

Speech-Language & Audiology Canada Orthophonie et Audiologie Canada

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SAC Position Paper on the Doctor of Audiology Degree (AuD)

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A position paper represents the direction SAC has taken on a particular topic or provides guidelines for particular areas of practice. These positions are time-bound, representing the thinking at a particular point in time.

Position

Speech-Language and Audiology Canada endorses the implementation of AuD programs in Canada to train audiologists to meet the expanding scope of practice and clinical requirements that have emerged in audiology, similar to other doctoring professions such as optometry. SAC endorses a thorough analysis of practice and curriculum review to determine if there is a need to change the entry-to-practice level for audiology in Canada.

Background

In the United States, the entry-to-practice level degree in audiology changed to a doctorate in 2012. The doctoral level, such as the AuD, became the entry to practice after the U.S. Council on Academic Accreditation in Audiology and Speech-Language Pathology conducted an analysis of practice and curriculum review of the profession of audiology in 2007. The results determined that master's degree programs do not adequately prepare new graduates for clinical practice. As a result, audiologists who are trained in the U.S. now earn a doctoral level degree such as an AuD. In Canada, there are currently no schools offering AuD programs and the entry-to-practice level remains the master's.

AuD programs have an expanded curriculum and clinical practicum requirements beyond the master's degree programs in Canada. The U.S. post-baccalaureate AuD programs are typically 4 years in length and include a minimum of 12 months of full-time supervised clinical practicum (approximately 1820 hours). Graduates must also meet prescribed competencies. Canadian master's programs are 2-3 years in length and require a minimum of 350 hours of supervised clinical practicum. The length of AuD programs permits for a more in-depth study of advanced research, knowledge and technology and for increased clinical experiences required for the expanded scope of practice that has become the standard for audiologists entering the profession today. Courses in AuD programs allow for greater opportunity to delve deeper into the areas of study as compared to those in masters programs. Also, there are additional courses in AuD programs which are typically not offered in master's programs that focus on more contemporary aspects of the profession. Courses in areas such as business management, counseling and intraoperative monitoring may or may not be offered in master's programs but are becoming crucial to the audiologist's practice. In addition, some of the areas covered in AuD courses such as diagnostics and rehabilitation of vestibular issues, fitting and rehabilitation with advanced hearing technology such as cochlear implants and bone anchored hearing devices and effective infant hearing screening, diagnosis, and habilitation are addressed in greater depths. The significant increase in hours of supervised clinical practicum, from the required minimum 350 hours in the master's to 1820 hours in the AuD, provides the student with a much greater opportunity for diverse clinical experiences leading to the comprehensive development of clinical skills necessary to achieve competencies required for safe and effective practice.

Canadian universities offer the master's degree for those entering clinically focused careers and the PhD for those entering academic or research-based careers. There are five Canadian universities that offer a master's degree in audiology: Dalhousie University, the Université de Montréal, the University of Ottawa, Western University and the University of British Columbia.

Though the minimum entry-to-practice level in audiology in Canada is the master's degree, many audiologists find value in obtaining the AuD and support the concept of the AuD. When entry-to-practice levels were the same in both Canada and the U.S., SAC and the American Speech-Language-Hearing Association (ASHA) had a mutual recognition agreement (MRA) that recognized the substantial equivalency of training programs between the two countries. This MRA no longer exists and audiologists trained in Canada who wish to practice in the U.S. require a doctoral level degree.

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Any consideration to possible changes to entry-to-practice level requirements in Canada, such as a moving to a doctoral level degree in audiology, would necessitate the collaboration of governments, regulatory bodies, universities and professional associations. In October 2004, federal, provincial and territorial Ministers of Health approved a new process to manage proposals to change entry-to-practice credentials for medical and health professions. A new process was necessary as Deputy Ministers of Health had concerns that previous changes to entry-to-practice credentials had proceeded without a full appreciation of the potential impact on the supply of various medical and health professionals. Furthermore, medical and health professions are evolving in response to changes and advancements in the delivery of health care which may result in revisions to their entry-to-practice requirements. Any professions wanting to change their entry-to-practice credentials will have to follow the established process (see Appendix A).

SAC initially developed a position paper on the subject of the AuD in 2004 and made revisions to the paper in 2007. This current review was conducted to provide updated information on any progress or important changes in this area. As in the past, SAC conducted two surveys, one to university audiology programs in Canada and one to audiologists in Canada, in order to inform any changes made to the position paper.

