



Speech  
Pathology  
Australia

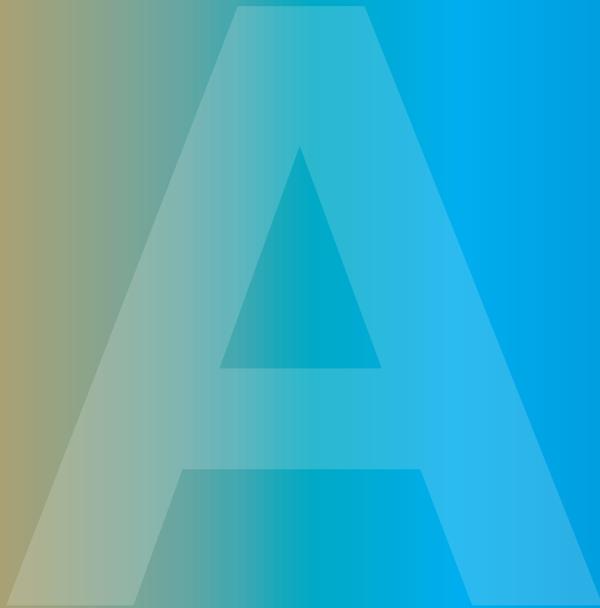
Accreditation of  
Speech Pathology  
Degree programs

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## **Part A**

Background and Processes

Version 1.1





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Accreditation of Speech Pathology Degree programs  
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# Table of contents

<b>Preamble</b>	4	New programs	13
The purpose of this document	4	All programs	13
Part A	4	<b>Responsibilities during Accreditation Cycle</b>	18
Part B	4	<b>Multi Site Accreditation</b>	24
Part C	4	<b>Documentation requirements</b>	25
<b>About accreditation</b>	5	Speech Pathology Australia Accreditation Standards	25
National Alliance of Self-Regulating Health Professions	5	Speech Pathology Australia Competency Standards	26
The Tertiary Education Quality and Standards Agency (TEQSA)	5	<b>Evaluation of the evidence</b>	27
Good will	5	Principles	27
Continuous quality improvement	6	Evaluating Assessments of Competency (academic and clinical placement assessments)	27
<b>Accreditation classifications</b>	6	Competency assessment	27
<b>Maintenance of accreditation</b>	8	Dimensions of evidence	28
Notification of program changes	8	The site visit	29
<b>University accreditation fees</b>	10	<b>Possible outcomes of the accreditation process</b>	33
<b>Accreditation staff</b>	10	Process for notifying a university of a condition imposed outside of a scheduled accreditation	33
Speech Pathology Australia Accreditors (SPAAs)	10	Process when accreditation is not granted	33
The accreditation panel	10	Decision on accreditation of speech pathology program	33
Chair of accreditation panel	10	Graduates of not accredited programs	34
Panel member of accreditation panel	11	<b>The appeal process</b>	35
Moderator of accreditation panel	11	Grounds for appeal	35
Arbiter	11	Timeline and sequence of the appeal process	35
Confidentiality	11	Appeal application fee	35
<b>The accreditation process</b>	12	Speech Pathology Australia may notify other parties of decision	38
Timelines	13	<b>Complaints about the accredited program</b>	38
Previously accredited programs	13	<b>Glossary</b>	39

# Preamble

## The purpose of this document

Speech Pathology Australia (SPA) has developed this document primarily for:

- universities engaged in the development of a new speech pathology degree program,
- universities applying to be accredited for the first time, and
- universities applying for re-accreditation

SPA provides the following information to enable universities to provide relevant documentation to support their application for accreditation of a speech pathology degree program in Australia.

The Accreditation of Speech Pathology Degree programs Document is divided into three separate parts:

**Part A:** Background and Processes

**Part B:** Reporting Requirements and Core Standards

**Part C:** Documents and Templates

### Part A includes:

- An introduction to accreditation and the purpose of the Speech Pathology Australia university accreditation process.
- The legal framework in which the Speech Pathology Australia accreditation of university speech pathology programs operates.
- The fees associated with accreditation.
- An overview of the accreditation standards that are used by Speech Pathology Australia in the accreditation of speech pathology programs.
- Details of the roles and responsibilities of the accreditation panel and the SPA Board.
- Description of the accreditation process.
- Details of how the evidence is evaluated.
- Speech Pathology Australia processes in relation to accreditation, including:
  - accreditation classifications;
  - multi-site courses;

- responsibilities of the accreditation Board/Committee; and,
- appeals.

- A glossary of terms which are used through all three parts of the document.

### Part B includes:

- The reporting requirements and core standards and associated criteria which universities are required to address as part of their accreditation documentation.

### Part C includes:

- Mandatory and suggested templates for submission inclusions with accreditation documentation.
- Documents routinely used during the accreditation cycle.

Though separate, each part is interdependent and assumes the reader is familiar with content from other parts.

Other documents which are essential for consultation include:

- Competency-based Occupational Standards for Speech Pathologists; Entry-Level (2011, revised 2017), see online version [here](#).
- Guidelines for reporting of Aboriginal and Torres Strait Islander Curriculum Development and Inclusions, see online version [here](#).

To ensure the most current version is used, the reader is advised to consult documents available from the Speech Pathology Australia website directly. Consulting printed or cached versions from previous accreditations is not advisable, as content may have changed.

Any questions relating to the Document should be referred to the Speech Pathology Association Professional Standards Team, via [reception@speechpathologyaustralia.org.au](mailto:reception@speechpathologyaustralia.org.au).

# About accreditation

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SPA's accreditation standards are sufficiently flexible to allow for the development of diverse and distinctive degree programs. SPA does not seek to prescribe the input of speech pathology degree programs by way of hours of study, delivery of any specified subjects nor pedagogy. SPA will however consider the evidence of competency of the graduates, by reviewing course and subject outlines, and the assessments carried out in the university degree programs.

The Speech Pathology Australia accreditation process is for the protection of the public and aims to assure the public that graduates from accredited university programs are eligible for membership of Speech Pathology Australia and are competent to practice as a speech pathologist.

A speech pathology degree program accredited by Speech Pathology Australia permits only those students who have achieved the Entry Level standard specified in the Competency Based Occupational Standards (CBOS) to graduate.

By accrediting speech pathology degree programs, Speech Pathology Australia aims to:

- maintain appropriately high minimum standards of the speech pathology profession in Australia;
- stimulate maintenance of high standards and continuing improvement in the quality of professional education in speech pathology;
- provide support to the university programs to encourage excellence in professional preparation; and support varied and flexible degree programs that are aligned with the changing realities of the speech pathology workplace.

## National Alliance of Self-Regulating Health Professions

Speech Pathology Australia is recognised by the Federal Government of Australia, Department of Education, Employment and Workplace Relations as the professional body representing speech pathologists in Australia. Speech Pathology Australia is a self-regulating health profession and is a member of the National Alliance of Self-Regulating Health Professions (NASRHP). As a member of NASRHP, Speech Pathology Australia must meet the benchmark standards for regulation and accreditation of Speech Pathology Degree programs in Australia. The NASRHP Course Accreditation Standards can be found on page 18-20 of Self Regulating Health Profession Peak Bodies Membership Standards [http://nasrhp.org.au/wp-content/uploads/2018/01/SR\\_Standards\\_Full\\_Dec\\_2.pdf](http://nasrhp.org.au/wp-content/uploads/2018/01/SR_Standards_Full_Dec_2.pdf)

## The Tertiary Education Quality and Standards Agency (TEQSA)

Speech Pathology Australia (SPA) recognises The Tertiary Education Quality and Standards Agency (TEQSA) as the independent national regulatory agency for higher education. The purpose of TEQSA is to protect student interests and the reputation of Australia's higher education sector. TEQSA is responsible for ensuring higher education providers meet minimum levels of achievement and standards.

Professional bodies such as SPA and TEQSA have a mutual interest in maintaining and improving quality in the provision of higher education in Australia. Subsequently SPA and other professional bodies have signed a Memorandum of Understanding (MOU) to streamline processes and facilitate sharing to reduce regulatory burden on higher education providers. As part of the MOU with TEQSA Speech Pathology Australia will provide copies of accreditation reports as requested by TEQSA following notification to the university.

The Speech Pathology Australia accreditation process does not aim to replace or replicate the TEQSA process. Speech Pathology Australia aims to confirm that the TEQSA requirements have been met as they pertain to the program being accredited. For further information on TEQSA please refer to this website <https://www.teqsa.gov.au/what-we-do>

## Principles of Accreditation

The principles for accreditation are:

### Standard of competency

Accreditation will ensure that a high standard of competency is achieved through maintenance of rigorous broad-based academic and clinical standards

### Flexibility

Speech Pathology Australia's accreditation framework is sufficiently flexible to allow for the development of diverse and distinctive degree programs

### Good will

Accreditation is carried out with recognition of good will between Speech Pathology Australia and the universities. The accreditation process highlights the important relationship and good will between the universities and Speech Pathology Australia. Communication between Speech Pathology Australia and the universities about the accreditation of programs will occur regularly at the Heads of Speech Pathology programs meetings and university accreditation forums.

# Accreditation classifications

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## **Continuous quality improvement**

The principles of the SPA accreditation process are based on a continuous quality improvement approach. In collaboration with the university, the accreditation process of review and reporting spans the accreditation term.

## **Confidentiality**

All documentation and information provided by the university will be treated with the utmost confidentiality by the accrediting panels and the Association. This will be assured through the signing of confidentiality agreements for each accreditation.

