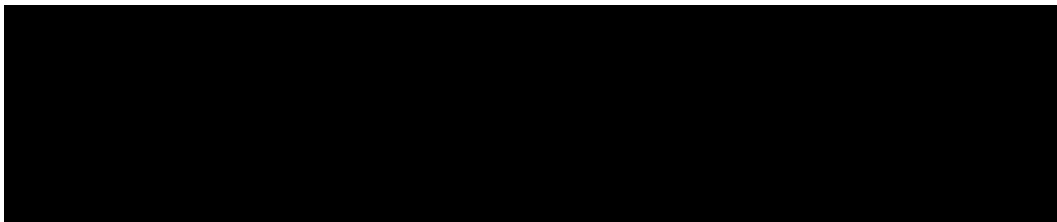




AGED CARE ACT RULES 3 – PROVIDER OBLIGATIONS

Department of Health and Aged Care

14/3/2025



About Speech Pathology Australia

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 15,000 members. Speech pathologists are university trained allied health professionals with expertise in the diagnosis, assessment, and treatment of communication and swallowing difficulties. The Association supports and regulates the ethical, clinical and professional standards of its members, as well as lobbying and advocating for access to services that benefit people with communication and swallowing needs.

Table of Contents

Executive Summary.....	4
Key recommendations.....	5
Clarify speech pathologists' obligations.....	6
Apply Quality Standard 5 to personal care and support in the home and community.....	7
Ensure Standard 5 obligations refer to access to speech pathology	7
Explicitly include obligations to provide food and drink appropriate to swallowing needs.....	8
Include a requirement for speech pathologists to hold the Certified Practising Speech Pathologist credential	9
References	10

Executive Summary

Speech Pathology Australia notes that the current Rules 3 – Provider Obligations do not sufficiently clarify the obligations of speech pathologists or registered providers, who may engage with speech pathologists under the *Aged Care Act 2024* (the Act). The use of the term 'health professional' and reference only to registered health professions within the Act is insufficient to appropriately capture self-regulating professions such as speech pathology.

Further clarity on the points and recommendations contained in this submission is sought urgently, to ensure speech pathologists are adequately prepared to provide necessary services to older people from the commencement of the Act on 1 July 2025.

Key recommendations

Recommendations

1. That the Rules clearly outline the role and obligations of speech pathologists working in aged care.
2. That the Rules include both registered and self-regulated professions under the definition of 'health professional'.
3. That the Rules add a definition for 'allied health professional', which includes both registered and self-regulated professions.
4. That the Rules apply Standard 5 to registered providers providing allied health services registered under 'Personal care and support in the home and community' (category 4).
5. That the Rules change the wording under Standard 5 expectations (Div 2 The Standards 15-30 Standard 5 – Clinical Care – Comprehensive Care 8 (pg. 32)) to ensure inclusion of speech pathology.
6. That the Rules amend wording under Div 2 15-35 (3) to include the obligation for providers to provide “food and drink that meets the individual’s assessed needs”.
7. That the Rules be amended to require that registered providers ensure that speech pathologists delivering aged care services hold the Certified Practising Speech Pathologist (CPSP) status to confirm they meet the professional and ethical standards expected of speech pathologists in Australia.

Clarify speech pathologists' obligations

Recommendations

1. That the Rules clearly outline the role and obligations of speech pathologists working in aged care
2. That the Rules include both registered and self-regulated professions under the definition of 'health professional'.
3. That the Rules add a definition for 'allied health professional', which includes both registered and self-regulated professions.

The draft *Rules 3 Provider Obligations* do not provide any clarity on the obligations of allied health professionals under the Act. It remains unclear whether allied health professionals such as speech pathologists will be considered 'aged care workers', given they are not to be 'registered providers' or instead classed as 'associate providers' as some recent Department of Health and Aged Care information has appeared to suggest. However, these Rules do not mention 'associate providers' at all.

