Name: Speech Pathology Australia

Submission date: 4/06/2025

Improve school student outcomes with the best available tools and resources

What (if anything) needs to be done to improve the use of edtech tools (including GenAI) in schools?

The participant did not respond to this question.

What more (if anything) needs to be done to improve awareness and access to high quality lesson planning and curriculum materials in schools?

The participant did not respond to this question.

Is there anything more you would like to say about edtech, GenAI or lesson planning and curriculum materials?

The participant did not respond to this question.

Which of the following best describes you?

The participant did not respond to this question.

Are you currently using any edtech tools (including learning games and GenAI) to support teaching and learning in the classroom?

The participant did not respond to this question.

If yes, what has been your experience with using these tools?

The participant did not respond to this question.

Are there things you would like to do with GenAI or edtech tools that you can't do currently? What's stopping you from doing these things?

The participant did not respond to this question.

If no, can you tell us why you are not using any edtech tools?

The participant did not respond to this question.

Do you access lesson planning and curriculum materials online?

The participant did not respond to this question.

If yes, what has been your experience with using these tools?

The participant did not respond to this question.

If no, can you tell us why you are not using online lesson planning and curriculum materials?

The participant did not respond to this question.

Support the workforce through a flexible post-secondary education and training sector

Credit transfer and recognition of prior learning

In your experience, how well does the credit transfer and recognition of prior learning system operate in Australia? Does it adequately support students to move between courses or have their work experience recognised as part of a qualification? Are there ways it could be improved?

The participant did not respond to this question.

Which of the following best describes you? Please select all that apply.

The participant did not respond to this question.

In the past 3 years, have you applied for credit recognition or recognition of prior learning (RPL)?

The participant did not respond to this question.

If yes, what was your experience in applying for credit recognition or RPL like?

The participant did not respond to this question.

If no, can you elaborate on why you didn't apply?

The participant did not respond to this question.

Work related training

What are the main reasons individuals and/or businesses do or do not participate in work-related training?

The participant did not respond to this question.

What role, if any, should businesses be playing to address any barriers and better support the offer of work-related training to employees?

The participant did not respond to this question.

What, if anything, could government do to address barriers and better support the offer of work-related training to employees?

The participant did not respond to this question.

Which of the following best describes you? Please select all that apply.

The participant did not respond to this question.

For business owners, managers and sole traders, how many employees do you have?

The participant did not respond to this question.

For employees/individuals, have you participated in any work-related training in the last 12 months that did not relate to general compliance (such as WHS)?

The participant did not respond to this question.

If yes, can you elaborate on the reasons for the training and any benefits you received from doing it?

The participant did not respond to this question.

If no, can you elaborate on any challenges or barriers you faced in attempting to undertake work-related training?

The participant did not respond to this question.

For business owners, managers or sole traders, have you provided or supported your employees to participate in work-related training in the past 12 months?

The participant did not respond to this question.

If yes, can you elaborate on the reasons for the training and any benefits you or your employees received from doing it?

The participant did not respond to this question.

Can you describe whether you accessed any government assistance, what type, and the amount received? If you didn't access any financial assistance, please tell us the reasons why.

The participant did not respond to this question.

If no, can you elaborate on any challenges or barriers you faced in attempting to provide or support your employees to undertake work-related training, such as the time or cost, availability of relevant or high-quality courses, and level of interest from your employees?

The participant did not respond to this question.

Balance service availability and quality through fit-for-purpose occupational entry regulations

What are the effects of occupational entry regulations? Please describe your experience and name the specific occupations you are referring to.

Regulation is not mandatory for speech pathologists. There is no requirement to demonstrate qualifications, professional indemnity insurance, or compliance with professional and ethical standards before practising in Australia.

Speech Pathology Australia (SPA) plays a key role as a self-regulatory body, maintaining certification requirements and conferring Certified Practising Speech Pathologist (CPSP) status to those who meet the profession's clinical, ethical, and professional standards. CPSP status is widely recognised and required by various funding schemes — including Medicare, private health, the Department of Veteran Affairs (DVA), the NDIS (if the provider chooses to be listed as 'registered' under the NDIS) and aged care (1). However, holding CPSP status is voluntary and practitioners who are not CPSPs may still lawfully practise.

This reactive regulatory model is inadequate for professions like speech pathology, which involve complex care, significant knowledge asymmetry between practitioners and the public, and high risk of harm if safety and quality standards are not upheld. Consumers have an expectation of safe, high-quality care. However, there is currently no public register to verify a speech pathologist's qualifications, and the title "speech pathologist" is not protected. Most consumers are unlikely to know what qualifications or certifications they should look for, such as CPSP status, and should not be expected to navigate complex certification systems to determine if a provider is appropriately qualified. The onus for verifying professional qualifications should not fall on consumers.

