

Community paediatric dysphagia speech and language therapy workforce

RCSLT Supporting Statement

August 2023

Introduction

This statement is intended to put forward recommendations in relation to challenges that are currently being faced within the community paediatric dysphagia speech and language therapy workforce.

The statement should be read in conjunction with the [paediatric dysphagia: workforce review and training needs analysis report](#). For the purposes of this statement and the report described above, paediatric dysphagia refers to infants, children and young people with eating, drinking and swallowing needs.

Background

Under the Health Education England funded Workforce Reform Programme, RCSLT established a working group to understand the gaps and challenges in the speech and language therapy workforce for infants, children and young people with eating, drinking and swallowing needs, with a focus on those working in the community i.e. following discharge into primary and secondary healthcare settings including community clinics, district general hospitals and special schools.

The key output from the working group is the [paediatric dysphagia: workforce review and training needs analysis report](#).

The training needs analysis was developed via a survey in which 183 clinicians responded from across the UK, representing nearly all healthcare regions in England, Scotland, Wales and Northern Ireland. 23 of the 42 Integrated Care Boards (ICB) in England were represented with 44 clinicians being unsure with which ICB they are aligned.

The resulting report puts forward results of the analysis as well as existing evidence relating to growing demand and the requirements from the workforce. It also presents the recommendations that need to be implemented to address the challenges identified.

Recommendations

The recommendations put forward in the report were split into the categories of training, supervision and support, and recruitment and retention.

The following recommendations are aimed at SLTs, managers, and integrated care systems and summarise the priority requirements for work moving forward:

1. Adopt an agreed definition for community paediatric dysphagia, to support decision making in relation to workforce and service needs.
2. Explore a minimum standard of training, skill and supervision for clinicians working in community paediatric dysphagia, including how these are achieved.
3. Develop a competency framework to align with the updated 2014 dysphagia competencies.
4. Benchmark service delivery across service models.
5. Identify funding routes for community paediatric dysphagia SLT roles.
6. Identify minimum MDT workforce requirements, recognising local population and geography and accounting for logistical implications.
7. Development of clinical tools: business case, minimum data set information, risk assessment etc.
8. Consideration and scoping for all recommendations in the training needs analysis report.

Implementation

To implement the above recommendations, an 18 month programme of work would need to be developed. As a minimum, programme delivery will require input and support from:

- a project manager
- a working group
- lead author(s).

Conclusion

Taking into consideration the evidence put forward in the paediatric dysphagia: workforce review and training needs analysis report, including the recommendations above, the RCSLT requests that any future funding specification includes a community paediatric dysphagia programme, as described in this statement.