

**NEONATAL DYSPHAGIA**

**Competency Framework**

**2018**

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by the Royal College of Speech and Language Therapists

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**Acknowledgements**

The Royal College of Speech and Language Therapists (RCSLT) has developed this final document with a working group of experienced speech and language therapists (SLTs) working within the field of neonatal dysphagia. It is the result of a wider consultation of current practices within neonatal speech and language therapy. This competency framework has undergone extensive consultation with experts and clinical leads working in the field of neonatal SLTs in the UK as well as with RCSLT Advisers and educators in higher education institutions.

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3. **Aim and scope of the document**

This document is a training and competency framework for SLTs working with neonates with feeding or swallowing difficulties (dysphagia). For the purpose of this competency framework we define a neonate as an infant younger than 4 weeks old.

It is a UK-wide document aimed to cover all presentations of neonatal dysphagia, independent of environment, and how to manage them. It is designed to be an adjunct to the [RCSLT Dysphagia Competency Framework](https://www.rcslt.org/clinical_resources/dysphagia/trainingcompetency_framework), and all SLTs undertaking these competencies should already be practicing confidently and competently at a Specialist Dysphagia Practitioner level (Level C) in paediatrics within the [RCSLT Dysphagia Competency Framework](https://www.rcslt.org/clinical_resources/dysphagia/trainingcompetency_framework).

It will also provide guidance to the Health and Care Professions Council (HCPC); managers; postgraduate training providers; students; clinicians; and clinical leaders. The document will help to guide services, ensuring that at the point of delivery neonates are able to receive the best-quality input from appropriately qualified personnel, regardless of their location and setting. The levels of practice specified within this framework are Specialist (level C) and Consultant (level D), in keeping with the [RCSLT Dysphagia Competency Framework](https://www.rcslt.org/clinical_resources/dysphagia/trainingcompetency_framework). It should be emphasised that these do not equate to the titles used in SLTs’ job descriptions.

1. **Introduction**

Babies born prematurely or with complex medical needs are at risk of developing feeding and communication difficulties. SLTs working with neonates have a role in helping babies and their families to establish safe and positive feeding as well as working with the multidisciplinary team to optimise babies’ neurodevelopment. Within this, SLTs also have a role in supporting early communication development and parental interaction with their baby.

Neonatal dysphagia is a specialist field within dysphagia, which is considered to have elements that are unique to its client group. As such, SLTs working within neonatal dysphagia need to develop competencies that meet the specific needs of this population. Dysphagia in the neonate can be the result of various aetiologies and may have a considerable impact on their health, length of hospital stay and parental anxiety. Opportunities for normal bonding experiences and oro-motor development can be reduced, and there is a risk of oral aversion developing. SLTs have an important role to play in assessing and managing feeding and dysphagia with this particularly vulnerable client group.

## 2.1 Why this document has been developed

This competency framework has been developed to address the skills that are required by SLTs working within neonatal feeding. It has been designed to complement the existing [RCSLT Dysphagia Competency Framework](https://www.rcslt.org/clinical_resources/dysphagia/trainingcompetency_framework), as an adjunct that addresses the specific and differing needs of this particular group. It is expected that SLTs working through this competency framework will already be practising confidently and competently with paediatrics at a Specialist Dysphagia Practitioner level (Level C) within [the RCSLT Dysphagia Competency Framework](https://www.rcslt.org/clinical_resources/dysphagia/trainingcompetency_framework). This competency framework is designed to be applied to SLTs working in any setting with neonatal feeding.

These competencies have been developed with consideration to the [UN Convention of the Rights of the Child](https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-11&chapter=4&lang=en), in particular Articles 3 (best interest of the child) and 6 (right to life, survival and development). With this in mind we have aimed to put the neonate’s needs first; but acknowledge that the parents, and in particular the mother’s needs, are intrinsic to meeting the baby’s needs. While we recognise the role of the lactation consultant and breast feeding advisors, it is not expected that all SLTs working in this area will be dual qualified. For the purpose of this framework we define an infant as a baby/child within the first year of their life.

