Speech and Language Therapist eating, drinking and swallowing competency framework

DRAFT FOR CONSULTATION

Closing date: 8am 4 December 2024

RCSLT Project manager Kathleen Graham email: Kathleen.graham@rcslt.org

Information contained within this document is for consultation only and should not be shared outside of this.

**The information in this document is currently in development and has been shared as part of a consultation. If you are seeking guidance or information on this topic, please ensure you refer to final published content which can be found on rcslt.org.**

We appreciate any comments provided to us during the consultation, all of which will be reviewed by the working group within the context and scope of the project. We ask that, where possible and relevant, you accompany any counter arguments to statements made in the document with supporting evidence e.g. a research reference.

Members of the working group should not be contacted directly, and all feedback should be made through the assigned route e.g. via survey or project manager. Feedback made through unassigned routes or after the closing date will not be accepted or responded to.

Thank you for your support with this project.

Speech and language therapist eating, drinking and swallowing competency framework

**Content page**

**1 Introduction**

1.2 Key objectives of the document

**2. Introduction to the SLT ED and S competency framework**

2.1 Who is the competency framework for

2.2 Structure of the framework

2.3 Pre-registration

2.4 Post-registration

2.5 Support workers

**3. Issues for consideration**

3.1 Supervision

3.2 Evidence base practice and CPD

3.3 Transferable skills

3.4 Effective multi-disciplinary team working

3.5 Pre-registration clinical placements

3.6 Competency to practice

3.7 Maintaining and developing competencies

3.8 guidance for supervisors

3.8.1 Roles and responsibilities

3.9 Guidance for employers

3.10 Transitioning to the new framework

**4.0 New and extended SLT roles**

**5.0 The frameworks**

5.1 Foundation – adults

 5.1 Foundation - paediatrics

 5.2 Proficient

 5.3 Enhanced

 5.4 Advanced

 5.5 Expert

Speech and language therapist eating, drinking and swallowing competency framework

(This framework replaces the 2014 Dysphagia Competency framework)

**1 Introduction**

Assessing and managing service users with eating, drinking and swallowing difficulties, resulting from a range of causes, is a core role of the speech and language therapist (SLT). SLTs also play an important role in alleviating pressure on hospitals and other health care providers by reducing exposure to risk of aspiration pneumonia, hospital mortalities and avoidable hospital admissions. It is internationally recognised that SLTs are core members of the multi-disciplinary team supporting service users with eating, drinking and swallowing (ED and S) difficulties across the service user age range, from neonates to end of life, regardless of presenting conditions.

ED and S difficulties may also be called dysphagia or feeding difficulties in children.  Difficulties may occur in the pre-oral, oral, pharyngeal and oesophageal stages of ED and S. Throughout this framework, the word ‘feeding’ is used to describe early feeding development including breastfeeding/chest feeding, bottle feeding and early weaning. We recognise other terminology may be preferred and this should be discussed with families to ensure the language used by professionals is inclusive.

ED and S difficulties can result from many conditions and are often secondary to a primary psychological, emotional, neurological, physical and/or developmental condition. However, ED and S difficulties may be the first/only presenting symptom of a condition and therefore require careful investigation to help with differential diagnosis.

ED and S difficulties can result in, or contribute to malnutrition and dehydration, serious adverse clinical effects and death. They can also result in reduced wellbeing and quality of life for the individual and their wider families.

With an ageing population, increasing survival rates of pre-term babies, children and young adults with complex health needs living into adulthood and new clinical presentations of novel diseases such as COVID-19 requiring speech and language therapy input, it is anticipated that there will be an increase in need over the coming years for the identification, assessment and management of ED and S.

**1.2 Key objectives of this document**

* To provide an SLT specific ED and S competency framework, bringing together knowledge, skills and practical competencies for use throughout the SLT’s career
* To provide a transparent document that readily allows alignment with international SLT organisations
* To ensure there is a clear alignment between the pre-registration ED and S competency framework and post registration frameworks
* To align with the RCSLT professional development framework
* To ensure there is a consistent way of showing levels of ED and S competency throughout the UK

**2 Introduction to the SLT ED and S Competency Framework**

**2.1 Who is the competency framework for?**

This competency framework has been commissioned and written by the RCSLT. It is for the use of the speech and language therapy profession only. The framework brings together knowledge, skills and practical competencies for use throughout a SLT’s career, from newly qualified practitioner to ‘expert’ practitioner. Since there will be one competency framework across the UK it is anticipated that the framework will move easily between different job roles and organisations and enable SLTs to build on their learning across their career. The framework will also enable managers to identify gaps in competence to inform local service needs analysis, training plans and to provide support to the SLT in their development journey.

**2.2 Structure of the framework**

The framework is underpinned by the four domains of practice set out in the [RCSLT Professional Development framework](https://www.rcslt.org/wp-content/uploads/2023/03/RCSLT-Professional-Development-Framework-2023.pdf) *(p17)* and incorporates both ‘knowledge’ and ‘practical’ competencies.The domains of practice are:

* Professional practice
* Facilitation of learning
* Leadership and management
* Evidence research and innovation.

Eating, drinking and swallowing competency levels are evaluated against the following development levels:

* Foundation (I am informed)
* Proficient (I am knowledgeable and skilled)
* Enhanced (I have enhanced knowledge and skills)
* Advanced (I have advanced knowledge and skills)
* Expert (I have expertise)

More detailed descriptions of the scope and subthemes of each component can be found on pages [18-20 of the professional development framework.](https://www.rcslt.org/wp-content/uploads/2023/03/RCSLT-Professional-Development-Framework-2023.pdf)

The foundation level is the only level where complete sign off is mandatory. The SLT along with their supervisor should determine which framework (adult or paediatric) is most appropriate for their setting. The remaining 4 levels are not intended to be prescriptive but offer a broad definition of the role of an individual and the competencies required within their location. It allows specific roles to be further defined to meet the needs of multiple client groups across the lifespan.

The SLT ED and S competency framework creates a common language that can be utilisedwithin a dynamic and mobile workforce across the NHS, education, and social care, as wellas in private and voluntary settings.

The levels identified within this framework should be identified and included in role/job descriptions and individuals should receive training to achieve and maintain competence at that level. The levels do not correspond directly to SLT job titles nor to the Agenda for Change grades in the NHS workforce.

Each level stands alone. However, some competencies will be common to all levels, eg anatomy and physiology of the swallow, but the level of knowledge underpinning the competencies is cumulative.

The framework is hierarchical: each level is built upon the foundations of the one below it. For this reason, levels ‘Foundation’ and ‘Proficient’ are much longer, whereas ‘Expert’ level is relatively short. It is possible that a clinician may be developing competencies across two different levels at the same time. This would be perfectly acceptable; however, the SLT should be clear only to work within his or her current competence at each level. The clinician should have their knowledge and practical competencies signed off on all sections of ‘Foundation’ level before the SLT is deemed competent at that level, even if they are working on some aspects of a level above. For all other levels the SLT can self-evaluate their knowledge and practical competencies. Depending on the SLT’s job role and service requirements not all components may need to be achieved to be deemed competent at a certain level e.g. at Advanced level some services may not have access to instrumental assessments.

At foundation level there are two separate competency frameworks. One for adults and one for children. This only applies to foundation level, after which each level has a combined adult and paediatric framework. This is to allow for sign off within the clinical area. If the SLT is working within adult learning disability they should decide which framework is most appropriate to them, for example an SLT working with young adults in a transition service may choose the paediatric framework whereas an SLT working with older adults with a learning disability may choose the adult framework.