The National Alliance of Self-Regulating Health Professionals (NASRHP), has developed recommendations for accreditation classification structures to better inform prospective students and the public of the difference between courses and those who are not fully meeting requirements. Speech Pathology Australia's classification system is based on the requirements of NASRHP.

Below provides information on the classification of accreditation that may be awarded and how this relates to the Speech Pathology Australia accreditation process.

<b>Qualifying</b>	<p><b>Definition:</b> The QUALIFYING classification is awarded to new programs that are seeking accreditation for the first time and have not yet undergone accreditation evaluation. During this qualifying period, graduate cohorts are ineligible for certified practising membership of Speech Pathology Australia.</p> <p>Annual reports which detail program development are required.</p>	<b>Provisional accreditation with conditions</b>	<p><b>Definition:</b> PROVISIONAL accreditation WITH CONDITIONS is awarded when a new program substantially meets the requirements of Provisional accreditation but has identified areas of deficit or weakness which can be addressed within a specified, reasonable period of time.</p> <p>Speech Pathology Australia will set a date by which the specified conditions must be met.</p> <p>The program must subsequently be re-assessed by Speech Pathology Australia Accreditors as meeting the requirements for provisional accreditation (without conditions) or the program will be awarded a NOT ACCREDITED status.</p>
<b>Full</b>	<p><b>Definition:</b> Full accreditation is awarded to programs that demonstrate that students achieve the Entry Level standards as specified in the Competency Based Occupational Standards (CBOS, 2011, revised 2017) and that the program has the appropriate governance, curricula planning and review processes, resources and staffing profile to maintain these standards.</p> <p>The maximum accreditation period is five years. Annual reports which detail enacted and anticipated changes, modifications or additions to the program are required.</p>	<b>Conditional</b>	<p><b>Definition:</b> Conditional accreditation is awarded when a program that has previously achieved FULL or PROVISIONAL accreditation substantially meets the requirements for FULL or PROVISIONAL accreditation but has identified areas of deficit or weakness which can be addressed within a specified, reasonable period of time. Speech Pathology Australia will set a date by which specified conditions must be met, the absolute maximum period being two years. Speech Pathology Australia must then determine if the program meets the requirements for accreditation.</p> <p>If the university fails to comply with the specified requirements within the specified timeline, accreditation may be withheld, or the program awarded a NOT ACCREDITED status.</p> <p>Annual reports which detail enacted and anticipated changes, modifications or additions to the program are required.</p>
<b>Provisional</b>	<p><b>Definition:</b> Provisional accreditation is awarded when a program achieves accreditation for the first time.</p> <p>New programs must be awarded Provisional accreditation prior to the first cohort graduating so that this cohort is eligible for practising membership of Speech Pathology Australia.</p> <p>Provisional accreditation is valid for up to two years, the duration of which will be specified when awarded. This means students who are expected to graduate in years beyond the Provisional term are not guaranteed eligibility for certified practising membership of Speech Pathology Australia. A university program awarded Provisional accreditation must therefore undergo a re-accreditation before the end of the Provisional period and subsequently be awarded FULL accreditation or Conditional accreditation to ensure graduates outside the Provisional accreditation period will be eligible for certified practising membership of Speech Pathology Australia.</p> <p>Annual reports which detail enacted and anticipated changes, modifications or additions to the program are required.</p>	<b>Not accredited</b>	<p><b>Definition:</b> Not Accredited is awarded when a program does not meet the requirements of FULL, PROVISIONAL (without conditions) or CONDITIONAL accreditation and the program is assessed as having deficiencies or weaknesses which cannot be addressed within a reasonable period of time by imposing conditions, or the university has not provided Speech Pathology Australia with evidence that students achieve the Entry Level standards as specified in the Competency Based Occupational Standards (CBOS) and/or that the program does not have the appropriate governance, curricula planning and review processes, resources and staffing profile to maintain these standards.</p>

# Maintenance of accreditation

Once accreditation is awarded, it is only valid if there are no substantial changes to the degree program or the ability of the university to provide the degree program as accredited.

At the beginning of each calendar year, universities are required to provide Speech Pathology Australia with an Annual Report (see Part C for template), relating to the previous year. The Annual Report provides Speech Pathology Australia with current information regarding the speech pathology program/s that have undergone accreditation previously or are in the qualifying phase.

The Report requires university staff to reflect and review their past accreditation documentation, reports, outcomes and actions, as well as any plans for change and report relevant items to Speech Pathology Australia using the template provided. The submitted report is evaluated by Speech Pathology Australia, enabling each program/s accreditation classification for the coming year to be confirmed.

This process supports the continuous quality cycle approach.

Accreditation will automatically lapse at the end of the determined period based on the accreditation classification awarded. For Full accreditation, this is at the end of a five-year term, and for Provisional at the end of up to two years. Conditional accreditation is case dependent.

Re-accreditation must be completed within the term of the current accreditation. Under extraordinary circumstances Speech Pathology Australia may grant an extension to an existing accreditation. Application for extension of an existing accreditation must be made in writing to Speech Pathology Australia who has the absolute right to agree to or refuse the extension.

## Notification of program changes

Speech Pathology Australia (SPA) recognises that speech pathology professional entry university programs will change over time. These may be triggered by circumstances such as university-led program reviews, changes to staffing or context, student demographics, new research and evidence, resourcing, and other quality assurance processes. Some changes may be relatively minor, and others more significant. SPA's annual reporting process requires universities to report foreseeable and actioned changes against the accreditation Core Standards of Governance, Students and Curriculum.

### Material Changes

Material changes to a program are those that will or may **significantly affect** the way the program meets the accreditation standards.

Importantly, the timing of the SPA annual reporting process may not always align with university timelines regarding change. Material changes must be therefore be reported to SPA as soon as it becomes apparent that the changes will or may significantly affect the university's ability to provide the program as accredited, or to meet the accreditation standards. The university should discuss any proposed changes with SPA at their earliest convenience if there is any doubt about whether a proposed change represents a material change.

A non-exhaustive list of material changes is detailed below. SPA notes these are generally consistent with those detailed by TEQSA (see <https://www.teqsa.gov.au/latest-news/publications/material-change-notification-policy>) but also include additional elements that SPA considers relevant to speech pathology programs.

*Please note that material changes which include any of the following items are likely to trigger a discussion regarding re-accreditation or new accreditation of the program:*

- *change to the Australian Qualification Framework (AQF) award level*
- *an additional or changed campus site*
- *replacement or redesign of more than 30% of units within a program*
- *changes to student assessment which impact on the program's evidence of meeting the Standards*
- *a change in staffing (or establishment of staffing) such that 50% or more of the academic positions are casual or short-term contract.*

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Material changes have been grouped according to the Core Standards of the **Speech Pathology Australia Accreditation of Speech Pathology Degree Programs**. It is noted that some changes may involve more than one core standard. Material changes include:

### ***Governance (and good standing)***

Reports of:

- critical incidents or other material breaches in safety which involve speech pathology program staff, students or key stakeholders
- incidents or circumstances that could affect the program's integrity or capacity to conduct business or deliver the program.

Changes to:

- the university's ability to provide the program as previously accredited
- key academic policies and procedures
- the organisational or governance structure
- the overall staffing profile of the program
- staffing that may adversely affect the program's capacity to deliver the program, especially in academic leadership or clinical education roles
- academic staff numbers or the ratio of full time equivalent academic staff to student numbers
- the title of the program / award / AQF
- campus site / location or additional site
- program design / delivery / mode
- program duration, credit points or volume of learning.

### ***Students***

Changes to:

- entry requirements / pre-requisites / enrolment conditions
- enrolment numbers (when post census date enrolment numbers are 40% or more than previous year)
- student attrition or completion numbers
- numbers of students seeking part time enrolment or altered pathways.

### ***Curriculum***

Changes to:

- program learning outcomes
- unit offerings, including new units of study / unit deletions
- the naming or sequencing of subjects in the program
- the structure or inclusions of the clinical education curriculum
- assessment/s of competency throughout the program/s.

Speech Pathology Australia will consider if:

- the reportable changes are accepted because they do not alter the program in such a manner or to such a degree that student assessment and achievement of competencies is compromised compared to those accepted at the time of accreditation;
- further information is required to clarify if the changes substantially alter the evidence upon which the program was accredited or the university's ability to provide the program as accredited;
- the accreditation is suspended on the basis that students are no longer assessed as achieving the required standards or that the university no longer has the ability to provide the degree program as accredited. In this instance:
  - Conditions will be prescribed and must be satisfactorily met within a specified time-frame within that year in order for suspension of accreditation to be reconsidered.
  - If conditions are not satisfactorily met, a re-accreditation will be required and until such time that this process is completed, accreditation of the program will remain suspended.

# University accreditation fees

## University accreditation fees

In 2019 a new model for the delivery of university accreditation commenced, with the introduction of Speech Pathology Australia (SPA) appointed accreditors. In 2020 Speech Pathology Australia introduced an annual fee model that is applied across all accreditation classifications (including qualifying programs).

Accreditation fees are typically reviewed each year and reflect CPI. Fees are detailed on the SPA website, listed under Accreditation Fees.

# Accreditation staff

## Speech Pathology Australia Accreditors (SPAAs)

SPAAs are appointed by Speech Pathology Australia. They are paid an honorarium to conduct nominated accreditations. SPAAs must be:

- members of Speech Pathology Australia or relevant professional association;
- have significant experience and/or knowledge of university processes and competency-based assessment; and,
- have received training in the accreditation process from Speech Pathology Australia.