This competency framework brings together knowledge and practical competencies and is intended for use throughout the SLT’s career, with signed evidence of skill acquisition and maintenance being provided either through independent activity or the verification of an appropriately skilled supervisor. It is anticipated that it will be a useful resource to record ongoing learning and development, which would fit within the annual appraisal process of most organisations.

## 2.2 What this document covers

These competencies broadly cover the key elements of neonatal feeding. Whilst relevant examples are provided, this is not an exhaustive list of all possible examples which will need to be considered within specific units and teams; these should be used in conjunction with local neonatal and speech and language therapy policies and guidelines, e.g. infection control, clinical governance. As this competency framework is an adjunct to the [RCSLT Dysphagia Competency Framework](https://www.rcslt.org/clinical_resources/dysphagia/trainingcompetency_framework), it is recommended that users consider issues surrounding supervision, multidisciplinary team working, evidence-based practice and CPD and transferrable skills, as highlighted in section 1.6 of the [RCSLT Dysphagia Competency Framework](https://www.rcslt.org/clinical_resources/dysphagia/trainingcompetency_framework) as well as in [RCSLT supervision guidance](https://www.rcslt.org/cq_live/resources_a_z/supervision/supervision). As with all professional practice, SLTs should ensure that they comply with the [Health and Care Professions (HCPC) standards of proficiency for SLTs (2014)](http://www.hcpc-uk.org/publications/standards/index.asp?id=52) and operate only within their scope of practice.

This competency framework covers two levels from the [RCSLT Dysphagia Competency Framework](https://www.rcslt.org/clinical_resources/dysphagia/trainingcompetency_framework):

**2.2.1 Neonatal Dysphagia Competency Framework – Level C (Specialist Level Dysphagia Practitioner)**

A therapist working at this level can demonstrate competent performance in the assessment and management of neonate feeding and swallowing, working autonomously with the neonate and their care giver. S/he will receive referrals from others in the care team, prioritise referrals in line with local risk assessment procedures and conduct a comprehensive assessment of feeding/swallowing. In this comprehensive assessment s/he will utilise a range of assessment techniques, based on current research/best practice and any relevant policies, procedures and guidelines. The Specialist Level Dysphagia Practitioner will generate a working hypothesis, analyse the emerging information and, taking a holistic view of the neonate, provide advice and guidance to other care team members and the caregiver. S/he will provide therapy programmes and/or suggest interventions to manage the ongoing problems with feeding/swallowing and optimise function.

Practitioners functioning at this level will contribute to the development and delivery of a comprehensive management plan in order to optimise the health and wellbeing of the neonate with feeding/swallowing difficulties. They should consistently apply knowledge and understanding of relevant policies, procedures and guidelines to the assessment and management of neonatal dysphagia. They will supervise, support and instruct others in implementing feeding plans to manage the impact on the neonate’s difficulties. SLTs may work at Specialist Dysphagia Practitioner level for many years without fully moving to Consultant level.

Examples of practitioners who may be working at Level C:

* A therapist who is competent in dysphagia at a minimum of Specialist level and is transferring skills to neonatal dysphagia under the guidance of the clinical specialist.

**2.2.2 Neonatal Dysphagia Competency Framework – Level D (Consultant Level Dysphagia Practitioner)**

A person working at this level will be carrying a caseload predominantly working with neonates and infants. S/he will be supporting and supervising staff who work at Specialist level to develop their specialist competencies. The Consultant Level Practitioner will take a lead within the department in keeping up-to-date with research and evidence-based practice, disseminating this to other members of staff, and in strategic neonatal dysphagia developments. S/he will seek out and respond to opportunities to further neonatal dysphagia knowledge and management within the wider profession, working on or contributing to neonatal dysphagia-related working parties, research and advisory boards. Therapists working at this level are highly specialised, autonomous practitioners. The levels and competency assurances described here are likely to be at the minimum level of the therapist’s practice. Not all of the competencies outlined here will apply to all consultants. S/he will access supervision from peers, which is likely to be outside of their department and should include at least two supervision sessions per year. These may not be face-to-face and may include telephone supervision, conference calls and video conferencing sessions.