**2.3 Pre-registration**

As part of the ‘[RCSLT Competencies in EDS- pre-registration document’](https://www.rcslt.org/wp-content/uploads/2021/11/RCSLT-Competencies-in-EDS-for-pre-registration-education-and-training-of-SLTs_OCT-2021.pdf), dysphagia knowledge and skills taught at HEIs have been reviewed and standardised. It is envisioned that from 2026 new graduates will join the workforce having achieved pre-registration ED and S competencies.  The document states that:

*‘It is not expected that speech and language therapy learners will graduate with a comprehensive knowledge of all EDS difficulties, but that they will have the aptitude to seek out supervision when appropriate. Newly qualified SLTs are expected to carry out the necessary research or continuing professional development (CPD) to fill any gaps in knowledge. They will demonstrate professional problem-solving skills where there is considerable variation in the presentation and health needs of service users and the setting for care’.*

Those who have achieved pre-registration ED and S competencies will then progress to foundation stage as they enter their first role if it requires them to work with people with ED and S difficulties. To be able to practice independently the SLT will need to have signed off all of the foundation level competencies and be starting to sign off competencies at ‘proficient’ level.

SLTs who graduated before the pre-registration competency levels were in place and who have not completed the 2014 RCSLT dysphagia competencies at level C should use any evidence of their competency gathered at a pre-registration level to inform their development and achievement of the foundation level of this framework.  These SLTs will need to complete training that covers all aspects of the foundation level to work independently.  This can be achieved through a variety of methods including in-house supervision, or formal external courses.

**2.4 Post-registration**

If the assessment and management of eating, drinking and swallowing difficulties is part of the job role this should be clearly stated within the job description. As part of the induction process within the organisation, the line manager/supervisor should ask the new employee for a copy of their ED and S competency framework to use as a portfolio to understand their current level of competency.

As with all aspects of the SLT role, the individual SLT bears responsibility for his or her own competence. It will be appropriate therefore for SLTs who have not worked in this area for some time to update their competence by reviewing some of the competencies previously achieved. This is likely to be the case for SLTs returning to practice after an extended period of absence e.g. for maternity leave or following a career break.

SLTs who are independently assessing, planning and providing intervention for service users with ED and S difficulties should be at ‘Proficient’ level or above, i.e. all competencies at foundation level have been signed off and the SLT is starting to achieve some of the competencies at proficient level.

It is acknowledged that some of the knowledge at the higher levels may be acquired by the use of reading or organisation-based tutorials or may require access to specific courses e.g. instrumental assessment.

In addition to this competency framework, SLTs may be required to follow other RCSLT guidance for specific skills. Please see the RCSLT website for this information.

**2.5 SLT Support workers**

Please also refer to the [RCSLT Support Worker Framework](https://www.rcslt.org/wp-content/uploads/2023/03/RCSLT-Support-Worker-Framework-2023.pdf)

RCSLT recognises the vital role of support workers to deliver effective services for people with ED and S needs. We recommend using the [EDSCF](https://www.rcslt.org/members/clinical-guidance/dysphagia/dysphagia-learning/#section-4) as a competency framework for support workers working within ED and S. Employers should use both the EDSCF and Support worker framework to determine which is the most appropriate level for the individual to work at.

**3. Issues for consideration**

**3.1 Supervision**

***Link to*** <https://www.rcslt.org/members/delivering-quality-services/supervision/>

It is essential that at every level, throughout their entire career, that SLTs working with service users who have eating, drinking and swallowing difficulties receive regular, dedicated supervision; the HCPC standards of proficiency state that all registrant SLTs must, “understand the importance of participation in training, supervision and mentoring”. This may take place in several different ways, for example: individual, 1:1 supervision with a more senior member of staff; peer supervision, either group or individual; or telephone supervision with a designated individual. Regardless of format, supervisory arrangements should be made as they are crucial for practice. Of particular importance is supervision during the development of competency to practise autonomously (foundation level to proficient level). A junior SLT must be supervised by a more senior colleague appropriately qualified in dysphagia, in most cases this is likely to be a colleague who is at Enhanced level or above.

Other issues for consideration include appropriate supervision for SLTs operating at advanced and expert levels, SLTs in independent practice and SLT assistants undertaking work with service users presenting with ED and S difficulties. These practitioners are vulnerable in terms of being provided with appropriate supervision arrangements, but nevertheless should not undertake clinical work in dysphagia without supervision arrangements. Members of the speech and language therapy workforce have a duty to understand the level at which they are working with service users with ED and S difficulties and to seek out appropriate supervision to support their ongoing reflection and development, for the safety of the service user and themselves.

**3.2 Evidence-based practice and CPD**

***Link to*** <https://www.rcslt.org/members/research/evidence-based-practice/>

Evidence-based practice and continuing professional development are the cornerstones of good quality healthcare and are one of the domains of practice in the Professional Development Framework. SLT professionals at all levels are expected to add to the evidence base, to challenge practice, collect effective data, report outcomes and to share information with colleagues. They also have a duty continually to reflect on and review their work, identifying areas of their own good practice and areas for development. SLT professionals should always operate within the guidelines of evidence-based practice, using the best available appraised evidence, their clinical experience and supervision to provide good-quality, safe, patient/client- centred care.

**3.3 Transferable skills**

The documents produced here recognise that many of the skills a SLT develops in ED and S will be transferable. They will allow SLTs to move between posts and to offer safe and effective interventions to service users without undertaking unnecessary additional training. It is important that the SLT documents their knowledge and skills carefully. Yet, it is also recognised that some SLTs working at an advanced level will develop highly- specialist knowledge and skills that are relevant only to that particular client group. Job roles and responsibilities should be negotiated with employers and managers carefully, using evidence from their CPD portfolio to support this discussion.

**3.4 Effective multi-disciplinary team working**

***Link to*** <https://www.rcslt.org/members/delivering-quality-services/collaborative-working-guidance/>

ED and S difficulties are often secondary to another primary condition. For this reason, the service user will need intervention from a range of practitioners within the multidisciplinary team and multiagency team. In addition, the causes of ED and S difficulties can be multifactorial; thus, detailed, differential diagnosis is required to identify and treat them correctly. It is imperative that the speech and language therapy workforce operate within a multidisciplinary environment: consulting multidisciplinary colleagues throughout the assessment, treatment and monitoring phases, taking information to inform speech and language therapy intervention, and providing important information to the multi-professional team. Where the team is fragmented or disparate, the SLT has a duty to seek out relevant professionals and engage in communication with them and families/carers for the benefit and good quality treatment of the service user. Effective team working is reflected in the domain ‘leadership and management’ in the new framework.

**3.5 Pre-registration clinical placements**

Please also refer to the RCSLT document for [Pre-reg EDS competencies](https://www.rcslt.org/wp-content/uploads/2021/11/RCSLT-Competencies-in-EDS-for-pre-registration-education-and-training-of-SLTs_OCT-2021.pdf).

Within pre-registration placements, employers should ensure that students have opportunities to observe all aspects of the service user’s care, including ED and S, within the relevant service user groups.

The RCSLT now expects Practice Educators to offer SLT learners experience of working with service users with eating, drinking and swallowing disorders and be willing to verify students’ portfolios where knowledge, skills or competence are demonstrated on placement. It is recognised that “signing off” an element indicates competence at that time. Signing off a skill or activity indicates that the placement supervisor/practice educator has observed knowledge, skills or competence at that time. It does not make the practice educator responsible for the student’s ability to practise once the student has left the placement; this would be the case for any area of clinical practice.

If the newly qualified SLT gains a role which requires them to work with people with ED and S, they will need to have a supervisor who is trained in ED and S difficulties and who maps to at least enhanced level on the framework. They will discuss their portfolio of competencies with them and look at any areas they need support and supervision in. This may mean they need to be supervised, to complete in-house training, or to attend a post-graduate training course. It is down to the individual and supervisor to decide what is needed to become fully independent when working with service users presenting with ED and S difficulties (Proficient level). There may be some learners who finish their competencies and have a good level of knowledge of ED and S difficulties and require less support to become independent.