The Rules only refer to '*health professionals*' as defined by the Health Practitioner Regulation National Law (National Law), which applies only to registered professions. Speech pathology is a self-regulated profession. Speech Pathology Australia is the professional body that sets and monitors professional standards for speech pathologists in Australia, through the Certified Practising Speech Pathologist (CPSP) credential. A CPSP is a speech pathologist, who has demonstrated they meet specific standards of practice in the field of speech pathology specified by Speech Pathology Australia. These standards are modelled on standards applied to registered professions under the National Law.

Obtaining and maintaining CPSP status is voluntary, requiring compliance with the Speech Pathology Australia [Code of Ethics](#), [Professional Standards](#), and [Scope of Practice](#). CPSPs must meet specified recency of practice (RoP) and continuing professional development (CPD) requirements.

The Rules should explicitly include both registered and self-regulated allied health professions and provide clear guidance on their role under the Act. It is strongly recommended that a definition of 'allied health professional' be added to the Rules, which incorporates both registered and self-regulated professions.

Speech Pathology Australia urgently seeks clarification, as the lack of information makes meaningful consultation difficult. With limited time remaining before the 1 July 2025 implementation, speech pathologists need clarity on their new obligations.

Apply Quality Standard 5 to personal care and support in the home and community

Recommendation

4. That the Rules apply Standard 5 to registered providers providing allied health services registered under 'Personal care and support in the home and community' (category 4)

The Rules (Part 6, Division 1, 15-5 pg. 26) only apply Standards 1–4 to registered providers delivering allied health services at home and in the community. However, it is inappropriate to exclude these providers from Standard 5, which covers clinical governance and comprehensive clinical care.

e.g. "Standard 5 Clinical Care: describes the responsibilities of providers to deliver safe and quality clinical care services to older people"

"5.4.2 c) identifying an individual's level of clinical frailty and communication barriers and planning clinical care services to optimize the individual's quality of life, independence, reablement and maintenance of function."

5.5.2 The provider implements processes to support safe chewing and swallowing when the individual is eating, drinking, taking oral medications and during oral care."

It is vital that Standard 5, encompassing clinical governance and comprehensive clinical care is an expectation of registered providers operating under Category 4 in the community. Without this requirement, there is a significant risk that people with communication and swallowing difficulties will not have their needs identified and met.

Ensure Standard 5 obligations refer to access to speech pathology

Recommendation

5. That the Rules change the wording under Standard 5 expectations (Div 2 The Standards 15-30 Standard 5 – Clinical Care – Comprehensive Care 8 (pg. 32)) to ensure inclusion of speech pathology

Section 15-30 - Standard 5 – Clinical Care – Comprehensive Care 8 (pg. 32)

This section uses the term delivered by 'health professionals'. This currently only applies to registered health professions. This therefore excludes essential allied health professionals that are self-regulated, such as speech pathologists.

This will mean, for example, that a provider may interpret that they have no obligation to engage with self-regulated professions such as speech pathology or dietetics to meet older peoples'

needs. This will continue to lead to substandard care and negative health and wellbeing outcomes for these people.

As stated in Recommendation 2, it is essential to update the definition of ‘*health professional*’, and/or amend the wording in this section to ensure inclusion of self-regulated professions. This would also more closely align with the content within the strengthened Quality Standards, for example: 5.4.3 “the provider refers and facilitates access to relevant health professionals and medical, rehabilitation, allied health, oral health, specialist nursing and behavioural advisory services to address the individual’s clinical needs”).

Recommended wording for these Rules is:

(8) The provider must ensure that individuals receive comprehensive, safe and quality clinical care services that are evidence-based and person-centred and delivered by ~~health professionals~~ a multidisciplinary team including health professionals and allied health professionals.

Explicitly include obligations to provide food and drink appropriate to swallowing needs

Recommendation

6. That the Rules amend wording under Div 2 15-35 (3) to include the obligation for providers to provide “food and drink that meets the individual’s assessed needs”.

