



EDS webinar



13 March 2025



Welcome and housekeeping



Housekeeping

- Justyna Szeller (RCSLT Host) is on hand to help with any **technical queries**; you can get in touch with her via the **chat button**
- You can send in **questions** to our speakers today by using the **Q&A button**
- This event is being recorded and will be made available on the RCSLT website along with the presentation slides

Background

- EDS as a continuum from pre-registration level and throughout career
- HEE funded work in 2020/21 for pre-registration EDS competencies
- Evolving role of SLTs
- Information as support to improve services, funding and improved outcomes
- Other related projects: High resolution manometry, EDAR update and videofluoroscopy update

Not covering

- EDAR - <https://www.rcslt.org/members/clinical-guidance/eating-and-drinking-with-acknowledged-risks-risk-feeding/>
- Thickened fluids - <https://www.rcslt.org/members/clinical-guidance/dysphagia/thickened-fluids/>
- In depth pre-registration EDS competencies <https://www.rcslt.org/learning/pre-registration-eds-competencies/>



Eating, Drinking and Swallowing: Guidance and Competencies

Dr Sue Pownall
Independent Consultant SLT



- Swallow Awareness day next week
- Working group
- Co-produced with service users
- Wide stakeholder consultation
- Open access: members and non-members
- Replaces dysphagia guidance previously on RCSLT website

What has project achieved

- New and Updated EDS Guidance
- Public Information
- Resources section on website
- Updated EDS Competency Framework

- Across the lifespan
- Paediatric and adult including learning disability

17 sections including:

- Factors influencing EDS
- Role of SLT
- Impact of EDS
- Assessment
- EDI
- Health and well-being
- Instrumental assessment

- Oral health
- SLT intervention and management
- Response times
- Outcome measures
- Dysphagia devices
- Transition

Response Times

- Members requested that a section on response times were included in the guidance
- Aim to be supportive to services
- Not punitive or to add extra pressure on teams
- Agreed by a consensus of members
- Evidence from stroke does show the sooner we intervene the better outcomes are achieved
- Can use the information for business cases, liaising with commissioners/funders
- Staffing ratios starting to be more common in national documents eg Stroke, Critical care

Transition

- Requested by members
- Aim to support consistency of care during periods of transition
- SLT has an important role in the safe transition of service users between teams or settings
- Intervention should be timely with clear communication and expectations between teams
- It is important to consider how waiting lists may impact on safe transitions and what steps can be taken to reduce any potential risks.

- Guidance is across the lifespan
- Dysphagia is everybody's business- *'Collaboration'*
- Updated statistics for EDS in different conditions
- Links are included to other relevant documents eg consent guidance, Eating and drinking with acknowledged risks, clinical decision making, RCSLT neonatal guidance
- Links are included to national guidance eg 'Mouth Care Matters' and 'Caring for Smiles', IDDSI
- New sections on Paediatric feeding disorder (PFD) and Avoidance, Restrictive Food Intake Disorder (ARFID)

Shorter version of guidance produced for public information

- Strategic objective of RCSLT is to empower service users
- Informed on what a 'good service ' looks like
- Information sits on website

Links to:

- RCSLT guidance and statements
- NICE guidelines
- Other guidance (external providers)
- Policy- England, Wales, Scotland, Northern Ireland
- E-learning links
- References

Key Objectives

- To provide an SLT specific EDS 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 EDS 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 EDS competency throughout the UK

- Framework is for SLT profession only
- Brings together knowledge, skills and practical competencies for use throughout a SLT's career - newly qualified practitioner to 'expert' practitioner
- One competency framework across the UK
- Framework moves easily between different job roles and organisations
- Enables 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.

Underpinned by the four domains of practice set out in the [RCSLT Professional Development framework](#)

Incorporates both 'knowledge' and 'practical' competencies

Domains of practice are:

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

EDS competency levels are evaluated against 5 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)

- Foundation level is **only** level where complete sign off is mandatory
- 2 Foundation levels- Adult and Paediatric
- SLT and supervisor determine which framework is most appropriate for setting and job role
 - Remaining 4 levels are not prescriptive
 - Give broad definition of the role of an individual and the competencies required within their location
 - Levels are a continuum of learning through career

- Framework is hierarchical
- Each level stands alone
- Some competencies common to all levels, eg anatomy and physiology of the swallow, but the level of knowledge underpinning the competencies is cumulative
- 'Foundation' & 'Proficient' are longer, 'Expert' level is relatively short
- May be developing competencies across 2 different levels at same time. However, work within your current competence at each level

- Knowledge & practical competencies signed off on **all sections** of 'Foundation' level before deemed competent, even if working on some aspects of level above
- For all other levels **self-evaluate** knowledge & practical competencies

