

NZSTA Registered Member - New Graduate Framework

A guide for New Graduate Members, their Supervisors and Managers

Policy Statement

The New Zealand Speech-language Therapists' Association is responsible for the promotion and maintenance of high standards of the education, clinical practice and ethical conduct of its members. Newly qualified speech-language therapists (from a NZSTA accredited programme or those with qualifications approved by the NZSTA) who wish to become Registered Members of the Association are required to complete the registered member - new graduate (NG) requirements. It is expected that NGs work in a framework of best practice, abiding by the Code of Ethics and working within the principles of the Treaty of Waitangi, particularly the principles of partnership, participation, and protection for both Māori and non-Māori clients.

Introduction

- *Please note:* Newly qualified therapists are eligible to become a registered member - new graduate of the NZSTA when they graduate from a NZSTA accredited programme or have their qualifications approved by the NZSTA (via the Mutual Recognition Agreement or Qualification Approvals processes). New entrants to the profession are expected to complete approximately one year of practice under the supervision of a Registered Member of the NZSTA in order to demonstrate maintenance of competent practice within a clinical or research setting before being signed off as a Registered Member of the NZSTA. This timeframe is given as a guide and may vary according to the individual. It is unlikely, however, that a NG will have met the requirements in less than 12 months, but should have done so within two years of supervised professional practice.
 - New graduates who have not yet found employment can be a registered member (paying non-working membership rates) but cannot commence the NG Framework until in a paid speech-language therapy position. Once in a practising position as a speech-language therapist, new graduates should complete a change in member status form to switch to a registered member - as a new graduate and commence the new graduate framework.
 - In order to graduate from a NZSTA accredited speech-language therapy programme, students must reach ENTRY LEVEL on all competencies set out in the Competency-based Occupational Standards for Speech Pathologists 2011 (CBOS 2011). NGs from non-NZSTA accredited

programmes must have their qualifications approved by the NZSTA prior to being eligible to become a Registered Member - New Graduate of the NZSTA.

- The NZSTA recognises that graduates of a NZSTA accredited programme or approved overseas programme are competent to begin independent practice. However, NGs do not have the professional experience deemed equivalent to speech-language therapists eligible for Registered Membership of the NZSTA. Professional competencies achieved during undergraduate and graduate training must be maintained when commencing independent practice. This framework assists NGs and their employers/supervisors to assess maintenance of entry-level competency and to identify areas for development during the first year of independent practice as directly related to their area of work.
- This framework is not intended to be an extension of the clinical practicum experience undertaken as part of academic study. The period of Registered Member - New Graduate Membership is viewed as a transition between supervised student practicum and maintained independent clinical competency within a specific workplace and/or research setting. Inherent in this experience is:
 - integration of application of knowledge gained in academic training
 - evaluation of strengths and limitations
 - refinement of clinical skills
 - development of clinical skills consistent with the scope of professional practice required for the role.
- This new graduate framework includes professional clinical supervision and the core competencies of CBOS 2011. It is to be used to structure the learning of the NG during the initial 12-18 month period of practice and as evidence of readiness to transfer become a Registered Member of the NZSTA. This framework cannot be completed if the NG is undertaking a voluntary or support worker role. The framework can only be started once employed in a speech-language therapy position or engaged in post-graduate research which involves clinical activities.
- It is recognised that the employment setting is diverse. The over-riding factor in determining whether the particular employment setting is appropriate for gaining membership is that:
 - the setting is designed to evaluate, habilitate, or rehabilitate individuals with speech and language disabilities, and
 - the setting affords the possibility that supervisory requirements can be met.