This lack of statutory regulation has resulted in a fragmented set of scheme-based safeguards. Programs such as the NDIS, Medicare, private health, and aged care either require CPSP status or impose their own registration processes. While SPA supports the use of CPSP status as a safeguard, there is considerable duplication. Rather than recognising CPSP as sufficient evidence of eligibility, programs often require speech pathologists to complete separate, time-consuming, and costly registration processes. This creates a significant administrative burden, particularly for sole traders and small providers operating on thin margins. In a 2024 SPA survey of more than 900 members providing services via the NDIS, over 70% of those working across multiple schemes reported that duplicative entry processes negatively impacted their workload or willingness to remain in scheme-funded work (2).

The burden is particularly pronounced in the NDIS. While applying for a Medicare provider number is free and relatively quick, NDIS registration is expensive, time-consuming, and must be renewed every three years. In a 2023 SPA survey of members providing care via the NDIS, the lowest reported audit cost for NDIS certification was $8,000, with some members indicating they paid over $20,000 (3). Registration may also take several months to complete. These barriers are unmanageable for many small practices and part-time providers, with part-time workers comprising around 40% of the speech pathology workforce. In 2024, only 36% of SPA members delivering NDIS supports were registered. Among non-registered providers, nearly 80% cited

administrative burden and 77% cited audit costs as key reasons for not registering. Many reported they would consider registration if the process mirrored that of Medicare. These findings highlight a systemic access issue: current regulatory settings are acting as a deterrent for qualified practitioners, undermining efforts to build a sustainable NDIS workforce. The result is fewer providers available to deliver essential supports with consumers ultimately bearing the cost of avoidable workforce shortages, particularly in rural and high-demand areas.

Similar issues exist in aged care. Despite rising demand for communication and swallowing support, recent reforms have not introduced clear or consistent obligations for providers to verify the credentials of allied health professionals. It remains unclear how speech pathologists will be regulated under the draft legislative framework. This ambiguity, combined with references to “health professionals” that appear limited to professions regulated by the National Registration and Accreditation Scheme (NRAS) (i.e., “Ahpra-registered professions”), risks excluding self-regulated but essential providers such as speech pathologists. SPA has also raised concerns about the cost and complexity of proposed registration and audit arrangements. Many speech pathologists working in aged care operate as sole traders or part-time providers and are already stretched across multiple programs. Any unclear, administratively burdensome, or costly compliance requirements may deter participation, worsening existing workforce shortages.

For further information on funding schemes, refer to SPA’s provided supporting document ‘Appendix 1 – Comparison of funding schemes.’

To address these issues, SPA recommends a two-part reform.
1) A single national register should be introduced for all health professionals, including speech pathologists. This register should be the primary mechanism for verifying professional eligibility to practice.
2) Second, programs such as the NDIS, aged care, and DVA should recognise this register as sufficient evidence of eligibility, removing the need for duplicative registration processes. Entry into these schemes should be low-cost and low-burden for appropriately credentialled professionals.

This approach would reduce administrative complexity, improve public safety, and ensure that allied health professionals can move flexibly across programs without unnecessary red tape. It would also provide consumers with a clear, central point to verify that a practitioner is qualified. Finally, a single national register hosted by an existing national regulator would allow for consistent and comparable workforce data, supporting better planning and more efficient policy. It would also be more scalable and cost-effective than maintaining fragmented processes across multiple entities. Crucially, this reform aligns with the Productivity Commission’s stated aim of streamlining occupational entry regulations to enable a more adaptable, skilled workforce. By removing unnecessary duplication and providing a single point of verification across government-funded schemes, Australia can support both service availability and quality — consistent with the Commission’s broader productivity goals.

(1) Speech pathologists, who are registered providers under the NDIS, or providing services to agency managed or plan managed participants are required to hold CPSP

status.
(2) Speech Pathology Australia. NDIS Pricing Consultation 2024 survey. Unpublished internal data; February 2024.
(3) Speech Pathology Australia. NDIS Pricing Consultation 2023 survey. Unpublished internal data; February–April 2023.

Do you believe current occupational entry regulations are proportionate to the level of risk associated with different professions? Why or why not? If not, do you have any suggested improvements to regulations to better reflect risks? Please name the specific occupations you are referring to.

Current occupational entry regulations do not appropriately reflect the risks associated with speech pathology or many other allied health professions. The regulatory framework is inconsistent and fails to account for complex, cumulative, and often invisible forms of harm that can arise in these fields.

The existing National Registration and Accreditation Scheme (NRAS) risk criteria tend to prioritise immediate, physical, and observable harms — favouring a medical model that does not reflect the diversity of risks across the broader health sector. Health professions providing care with risks that are cumulative, developmental, or less visible to lay observers are often excluded from national registration despite clear public safety considerations. This approach fails to recognise the long-term consequences of poor-quality care, the asymmetry of knowledge between provider and consumer, and the challenges consumers face in identifying or responding to unsafe practice.

We note that the 'Independent review of complexity in the National Registration and Accreditation Scheme' has acknowledged these limitations and recommended a revised approach to assessing professional risk. In particular, its Consultation Paper 2 proposes that a broader and more inclusive definition of risk be adopted. This includes consideration of factors such as potential lifelong harms; typical service settings (e.g. solo versus group practice); presence or absence of protective systems such as peer supervision or clinical governance; and the likely predominance of vulnerable service users. Speech Pathology Australia (SPA) supports this proposed shift and agrees that a more nuanced understanding of risk is essential to ensuring appropriate regulatory oversight across professions.

