Commission of the European Communities

Green Paper on the European Workforce for Health

Submission on behalf of
The Irish Association of Speech and Language Therapists

March 2009

Introduction

The *Irish Association of Speech and Language Therapists* (IASLT) is the recognised professional body for speech and language therapists in Ireland. One of the functions of IASLT is to represent the profession's interests to relevant stakeholders. Speech and Language Therapists working within the Republic of Ireland are recognised as being members of an autonomous profession, that is, their services need not be prescribed or supervised by individuals in other professions. However, Speech and Language Therapists, by the nature of the profession, almost without exception, work alongside and with other professionals and individuals as part of a multi-disciplinary team to ensure the most holistic and complete care of their clients

Scope of practice of Speech and Language Therapists

The practice of speech and Language therapy includes the assessment, diagnosis, identification, prevention, and rehabilitation of individuals presenting with communication and swallowing disorders. The aim of providing a speech and language therapy service to an individual is to enhance or improve that individual's ability to communicate or to swallow within his/her own everyday environment.

Factors to be addressed in planning for a workforce for health in the EU

1. Demography and the promotion of a sustainable health workforce

There are a number of demographic trends which will influence the demand for speech and language therapy services and supply of speech and language therapists throughout the EU.

The growth of an ageing population will result in increased demand for speech and language therapy services. Increased prevalence of chronic conditions, such as dementia, stroke disease and progressive neurological and respiratory illness will increase the need for management of resultant communication and/or swallowing difficulties. Several unpublished studies in the Dublin area provide evidence of a significant need for resources to meet the needs of the over 18 years population with communication and swallowing difficulties in community and residential settings. O'Neill(2006) makes recommendations for the inclusion of speech and language therapy in the minimum staffing requirements for residential settings for the elderly. However, to date, a majority of nursing homes throughout the country do not have access to speech and language therapy services. This results in high risk of readmission to the acute care setting with complications associated with swallowing disorders and also of residents being denied access to an optimum means of communicating their needs.

Patients with chronic conditions have complex and ongoing needs. While there will be occasions where acute care admission is required, the ongoing needs are most appropriately provided for in a community or home setting. In situations where patients are transferring between different levels of the health service, it is essential that the transfer of patient and relevant health information is done as safely and efficiently as possible.

Increasing rates of survival for infants with complex needs will necessarily increase long term demand for medical and educational support. Speech and language therapy is a key component of such a support system. Current under-resourcing in early intervention services and services for school aged children must be addressed if this demand is to be met. At present, speech and language therapists are not an integral component of the education system. Service provision to schools is ad hoc and resource dependent in different areas.

The recent introduction of disability legislation has also increased demand for speech and language therapy services for children of 0-5 years and it is planned to expand the requirements of the legislation to all ages in the near future. Despite identification of the need for additional staffing requirements to meet the demands of the legislation, this requirement has not been provided for.

We would recommend that future workforce planning needs to address the need for resources to allow for the provision of speech and language therapy as in integral component of the education system for school aged children. This will ensure that intervention is most appropriately targeted in the child's natural environment and will allow the services to quickly adapt to meet the changing needs of children.

In relation to EU support in planning for these demographic influences on demand, we would suggest support for inter-state liaison in relation to outcomes for models of care for chronic conditions that are focused on care in the community or home. In addition, we believe there is much to be learned from countries which provide speech and language therapy as an integral component of the education system. We would also welcome EU acknowledgement of the complex requirements, including communication and swallowing needs, of those with chronic conditions and to acknowledge the right of every individual to be able to access timely and comprehensive speech and language therapy services within a multidisciplinary team setting.

In terms of the supply of speech and language therapists to meet this demand, approximately 100 speech and language therapy graduates are produced each year from the four university degree programmes in Ireland. Due to a period of healthcare funding deficits and the imposition of a recruitment embargo in September 2007, graduates are finding it increasingly difficult to secure employment. There is high demand for these highly educated graduates in countries, such as Canada. Failure to address graduate employment issues in the context of a high demand for speech and language therapy services, will lead to continued risk of the loss of graduates who have been trained at a high cost to the Irish government to the gain of countries outside the EU.

