

There are a number of designated areas within the range of practice of speech pathology that are acknowledged as advanced practice and require further training and/or workplace credentialing in order for the speech pathologist to provide them.

Examples include, but are not limited to, the management of voice prostheses (determine type, size and fit) following laryngectomee.

Refer to Tracheostomy Management Clinical Guideline, Neuromuscular Electrical Stimulation (NMES) Position Statement and FibreOptic Endoscopic Evaluation of Swallowing (FEES) Clinical Guideline.

In addition, the insertion of nasogastric tubes and administration of nasopharyngeal and/or endotracheal suctioning are considered to be emerging areas of speech pathology practice requiring extended practice skills.

Refer to Credentialing Position Statement.

Principle 4

Interprofessional practice is a critical component of competence for an entry-level speech pathologist.

In many workplaces, speech pathologists are involved in multidisciplinary, interdisciplinary and transdisciplinary practice. Transdisciplinary practice is considered an extended skill within the scope of speech pathology practice in Australia and should not be expected of an entry-level speech pathologist.

Refer to Transdisciplinary Practice Position Statement.

Competency-based Occupational Standards: Entry level, 2011

Overview of Competency-based Occupational Standards

Units	Elements
Unit 1: Assessment	1.1 Investigate and document the client's communication and/or swallowing condition and explore the primary concerns of the client. 1.2 Identify the communication and/or swallowing conditions requiring investigation and use the best available scientific and clinical evidence to determine the most suitable assessment procedures in partnership with the client. 1.3 Administer speech pathology assessment relevant to the communication and/or swallowing condition. 1.4 Undertake assessment within the ethical guidelines of the profession and all relevant legislation and legal constraints, including medico-legal responsibilities.
Unit 2: Analysis and interpretation	2.1 Analyse and interpret speech pathology assessment data. 2.2 Identify gaps in information required to understand the client's communication and swallowing issues and seek information to fill those gaps. 2.3 Determine the basis for or diagnosis of the communication and/or swallowing condition and determine the possible outcomes. 2.4 Report on analysis and interpretation. 2.5 Provide feedback on results of interpreted speech pathology assessments to the client and/or significant others and referral sources, and discuss management.
Unit 3: Planning evidence-based speech pathology practices	3.1 Use integrated and interpreted information (outlined in Unit 2) relevant to the communication and/or swallowing condition, and/or the service provider's policies and priorities to plan evidence-based speech pathology practice. 3.2 Seek additional information required to plan evidence-based speech pathology practice. 3.3 Discuss long-term outcomes and collaborate with the client and/or significant others to decide whether or not speech pathology strategies are suitable and/or required. 3.4 Establish goals for intervention in collaboration with the client and significant others. 3.5 Select an evidence-based speech pathology approach or intervention in collaboration with the client and significant others. 3.6 Define roles and responsibilities for the management of the client's swallowing and/ or communication condition. 3.7 Document speech pathology intervention plans, goals and outcome measurement.
Unit 4: Implementation of speech pathology practice	4.1 Establish rapport and facilitate participation in speech pathology intervention. 4.2 Implement an evidence-based speech pathology intervention according to the information obtained from speech pathology assessment, interpretation and planning (see Units 1, 2, and 3). 4.3 Undertake continuing evaluation of speech pathology intervention and modify as necessary. 4.4 Document progress and changes in the speech pathology intervention, including outcomes, decisions and discharge plans. 4.5 Identify the scope and nature of speech pathology practice in a range of community and work place contexts. 4.6 Undertake preventative, educational and/or promotional projects or programs on speech pathology and other related topics as part of a team with other professionals.
Unit 5: Planning, providing and managing speech pathology services	5.1 Respond to service provider's policies. 5.2 Use and maintain an efficient information management system. 5.3 Manage own provision of speech pathology services and workload. 5.4 Update, acquire and/or develop resources. 5.5 Consult and coordinate with professional groups and services. 5.6 Adhere to professionally accepted scientific principles in work practices. 5.7 Collaborate in research initiated and/or supported by others. 5.8 Participate in and collaborate on the evaluation of speech pathology services.
Unit 6: Professional and supervisory practice	6.1 Develop, contribute to, and maintain professional and team based relationships in practice contexts. 6.2 Demonstrate an understanding of the principles and practices of supervision applied to allied health/teaching assistants and in parent/caregiver education programs. 6.3 Demonstrate an understanding of the principles and practices of clinical education.
Unit 7: Lifelong learning and reflective practice	7.1 Uphold the Speech Pathology Australia Code of Ethics and work within all the relevant legislation and legal constraints, including medico-legal responsibilities. 7.2 Participate in professional development and continually reflect on practice. 7.3 Demonstrate an awareness of formal and informal networks for professional development and support. 7.4 Advocate for self, client and the speech pathology profession.

Unit 1: Assessment

In assessment, the speech pathologist investigates the client's communication and/or swallowing condition and explores the primary concerns of the client with his/her consent. The best available evidence is used to underpin assessment.

Comprehensive assessment includes the components of the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001):

- identifying the underlying *body functions and structures* that impair the client's communication and swallowing abilities
- identifying the extent to which the communication and swallowing condition impacts on the client's ability to perform everyday life *activities*
- identifying how to facilitate the client's *participation* in educational, employment and social interactions on a daily basis.

The speech pathologist must collaborate with the client and their significant others/caregivers (where necessary) in all decision making. Collaboration and/or negotiation may also involve other professionals involved with the client and the person who made the referral.

Assessment of the communication and/or swallowing condition takes into consideration the client's preferred language/s and is completed in a culturally competent manner.

The assessment must be appropriate to the workplace context of the service provider and consider all appropriate workplace legislation (e.g. anti-discrimination, occupational health and safety, privacy and freedom of information).

Element 1.1

Investigate and document the client's communication and/or swallowing condition and explore the primary concerns of the client.

Information may be gathered from the significant other people in the client's life where necessary.

Performance Criteria

1. Obtain the client's perceptions and description of the communication and/or swallowing condition.
2. Obtain a case history: holistic consideration of the client's medical history, physical, cognitive functioning and environmental factors that may impact on the swallowing or communication condition.
3. Establish the impact of the communication and/or swallowing condition in relation to the client and significant others. (Include components of the ICF described earlier.)
4. Document the importance the client or family attributes to the communication and/or swallowing condition and consider it in relation to other life factors.
5. Discuss and establish the client's desired outcome in relation to the nature of the communication and/or swallowing condition.
6. Establish the need for the assessment of the client's communication and/or swallowing with the consent of the client and in relation to the referral.
7. Discuss the client's communication and/or swallowing condition in a sensitive and empathic manner with the client and the client's significant others using appropriate interview techniques.
8. Integrate information obtained from assessment using knowledge, clinical reasoning (COMPASS®), decision-making and evidence-based practice to develop an interpretation of the data.
9. Obtain and document the client's goals and life circumstances. Determine speech pathology service options for achieving the goals in partnership with the client, their nominated significant other and, where necessary, the service provider.
10. Note any requirement or potential need for other assessments and/or support for the client and take steps to facilitate their provision.
11. Ensure that information gathered is not released without the informed consent of the client, guardian or significant other, and maintain confidentiality at all times in accordance with Speech Pathology Australia's Code of Ethics, freedom of information and privacy legislation.
12. Record information accurately and systematically, in the English language, and according to the needs of the reader and the service provider's requirements.

Cues for this element

Interview processes:

- development of rapport
- direct questioning (e.g. history of hospitalisation)
- reflective questioning (e.g. determining client's perceptions of swallowing difficulties)
- responsive questioning (e.g. responding to the parent who is expressing guilt)
- use of questionnaires (e.g. collect developmental information)
- responses to the client's verbal and non-verbal communication
- listening skills that are adapted to the context of the interview.