## The accreditation panel

An accreditation panel is appointed to conduct the accreditation of a university program. An accreditation panel consists of a Chair and additional panel member/s and a moderator.

In the case of accreditation of a single degree program, it is usual to have two accreditors (one of whom will Chair the panel) and a moderator. In the case of a university seeking accreditation of two programs (e.g. a Bachelor and a Master's program) concurrently, then it is usual for the panel to have three accreditors (a Chair of each program and a panel member) and a moderator.

The composition of the panel is nominated by Speech Pathology Australia and the university being accredited is invited to accept or reject the nominations. If the university or Speech Pathology Australia perceives a member of the panel to have a conflict of interest (personal or professional) Speech Pathology Australia will withdraw that nomination and offer alternative nominations until both the university and Speech Pathology Australia agree on the composition of the panel. With the consent of the participating university, trainee accreditors may be involved in the review of documentation with the panel, but they do not have a vote on the panel nor do they attend site visits.

The university will be requested to confirm acceptance of the accreditation panel and timelines in writing.

## Chair of accreditation panel

The Chair is the appointed head of the panel. The Chair is responsible for ensuring accreditation outcomes are met. Responsibilities include:

- Accurate recording/documentation of all discussions and interactions throughout the accreditation process, enabling accurate recall and documentation of outcomes and recommendations;

- leading accreditation discussions and interactions – in collaboration with the moderator in a neutral and unbiased manner;
- guiding accreditation panel discussions pre/peri/post accreditation;
- chairing the site visit meeting;
- leading the development of all documentation to be sent to the university and the SPA Board post accreditation; and,
- ensuring all timelines are met.

## Panel member of accreditation panel

A member of the panel is not the moderator or the Chair, and with the Chair undertakes the process of assessment of a university against the relevant Accreditation Standards.

Responsibilities include:

- Reviewing all accreditation documents against the standards;
- providing written comments regarding all documents submitted pre/peri/post the site visit;
- actively contributing to accreditation meetings, discussions and interactions with the accreditation panel and during site visits in a neutral and unbiased manner;
- attending all accreditation team meetings as required;
- contributing to the drafting of relevant accreditation reports; and,
- ensuring all timelines are met.

## Moderator of accreditation panel

The Moderator is a Speech Pathology Australia Professional Standards Advisor team member, or delegate. The Moderator is responsible for ensuring all accreditations are administered equitably and objectively. The Moderator will ensure the agenda is being followed and all participants are able to contribute/engage without preference or bias. The Moderator must be experienced in accrediting programs and have no conflict of interest when engaged in the Moderator role.

Responsibilities include:

- Planning and coordinating the administrative aspects of the accreditation throughout

the accreditation process – including the provision and distribution of template letters, organization of teleconferences and ensuring site visit schedules and travel is arranged and timelines are met;

- providing key coordination for the accreditation process and facilitating the efficient and ethical operation of the accreditation panel;
- liaising with stakeholders during the accreditation process regarding schedules, information required, documentation timelines etc;
- providing information and assistance to universities in relation to accreditation;
- arranging additional meetings or requesting additional documentation as required by the panel; and,
- reviewing and revising documentation prepared by the panel members prior to dissemination to the university and the Board.

## Arbiter

An Arbiter chairs the appeals committee if a university requests an appeal following the accreditation decision. The arbiter is an independent and impartial professional, who has experience in accreditation. The Arbiter is nominated by SPA when an appeal is formally requested by the university and must be accepted by both parties.

## Confidentiality

All documentation and information provided by the university will be treated with the utmost confidentiality by SPA and SPA employees. Panel members sign a confidentiality agreement prior to the review of any documentation and both Speech Pathology Australia and the university involved in the accreditation will receive copies of the signed agreements.

Any preliminary reports on the accreditation will be confidential between the university and Speech Pathology Australia. Final reports and/or information contained in the final reports may be made publicly available by Speech Pathology Australia.

When the accreditation process is complete, Speech Pathology Australia will keep a clean copy of all documentation related to the accreditation at National Office. Other copies will be destroyed or returned to the university.

# The accreditation process

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The typical sequence of events, for both accreditation of new programs and re-accreditation, is visually presented in Figures 1-3.

Note that when a new program is planned, the university is advised to consult with Speech Pathology Australia as early as possible, to ensure the accreditation requirements are made clear. Speech Pathology Australia will ensure that the university has access to necessary information including the most recent CBOS, accreditation guidelines and a line of contact.

Once the formal request for accreditation is received by Speech Pathology Australia, the program will be included on the Speech Pathology Australia website with their accreditation classification noted as 'qualifying'. The students of the program will then be eligible for student membership of Speech Pathology Australia.

In the case of an existing program, the university should formally request a re-accreditation at least 15 months prior to the accreditation term lapsing.

Speech Pathology Australia reserves the right to determine whether it will conduct an accreditation for a degree program.

# Timelines

A timeline for the submission of documentation and approximate site visit date is determined between Speech Pathology Australia and the University. The schedule and due dates for document submission and site visit are detailed below and noted in Figures 1-3.

## Previously accredited programs

The site visit for accreditations of programs which have previously been accredited will typically be in the **first half of a calendar year**.

- Documentation should be received at SPA National Office by 30 September the previous year for programs being visited in January-March.
- Documentation should be received at SPA National Office by 30 November the previous year for programs being visited in April-July.

## New programs

The site visit for accreditations of qualifying programs will typically be in the **second half of the calendar year**, in the year PRIOR to the first cohort graduating.

Documentation should be received at SPA National Office by 30 April in the year of the site visit.

## All programs

- The accreditation panel is agreed and appointed.
- All panel members sign the confidentiality agreement (see Part C).
- The university prepares their accreditation documentation. Universities should liaise with a member of the Professional Standards Team at SPA and use the accreditation of speech pathology degree programs document throughout the preparation phase.
- The university submits their accreditation documentation by the agreed submission date.
- The accreditation panel reviews and evaluates the documentation.
- Following review of the documentation, the panel provide an initial evaluation report to the university and requests further information (if required) and the means and timelines by which this information should be provided.
- The accreditation panel conducts a site visit to review the program within the university context. Through dialogue, interview and observation, the panel triangulate the evidence

from the written documentation and the site visit.

- A draft final report is prepared and sent to the university for confirmation of factual accuracy.
- The university responds to the draft report
- Speech Pathology Australia may request a final 'clean' electronic copy of the documentation that incorporates all changes made during the accreditation process and upon which the accreditation panel will base its recommendation.
- The accreditation panel presents their recommendations regarding the Accreditation Classification to Speech Pathology Australia, through the Board Management Group, in a written report.
- The Board Management Group of Speech Pathology Australia ratifies the accreditation panel's recommendations to either grant full accreditation, to grant provisional/conditional accreditation, or not to grant accreditation providing that it is satisfied that due process, consistent with the stated accreditation procedures has been followed.
- SPA notifies the university of the ratified outcome of accreditation, through the final evaluation report.
- Each program provides an annual report to Speech Pathology Australia as previously described. Continued accreditation is dependent on Speech Pathology Australia's review and acceptance of each program's compliance with the accreditation standards.
- programs are to be re-accredited within five years unless otherwise determined by Speech Pathology Australia.
- If accreditation is not granted, or conditional accreditation is awarded, the university may appeal the decision.

**Figure 1: Example of timeline for a new Master's program**

ACTIVITY	Years prior to enrolments	Year 1 of Program												Year 2 of Program											
		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
*** Note: Programs with mid-year intake should contact SPA to discuss alternative timelines	Previous Years	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Annual Report Due Jan 31	Report due if formally in Qualifying phase																								
University contacts SPA regarding the new program as soon as possible following Program approval																									
University and SPA negotiate a date for the site visit the following year																									
University prepares Accreditation Documentation																									
Students enrol in 2 year GEM program																									
Panel determined, confidentiality agreements signed																									
University sends accreditation documents to SPA by April 30																									
Accreditation Panel receives and evaluates documents																									
Initial Evaluation report sent to university/additional docs requested/received by SPA																									
Site visit occurs (Sept or Oct )																									
Panel prepare Draft Report within 4 weeks of all post site visit documentation and requests being received by Accreditation Panel																									
University receive Draft Report and respond re accuracy (within 2 weeks of receipt)																									
SPA Board review/ratify recommendation																									
University receives final report with accreditation classification and any conditions noted																									
If University wishes to Appeal decision, see *Appeals timeline																									
University addresses any conditions																									
Students graduate with eligibility for membership of SPA if Program has met accreditation standards																									

**Figure 2: Example of timeline for a new Bachelor program**

ACTIVITY	Years prior to enrolment	Year 1 of Program	Year 2 of Program	Year 3 of Program												Year 4 of Program											
				Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
		Midyear*	July-Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Annual Report Due Jan 31	Report due if formally in Qualifying phase																										
University contacts SPA regarding the new program as soon as possible following Program approval																											
University prepares Accreditation Documentation																											
University and SPA negotiate date of site visit to occur in Year 3 of Program																											
Panel determined, confidentiality agreements signed																											
University sends accreditation documents to SPA by April 30																											
Accreditation Panel receives and evaluates documents																											
Initial Evaluation report sent to university/additional docs requested/received by SPA																											
Site visit occurs (Aug-Oct )																											
Panel prepare Draft Report within 4 weeks of all post site visit documentation and requests being received by Accreditation Panel																											
University receive Draft Report and respond re accuracy (within 2 weeks of receipt)																											
SPA Board review/ratify recommendation																											
University receives final report with accreditation classification and any conditions noted																											
If University wishes to Appeal decision, see *Appeals timeline																											
University addresses any conditions																											
Students graduate with eligibility for membership of SPA if Program has met accreditation standards																											