While the numbers of speech and language therapists employed in Ireland has increased since 2004, supply, and therefore ability to provide adequate services, continues to be significantly below the figure of 1285 recommended by Bacon 2001. A 2008 IASLT national survey of speech and language therapy managers revealed waiting times of up to three years in some areas. The requirement to prioritise assessment for 0-5 years has, in some instances, resulted in inability to provide any level of service to children older than 5 years.

The speech and language therapy workforce in Ireland is predominantly female. Less than 2% of student enrolments in 2005/06 and 2006/07 were male, while there were no male students over the period 2002-2004. Therefore, there is a high take up of periods of statutory paid and unpaid leave, such as maternity and parental leave. At present, it is common practice across the Irish Health service not to replace paid maternity leave, and in many instances, unpaid maternity and parental leave. This results in frequent gaps in service across all areas. While acknowledging the funding implications for replacement of paid leave periods, we would welcome EU support in ensuring replacement of resources to prevent gaps in essential services.

Given the predominantly female workforce, coupled with high childcare costs, it is often difficult for speech and language therapists with young children to remain in full time employment despite wishing to. We would welcome support for early childcare to support retention of experienced speech and language therapists in the workforce.

While no supporting data exists, there is anecdotal evidence to suggest the limited scope for career advancement within speech and language therapy may be a contributory factor in a number of very experienced workers leaving the profession. It is important that the career structure within speech and language therapy is developed to facilitate the retention of experienced clinicians and to maximise the potential role of speech and language therapists in contributing to the delivery of health services. In particular, we believe the role of the speech and language therapy manager should be developed to contribute to the Clinicians in Management strategy. Evaluation of the role of the Clinical Specialist has identified the value of this grade in contributing to the evidence base within speech and language therapy. There is significant need to expand the potential for advancement to this level of specialism.

IASLT facilitates the return to practice of speech and language therapists who have been non-practising for a period of more than two years. Support is provided for returning clinicians of different levels of need, one component of which is the completion of a period of supervised practice. To date demand from returning clinicians has been very low. Future demand, however, is likely to increase in line with an increasing ability and need to work later in life. This is turn will place an increased demand on the existing workforce to provide supervised work practice for returners.

In recent years the supply of speech and language therapists in Ireland has also been increased through overseas trained workers. All speech and language therapists who have received their professional qualification must apply to have their qualification validated by the Irish Department of Health and Children. The qualifications of EEA-nationals are assessed under Directive 2005/36/EC. Since 1998, the IASLT have facilitated the processing of applications under the Directive and aim to ensure there are no barriers to entry of EEA-or non-EEA nationals. In 2007, there were 117 applicants for validation of qualifications, of which 94 were successful. While, the number of applicants during 2008 has significantly reduced, the impact of continued inward movement of workers into Ireland, in the context of increasing graduate employment in Ireland will require Irish and EU consideration. Also need to protect SLT permission to have English language proficiency requirement.

Comparison with staffing levels in other countries is a crude measurement considering differing forms of service provision in different jurisdictions. For example, employment of speech and language therapy assistants is common in many other countries, such as UK, Australia and New Zealand. Use of assistants in Ireland has been minimal. These additional staffing resources must be considered, therefore when making international comparisons. Use of assistant grades leads to considerable efficiencies in service provision and must be considered in any future workforce planning.

The IASLT is part of a European speech and language therapy group CPLOL. CPLOL is the Standing Liaison Committee of Speech and Language Therapists / Logopedists in the European Union.

The acronyme 'CPLOL' refers to the French name: Comité Permanent de Liaison des Orthophonistes / Logopedes de l'Union Européenne.

CPLOL was founded in 1998 in Paris by professional associations representing the 9 member countries of the EU. Since its foundation CPLOL has been steadily enlarging and by the 13th May 2007 CPLOL was composed by 30 professional associations representing 28 European countries.