The Consultant Level Practitioner will already have worked through the Specialist level competencies and will be able to demonstrate these through the collation of historical evidence.

**2.2.3 Specialists developing consultant level competence**

It is probable that many therapists operating at the specialist level of competence will also demonstrate consultant level competencies in some areas without working towards a consultant level overall. Where this is the case, therapists are encouraged to populate the relevant sections of this document.

**(These descriptors have been taken from the** [**RCSLT Dysphagia Competency Framework**](https://www.rcslt.org/clinical_resources/dysphagia/trainingcompetency_framework)**.)**

1. **Competency framework: LEVEL C SPECIALIST**

| **Competency** | | **Evidence** | **Date completed Specialist Level** | **Supervisor sign-off** |
| --- | --- | --- | --- | --- |
| **Theory:** | | | | |
| ***C1:*** | ***EMBRYOLOGY AND ANATOMY*** | | | |
| C1.1 | Knowledge of the typical and atypical progression of foetal development of the:   * head and face * oral cavity, pharynx and larynx * digestive system * respiratory system * neurological system * cardiac system |  |  |  |
| C1.2 | Knowledge of premature birth and terminology used within prematurity |  |  |  |
| C1.3 | Knowledge of the typical in utero developmental progression of suck-swallow skills |  |  |  |
| C1.4 | Knowledge of infant nasal, oral, pharyngeal, laryngeal and oesophageal anatomy and how it changes from infancy through to adulthood |  |  |  |
| ***C2:*** | ***FEEDING AND SUCK DEVELOPMENT:*** | | | |
| C2.1 | Knowledge of oro-pharyngeal reflexes; these may include:   * rooting * suck reflexes * phasic bite * gag * cough |  |  |  |
| C2.2 | Knowledge of sensory and motor functions of cranial nerves involved in sucking, swallowing and breathing |  |  |  |
| C2.3 | To demonstrate an understanding of the relationship between sucking, swallowing and breathing, the relationship between its components and barriers to this |  |  |  |
| C2.4 | To demonstrate a knowledge of normal oral motor and feeding milestones throughout infancy |  |  |  |
| C2.5 | To demonstrate a knowledge of feeding patterns of the pre-term and term infant including variation in:   * length of feeds * volume * scheduled vs demand feeding * breast and/or bottle feeding |  |  |  |
| C2.6 | To demonstrate an understanding of and be able to describe the physiology of:   * non-nutritive sucking * nutritive sucking at breast and on bottle * different sucking patterns * sucking maturation skills |  |  |  |
| C2.7 | To demonstrate an understanding of the function and impact of non-nutritive sucking |  |  |  |
| C2.8 | To demonstrate an understanding of the body of evidence around longer-term feeding, attachment and neurodevelopment outcomes for premature babies |  |  |  |
| ***C3:*** | ***DEVELOPMENTAL CARE*** | | | |
| C3.1 | To demonstrate an understanding of the core principles of developmental care |  |  |  |
| C3.2 | To demonstrate an understanding of the importance of skin-to-skin contact |  |  |  |
| C3.3 | To demonstrate an understanding of how optimal developmental care can impact on a neonate’s:   * state regulation and physiological stability * posture and tone * sleep * feeding * neurobehavioural development * pain response * attachment |  |  |  |
| C3.4 | To demonstrate an understanding of the core principals and importance of:   * family centred care * family integrated care |  |  |  |
| C3.5 | To demonstrate an understanding of, and be able to accurately describe the following in neonates and premature babies:   * state of arousal * stress cues |  |  |  |
| ***C4*** | ***NUTRITION FOR NEONATES*** | | | |
| C4.1 | To demonstrate an awareness of methods of alternative nutrition, rationale for use and their impact on the neonate. These may include:   * parenteral and enteral feeding * bolus vs continuous feed |  |  |  |
| C4.2 | To demonstrate an understanding of the potential impact of a change in milk/nutritional plan on the neonate |  |  |  |
| C4.3 | To demonstrate an understanding of the composition of breast milk and how it differs from formula |  |  |  |
| C4.4 | To demonstrate an awareness of the issues relating to EBM expression and achieving:   * methods * storage * pasteurising and milk banking |  |  |  |
| C4.5 | To demonstrate an awareness of the transition process between tube feeding and full oral feeding |  |  |  |
| ***C5*** | ***CLINICAL ASSESSMENT OF FEEDING:*** | | | |