University survey

All five audiology programs in Canada participated in an informal survey conducted by telephone and e-mail in 2014. The respondents were not providing an official position on behalf of their universities but were communicating what the current thought or vision is at their institution. Because of this, responses remain anonymous. The survey included questions regarding:

- The need for an AuD program in Canada
- Whether or not Canadian audiology programs were exploring the possibility of developing an AuD program
- · What barriers may exist in the development of an AuD program at their university
- Availability and access to distance learning at their university
- The perceived value of an AuD in Canada

Three of the five universities reported that they are considering the possibility of developing an AuD program in the future — one of them within the next five years. The other programs, while interested in developing an AuD program, cited limited university administrative interest and resources, as well as legislative barriers to the development of a program at their university. Only one university stated it had no distance education provisions while another reported that only the speech-language pathology department used such a modality. The other three programs currently offer some classes by distance learning.

When questioned about the best option for entry-to-practice level for the profession of audiology, four of the five universities stated they support maintaining the current master's degree. One university stated that the AuD should become the necessary training for entry-to-practice while another university would consider developing an AuD as an optional program to be taken after completion of the master's program. None of the universities collect formal data regarding the number of graduates who have continued on to receive their AuD through distance learning.

Respondents listed several advantages to a Canadian AuD program with the most common being better clinical service offered to the public as a result of an increase in clinical skill level and knowledge base of the graduates. Employment mobility to the U.S. was also ranked highly as an advantage.

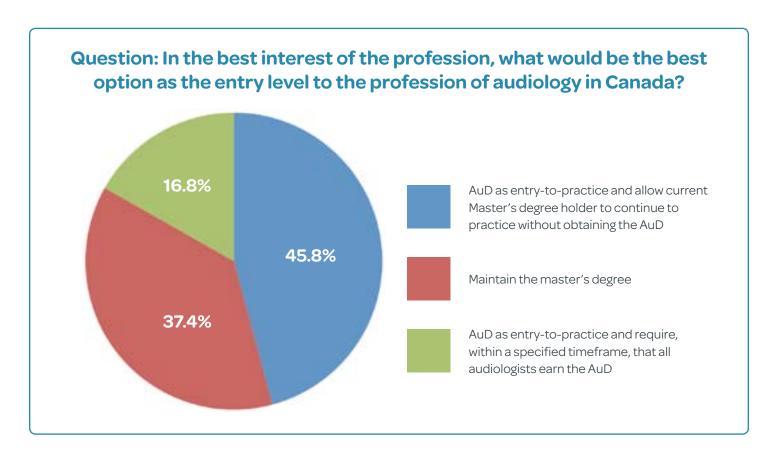
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In summary, while the results of the current survey indicate that there is a perceived need to revise current training programs, there is no consensus regarding the model(s) that should be adopted. It is also clear from the survey and discussions with professionals in the field that decisions regarding future audiology programs should include broad consultation between the universities and regulatory bodies, current professionals, professional associations and other relevant stakeholders.

Audiologists Survey

SAC conducted a survey of audiologists in Canada regarding the AuD in order to inform the development of the original 2004 position paper. SAC then repeated a similar survey in 2006 and most recently in 2014. The survey was disseminated to reach all audiologists in Canada, including both SAC members and non-members. 238 audiologists completed the 2014 survey (response rate of 24%), which represents a slight decrease from the 2006 survey completed by 397 audiologists (response rate of 29.6%). The demographic information of respondents for the 2014 survey was also slightly different than for previous surveys, with an increase in respondents from Quebec. The majority of respondents on the current survey were from Alberta and B.C. Some questions on the 2014 survey were altered slightly from the previous surveys and this precluded direct comparisons between responses in some instances.

The 2014 survey results indicate that 45.8% of respondents support implementing an AuD as the entry-to-practice level for the profession of audiology in Canada while allowing current master's degree holders to continue to practice without obtaining an AuD. 41.5% felt the AuD should be the entry-to-practice level in Canada for all audiologists. Support for the option of maintaining a master's degree as the entry-to-practice level decreased from 40.3% in 2006 to 37.4% in 2014.



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Results indicate that 40.3% of respondents believe the current master's degree programs provide graduates with adequate preparation to enter the profession. However, 38.2% feel that current programs only *somewhat* prepare students. Similar results were found in 2006. Of the 15.5% who feel that current programs *do not* provide adequate preparation, 39.8% believe an increase in clinical practicum hours would be an appropriate solution while 32.5% recommend additional coursework. It is important to note that master's programs in Canada are restricted in the number of credits and courses they can have within their program. Because of this, adding courses to the curriculum is often not an option.