**Figure 3: Example of timeline for a previously accredited program**

ACTIVITY	2 years before accreditation term ends	Final year of current accreditation term												Year requiring renewed accreditation											
	July-Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Annual Report Due Jan 31																									
University contacts SPA to discuss accreditation term end date and plans for re-accreditation																									
University and SPA negotiate a site visit month for the following year																									
University prepares Accreditation Documentation																									
Panel determined, confidentiality agreements signed																									
If site visit in Jan-March, University sends accreditation documents to SPA by Sept 30																									
If site visit in April - July University sends accreditation documents to SPA by Nov 30																									
Accreditation Panel receives and evaluates documents (Timeline A)																									
Accreditation Panel receives and evaluates documents (Timeline B)																									
Initial Evaluation report sent to university/additional docs requested/received by SPA (Timeline A)																									
Initial Evaluation report sent to university/additional docs requested/received by SPA (Timeline B)																									

ACTIVITY	2 years before accreditation term ends	Final year of current accreditation term												Year requiring renewed accreditation												
	July-Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	
Site visit occurs during Jan-March (Timeline A)														Timeline A	Timeline A	Timeline A										
Site visit occurs during April-July (Timeline B)																	Timeline B	Timeline B	Timeline B	Timeline B						
Panel prepare Draft Report within 4 weeks of all post site visit documentation and requests being received by the Accreditation Panel (Timeline A)															Timeline A	Timeline A	Timeline A									
University receive Draft Report and respond re accuracy (within 2 weeks of receipt) (Timeline A)																Timeline A	Timeline A	Timeline A								
Panel prepare Draft Report within 4 weeks of all post site visit documentation and requests being received by Accreditation Panel (Timeline B)																	Timeline B	Timeline B	Timeline B	Timeline B	Timeline B					
University receive Draft Report and respond re accuracy (within 2 weeks of receipt) (Timeline B)																	Timeline B	Timeline B	Timeline B	Timeline B	Timeline B	Timeline B				
SPA Board review/ratify recommendation																Timeline A		Timeline A/B		Timeline B						
University receives final report with accreditation classification and any conditions noted																	Timeline A		Timeline B		Timeline B	Timeline B				
If University wishes to Appeal decision, see *Appeals timeline																						Timeline B	Timeline B			
University addresses any conditions																										
Students graduate with eligibility for membership of SPA if Program has met accreditation standards																										

# Responsibilities during the accreditation cycle

\*See also Part A, Figures 1-3

	The University	SPA Professional Standards Team (SPA PS)	Accreditation Panel (AP)	SPA Board	SPA CEO or delegate
<b>New Programs</b>					
<b>Notification of a NEW (Qualifying) University Program</b>	Request Information re Accreditation from SPA PS Provide SPA PS with details of liaison person for communications between University and SPA Write to SPA CEO confirming Program details including intended year of first intake				
<b>Provision of Accreditation Preparation Documentation and liaison with Qualifying Program</b>		Send accreditation guidelines, links to CBOS and Aboriginal and Torres Strait Islander curriculum guidelines to University contact  On request of University, provide additional support regarding accreditation requirements			
<b>Previously Accredited Programs</b>					
<b>Request Re-accreditation</b>	Request re-accreditation by contacting SPA PS  University is cognisant of the accreditation timeline requirements specified in Part A				

# Responsibilities during the accreditation cycle con't

	The University	SPA Professional Standards Team (SPA PS)	Accreditation Panel (AP)	SPA Board	SPA CEO or delegate
<b>All programs</b>					
<b>Annual Accreditation Report</b>	Head of Speech Pathology Program or delegate completes Annual Accreditation Report by January 31	End Nov/Start Dec, SPA PS send Annual Accreditation Report Template to Heads of Speech Pathology Programs  SPA PS review Annual Accreditation Report and return to University within 8 weeks of submission.	The AP will review inclusions related to previous accreditation requests  AP advise SPA PS if inclusions meet the conditions/ recommendations specified in the Final Accreditation Report.		
<b>Determine Timelines for Program Accreditation</b>	University and SPA PS negotiate timelines for document submission, site visit and any other requests (eg. Training, Teleconferences)				
<b>Nominate Accreditation Panel</b>		SPA PS nominate Chair/s, Panel Member/s and Moderator.  SPA PS requests nominated panel members to state any conflict of interest  SPA PS requests permission from University for participation of trainee AP member/s and advise University to confirm AP or request revisions.			
<b>Confirmation of Accreditation Panel or request for modifications</b>	University agree to or request modifications to AP. Once agreed, University sign agreement and return to SPA PS.				
<b>Confidentiality agreement completion</b>		SPA PS sends confidentiality agreement to each Panel Member for completion.	AP sign confidentiality agreement and return to SPA PS		

# Responsibilities during the accreditation cycle con't

	The University	SPA Professional Standards Team (SPA PS)	Accreditation Panel (AP)	SPA Board	SPA CEO or delegate
<b>Site Visit documentation</b>		SPA PS send sample site visit agenda, sample letters to Clinical Educators and students/new graduates and any additional information regarding site visits to University. Also confirm dietary requirements of Panel.			
<b>Document Submission to SPA and preparation for site visit</b>	University sends required accreditation documents to SPA National Office by agreed date.  University considers/schedules stakeholders for accreditation site visit, particularly senior staff eg. Head of School, Dean/s, Learning and teaching staff and potential student, new graduate and clinical educator interviewees				
<b>Document Submission to Accreditation Panel</b>		SPA PS send accreditation documents to AP for review within 10 working days of receipt.			
<b>Review of Documents</b>			AP review documents, participate in teleconference and agree on requests for further information from the university.		
<b>Preparation of Initial Evaluation Report</b>			AP prepare report. Report is finalised by Moderator and sent to University at least 2 weeks prior to the site visit.		

# Responsibilities during the accreditation cycle con't

	The University	SPA Professional Standards Team (SPA PS)	Accreditation Panel (AP)	SPA Board	SPA CEO or delegate
<b>Provision of Response to Initial Evaluation Report</b>	University responds to requests within Initial Evaluation Report within the specified timelines noted in the report.				
<b>Review of Responses to Initial Evaluation Report</b>		SPA PS forward responses to AP for review.	AP review and consider additional information prior to site visit.		
<b>Confirmation of Site Visit agenda and inclusions</b>	University confirms agenda (in consultation with AP), meeting rooms and interviewees and catering for AP, and any other specific requests		AP confirm proposed agenda (in consultation with university)		
<b>Site Visit</b>	University collaborates with the AP to ensure maintenance of the agenda or agreement to any changes.  Head of Program or delegate coordinates responses to additional requests from the AP during site visit.		The AP ask questions, take notes, identify unresolved issues, work with the university to resolve them and share any continuing unresolved issues with the university during the visit.		
<b>Pre/Post Site Visit Liaison</b>		SPA PS (usually the AP Moderator) acts as conduit between University and AP for any/all correspondence between the two parties.			

# Responsibilities during the accreditation cycle con't

	The University	SPA Professional Standards Team (SPA PS)	Accreditation Panel (AP)	SPA Board	SPA CEO or delegate
<b>Draft Final Report</b>			<p>Completed by AP within 4 weeks of all additional post site visit documentation and requests being provided to the AP by the University.</p> <p>Moderator sends completed Draft Final Report to University for review</p>		
<b>Review of Draft Final Report</b>	<p>Within 2 weeks of receipt of Draft Final Report, the University responds to AP re accuracy of Draft Final Report.</p> <p>University notes any amendments, adds more information and/or clarifies information or interpretation.</p> <p>University also provides a clean copy of documents requested by AP.</p>				

# Responsibilities during the accreditation cycle con't

	The University	SPA Professional Standards Team (SPA PS)	Accreditation Panel (AP)	SPA Board	SPA CEO or delegate
<b>Final Report</b>			<p>Within 4 weeks of receipt of University Response, AP finalises report with recommendations regarding Accreditation Outcome.</p> <p>Final Report is submitted to SPA Board.</p>		
<b>Decision making regarding Accreditation Outcome</b>				<p>If full accreditation is recommended, within 2 weeks of receiving the report, the Board:</p> <p>Follow processes as detailed in Part A (Decision on Accreditation of a Speech Pathology Program)</p> <p>If provisional, conditional or not accredited, the full Board will consider the decision at the next scheduled Board Meeting.</p>	
<b>Notification of Accreditation Outcome</b>		<p>SPA PS ensures the Board-ratified outcome and Final Report are issued to the University.</p> <p>SPA PS ensure the Accreditation Classification is updated on the SPA website.</p>			<p>University receives formal notification of accreditation outcome from SPA CEO.</p>

	The University	SPA Professional Standards Team (SPA PS)	Accreditation Panel (AP)	SPA Board	SPA CEO or delegate
<b>Acceptance or Appeal of Accreditation Outcome</b>	<p>University accepts the accreditation outcome – no action required.</p> <p>University decides to appeal the accreditation – see Part A: The Appeal Process.</p>				

## Multi-site accreditations

Speech Pathology Australia is cognisant of innovations with universities delivering programs across multiple sites. Speech Pathology Australia's position is that each university site that delivers a program will require a separate accreditation.