| C5.1 | To demonstrate an understanding of the contraindications for feeding assessment including:   * current stability * medical background * state of arousal |  |  |  |
| C5.2 | To demonstrate an understanding of the impact of different types of respiratory support on swallow physiology and use this knowledge to determine appropriate assessment; including:   * high flow oxygen * CPAP |  |  |  |
| C5.3 | To demonstrate a knowledge of:   * feeding readiness cues * responsive feeding * feeder-neonate interaction |  |  |  |
| C5.4 | To demonstrate an understanding of the clinical signs and symptoms of aspiration and the MDT implications of these |  |  |  |
| C5.5 | To be able to recognise and respond to typical and atypical clinical readings used in neonatal care and their impact on feeding; e.g.:   * heart rate * respiratory rate * oxygen saturation levels |  |  |  |
| C5.6 | To demonstrate an awareness of formal/ structured assessments available to support clinical assessment |  |  |  |
| C5.7 | To maintain an up-to-date knowledge of the rationale and limitations for/against the use of instrumental assessment tools in relation to the neonatal population |  |  |  |
| ***C6*** | ***BREASTFEEDING*** | | | |
| C6.1 | To demonstrate an understanding of anatomy of the breast and physiology of lactation |  |  |  |
| C6.2 | To demonstrate a knowledge of benefits of breast milk for the neonate |  |  |  |
| C6.3 | To demonstrate a knowledge of how a neonate effectively breastfeeds including:   * latch and attachment * position |  |  |  |
| C6.4 | To demonstrate an awareness of the issues relating to exclusive breast feeding and how to overcome related barriers |  |  |  |
| C6.5 | To demonstrate a knowledge of current evidence regarding nipple/teat/dummy confusion |  |  |  |
| ***C7*** | ***BOTTLE/CUP FEEDING*** | | | |
| C7.1 | To demonstrate a knowledge of the physiology required for safe and effective cup feeding |  |  |  |
| C7.2 | To demonstrate a knowledge of the physiology required for safe and effective bottle feeding |  |  |  |
| C7.3 | To demonstrate a knowledge of the methods used for safe and effective cup feeding |  |  |  |
| C7.4 | To demonstrate a knowledge of the methods used for safe and effective bottle feeding |  |  |  |
| C7.5 | To demonstrate an understanding of the rationale and risks of cup feeding in neonates |  |  |  |
| C7.4 | To demonstrate an understanding of the rationale and risks of bottle feeding in neonates |  |  |  |
| ***C8*** | ***AETIOLOGY OF FEEDING DIFFICULTIES*** | | | |
| C8.1 | To demonstrate an understanding of the causes/impact of respiratory function on feeding |  |  |  |
| C8.2 | To demonstrate an understanding of the causes/impact of gastrointestinal immaturity and anomalies on feeding. This may include   * NEC * reflux * gastroschisis |  |  |  |
| C8.3 | To demonstrate an understanding of the causes/impact of neurological aetiologies on feeding, including neuroplasticity |  |  |  |
| C8.4 | To demonstrate an understanding of the causes/impact of structural anomalies on feeding. This may include:   * oesophageal atresia * tracheoesophageal fistula * tongue tie |  |  |  |
| C8.5 | To demonstrate an understanding of the causes/impact of cardiac function on feeding |  |  |  |
| C8.6 | To demonstrate an understanding of the impact long-term nil by mouth and negative oral experiences have on feeding development |  |  |  |
| C8.7 | To demonstrate an understanding of the impact of drug/alcohol withdrawal on the neonate |  |  |  |
| C8.8 | To demonstrate an understanding of the impact that metabolic and endocrine anomalies can have on feeding |  |  |  |
| C8.9 | To demonstrate an understanding of the impact of maternal mental health on the neonate’s feeding |  |  |  |
| ***C9*** | ***MANAGEMENT*** | | | |
| C9.1 | To demonstrate an understanding of the rationale for use and impact of strategies supporting feeding, including:   * non-nutritive sucking and oro-facial stimulation * positioning * cheek and jaw support * flow rate, pacing and consistency * use of thickeners * volumes and durations |  |  |  |
| C9.2 | To demonstrate an understanding of the rationale and any potential risks of containment and swaddling during feeding |  |  |  |
| C9.3 | To demonstrate an understanding of the rationale for:   * responsive feeding techniques * cue-based feeding techniques |  |  |  |
| C9.4 | To be able to recognise varying levels of ‘risk’ in feeding management. These may include:   * safety risk * risk of oral aversion * risk to attachment and parental wellbeing |  |  |  |