**3.6 Competency to practise**

From 2026 newly qualified practitioners will enter the workplace equipped with a wide range of knowledge and skills at foundation level on the framework, but as with all areas of clinical practice they will not be equipped to work with service users with ED and S difficulties without some ongoing support and supervision. The competency framework can be used to direct support, supervision and training until the NQP/SLT reaches a level where they can operate safely and autonomously with service users with ED and S difficulties (Proficient level). Competency, acquisition and maintenance can then be based on review of the competency framework, alongside the needs and requirements of the SLT’s department or team.  For those NQPs whose role requires them to work with people with ED and S needs, there will be an additional section within the NQP competency framework which will require sign off by their supervisor.  This sign-off should correspond with achieving the level of ‘proficient’ in this framework.

**3.7 Maintaining and developing competencies**

Throughout their careers, SLTs should undertake relevant CPD activities and seek out bespoke training to develop and maintain their clinical skills. It is envisaged that this be done in partnership with managers and employers, so the knowledge and skills of an SLT develop in line with the needs of the clinician, service users and employers.  If a SLT is absent from the profession for more than 2 years they should follow the [HCPC return to practice procedure.](https://www.hcpc-uk.org/registration/returning-to-practice/)  If the SLT has previously been competent in working with service users with ED and S difficulties they should arrange a period of supervision in line with HCPC requirements with an ED and S trained supervisor (who is mapped to Enhanced level or above on the framework) who can review their previous level of competency with their current level and support them to work towards regaining their competency.  There is no minimum requirement to see a set number of service users with ED and S difficulties each year.  It is up to the individual clinician to determine if they are managing to maintain their competencies in line with HCPC requirements and to identify any gaps or areas of improvement with their supervising SLT.

**3.8 Guidance for supervisors**

As with all professional practice, supervisors should ensure that they comply with HCPC standards of proficiency and practice and supervise only within their scope of practice.

**3.8.1 Roles and responsibilities**

a) Supervisors are required to have significant knowledge, skills and experience in the field of ED and S difficulties **within the clinical area being supervised**. Within the competency framework it would be advised that a supervisor for any level be at least at enhanced level within the clinical area.

b) Supervisors should also be able to demonstrate ongoing practice and CPD in the area of eating, drinking and swallowing difficulties.

c) Supervisors should be familiar with the knowledge, skills and competence required and be able to direct SLTs to relevant reading.

d) Supervisors should be able to teach aspects of the knowledge and skills required or identify courses that would provide this.

e) Supervisors may be required to sign the competency framework.

f) The competency framework may form part of the formal appraisal process with the employing organisation.

For more information on supervision, please see the RCSLT Supervision Guidelines for speech and language therapists.

**3.9 Guidance for employers**

The competency framework is designed for use in the practical acquisition of competence in the area of ED and S difficulties. The employer is responsible for ensuring that the roles and responsibilities associated with service users with ED and S difficulties are clearly detailed in the SLT’s job description. Employers have a responsibility to ensure that the supervisor has adequate skills to provide supervision and teaching in this area and that this is clearly detailed in their job description where appropriate. Employers should ensure that adequate time is given for supervision.

If there is no suitable supervisor within the employing organisation, employers may arrange for a supervisor from another organisation but should ensure that this fits within a professional and clinical governance framework. Again, employers have a responsibility to ensure that the supervisor has adequate skills to provide supervision and teaching in this area and that this is clearly detailed in their job description.

Employers should ensure there are appropriate policy and guidance documents regarding ED and S difficulties within the employing organisation.

As with all clinical areas it is advised that employers ensure there is appropriate supervision in place for the supervisor.

Within pre-registration placements, employers should ensure that students have opportunities to observe all aspects of the service user’s care, including ED and S, within the relevant service user groups.

**3.10 Transitioning to the new framework**

RCSLT recognises that many SLTs will have previously used the 2014 dysphagia competency framework to achieve sign off of competency level.  It is not expected that SLTs will need to start their competencies from a foundation level if they have previously achieved these competencies.  Any SLT signed off at level C or above on the 2014 dysphagia competency framework previously, can start mapping their current competencies from proficient level and above.  If gaps at lower levels are identified, the SLT should work with their supervisor to address these promptly.

Please note that the ‘Eating, Drinking and Swallowing Competency Framework’ (EDSCF) 2020 is for non-SLTs.  If you have mistakenly been signed off against this framework it is likely that level 5 would equate to proficient level on the new framework.

**4.0 New and extended SLT roles**

Over the last decade there has been a changing landscape and roles for SLTs working in the field of ED and S/dysphagia. There are increasing opportunities for SLTs to develop extended roles within the AHP workforce transformation programme. These new roles include:  SLT prescribers, Advanced Clinical Practitioners (ACPs), Consultant SLT roles, SLT Clinical-academic roles and SLTs working in strategic roles within Operational Delivery Networks.

 [Core competencies for some roles such as ICS competencies for SLTs are available](https://icsahpframework.ics.ac.uk/) *.* Other frameworks are available to support advanced roles such as the [Multi-professional framework for advanced clinical practice in England.](https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf)

The job titles of ‘enhanced practitioner’, ‘advanced practitioner’ and ‘consultant level practitioner’ are defined by NHS England. To achieve these titles, SLTs must complete the appropriate post graduate training. Achievement of enhanced, advanced or expert level on this framework does not equate to being an enhanced, advanced or consultant practitioner however the evidence gathered to achieve these levels can be used in some cases to support the portfolio route to achieve these titles. Please see [enhanced practitioner](https://www.rcslt.org/members/your-career/enhanced-practice/), [advanced practitioner](https://www.rcslt.org/members/your-career/advancing-practice/careers-in-advancing-practice/) and [consultant practitioner](https://advanced-practice.hee.nhs.uk/consultant/) information.