The accreditation process develops a holistic view of the course in the context of the university and local setting. The sustainability of a course, ability to cope with change and capacity to maintain academic and placement programs will be influenced by university and external local factors. The accreditation process therefore requires substantial information detailing a university's background, context and plans for sustainability.

For multi-site university programs, each site will be accredited as a separate entity. This will require submission of accreditation documentation and a site visit. If an accreditation of more than one site is scheduled for the same year, there is scope to streamline the documentation to reduce duplication. Information that is common to all sites i.e. university processes and course details (subjects, assessments) may be submitted once. However, the details of the placement education program for each site would need to be submitted separately given the differences in local context and opportunities for speech pathology placements.

Where feasible, the accreditation panel will be the same across the different sites.

A university may apply in writing to Speech Pathology Australia for consideration of one

accreditation for more than one site if the following conditions are present.

- The following processes across the sites are the same:
  - governance of budgets and staff;
  - curriculum development and review processes; and,
  - the placement and academic components of the Program.
  - Students have equitable access to similar placements however at different sites.
  - The opportunities, risks and threats to the delivery of the Program are the same across sites.
  - The sites' proximity permits students and staff to utilise the resources at different sites on a regular basis.
  - The training and professional development opportunities for university and external placement educators are similar.

# Document requirements

Speech Pathology Australia began the transition to a revised university accreditation model during 2018. The revisions provide increased structure for universities for providing the required documentation and for the accreditation panel when reviewing the documentation. The documentation requirements now have a more overt focus on a quality cycle approach.

Speech Pathology Australia requires each program seeking to be accredited, to provide detailed documentation which responds to the accreditation standards set by Speech Pathology Australia. These accreditation standards also require the university to provide self-evaluation ratings regarding their perceived status in meeting the prescribed Standard. It is integral that the written documentation is coherent, concise and accurate and appropriately detailed to enable the accreditation panel to develop evidence-informed views of the presented program.

Five (5) hard copies of the documentation should be provided to SPA National Office (Level 1, 114 William St, Melbourne 3000) by the agreed submission date, as well as an electronic copy which can be accessed by each member of the panel. This may be in the form of five USBs, a shareable drop box link or alternative form. A member of the Professional Standards team will acknowledge receipt of the documents, following receipt at Speech Pathology Australia National Office.

Documentation must:

- be securely bound;
- be clearly labelled, particularly if divided into volumes or chapters;
- include a Table of Contents with numbered pages;
- include an Executive Summary (see Part B);
- include Background Information (see Part B);
- include foreseeable Changes (see Part B);
- include required additional documentation (see Part B); and,
- address each criteria of the Core Standards (see below and Part B).

Diagrams, tables, charts and narrative text is encouraged, as is the use of hyperlinked material and cross referencing.

## Speech Pathology Australia Accreditation Standards

Speech Pathology Australia evaluates and assesses the processes and outcomes of Australian Speech Pathology Degree programs against the Speech Pathology Australia (SPA) Accreditation Standards. The SPA Accreditation Standards specify the minimum criteria against which a university Degree program is assessed for accreditation.

The accreditation standards (Part B) are comprised of three Core Standards, namely:

1. Governance
2. Students
3. Curriculum

Universities report against criteria for each of the Core Standards. Some criteria overlap with the requirements of the Higher Education Standards Framework 2015 (see <https://www.teqsa.gov.au/higher-education-standards-framework-2015>) whereas other criteria are specific to competency assessment of graduates. It is important to note that the SPA Accreditation Standards are focused on ensuring the public of the minimum standard of competency they can expect from a speech pathology graduate, whilst the TEQSA requirements are focussed on ensuring the minimum standard a student can expect from a university program.

Each of the Core Standards includes specific criteria related to Aboriginal and Torres Strait Islander capabilities. Universities should use the following document to guide their development of curriculum and provision of evidence for the relevant criteria:

- Guidelines for reporting of Aboriginal and Torres Strait Islander Curriculum Development and Inclusions, see online version [here](#).
- Universities should then consider each item of evidence and self-evaluate their ability to meet each criterion using the following evidence ratings:

# Document requirements continued

Criteria	Rating
Met (M)	The standard is met with acceptable evidence
Partially Met (PM)	The standard is partially met
In Progress (IP)	Evidence is incomplete because content is being planned, under review, or has not yet been implemented
Not met (NM)	The standard is not addressed by the evidence or the evidence does not meet minimum requirements

## Speech Pathology Australia Competency Standards

In terms of competency, SPA prescribes the Competency Based Occupational Standards for Speech Pathologists – Entry level (CBOS 2011, revised 2017) as the minimum standards of competency required for practice of speech pathology in Australia. CBOS specifies the competencies needed to work in the areas of speech, language, voice, fluency, swallowing and multi modal communication with both adults and children, and with both developmental and acquired disorders. CBOS also specifies the general principles of practice that guide work practices and decision-making by speech pathologists.

It should be noted that iterations of the CBOS dated prior to 2017 did not include reference to Aboriginal and Torres Strait Islander capabilities. It is mandatory that all universities refer to the current CBOS and therefore attend to all inclusions related to Aboriginal and Torres Strait Islander Peoples and capabilities.

# Evaluation of the evidence

## Principles

Speech Pathology Australia is committed to implementing primarily an outcomes-focused accreditation, in which the accreditation panel obtains a thorough and detailed understanding of the educational program to be accredited. There will be a focus on in-depth investigation of the adequacy of the assessments of competency that are carried out in the program.

The accreditation panel will look for evidence of whole cohort assessment against the Competency Standards.

A university should provide evidence (as appropriate) of the components of the CBOS which are assessed within the assessment task.

When entry level competency is claimed by the University, the accreditation panel will evaluate the description of the assessment and the detailed claims in relation to the Core Standard criteria, that is, the assessment in relation to CBOS. It is of note that relevant Performance Criteria from the CBOS may be utilised in describing entry level performance.

Templates are available in Part C which facilitate the mapping and exploration of various evidence.

## Evaluating Assessments of Competency (both academic and clinical placement assessments)

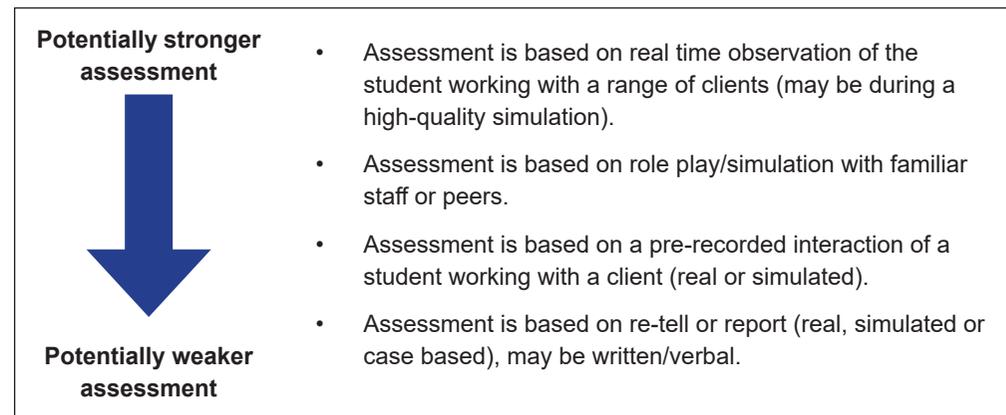
The CBOS (2011, revised 2017) states the skills, knowledge and attitudes that are expected from all graduating students and represents the minimum standard acceptable for accreditation.

The strongest evidence of assessment of competencies involves:

- assessment of competency at entry level that is integrated and holistic;
- assessment of independent practice;
- assessment which requires integration of information at an appropriate level of complexity;
- assessment which must be passed to pass the overall subject or to progress in the program; and,
- the assessment tool clearly assesses the units, elements and performance criteria of the current CBOS.

The assessment of competency development also assumes some level of generalisation (transferability) of skills, knowledge and attitudes from one area of study to another.

## Competency Assessment



*\* In some cases, competency might be inferred based on competencies previously assessed, and/or inferred based on other assessed and unassessed curricula inclusions.*

# Evaluation of the evidence continued

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## Dimensions of evidence

The accreditation panel will use the following dimensions of evidence when evaluating evidence provided by the university against the Core Standards.

### Type of Assessment

- The type of assessment as described above e.g. case based exam, presentation, clinical placement, viva, simulation.

### Assessment rigour

- The rigour of the assessment in the context of the entire program.
- Is it a 'whole of cohort' assessment or individualised?
- The rigour of the assessment in relation to the program's stated learning objectives/ outcomes.

### Integration

- The level of the learning being assessed.
- The degree to which the assessment requires integration of skills, knowledge and attributes rather than discrete or isolated skills.
- The number of (other) assessments which assess a similar range of skills, knowledge and attributes against the CBOS.

### Independence

- The degree to which the assessment requires the student to independently demonstrate a skill, knowledge or attitude in real time.
- The degree of student support, scaffolding or supervision.

### Complexity

- The complexity of the learning being assessed.
- The degree of analysis, problem solving, and responsiveness required.
- How closely the assessment aligns to entry level CBOS descriptors.

### CBOS coverage

- Which CBOS components (Professional Framework, ROP Principles, Units/Elements, ROPAs) are addressed and how they are addressed within the assessment.
- Are CBOS units 1-4 all assessed?

### Transferability

- How the university has detailed and justified their claims regarding which ROP areas/ populations/etc. are transferable and how this occurs.