| **Competency** | | | **Evidence** | | **Date completed Specialist Level** | | **Supervisor sign-off** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***C10*** | ***MULTIDISCIPLINARY WORKING*** | | | | | | |
| C10.1 | To demonstrate an understanding of the importance of parental participation and caregiver/nursing team observation in holistic assessment | |  | |  | |  |
| C10.2 | To demonstrate an understanding of the roles of the wider multi-disciplinary team across hospital and community settings | |  | |  | |  |
| C10.3 | To demonstrate an understanding of the importance of multi-disciplinary liaison, working and onward referral | |  | |  | |  |
| C10.4 | To demonstrate an understanding of when/how to raise a safeguarding concern | |  | |  | |  |
| ***C11*** | ***ORGANISATION OF SERVICES AND POLICY*** | | | | | | |
| C11.1 | To demonstrate an understanding of the different levels of acute neonatal care and how neonatal networks are organised | |  | |  | |  |
| C11.2 | To demonstrate an awareness of documents supporting neonatal service standards | |  | |  | |  |
| C11.3 | To demonstrate a knowledge of outcome measures at national, strategic, organisational and operational level related to neonatal care and neonatal feeding | |  | |  | |  |
| C11.4 | To demonstrate an understanding of national and local neonatal feeding policy | |  | |  | |  |
| ***C12*** | ***READING & RESOURCES*** | | | | | | |
| C12.1 | To have critically appraised key current and cornerstone articles related to neonatal feeding management, including:   * NICE guidelines * Cochrane reviews * DHSC and NHS England; NHS Wales; NHS Scotland; and NHS Northern Ireland documents relating to neonatal units | |  | |  | |  |
| C12.2 | To have reviewed and have an ongoing awareness of parental sources of information and support | |  | |  | |  |
| **Practical** | | | | | | | |
| ***C13*** | | ***ASSESSMENT:*** | | | | | |
| C13.1 | | To be able to prioritise referral according to:   * clinical need * relevance of assessment * impact of input * clinical risk * consideration of needs of whole caseload |  | | |  |  |
| C13.2 | | To be able to obtain relevant information and medical history. This may include:   * birth history * current medical status * current management |  | | |  |  |
| C13.3 | | To be able to assess the neonate’s state, suitability for assessment and contraindications for assessment |  | | |  |  |
| C13.4 | | To be able to assess a neonate’s response to touch, movement and handling and adapt your handling skills accordingly |  | | |  |  |
| C13.5 | | To be able to assess feeder-neonate interaction during feeding |  | | |  |  |
| C13.6 | | To be able to conduct an oro-facial examination on a neonate and consider the impact of your findings. This may include:   * facial symmetry and tone * anatomical structures * secretion management * relevant reflexes (e.g. gag, rooting, suck) |  | | |  |  |
| C13.7 | | To be able to conduct a non-nutritive suck assessment taking into account the neonate’s state during assessment and the potential implication on feeding |  | | |  |  |
| C13.8 | | To be able to conduct a nutritive suck assessment including identifying the type of suck pattern and the impact of this on oral feeding |  | | |  |  |
| C13.9 | | To be able to assess the pharyngeal phase of the swallow and any aspiration risk. This includes demonstrating an awareness of all potential signs of aspiration and appropriately responding to these |  | | |  |  |