**5.1 Foundation – Adult**

|  |  |
| --- | --- |
| Professional practice – Knowledge | Signature and date |
| Knowledge of normal ED and S anatomy, neuroanatomy, neurology and physiology of the upper gastro-intestinal tract /oropharyngeal swallow over the life span, including knowledge of the anatomy and physiology of ED and S pertinent to your clinical caseload and service area  |  |
| Knowledge of factors causing or associated with ED and S difficulties and the progress of conditions pertinent to your clinical caseload and service area. Consider the individual’s needs. These may include:• General health including any pre-existing medical conditions and medication• Current diagnosis and prognosis - including underlying congenital, developmental, neurological and acquired disorders that may predispose ED and S difficulties• Communication ability • Environment• Physical, emotional and psychological support including physical aids• Variability including level of alertness, influence of endurance/fatigue• Cultural needs, religious considerations• Functional capacity, i.e. perception, cognition and insight• Behavioural issues or differences and ability to participate in intervention• Service user's and/or carer’s insight, perceptions, beliefs and choices including food and drink likes and dislikes• Awareness of resources/equipment available. • Sensory difficulties or differences• Medico-legal issues• Longstanding but functional, altered eating and swallowing patterns, e.g. adapted and compensatory swallow physiology |  |
| Knowledge of the influence of ED and S on health and general wellbeing including:* + physical, emotional and psychological impact of ED and S difficulties on the service user and carers
	+ Understanding of protocols with regard to assessment of hydration and nutrition e.g.(Malnutrition Universal Screening Tool (MUST)
	+ Knowledge and application of health and safety policies and procedures, including basic life support for choking or respiratory distress and the use of protective equipment, eg lead coats, plastic aprons and/or eye shields/glasses
 |  |
| Knowledge of appropriate terminology in ED and S and impairment, assessment, and management.  |  |
| Awareness of the organisation’s policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality e.g. above bed signs, ED and S care plans  |  |
| Knowledge of the impact of local policies and procedures on case management, escalation and prioritisation according to departmental policies. Factors to consider may include: • Severity of the service user's needs• Hydration and nutrition status• Choking risk• Respiratory status• Potential for fluctuating or deterioration in condition and risk of fatigue• Potential risks and difficulties for the service user and/or caregivers• Safeguarding concerns  |  |
| Know when it is appropriate to refer for an instrumental assessment  |  |
| Knowledge of appropriate review timelines across different scenarios |  |
| Knowledge of factors to consider for discharge planning |  |
| Knowledge of broad issues relating to users with complex conditions e.g., people with tracheostomies, those who are ventilator-dependant, and rare conditions and situations that require development beyond entry-level qualification and how these may relate to clinical caseload and area.  |  |
| Knowledge of ethical, legal, cultural and service influences on decision-making. These may include: • knowledge of country specific legal processes and legislation for consent and capacity such as the Mental Capacity Act 2005, Adults with Incapacity (Scotland) Act 2000.•understanding of how end of life/quality of life issues and the dying process can guide and influence the ED and S management plan•knowledge of living wills, advanced directives and other expressions of an individual’s wishes •understanding of eating and drinking with acknowledged risk within local and national policy and legislation |  |
| Knowledge of modification to the ED and S process including• Resources/equipment required/available• Posture and mechanical supports, e.g. pillows, standing frames, specialist seating• Familiarity of person offering food and drink• ED and S routine• Oral hygiene• Food preferences• Utensils, cutlery and feeding aids• Sensory aids, e.g. glasses, dentures, hearing aids, oral orthodontics• Size and rate of food or drink presentation• Frequency, timing and size of meals.• Appearance, consistency, temperature, taste and amount of food and drink• Verbal, physical and symbolic prompts• Verbal and non-verbal cues from the individual person offering food and drink |  |
| **Professional practice – Practical** | **Signature and date** |
| Identify information required from case history, case notes and referral information that will guide the service user/family/carer interviews. This may include:* General health including any pre-existing medical conditions and medication
* Current diagnosis and prognosis - including underlying congenital, developmental, neurological and acquired disorders that may predispose ED and S difficulties
* Communication ability
* Environment
* Physical, emotional and psychological support including physical aids
* Variability including level of alertness, influence of endurance/fatigue
* Cultural needs, religious considerations
* Functional capacity, i.e. perception, cognition and insight
* Behavioural issues or differences and ability to participate in intervention
* Service user's and/or carer’s insight, perceptions, beliefs and choices including food and drink likes and dislikes
* Awareness of resources/equipment available.
* Sensory difficulties or differences
* Medico-legal issues
* History and onset of presenting difficulties
* Individual and/or carer’s perceptions, concerns and priorities
* Potential risk and difficulties for individual and/or carers
* Allergies and intolerances
* Malnutrition risk e.g. using MUST or Patient Association tool
 |  |
| Discuss service user/family/carer perspective when taking detailed case histories relevant to ED and S |  |
| Under supervision or protocol guided; use appropriate assessments to observe, record and evaluate ED and S patterns, including trials of proposed intervention(s). This may includeLevels of alertness and ability to participate including sensory state• Oral hygieneCranial nerve assessment/ oro-motor skills• Management of secretions including of oral suction needed at any point in the assessment• Utensils used• Bolus size, characteristics and placement• Oral preparation• Identification of overt signs of aspiration• Hypothesis as to underlying cause/s• Developing and testing a hypothesis• Identification of trial interventions• Nutrition and hydration screen• Mealtime behaviour |  |
| Evaluate oral, facial, and ED and S functioning of service users with consideration of how the environment is conducive for oral intake and how it affects the service user's posture, muscle tone, mood and ability to participate in eating and drinking. You should consider:* the service user's privacy and dignity
* lighting
* heating
* environmental stimulus, e.g. distractions and odours
* position and behaviour of the person offering food and drink
* importance of monitoring quantities/loss of oral intake
* understand the rationale for the each part of the assessment, its timing, potential outcome and implications for the individual, caregivers and other professionals, including how end-of-life/quality of life issues can impinge upon the EDS management plan
* understand the agreed protocol for termination of an assessment should an ‘adverse situation’ arise
* implement local protocol-guided assessment including modified foods and drinks (or act as a telemedicine partner for a specialist assessment)
 |  |
| Recognise the signs and symptoms of oropharyngeal dysphagia to inform diagnostic hypotheses. * Acute overt aspiration
* chronic aspiration, e.g. compromised nutrition, hydration and respiration
* silent aspiration
* neurological signals that the individual is stressed by eating and drinking e.g. eye watering
 |  |
| Recognise the positive and negative impacts of modifying aspects of the ED and S process |  |
| Describe the indications for and against non-oral supplementation of nutrition and/or hydration |  |
| Synthesise information on psychological, social, and biomechanical factors with assessment findings to formulate diagnoses |  |
| Synthesise information on psychological, social, and biomechanical factors with assessment findings to formulate hypotheses and develop person-centred intervention plans |  |
| Identify specific person-centred outcomes to support review scheduling to identify the effectiveness of the ED and S management plan and record areas of progress and specific difficulties arising |  |
| Identify specific person-centred outcomes to identify appropriate discharge points by working with the service user or parents/carers to identify the effectiveness of the dysphagia management plan and progress against goals |  |
| Apply health and safety procedures related to working with service users who are at risk of, or who present with, EDS difficulties* perform basic life support if you observe signs of choking or respiratory distress and know how to implement procedures dictated by local policy
* understand local protocols with regard to the use of protective equipment, e.g. lead coats, plastic aprons and/or eye shields/glasses
 |  |
| Discuss the ethical issues associated with EDS with service users/family/carers and MDT• country specific legal processes and legislation for consent and capacity such as the Mental Capacity Act 2005, Adults with Incapacity (Scotland) Act 2000.•understanding of how end of life/quality of life issues and the dying process can guide and influence the ED and S management plan•knowledge of living wills, advanced directives and other expressions of an individual’s wishes •understanding of eating and drinking with acknowledged risk within local and national policy and legislation |  |
| Provide or recommend appropriate support. You should consider:• Resources/equipment required/available• Posture and mechanical supports, e.g. pillows, standing frames, specialist seating• Familiarity of person offering food and drink• ED and S routine• Oral hygiene• Food preferences• Utensils, cutlery and feeding aids• Sensory aids, e.g. glasses, dentures, hearing aids, oral orthodontics• Size and rate of food or liquid presentation• Frequency, timing and size of meals.• Appearance, consistency, temperature, taste and amount of food and drink• Verbal, physical and symbolic prompts• Verbal and non-verbal cues from the person offering food and drink |  |

|  |  |
| --- | --- |
| **Facilitation of learning - knowledge** | **Signature and date** |
| Understanding of what information is required to train and support individuals and others to implement protocol-guided actions and dysphagia care plans |  |
| **Facilitation of learning - practical** | **Signature and date** |
| Identify, undertake and inform others of protocol-guided actions required, which may include:• Positioning• Type of oral intake, which may include cessation or modification of consistencies, e.g. diet, fluids and medication• Secretion management• Choking management appropriate to age, size and consciousness of individual• Specialist equipment or resources, e.g. plate guard, slow flow teat |  |
| Train and support service user and others to implement a dysphagia management plan e.g. SLTAs, support workers, carers etc |  |
| Apply core skills in teaching and facilitation techniques in the provision of EDS awareness/teaching sessions |  |

|  |  |
| --- | --- |
| **Leadership and management - knowledge** | **Signature and date** |
| Knowledge of the role and scope of practice of the SLT working in the area of ED and S. This includes understanding your contribution to team discussions regarding delivery of dysphagia services specific to your locality |  |
| Knowledge of the roles and scope of practice of MDT members working in the area of ED and S |  |
| Knowledge of the need and routes for appropriate referral to other MDT members |  |
| Reflect on the psychological impact on the SLT of working with this caseload and develop strategies to address this |  |
| **Leadership and management - practical** | **Signature and date** |
| Explain management programmes to service users/families/carers and relevant team members  |  |
| Give and receive feedback in an open, honest and constructive manner. |  |

|  |  |
| --- | --- |
| **Evidence, research, innovation - knowledge** | **Signature and date** |
| Knowledge of a range of evidence-based rehabilitation and compensatory techniquesUnderstanding of how to effect change to optimise the service user's eating and drinking efficiency and swallowing skills  |  |
| Understanding of the evidence base for assessments, intervention, and outcomes within own clinical area |  |
| Awareness of current active research projects within organisation related to EDS |  |
| **Evidence, research, innovation - practical** | **Signature and date** |
| Contribute to a QI/audit/research related ED and S project |  |
| Apply knowledge of evidence-based rehabilitation and compensatory techniques to develop person-centred intervention plans. This may be broader than SLT eg dietetics, ENT Understand how to optimise circumstances in order to maximise optimum swallow function, e.g. reduce agitation, position of individual and the person facilitating oral intakeUnderstand how the support required by the individual impacts upon the swallow function and how to affect change in order to optimise the individual’s eating and drinking efficiency and swallowing skills  |  |