# Evaluation of the evidence continued

## The Site Visit

### Purpose

The site visit provides the Accreditation Panel (AP) with an opportunity to validate the accreditation documentation and gain a more complete understanding of the program being accredited. Whilst there is an agenda, the visit should be sufficiently flexible to enable the AP to clarify any uncertainties or matters in the documentation that require explanation, discussion or deeper review, or to explore matters that evolve during the site visit itself. In many instances, the site visit enables the AP to view documents or content which would not otherwise be available to view, such as examples of student work, secure online material and examinations/rubrics. The visit also enables the AP to tour the university facilities and discuss the Program with university faculty staff, students and graduates face to face. In sum, the site visit forms an essential part of the triangulation of evidence for accreditation.

### Timing of site visit

The site visit usually occurs after the AP have considered the submitted written accreditation documentation and have provided the university with an initial evaluation report. The timing of the site visit is dependent on several factors, such as the classification of the program, the type of program and number of sites/campuses to be visited. Site visits are usually scheduled across two sequential days for a single program and three sequential days for dual programs. The Gantt charts in Part A provide an indication of the timing of the site visit for the various program configurations. The site visit is arranged collaboratively between the university and SPA, and the dates and timing are confirmed by mutual agreement.

### Site visit accreditation panel

The Accreditation Panel attending at the site visit will typically include the moderator, the chair of each program being accredited and a panel member. This means a single program will be visited by the three members of the AP, whereas a dual program will be visited by four members.

With the increasing use of videoconferencing options, it is possible for members of the panel to attend using alternative means. Whilst this is not currently routine practice, it enables panel members (and University attendees) to attend remotely if travel is prohibitive. If any members of the AP are not able to attend in person, alternative arrangements must be agreed upon by the University and the AP.

## Accreditors' preparation

**Before the site visit each member of the Accrediting Panel will have:**

- Studied and evaluated the University's submitted accreditation documentation against the Accreditation Standards.
- Discussed in detail the submitted documentation with the other AP members and identified any areas which require further detail and/or clarification, as well as those areas which appear to meet the Accreditation Standards.
- Agreed on the items that require confirmation, clarification, further information or that might present difficulties for the program in attempting to achieve accreditation.
- Contributed to the initial evaluation report to the University, which lists those items requiring further detail and/or discussion, due prior to the site visit, or for follow-up at the site visit.
- Reviewed all responses relating to those requested in the initial evaluation report.
- Re-familiarised themselves with all documentation relating to the accreditation prior to the visit.
- Formulated a (non-exhaustive) set of questions for each meeting during the site visit and determined areas for further investigation.

## Site visit requirements

### Space

Where feasible, it is preferred that the AP have access to a lockable single room for the duration of the site visit. This allows for set up of accreditors' computers and organisation of accreditation documentation as well as for confidential discussions to occur throughout the visit.

Ideally the room should have:

- several accessible power points;
- sufficient space to meet with up to 10 people at one time (larger meetings can be accommodated in an alternative room when required);
- video/teleconferencing facilities if any meetings are planned using video/teleconference;
- phone access to enable the AP to phone staff if needed;
- easy access to bathrooms, water and tea/coffee;
- Wifi access for the AP.

### Catering

The University are asked to provide lunch and morning and afternoon tea for the AP each day of the site visit, or as required. Light/healthy options are appreciated.

A staff member from SPA will advise the University of any dietary requirements of the AP several weeks prior to the site visit.

### Site Visit Liaison Staff

During a site visit, the AP may have additional requests such as needing additional documentation, unscheduled meetings with staff/students/other stakeholders or other ad hoc requirements. The University should ensure there is a member/s of staff available to support these requests.

Typically, an administrative liaison staff member assists with ensuring the day to day needs are met – such as assisting the AP to navigate the campus if required, facilitating catering requests, printing or copying requested documentation and any other administrative needs.

In addition, the Head of Program or a senior member of staff typically act as a resource/liaison person to provide (or seek) further information and clarification regarding the Program being accredited, when requested. This staff member is typically present for most discussions, apart from those with the Faculty leaders, students, new graduates and Clinical Educators. However, the Accreditation Panel will advise of the requested attendees when the draft agenda is developed. This facilitates transparency of the process and supports staff during the site visit, but also respects potential sensitivities between stakeholders.

### Site Visit Meeting Participants

The Accreditation Panel will need to meet with a range of people from the University. This should include but not be limited to:

- Dean of Faculty;
- Head of Program;
- Clinical Education Coordinator;
- subject coordinators;
- clinical Educators employed by the university and external Clinical Educators;
- students;
- graduates.

Following review of the written accreditation documentation, the AP will provide an initial evaluation report. This report will identify if the AP wish to meet with any specific stakeholders, or if particular site visit inclusions are required. It may list questions which will be asked or explored with meeting attendees at the site visit.

It is the University's responsibility to commence planning the site visit interviews as soon as practical to facilitate stakeholder attendance and access to requested information.

The Site Visit Agenda should be finalised by the University and shared with the AP at least two weeks prior to the site visit.

## Site visit agenda template and inclusions

A site visit agenda template has been provided in Part C to assist Universities to develop a suitable agenda. Universities should consider inclusions based on requests made in the initial evaluation report, and their own structures/programs/staffing and inclusions which may assist the AP to understand the breadth and detail of the Program offerings.

### General Scheduling Information

It is strongly recommended that planning for the site visit commences as soon as site visit dates have been confirmed.

A number of meetings are proposed in the agenda template. Further details are provided below.

### Initial Meeting

The purpose of the initial meeting is:

- To confirm the site visit agenda, participant attendance and general orientation for the site visit.
- The AP may also raise the themes identified for further discussion or review in the initial evaluation report.

Attendees will be the AP and two-three senior staff from the university who have an overview of the speech pathology program. This often includes the academic program coordinator and the clinical education coordinator.

The liaison person may be one of these senior staff or may attend in addition to the other staff members.

Subsequent meetings may be in any order that is convenient to all involved.

### Meeting with the Head of the Speech Pathology Program and/or the Departmental Head

This meeting provides the AP with:

- A verbal overview of where the speech pathology program is sited within the university and the supports and resources available within the university to support teaching, learning, research and clinical education.
- A discussion of foreseeable changes that may impact on the program during the period of accreditation (up to 5 years).

Attendees will be the AP and the Head of the Speech Pathology Program and/or the Departmental Head.

# Evaluation of the evidence continued

## Meeting with the Head of Faculty and/or the Dean

This meeting enables:

- the AP to familiarise the university attendees with the Speech Pathology Australia accreditation process and purpose;
- the University to describe the strengths and points of difference of the speech pathology program and the university more broadly;
- the University to share foreseeable university changes that may facilitate or impact the speech pathology program during the period of accreditation (within the next 5 years);
- clarification or additional information identified in the initial evaluation report or during the site visit.

Attendees will be the AP and the Faculty Head and/or Dean. The AP may also request senior speech pathology university staff to attend.

## Meeting with all Staff

This meeting enables the AP to obtain:

- an overview of staff research, teaching load and areas of clinical interest;
- clarification of how the CBOS is embedded and assessed across the program/s;
- a more complete picture of the program/s and the context in which it is delivered in order to augment and validate the information provided in the initial documentation;
- clarification or additional information identified by the AP in the initial evaluation report or determined at the visit.

Attendees will be the AP, liaison person, clinical program coordinator/s, year and/or subject coordinators of the program and any staff members nominated by the university. If the AP have specific queries, they may request that particular staff members are present or arrange to meet with them at another time.

## Meeting with University Employed Clinical Educators

This meeting will enable the AP to further explore themes such as:

- the university's program of clinical education;
- university requirements regarding the assessment of students during placement;
- clinical educator training opportunities;
- the support of educators and students if a student is at risk of not passing a placement.

- questions identified in the initial evaluation report or additional themes identified during the visit.

Attendees will be the AP and university employed clinical educators.

A sample explanatory letter regarding the accreditation meeting is provided below. Universities are welcome to edit and adapt the letter to meet the needs of their Program and university employed clinical educator invitees.

## Meeting with External Clinical Educators

This meeting will enable discussion of themes including:

- training and support from the University for clinical educators;
- familiarity with assessment processes and assessment tools;
- the processes for managing challenging students or students at risk of not meeting competency expectations;
- the administrative and documentation requirements that students and educators have during a placement to meet the requirements of the placement;
- placement sourcing and inclusions to meet CBOS requirements;
- clarification or additional information identified in the initial evaluation report or during the site visit.

Attendees will be the AP and clinical educators invited by the university. Note that University staff are not usually in attendance as their presence may influence the educators' willingness to share their perspectives.

A sample explanatory letter regarding the accreditation meeting is provided in Part C. Universities are welcome to edit and adapt the letter to meet the needs of their Program and external clinical educator invitees.

## Meeting with Students/Recent Graduates

The purpose of the meeting will be to:

- validate the assessment information provided in the accreditation documentation and to calibrate this with the views of the students/recent graduates;
- obtain the student/recent graduates' opinion on the range, cohesion and adequacy of the academic and clinical education program;
- obtain the student/recent graduates' perspectives on the opportunities for competency development against the CBOS throughout the program.

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Attendees will be the AP and a sample of students from all years of the program (recommended numbers are two students from each year of the program) and recent graduates. Please note that University staff are not required at this meeting, as their attendance may influence the student and recent graduates' willingness to share their perspectives.

