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Reboot or Delete Audiology Board Certification: Time to Debug ABA-BC and CCC-A

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Introduction

Board Certification (BC) in audiology should either reboot to a structure similarly established in other healthcare doctoring professions or be dismantled and deleted. The American Speech-Language and Hearing Association (ASHA) and its accrediting arm, the Council on Academic Accreditation (CAA) have controlled certification since 1952. The American Academy of Audiology’s (AAA) “sister organization”, the American Board of Audiology (ABA) added to the confusion, after starting its BC in 1999. After 22 years into the Au.D. movement and in an effort to achieve parity with other healthcare doctoring professions, audiology BC is one area that needs major rethinking. Sadly, not much has changed as each of audiology’s BC processes remains structured as a healthcare ancillary personnel certification rather than a doctoring profession’s board certification. Our profession needs to show courage and integrity to address the current structure head-on as it is creating a conflict of interest between faculty, students, and accreditation standards; is discriminatory; and is putting our profession in a compromising position.

Comparing Board Certification

Board certification should be a mark of distinction and accomplishment. Some audiologists apply for and maintain ASHA and/or ABA certification because they believe it has value. However, many of our colleagues are disenchanted with and disapprove of audiology’s current BC process. For them, it is characterized as “misleading” and “nothing more than a continuing education certificate”. In other healthcare doctoring professions, BC is not for generalists, but rather for specialists. It is defined and identified by advanced qualifications and advanced levels of practice. BC is not intended for the masses and should not be easily attained.

Requirements for Board Certification in other healthcare doctoring professions are far more rigorous than for audiology. First, the process does not involve students during first professional degree (FPD) training. Doctors begin the process by entering a “residency program” after graduating from an accredited FPD program, passing a national examination, and receiving State licensure for general practice. The residency training typically lasts 2-7 years, depending on the specialty area. At the end of the residency program, candidates take additional comprehensive written exams followed by oral exams. BC is time-limited (usually 6-10
years) with maintenance of certification requirements and re-examination for renewal.

ASHA notes that the Certificate of Clinical Competence in audiology (CCC-A) "represents a level of excellence." ASHA's process begins with students and requiring them to have 1820 hours of "clinical practicum" completed and supervised by an ASHA certified audiologist. An applicant then submits a 12-point checklist form signed by the program director indicating program requirements are complete; verification from the university of the date the degree was, or is to be, awarded; and provides evidence of passing the Praxis Examination. Effective January 2012, all audiology applicants must have earned a doctorate degree (i.e., Au.D., Ph.D., Sc.D., or Ed.D.). For certificate maintenance, ASHA requires adherence to a code of ethics and annual CEUs. Requirements for achieving and maintaining the CCC-A are no different than what is expected and required to graduate from a CAA accredited program and for acquisition and maintenance of State audiology licensure. It appears that ASHA will provide the CCC-A to individuals even before they are licensed to practice audiology.

There are parallels between audiology and the CCC-A relationship and the lessons for us to learn from other groups' expressed concerns over various "simplified" BC models. The American Board of Professional Psychology (ABPP) cautions its members about "a proliferation of so-called vanity boards, which require little more than the filing of a basic application and the paying of a fee." By purporting to do the same thing, assuring competence, the American Optometric Association's/American Board of Optometry's proposal (re: board certification) appears to take on a state regulatory function (i.e., usurps the authority of optometric licensing boards) and creates confusion and uncertainty in the public's mind. The Virginia Board of Optometry sent a letter to the American Optometric Association and the American Board of Optometric Practice stating that, "the goal of this process to 'certify a minimal level of competency' in the practice of optometry is an affront to the work done by the Schools and Colleges of Optometry, the National Boards of Examiners in Optometry and the individual State Boards of Optometry in the United States."

**Conflict of Interest**

In my opinion, what ASHA is doing with its CCC-A at the audiology program level is exploitive, unprofessional, and unethical. Further, their financial goals conflict with educating students and audiology's professional goals. ASHA's own Board of Ethics defines conflict of interest as, "Situations where personal and/or financial considerations compromise judgment in any professional activity or where the situation may appear to provide the potential for professional judgment to be compromised." Even the "appearance of" a conflict of interest must be avoided.

The sole purpose of program accreditation is to ensure to the universities/colleges, licensing boards, the profession, and to the public that uniform minimum entry-level educational standards and clinical competence have been adhered to and accomplished. Audiology programs pay the CAA several thousand dollars to go through the process and receive accreditation. ASHA turns right around and effectively says that even though its accreditation arm has approved the graduating students, they then deceive you into believing that the membership organization arm should approve you—again. This time you must pay ASHA an additional $455.00 fee for your certificate without becoming a member or $511.00 as a member. ASHA essentially serves as a costly and redundant "middle-man".
ASHA perpetrates another conflict of interest with audiology programs. Professors, especially those who are ASHA certified, are put in a compromising, and possibly unethical, position with the students. They promote a certification process and provide supervision that is not necessary to satisfy graduation or licensure requirements. This conflict is contrary to and is inconsistent with the faculty’s duty of loyalty to the student’s welfare and best interest. Through this process, ASHA achieves free advertising and increased revenue while effectively misusing professors and audiology programs as their unpaid labor arm of its marketing bureau to attract students to ASHA’s money making program.