**5.2 Foundation – Paediatric**

|  |  |
| --- | --- |
| **Professional practice – Knowledge**  | **Signature and date**  |
| Knowledge of the normal development of ED and S from in utero to post puberty with consideration of:1. Anatomy
2. Neurology including early feeding reflexes
3. Physiology of the upper gastro-intestinal tract
4. Knowledge of the anatomy and physiology of eating, drinking and swallowing pertinent to your clinical caseload
 |   |
| Knowledge of the factors that impact the development of ED and S skills. Consider the individual’s and family’s needs and these may include: * General health – antenatal care, birth and post-natal care
* Current diagnosis (or diagnosis being investigated) and prognosis - including underlying congenital, developmental, neurological and acquired disorders that may predispose ED and S difficulties
* Infant/child’s speech, language and communication development
* Family/caregiver interaction with infant/child
* Acquisition of developmental milestones
* How are the infant/child’s ED and S needs are met in different environments and by different caregivers
* Awareness of current developmental presentation related to motor, sensory, emotional, psychological, social and communication
* Awareness of sensory development and how this might impact ED and S
* Knowledge of how growth and developmental skills are supported within the MDT e.g. working with dietitian, physiotherapist or occupational therapist to determine appropriate positioning for ED and S and which aids may support this
* Variability - e.g. growth and development, environments, different caregivers, periods of ill health
* Family cultural, spiritual and religious backgrounds
* Ensuring the service user and their caregivers’ identities are considered, respected and appropriate adjustments made to ensure practice is inclusive e.g. understanding how to support chest feeding for transgender males, and understanding eating and drinking differences as opposed to difficulties.
* Positive or negative ED and S experiences on feeding/mealtime interactions
* Impact of state, fatigue, stamina, endurance and engagement of ED and S
* Engagement and ability to participate in ED and S assessment and interventions by both child, parents and caregivers
* Understanding of a child, parent, or caregiver’s insight, concerns, perceptions, beliefs and choices
* Awareness of terminology relating to ED and S and appropriate use when discussing with parents, families, caregivers, child and the MDT
* Awareness of resources/equipment available for assessment and intervention
* Individual ED and S preferences e.g. favourite food, flavours, textures, and position
* Awareness of current medication and possible impacts on ED and S skills
* Awareness of the pharmacist role in paediatric formulations of medication
* Understanding consent, the duty of care of the SLT, child safeguarding and how this is related to ED and S
 |   |
| Knowledge of ethical, legal, cultural and service influences on decision-making. These may include: * Awareness of policies and procedures related to caseload management and supervision
* Understand local protocols about the use of protective equipment
* Awareness of the process of eating and drinking with acknowledged risk within local policy
* Awareness of the organisation’s policy and practices regarding keeping and sharing clinical records, recording information and maintaining confidentiality e.g. sharing ED and S care plans with home and school
* Knowledge of country specific legislation such as the Mental Capacity Act 2005, Adults with Incapacity (Scotland) Act 2000
* Understanding of country specific legal processes and principle of valid consent, including implied consent and expressed consent, Gillick Competence and parental responsibility

  |   |
| **Professional practice – Practical**  | **Signature and date**  |
| Identify information required from case history, case notes and referral information. This may include: 1. Antenatal, birth and postnatal history
2. Medical diagnosis and general health
3. Awareness of potential prognosis
4. Feeding history and/or history of eating, drinking and swallowing difficulties
5. Respiratory health e.g. chest infections/pneumonia
6. Gross and fine motor development
7. Sensory development
8. Impact of state, fatigue, stamina, endurance and engagement of ED and S
9. Acquisition of developmental milestones
10. Oral hygiene including development of dentition
11. Mealtime routine
12. Infant/child’s speech, language and communication development
13. Awareness of safeguarding needs (if exist)
14. How are the infant/child’s ED and S needs are met in different environments and by different caregivers
15. Awareness of current developmental presentation related to motor, sensory, emotional, psychological, social and communication
16. Understanding of a child, parent, or caregiver’s insight, concerns, perceptions, beliefs and choices
17. Family cultural, spiritual and religious backgrounds
* Ensuring the service user and their caregivers’ identities are considered, respected and appropriate adjustments made to ensure practice is inclusive e.g. understanding how to support chest feeding for transgender males, and understanding eating and drinking differences as opposed to difficulties.
1. Positive or negative ED and S experiences on feeding/mealtime interactions
2. Individual ED and S preferences e.g. favourite food, flavours, textures, and position
3. Awareness of current medication and possible impacts on ED and S skills
4. History and onset of presenting difficulties
5. Awareness of MDT involvement with infant/child and family
 |   |
| **Assessment*** Have knowledge of both standardised and non standardised assessment as per local policy.
* Choose appropriate assessment for individual need and presentation.
 |   |
| Assess oro-facial, feeding and swallowing for infant/child with ED and S difficulties. Consider:1. Environment e.g. privacy, dignity, lighting, heating, distractions, smells
2. Posture, muscle tone, stability and positioning
3. Readiness/level of alertness
4. Secretion management and oral care
5. Oro-motor assessment
6. Method of oral feeding and equipment e.g. breastfeeding, bottle feeding, utensils for mealtimes
7. ED and S of appropriate consistencies
8. Volume taken considering any loss from mouth or regurgitation
9. Length of feeding/mealtime
10. Time of day for assessment
11. Engagement throughout feeding/mealtime
12. Feeding/mealtime interactions between parent/caregiver and infant/child
13. Know when and how to stop an assessment
 |   |
| Recognise the signs and symptoms of feeding, ED and S difficulties to inform diagnostic hypotheses. 1. Overt signs of aspiration e.g. coughing, change in colour of face
2. Chronic aspiration, e.g. history of chest infections
3. Consideration of signs of silent aspiration e.g. eye tearing
4. Signs of stress by infant/child, parent or caregiver during feeding/mealtime
5. Awareness of when instrumental assessment should be considered and discussed with supervisor
 |   |
| Combine all the information gathered through case history taking with assessment results to formulate a diagnosis   |   |
| **Management**Formulate hypotheses and outline possible interventions recognising the positive and negative effects of changing the ED and S process for the infant/child and/or parent caregiver |   |
| Combine all the information gathered to develop person-centred ED and S management plans with clear goalsThe following aspects may need to be considered: * Environment
* Oral hygiene
* Feeding/mealtime preparation
* Positioning and postural support
* Equipment e.g. utensils, cutlery
* Level of support and/or supervision needed during feeding/mealtimes
* Caregiver technique
* Pacing
* Mouthful size
* Appearance, consistency, temperature, taste and amount of food and drink
* Modified textures and consistencies
* Frequency, timing and size for feeding/mealtimes
* Rehab therapy programme
* Providing appropriate advice leaflets as required
 |   |
| Known when to review the ED and S management plan, adapting it to progress, concerns or changes as they arise. To seek supervision as required. |   |
| Know when to discharge and/or how to transfer care to another provider with discussion with supervisor |   |
| Apply health and safety procedures to assessment and management of ED and S  |   |
| Seeking supervision for safeguarding needs/non-compliance with recommendations.  |   |