Types of information:

- biographical, medical and/or developmental
- social skills and pragmatic communication
- cultural and linguistic information, including attitudes towards disability, intervention and community support (obtained from client or significant other)
- the value placed on communication and/or swallowing skills by the client and his/her family
- psychological (including cognitive, psycho-emotional and/or mental health)
- behavioural
- activity limitations
- participation restrictions
- educational and vocational
- contextual (e.g. service provider's context such as pre-school, aged care facilities)
- legislative (e.g. anti-discrimination, food handling, child abuse, occupational health and safety)
- pragmatic skills of the interviewee.

Consultation with the client and/or service provider (if required) regarding:

- specialised counselling
- respite services
- new intervention or service delivery option
- resource implications of interventions.

Element 1.2

Identify the communication and/or swallowing conditions requiring investigation and use the best available scientific and clinical evidence to determine the most suitable assessment procedures in partnership with the client.

Performance Criteria

1. Set priorities for assessment in collaboration with the client. Make referral to other agencies in accordance with the interpretation of the client's needs, and the client's priorities and circumstances (with reference to the ICF).
2. Select communication and/or swallowing assessment procedures and tools that are suitable to the client's needs, abilities, social and cultural background.
3. Be able to justify the choice of assessment procedures and tools with reference to:
    - the client's communication and/or swallowing history
    - best available evidence available from current literature and research
    - availability of procedures and tools.
4. Discuss the client's condition with relevant members of the professional team and with the full consent of the client.
5. Make referral to speech pathologists and other professionals with additional expertise to undertake those procedures for which you are untrained or for which the clinic is not resourced.

Cues for this element

Priorities determined with reference to:

- the client's cultural background, values placed on communication and life circumstances
- best available evidence from the current literature and research
- service delivery options and quality processes used by the service provider.

Assessment procedures and tools:

- standardised tests
- self report scales
- hearing screening
- language samples
- speech samples
- digital recordings-audio & visual
- fluency ratings
- physical and functional examination of oral, pharyngeal, laryngeal, oesophageal, aural and/or nasal areas
- examination of respiratory, auditory, phonatory and articulatory systems.

Procedures and tools chosen with reference to:

- age and gender of the client
- cultural and linguistic background
- client's preferred mode of communication and/or communication system.

Professional team members:

- teachers
- general and/or specialist medical practitioners
- social workers
- occupational therapists.

Referral for the following procedures (if required):

- videofluoroscopy
- nasendoscopy
- audiometric testing
- sizing a voice prosthesis
- electronic alternative and/or augmentative communication.

Element 1.3

Administer speech pathology assessment relevant to the communication and/or swallowing condition.

Performance Criteria

1. Conduct the speech pathology assessments in a manner that is sensitive to the client's cultural and social background, and in accordance with the specific assessment tool requirements and the requirements of the service provider.
2. Obtain information required for the differential diagnosis of the communication and/or swallowing condition by using assessment practices that may be static (e.g. standardised testing at a particular point in time to describe the condition) or dynamic (e.g. testing procedures designed to determine the potential for change across time).
3. Show an understanding of, and ability to carry out, formal administration of both standardised assessments and non-standardised assessment procedures.
4. Recognise when standard procedures are appropriate and be able to justify any non-standard use of procedures or materials.
5. Take steps to ensure that the client is fully informed of the nature of the assessments and conduct the assessments with safety and comfort for the client.
6. Record information objectively and accurately and as required by the service provider.

Cues for this element

Awareness and understanding of:

- client's use of languages other than English
- background and culture of the client
- cultural appropriateness (or otherwise) of the test
- the client's expressed goals for participation in community, educational or work activities
- barriers to the client's capacity to articulate their needs
- client's need for an interpreter
- the client's need for counselling and support.

Non-standardised assessment procedures:

- social skills and pragmatic checklists
- language and speech sample analyses
- conversational and other discourse genre analyses
- dynamic assessment approaches.

Standard procedures for formal test administration:

- using the specified speed, method and order of presentation of items
- providing the specified form of feedback during the test administration
- using the specified stimulus for the items
- restricting the repeats to the specified number.

Element 1.4

Undertake assessment within the ethical guidelines of the profession and all relevant legislation and legal constraints, including medico-legal responsibilities.

Performance Criteria

1. Follow ethical guidelines as outlined in Speech Pathology Australia's Code of Ethics and show an awareness of current and relevant legislation impacting on speech pathology assessment.
2. Provide documentation of the client's speech pathology history when required to do so by law.
3. Obtain consent from the client for distribution of information about the client to other agencies, while adhering to confidentiality guidelines in accordance with Speech Pathology Australia's Code of Ethics and any applicable freedom of information and/or privacy legislation. (Seeking advice from a supervising or senior speech pathologist is appropriate.)

Cues for this element

Relevant legislation:

- freedom of information
- privacy legislation
- equal opportunity and anti-discrimination
- power of attorney
- disability services
- notification of child abuse
- occupational health and safety
- copyright laws.

Unit 2: Analysis and interpretation

The interpretation and analysis of clients' communication and/or swallowing condition must demonstrate current clinical reasoning approaches (refer to COMPASS®) and relevant evidence-based analysis. All factors (e.g., *body function and structure; contextual factors*) related to the communication and/or swallowing condition must be identified for diagnosis and the client's *activities* and desired *participation* level must be incorporated into the analysis.

The client (and/or their significant other) and the speech pathologist mutually determine the strategies to address the communication and/or swallowing condition.

Element 2.1

Analyse and interpret speech pathology assessment data.

Performance Criteria

1. Analyse assessment data and collate, record and interpret results in the light of normative or test guidelines or using other evidence-based procedures.
2. Establish an understanding of the client's communication and/ or swallowing condition.
3. Integrate the results of the speech pathology assessments and use them to inform the planning and development of intervention strategies in partnership with the client and appropriate to the client's communication and/or swallowing abilities.

Cues for this element

A rationale for interpretation based on:

- best available evidence from the current literature
- demonstrated knowledge of research principles and statistics
- test information
- consideration of cultural, behavioural, and/or environmental factors that may have influenced the results of testing.

Element 2.2

Identify gaps in information required to understand the client's communication and swallowing issues and seek information to fill those gaps.

Performance Criteria

1. Identify gaps through careful perusal of existing data. Determine methods for seeking further information, taking into consideration all confidentiality guidelines and obtaining client consent.

Cues for this element

Methods for augmenting information:

- review of the relevant research literature
- seeking professional advice on cultural and language issues
- seeking advice from a supervising or senior speech pathologist
- case conferences, team meetings and school consultation
- seeking advice through special interest groups or forums (e.g. SPA Autism discussion board)
- referral to other professionals
- consultation with the client and significant other
- further speech pathology assessment (using knowledge and skills outlined in Unit 1).

Element 2.3

Determine the basis for or diagnosis of the communication and/or swallowing condition and determine the possible outcomes.

Performance Criteria

1. Integrate communication and/or swallowing history data with analysed assessment results and make an interpretation of the client's communication and swallowing condition in order to form a diagnosis.
2. Augment initial diagnosis by ongoing collection of data during intervention.
3. Make a projection, where possible, of the likely outcomes of the communication and/or swallowing condition and communicate it to the client.
4. Use best practice evidence to justify the interpretation of the issues, the diagnosis of the communication and/or swallowing condition of the client, the strategies for intervention and the projected outcomes for the client.
5. Document the interpretation of the client's history, the diagnosis of the communication and/or swallowing condition, the strategies for intervention and the projected outcomes for the client in accordance with the service provider's policies.

