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Boosting the recruitment and retention of new graduate speech-language pathologists for the disability workforce

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Abstract

New graduate speech-language pathologists (SLPs) will play an integral role in meeting the anticipated growth in demand for a highly skilled disability workforce under the National Disability Insurance Scheme (NDIS). Despite the promise of the NDIS for making a real difference to the lives of people living with disability in Australia, implementation will have major implications for factors known to support new graduate recruitment and retention in the disability sector. In this article, we consider how the NDIS is likely to affect (a) clinical placements in disability while at university, and (b) access to clinical supervision and continuing professional development (CPD) in the workplace, and propose strategies to address these challenges.

Introduction

The introduction of the National Disability Insurance Scheme (NDIS) will stimulate a rapid growth in demand for disability staff (Productivity Commission, 2011). It is estimated that full NDIS implementation will require the disability workforce to nearly double in size, with highest growth in demand expected for allied health (National Disability Insurance Scheme, 2015). Thus, a high quality allied health workforce, including speech-language pathologists (SLPs), with requisite skills, knowledge, and values is a cornerstone to the realisation of the NDIS vision to improve the lives and promote community inclusion of people with disability.

New graduates of Australian allied health programs will undoubtedly constitute a key source of entrants to this expanded disability workforce. In order to work within the evolving disability sector, new graduate SLPs will need to demonstrate a range of foundation skills, knowledge and values that enable them to deliver supports that emphasize individual choice and control, participation, and inclusion (Breen, Green, Roarty, & Saggers, 2008). With NDIS principles emphasising access to mainstream environments and capacity development (National Disability Insurance Scheme, 2015), SLPs will need to adopt a range of roles in addition to direct service provision, such as consultants, educators, or indirect service providers. The ability to work as a member of a transdisciplinary team will require strong communication skills and the ability to oversee therapy implemented by other team members. These service delivery models will mean that SLPs must learn to think differently about their primary clinical roles and practice accordingly. Adequate preparation, orientation and support of new graduate SLPs to work under the NDIS will therefore need to reinforce aspects of clinical practice that will be essential within this new environment.

How Will the Disability Sector Change?

The disability service system within which future new graduate SLPs will practice will be markedly different to the previous one. Currently, disability services are predominantly either government-based providers, or operate on the basis of government block funding contracts with not-for profit organisations. However the NDIS will enable individualised and person-centred funding arrangements with the aim of enabling choice and control for people with disability over the supports they receive. It is anticipated that a wider diversity of providers will enter the disability sector. These will include private practitioners, for-profit organisations, and providers from other sectors, such as health and aged care who may not have a history of expertise in disability support provision (National Disability Insurance Scheme, 2015). The role of government-based providers will vary from state to state. For example, in New South Wales the existing provider of disability supports, Ageing Disability and Home Care, will cease operations before NDIS full implementation, resulting in disability service provision being available solely via not-for-profit and for-profit organisations and private practitioners.

This major shift in delivery of disability services will have far-reaching effects on all aspects of the sector, and has major implications for the preparation of new graduate SLPs. In this paper, we consider implications of the NDIS on two important factors known to influence recruitment and retention of new graduate SLPs in the disability sector: (a) clinical placements in disability while at university; and (b) access to clinical supervision and continuing professional development (CPD) in the workplace. Understanding how NDIS implementation will impact these domains will help to identify ways in which to best prepare new graduates for working in disability and ensure that there is a quality, NDIS-ready workforce ready by full implementation and into the future.

Clinical Placements In Disability

Why Placements Are Critical

High quality clinical placements are essential for the ongoing development and viability of the speech-language pathology profession (Speech Pathology Australia, 2005). Clinical placements help to prepare students for the workplace by reinforcing concepts taught in lectures, and allow students to practice clinical skills and develop interpersonal skills and reflective practice (Speech Pathology Australia, 2005). Learning facilitated by clinical placements can be generalized across workplace settings (Sheepway, Lincoln, & McAllister, 2014), however there may be unique benefits of clinical placements within disability settings.

An essential component of preparation for working in disability is the development of positive attitudes towards people with disability (Balandin & Hines, 2011). In transferring learning about disability from lectures to clinical practice, Shakespeare and Kleine (2013) assert that students need time to critically reflect on their learning experiences and 'emotional reactions to disability' (p.33), opportunities which may be provided by clinical placements. Placements also help to improve students' attitudes and level of comfort in working with people with disabilities (Karl, McGuigan, Withiam-Leitch, Akl, & Symons, 2013). Consequently, they play a critical factor in the recruitment of new graduates into the disability workforce, and in positioning this sector as their preferred employment option (Balandin & Hines, 2011; Johnson, Bloomberg, & Iacono, 2008). An effective workforce strategy for the speech-language pathology disability sector must address how to facilitate sustainable, quality clinical placements for students and address barriers to the availability of clinical placements likely to arise as a result of NDIS implementation.