It is strongly encouraged that the university brief the students/recent graduates on the purpose of the meeting and assure them that their comments and/or suggestions will not result in a negative outcome for the university.

A sample explanatory letter regarding the accreditation meeting is provided in Part C. Universities are welcome to edit and adapt the letter to meet the needs of their Program and student/recent graduate invitees.

### **Final Meeting**

During the final meeting, the AP will provide a summary of their evaluation to date. This may include identification of the accreditation standards which have been clearly met, those which are of concern as well as those that still require further evidence and/or action. Recommendations that may enhance the Program/s may also be provided. These will be provided verbally, then documented in the final report.

At the conclusion of, or following the site visit, the AP may still require further discussion with University staff and may need additional documentation in order to inform their final decision. Consequently, the final meeting does not typically include the AP providing the University with the recommendation they will be making to the SPA Board regarding the accreditation outcome.

The recommended accreditation outcome will be documented in the draft final report, which will be sent to the University as per the timelines specified earlier in Part A.

Attendees to the final meeting will be the AP and senior university staff. The university may invite other staff members at their discretion.

### **Decision Making after the Site Visit**

A unanimous AP recommendation about the accreditation outcome is the ideal; however, in the case of disagreement, the decision will be based on majority votes. In this situation, Speech Pathology Australia will inform the university that it was a majority recommendation rather than a unanimous one.

The university will be informed of the standards which led to the lack of unanimity in the draft final report. If the AP recommends an outcome with conditions, the draft final report will clearly state these conditions as well as a timeline for meeting the conditions. Typically, the condition timelines are developed in collaboration with the university.

# Possible outcomes of the accreditation process

The accreditation classification recommended by the accreditation panel following an accreditation will be awarded to the university following ratification by the SPA Board. Following this, SPA will issue a final evaluation report to the university with the awarded classification.

Accreditation classifications (only) will be noted on the SPA website. A description of all accreditation classifications can be found earlier in Part A.

SPA may initiate a review or revision of an accreditation classification during the accreditation term or at re-accreditation if:

- The university indicates that current or foreseeable changes to the program will affect the program's capacity to deliver the program as accredited.
- The Annual Report outlines changes to the program that affect the program's capacity to deliver the program as accredited.
- The university is unable to meet the accreditation requirements during the accreditation term.
- The university is unable to meet the accreditation conditions imposed on the program, within the specified period.
- A complaint regarding a university program is received and will be investigated by SPA.
- A university withdraws a program.

## Process for notifying a university of a condition imposed outside of a scheduled accreditation

- A review of a university program may be undertaken following the usual accreditation assessment process.
- Speech Pathology Australia will provide a written warning to the university specifying the accreditation requirement(s) that the university has failed to meet and will provide an opportunity for the university to meet the accreditation requirement(s) within a specified period of no greater than twelve months.
- If the accreditation requirement(s) are not met within the specified period, then the university will be awarded with the status of Conditional accreditation. Speech Pathology Australia will set a date by which specified conditions must be met. This must be within a two-year period.

- If the university fails to comply with the specified requirements, the university program's accreditation status may be withdrawn or suspended.

## Process when accreditation is not granted

Accreditation will not be granted when one or more of the conditions below are evident:

- The program meets the description provided for 'not accredited' in the table of accreditation classifications.
- The university is not registered by the Tertiary Education Quality Standards Agency (TEQSA).
- The program has an AQF level of six or less.
- The program is unable to demonstrate that all graduating students are assessed against Entry-level standards as specified in the Competency Based Occupational Standards (CBOS).

If accreditation is not granted, Speech Pathology Australia will identify and notify the university of the specific requirement(s) or criteria that the university or relevant program has failed to meet.

- The university must accurately inform current students and prospective students of the program of the accreditation status of that program.
- The university may wish to submit a new application for accreditation following the university making the necessary changes to the non-accredited program.
- Any subsequent accreditation would follow the usual accreditation process.

## Decision on accreditation of speech pathology program

The recommendation and report of the accreditation panel is referred to the Board Executive Subcommittee at its next scheduled meeting.

The Board Executive Subcommittee will review the accreditation panel's report and will consider whether due process has been followed. The Board Executive Subcommittee will ratify the decision if due process has been followed and accreditation is being granted for Full

accreditation. If the Board Executive Subcommittee determines that the accreditation panel has not followed due process, it will refer the accreditation back to the accreditation panel with instruction that due process is to be followed. In that case, the accreditation panel must address any deficiencies in its process within 28 days of receiving such instruction. After it has complied with the instruction, the accreditation panel will submit a revised report and recommendation to the Board Executive Subcommittee.

All decisions regarding Provisional, Conditional and NOT Accredited will be referred to the full Board of Speech Pathology Australia at its next scheduled meeting. The university is then notified of the decision in writing.

## **Graduates of not accredited programs**

Graduates of programs which are not accredited are not eligible for membership of Speech Pathology Australia.

In some circumstances it may be possible for graduates of that program, who wish to become practising members of Speech Pathology Australia, to undergo courses and assessment in those areas considered inadequate during their university program and to present their evidence individually for Speech Pathology Australia for evaluation. Speech Pathology Australia would only undertake such evaluation if it has agreed to do so in advance of the student undertaking any such course or program. In this case, the individual assessment will be carried out in a similar fashion to the assessment of overseas-qualified applicants to Speech Pathology Australia or otherwise in a manner which Speech Pathology Australia deems, in its absolute discretion, is appropriate in the circumstances. Each applicant would be informed of the requirements for them to apply for certified practising membership. Notwithstanding anything in this document, Speech Pathology Australia is not obligated to evaluate or assess any student.

In other circumstances, it may be possible for the university to establish additional courses or programs of study for current students of the not accredited program to complete. These additional courses or programs of study must be approved by the SPA Board, in advance of the university developing or delivering any such activity. If conceptually approved by the SPA Board, the additional course or program of study must comprehensively cover any noted shortfall or paucity in the program, as noted in the accreditation report, and guarantee that all students who complete the program of study would be appropriately assessed in all areas of noted shortfall or paucity. The SPA Board must approve the actual content and delivery of the proposed course or program of study in advance of the university delivering any such activity.

Speech Pathology Australia is not obligated to review or evaluate any such course or program of study.

# The appeal process

## Grounds for appeal

The grounds for appeal are only relevant to accreditation classifications of Conditional and Not Accredited.

There are three acceptable grounds for appealing a decision. These are:

1. The accreditation procedures and processes as set out in this document have not been implemented or adhered to in the established manner or format by Speech Pathology Australia.
2. There is demonstrated prejudice or bias exhibited by the accreditation panel in the undertaking of the accreditation that has adversely affected the outcome of the accreditation process; and/or,
3. Speech Pathology Australia has failed to consider relevant information or documentation that was submitted by the university and there is reasonable basis to conclude that this information was material to the application and would have altered to outcome.

The purpose of an appeal is not to re-evaluate afresh the program for which accreditation is being sought. An appeal will not be accepted if the university does not specify one or more of the stated grounds.

An appeal will not be accepted or considered based on:

- dispute or questioning of Speech Pathology Australia's standards as currently expressed in CBOS (2011, revised 2017);
- dispute or questioning of the Speech Pathology Australia accreditation procedure or process; and/or
- the university's failure to meet dates and appointments established under the Speech Pathology Australia accreditation process.

The three examples provided for the rejection of an appeal are a non-exhaustive list of circumstances where the threshold requirement for an appeal is not met. The university bears the burden of proof on appeal. In other words, the university must adduce evidence that supports its ground(s) of appeal.

## Timeline, sequence and responsibilities

An appeal against Speech Pathology Australia's decision must be received by Speech Pathology Australia within 30 days of the University's receipt of the ratified notification of the decision by the SPA Board.

The university must inform Speech Pathology Australia in writing of the grounds for the appeal, and provide evidence supporting the appeal within that timeframe.

The Appeal Application Fee must be paid at the time of submitting the written appeal.

Within ten business days of receipt of the notification of appeal, Speech Pathology Australia will:

- appoint an appeals committee, namely the Accreditation Appeals Committee. The Accreditation Appeals Committee shall consist of two Speech Pathology Australia accreditors who have not been involved with the accreditation/reaccreditation, and an agreed Arbiter.

Within ten business days of the appointment of the Accreditation Appeals Committee, Speech Pathology Australia will:

- send the documentation to the Accreditation Appeals Committee, consisting of the original documentation provided by the university seeking accreditation, the preliminary and final accreditation reports, the university's stated grounds for appeal and the supporting evidence for the appeal.

Following receipt of the evidence, the Accreditation Appeals Committee will review the evidence and decide on the validity of the appeal. The committee may call for more evidence from the university and/or Speech Pathology Australia.

The committee will determine if the appeal should be upheld and make their recommendation to the Speech Pathology Australia Board within three months of receiving the evidence.

Within 10 business days of receipt of the Accreditation Appeal Committee's recommendation, the Board will determine if they are satisfied that due process has been followed, and if so, ratify the Accreditation Appeal Committee's decision. If they are not satisfied that due process has been followed, they refer the appeal back to the appeals committee with instruction to follow due process. Once it is ratified by the Board, no further appeal of the decision is permitted.

Speech Pathology Australia informs the university of the outcome of the appeal within ten business days of receipt of the Board's decision.

If the final decision, affirmed by the Board, is to deny accreditation, to award conditional accreditation and/or impose any conditions on accreditation, the effective date of that decision will be the date the university was notified of the Board's ratification of the Accreditation Panel's report and recommendation.