- If a NG has their first SLT job within a clinical research setting, they may be supervised by an academic SLT who is a Registered Member of the NZSTA. If their supervisor is not an SLT, their portfolio must be countersigned by a co-supervisor with clinical expertise who is a Registered Member of NZSTA (i.e. an academic SLT or a clinician). The NZSTA encourages NGs who wish to work in a research environment to negotiate that opportunities for clinical work are included in their research.
- CBOS 2011 has been chosen by the NZSTA as the tool to demonstrate maintenance of entry-level competency during the first year of practice (alongside adherence to the Aotearoa/New Zealand Context standard outlined in the Programme Accreditation Framework (2011)). CBOS 2011 is the minimum entry standard of practice for NZSTA & Speech Pathology Australia. The focus of the New Graduate Member requirements is on maintaining these minimum standards in the work context, consolidating them and extending the graduate or focusing the graduate into a more specialist area if needed given the work setting.
- The units and elements of CBOS 2011 are broad enough to fit with local policies and practice and different work settings. They need to be applied to the NG's work setting and interpreted in this way; for example, intervention may be more consultative than direct given the service delivery model. It is also acknowledged that the NG may not have the opportunity to show evidence of maintenance of some of the elements given their work setting or work context. Specific learning objectives can be added for particular local requirements.
- The NZSTA encourages NG members to incorporate CBOS units and elements into their workplace continuing professional development objectives to reduce duplication of work/evidence.
- A Registered Member - New Graduate needs to complete the requirements of these guidelines only. The Registered Member NZSTA Continuing Professional Development (CPD) requirements do not apply until they have been signed off as a Registered Member.
- NG members from NZSTA accredited programmes may choose to continue using their e-portfolios adding new evidence/updates to reflect their current work context.

Requirements / Framework

This framework is not intended to create high quantities of extra work for the NG. It is likely that many of the requirements outlined below are included in workplace practices already in place. If not, the framework helps to ensure that those in their first year(s) of practice receive the professional support and guidance they require.

a. Clinical Supervision

What constitutes supervision?

There are no strict criteria in regards to the amount of supervision that should occur during the NG 'year' as the quality of supervision should guide the process rather than quantity of supervision. It is however recommended that the Registered Member - New Graduate participates in approximately one supervision session every two weeks, which could include peer or group supervision in addition to 1:1 supervision with their formal supervisor.

Supervision should focus on each of the following:

- Professional Practice: opportunity for supervisee to reflect and develop ways/resources to enhance their professional performance.
- Practice Development: encourage supervisees to reflect on their knowledge and skills and to continually work on developing these.
- Supervisees should periodically bring clients' notes to supervision to inform discussions on practice development.
- Practitioner Support: a forum for supervisees to identify and plan strategies to deal with the personal impacts of his/her work.

Please also refer to your local policy and training on supervision.

Who provides the supervision?

A Registered Member - New Graduate can only be supervised by an individual who is currently a Registered Member of the NZSTA. It is the responsibility of the supervisor to maintain membership during the entire NG period. If the NG is supervised by multiple individuals, it is the responsibility of the NG to collate the evaluations of all supervisors to verify that all procedures have been met and have their elected supervisor to review these evaluations and sign-off on the paperwork requirements. This also enables the NG to participate in supervision with someone external to his or her organisation. Additionally, if the NG's only supervisor is external to their organisation (remote) supervision can be conducted via telehealth i.e. Internet based communications. Supervisors are allowed to earn continuing education points for their efforts (please refer to the NZSTA CPD Framework).

Please note:

- The NG must contact the NZSTA Office with the name, membership number and contact details of their elected supervisor within three months (12 weeks) of commencing employment/period of Registered Member – New Graduate Membership.
- Supervision at this level does not (and should not) need to be on a day-to-day basis as it would be for student supervision.

b. Portfolio of Maintenance of Competency across the Units and Elements of CBOS 2011

A Portfolio Summary Table will be completed to demonstrate evidence of maintenance of competent practice across the range indicators and units and elements of CBOS 2011 (see page 8). This summary table may include evidence that is:

- **direct:** evidence obtained by directly observing performance in the workplace e.g. directly observing NG during delivery of speech-language therapy services, monitoring NG as s/he participates in case conferences, evaluating clinical records/reports of NG (assessment, therapy).
- **indirect:** evidence that is used when competence cannot be directly observed. Activities may include: question and answer session between NG and supervisor; discussion between NG and supervisor where trainee shows evidence of critical reasoning and clinical knowledge; written evidence (e.g., case studies, reflective logs/diary, therapy/goal plans etc.); and simulations.

The strength, rather than the quantity of the evidence, is of most importance. Therefore, no specific requirement on the amount of evidence needed to demonstrate maintenance of each competency is given in this guideline. It is recommended that the supervisor and supervisee set the learning objectives and negotiate the evidence required at the start of the NG's year. Regular review of the competencies/learning objectives and evidence is also recommended during the 'year'.

Please note:

It is acknowledged that the NG may not have the opportunity to show evidence of maintenance of some of the elements given their work setting context. If this is the case, please indicate this on the table against the specific element in the 'Learning Goal and Action Plan' column.

The generic competencies of COMPASS (communication, reasoning, professional development, and lifelong learning) are **not** included in this framework as these are often covered in workplace objectives and professional development and performance review (PDPR) processes.