Division 2, Section 15-35 Standard 6 - Food and nutrition (pg. 34)

This section does not adequately reflect the expectations of Standard 6 in relation to meeting the needs of people living with swallowing difficulties. People with swallowing difficulties may need a certain texture of foods and drinks to safely swallow, as prescribed by a speech pathologist. Current wording in these Rules only refers to provider obligations regarding the provision of ‘nutritious’ and ‘appealing’ meals. Guidance materials should additionally confirm expectations around meeting the assessed needs through implementing recommendations from suitably qualified allied health professionals including speech pathology.

The wording of this section should be changed to ensure the needs of people with swallowing difficulties are appropriately met, to avoid the potentially life-threatening consequences that can otherwise occur. The wording needs to be changed to align with the Standard to more explicitly highlight meeting the needs of people with swallowing difficulty.

Recommended wording changes for this section include:

15-35 (3) The provider must provide individuals with

(a) Food and drink that meets their nutritional needs and are appetizing and flavoursome

(b) Food and drink that meets the individual’s assessed needs

- (c) *Variation and choice about what they eat and drink*
- (d) *Choice about how much they eat and drink*

Dysphagia (swallowing difficulties) is highly prevalent in older people. More than 50% of older people in residential aged care have difficulties with chewing and swallowingⁱ. This results in significant morbidity such as chest infections, malnutrition and dehydration and mortality. Choking is the second highest cause of preventable death in residential aged careⁱⁱ. It is therefore imperative that these provider obligations reflect the needs of older people with swallowing needs.

Include a requirement for speech pathologists to hold the Certified Practising Speech Pathologist credential

Recommendation

7. That the Rules be amended to require that registered providers ensure that speech pathologists delivering aged care services hold the Certified Practising Speech Pathologist (CPSP) status to confirm they meet the professional and ethical standards expected of speech pathologists in Australia.

The Rules do not require providers to verify the qualifications, suspensions, or exclusions of self-regulated allied health professionals like speech pathologists. This could lead to unqualified individuals providing speech pathology services without holding a recognised speech pathology qualification, or meeting minimum standards for professional and ethical practice, maintaining Continuing Professional Development (CPD) and recency of practice.

Specific guidance should be provided to aged care providers about requiring evidence of Certified Practising Speech Pathologist status for any speech pathologists, as outlined further below.

Speech pathology is a self-regulated profession, with Speech Pathology Australia overseeing regulatory functions that mirror those of registered professions. The Certified Practising Speech Pathologist (CPSP) credential is awarded to applicants that meet requirements of holding a recognised speech pathology qualification, maintaining recency of practice and engaging in CPD. Additionally, CPSPs must abide by a robust [Code of Ethics](#) and [professional standards](#). Speech pathologists [must hold CPSP status to participate in a range schemes](#), such as Medicare, private health insurance, Department of Veterans' Affairs and some aspects of the National Disability Insurance Scheme.

At present, there is no consistent requirement for speech pathologists working in aged care to hold the CPSP credential, with only Commonwealth Home Support Program mandating this requirement. There are no other checks and balances for who is providing these services in residential aged care, and it is unreasonable and unworkable to expect providers to know the relevant qualifications, standards and experience across all of allied health.

A mandated CPSP credential across aged care would enable providers to more effectively ensure their employee and contractor speech pathologists meet the professional and ethical standards expected of speech pathologists in Australia.

References

ⁱ Roberts H., Lambert, K. & Walton, K (2024) The prevalence of dysphagia in individuals living in residential aged care facilities: A Systematic Review and Meta-Analysis. *Healthcare* 12(6):649. Doi:10.3390/healthcare12060649

ⁱⁱ Ibrahim, J.E., Bugeja, L., Willoughby, M., Bevan, M., Kipsaina, C., Young, C., Pham, T., Ranson, D.L. (2017) Premature deaths of nursing home residents: an epidemiological analysis; *Med J Aust* 2017; 206 (10): 442-447. Published online: 5 June 2017. <https://www.mja.com.au/journal/2017/206/10/premature-deaths-nursing-home-residents-epidemiological-analysis>