Cues for this element

Methods for assisting diagnosis:

- dynamic assessment procedures
- further speech pathology assessment based on previous results.

See Element 2.2: Methods for augmenting information.

Element 2.4

Report on analysis and interpretation.

Performance Criteria

1. Prepare written reports on the analysed and interpreted assessment data. Include clinical reasoning, integration and interpretation of assessment results, intervention planning and projected outcomes.
2. Include the evidence (from the assessment results or from the literature) in the report to support the recommendations and conclusions.
3. Integrate input from the client and the advice of other team members and colleagues associated with the client in the report.
4. Write the report in English using a reader-friendly style (plain English) and take into account health literacy levels. Sign and date the report and write in the format required by the service provider's policies.
5. Use qualified interpreters (e.g. sign and/or other language) to interpret, translate and/or present the report when necessary.
6. Obtain consent from the client or person responsible, facility or service provider for reports to be sent to any other person or service provider. Apply confidentiality guidelines and, with consent, send reports to appropriate personnel involved with the client.

Cues for this element

Individual context of the client and interpretation:

- the educational implications for an adolescent diagnosed with severe language impairment
- the vocational implications for the adult with acquired brain impairment (ABI) wishing to return to work
- the community participation implications for the elderly adult with a dementia
- the implications for hearing and communication skills of audiological testing.

Reporting:

- the individual, caregivers and/or significant others
- the person who referred the client
- others agreed to by the client, such as teachers and other health workers.

Element 2.5

Provide feedback on results of interpreted speech pathology assessments to the client and/or significant others and referral sources, and discuss management.

Performance Criteria

1. Determine the participants who need to be included in feedback. Give feedback in a written and/or oral form using all means to enhance communication and using language modified according to the client's background (using generic competencies, refer to COMPASS®).
2. Check accuracy of the assessment results against the client's perceptions and address differences with the aim of reaching a common understanding.
3. In consultation with the client and/or significant others and the original referral source, make referrals for further assessment or intervention.
4. With the consent of the client, convey the results of the assessment back to the referral source via verbal and/or written report.
5. Present intervention options, taking into account the client's assessed communication and swallowing abilities, and goals with respect to quality of life and participation (ICF). Choose the most appropriate option in collaboration with the client and/or significant other.

Cues for this element

See Element 2.4: Individual context of the client and interpretation.
Reporting.

Unit 3: Planning evidence-based speech pathology practices

Fundamental to the practice of speech pathology is the set of generic professional competencies (refer to COMPASS®) – reasoning, communication, lifelong learning and professionalism.

In particular, the speech pathologist's clinical reasoning abilities and use of **evidence-based practices** are critical to competence in Unit 3 – the planning of speech pathology practice. Speech pathology practice is always informed by the best available evidence (refer to speechBITE™).

Evidence-based speech pathology practice is designed to include the components of the International Classification of Functioning, Disability and Health (ICF), (WHO 2001):

- by working with the strengths and weaknesses of the client's underlying *body functions and structures* to improve communication and swallowing abilities
- by focussing on improving those aspects of communication and/or swallowing that will facilitate the client's ability to *participate* in daily life *activities*
- by working with the *contextual factors*, both within the client and those in their environment, to enhance participation in successful communication interactions and support swallowing abilities.

The client's motivations and goals are paramount in planning speech pathology practice. The participation of both the client and significant others in the planning and management of the outcomes of the intervention is essential. For clients from some cultural groups, collaborative goal setting is not a commonly accepted approach.

Element 3.1

Use integrated and interpreted information (outlined in Unit 2) relevant to the communication and/or swallowing condition, and/or the service provider's policies and priorities to plan evidence-based speech pathology practice.

Performance Criteria

1. Seek reports and information from other relevant professionals and incorporate these, in terms of their relevance, within planning speech pathology services for the client.
2. Integrate qualitative and quantitative information about the client and the communication and/or swallowing status with the best available evidence to choose from a range of possible intervention strategies.
3. Consider the clients and/or family's priorities and needs when determining the plan for speech pathology intervention, particularly in relation to any other current ongoing intervention plans.
4. Identify the need for augmentative and/or alternative systems of communication and choose a system in collaboration with the client and/or significant other and with speech pathologists or other professionals experienced in providing such systems.
5. Identify the need for an alternative or supplementary method of feeding and make a collaborative decision about the type of feeding and mealtime management method in consultation with the client and/or their significant other, the relevant medical, allied health and other professional staff, as well as speech pathologists experienced in swallowing disorders.
6. Consider the service providers' policies, priorities and budgetary constraints when determining the plan for speech pathology intervention.

Cues for this element

Relevant fields from which to obtain additional information:

- audiology
- genetics
- neurology
- psychology
- medicine
- pharmacy
- psychiatry
- gerontology.

A rationale for decisions made with reference to:

- the client's communication and swallowing history
- the client's current preferred communication system (e.g. AAC)
- best available evidence from the current literature
- background and culture of the client
- the client's expressed goals for participation in community, educational or work activities
- issues of access and equity.

Information that influences choice of intervention strategies:

- the client's communication and swallowing history
- the results of the assessment of the client's communication and/or swallowing issues
- reports from other professionals (e.g. audiological, neuropsychological, radiological and/or medical)
- reports from speech pathologists with additional expertise in the area (e.g. videofluoroscopy results)
- reports from family or significant others
- observation of the client in other environments (e.g. preschool or aged care facility)
- the client's expressed goals for participation in community, educational or work
- the goals of support personnel (e.g. teachers and nursing staff)
- devices or equipment such as electronic communication aids, hearing aids and cochlear implants
- core areas of practice of the service provider may have an impact on the type and quantity of intervention chosen
- the client's and/or significant others wishes with respect to mealtime management and/or feeding
- Speech Pathology Australia's Code of Ethics or other relevant legislation.

Element 3.2

Seek additional information required to plan evidence-based speech pathology practice.

Performance Criteria

1. Identify gaps in the information and determine methods for seeking further information, taking into consideration privacy guidelines.
2. Augment and integrate information about the client's communication and/or swallowing history and assessment data (using the knowledge and skills outlined in Units 1 and 2).

Refer to Code of Ethics.

Cues for this element

See Element 2.2: Methods for augmenting information.

Element 3.3

Discuss long-term outcomes and collaborate with the client and/or significant others to decide whether or not speech pathology strategies are suitable and/or required.

Performance Criteria

1. When possible, attend or convene a meeting of key people involved with the client to provide feedback on the speech pathology interpretation and intervention options (see Unit 2, Element 2.5). This should take into consideration the client's communication status, need for AAC or other strategies, qualified interpreters and/or client advocates.
2. Obtain consent from the client and/or significant other to share information about the client with other agencies, while adhering to confidentiality guidelines in accordance with Speech Pathology Australia's Code of Ethics and any applicable freedom of information and privacy legislation.
3. Make collaborative decisions between the speech pathologist and the client and/or significant others to determine the need for speech pathology intervention. When speech pathology intervention is required, determine the level and nature of support required and available in consultation with the client and their significant others.
4. Discuss the availability of speech pathology support with the client, with respect to the policies and priorities of the service provider and/or employing organisation.
5. When speech pathology intervention is not required, follow the service provider's policies and quality management guidelines for discharge.

Cues for this element

People who may be involved in decision making with the client's consent:

- partner/significant other, carer, guardian and/or family
- other professionals or specialists
- qualified interpreter
- client advocate
- preschool or school staff
- aged care facility staff
- employers.