|  |  |
| --- | --- |
| **Facilitation of learning - knowledge**  | **Signature and date**  |
| Understand what information is required to train and support individuals and others to implement protocol-guided actions and ED and S management plans  |   |
| **Facilitation of learning - practical**  | **Signature and date**  |
| Train and support child and/or caregiver and others to implement an ED and S management plan e.g. SLTAs, support workers, One to one support workers, education staff etc   |   |
| Facilitate and teach during ED and S awareness/teaching sessions with supervision |   |

|  |  |
| --- | --- |
| **Leadership and management**  | **Signature and date**  |
| Know the role and scope of practice of the SLT working in ED and S, including understanding your contribution to team discussions regarding ED and S services in your locality  |   |
| Know the roles and scope of practice of other MDT members |   |
| Know the need and routes for referring to other MDT members  |   |
| Reflect on the psychological impact on you (the SLT) of working with this caseload and develop strategies to address this under supervision |   |
| **Leadership and management - practical**  | **Signature and date**  |
| Representing SLT as part of the MDTPresenting assessment and management findings within the MDT  |   |
| Give and accept feedback in an open, honest and constructive manner.  |   |

|  |  |
| --- | --- |
| **Evidence, research, innovation - knowledge**  | **Signature and date**  |
| Knowledge of evidence base to support to support assessment and management for ED and S to optimise outcomes |   |
| Knowledge of change management for assessment and management of ED and S  |   |
| Awareness of current active ED and S research projects within organisation |   |
| **Evidence, research, innovation - practical**  | **Signature and date**  |
| Contribute to ED and S QI/audit/research projects |   |
| Use of evidence-based assessments and interventions to optimise outcomes and meet parent/carer and person centred goals |   |

**5.2 Proficient**

|  |
| --- |
| **Professional practice - knowledge** |
| Comprehensive knowledge of normal anatomy, physiology and neurology of ED and S, including:• Anatomical structures involved in the process of ED and S• Physiology of sucking, ED and S• Neurology of feeding and ED and S• Developing skills in utero i.e. anatomy, reflexive patterns, neurology |
| Understand how to modify the assessment in order to accommodate the needs of the individual, or needs of family/carers which may be documented in the Anticipatory Care Plan and maximise optimum swallow function |
| Understand risks associated with nutritional compromise, aspiration, choking and how this impacts upon the individual/carer/parent/organisation |
| Understand the rationale for trialling remedial techniques, modification strategies and equipment during the assessment in order to confirm or deny your diagnostic hypothesis |
| Understand the range and efficacy of augmentative examinations that contribute to the assessment process for dysphagia, e.g. Videofluoroscopic Swallow Study (VFSS), Flexible Endoscopic Evaluation of Swallowing (FEES), cervical auscultation |
| Understand how to use and maintain any equipment used and undertake the assessment/intervention with due reference to cross-contamination. This may include mandatory infection control training and following local policies and procedures on decontamination of equipment.  |
| Understand assessment findings and apply recommendations to the individual with ED and S difficulties:• Observational, informal tests• Formal assessments• Clinical swallowing assessments• Augmentative examinations, e.g. VFSS, FEES |
| Understand the range of factors you need to consider in order to develop a working hypothesis  |
| Understand the component parts of the detailed ED and S management plan and how these affect the individual  |
| **Professional practice - practical** |
| Conduct an autonomous specialist ED and S assessment. This may include:• Medical state• Identification of risk of aspiration• Identification of overt signs of aspiration• Underlying cause/s• Developing and testing a hypothesis• Identification of trial interventions• Nutrition and hydration screen• Food preference• Mealtime behaviour |
| Assimilate, evaluate and interpret the assessment outcomes with the service user, parents/carers and team |
| Taking into consideration the service user’s wishes, inform and discuss the implications of ED and S assessment outcome for overall management with relevant team members, sharing implications/information with service user, parents/carers and team |
| Obtain, review and interpret relevant information, e.g. assessments and management decisions from other professionals. This may include:•biographical information•social and cultural information•religious considerations•antenatal and birth history•medical history, diagnosis and current medical state•previous pertinent interventions•previous therapeutic, compensatory strategies•current nutrition (i.e. method of nutrition and hydration, whether malnourished/failing to thrive/dehydrated etc.)•concomitant aetiologies•respiratory status•medico-legal issues•cognitive function•psychological state |
| Devise a detailed ED and S management plan that considers risk to the individual’s nutrition, hydration and respiratory state. This may consider:• Diagnosis and prognosis• Environment• Positioning• Oral hygiene• Feeding equipment and utensils• Nutrition/hydration support as required, e.g. nasogastric tube (NGT)GT/ Intravenous fluids(IV)/ gastrostomy/ supplementary oral nutrition• Modification of consistencies of fluids, diet and medication• Food preferences• Bolus size and placement• Pacing and modification of oral presentation• Frequency, timing and size of meals• Sensory integration programmes• Desensitisation programmes• Oro-aversion programmes• Techniques for interaction with the feeder (verbal, tactile, written and symbolic prompts)• Oro-motor therapy exercises• Compensatory techniques• Treatment techniques• Medication which could be contributing to ED and S difficulties• Discussion of the medical/ legal/ ethical issues impinging on the management plan• Issues regarding adherence |
| Ensure the ED and S management plan is evidence-based, specific, measurable, achievable, time-framed and agreed by the service user, parents/carers and team |
| Ensure review criteria and mechanisms exist for the management plan |
| Implement local referral procedures for consultative second opinion and/or specialist investigations |

|  |
| --- |
| **Facilitation of learning - knowledge** |
| Understand what information is required and how to adapt your language and communication style in order to train and support the service user and others to implement ED and S management plans in order to acquire, develop or relearn swallowing skills  |
| Understand what knowledge and competencies are appropriate to support other members of the team working with ED and S in their service area. Consider how levels within the ‘Eating, Drinking and Swallowing Competency Framework’ (EDSCF) may relate to each member and the context of their service area e.g. health, social care, education, justice |
| Develop understanding of how behaviour change techniques can assist in the development of ED and S outcomes |
| **Facilitation of learning - practical** |
| Train pre-registration SLTs, SLT support workers and non SLTs up to and including level 4 of the EDSCF to solve problems and clinical issues within their scope of practice and to identify when to seek advice |
| Devise/adapt and deliver training packages to meet the need of other members of the team working with people with ED and S difficulties. Consider how levels within the EDSCF may relate to each member and the context of their service area e.g. health, social care, education, justice |
| Identify different learning styles and how these impact on the training you offer to members of the team to identify and/or manage ED and S difficulties  |

|  |
| --- |
| **Leadership and management - knowledge** |
| Understand the role of other professionals and specialist investigations and how they can contribute to the assessment, treatment and management of the individual, e.g. endoscopy  |
| Have a knowledge of local services, agencies and community resources that may be relevant to the individual and how to access these, e.g. stroke services, volunteer services.  |
| **Leadership and management - practical** |
| Inform the service user, carers and relevant professionals of the assessment components, explaining the rationale for their use, timing and potential outcomes, paying due regard to end of life/quality of life issues and the dying process  |
| Identify rationale for onward referral to professionals who can provide more detailed or further assessments, e.g. dietitian, occupational therapist, physiotherapist, psychologist, psychiatrist, ENT, neurologist, gastroenterologist |
| Contribute to team discussions regarding the ethical implications/issues with regard to assessment, ED and S, withdrawal of eating and drinking in individuals with ED and S difficulties and poor prognosis (Eating and Drinking with Acknowledged Risk EDAR)  |
| Implement the ED and S policy and/or take part in wider ED and S initiatives within your locality and contribute to improvements/modifications that may be introduced within your organisation |
| Work independently as well as in teams to coordinate, delegate and supervise the care of service users with ED and S difficulties  |
| Identify priorities, manage time and resources effectively to ensure that quality of care is maintained or enhanced for ED and S service users. |
| Delegate appropriate ED and S actions to others |

|  |
| --- |
| **Evidence, research and innovation - knowledge** |
| Critically evaluate of a range of evidence-based rehabilitation and compensatory techniques |
| Understand how to affect change in order to optimise the service user’s eating and drinking efficiency and swallowing skills. |
| Develop understanding of improvement approaches to support ED and S service enhancements. |
| **Evidence, research and innovation - practical** |
|  Implement evidence-based assessment and management plans within clinical area |
| Seek opportunities to improve the ED and S service, for example by generating ideas for audit, innovation, service improvement and/or research |
| Participate in monitoring the effectiveness and impact of change within ED and S practice.  |
| Contribute to the review of impact of ED and S practice on the wider service user experience. |