| C13.10 | | To be able to give appropriate feedback with a rationale to parents and other professionals during and after your assessment |  | | |  |  |
| C13.11 | | To have an awareness of and ability to use a range of supplemental or instrumental assessment tools. These may include:   * cervical auscultation * pulse oximetry * videofluoroscopy |  | | |  |  |
| C13.12 | | To be able to identify the occurrence of coexisting medical problems and assess the impact on feeding and your assessment |  | | |  |  |
| C13.13 | | To be able to draw together assessment findings and develop a differential diagnosis and treatment plan |  | | |  |  |
| ***C14:*** | | ***MANAGEMENT:*** | | | | | |
| C14.1 | | To be able to demonstrate appropriate touch, handling and positioning techniques and adapt these as necessary | |  | |  |  |
| C14.2 | | To be able to implement facial, oral and intraoral stimulation techniques, and non-nutritive sucking as an intervention techniques; providing a rationale for use | |  | |  |  |
| C14.3 | | To be able to demonstrate and explain cue-based feeding | |  | |  |  |
| C14.4 | | To be able to suggest and introduce appropriate changes to management strategies in bottle feeding, including:   * teat selection * pacing * positioning * jaw and cheek support * consistency modification | |  | |  |  |
| C14.5 | | To be able to suggest and introduce appropriate changes to management strategies in breast feeding, including:   * the use of pacing strategies * positioning * use of nipple shields | |  | |  |  |
| C14.6 | | To be able to demonstrate the use of cup feeding, including the identification of an appropriate cup and provide rationale for use | |  | |  |  |
| C14.7 | | To be able to recommend adaptations to physical and sensory environment to promote safe and pleasurable feeding experiences | |  | |  |  |
| C14.8 | | To be able to devise a written treatment plan which encompasses the holistic needs of the neonate and reflects parent/carer wishes | |  | |  |  |
| C14.9 | | To be able to train the neonate’s caregivers in the use of intervention strategies | |  | |  |  |
| C14.10 | | To be able to identify when and why a treatment plan or intervention strategy is proving unsuccessful and devise an alternative | |  | |  |  |
| C14.11 | | To be able to identify when treatment is contraindicated due to a change in a neonate’s medical status and share this information with a neonate’s parents/carers and members of the MDT | |  | |  |  |
| C14.12 | | To be aware of own limitations and seek appropriate advice from a senior colleague | |  | |  |  |
| ***C15*** | | ***PROFESSIONAL ROLE*** | | | | | |
| C15.1 | | To be able to develop and deliver training around neonatal feeding specific to an audience | |  | |  |  |
| C15.2 | | To be able to contribute to the development of clinical guidelines | |  | |  |  |
| C15.3 | | To be able to contribute to developing unit-wide feeding best practice guidance | |  | |  |  |
| C15.4 | | To have an awareness of possible outcome measures and be able to implement locally agreed outcomes measures | |  | |  |  |
| C15.5 | | To be able to contribute to audit and service development | |  | |  |  |
| C15.6 | | To be able to make appropriate onward referrals as required | |  | |  |  |
| C15.7 | | To be able to communicate and negotiate with team members and resolve conflict | |  | |  |  |
| C15.8 | | To be able to utilise highly developed communication skills when working with families at times of stress | |  | |  |  |