- Depending on job role and service requirements not all components need to be achieved to be deemed competent at a level
e.g. at Advanced level some services may not have access to instrumental assessments
- Allows specific roles to be defined to meet the needs of multiple client groups across the lifespan

- At foundation level there are 2 separate competency frameworks.
- One for adults and one for children
- Only applies to foundation level, after which each level is combined adult & paediatric framework
- If working within adult learning disability decide which framework is most appropriate

Eg If working with young adults in a transition service may choose the paediatric framework

If working with older adults with a learning disability may choose the adult framework

- [RCSLT Competencies in EDS- pre-registration document](#)- dysphagia knowledge and skills taught at HEIs reviewed and standardised
- From 2026 new graduates will join the workforce having achieved pre-registration EDS competencies
- If achieved pre-registration EDS competencies- progress to foundation stage as enter their first role
- To practice independently you need to have signed off **all the foundation level** competencies and be starting to sign off competencies at 'proficient' level

SLTs who graduated before pre-registration competency levels were in place



- If not completed the 2014 RCSLT dysphagia competencies at level C - use evidence of your competency gathered at a pre-registration level to inform your achievement of the foundation level
- Need all aspects of the foundation level to work independently
- Can be achieved through a variety of methods including in-house supervision, or formal external courses
- No required hours are specified. No split between direct/indirect hours
- Hours are stated at pre-reg level but not at any other level

- Individual bears responsibility for own level of competence
- If returning to practice after a long period eg mat leave may need to update and review previous competencies
- If working independently in EDS should be at '**proficient**' level or above
- Some of the knowledge at the higher levels may be acquired by reading or organisation-based tutorials or may require access to specific courses e.g. instrumental assessment

- Variation across the UK
- Northern Ireland post registration competency tool & the all Wales dysphagia training and competency programme
- Team responsible for NI post registration competency tool are looking at how the RCSLT framework can be integrated & how their resources & support networks can be utilised to achieve proficient level of EDS intervention.
- The all Wales programme will be transitioning to RCSLT framework whilst retaining many of the elements of current training package

- Vital role in delivering services for people with EDS
- Recommend using EDSCF (2020) and support worker framework

- A supervisor for any level should ideally be at least at enhanced level within the clinical area
- Of particular importance is supervision during the development of competency to practise autonomously (foundation level to proficient level)
- Consider supervision for SLTs operating at advanced/expert levels &
- SLTs in independent practice and SLT assistants undertaking work with service users presenting with EDS difficulties
- Supervisors are required to have significant knowledge, skills and experience in the field of EDS difficulties **within the clinical area being supervised**

- Refer to RCSLT Pre-reg competencies document
- RCSLT expects Practice Educators to offer SLT learners experience of working with service users with EDS
- Educator will verify students' portfolios where knowledge, skills or competence are demonstrated on placement
- “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

- From 2026 NQPs enter workplace equipped with range of knowledge & skills at foundation level, but as with all areas of clinical practice they will not be equipped to work with service users with EDS without some ongoing support & supervision
- Framework can be used to direct support, supervision & training until the NQP/SLT reaches a level where they operate safely and autonomously with service users with EDS (Proficient level)
- Competency, acquisition & maintenance can be based on review of the competency framework, alongside the needs and requirements of the SLT's department or team
- If NQP's role requires them to work with people with EDS, there will be an additional section in NQP competency framework which will require sign off by their supervisor
- Sign-off should correspond with achieving the level of 'proficient' in this framework

New and extended roles

- EDS Framework titles and levels **not** linked to AfC grades
- Job titles 'enhanced practitioner', 'advanced practitioner' and 'consultant level practitioner' are defined by NHS England
- To achieve these titles, must complete the appropriate post graduate training
- Achievement of enhanced, advanced or expert level on this EDS framework **does not** equate to an enhanced, advanced or consultant practitioner
- Evidence gathered can be used to support the portfolio route to achieve these titles.

- It is not expected that you will need to start competencies from foundation level if previously achieved on 2014 framework
- If signed off at level C or above on 2014 dysphagia competency framework map current competencies from proficient level and above
- Same applies if completed NI post registration competency tool or all Wales dysphagia training programme. If gaps at lower levels are identified, SLT should work with their supervisor to address these promptly
- *Reminder: 'Eating, Drinking and Swallowing Competency Framework' (EDSCF) 2020 is for non-SLTs. If signed off against this framework it is likely that level 5 would equate to proficient level on the new framework*

- New and Updated EDS Guidance
- Public Information
- Resources section on website
- Updated EDS Competency Framework

Questions



Evaluation



Evaluation



Thank you



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