2. Public health capacity

Communication and swallowing disorders largely arise from medical conditions, developmental delays and disorders, syndromes, physical and sensory impairments and intellectual disability. Therefore, many communication and swallowing disorders are not preventable in a primary sense. However, they can be exacerbated or improved by certain lifestyle choices and factors within the environment. Speech and language therapists, therefore have a key role in promoting the health and participation of those with communication and/or swallowing difficulties. This may be at the level of individual clients and the environment in which they function and also at the population level in influencing policy. At an EU level, we believe that there should be support in recognising the fundamental right of every individual to have a suitable means of communication and a safe and adequate means of nutrition.

In this regard, support for research within speech and language therapy and in conjunction with relevant other disciplines in healthcare and other relevant sectors is essential. We would welcome EU initiatives to support the undertaking and dissemination of research.

3. Training

IASLT is heavily involved in undergraduate clinical education in the Republic of Ireland. Through its Education Board, which works collaboratively with the Higher Education Institutions, it accredits each course on 2 year basis (University of Limerick, graduate entry course) or 4 year basis (Trinity College Dublin, University College Cork, National University of Ireland, Galway), as appropriate. At local level, Speech and Language Therapists are also active as practice educators for speech and language therapists in training, which can be demanding in the context of long

waiting lists and issues such as pressure on accommodation.

IASLT members must maintain and advance their professional knowledge and keep up with technical and clinical progress throughout their careers in order to offer clients the best treatment available. Involvement in continuing professional development (CPD) is a fundamental requirement for membership of IASLT. A member must seek support and formal supervision within their employing organisation.

Speech and language therapist applicants who have received their professional qualification outside of the republic of Ireland are required to show evidence of maintaining CPD before being accepted for membership of IASLT.

4. Managing mobility of health workers within the EU

This has been addressed in Section 1 above.

5. Global migration of health workers

As outlined in Section 1 above, Ireland has existing processes in place for facilitating applicants for speech and language therapists from all EU member states. As English is the primary language of education and business in Ireland and language is a central component to the therapeutic role of the speech and language therapist, it is essential that the requirement for proficiency in spoken and written English is maintained for all applicants.

As the Irish population becomes more culturally diverse there will also be a need for greater cultural diversity in the workforce. In recent years there has been a significant increase in demand for speech and language therapy services for multi-lingual assessment and intervention. Use of non-speech and language therapy interpreting services, while necessary, leads to a risk of the loss of valuable clinical information.

6. Data to support decision - making

Not applicable

The impact of new technology

Technology is becoming increasingly important in the role of the speech and language therapist, first as a therapeutic tool and also as an essential means of data collection for health evaluation and planning.

Ongoing advancements in technology to assist communication have led to valuable improvements in quality of life and social participation for those with communication disorders. However, such technology is costly and often prohibitively so for those for whom it is needed. If the EU recognises the fundamental right of all individuals to

have a suitable means of communication, this must be reflected in support for the provision of this technology for those in need.

The current ICT infrastructure throughout the Irish health service remains limited and fragmented. This has led to an inability to fully explore the potential for provision of more efficient services and education through telemedicine. Similarly collection of comprehensive clinical and activity related data is limited due to poorly developed and integrated data collection systems. We would welcome a European framework to identify and provide for developments in this area which may improve patient care.

The role of health professional entrepreneurs in the workforce

We do not support an EU wide policy of promoting the development of for-profit healthcare services. We believe that each member state should maintain responsibility for deciding how the health of it's population is funded. While there is a role for privately funded and provided speech and language therapy services in enhancing and complementing those provided publicly, we support the principle of equal access to healthcare for all regardless of financial means. We would strongly support close collaboration between publicly and privately funded and provided speech and language therapy services.

Research and innovative service development are key components of the role of speech and language therapy services. Research is an integral component of the undergraduate programmes, thereby equipping all speech and language therapists with research competence. Through research and service development initiatives, speech and language therapists can offer valuable improvements in the effectiveness and efficiency of healthcare services. We strongly support EU support for the recognition of research as a fundamental component of the role of the speech and language therapist, for the development of the Clinical Specialist grade, for the exploration of additional career expansions opportunities to enhance the research role, and the value of the speech and language therapy manager in contributing to innovative and improved service provision.