Procedures for discharge:

- take into account patient's medical diagnosis, current level of functioning and prognosis when discussing discharge
- discharge reports in keeping with service providers protocols
- notification of decision to referral source
- documentation of discharge on client's and statistical records.

Element 3.4

Establish goals for intervention in collaboration with the client and significant others.

Performance Criteria

1. Integrate information regarding the communication and/or swallowing condition, the projected outcomes, client motivation and intervention of other professionals, in order for the speech pathologist and client and/or significant other to agree on the goals of intervention.
2. Establish and use methods for measuring outcomes of the intervention.
3. Regularly review or adjust goals or procedures in the light of expected and measured outcomes in conjunction with the client or family.

Cues for this element

Methods for measuring outcomes:

- service providers protocols are followed with respect to common data collection and clinical pathways
- best available evidence from the current literature.

Element 3.5

Select an evidence-based speech pathology approach or intervention in collaboration with the client and significant others.

Performance Criteria

1. Consider a variety of evidence-based speech pathology approaches using clinical and theoretical knowledge to decide on the most suitable intervention.
2. Design and select the speech pathology intervention on the basis of the assessment information and the identification of the client's communication and/or swallowing status (as determined using Units 1 and 2). Consider the age, cultural background and interests, communication environment of the client, financial constraints, and the organisational budget constraints, priorities and staff availability. Select equipment and resources according to their availability, the client's background, life circumstances, abilities, needs and goals.
3. Be able to justify the choice of intervention according to:
   - the results of the assessment and interpretation of the client's communication and/or swallowing status (as determined in Units 1 and 2)
   - the best available evidence from the current literature and research (for further information refer speechBITE™)
   - the client's culture, goals, motivations, abilities, and capacities (with reference to the ICF)
   - the service provider's goals, policies and quality management processes
   - the context of service delivery.

Cues for this element

Examples of speech pathology interventions:

- individual or group speech pathology intervention carried out by the speech pathologist
- individual or group speech pathology intervention planned and supervised by the speech pathologist and carried out by a speech pathology assistant (e.g. allied health or teacher)
- curriculum adaptation for students at school with speech, language and/or literacy difficulties
- the education of parents, carers and/or significant others to deliver an intervention for communication disorders
- providing a program targeting speech and/or language difficulties to be implemented in the home
- a speech pathology program implemented within an educational or aged care facility
- referral of the client's family or carers to a support group
- monitoring 'at-risk' clients through review
- collaborative program delivered within the classroom with a teacher.

Element 3.6

Define roles and responsibilities for the management of the client's swallowing and/ or communication condition.

Performance Criteria

1. Negotiate an agreement on roles and responsibilities between the speech pathologist, client, significant others, allied health assistant, teacher assistant and/or other relevant service providers. Determine options to renegotiate the terms of the agreement.
2. Recognise and acknowledge the extent and limitations of the negotiated roles of the speech pathologist, client and other professionals.
3. Seek advice from a senior or supervising speech pathologist to undertake approaches and procedures in intervention with which the clinician is unfamiliar or that are beyond the scope of entry-level practice. If required, refer to an alternative speech pathology service.
4. Make every effort to ensure the client's safety and wellbeing, including arranging the presence of the necessary support personnel and equipment.

Cues for this element

See Element 3.3: People who may be involved with the client's consent.

Support personnel:

- team members trained to suction a patient
- team members trained in resuscitation techniques
- medical personnel
- educational staff
- aged care facility staff.

Approaches and procedures that may require specific training (refer to Range of practice principles):

- specific speech and/or language programs requiring certification (e.g. Hanen Programs)
- an alternative and/or augmentative communication system
- a specific sign system
- videofluoroscopy
- laryngectomee: with training may be expected to change the voice prosthesis
- tracheostomy management.

Element 3.7

Document speech pathology intervention plans, goals and outcome measurement.

Performance Criteria

1. Document plans for intervention, therapy goals, measurement of outcomes and the rationale for decisions in speech pathology client records and/or the service provider's general records, in plain English, and in accordance with the service provider's policy and quality management guidelines.
2. On discharge, or when speech pathology intervention is not indicated, follow the service provider's policies and quality management guidelines for documentation.
3. Obtain consent from the client or guardian for information to be released to any person, in accordance with Speech Pathology Australia's Code of Ethics and any applicable freedom of information and privacy legislation.

Cues for this element

See Element 3.5: Methods for measuring outcomes.

Unit 4: Implementation of speech pathology practice

All domains of speech pathology practice - advocacy, clinical services, consultation, education, prevention and research for communication and swallowing disorders across the lifespan – require consideration of the following:

- best available evidence from the current literature and research
- recommended clinical practice guidelines
- Speech Pathology Australia's Code of Ethics
- the service provider's quality management processes
- any legal and/or professional "duty of care" responsibility relevant to the client.
- the speech pathology role within public health initiatives (e.g., population-based prevention, educational and promotion frameworks, developing integrated models for professional practice) for addressing issues with a broader impact.

Element 4.1

Establish rapport and facilitate participation in speech pathology intervention.

Performance Criteria

1. Base intervention on a holistic understanding of the client and relevant aspects of their life (refer to the ICF). Show awareness of the total functioning of the client. Adapt activities in line with the client's functional abilities, the availability of resources, and the service providers' policies to ensure maximum progress. Select an intervention that is culturally appropriate and support the development of both (or all) languages and communication systems of the client.
2. Develop a working relationship with the client that is based on respect and recognition of the strengths and weaknesses of the individuals involved.
3. Identify and respond to the client's, significant other's and/or family's need for counselling. Provide referral to specialist professionals when necessary.
4. Seek assistance with the behaviour management/support of clients where necessary.

Cues for this element

The holistic understanding of the client:

- consideration of cultural, behavioural, and/or environmental factors
- the physical, emotional, cognitive and psychological status at the time of contact
- the social, medical, economic and educational history and status
- cultural attitudes towards disability, intervention and community support
- the client's expressed goals for participation in community, educational or work activities.

Element 4.2

Implement an evidence-based speech pathology intervention according to the information obtained from speech pathology assessment, interpretation and planning (see Units 1, 2, and 3).

Performance Criteria

1. Choose a speech pathology intervention that represents best practice with respect to the range of service delivery models available, client need and preferences, workplace policy and priority. Evidence-based speech pathology programs may involve one-to-one intervention, group intervention, classroom based intervention, training others, consultation and/or education, depending on each unique set of clinical circumstances.
2. Use effective therapy skills and techniques in accordance with the context of the service. Service and workplace contexts will vary considerably and may determine the mode of intervention.
3. Show continuous monitoring of goals and outcomes. Show flexibility and adaptability by the use of modifications that are dependent upon the performance of the client.
4. When working directly with a client, demonstrate the following:
   - obtaining, selecting and using materials that are appropriate to the client's age, culture, abilities, learning style, interests and focus
   - clear explanations of tasks
   - use of feedback and reinforcement that are specific to the client/group and address the client's learning needs
   - modification of the intervention according to the client's success or failure
   - recognised behaviour-change techniques, e.g. effective timing, reinforcement
   - monitoring and measurement of outcomes
   - planning for future intervention (independently or as part of a team), e.g. prioritising, time planning
   - resolving interpersonal conflict.
5. Whenever possible, integrate the speech pathology program as part of the total team management of the client.
6. Show regular feedback and collaboration with the client.
7. Develop and initiate consultation with significant others and other professionals involved in the speech pathology program where necessary. Seek and obtain additional information, feedback and support from community support groups and other professionals.
8. Be able to justify decisions made about the speech pathology intervention program with reference to the client's case history and background and critical appraisal of the evidence in current literature and research.
9. Make every effort to ensure the client's safety and comfort at all times.

