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

The Productivity Commission
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15 September 2025

Dear Commissioners,

RE: Delivering quality care more efficiently interim report

Speech Pathology Australia (SPA) is the national peak body for speech pathologists in Australia, representing more than 16,000 members. This includes approximately 14,000 – 15,000 who are practising, accounting for an estimated 80–90% of the practising speech pathologist, who work across a range of sectors, including public, private, university, and non-government sectors.

SPA appreciates the opportunity to respond to the interim report *Delivering quality care more efficiently.* SPA supports reforms that improve safety and quality across aged care, disability, and veterans' care, particularly where they enhance clarity, reduce duplication, and streamline oversight.

Speech pathologists are university trained allied health professionals with expertise in the diagnosis, assessment, and treatment of communication and swallowing difficulties. Speech pathologists are self-regulated, meaning that they are not registered under the National Registration and Accreditation Scheme (NRAS). There is no mandatory requirement for speech pathologists to hold recognised qualifications to practice, to maintain competence, or be subject to regulatory oversight.

In our submission to the *Building a Skilled and Adaptable Workforce* review, we highlighted the fragmented and duplicative compliance requirements that have emerged across programs such as the National Disability Insurance Scheme (NDIS), aged care schemes, and Department of Veterans Affairs (DVA). These programs have each developed their own registration or verification processes to fill a gap left by the absence of mandatory national registration for some health professions, including speech pathology.

We strongly support the Commission's goal to unify these processes; a consistent and scalable approach to workforce verification is urgently needed. However, we reiterate that mandatory national practitioner registration remains the foundational reform. Program-based safeguards have arisen as a response to this regulatory gap and should not be treated as a substitute for core professional registration.

National registration provides public assurance that practitioners have met minimum qualification and conduct standards and are subject to appropriate oversight. It is particularly important in professions such as speech pathology, which involves immediate and severe risks. For example, a failure to appropriately assess or manage swallowing difficulties (dysphagia) could lead to aspiration, choking, and death. These risks have been recognised in coronial findings and highlighted in the Disability Royal Commission, which identified preventable deaths associated with lack of access to speech pathology care for dysphagia management and inconsistent implementation of mealtime support plans.[1] [2] [3] In addition to these acute risks, the activities of a speech pathologist would also

[1] Salomon C, Trollor J. Summary of Findings: A scoping review of causes and contributors to deaths of people with disability in Australia [Internet]. Sydney: Department of Developmental Disability Neuropsychiatry, UNSW; 2019 Aug 19 [cited 2025 September 05]. Available from: https://www.ndiscommission.gov.au/sites/default/files/2024-09/summary-findings-24.pdf
[2] McCarthy S, Hemsley B, Given F, Williams H, Balandin S. Death by choking or dysphagia: a review of coronial findings (Australia and Canada): a picture of preventable death, non-adherence to written recommendations, and lack of appropriate supervision. J Law Med. 2022 Jun;29(2):400–405.
[3]vii Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Final Report – Volume 11: Independent oversight and complaint mechanisms [Internet]. Canberra: Commonwealth of

carry the potential for cumulative and lifelong harm if safe-high quality and evidence-based care requirements were not met. The risks posed by the activities of the occupation are under-recognised in current scheme-based frameworks – such as the National Registration and Accreditation Scheme – which tend to prioritise incident-based harm.

A single national register – administered by an appropriate statutory authority – would allow governments, providers, employers and the public to verify a practitioner's eligibility to practise across all sectors. It would also streamline administrative burdens, reduce compliance costs, and improve workforce mobility. SPA acknowledges that programs such as the NDIS, aged care, and DVA may retain some additional requirements to ensure the safety and quality of service delivery. For example, these could relate to governance arrangements or service-level quality standards – we advocate for these to be harmonised and streamlined across schemes where feasible. These program-level checks may complement a national practitioner register.

We also wish to acknowledge the *Building a Skilled and Adaptable Workforce* interim report's recognition that excessive or inconsistent occupational entry requirements can drive up consumer costs, contribute to workforce shortages, and reduce economic performance. However, self-regulated professions such as speech pathology face duplicative and inconsistent requirements across schemes and barriers to participation in a streamlined digital health environment. Many of these challenges would be solved and costs reduced if speech pathologists were added to the Ahpra register – this is the central source of truth on eligibility to practise and point of digital connection across the health system for the registered professions.

Furthermore, in the absence of mandatory national registration, there is currently no single, comprehensive dataset capturing the size, distribution, and capabilities of the speech pathology workforce. This hampers workforce planning and must be urgently addressed in an environment of undersupply and maldistribution. While some forms of regulation may impose unnecessary burdens, the regulation of speech pathologists does not fall into this category. As we outlined in our earlier submission, public protection must be the central consideration. Mandatory registration is not an undue barrier; it is a necessary safeguard to ensure that health professionals are qualified, competent, and accountable.

To this end, we call on the Productivity Commission to:

1. **Recognise the need for mandatory national registration of speech pathologists.** This is not an excessive barrier to entry, but a critical safeguard for public safety and service quality, which can improve efficiency and reduce costs.

2. **Recommend the introduction of a single national register for health professionals, including speech pathologists.**
   This register would operate as a practitioner-level regulatory mechanism, akin to current arrangements under the National Registration and Accreditation Scheme (NRAS). It should be the primary mechanism for verifying a practitioner's qualifications, competence, and eligibility to practise, ensuring a clear, consistent, and nationally recognised standard of professional oversight.

   Programs such as the NDIS, aged care, Medicare, and DVA could use this national register as a trusted source to verify individual practitioner eligibility, reducing the need for duplicative credentialing checks. This would streamline workforce access to funded

Australia; 2023 Sep 29 [September 05]. Available from: https://disability.royalcommission.gov.au/publications/final-report-volume-11-independent-oversight-and-complaint-mechanisms

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programs without requiring separate program-specific practitioner registration.

3. **Support a complementary and unified approach to worker recognition across schemes such as aged care, NDIS, and veterans' care sectors.** These program-level requirements should focus on service-level or organisational quality (e.g. provider governance, complaints management, multidisciplinary coordination), rather than duplicating individual practitioner checks already covered by a national register. Individual scheme requirements should be harmonised and streamlined insofar as possible, as the current program-specific approaches create unnecessary administrative burden, reduce workforce mobility, and increase compliance costs for both providers and practitioners. This approach ensures that funded service delivery is subject to additional safeguards without replicating core professional regulation.

Speech Pathology Australia urges the Commission to consider the costs and consequences for both consumers and the health workforce of fragmented, duplicative regulatory arrangements. We would be pleased to expand on the matters raised in this submission and discuss practical steps to streamline and strengthen workforce oversight. We would welcome the opportunity to meet with you to discuss this further. To arrange a meeting or request further information please contact Dr Jennifer O'Connor, Chief, Policy and Advocacy, at E: policy@speechpathologyaustralia.org.au or Ph: 1300 368 835.

Sincerely,

[redacted]

Lyn Brodie, CEO