**5.3 Enhanced**

|  |
| --- |
| **Professional practice - knowledge** |
| Understand risk of the service users ED and S profile, severity and how this impacts upon the individual, carer, organisation in an unpredictable environment |
| In depth understanding of the rationale for trialling remedial techniques, modification strategies and equipment during the ED and S assessment in order to confirm or deny your hypothesis in complex and unpredictable environments |
| In depth understanding of use and maintenance of any equipment with due reference to local infection control/decontamination policies.  |
| In depth understanding of the interpretation and application of assessment findings: • observational, informal tests• formal assessments• clinical swallow assessments• augmentative examinations, e.g. FEES• investigations, e.g. pH studies |
| **Professional practice - practical** |
| Utilise (or refer for and act upon reports) augmentative assessment to compliment your assessment. This may include participating in an instrumental assessment under the guidance of a lead therapist. This may include:•cervical auscultation•pulse oximetry•Fibreoptic Endoscopic Evaluation of Swallowing (FEES)•Videofluoroscopic Swallow Study (VFSS) |
| Prioritise/triage the requests for assessment.  |
| Take appropriate steps to mitigate risks for the service user, carer and organisation |

|  |
| --- |
| **Facilitation of learning - knowledge** |
| Understand the ED and S training needs across the service and/or organisation |
| **Facilitation of learning - practical** |
| Supervise SLTs training at a foundation or proficient level of this framework and/or non SLTs training at level 5 or below within EDSCF. This may include supporting them to problem solve at an appropriate level |
| Participate in devising training to address the needs of the organisation |

|  |
| --- |
| **Leadership and management - knowledge** |
| Understand the psychological demands on SLT supervisees and implement strategies to address these |
| Understand the impact of protected characteristics and differences in the organisational approach to assessment and intervention with ED and S. This may include:•Developing culturally appropriate materials •Contributing to service review to establish if any current practices negatively impact on service user experience |
| **Leadership and management - practical** |
| Contribute to complex team discussions regarding the ethical implications/issues regarding assessment, ED and S,withdrawal of eating and drinking in individuals with ED and S difficulties and poor prognosis |
| Provide second opinions to proficient and foundation level SLTs |
| Participate in the development and review of ED and S policy within your locality |
| Participate in discussion with local services, agencies and community resources that may be relevant to the organisation e.g. breastfeeding counsellors and stroke services |
| Participate in the development of protocols/policies for review process |
| Participate in discussion around the strategic planning of the service within your organisation |
| Lead on complex discussions with the MDT within clinical area |
| Participate in activities related to quality assurance within your clinical area. This may include:patient safety, policy development, service improvement, reviewing incidents, determining actions or learning and evaluating outcomes and related quality activities by participating in review of incidents, developing patient information leaflets.  |
| Actively seek feedback, involvement and inclusion of service users, families, carers, community groups and colleagues in the person-centred co-production of local service development and improvement.  |

|  |
| --- |
| **Evidence, research, innovation - knowledge** |
| Able to synthesise complex information to ensure continuation of up-to-date EBP. This may include the extrapolation of evidence from relevant clinical areas e.g. if there is a lack of evidence within clinical area looking to related areas where evidence is available  |
| **Evidence, research, innovation - practical** |
| Participate in active ED and S research projects within the organisation. This may include recruitment to studies, identifying gaps in research, carrying out interventions as part of trial protocol, identifying suitable studies to bring to your organisation |
| Lead local level service improvement or QI projects |
| Apply and contribute to RCSLT working groups and events |
| Be an RCSLT or organisational research champion |
| Share with others ED and S good practice and the lessons learned from audit, research and quality improvement activity to enhance practice locally |

**5.4 Advanced**

|  |
| --- |
| **Professional practice - knowledge** |
| Understand the principles of advanced practice. This will include: •legal, ethical, professional and organisational policies•governance and procedures•accountability •autonomous decision making•managing risk and upholding safety. |
| Comprehensive knowledge and critical appraisal of the evidence base and indications for augmentative assessments and management, with management of extensive risk within your organisation. |
| **Professional practice - practical** |
| Lead on the delivery of augmentative assessment and interventions within your organisation. This may include but is not limited to: - • Cervical auscultation• Pulse oximetry• Flexible Endoscopic Evaluation of Swallowing (FEES) • Fibreoptic endoscopic evaluation of sensory testing (FEEST)• Videofluoroscopic evaluation of oropharyngeal swallowing function (VFSS)• Ultrasound• Scintigraphy• High resolution pharyngeal manometry• Electromyography• Neuro-muscular electrical stimulation (NMES)• Pharyngeal electrical stimulation* Respiratory muscles strength training (RMST)
 |
| Assess, diagnose and manage highly complex ED and S cases which may include working in extended practice roles  |
| Using in-depth knowledge of legislation, professional regulation and code of practice, lead on the management of ED and S related health and safety across the organisation. This may include:Radiation protection and auditDecontamination policies for equipment e.g. flexible nasendoscopiesFood hygiene |
| Initiate, evaluate and modify a wide range of advanced therapeutic interventions, using professional judgement and demonstrating a critical understanding of a broadened scope of responsibility, autonomy and competence |
| Provide assessment and management in situations with a high level of complexity |
| Negotiate an individual scope of advanced ED and S practice. This will include consideration of: •legal, ethical, professional and organisational policies, •governance and procedures•accountability•autonomous decision making •managing risk•upholding safety |
| Advocate for care delivery that is responsive to service user requirements, informed by an understanding of local population health needs, including cultural, spiritual, behavioural, emotional, and psychosocial factors, even when you may not feel the service user choice is one you would make. |
| Demonstrate the ability to use and evaluate technology and information systems to inform and improve health outcomes |

|  |
| --- |
| **Facilitation of learning - knowledge** |
| Develop training plans and initiatives within and outside the SLT service to provide training to specialist SLTs in areas of assessment and management of ED and S, demonstrating critical evaluation of evidence to be presented. Consideration of methods of learning, ensuring that knowledge acquired can be built upon to develop practice and competence |
| **Facilitation of learning - practical** |
| Support, promote and contribute to professional accountability, within planned evaluation of interventions, outcomes, or systems of care, generating effective reporting mechanisms and feedback structures impacting local and regional clinical governance, disseminating results to local, regional and national forums where appropriate.  |
| Develop and deliver education tailored to post-graduate ED and S education inside and outside the organisation, evaluating the effectiveness of teaching and learning interventions |
| Contribute to organisational learning culture, inspiring staff through leadership of multi-professional learning initiatives and post-graduate education implementing active learning opportunities |
| Role model and champion the principles of lifelong learning and continuous professional development within ED and S |
| Create opportunities to actively share best practice, knowledge skills and learning outcomes with a wide variety of organisations, local and regional networks, higher educational institutions and through a variety of methods |
| Mentor, coach and support the development of individuals from own and other professional backgrounds within clinical area, advocating and developing multi-professional opportunities, interprofessional learning and the application of learning to practice. This may include supporting the development of enhanced level SLT and level 6 on the EDSCF |
| Negotiate own post-graduate learning opportunities relevant to the scope of role within ED and S, acknowledging existing role nuance and purpose, which may include Masters level qualification |