Cues for this element

A rationale for decisions made with reference to:

- the client's communication and swallowing assessment results
- the client's current preferred communication system (e.g. AAC)
- best available evidence from the current literature
- background and culture of the client
- the client's expressed goals for participation in community, educational or work activities
- issues of access and equity
- the service provider's policies and quality management guidelines
- core areas of practice of the service provider which may have an impact on the type and quantity of intervention chosen.

See Element 3.3: Approaches and procedures.

Community support groups and professional networks:

- Speakeasy Association
- Headway Australia
- Autism Associations in each state
- Down syndrome Associations
- Alzheimer's Australia
- Cleft Pals Connect Groups.

Element 4.3

Undertake continuing evaluation of speech pathology intervention and modify as necessary.

Performance Criteria

1. Implement a continuing review process and timeframe for maintaining high-quality speech pathology programs through monitoring and evaluation of outcomes. This review process is applicable to all domains of speech pathology practice, including:
    - recording of client responses in sessions
    - teacher evaluations of education sessions
    - monitoring of developmental changes in the children of parents who have been trained to implement intervention goals.
2. Demonstrate that the intervention program has been implemented and documented accurately.
3. Communicate the outcome of any reviews and recommendations to the client, their significant other, and to other professionals, within the constraints of client confidentiality.
4. Modify the speech pathology program goals and intervention according to the outcomes measured.
5. Negotiate new goals with the client and significant others, and make recommendations and requests for program adjustments to other professionals involved with the client.

Cues for this element

Evaluation of intervention that considers:

- best available evidence from the current literature
- critical appraisal of individual client's progress with evidence from the research literature
- intervention data collected on the client
- comparison of the expected outcomes to the progress measured
- the client's expressed goals for participation in community, educational or work activities and any changes to them
- the overall caseload demands of the service
- availability of speech pathology personnel within the service
- the service provider's policies regarding intervention type and quantity.

See Element 3.1: Relevant fields to obtain additional information from.
A rationale for decisions.
The information that influences choice of intervention strategies.

Element 4.4

Document progress and changes in the speech pathology intervention, including outcomes, decisions and discharge plans.

Performance Criteria

1. Complete qualitative and quantitative evaluation of the speech pathology intervention in a timely and efficient manner.
2. Where the speech pathology approach involves specific intervention sessions (for a client, parent or allied health/teaching assistant implementing the program), keep progress notes including reviews, recommendations and measured outcomes, and document any variation from the negotiated speech pathology program and the rationale for change.
3. Write and send reports on progress in speech pathology intervention in accordance with the service provider's policies and quality management guidelines.
4. Develop discharge plans in conjunction with the client, significant others, other professionals and in accordance with the work place policies and quality management procedures.
5. Where the speech pathology intervention involves consultation and/or education sessions, ensure these are documented and evaluated by participants.

Cues for this element

Documentation of progress:

- service providers protocols are followed with respect to common data collection and clinical pathways.

See Element 3.1: Relevant fields from which to obtain additional information.
A rationale for decisions.
The information that influences choice of intervention strategies.
See Element 4.3: Evaluation of intervention considers.

Element 4.5

Identify the scope and nature of speech pathology practice in a range of community and work place contexts.

Performance Criteria

1. Demonstrate an understanding of the relationship of speech pathology to a variety of community contexts.
2. Choose intervention that reflects the social, financial and environmental vulnerabilities that communities and individual clients may face in their lives.
3. Show an appreciation of the different workplace contexts in the choice of the most appropriate and evidence-based speech pathology intervention.

Cues for this element

An awareness of:

- the necessity for a focus on educational outcomes and curriculum focussed interventions in educational contexts
- specific disability legislation and its relation to speech pathology in disability services
- a focus on screening programs and/or community based prevention packages in the delivery of community services
- the role of auxiliary staff in mealtime management in aged care facilities and disability services.

Element 4.6

Undertake preventative, educational and/or promotional projects or programs on speech pathology and other related topics as part of a team with other professionals.

Performance Criteria

1. Identify preventative, educational and/or promotional issues regarding communication and swallowing abilities within the community context.
2. Design projects or programs taking into account a variety of strategies, media, information and communication technologies and materials, and the requirements of the target population. (In such projects or programs the 'client' is often the general public and/or professional groups).
3. Negotiate the goals, form and range of the preventative, educational and/or promotional projects or programs. Set priorities, and determine projected outcomes and evaluation methods.
4. Implement negotiated programs or projects.
5. Analyse and document results. Provide reports to relevant parties.

Cues for this element

Identification of target groups:

- professionals and clients requiring specific information about speech pathology issues for different populations
- professionals requiring speech pathology information and/or professional development (e.g. maternal & child health nurses, teachers)
- community and/or consumer groups:
  - parents within a school or local community
  - aged care facilities or elderly people within a local community
  - disability organisations within a community
  - hospitals or district hospitals requiring current information on speech pathology issues and management
  - different social, cultural and/or ethnic groups
- the general public more broadly.

Projects or programs that take into consideration the needs of the target population:

- geographic, cultural, linguistic and religious backgrounds
- age, interests, relationships and responsibilities
- differing learning styles and abilities
- access to communication infrastructure and system (e.g. video conferencing facilities for remote communities).

Strategies, media and materials:

- lecture or informal talk
- seminar, tutorial, or workshop presentation
- distribution of culturally and linguistically appropriate information materials
- use of ethnic media
- use of up to date communication technologies
- public displays of materials and information (e.g. speech pathology awareness activities).

Unit 5: Planning, providing and managing speech pathology services

A proportion of the entry-level speech pathologist's time may be spent in the management aspects of the service. Basic managerial skills are therefore expected of the entry-level speech pathologist. Support from a senior or supervising speech pathologist and the service provider's managerial staff will be required.

It is not considered appropriate for an entry-level speech pathologist to manage a speech pathology service without assistance from a line manager. Employers need to be aware of the need to provide managerial as well as professional support for entry-level speech pathologists.

Element 5.1

Respond to service provider's policies.

Performance Criteria

1. Consult a supervising or senior speech pathologist for interpretation of relevant government legislation and workplace policies, and their implications for speech pathology.
2. Refer perceived discrepancies between workplace policies and procedures and ethical behaviour to a supervising or senior speech pathologist for discussion.
3. Show awareness of the role, duties and responsibilities of the speech pathologist within the service provider's organisation.

Cues for this element

Relevant policies and procedures:

- equity and equal opportunity policies
- occupational health and safety regulations
- freedom of information legislation
- confidentiality and privacy policies
- quality management policy
- clinical pathway procedures
- procedures for dealing with medical and/or educational records
- policies on internet use
- incident reports
- funding policies
- client's entitlements
- grievance policies
- performance appraisal mechanisms.

Element 5.2

Use and maintain an efficient information management system.

Performance Criteria

1. Maintain efficient systems of records, consistent with organisational requirements, for the purposes of service delivery, planning, accountability, monitoring client status and ensuring a high quality of service.
2. Consistently apply quality management and continuous improvement principles.
3. Show ability to comply with workplace requirements for electronic record keeping, data collection and video conferencing. Demonstrate a capacity to use or learn other relevant programs as required. Information management system education must be provided by the employer in a timely manner to ensure ethical delivery of services.

Cues for this element

Clinical and service records:

- client information databases are maintained
- service statistics are up to date
- equipment inventories are complete and updated regularly
- training is provided for electronic information management systems.

Element 5.3

Manage own provision of speech pathology services and workload.

