

## Position Statement

### **Dual Servicing in Speech Pathology**

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## 1. Context

Speech Pathology Australia's Code of Ethics (2010) articulates the values, principles and standards of ethical practice and professional conduct expected of speech pathologists by their peers and the community. As a profession one of the fundamental duties to our clients and the community, as articulated in the Standard 3.1.6 Service Planning and Provision of SPA's Code of Ethics, is to ensure that speech pathology services are accessible and that there is equity of access. We also make a commitment to provide access to services consistent with the client's need. Dual servicing in speech pathology occurs in this context in that on some occasions it is necessary and suitable for more than one speech pathologist to be providing a service to the same client.

This position statement will focus on dual servicing in speech pathology. It does not discuss multidisciplinary practice which occurs when a speech pathologist and another professional, or group of professionals, work with a client at the same time. Speech Pathology Australia's Parameters of Practice document provides guidance and information about delegation, collaboration and teamwork in relation to multidisciplinary practice.

## 2. Definition

Speech Pathology Australia recognises there is no accepted definition of dual servicing in speech pathology.

For the purposes of this position statement, the following definition is accepted by Speech Pathology Australia.

Dual servicing in speech pathology occurs when a client accesses speech pathology services from two or more speech pathologists, frequently from different organisations or services, at the same time.

## 3. Background

Traditionally clients of speech pathology services would have received this service from only one organisation in a single location and generally from an individual speech pathologist within that organisation. The client may have transferred from one setting to another, such as from an acute hospital to a rehabilitation centre or from a community health setting to an education setting, but would have continued to see only one speech pathologist at a time.

It is becoming increasingly common for a client to be accessing, or have the option to access, speech pathology services from more than one organisation or speech pathologist at the same time. Reasons for this include:

- increased client access to individualised funding packages (e.g., Helping Children with Autism and Better Start for Children with Disability early intervention funding through the Department of Social Services and funding for speech pathology supports through the National Disability Insurance Scheme);
- increased access to clinics or services that focus on a distinct area of speech pathology practice (e.g., adult voice clinics) or provide access to a service requiring extended or advanced levels of speech pathology knowledge and skill (e.g., Head and Neck Cancer Team in an acute hospital);
- increased integration of public and private primary health services encouraged by health reform initiatives;
- clients seeking individual speech pathology from a private speech pathologist because they wish to access additional services which are of greater frequency and or duration than those provided by the public service they are receiving a service from; and
- innovative service delivery models, such as the hub and spoke model, where a speech pathologist from a tertiary level organisation provides one level of support and a community speech pathologist may provide a different level of support.
- Increasingly it will become common for the following to occur:

- A client who is accessing a publicly funded speech pathology service may also choose to access a private speech pathology service.
- A client may have access to a hub and spoke model of service where he/she accesses speech pathology services at a metropolitan/regional public hospital at the same time as they are accessing speech pathology through a regional/rural public community service or private speech pathologist.
- A client may have access to two different funding sources and due to provider registration requirements the services may be provided by two different speech pathologists.
- A client may access group speech therapy from one speech pathologist and individualised therapy from another speech pathologist.
- A client may access a specific speech pathology program via telepractice whilst continuing to see another speech pathologist face-to-face for ongoing speech therapy.
- A client may choose to access services/supports from speech pathologists with more developed competencies in one or more areas of clinical focus e.g., a speech pathologist supporting complex dysphagia management, another clinician assessing and prescribing Assistive Technologies and someone providing home based services/supports across both areas.

## **4. The Position of Speech Pathology Australia**

### **4.1 Dual servicing in speech pathology is appropriate and can occur in many circumstances.**

As articulated above there are many examples where dual servicing in speech pathology does occur or may occur. Fundamental to dual servicing occurring is the desire to ensure speech pathology clients have access to the most appropriate service to meet their needs and achieve outcomes. Given the increasing emphasis on client choice and control and funding streams focusing on specific client groups and/or specified services, the likelihood of a client seeking services from more than one speech pathologist will increase.