1. **Competency framework: LEVEL D CONSULTANT**

| **Competency** | | **Evidence** | **Date completed Consultant Level** | **Supervisor sign-off** |
| --- | --- | --- | --- | --- |
| **D1 Assessment and Management** | | | | |
| D1.1 | To be fully aware of the evidence base for supplemental and instrumental assessment approaches, and have an up-to-date knowledge of the applicability and rationale for use with neonates |  |  |  |
| D1.2 | To provide expert opinion for tertiary referrals of high-risk neonates with complex feeding needs by demonstrating a critical understanding of current and emerging research and best practice in neonatal feeding assessment and management |  |  |  |
| D1.3 | To have a critical understanding of the principles of ethical decision-making and the practical applications thereof |  |  |  |
| D1.4 | To demonstrate an up-to-date knowledge of evidence and professional guidelines from a range of professional bodies |  |  |  |
| D1.5 | To understand risk assessment and safeguarding processes and use this knowledge to take a lead in undertaking departmental risk assessment in relation to service provision for neonates with dysphagia |  |  |  |
| D1.6 | Has undertaken additional specialist training relevant to neonatal care; e.g. neurodevelopmental care and tracheostomy |  |  |  |
| **D2 Tracheostomy Assessment and Management** | | | | |
| D2.1 | Refer to: RCSLT Tracheostomy Competencies |  |  |  |
| **D3 Audit and Research** | | | | |
| D3.1 | To understand existing audit and research processes within the locality |  |  |  |
| D3.2 | To undertake audit and/or research to develop and extend the level of professional knowledge and clinical expertise generally within the profession and specifically within the team |  |  |  |
| **D4 Benchmarking** | | | | |
| D4.1 | To have a critical understanding of professional standards and codes of practice for the service area and use these in addition to evidence-based practice to take a lead role in the development, evaluation and dissemination of departmental policies related to neonatal feeding and dysphagia |  |  |  |
| D4.2 | To understand responsibilities under the current European, national and local legislation as a dysphagia consultant and use this knowledge in an active role in the strategic planning of dysphagia services on behalf of the organisation/trust; e.g. with commissioners of services |  |  |  |
| **D5 Education and Training** | | | | |
| D5.1 | Develop training plans and initiatives within and outside the speech and language therapy service to provide training to specialist SLTs in areas of assessment and the management of neonatal feeding and dysphagia, demonstrating critical evaluation of evidence to be presented |  |  |  |
| D5.2 | Consideration of methods of learning, ensuring that knowledge acquired can be built upon to develop practice and competence |  |  |  |
| D5.3 | Teach at a national and international level within the profession and the wider MDT |  |  |  |
| D5.4 | To fulfil the role of advisor to national bodies |  |  |  |

1. **References**

**Breastfeeding**

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# Appendix 1: Suggested learning activities

