SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD

INITIAL STATEMENT OF REASONS

Hearing Date: N/A

Subject Matter of Proposed Regulations: Clinical Experience Requirements/Supervisor Qualifications

Amend Sections 1399.152.2, and 1399.153 of Title 16, Division 13.4, Article 7

Specific Purpose of each adoption, amendment, or repeal:

Section 1399.152.2 (Amend)

Deletes the references to an equivalent supervisor standard as that of national certification and instead replaces the standard with the requirement that practitioners, who are operating as clinical supervisors in board-approved training programs located outside of California, must hold the legal authorization to practice speech-language pathology or audiology, as the case may be, in the state where the experience is being obtained.

Deletes the references to antiquated language regarding the clinical rotation training for students completing clinical preparation within the university training program. Existing subsection (d) references twenty-five hours of clinical preparation that must be obtained in aural rehabilitation under the supervision of a speech-language pathologists or audiologists. The term “aural rehabilitation” is somewhat of a nebulous term that holds different meaning depending upon the user of the term. Board-approved training programs no longer track nor require a specified number of clinical hours in aural rehabilitation and therefore, the regulation requirement does not represent contemporary training standards. The amendment to existing subsection (e), now referenced as (d) is a minor grammatical change.

Section 1399.153 (Amend)

Existing language provides for board-approved supervisors who oversee the required professional experience of applicants who are completing the requisite clinical experience in another state but who wish to qualify such experience toward California licensure. The proposed amendment strikes the language defining a qualified clinical supervisor, who is providing supervision in another state, as one who holds a national certification issued by the American Speech-Language-Hearing Association (ASHA), and instead defines the “qualified” clinical supervisor, operating in another state, as one who holds the legal authorization to practice in the state where the experience is being obtained. The national certification standard referenced in existing regulations no longer reflects the highest professional standard for the profession of audiology and, as such, has restricted many experienced and highly qualified audiology supervisors from serving in the supervisory role because they no longer pay a fee to maintain the ASHA certification. Further, the national certification does not legally authorize speech-language pathologists and audiologists to provide professional services as almost every state regulates the practice of speech-language pathology and audiology through state

licensure. As such, the provision should be amended to acknowledge the legal authorization to practice and supervise as the primary supervisor qualification.

In addition, the section has been amended to include a requirement that all supervisors engage in continuing professional development specific to supervision training both prior to assuming responsibility as a required professional experience supervisor and every two-years thereafter. Such continuing professional development may be applied toward the general continuing education requirements for license renewal provided the professional development activity is obtained by a board-approved provider. The new provision will should ensure that all practitioners interested in assuming the role as a qualified supervisor will be exposed to minimum level of supervision training prior to serving in the supervisor capacity. This requirement should better prepare new supervisors for their responsibility. The provision also provides for refresher supervision training so that supervisors may refine their oversight skills and continue to grow as professional mentors.

Factual Basis/Rationale

Factual basis for determination that each proposed change is necessary:

Business and Professions Code Section 2532.2 establishes licensing qualifications and authorizes the Board to set forth both academic and clinical requirements. The statute calls for supervised clinical training both within the board-approved university training programs, referred to as “clinical practicum”, and upon graduation from the training program which is deemed post professional experience or the “required professional experience (RPE)” training.

The proposed amendments delete irrelevant clinical training requirements as the current language references a specific type and number of clinical hours that must be obtained in “aural rehabilitation” which is a professional term that has various interpretations and one which is no longer tracked by board-approved training programs as a necessary clinical rotation requirement.

The proposed change redefines “equivalent” supervisor qualifications in order to acknowledge state licensing or credentialing authority as the prevailing supervisor standard for those overseeing applicants obtaining their required professional experience outside of California. The current provisions acknowledge the merits of a national certification from a professional organization as the equivalent standard to state licensure for supervisors providing clinical oversight in other states. This national certification does not provide clinical supervisors with the authority to practice or supervise in the state where the student/applicant is obtaining the required clinical or professional experience nor does it represent the highest professional standard in all states. Further, many experienced and qualified supervisors no longer hold the national

certification referenced in the existing regulations as other national certifications, especially in the profession of audiology, have become the recognized national standard. These amendments will contemporize the clinical training requirements in California and will remove unnecessary certification requirements for supervisors providing oversight to applicants obtaining required professional experience outside of California.

Finally, the amendments will require that a licensed practitioner, who is interested in serving as a professional supervisor, must be exposed to a minimum number of hours of continuing professional experience prior to assuming the role as a professional supervisor, and every two-years thereafter. The requirement will help ensure that those serving as professional supervisors have been trained in coaching, monitoring, and evaluating practices and techniques of trainees, and also have an understanding of their professional responsibility and liability to both their trainee and their clients. These provisions serve to better prepare professional supervisors to serve in the oversight capacity which should result in quality professional training for new applicants and ultimately more highly skilled entry-level practitioners.

Underlying Data

Technical, theoretical or empirical studies or reports relied upon (if any):

N/A

Business Impact

This regulation will not have a significant adverse economic impact on businesses.

Specific Technologies or Equipment

This regulation does not mandate the use of specific technologies or equipment.

Consideration of Alternatives

No reasonable alternative to the regulation would be either more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed regulation.

Set forth below are the alternatives which were considered and the reasons each alternative was rejected:

To continue with the Board’s regulations as they are currently written. This alternative was rejected. Existing regulations do not reflect current professional clinical training

standards or do not represent appropriate supervisor qualifications. The existing regulations set forth qualifications for clinical supervisors providing supervision to students and new graduates who are obtaining the requisite clinical experience outside California and references qualification that pertain to a national certification from a voluntary professional body. The regulations should require that supervisors providing supervision to students and new graduates in other states, hold state authorization to practice instead of relying on a voluntary professional certification that many qualified and experienced supervisors no longer subscribe.

To continue to uphold the current regulations would perpetuate the enforcement of outdated standards and which could limit access to qualified and experienced practitioners who provide critical training and mentoring to new entry-level speech-language pathologists and audiologists.