How Will Placements Be Affected By the NDIS?

Availability of clinical placements is affected by changes to the speech-language pathology sector (McAllister, 2005). As SLPs focus on learning new skills and new ways of working themselves, they may be less likely to make themselves available to supervise students. Although clinical placements are beneficial for supervising clinicians (Thomas et

al., 2007), it is not mandatory so cutting clinical placements may be used to minimize pressure during times of significant change. Although it is not known what the actual impact of the NDIS on student placements will be, it is possible to anticipate effects on clinical placements, related to (a) funding, and (b) the nature of service providers under NDIS.

Funding. Under the previous disability service system, clinical placements in disability were primarily provided by government-based or large not-for-profit disability providers. Within this model, universities worked to organize clinical placements in partnership with disability service providers according to their capacity to take students. Funding for both student-delivered services and clinicians' time spent in supervision were covered by government block-funding arrangements. In some cases, government-based and not-for-profit providers developed student units that focused on promoting student learning in disability, including in the coordination and resourcing of clinical placements.

Under the current NDIS funding model however, student supervision and clinical placements do not attract direct funding. Further, there is no separate pricing structure for student-delivered services, so there is presently no incentive for NDIS participants to consent to using their funding to purchase student-delivered services at the same price as services delivered by experienced SLPs. To take students on clinical placement, it appears that service providers will need to build into their business models mechanisms that recover costs associated with clinical placements, including their own time spent in student supervision. This will be further complicated by challenges arising from the nature of disability providers under NDIS.

Who will provide clinical placements? The move to individualized funding under NDIS will increase pressure on SLPs to maximize the number of billable occasions of service in order to maintain the viability of their positions in NGOs or business models in private practice. Private providers of disability supports are likely to proliferate under NDIS

(National Disability Insurance Scheme, 2015), yet already face considerable challenges taking students for placements. These include supporting clients' rights to choose their clinician, ambiguous and inconsistent Medicare and health insurer requirements for rebates of student-delivered services, and ensuring adequate income is sustained whilst providing clinical supervision (McAllister, 2005). Without viable business models, SLPs may believe that time taken away from direct client contact in student supervision compromises their ability to produce billable hours for their employers or themselves. Despite research demonstrating that students on placement can increase productivity (Hughes & Desbrow, 2010; Ladyshewsky, Barrie, & Drake, 1998), such perceptions may have a negative impact on SLPs' willingness to offer clinical placements.

Potential Solutions

Given the importance of clinical placements in disability for recruitment to the sector, new models of student placements are required that meet workplace and educational needs and are financially sustainable under the NDIS. Tools to support NDIS participants to make informed choice about student involvement in their supports are also needed to facilitate placements.

Emerging innovative models. Anecdotally, there are some emerging innovative models of clinical placements in private practice within speech-language pathology and in other disciplines. For instance, private practices may provide clients with incentives to choose services provided by students on clinical placement, such as providing them with longer or additional sessions. Some private practices agree to share students on clinical placements with another site to minimise the workload associated with clinical supervision. However, more needs to be done to ensure lessons learned from these models are communicated to encourage uptake and incentivize student placements across the sector. Universities in

particular are well placed to showcase and share knowledge and experience in using innovative placement models in the disability sector.

Although there are challenges to the availability of clinical placements under NDIS, there are also opportunities for unique and nonstandard student placements supported by emerging roles. For instance, placements with NDIS planners may provide students with an opportunity to develop knowledge and skills required for working within the NDIS environment, including researching interventions and service options for participants, developing resources, and interacting with clients and caregivers. Similarly, placements with allied health assistants may provide unique opportunities for peer-to-peer learning and experience with service delivery models that are likely to have a role in the evolving disability sector. Where such placements occur in rural and remote areas, clinical placements may also act to ensure coverage and continuity of service provision in areas that have historically faced considerable inequity (Dew et al., 2014). Rural and remote placements could be supported by telesupervision with SLPs at a distance (Wood, Miller, & Hargrove, 2005).

The viability of innovative clinical placement models will require significant support from both universities and the National Disability Insurance Agency to ensure supervisors have skills and resources to support optimal student learning. Additionally, for less intense models of supervision to be feasible, policies across NDIS, Medicare, and private health insurance need to be developed to clarify rebates for student-delivered services, and specify requirements for supervision for safe and competent practice in the disability sector.