Performance Criteria

1. Integrate current information about client needs (as obtained in accordance with Units 1, 2, 3 and 4), the speech pathology service, and evidence-based practice (refer to Evidence-Based Practice in Speech Pathology Position Statement) with the knowledge of the objectives and context of the speech pathology service.
2. Prioritise work tasks on the basis of the needs of the service provider, client and professional team and in accordance with Speech Pathology Australia's Code of Ethics.
3. Manage time effectively. This is demonstrated by efficient organisation of caseload, an understanding of the timeframe required for administration and client-related tasks, and adherence to negotiated timetables. Regularly review timetables.
4. Show awareness of a variety of service delivery models, and undertake selection and implementation of specific models as appropriate to client or client group needs. This must be done under the guidance of the supervising speech pathologist.
5. Regularly review and evaluate speech pathology interventions.

Cues for this element

See Element 3.5: Examples of speech pathology interventions.

See Element 4.3: Evaluation of intervention.

Rationale for choice of delivery model makes reference to:

- the existing and potential caseload
- caseload management strategies
- services speech pathology personnel and resources
- the service provider's policies regarding type and quantity of intervention
- best available evidence from the current research literature.

Accesses policies regarding:

- service objectives
- type and quantity of intervention provided
- caseload management strategies including review and evaluation
- admission, review and discharge criteria
- clinical pathway management.

Element 5.4

Update, acquire and/or develop resources.

Performance Criteria

1. Select and critically review resources (software and hard copy) using current speech pathology knowledge and in accordance with current and potential caseload demands. Observe copyright and demonstrate sensitivity to cultural issues.
2. Identify local procedures to access resources. Develop knowledge of where or with whom resources are held on site.
3. Recognise the need for an inventory of resources and the maintenance of resources in good working orders.

Cues for this element

Procedures regarding:

- budgetary processes
- service and product suppliers
- opportunities for obtaining resources or small equipment grants
- awareness of service groups that are willing to assist
- communication and information technologies
- knowledge in new instrumentation technologies
- library access.

Element 5.5

Consult and coordinate with professional groups and services.

Performance Criteria

1. Seek communication with the service provider's professional and managerial sections. Share information on client population and/or service within the guidelines of confidentiality.
2. Seek coordination between speech pathology services and those of other professionals. If any problems are identified, address these with the assistance of the supervisor or senior speech pathologist using consultation, cooperation and consensus.
3. Identify and use professional networks for support in establishing and maintaining service delivery.

Cues for this element

Knowledge of professional networks:

- existing support networks within the service
- clinical and professional supervision from a senior speech pathologist within the service
- Speech Pathology Australia Mentoring Program
- special interest groups
- professional development activities
- external professional contacts with colleagues.

Element 5.6

Adhere to professionally accepted scientific principles in work practices.

Performance Criteria

1. Routinely use scientific principles in clinical assessment, planning and evaluation of intervention and in the development of educational materials.
2. Critically evaluate evidence from literature and research using knowledge of research methods and statistics.

Cues for this element

Knowledge of scientific principles:

- using available evidence-based practice resources to determine efficacy of work practices (e.g. speechBITE™ or The Cochrane Library)
- accessing through library the electronic databases relevant to speech pathology work practices
- collecting data systematically and thoroughly in accordance with service protocols for measuring outcomes
- participating in collaborative clinical research with senior speech pathologists (e.g. single case designs; clinical pathway mapping).

Element 5.7

Collaborate in research initiated and/or supported by others.

Performance Criteria

1. Demonstrate use of accepted research principles in research initiated and/or supported by others, within the guidelines of the service provider's policy.
2. Demonstrate an understanding of a range of research methods relevant to speech pathology in appraisal of literature and others' research.
3. Be involved in speech pathology department research projects (where opportunities exist) by following client group protocols, contributing to common data sets and adhering to clinical pathway practices.

Cues for this element

See Element 5.6: Knowledge of scientific principles.

Element 5.8

Participate in and collaborate on the evaluation of speech pathology services.

Performance Criteria

1. Demonstrate participation in service evaluation procedures in accordance with service provider's policies and procedures.

Cues for this element

See Element 4.3: Evaluation of intervention.

Knowledge of evaluation procedures with respect to:

- organisational reviews
- accreditation procedures
- quality programs
- performance appraisal procedures
- strategic planning processes.

Unit 6: Professional and supervisory practice

The speech pathology profession acknowledges the need of entry-level practitioners to receive professional supervision and acknowledges their need to develop skills in the supervision of others. Awareness of teaching and learning practices ensures the best possible outcomes during clinical supervision and beyond.

As the numbers of allied health and teaching assistants employed by service providers increases so does the need for entry-level speech pathologists to have fundamental supervisory skills. Equally, the advent of speech pathology programs that use a 'train the trainer' philosophy require the speech pathologist to understand the supervisory process as it applies to client groups.

All speech pathologists have an important role to play in clinical education and the support of students. Full responsibility for the supervision and evaluation of speech pathology students in clinical practice is not expected at entry level. However, under the on-site guidance of a supervising or senior speech pathologist an entry-level speech pathologist may participate in the supervision of students.

Refer to The Role and Value of Professional Support Position Statement and Clinical Education – The Importance and Value for the Speech Pathology Profession Position Statement.

Element 6.1

Develop, contribute to, and maintain professional and team based relationships in practice contexts.

Performance Criteria

1. Develop professional relationships with colleagues, supervisors and support staff relevant to the context and the issues being addressed.
2. Undertake work within multidisciplinary and interdisciplinary teams with adequate supervision. It is not an entry-level expectation that a speech pathologist will work in a transdisciplinary team (refer to Transdisciplinary Practice Position Statement).
3. Use team networking skills to develop an understanding of the broader contextual issues in relationship to speech pathology practice.

Cues for this element

Participation in professional teams:

- multidisciplinary teams in hospitals, aged care facilities and schools
- interdisciplinary teams in early intervention settings and disability services
- attends speech pathology departmental meetings or network meetings depending on work context
- demonstrates suitable communication skills during case conferences or team meetings
- demonstrates an understanding of different professional views (interprofessional practice).

See Element 5.5: Knowledge of professional networks.

Element 6.2

Demonstrate an understanding of the principles and practices of supervision applied to allied health/teaching assistants and in parent/caregiver education programs.

Performance Criteria

1. Adapt practice to accommodate adult learning styles and different supervisory styles.
2. Recognise the need to apply different supervisory styles to varying work contexts and individuals (e.g. an allied health assistant versus the parent of a toddler with language delay).
3. Be aware of the importance of critical reflection to the development of learning and improved skills.
4. Provide clear and achievable goals with detailed instructions to the 'supervisee' and provide accurate and constructive feedback in order for goals to be achieved.
5. Show an awareness of the Parameters of Practice framework which delineates those tasks that a speech pathologist may delegate to allied health/teaching assistants and, in so doing, the level of supervision and monitoring required (refer to Parameters of Practice: Guidelines for delegation, collaboration and teamwork in speech pathology practice).
6. Show an ability to provide clear and achievable goals to the 'supervisor' and provide accurate and constructive feedback in supervision sessions.

Cues for this element

Knowledge of supervisory practice:

- adapting teaching/supervisory style and materials to the needs of the target population (e.g., parents, allied health or teaching assistants)
- manages the successful implementation of an intervention program by an allied health or teaching assistant
- recognises that different target populations have different levels of literacy and understanding of health and/or educational concepts
- understands that every supervisory relationship will be different.

Element 6.3

Demonstrate an understanding of the principles and practices of clinical education.

Performance Criteria

1. Be an appropriate role model to students and discuss client observations, intervention, caseload management, theoretical and broader speech pathology issues with them (taking into account issues of confidentiality) and guide them in their search for further knowledge.