The Productivity Commission has rightly stated that occupational entry regulation should balance service availability and quality, and be proportionate to risk. However, this balance cannot be achieved if risk is defined too narrowly. By focusing primarily on acute or observable harm, current models underestimate the risks associated with professions like speech pathology, where the consequences of poor care — such as delayed communication development, malnutrition, or preventable hospitalisations — may emerge gradually and affect long-term outcomes. This disconnect results in an under-regulated sector, while simultaneously allowing fragmented and duplicative requirements to proliferate across funding schemes.

However, SPA cautions against using even an improved risk framework as the sole basis for determining whether a profession should be included in a national register. All health professions carry risk, and it is not always possible to predict how that risk may evolve with changing models of care, emerging technologies, or expanded scopes of practice. Attempts to classify some professions as "low risk" and thereby exclude them from baseline regulation or inclusion on a national register oversimplified complex clinical realities and leave consumers without meaningful protections.

Instead, we advocate for a single national register that includes both NRAS-regulated and currently self-regulated health professions. This would establish a consistent

foundation for public safety, ensure that all practitioners meet minimum standards for training, conduct, and competence, and provide a clear mechanism for verifying professional standing. Crucially, it would also enable governments and funders to recognise registration as sufficient evidence of eligibility across schemes such as the NDIS, Medicare, aged care, and the Department of Veteran Affairs (DVA) — eliminating the need for duplicative, scheme-specific entry processes. Profession-specific risks and regulatory needs can then be addressed through tailored scopes of practice, standards, and supervision arrangements within that shared framework, rather than through exclusion from the register altogether.

This approach would also support the Commission's goal of improving productivity through better regulation. It would provide a scalable and cost-effective solution, enable more consistent workforce data collection, and facilitate mobility and flexibility across sectors, without compromising safety or quality.

Which of the following best describes your connection to occupational entry regulations? Please select all that apply.

Industry association or professional-body representative

Which state or territory are you predominantly based in?

Speech Pathology Australia is a national peak body

Cover sheet: Supporting document #1

Level 1 / 114 William Street T 61 3 9642 4899 office@speechpathologyaustralia.org.au
Melbourne Victoria 3000 F 61 3 9642 4922 www.speechpathologyaustralia.org.au

Appendix 1: Comparison of funding schemes

Funding Scheme	Entry Criteria	Registration process	Fee
Medicare	Hold Certified Practising Speech Pathologist (CPSP) status[1]	Register for a Medicare provider number by providing evidence of CPSP status to Medicare (via an online or physical form)	$0
Department of Veteran Affairs	• Hold Certified Practising Speech Pathologist (CPSP) status • Have a Medicare Provider Number	1. If not already, register for a Medicare provider number which automatically registers practitioner with DVA. 2. Enter a recipient created tax invoice agreement with DVA, to enable payment via Medicare.	$0
NDIS services to agency managed participants[2]	Hold Certified Practising Speech Pathologist (CPSP) status	1. Register via the NDIS Quality and Safeguards Commission. Includes a self-assessment against the applicable NDIS Practice Standards, including evidence to support comments, and questions about the suitability of the applicant and key personnel 2. Have practice audited, at the practitioner's expense. Depending on risk level of proposed supports and	No fee to register with the NDIS Commission, however providers must pay for an approved quality auditor to complete an audit. The NDIS Commission

[1] Certified Practising Speech Pathology (CPSP) status is a voluntary certification that Speech Pathology Australia confers. The Certification process is designed to protect service users and ensure that they receive high quality, safe and effective speech pathology services. CPSPs must meet certain requirements through the Certification process to ensure that their practise is of a high standard. This includes ongoing recency of practice, as well as mandated hours of cultural learning and professional development each year.

[2] Speech pathologists providing services to agency managed are required to be registered with the NDIS and hold CPSP status. Speech pathologists working with plan managed participants must hold CPSP status. Speech pathologists providing services to self-managed participants do not need to be registered and do not need to hold CPSP status.

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		services, either a verification audit or certification audit is required. 3. The NDIS Commission considers auditor's recommendation and assesses suitability as a provider.	doesn't set prices for audit services. However, in a 2023 SPA survey of members providing care via the NDIS, the lowest reported audit cost for NDIS certification was $8,000, with some members indicating they paid over $20,000.[3]
NDIS services to plan- managed participants[2]	Hold Certified Practising Speech Pathologist (CPSP) status	Not applicable.	$0
NDIS services to self- managed participants[2]	No requirements.	Not applicable.	$0
Aged care sector	The aged care sector is currently undergoing major reform. As part of this, provider requirements are under active review and may change considerably. We have not included detail regarding entry requirements, the registration process, or cost due to this uncertainty, but note that current and proposed requirements differ markedly from other funding schemes, with the current program involving considerable costs for businesses seeking approval as aged care providers.		

[3] Reference: Speech Pathology Australia. NDIS Pricing Consultation 2023 survey. Unpublished internal data; February–April 2023.