Supporting participant choice and control. Aside from ensuring the sustainability of clinical placement models, attention must also be paid to supporting participant choice and control. Regardless of the model of clinical placements used, NDIS participants must be supported to provide informed consent to student involvement in delivery of their supports,

and have the right to decline without it affecting the services they receive. To achieve this, person-centred tools are required that enable SLPs to negotiate with clients student involvement in their care. These tools may support uptake of student-delivered services.

Cost benefit analyses. There is no evidence to suggest that one model of clinical education is superior to any other in terms of student learning outcomes (Lekkas et al., 2007). Research is required that provides a cost benefit analysis of student placements for various models, and for different organizational settings. This information will ensure that disability providers are able to make evidence based decisions regarding the financial and workplace implications of student placements, and may help to incentivize student placements for organisations concerned about the implications of activities not considered 'core business'.

Clinical Supervision and Continuing Professional Development

Why It Is Critical

Whilst Australian university speech-language pathology programs include units covering foundation disability concepts, and some students participate in clinical placements in the disability field as part of their studies, new graduate SLPs working in disability have traditionally required access to clinical supervision and CPD on-the-job to address essential clinical competencies. For instance, although transdisciplinary practice is a key feature of contemporary disability service provision (Dew, De Bortoli, Brentnall, & Bundy, 2014), it is not considered an entry level competency for SLPs in Australia (Speech Pathology Australia, 2009). Likewise, although features of family-centred practice are expected competencies for entry level SLPs (Speech Pathology Australia, 2011), new graduates are likely to require support to adopt family-centred philosophies into clinical practice in the complex area of disability (Espe-Sherwindt, 2008). SLPs also vary considerably in their understanding of, and confidence with augmentative and alternative communication as a result of limited pre-professional training (Balandin & Iacono, 1998; Iacono & Cameron, 2009) and therefore

require clinical supervision and CPD to facilitate effective practice. Consequently, workplaces have historically played a critical role in provision of support to SLPs to adopt the philosophies underpinning best practice in disability.

Aside from supporting competency development, studies consistently underscore the importance of regular, quality supervision by experienced allied health professionals (AHPs) and guaranteed access to CPD as being influential in both recruitment and retention of new graduates to the disability sector. Denham and Shaddock (2004) found that the need for regular professional supervision, among other factors, had a vital influence on recruitment and retention of AHPs in disability. Similarly, Lincoln et al. (2014) found that access to CPD and supervision and mentoring from experienced AHPs was perceived to promote retention in the rural allied health disability sector in New South Wales. In particular, new graduates were attracted and retained in jobs where continuing CPD was guaranteed. Lincoln et al. (2014) found that retention and job satisfaction in the disability sector was threatened by embarrassment and frustration regarding the inability to meet the needs and expectations of clients, waiting lists, and lack of services, along with onerous management and administration systems. These findings suggest that strong mentoring may be needed to help new graduate SLPs cope with and adjust to the workplace context to prevent burnout and disillusionment.

Taken collectively, research suggests that clinical supervision from SLPs experienced in disability and access to CPD will be essential to attract new graduates to the disability sector, and to retain them in the workforce. Clinical supervision and CPD may pay dividends in terms of boosting the quantity and quality of the speech-language pathology disability workforce required to meet expected demand for services under the NDIS.

How Will It Be Affected By the NDIS?

Access to clinical supervision and CPD will play an important role in development of a highly skilled speech-language pathology disability workforce. However new arrangements under the NDIS have implications for (a) how clinical supervision and CPD is funded, and (b) who will provide it.

Funding. Historically, access to clinical supervision and CPD for new graduates has been largely dependent on the support of employer organisations or for private practitioners, self-funded. Under block funding arrangements, managers allocated funding or approved role release for new graduates and other employees to attend supervision or CPD. Government-based and larger non-government disability organisations have typically had the capacity for senior staff to supervise and mentor less experienced colleagues, however not all not-for-profit organisations have had this capability (Lincoln et al., 2014).

However, time or expenses to engage in clinical supervision for both supervisors and supervisees will not be funded under NDIS. Moreover, when engaging in, providing, or travelling to CPD or clinical supervision, employees are not able to produce NDIS-billable hours for employers. It is likely that new graduates, being most dependent on access to clinical supervision and CPD, will have less time available to them to produce billable hours for their employers and maintain the viability of their own positions. Further, the cost to organisations of releasing senior SLPs from their roles to provide clinical supervision to less experienced staff may be disproportionate to the potential billable hours they could generate for the organisation in the equivalent amount of time.