It is important that the supervisor and NG are familiar with CBOS 2011. If you are unfamiliar with it, please go to <http://www.speechpathologyaustralia.org.au/all-latest-news/1037-cbos-2011> or contact National Office for a copy of the document and the opportunity to speak with someone and have your questions answered.

Decision Making regarding Registered Member - New Graduate Requirements

The clinical supervisor(s) have final sign-off on the maintenance of the CBOS (2011) competencies. They must sight the NGs portfolio of evidence and Portfolio Summary Table. The Portfolio Summary Table must then be submitted to the NZSTA Office with sign-off from the clinical supervisor.

The sign-off documentation by the clinical supervisor(s) will be regarded as the determining factor in accepting that CBOS (2011) competencies have been maintained in this first year of practice. National Office will ensure all required paperwork is submitted with appropriate sign-off in order to grant Registered Member status to the Registered Member - New Graduate but will not be auditing individual learning goals and evidence.

If the supervisor and/or the NG have queries about evidence either party may contact the Office (admin@speechtherapy.org.nz) for support.

If the NG disputes the decision by the clinical supervisor regarding sign-off, they should contact the Office. A mediation process will occur involving the supervisor, NG and a member of the NZSTA Board. If necessary, an independent review of the NG's evidence will be requested. The final decision will sit with the NG Member sub-committee (Professional Standard, Professional Development, and Member Network portfolio holders).

Acknowledgements

The Board would like to acknowledge the following people for their contribution to this guideline:

Project Lead: Lucy Greig (Member Networks, NZSTA)

Steering Committee: Philippa Friary (Professional Development, NZSTA), Brigid McNeil (Professional Standards, NZSTA), Jodi White (Member Networks, NZSTA)

The Provisional Membership (New Graduate) Framework Review and Recommendation Working Party (now named New Graduate Member) - Cheryl Palmer (project lead), Gwenda Lake, Bianca Jackson and Katherine Cook, Colette Maier (Programme Accreditation Committee Chairperson)

Consultation Group: Ministry of Education members - Maryanne O'Hare, Claire Winward; District Health Board members - Kelly Davis & Emma Green

References

Speech Pathology Australia (2011) *Competency-based Occupational Standards for Speech Pathologists*. The Speech Pathology Association of Australia Ltd.

Appendix 1: Process in brief

What	Who
Contact National Office advising of interest in becoming Registered Member - New Graduate	Prospective applicant
Send applicant electronic copy of New Graduate Framework	National Office
Applicant to review guidelines and decide to proceed or not, including establishing an eligible supervisor within or external to their workplace	Applicant
To proceed, new applicants to complete on-line Membership application form (www.speechtherapy.org.nz) and pay fee if not already a Student Member. If a Student Member, applicant to complete a change in membership status application form.	Applicant
National Office to invoice student members wishing to proceed to become a Registered Member - New Graduate or Associate (if not working as an SLT).	National Office
National Office to approve Registered Member - New Graduate status and update Member Database on payment of membership fee.	National Office
Applicant to contact National Office to give supervisor's name within three months of applying for New Graduate Membership.	Applicant
In consultation with workplace employer and supervisor, applicant to negotiate a Learning Plan relevant to that workplace with prescribed activities to demonstrate maintenance of competence over the year (see Portfolio Summary Table); and both applicant and supervisor to sign and date.	Applicant and supervisor
Applicant and supervisor to complete and sign a supervision agreement (as per local employer policy)	Applicant and supervisor

Applicant and supervisor to set review dates for the year (recommended every three months)	Applicant and supervisor
Applicant and supervisor to review Learning Plan and evidence together (every three months)	Applicant and supervisor
Applicant to complete requirements of Learning Plan including evidence of activities undertaken (see Portfolio Summary Table)	Applicant
Applicant to submit evidence of portfolio components and summary table to supervisor	Applicant
Supervisor to review portfolio summary and evidence and either confirm maintenance of competencies or ask for additional evidence. If additional evidence is required, supervisor to liaise with applicant on how to achieve these requirements.	Supervisor
If there is a dispute between the applicant and supervisor, either party to contact National office. The dispute process to be actioned.	Applicant Supervisor National Office Board sub-committee
Applicant to submit Portfolio Summary Table and Supervision Log with sign-off from supervisor to National Office	Applicant
On receiving the paperwork, the applicant is to be advised of outcome of application for Registered Member status. If approved (i.e. all requirements have been met), letter to be sent to confirm eligibility for Registered Member status. An invoice for membership fees is to be emailed to the applicant. If not approved, letter to be sent to outline outstanding requirements.	National Office
National Office to approve Registered Member status and update member database on payment of membership fee.	National Office