Cues for this element

Clinical education of:

- speech pathology students
- other allied health students
- work experience students.

See Element 6.2: Knowledge of supervisory practice.

Unit 7: Lifelong learning and reflective practice

Speech pathology knowledge and skills are improved through clinical experience, problem solving, reflection and interaction with colleagues in the workplace along with more formal educational experiences.

Lifelong learning is acknowledged by the speech pathology profession to be a fundamental component of the ongoing professional development of the speech pathologist. Lifelong learning refers to the self-motivated pursuit of knowledge and skills through both formal (continuing professional development) and informal learning activities.

Reflective practice enables the entry-level speech pathologist to consider the adequacy of their knowledge and skills in different work place and clinical contexts. Reflective practice requires the individual to take their clinical experiences and observe and reflect on them in order to modify and enhance speech pathology programs and their own clinical skills.

Refer to Generic Professional Competencies in COMPASS®.

All practising speech pathologists have a responsibility to:

- uphold the Association's Code of Ethics
- undertake continuing professional development
- participate in professional speech pathology networks
- promote the purpose and a positive image of the profession to other professions, employers, clients and the wider community.

Element 7.1

Uphold the Speech Pathology Australia *Code of Ethics* and work within all the relevant legislation and legal constraints, including medico-legal responsibilities.

Performance Criteria

1. Show thorough knowledge and understanding of Speech Pathology Australia's Code of Ethics.
2. Follow ethical guidelines as outlined in Speech Pathology Australia's *Code of Ethics*, and show an awareness of current and relevant legislation impacting on speech pathology practice.
3. When requested by the service provider, supply documentation for legal purposes of the client's speech pathology and therapy history. (Providing expert opinion for legal purposes is not considered within the range of practice of an entry-level speech pathologist).
4. Obtain consent from the client for distribution of information about the client to other agencies, while adhering to confidentiality guidelines in accordance with Speech Pathology Australia's Code of Ethics and any applicable freedom of information legislation.

Cues for this element

Values and principles expressed in the Association's Code of Ethics:

- by seeking to benefit others through our activities
- by providing accurate and truthful information at all times to the public and our individual client's
- by acting in a respectful and professional manner at all times
- by maintaining quality standards and continuing competence in speech pathology practice.

See Element 1.4: Relevant legislation.

Element 7.2

Participate in professional development and continually reflect on practice.

Continuing professional development refers to a range of learning activities through which professionals maintain and develop knowledge and skills throughout their career to ensure that they retain their capacity to practice safely and effectively….within the evolving scope of practice (Communicating Quality 3, RCSLT, 2006).

Performance Criteria

1. Know current research trends, concepts and theories in speech pathology practice as reported in the literature. Understand the extent and limitations of the evidence base. Actively seek information and analyse new research for implications for practice.
2. Demonstrate a commitment to a range of professional development activities.
3. Demonstrate a continuing and increasing awareness of professional research and a willingness and ability to be involved in research.
4. Reflect on speech pathology practice: evaluate assessment and intervention efficacy and assess one's own clinical skills in a variety of practice contexts.

Cues for this element

Professional development activities:

- independent study
- attendance at conferences, workshops, seminars, short courses, special interest groups
- teaching or presenting at a conference or to community groups
- participation in research activities and quality improvement activities
- participation in Speech Pathology Australia activities
- updating skills with the latest technology (e.g. tele-health applications)
- participation in the Professional Self Regulation (PSR) program of Speech Pathology Australia which recognises all the above activities
- participation in the Mentoring Program of Speech Pathology Australia.

Element 7.3

Demonstrate an awareness of formal and informal networks for professional development and support.

At entry-level the speech pathologist may have begun developing networks and/or demonstrate the capacity to do so.

Performance Criteria

1. Develop, access and participate in professional support and development networks, special interest groups and develop networks with professional colleagues.
2. Acknowledge the need for continuing professional supervision and/ or mentoring and make efforts to organise it.

Cues for this element

See Element 5.5: Knowledge of professional networks.

Element 7.4

Advocate for self, client and the speech pathology profession.

Performance Criteria

1. Advocate for self, client and the profession with respect to workload, resource allocation within the workplace or at a government level, policy decisions affecting people with communication and swallowing difficulties, and professional and/or ethical issues.
2. Show identification and acknowledgment of professional and personal strengths and weaknesses.
3. Show an awareness of professional and personal stress levels. Identify excessive stress and seek support and strategies to reduce its impact.
4. Develop and use a range of interpersonal and communicative skills.

Cues for this element

Interpersonal and communicative skills:

- assertiveness
- empathy
- mediation and negotiation
- consultation and collaboration
- counselling
- cultural competence in communication skills
- organisational liaison and planning
- adaptation to formal and informal styles as appropriate
- effective interpretation of non-verbal cues
- use of communication technologies.

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Appendix K Substantial Change Document

New Zealand Speech-language Therapists' Association
Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

NZSTA Programme Accreditation

Indicators of programme changes that may trigger re-accreditation or new programme accreditation

The New Zealand Speech-language Therapists' Association is responsible for the accreditation, and maintenance of accreditation, of programmes training speech-language therapists in New Zealand. This Programme Accreditation Process is an obligation of our Mutual Recognition Agreement with SPA, RCSLT, ASHA, SAC and IASLT.

Programme**s are expected and obligated to change over time** to respond to new research and evidence, new scopes of practice and new ways of working in New Zealand. Staff, facilities and student demographics change and robust internal reviews lead to improvement processes. Many of these changes are minor and either do not need to be reported or purely require documenting in Programme Annual Reports.

The current **Programme Accreditation Framework** advises that **any substantial and/or substantive change** in a Programme's clinical education, academic education, and/or Programme structure must be reported prior to the change, and **may result in a need for a re-accreditation process. Substantial and/or substantive changes** are changes that will or may significantly affect the way the Programme will meet accreditation standards. Substantial and/or substantive change may be sudden and large, or small and cumulative. The current Programme Accreditation Framework states *"a large and cumulative set of changes may also, if occurring over more than two years, raise the possibility of re-accreditation".*

Communication should occur through **annual reporting** where appropriate. However, the timing of annual reporting may not always be the same as programme or university timelines. If this occurs, the university is required to notify PAC as soon as it becomes aware of changes that would typically be reported in the Annual Report.

It is the responsibility of the NZSTA PAC to determine if the changes require the Programme to have an earlier reaccreditation process, or in some circumstances, equate to a new Programme requiring full accreditation. If a Provider Institution is unsure if their Programme's proposed changes are substantial and/or substantive, the NZSTA recommends that they approach PAC for guidance.

The following table provides examples of changes that must be reported to PAC. This is not an exhaustive list but may be a useful guide.

Changes to be reported in an Annual Report or at the annual PAC/ HOD Meeting	**Substantial and/or substantive changes require formal correspondence with PAC prior to changes as these may necessitate re-accreditation or full accreditation process**
Individual staffing Wider University policy / procedure changes with minor effect on Programme Wider University governance changes with minor effect on Programme Minor enrolment conditions / entry criteria Minor changes in enrolment numbers Minor changes in learning outcomes or assessments Minor changes in academic or clinical content in response to new evidence / feedback/ course reviews	Change in degree/qualification award level Campus site/location Programme design/delivery/mode Overall staffing profile of the Programme Key academic policies/procedures Key academic/clinical content e.g. CBOS Key programme learning outcomes/ expectations/assessment expectations Significant changes in entry requirements, pre-requisites, enrolment conditions Staffing change that adversely affects the Programme's capacity to deliver the Programme

Changes which include any of the following are considered substantive and **will require a conversation with PAC** about possible re-accreditation or new accreditation of the Programme:

- Change in degree/qualification award level
- Change in campus site
- Change more than a third of courses/papers in the Programme (e.g. deletion / addition of papers)
- Significant changes to more than a third of course delivery/mode (both academic and clinical)
- Substantial change in assessment/assessment criteria which changes previously accredited claims against the standards
- Change in staff resulting in more than half of the teaching positions being casual or short-term contract appointments.