When asked about preparedness to enter the profession of audiology, 46.2% felt that AuD graduates were adequately prepared while 40.3% felt that master's graduates were adequately prepared. A large percentage of respondents (79.5%) had not supervised both master's and AuD graduates and therefore could not comment on the qualitative differences between these groups. It was clear that respondents believe gaps exist in Canadian programs in certain areas, such as vestibular assessment and management, genetics, business and clinical practicum.

When asked what benefits would be expected if Canada moved to a doctorate as the entry-to-practice level, the responses were varied. Increased recognition from other healthcare professionals, increased scope of practice and better quality of service to patients and clients were the highest ranked benefits.

19.7% of respondents currently hold an AuD and an additional 8.4% are currently enrolled in an AuD program, representing a significant increase since 2006, when only 7.9% held an AuD. The highest ranked reason cited by those with an AuD or those currently obtaining an AuD was "better quality of service delivery to patients and clients", followed by "increased recognition from other health professionals". Of the respondents with an AuD, the majority indicated that the AuD did not increase their salary. In fact, the majority of respondents indicated they did not believe holding an AuD would increase income; salary is therefore not a primary motivation for seeking a doctoral level. The possible impact that the AuD as the entry-to-practice level would have on salaries should be further investigated.

In summary, there are an increasing number of audiologists in Canada who have completed an AuD in the U.S. or are currently pursuing the AuD. There appears to be a trend toward increased support for improving training programs in Canada. There is no consensus among audiologists regarding how these programs should be structured. The committee also noticed a lack of readily available information on the advantages and disadvantages of the AuD, as well as other advanced educational options such as clinical specialty certificates.

Many respondents suggested adding courses to existing master's programs in the areas of business management, pharmacology, vestibular assessment and rehabilitation, etc. However, as previously stated, many are not aware that master's programs in Canada are restricted in the number of credits and courses they can have within a program. The increase in courses within university programs suggested by some audiologists who do not support the AuD could only be accomplished by the creation of a professional doctorate. These discrepancies between the expectations of audiologists and the administrative reality need to be addressed.

Finally, it is evident from the survey that many audiologists in supervisory roles are not familiar with the skill sets that an AuD audiologist may bring to the workplace because most have not had the opportunity to supervise AuD students.

Rationale

Audiologists in Canada have experienced significant expansion in their scope of practice over the past few decades. This expansion has partially been a consequence of the evolution of technology in diagnostic tools, rehabilitative instruments and intervention strategies. These advancements provide audiologists with better tools to deliver comprehensive, evidencedbased services to patients and clients, but also require that audiologists have an ever-increasing knowledge and experience base. There are also increased responsibilities resulting from the expanded role of audiology in areas such as early hearing detection and intervention; intraoperative monitoring; vestibular assessment and management; selection, prescription and fitting of hearing aids; cochlear implants and other assistive listening devices; etc. With advanced diagnostic capabilities, audiologists are integral to the delivery of services to special populations including individuals with auditory processing disorders, auditory neuropathy spectrum disorder, tinnitus, misophonia and hyperacusis. The results of such developments necessitate increased specialized knowledge, and a need for greater autonomy in the profession in order to provide effective and expeditious services to patients and clients in need of comprehensive audiological care. Current master's programs in Canada address advancements in knowledge, diagnostics and treatments however not in sufficient or necessary depth. Limiting factors include the number of courses permitted for any master's program as well as the length of time courses have to address the content area. Also, the limited practicum hours are not enough to provide the student with sufficient experience to enter the profession. An advanced, more comprehensive degree program with more practicum hours such as the AuD can help accomplish this and fill this need.

The AuD provides advanced training that audiologists require to deliver competent, high-level clinical services which reflect the changes in the scope of practice brought about by evidence-based research and emerging technologies used. In 2012, the doctoral degree became the entry-to-practice level degree in audiology in the United States. As result, there are no longer any U.S. training programs in audiology which offer the master's degree.

Recommendations

Recommendation 1

SAC endorses the implementation of AuD programs in Canada for those who choose to pursue this degree. SAC will help to facilitate this in any way possible.