Appendix 2: Example Portfolio Summary Table

Competencies to be maintained within the workplace context	Learning goal and action plan within current clinical setting	Evidence provided to supervisor	Date completed (sign-off)
UNIT 1: ASSESSMENT			
<i>Elements:</i>			
1.1 Investigate and document the client's communication and/or swallowing condition and explore the primary concerns of the client.	<i>Demonstrate competency in assessment of communication and feeding/swallowing disorders in children referred to the CDT following local policies and procedures.</i>	Review of case notes Case discussions in supervision	
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.	<i>Demonstrate competency in assessment of communication and feeding/swallowing disorders in children referred to the CDT following local policies and procedures.</i>	Review of case notes Case discussions in supervision	
1.3 Administer speech pathology assessment relevant to the communication and/or swallowing condition.	<i>Demonstrate competency in assessment of communication and feeding/swallowing disorders in children referred to the CDT following local policies and procedures.</i>	Review of case notes Case discussions in supervision	
1.4 Undertake assessment within the ethical guidelines of the profession and all relevant legislation and legal constraints, including medico-legal responsibilities.	<i>Demonstrate competency in assessment of communication and feeding/swallowing disorders in children referred to the CDT following local policies and procedures.</i>	Review of case notes Case discussions in supervision	

UNIT 2: ANALYSIS AND INTERPRETATION			
Elements:			
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.	<i>Complete assessment reports for children seen through the assessment clinic at the CDT following local policy and procedures.</i>	Review of 5 assessment reports Verbal reflection in supervision on reporting back of findings during family meeting	
UNIT 3: PLANNING EVIDENCE-BASED SPEECH PATHOLOGY PRACTICE			
Elements:			
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	<i>Provide evidence-based intervention through attending relevant local SIG meetings and reading relevant articles.</i>	Written reflection on PD attended and how practice will change as a result Evidence of attendance at local journal club meetings Documented discussions on application of research to practice during supervision in supervision log	

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			
Elements:			
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	<i>Adhere to local policies and procedures around goal setting with clients.</i> <i>Participate in Hanen programme for parents.</i>	Notes review Feedback re Hanen programme Session observation (or video of session)	

team with other professionals.			
UNIT 5: Planning, providing and managing speech pathology services			
Elements:			
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.	<i>Participates in SLT audit on VFFS guidelines</i> <i>Competent use of PIMS (stats system)</i>	Evidence of participation in audit and discussion in supervision Evidence of training completed and stats maintained	

UNIT 6: PROFESSIONAL AND SUPERVISORY PRACTICE			
Elements:			
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.	<i>Provide evidence-based intervention through attending relevant local SIG meetings and reading relevant articles.</i>	Written reflection on PD attended and how practice will change as a result Evidence of attendance at local journal club meetings Documented discussions on application of research to practice during supervision in supervision log	
UNIT 7: LIFELONG LEARNING AND REFLECTIVE PRACTICE			
Elements:			
7.1 Uphold the NZSTA 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.	<i>Update local resource folder on local support groups for client population.</i> <i>Be an active member of NZSTA through attendance at area meetings.</i>	Completed information folder for staff to access Evidence of attendance at area meetings	

Approval of learning goals:

Signature of Supervisor

Signature of Supervisee (NG)

Date

Achievement of learning goals:

Signature of supervisor

Signature of Supervisee (NG)

Date

Appendix 3: Portfolio Summary Table

New Graduate Name:

Supervisor Name and NZSTA Membership Number:

Competencies to be maintained within the workplace context	Learning goal and action plan within current clinical setting	Evidence provided to supervisor	Date completed (sign-off)
UNIT 1: ASSESSMENT			
Elements:			
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			
Elements:			
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 PRACTICE			
Elements:			
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			
Elements:			
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			
Elements:			
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			
Elements:			
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			
Elements:			
7.1 Uphold the NZSTA 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.			

Approval of learning goals:

Signature of Supervisor

Signature of Supervisee (NG)

Date

Achievement of learning goals:

Signature of Supervisor

Signature of Supervisee (NG)

Date

NZSTA New Graduate Supervision Log

Date of Supervision	Topics Covered	Signed by Supervisor