In many cases, CPD is the responsibility of individual clinicians as an investment in their own careers. However, disability providers need to balance this with the need to ensure provision of quality supports, and the value of long term investment in staff in terms of retention of expertise. There needs to be careful attention to the development of viable business models that provide new graduates, and indeed all employees, with ongoing access

to quality supervision and CPD. This is particularly important for rural and remote areas where the cost of attending CPD is greater due to travel.

Who will provide clinical supervision and CPD? Access to disability expertise will become essential for the delivery of frontline supports consistent with best practice and capacity development of new graduates. However, as government-based providers leave the disability sector prior to NDIS full implementation, there is a risk that the sector's most experienced members may similarly leave the sector rather than transition to not-for-profit or private providers (National Disability Insurance Scheme, 2015). This potential drain of expertise from the sector may have a variety of impacts, not limited to lack of access to individuals able to provide new graduates with the necessary supervision and support they require.

New graduates may face additional challenges to accessing clinical supervision and mentoring depending on the type of employer organisation. Whilst employees of larger not-for-profit organisations with a long history of disability service provision may have ready access to experienced colleagues, the increased entry of providers without specific expertise in disability (National Disability Insurance Scheme, 2015) may make these avenues of support more difficult to source. The increased casualisation of the disability workforce, with AHPs increasingly working under contractual arrangements, may result in new graduates not having timely access to training, supervision and mentoring. New graduates may become increasingly responsible for their own CPD, yet may not have the knowledge, skills and connections within the field to meet these needs.

Potential Solutions

Sustainable solutions for provision of clinical supervision and CPD are required to support development of a fit-for-purpose speech-language pathology disability workforce.

There are various examples of innovation that have the potential to be developed and become integral elements of disability service design under the NDIS.

Communities of Practice. Communities of Practice (CoPs) have been described as "groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly". When applied to speech-language pathology, CoPs provide SLPs with learning structures and connections to their peers that allow them to engage in shared learning and promote good practice. New graduates may need to be supported to identify CoPs that match their CPD goals. It may also be necessary to establish and support new CoPs focused on specific practice areas, such as transdisciplinary practice. CoPs can be developed face-to-face or virtually via online forums and digital hubs. This feature highlights a further potential solution to clinical supervision and CPD: accessible, technology-enabled disability resources.

Learning and teaching resources in disability. SLPs, both new graduates as well as established clinicians entering the disability sector, require accessible CPD and resources to assist them to develop foundational skills, knowledge, and attitudes required to deliver quality supports under the NDIS. Technology-enabled CPD, such as resources accessible via centralized online repositories, online courses, and webinars, not only ensures that new graduates have timely access to targeted resources, but may help to ensure equity in access for SLPs working in disability in rural communities. Accessible disability resources may help to minimize time away from billable clinical hours by eliminating the need to travel to attend training.

There are numerous examples of accessible resources in disability that may help organisations support CPD of new graduate SLPs but these are often fragmented and numerous gaps exist. The need for ongoing disability resource development highlights a

unique opportunity for disability organisations to capitalize on their expertise as providers of CPD for new graduates across the sector.

Development of alternative models for clinical support provision. New graduate SLPs employed across a range of organisations will require access to quality clinical supervision. Schemes that provide access to senior clinicians via videoconferencing may support new graduates employed in organisations without experienced senior SLPs, and may be a mechanism by which expertise within the sector is recognized and distributed.

As is true for clinical placements, disability service providers will need to ensure business models are sustainable and take account of costs associated with clinical supervision and CPD, including time spent engaging in these activities. Innovative models of workforce support and development for private practice need to be considered. Examples that may have merit for speech-language pathology are business models where principal clinicians subcontract work to individual private providers, and provide subcontractors with training and support in evidence based practice. This model, previously reported for occupational therapy (Goldenberg & Quinn, 1985), allows a consortium of evidence-based practitioners to build over time. Other similar business models may similarly have potential for the disability speech-language pathology sector.

Conclusion

SLPs play important roles in supporting people with disability to maximize their potential and live the best life possible. Yet, without attention to strategies that support recruitment and retention of new graduate SLPs to the disability sector, there may not be a highly skilled workforce in place to provide these necessary supports. Specially, strategies that enable (a) clinical placements in disability while at university, and (b) clinical support and CPD will be essential to boosting the quality and quantity of new graduate SLPs in

disability. Innovations in these areas are emerging, and must continue to be explored and developed with full implementation of NDIS in mind.

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