**Discrimination**

Accrediting bodies should focus on professional degree requirements, not board certification. They are also legally obligated to remain non-discriminatory. However, the CAA “requires evidence that supervisors/preceptors used for hours counted towards ASHA certification have CCC-A, and supervisors/preceptors used for other purposes have the credentials appropriate for those purposes—which might not include CCC-A. Faculty and staff who do not provide direct supervision of students for the purpose of ASHA certification hours do not need to hold the CCC-A. However, it is important that the program provides evidence that it has sufficient access to supervisors/preceptors, who have appropriate qualifications, including CCC-A, so it is clear that students can choose to pursue certification as well as other credentials.”

On the surface, CAA’s rhetoric seems rational. However, it is fallacious, misleading, and unreasonable on the grounds that BC should not be used to control program accreditation, faculty selection, student’s clinical rotations, or other educational experiences. Students should not have to plan their clinical education around certification and board certified preceptors. It is detrimental for students to have limited access to non-CCCd audiology preceptors and professors during the student’s training. The ASHA/CAA promotes discrimination against audiologists who have not purchased the CCC-A by implying that those who don’t have the CCC-A are not “clinically competent” and do not have “appropriate qualifications” even though the non-CCCd audiologists likely graduated from an ASHA/CAA accredited program and are licensed competent audiologists. There is no difference between an audiologist with the CCC-A and an audiologist without the CCC-A. ASHA should show all of us their quantitative evidence on which they base their claim that CCC-A equates to “better qualified audiologists”, “better clinically competent preceptors”, and “better patient care”. There is no proof. ASHA and the CAA are holding the audiology profession hostage during a time when programs are searching for good preceptors. ASHA’s scheme to self-perpetuate the CCC-A is the “tail wagging the dog” when it has undue influence over students, professors, practitioners, and audiology programs.

Over the years, our profession has been successful at systematically removing the CCC-A from most, if not all, State licensing laws as well as Medicare and Medicaid laws regarding reimbursement. The “CCC-A track” should be removed as an “option” or “requirement” for students and preceptors. ASHA/CAA continue to accredit non-Au.D. doctoral programs like a “clinical Ph.D.” because “they can’t tell universities/colleges what degree they can award”. Why then should the ASHA/CAA be able to dictate which audiologists the universities/colleges deem qualified to be preceptors?

**What’s Next?**

Everyone looks for leadership. But, if you follow the wrong leader down the wrong path, you could end up in the wrong place at the wrong time. Clearly, ASHA will do nothing to change the status quo and their chokehold on our profession. The jury is out on whether or not the ABA will respond in a way to advance our profession and to bring about parity with other doctoring colleagues.
So, what can we do to contribute to the resolution of the aforementioned misuse of power, exploitation of students, misrepresentation of BC, and discrimination against licensed audiologists?

Just say NO to the CCC-A. Stop giving ASHA money that enables them to exert undue influence that is not in audiology’s best interest.

If your job requires you to maintain the CCC-A, get clarification as to why they established that requirement. Gather your facts, and present a professional and collegial challenge to have the requirement removed.

Remember, there are employers who firmly believe that ASHA should become the national organization only for speech-language pathologists and should no longer represent audiologists. They are unimpressed by, philosophically disagree with, and oppose the CCC-A (or certification in its current structure). They consider the CCC-A redundant and meaningless. They may view its possession as a negative and overlook you as a candidate for a job or a promotion.

If you encounter a third-party contract with the CCC-A requirement, challenge it. A Dallas, Texas audiologist marked through the area of a contract that contained the CCC-A requirement, initialed the deletion, signed the contract, and turned it in for processing. When the contracting agent questioned the audiologist, she told the agent about certification vs. licensure vs. the Au.D. degree, and the agent accepted the contract.

If an audiology program tells you that you are required to have the CCC-A in order to be a preceptor, let them know: (a) You will not get the CCC-A, so you would be willing to supervise those students who are not seeking certification; (b) Thank you, but I am not interested in being a preceptor under those discriminatory conditions, or (c) Whether or not you are interested in becoming a preceptor, you can contact your audiology school and request that they take steps to eliminate the CCC-A requirement. Let them know that you would be willing to assist the program in developing and implementing a strategy to eliminate the CCC-A as a requirement.

Support the Accreditation Commission for Audiology Education (ACAE), and ask audiology programs to become ACAE accredited. The ACAE accredits only Au.D. programs, accredits programs to a higher standard; does not have a conflict of interest over BC, because it does not enmesh BC with first professional degree requirements and student preparation; and ACAE does not discriminate against licensed audiologists.6

Conclusion

The facts are that audiology programs and students are losing out on opportunities to have relationships and associations with talented and skilled audiologists who cannot, or will not, become adjunct faculty preceptors because they had the wherewithal to drop their CCC-A. If audiology is going to exemplify the healthcare doctoring model, our BC process needs to be redesigned or eliminated. Board Certification should be an accomplishment that is attained post-first professional degree, post-licensure, post-advanced training in a narrow specialty area, and should have nothing to do with preparing students for graduation and licensure. Start talking to your peers, especially audiology organization leaders, professors, and students about the need to change audiology board certification—reboot or delete.

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References