Appeal Timeline							
Formal ratified notification of accreditation decision							
University decides to appeal and informs SPA of grounds for appeal and provides evidence		Within 30 days of above					
SPA appoints Accreditation Appeals Committee (AAC)			Within 10 business days of receipt of above				
SPA sends documentation to AAC				Within 10 business days of above			
AAC makes a recommendation to the Board					Within 3 months of receipt of documentation above		
The Board either ratifies or rejects the AAC recommendation						Within 10 business days of receipt of above recommendation	
SPA notifies university of the Board's decision							Within 10 business days of the Board determining the outcome of the appeal as above

# Responsibilities during the appeals process

	The University	SPA Professional Standards Team (SPA PS)	Accreditation Panel (AP)	SPA Board	SPA CEO or delegate
Appeal Process	University writes to SPA CEO within 30 days of University's receipt of ratified outcome, noting decision to appeal.  Appeal must include: Grounds for appeal, supporting evidence and appeal application fee.				
		Within 10 business days of receipt of written notification of appeal, an Accreditation Appeals Committee (AAC) is convened by SPA following process detailed in Part A 'Timeline and Sequence of Appeals Process' and Figure 4 'Appeal Timeline'			Within 10 days of receipt of written notification of appeal, an Accreditation Appeals Committee is convened by SPA following process detailed in Part A 'Timeline and Sequence of Appeals Process' and Figure 4 'Appeal Timeline'
		Within 10 business days of AAC being confirmed, SPA PS Team send documentation to AAC			
			Within 3 months of receipt of documentation, AAC make recommendation to SPA Board		
				Within 10 business days of receipt of recommendation from AAC, SPA Board ratifies or rejects AAC recommendation.	
					SPA CEO provides notification to University of final decision

# Appeal application fee

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The appeal application fee is set at 25% of the cost for accreditation of the university program. The appeal application fee will be reimbursed to the university if the appeal is successful.

## Speech Pathology Australia may notify other parties of decision

As soon as the period to lodge an appeal has lapsed, or as soon as the appeals process is exhausted, Speech Pathology Australia may notify any health professional, organisation, agency, authority or government department of the university's accreditation status. Further, Speech Pathology Australia may otherwise make the university's accreditation status and specific conditions public where it deems it appropriate to do so.

## Complaints about the accredited program

Speech Pathology Australia will consider complaints submitted in writing about an accredited program. The Manager, Professional Standards, in discussion with the CEO and Board Executive Subcommittee, will determine if the complaint demands further investigation and a review of the status of the accredited course is required.

# Glossary

<b>Accreditation</b>	The process by which Speech Pathology Australia determines whether a degree program does or does not meet the Speech Pathology Australia accreditation requirements.	<b>Board</b>	The Speech Pathology Australia Board is the governing body of Speech Pathology Australia.
<b>Accreditor</b>	A person appointed by SPA to serve on accreditation panels for the accreditation of Speech Pathology Degree programs.	<b>Board Executive Sub-Committee</b>	The Board Executive Sub-Committee (BES) consists of the National President and two Vice Presidents. The BES receives and ratifies or rejects the report and decision of the Accreditation Panel.
<b>Accreditation Appeals Committee (AAC)</b>	The Accreditation Appeals Committee is formed in response to an appeal of an accreditation decision. The AAC is responsible for determining if the university has grounds for appeal.	<b>CBOS</b>	Competency Based Occupational Standards for Speech Pathologists – Entry Level
<b>Accreditation panel</b>	<p>A group of three to five Speech Pathology Australia Accreditors who participate in the accreditation process.</p> <p>Each panel consists of a moderator who is a member of the SPA Professional Standards team and is responsible for ensuring all accreditations are carried out in a comparable manner, as well as the following members:</p> <p>For a single degree program- a Chair and a panel Member</p> <p>Where two programs are being assessed concurrently - a Chair for each program, and one panel Member</p>	<b>Clinical education</b>	Also known as workplace learning, work integrated learning, professional practice, practice education and clinical practice. The scope of the term 'Clinical Education' may vary across Universities. It may include external clinical placements and university-based clinical placements, as well as other university-based clinical learning activities such as simulation, case-based activities and practical tasks. ררר
<b>AQF</b>	Australian Quality Framework, see <a href="https://www.aqf.edu.au/">https://www.aqf.edu.au/</a>	<b>Course</b>	As per program
<b>Arbiter</b>	A person who chairs the Accreditation Appeals Committee if a university requests an appeal following notification of the accreditation classification decision. The arbiter is an independent and impartial professional, who has experience in accreditation. The Arbiter is nominated by SPA when an Appeal is formally requested by the university and must be accepted by both parties	<b>Entry level</b>	The term used to describe the minimum competency standards expected of a student graduating from a speech pathology degree accredited by Speech Pathology Australia.

# Glossary con't

## **Generic professional Competencies**

A set of profession identified generic professional skills which form part of the CBOS Professional Framework. The generic skills underpin discipline specific knowledge and skills and facilitate transfer of performances across occupational competencies. The generic professional competencies are: reasoning, communication, lifelong learning and professionalism. An Entry Level speech pathologist must demonstrate competence in generic professional competencies as part of the requirements of CBOS.

## **Head of program**

The academic staff member responsible for leading and managing the overall program of study in Speech Pathology Degree program that must be undertaken to qualify for an award from that university.

## **IELTS**

International English Language Testing System

## **ICF**

The International Classification of Functioning, Disability and Health (WHO, 2011) is a conceptual framework that identifies and organises an individual's ability and functioning within the broader environment. It is expected that an Entry Level speech pathologist in Australia will be familiar with the ICF framework and be able to apply the social health principles of individual functioning and well-being to their speech pathology practice.

## **Professional framework**

In the CBOS (2011, revised 2017) document (see here CBOS 2011, revised 2017), the Professional Framework contains statements on the expectations of Entry Level speech pathologists in relation to the knowledge, skills and generic professional competencies that are applied across the CBOS Units across the Range of Practice Areas. In the context of accreditation, universities will be required to describe how the Professional Framework expectations are met in their course. The International Classification of Functioning, Disability and Health (ICF) (WHO, 2011) and the Generic Professional Competencies are included in the Professional Framework.

## **Program**

As used by Australian Qualifications Framework (AQF) – a degree program of learning (or program), that is, a course, curriculum, training package, subjects of study, or workplace learning that leads to the award of a degree qualification that enables the graduate to work as a speech pathologist in Australia. The program may be undergraduate at AQF 7 or above, or graduate entry master program of AQF 9.

## **Professional Standards**

Professional Standards encompass the determination and maintenance of the standards required for eligibility for membership of Speech Pathology Australia.

# Glossary con't

## Range of Practice Areas

A statement of the areas in which an entry level speech pathologist is qualified to work and the level of independence that is required for competent performance at entry level. The Range of Practice Areas (RoPA) are: speech, language, swallowing, voice, fluency and \*multi-modal communication. To be considered competent, the entry level speech pathologist must be able to function in all the professional contexts outlined for the RoPA of CBOS 2011 (revised 2017).

\* Multi-modal communication is not perceived as disability or disease specific but involves the simultaneous use of communication modes. It is expected that an entry level speech pathologist would have knowledge and skills to be able to utilise multimodal communication systems (including technology) in the assessment and intervention of children and adults with communication needs. The speech pathologist needs to be able to consider a range of communication modalities which may include: verbal, sign, gesture, alaryngeal options, AAC. It is not expected at entry level to have full mastery of all multimodal communication options such as independent selection of high tech AAC devices or highest level of any sign language.

## Range of Practice Principles

The Range of Practice Principles (RPP) refers to a set of guiding principles that underpin CBOS 2011. Entry level expectations include areas related to evidence-based practice, developing capabilities working with Aboriginal and Torres Strait Islander Peoples and interprofessional practice. There is noted overlap with the RPP and some of the CBOS 2011 Units, Elements and Performance Criteria. Universities will need to describe how the RPP have been incorporated into their program.

## Re-Accreditation

Re-accreditation is the acknowledgement by Speech Pathology Australia that a program previously accredited is continuing to assess its graduands to the entry level standard specified in the CBOS 2011 and permits only those students who have achieved entry level standard to graduate with the degree of the accredited program. The process of re-accreditation is similar to the process of accreditation.

## Speech Pathology Australia Board

The Speech Pathology Australia Board is the governing body of Speech Pathology Australia. The Board Management Group, consisting of the National President and two Vice Presidents, receives and ratifies or rejects the report and decision of the accreditation panel. In the case of an appeal, a Speech Pathology Australia Board Group for Accreditation Appeals is formed to receive and ratify or reject the report and decision of the appeal.

## Subject

A specific unit of study or subject within a program e.g. SPATH101: Linguistics for Speech Pathologists

## TEQSA

Tertiary Education and Quality Standards Agency, see <https://www.teqsa.gov.au/>

# Glossary con't

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## **Units of Competency**

Broad areas of professional activity identified in the CBOS (2011). There are seven units of competency used in assessing a degree program against the CBOS. These are: Assessment; Analysis and Interpretation; Planning evidence-based speech pathology services; Implementation of speech pathology practice; Planning, Providing and managing speech pathology services; Professional and supervisory practice; and Lifelong learning and reflective practice. Within each unit of competency there are elements that further specify the competency expected of an entry level speech pathologist. For example, within Unit 2, Analysis and Interpretation, there is Element 2.1, 'Analyse and interpret speech pathology assessment data'. CBOS 2011 details the performance criteria for each element within each unit of competency.



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