Minutes of the 1993 ANCDS Business Meeting
Anaheim, CA

The meeting was called to order by President Kathryn Bayles at 1:50 p.m. on November 18, 1993. The minutes of the 1992 business meeting were read by Secretary Cheryl Tomoeda and approved. According to the Treasurer's report, ANCDS has a balance of $12,514.

Kathryn Yorkston gave the report of the Nominations Committee. A slate of nominees was presented for the offices of Secretary, Treasurer, and two Executive Board Members-at-Large. Additional nominations will be accepted until December 3rd, after which the ballot will be finalized and sent to the membership.

Mary Purdy, chair of the Committee on Honors, presented the Lifetime Achievement Award to Robert Brookshire for his outstanding contributions in the area of neurologic communication disorders. Unfortunately, Dr. Brookshire was not present to receive the award. He will be contacted immediately after the meeting and informed of his award.

No reports were given by the Professional Affairs, Publications, and Scientific Affairs Committees. Marie Rau, chair of the Membership Committee, reported that, to date, there have been 209 applications for membership, of which 203 were accepted, and 6 were pending approval. Fifty individuals applied to be associate members and 159 applied to be voting members. Of the 209 applicants, 133 had Ph.D.s and 106 had masters degrees.

Kathryn Bayles gave the report of the Meeting Committee, chaired by Felice Loverso, who this year worked with Jody Wood and the President's office to plan the meeting in Anaheim.

Regarding new business, Kathryn Bayles stated that the Executive Board is the managerial body responsible for the operation and activities of ANCDS and receives recommendations from standing and ad hoc committees regarding ANCDS activities. An important purpose of this meeting is to present and discuss the recommendations of the Ad Hoc Committee on Specialty Certification. After hearing input from the membership, the Executive Board will decide whether to accept the committee's recommendations.

Before the Ad Hoc Committee's report was reviewed, Penelope Myers provided the historical overview of the development of ANCDS and its response to specialty certification. The origins of ANCDS can be traced to 1985 when a small group of individuals met in response to recognized the need for specialized skills and training in the area of neurologic communication disorders. In 1986, the organization was named the Academy of Neurologic Communication Disorders and Sciences, acknowledging the importance of clinical practice experience by including the term "Disorders" and the need for an expanding knowledge base by using the term "Sciences." In 1989, the Education and Standards Committee was constituted with the charge to (1) provide a
define of an expert in neurologic communication disorders, and (2) develop training criteria for this expert. However, the committee’s recommendations may have been too idealistic, and there remained the need for some form of recognition of specialized skills. After some discussion during last year’s business meeting, it was agreed that there should be one clinical credential that is competence, and not degree, based. However, it should be noted that the sciences aspect of this organization has not been forgotten.

Morgan Downey was then introduced as the new executive officer of ANCDS. It was announced that the Executive Board voted to accept the proposal by Hoffheimer and Downey to run the operations of ANCDS. Morgan Downey then presented information regarding: (1) why specialty certification is needed to succeed in today’s health care system, (2) the differences between ANCDS and ASHA on the issue of specialty certification, (3) the goals for specialty certification in the new health care environment, (4) a time line for implementation of specialty certification, and (5) the benefits of specialty certification.

Craig Linebaugh, chair of the Ad Hoc Committee on Specialty Certification, then presented the document prepared by his committee called, “A Plan for the Board-Certification of Speech-Language Pathologists for Specialized Clinical Practice in Neurologic Communication Disorders.” The document covers (1) eligibility criteria, (2) the components of the clinical portfolio that the certification candidate must submit, (3) the examination, and (4) maintenance of board certification once it has been achieved. Also discussed was grandfathering current ANCDS members to serve as the examiners and members of the certification board.

The strengths of the plan include: (1) maintenance of the emphasis on speech, language, and cognition, (2) recognition of two main areas of practice within the area of neurologic communication disorders: adult and child, (3) focus on clinical competence, (4) insures rigorous standards in a cost-effective way, (5) flexibility in the clinical portfolio, (6) requires continuing education, and (7) establishes a mechanism for revision of the standards and procedures. The limitations of the plan include (1) the time consuming nature of the preparation and review of the clinical portfolio, (2) the lack of a live clinical examination, and (3) preparation and maintenance of a written examination is a labor intensive process.

The following questions and responses were made:

(1) Is there a conflict with having ANCDS membership as a requirement?
   No

(2) Will the examination be proctored or self-administered?
   The committee did not address issues at that level of detail.

(3) If we have 209 eligible members and three quarters become grandfathered, how do we develop a critical mass with such a small nucleus?
   Current members need to attract new members. The organization will do public relations campaign that will include people on various mailing lists, patient groups, etc. The points raised by Morgan Downey in his earlier presentation should be used to help promote this certificate.
(4) There must be an operational definition in the document of what is a neurologic communication disorder. 
Currently, the focus is on speech, language and cognitive-communicative disorders.

(5) What about dysphagia? 
Dysphagia is not a speech, language, or cognitive-communicative disorder and results from broader etiologies than neurologic.

(6) How will we document the 5 years FTE? 
This will be specified in the document.

(7) What happens when we deny someone certification? Will be we liable? 
The certification board will not be liable. According to Morgan Downey, if there is no economic value to something such as fellowship, then there is no problem. But if it is needed for a person’s livelihood (e.g., licensure), then the economic value is high. We won’t have a problem until specialty certification has greater economic value. At the onset we have to develop a method to control for bias in the certification process.

(8) A comment was made that there was a lot left unstated in the document, how will specifics be decided upon? 
The final contents of the plan must be approved by the Executive Board.

(9) The ASHA Ad Hoc Committee on Specialty Certification has not yet formulated a plan. Don’t exclude possibly interfacing with ASHA on this issue in the future. In this health care environment, it is important to act quickly. We will consider ASHA’s position on this issue when a policy has been developed.

(10) A suggestion was made that there should be feedback from the membership on the committee’s plan before it is finalized. 
The expressed purpose of this lengthy business meeting was to allow time for discussion of the document. The Executive Board will consider further feedback from the membership as long as it is within a reasonable time period.

(11) A suggestion was made to allow one month for further comments and questions. 
Comments should be sent to the new executive office: 
ANCDS
Suite 300
1250 24th St., N.W.
Washington, DC 20037
ph: (202) 466-0577
FAX: (202) 466-2888

(12) Should there be a second ad hoc committee to specify ways to implement the plan that has been developed? 
Good suggestion.

(13) Members of ASHA’s SID III should be informed of our progress on specialty certification at their meeting on Sunday to build support and interest. 
Good idea.

(14) There is general support for the plan that has been developed. The one hold up seems to be how we’ll flesh out the specifics. We should also build into the plan a method for updating the document.

A motion was then made to endorse the decision of the Executive Board’s endorsement of the Ad Hoc Committee on Specialty Certification’s document with the stipulation that before a final decision is made by the Executive Board, a certification
board be created with the opportunity to respond within one month to the endorsement. The motion was approved.

Comments were then made regarding the fees structure, possible changes to the by-laws given the different requirements for certification and ANCDS membership, and recognition of other forms of expertise in ANCDS. In addition, ANCDS will provide information about its activities for the next SID newsletter and should include a statement by Morgan Downey.

The business meeting was adjourned at 4:35 p.m.

Respectfully submitted,

Cheryl K. Tomoeda