|  |
| --- |
| **Leadership and management - knowledge** |
| Have a critical understanding of professional standards and codes of practice for your 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 ED and S |
| Understand responsibilities under the current international, national and local legislation as an ED and S specialist |
| **Leadership and management - practical** |
|  Understand your responsibilities under national and local legislation acting in your consultative role to inform and take an active role in strategic planning within the trust/organisation |
| Facilitate the effectiveness and efficacy of service provision, through regular critical review of local and regional clinical guidelines, adapting, integrating and proposing modifications where necessary. |
| Facilitate patient safety across care pathways, services and systems, policy development, service improvement and related quality activities by leading review of incidents, determining actions or learning, sharing lessons learned and evaluating outcomes of learning. |
| Direct multi-professional team collaboration within advanced scope of practice, across a clinical area, to optimise assessment, diagnosis and integrated management and care for ED and S service users, developing, maintaining and evaluating professional links and relationships |
| Create collaborations to develop novel clinical pathways and services through influence and innovation at strategic level, in line with local, regional, and national strategies |
| Facilitate collaborative working with an appropriate range of multi-agency and multi-professional teams, developing, maintaining, and evaluating links to manage risk and issues across organisations and settings |
| Ensure effective multi-professional working as an advanced team member, promoting effective team dynamics across service, departmental and organisational boundaries.  |
| To act as a consultative second opinion to colleagues for individuals with highly complex ED and S needs, by demonstrating a critical understanding of current and emerging research and best practice in ED and S assessment and management  |
| Act as a consultative second opinion to colleagues regarding highly complex ethical implications/issues regarding assessment, ED and S, withdrawal of food and fluid in individuals with ED and S difficulties and poor prognosis  |
| Continually develop and direct an ED and S service across the organisation. This may include: •Leading QI projects•Identifying gaps in service provision, developing a business case to address this•Identifying areas of risk around service provision•Sustainability planning for services, workforce development and training |
| Develop strategic relationships with service commissioners to influence ongoing capacity and capability for evidence-informed ED and S service provision and systems. |
| Actively seek feedback, involvement and inclusion of patients, families, carers, community groups and colleagues in the person-centred co-production of local and regional service development and improvement. |

|  |
| --- |
| **Evidence, research and innovation - knowledge** |
| Understanding of key drivers and policies which influence national ED and S strategy and service development and analyse how these can be used to improve service delivery, new practice and service redesign, working across boundaries and broadening sphere of influence.  |
| Understand the professional standards and codes of practice for your service area and interpret and apply these locally in order to modify and improve the dysphagia policy as necessary |
| 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 service users with dysphagia  |
| **Evidence, research and innovation - practical** |
| Be an RCSLT ED and S clinical advisor  |
| Evaluate key drivers and policies which influence national ED and S strategy and service development and analyse how these can be used to improve service delivery, new practice and service redesign, working across boundaries and broadening sphere of influence.  |
| Direct and be accountable for the application of new evidence into ED and S practice through the production of contemporaneous local or national clinical service guidelines, relevant policy, educational delivery and resource development. |
| Develop a portfolio of individual, team and service research outputs, utilising a range of research and service improvement methods.  |
| Collaborate with other researchers in multi-centre or large-scale research, collating and sharing data across organisations in compliance with local protocols, legal and professional requirements.  |
| Design and implement own research activity, applying knowledge of the legal requirements pertaining to healthcare research so that evidence-based strategies are developed and applied to enhance quality, safety, productivity and value for money.  |
| Facilitate research activity of self and others, applying knowledge and understanding of funding sources and grant application procedures.  |
| Advocate for AHP research by identifying priority areas for further research to strengthen the evidence for best practice within the profession, service and organisation.  |
| Influence research policy and strategy within local organisation or higher-educational institute, contributing to peer review and appraisal of the research activity of others within and outside own profession, including acting as an independent peer-reviewer for ED and S publications. |
| Take a lead role in developing, evaluating and disseminating departmental policies in line with evidence-based practice |
| Contribute to national policy and guidance development |

**5.5 Expert**

|  |
| --- |
| **Professional practice – practical (NB there is not a knowledge aspect at this level)** |
| Interpret, evaluate, and implement elements of values-based professional practice, integrated care or novel interventions that may be delivered by other members of the healthcare team achieving a significant impact across ED and S service pathways, services, organisations, and systems.  |
| Utilise purposeful reflective dynamic judgement in the synthesis of a wide variety of clinical, abstract and system information to manage complexity and uncertainty, in the absence of precedence, adapting rapidly to changing situations, with recognition of cognitive bias, diagnostic accuracy and relevant clinical scoring systems.  |
| Act as an expert clinician within scope of practice, providing reports to staffing tribunals, coroners court and other relevant agencies, aligning with national and local policies, procedures and frameworks.  |
| Negotiate an individual scope of expert ED and S practice and job plan. This will include consideration of: •legal, ethical, professional and organisational policies, •governance and procedures•accountability•autonomous decision making •managing risk•upholding safety. |

|  |
| --- |
| **Facilitation of learning - knowledge** |
| Investigate secondment opportunities in national and international environments, with specific focus on the specialism of ED and S or transferable skills. |
| **Facilitation of learning - practical** |
| Negotiate own post-graduate learning opportunities relevant to the scope of role within ED and S, acknowledging existing role nuance and purpose, which may include doctorate level qualification, including traditional, professional, portfolio and publication routes.  |
| Lead and contribute to local and national education forums including conferences and seminars, developing a wide breadth of personal clinical and non-clinical knowledge, transferable from other clinical areas and professions.  |
| Supervision of Advanced level SLT. This may include: Supervision and assessment of professionals undertaking level 7 (Masters) and level 8 (Doctoral) qualifications both within and across professional boundaries. |
| Collaborate with institutions influencing professional curriculums at pre-registration and post-graduate level, reflecting excellence, the needs of the service, co-production, evidence informed practice, and ways of working that inspire students and academic staff to contribute to future health and care, regionally and nationally.  |
| Influence and implement system wide learning and development strategies in partnership with key stakeholders |

|  |
| --- |
| **Leadership and management – practical (NB there is not a knowledge aspect at this level)** |
| Ensure effective multi-professional working as an expert team member, promoting effective team dynamics across service, departmental and organisational boundaries.  |
| Lead, facilitate and network across system wide boundaries to peer review, analyse and evaluate service delivery, safety, quality, and health outcomes from pathway to system level, determining the need for change or improvement, disseminating results to relevant internal and external stakeholders, national and international forums.  |
| Lead the development of, and ensure adherence to, organisational policies, protocols, procedures, and standards.  |
| Create and maintain sustainable partnerships across the system, nationally and internationally, drawing on standards and best practice evidence to guide decision-making.  |
| Act as a role model and be recognised as an expert AHP leader and spokesperson for the ED and S community, nationally and internationally  |

|  |
| --- |
| **Evidence, research and innovation – knowledge** |
| To demonstrate a most-up-to date knowledge of evidence and professional guidelines from a range of professional bodies, nationally and internationally  |
| Synthesise knowledge, evidence and experience of national and international developments in the field of ED and S to influence how future health and care services are developed across disciplines and beyond institutions. |
| **Evidence, research and innovation - practical** |
| Lead on key drivers and policies which influence national and international ED and S development and strategies  |
| Develop and contribute to national and international guidelines in area of clinical expertise, critically appraising existing guidance and identifying best practice through review of ED and S literature.  |
| Lead a portfolio of research studies and research teams primarily focused on professional or ED and S-related contexts but may also support wider clinical areas or the multi-professional agenda. This should include involvement of public, service users and carers |
| Actively seek grant-funded or other opportunities for the completion of ED and S research at either pre-doctorate or post-doctorate level depending on experience. This could include entrepreneurship activity/innovation with commercial partners  |