Recommendation 2

Audiologists must be acknowledged as leaders in assessing changes in their entry-to-practice credentials. SAC endorses a thorough analysis of practice and curriculum review to determine if there is a need to change the entry-to-practice level for audiology in Canada. This analysis must involve broad consultation and strong collaboration with stakeholders such as SAC, the Canadian Council of University Programs in Communication Sciences and Disorders (CCUP-CSD), the Council of Accreditation of Canadian University Programs in Audiology and Speech-Language Pathology (CACUP-ASLP) and the Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR).

Recommendation 3

Increase communication and collaboration among the professional associations, provincial and territorial regulatory bodies representing audiologists and the existing university training programs to support student preparation for practice. It is important for the universities to continue to review their audiology curriculum to ensure that the content is consistent with the foundational

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knowledge, skills and practice competencies that SAC considers to be essential for audiologists. The universities must work together with audiologists in the profession to expand practicum opportunities for students in order to tightly link clinic-based to classroom-based education which would then be evaluated against clearly stated learning objectives. SAC recognizes that increased clinical practicum hours for an AuD can add to the existing challenge of securing quality practicum sites by universities. Universities, audiologists and stakeholders must work together to define an educational model for the AuD and the type of professional that it would train giving due consideration to the Competency Profiles developed in 2011 by the Canadian Interorganizational Steering Group.

Recommendation 4

Enhance dissemination of information to audiologists and audiology students in Canada on advanced educational choices such as the academic doctorate degree (PhD) and the AuD. Audiologists require such information in order to be aware of the options that would best meet their needs, the needs of the profession and the needs of individual students. Universities must attract more audiologists to take academic doctorates to produce an adequate supply of researchers and academic educators. Because there has not been a major shift in audiologists' opinions on the AuD over the past decade, as surveys suggest, better-informed audiologists will lead to a clearer understanding of the AuD in Canada.

Recommendation 5

Acknowledge that the implementation of AuD programs must take into account the number of professionals and future professionals in audiology in Canada so as not to develop a number of programs which cannot be sustained by the population. AuD program development entails significant challenges that require collaboration with primary stakeholders, including SAC, provincial and territorial governments, regulatory bodies, universities and professional associations. Considerations must be made for master's degree audiologists to access bridging opportunities via distance learning or other mechanisms to fulfill the requirements of an AuD program.

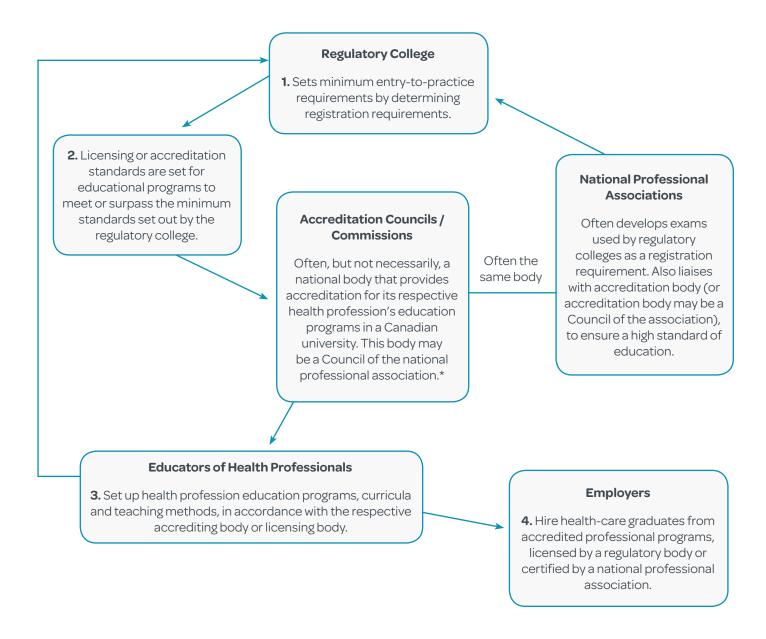
The committee responsible for the development of this position paper recommends that the position be reviewed after the primary stakeholders have undertaken an analysis of practice and curriculum review.

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APPENDIX A Setting Minimum Entry-to-Practice Requirements [General Profession]



^{*} The Council for Accreditation of Canadian University Programs in Audiology and Speech-Language Pathology is composed of representatives from Speech-Language and Audiology Canada, regulatory/licensing bodies and university programs across Canada. This flow chart was adapted from the Ontario Hospital Association's 2003 report entitled *Changing Entry-to-Practice Credentials for Regulated Health Professionals and Related Employer Issues*.

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