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Appendix L PAC Fees Structure 2020-2024

New Zealand Speech-language Therapists' Association
Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

The Programme Accreditation Committee (PAC) Payment Structure (Updated Dec 2020)

Summary of current situation

- Three (3) Universities – Five (5) Programmes – each with a Head of Department/Discipline (HOD) and Director of Clinical Education (DCE) (N:6)

University	**Programme**	**Location**
University of Auckland	Masters of Speech-language Therapy Practice	Grafton Campus
Canterbury University	Bachelor of Speech and Language Pathology with Honours Master of Speech and Language Pathology	Canterbury Campus
Massey University	Bachelor of Speech and Language Therapy Bachelor of Speech and Language Therapy with Honours	Massey Albany Campus Massey - by distance - 2021 onwards

- PAC includes **nine (9) members** representing NZSTA, all Universities and all Sectors
- **Full accreditation is valid for seven (7) years** (unless the Programme makes substantial changes)
- **Any new degree must be logged with PAC and are accredited** after the final year of the first student cohort that completes the degree.
- **Substantial changes** in a Programme to clinical education, academic education, and/or programme structure must be reported prior to the change, and **may result in a need for a new accreditation process.** See Substantial Change document.
- **Site visits for accreditation last three (3) days** and include two (2) non-PAC members (Independent Chair, Māori Rep) and three (3) PAC members (PAC Rep, PAC Chair, Silent Observer PAC trainee)
- Re-accreditation for Universities with **more than one Programme *or* more than one location** take more time in terms of extra admin and report writing. They may require an extra site visit day - 4 days in total. There is, therefore, an **additional fee of $1500.** The decision to hold an additional site visit day will be made after reports are received by PAC and will be made by PAC in consultation with the University.
- By 1st February each year (except in re-accreditation year), the University must submit **an annual report** outlining how the Programme has adhered to their accreditation agreement.
- The annual report is evaluated by PAC by 1st March each year.

Fee structure to Universities for 2018-2020

- PAC is a **cost-neutral committee** of the NZSTA
- Programme accreditation is funded through an annual fee provided by each University
- A financial review in 2016 found that current fees were not sufficient to cover PAC costs and incremental increases were recommended
- In additional to annual fees, Universities pay HOD & DCE travel to attend the PAC/ HOD annual meeting and hosting costs during the site visit (see details below)
- **An additional fee of $15,000 will be paid for any new University and $10,000 for any new Programme or**

re-accreditation of a Programme within a University with an accredited Programme (unless otherwise agreed). Where a University makes substantial changes to an accredited Programme, it is the responsibility of the NZSTA PAC to determine if the changes equate to a new Programme requiring full accreditation.

Fee type	**Cost**
New accreditation / Re-accreditation out of cycle	
New University accreditation	$15,000
New programme accreditation (within University with accredited Programme)	$10,000
New location accreditation (for an already accredited Programme)	$10,000
Re-accreditation out of cycle due to substantial change	$10,000
Annual fee	**$4,400**
+ additional programme	nil
+ additional location	nil
Site Visit Year	**nil**
+ additional programme	$1,500
+ additional location	$1,500

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Breakdown of costs and accountability

Responsibility & Finance	Expenses
NZSTA via PAC Financed primarily through annual University Accreditation Fee to NZSTA Additional costs paid from NZSTA membership fees	PAC Zoom meetings & face-to-face meetings – 9 attendees - Travel - Catering - Accomodation for PAC members - Printing - Venue - Honorarium for PAC chair annually
	PAC / HOD Annual Meeting – 16 attendees - Travel (for PAC members & President) - Catering - Printing - Venue - Childcare for PAC Members as required
	Accreditation site visits - Travel (air travel and car transfer/ taxi) - Accommodation - Printing - Honorarium for independent panel and kaumatua - Childcare for PAC Members as required
Universities	Accreditation site visits - Catering for Site panel during site visit - Venue
	PAC / HOD Annual Meeting - Travel (for HOD & DCE)

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PAC fees in 7 year cycle

Year in 7 year cycle	Fees paid by Universities	Expense to NZSTA
2018	$9000 ($3000 each)	$7,647.50
2019	$10500 ($3500 each)	$7,647.50 + **$10,062 (site visit UoA)**
2020	$12000 ($4000 each)	$7,647.50
2021	$13200 ($4400 each - 10% increase) **$1500 UC site visit (2 programmes)**	$7,647.50 plus **$10,062 (site visit Massey)** + **$10,062 (site visit UoC)** Plus additional costs if additional site visit days required
2022	$13200 ($4400 each) plus inflation	$7,647.50
2023	$13200 ($4400 each) plus inflation	$7,647.50
2024	$13200 ($4400 each) plus inflation	$7,647.50
Totals	**$82,800.00** Plus $1,500 additional fees for 2 programme / location Universities	**$83,718.50** These costs are conservative as they were based on 2018 flights and hotel costs and do not cover additional site visit days

Going by the original 2018 PAC fees structure document, the total expense in 7 years for annual and site visits is **$83,718.50 (excluding any additional site visit costs)**. These costs are conservative as they were based on 2018 flights and hotel calculations and inflation will need to be considered in future years. They do not account for new programmes, new locations or re-accreditations out of cycle triggered by substantial change.

Current plan above is a revised version of the expenses calculated in 2018. A deficit *was still in place in the 2018 plan.* We propose an increase in 2021 to $4400 per university (10% increase) to cover this deficit and ongoing rises in costs related to PAC over the 7 year cycle. This will bring the income from fees to **$84,300 in the 7 yr cycle.**

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Estimated cost breakdown calculated in 2018

Annual Expenses	**Year costings**
PAC video-conferences (via Zoom) x 5 – 9 attendees	**$0**
PAC face-to-face meetings x 2 – 9 attendees - air & taxi travel for PAC members ($1600 per meeting x 2) - catering ($300 per meeting x 2) - printing ($100 per meeting x 2) - accommodation ($600 for Dec meeting) - venue ($0) - PAC Chair honorarium- $1000 paid by NZSTA - childcare ad hoc - paid by NZSTA	**$5,600 minimum**
PAC / HOD Annual Meeting – 16 attendees (day after PAC member meeting) - air & taxi travel NZSTA President ($250) - catering ($500) - printing ($100) - accommodation ($0) - venue ($0) - childcare ad hoc - paid by NZSTA	**$850 minimum**
ANNUAL TOTAL	**$6,650**
+ 15% contingency ($997.50)	**$7,647.50**

Additional Accreditation Year Expenses	
Site visit panel – three days – 3 PAC members / 2 independent members/ NZSTA Kaumatua (1 night accommodation before) - air travel ($2400 total) - taxi / car rental transfer (assume $30 per person per day - $650) - printing ($200) - accommodation ($250 per night with meals, three nights national = total $3750 =1 $4000)) - Honorarium for independent panel member - $1000 paid by NZSTA - Kaumatua hours- $500 paid by NZSTA - childcare ad hoc - paid by NZSTA **Universities with two Programmes or two Locations will incur $1500** (due to admin/accommodation/ transport/honorarium increases)	**$8750 minimum**
+ 15% contingency ($1312.50)	**$10,062.50**