|  |  |  |
| --- | --- | --- |
| **Category** | **Suggested learning activity** | **Competency / field** |
| **Observation** | Observations of   * Neonatal SLT feeding sessions * Nurse or parental feeding observations * Typical infant feeding * Different suck patterns * Other site visits   Observations may occur in person or via videos (with supervisor) | All  C13; C14; C15 |
|  | Shadowing other professionals; e.g. physiotherapists and occupational therapists | C13; C14; C15 |
|  | Attendance at multi-disciplinary meetings / case conferences | C10.3 |
|  | Attendance at:   * Study days * Seminars * Webinars | All |
| **Reading** | Keep up-to-date with RCSLT guidance and resources on neonatal care and dysphagia  Visit [RCSLT Neonatal care](https://www.rcslt.org/clinical_resources/neonatal_care/overview) and [RCSLT Clinical Guidance A-Z](https://www.rcslt.org/clinical_resources/topic_areas) | All  D1.1 |
|  | Knowledge of   * Local policies * Guidelines * Factsheets | All  C10.4 |
|  | Review of departmental policies and procedures, identifying their links to professional standards, code of practice and the evidence base | D4.1 |
|  | Locate and read available assessments | C5.6 |
|  | Awareness of RCSLT guidance/position papers relating to use of instrumental assessment  Visit [RCSLT Clinical Guidance A-Z](https://www.rcslt.org/clinical_resources/topic_areas) | C5.7 |
|  | [RCSLT Tracheostomy Competency Framework (2013)](https://www.rcslt.org/clinical_resources/docs/tracheostomy_competency_framework) | D1.6 |
|  | Develop a reading list of key documents  Complete [critical appraisal using verified tools](https://www.rcslt.org/members/research_centre/qualitative_research/critical_appraisal)  See RCSLT guidance on critical appraisal in [RCSLT Research](https://www.rcslt.org/members/research_centre/introduction) | C12.1 |
|  | Awareness of documents supporting neonatal service standards  Visit the Guidance and Learning pages in [RCSLT Neonatal care](https://www.rcslt.org/clinical_resources/neonatal_care/overview) | C3; C11.2 |
|  | Awareness of guidance available relating to breastfeeding  Visit the Guidance and Learning pages in [RCSLT Neonatal care](https://www.rcslt.org/clinical_resources/neonatal_care/overview) | C6.1; C6.2 |
|  | Read publications relating to principles of ethical decision-making | D1.3 |
|  | Critically review current research publications/relevant journal articles  Visit the Evidence and Research page in RCSLT [[RCSLT Neonatal care](https://www.rcslt.org/clinical_resources/neonatal_care/overview)](https://www.rcslt.org/clinical_resources/neonatal_care/overview) | D1.1 |
|  | Literature reviews  Visit the Evidence and Research page in [RCSLT Neonatal care](https://www.rcslt.org/clinical_resources/neonatal_care/overview) | All |
| **Practical** | Produce   * Single case reports * Poster presentations | D1.1 |
|  | Presentation to colleagues relating to ethical decision-making in relation to infants with complex feeding difficulties | D1.3 |
|  | Design, implement and report on research projects | D3.2 |
|  | Produce   * a neonatal service strategic development plan, or * a business continuity plan | D4.2 |
|  | Develop training plans and materials/resources | C15  D5.1; D5.2 |
|  | Implement and evaluate training | D5.1 |
|  | Ascribing a level of risk | C9.4 |
|  | Complete risk assessments | D1.5 |
| **Reflective practice** | Visit the [Reflective writing page](https://www.rcslt.org/members/professional_development/reflective_writing_workshop) on the RCSLT website for examples | All |
|  | Writing, maintaining and updating treatment plans where relevant | C13; C14; C15 |
| **Discussion** | Discussions with   * Senior colleagues * Peers * Parents * Journal club | All |
| **Course attendance** | * Short courses * Online learning   Visit the Learning page in [RCSLT Neonatal care](https://www.rcslt.org/clinical_resources/neonatal_care/overview) | All |
|  | Training qualification | D5.2 |
| **Membership of relevant organisations** | * Clinical Excellence Networks (CENs) * RCSLT Hubs   Visit the Contacts page in [RCSLT Neonatal care](https://www.rcslt.org/clinical_resources/neonatal_care/overview) | All |
| **Audit involvement** | * Developmental care * Competencies within Consultant Level | All |
| **Outcomes** | Develop awareness of available and suitable outcomes locally and nationally  Visit [RCSLT Outcome Measurement](https://www.rcslt.org/members/outcomes/outcomes) | All |