Speech Pathology Australia believes there will be some occasions where dual servicing in speech pathology would not achieve positive outcomes and thus would not be recommended. These situations may be transient or long term. Examples may include situations where provision of interventions by a consistent person may be indicated as evidence based practice (i.e. for children with ASD who may find it challenging to adjust to changes of provider, or where intervention may be dependent on a dynamic integration of information about a client's performance on therapy tasks.) Other contraindications for dual servicing may include family or carer circumstances. In these situations the speech pathologist would need to provide and discuss with the client, and other parties involved, the reasons why dual servicing is not recommended.

### **4.2 Each speech pathologist involved in the dual servicing arrangement is responsible for ensuring their behaviour and the service they provide meets the highest standards of integrity and ethical practice.**

All speech pathologists involved in the dual servicing arrangement must be cognisant of the fact that they are equally ethically responsible for ensuring that they work cooperatively and collaboratively and that the service they provide is appropriate, evidence based and consistent with the client's need.

### **4.3 Dual servicing requires careful planning and coordination.**

When dual servicing occurs it will require careful planning and coordination in order to maximise outcomes and not compromise the benefit to the client. In particular, if a client requests that an external speech pathologist provide a service in a facility or organisation (e.g., residential aged care, day activity centre, school or child care centre) the speech pathologist must:

- gain permission to see the client from the person responsible (for example the nurse manager or a school principal),

- familiarise themselves with any policies and procedures that the organisation may have about external providers coming into that facility, and
- negotiate the service agreement in consultation with the person in charge in the facility, the client, caregiver (if applicable) and any other professionals involved.

#### **4.5 Each of the speech pathologists involved in the dual servicing arrangement must contribute to the development of the client's speech pathology service plan.**

From the outset, clear lines of communication will need to be established between all those involved in the dual servicing arrangement. The two, or more, speech pathologists in consultation with the client, caregiver (if applicable), and any other professionals involved will need to develop a speech pathology service plan which includes:

- The overall goals to be worked on.
- A breakdown of the goals to be worked on by each speech pathologist.
- Specific roles and responsibilities for each speech pathologist.
- How often the therapy will occur.
- How home practice will be managed.
- How often the team will communicate and how that communication will occur.
- How issues will be dealt with.
- When and how the team is going to review and evaluate the delivery of the dual services so that they ensure it continues to meet the needs of the client.

#### **4.6 A client who is accessing a speech pathology service should not be excluded from accessing another speech pathology service on the basis of already receiving a service.**

Speech Pathology Australia is aware that some speech pathologists work in organisations with a policy/policies that prohibits or discourages dual servicing. SPA believes that all clients should have equal access to services. Simply having access to one speech pathologist shouldn't be the reason why the client is prohibited from accessing a particular service.

## **5. Conclusion**

Speech Pathology Australia's position on dual servicing is guided by its Code of Ethics (Speech Pathology Australia, 2010) and the commitment as a profession to provide speech pathology clients with access to services consistent with their need. Due to a range of reasons dual servicing can and does occur within speech pathology. Examples of dual servicing in speech pathology are likely to increase especially in the context of the reforms being undertaken in the aged care, primary care and disability sectors. There may be occasions where due to a variety of reasons dual servicing is not recommended. Communication and discussion of the reasons why dual servicing is not recommended must occur between the speech pathologist, client and other parties involved.

Dual servicing in speech pathology requires careful planning and collaboration. Each speech pathologist involved in the dual servicing arrangement maintains responsibility for ensuring they work cooperatively and collaboratively with their colleague(s) and that the service they provide is appropriate, evidence based and consistent with the client's need. Speech Pathology Australia does not consider it appropriate a client's access to a particular speech pathology service is restricted or prohibited based on if they already receive a service from another speech pathologist.

## References

Speech Pathology Association of Australia. (2010). *Code of Ethics*. Melbourne, Australia. The Speech Pathology Association of Australia Ltd.