

AFA Position Paper

Audiology Student Licensure

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Introduction

Audiology is rapidly changing to a doctoral profession, but there are some obstacles that need attention to ensure success of future practitioners in providing excellent care to consumers. Student licensure is such an issue, where the profession must come to agreement to ensure quality educational experiences for Au.D. students. This AFA position paper proposes that students not be given a license to practice and provides a context and cogent reasons for that recommendation.

Historically, audiologists have completed their entry-level degree (usually a master's degree) and then spent nine months of supervised practice with another audiologist. They passed the Educational Testing Service Praxis Examination before beginning the supervised clinical fellowship experience, and those graduates received provisional or temporary licenses while completing their supervised hours.

Since the late 1980s, the audiology profession has been demanding an improved entry-level education and degree. Specifically, the requirement now established is that future audiologists will begin their careers with a doctoral education and degree. The supervised clinical experience required to begin practice is being incorporated into the doctoral programs, ensuring that the educational institution will retain control over the quality and breadth of experiences to which students are exposed.

Currently, all master's degree programs in audiology have closed or made the transition to Au.D. (Doctor of Audiology). By 2012, the requirement to enter the profession will be the doctoral degree.

Time of Change

In the meantime, there are still audiology master's degree graduates seeking job opportunities to complete their fellowship experience. These students are usually granted provisional or temporary licenses prior to beginning these experiences to allow them to provide services to the public, albeit under supervision, and bill for the services they provide. At the successful end of the fellowship experience, a permanent license is issued.

Students in Au.D. programs are also required to participate in supervised clinical rotation experiences as part of their education. However, a key difference is that the Au.D. student has not graduated and does not hold any degree other than a

baccalaureate. Under many current state licensure statutes, this scenario makes the Au.D. student ineligible to apply for any type of state license. Without a license, the Au.D. student is not permitted to see patients independently and bill for services. We believe this is a good policy that protects both students and patients.

**“Students should not
have licenses to
practice audiology
independently.”**

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Past Chair
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Unfortunately, some schools have announced their decision to award students with a master's degree partway through their Au.D. programs. Apparently, this is done so the students might become eligible for state licensure and be able to bill independently. In other words, the Au.D. students would be legally functioning with provisional or temporary licenses similar to the old Clinical Fellowship Year (CFY) model. This could perpetuate a system that clearly needs to be changed and updated to be consistent with other healthcare professions.

Problems with premature licensure

For Students

1. Temporary or provisional licensure for students burdens them with more responsibility than they should have. A comparable situation would be for states to license medical or dental students after only two years of professional school.
2. Granting temporary or provisional licensure to students encourages supervising practitioners to pay them as employees. During the entire time that students remain enrolled, we believe the emphasis must be on education, not on using students as a source of inexpensive labor. Since students would continue to pay tuition to their educational institution, the burden for their education rightly remains with the school. Premature licensure would shift the responsibility for education to the practitioner preceptors or supervisors and to the students.
3. For licensed professionals, legal liability for their actions rests with them individually. For students, the liability for their actions with a patient rests with their university. If a license is granted to a student, then the legal responsibility for his or her actions shifts to rest with them individually.

For the Profession

1. The granting of a master's degree to an Au.D. student counters the intent of the profession that has worked so hard to transition audiology to the widely understood and accepted model of doctoral healthcare education. When schools award a degree to students partway

through a program, it allows a continuing flow of inadequately prepared graduates to practice audiology. In addition, if a student elects to drop out of an Au.D. program, and successfully completes a nine-month supervised experience, that student would, under most state licensure statutes, be eligible to apply for, and receive, a permanent audiology license. The profession wishes to transition audiology to a position where all licensees hold the doctorate. We do not wish to open any door which would allow for future licensees to practice audiology with a master's degree.

2. No other profession grants degrees partway through an entry-level program. Pharmacy students, medical students, physical therapy students, dental students, optometry students, etc., completing clinical rotations do not work independently or receive licensure. Schools closely monitor their work via professionals in the field, and ensure they are not given more responsibility than they are prepared to assume. This allows students the chance to learn under well-controlled circumstances. If audiology students can be licensed, treat patients and bill for their services, why is more time at an educational institution necessary?
3. Licensed students position audiology for low status, as these entry-level audiologists may appear unprepared and unable to complete expected tasks. This harms the profession's image.
4. The profession of audiology has determined that training to the level of the master's degree is inadequate preparation for the practice of audiology. In our view, there are ethical questions involved when the state is being asked to sanction inadequately trained individuals to practice, and further, to bill for their services.

For Consumers

1. Allowing students to practice as though they were fully trained professionals is deceptive. Although they may have a license, these individuals would lack sufficient training and experience to provide audiology care to consumers. State licensure boards should be very concerned about placing this burden of responsibility for providing patient care upon individuals who have not yet completed their professional training.

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Why is this happening?

Due to the tradition of young audiology graduates beginning their careers with incomplete training, supervisors have come to expect that they will complete a graduate's training. This situation has also allowed employers to pay these young graduates poorly and launch audiologists into a career where independence is not encouraged.

Because audiologists have been hidden behind other practitioners, such as otolaryngologists, and because consumers lack direct access to their services, many audiologists have not been able to develop the independence professionals normally exhibit. Additionally, many have not utilized the full scope of audiology practice because of their incomplete professional preparation and limited experience.

Professional degree holders are expected by consumers to be independent professionals, not hidden behind other professions. Audiologists are victims of their profession's history and tradition. The profession is agreed that the master's degree and supervised clinical fellowship year are no longer adequate entry level preparation. Change in degree status requires changes in how clinical experience is gained. Educational institutions are responsible for selecting, training and reviewing clinical instructors or preceptors at specific sites to ensure the appropriate preparation of their students.

The Positive Results of Not Licensing Students

- No license 
- No independent billing 
- No salary 
- Less pressure to produce results immediately 
- Shorter, more varied clinical rotation experiences 

RESULT: Better prepared, more independent, future audiologists

The solution

Entry-level audiology students should not be given a license to practice until their degrees are complete. Responsibility for the students' work should remain with the educational institution to which the students are paying tuition as well as the clinical instructors trained by the school. Broad experience during varied clinical rotations will ensure well-prepared professionals.

This model of professional education is utilized successfully by other doctoring professions. Audiology students in Au.D. programs should be treated in a like manner.

What can I do to help?

If you are on a licensure board: Work to change your rules so that students cannot obtain licenses to practice. Give them the freedom to learn without solo responsibility.

If you supervise students: Treat them as students for whom you are providing a learning experience. Offer them a shorter experience at your site so they can gather additional, different experiences at several other types of practices. Do not pay students, so you will not feel the need to bill for their services.

If you are a student: Consider your 4th year as a valuable resource for your future success and insist that you obtain varied clinical rotation experiences. Do not expect to be paid while your future colleagues donate their time to help you learn clinical skills.

If you are a faculty member or program director: Ensure that your 4th year students receive a quality series of clinical rotations, and that they are being appropriately utilized, supervised and trained.

Suggested types of clinical sites needed for Au.D. students

(At least 3-4 for broad experience)

- Hospital
- Private Practice
- School
- Medical Clinic
- Cochlear Implant
- Pediatric
- Balance

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Au.D. means professional hearing care