bulletin

THE OFFICIAL MAGAZINE OF THE ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

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Videofluoroscopy: how reliable are we in our interpretation?

Advanced clinical practice: what does it mean for the profession?

Sound effects: making reasonable adjustments for adults with learning disability and hearing loss

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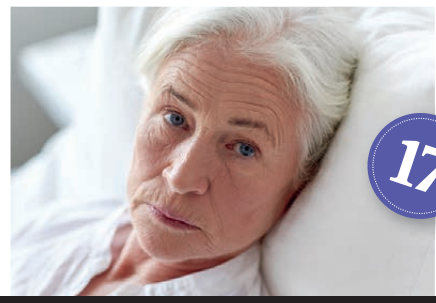

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Victoria Briggs

EDITORIAL

Top priority

Since the start of the pandemic, the RCSLT's top priority has been to support its members through the personal and professional challenges brought about by the outbreak of coronavirus. Those of you who have visited the COVID-19 hub on the website (**www.rcslt.org/learning/covid-19**) will have seen all the guidance that's been developed by our expert advisors over this period, spanning workforce redeployment, personal protective equipment (PPE), telehealth, the resumption of speech and language therapy services, and more. Other work completed over this period includes:

- running a COVID-19 webinar series to share learning around patient care;
- working on models and specifications for work with COVID-19 patients, in ICU and for step-down, rehabilitation and continuing services;
- creating data collection tools so that the profession can record outcomes for COVID-19 patients;
- influencing government and decision-makers in order to protect members and service users;
- establishing new networks of clinicians who can advise and support other members;
- creating a new online COVID-19 community where members can share ideas and ask questions;
- establishing free temporary membership to professionals joining the Health and Care Professions Council (HCPC) register;
- collating and creating training resources for SLTs; and
- disseminating communication inclusive resources, and working closely with partners in service user organisations.

It's been an intense period, and to keep pace with developments, the RCSLT's enewsletter was moved from a monthly to a weekly fixture. We know from the data how widely read our weekly digest has been, and so — as we enter the next phase of the pandemic, where attention turns to rehabilitation pathways for COVID-19 patients and the resumption of services — we'll continue to be in touch more regularly than before coronavirus struck.

Throughout June, the enewsletter will still be delivered to you on a weekly basis, then, starting in July, it will move to a twice-monthly schedule. Other changes to the enewsletter will include the introduction of content from some of the carefully vetted commercial partners who advertise with us in *Bulletin*.

Bulletin itself will continue to be delivered to your home in the middle of the month, and with a reduced news, section while efforts remain focused on digital channels and those new workstreams generated as a result of the crisis.

As always, our enquiries team remains on-hand to assist you during business hours - please contact them on **info@rcslt.org** or **020 7378 3012** with any queries you may have.

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LETTERS

***Bulletin* thrives on your letters and emails. Write to the editor,** RCSLT, 2 White Hart Yard, London SE1 1NX. Email: bulletin@rcslt.org Please include your postal address and telephone number. Letters may be edited for publication (250 words maximum).

Dysphagia: online training

My colleagues and I who work in an adult community team are always looking at ways we can change and improve our service. Some of the unexpected new ways of working due to COVID-19 have galvanised us somewhat and given the team insight into how we can, in some situations, offer a more consultative role.

Part of my role is linked to a care home support team and we have done a lot of work to support and empower staff to recognise and manage dysphagia, as well as to know how and when to refer to our service.

Face-to-face training has proved problematic, with take-up varying markedly between homes, even when we've gone out of our way to make training fit into care staff's preferred schedule.

I am keen to introduce some online training that staff can access in their own time instead. I would be very keen to know if anyone else has used anything like this or can recommend any training packages.

We are also considering implementing something like an acute swallow screening protocol to enable homes to confidently modify texture, and possibly to gradually increase texture following a period of illness.

Many homes do this already, very effectively, but need our endorsement. We feel this would enable us to focus our time on the more complex cases and to empower those very skilled carers who sometimes just need some paperwork from us to justify their very sensible decisions. I would be interested to know if anyone is considering or using anything like this in a community setting.

Tina Mant, specialist SLT
Email: Tina.Mant@mbht.nhs.uk

The Eating, Drinking and Swallowing Framework (formerly known as the Interprofessional Dysphagia Framework) is a UK-wide assessable competency framework for the wider multidisciplinary team working with those who have dysphagia. You can find it on the RCSLT website here: bit.ly/3dr3Sot. We are also working with Health Education England to develop eLearning linked to this framework.

June CENs

National Dysfluency CEN

26 June, 9:15am-3pm

The National Dysfluency CEN is running its first livestreamed study day. Agenda: attention and stammering (Jane Harley); an overview of The Fluency Trust 'Teen's Challenge' Course and discussion of a research project looking at its outcomes (Anna Prince and Alex Ford); a discussion of the recent Suffering in Silence report from Action for Stammering Children (Ria Bernard, Steven Gauge); dyslexia and stammering (Mahmoud Elsherif). Videos of some talks will also be available for members after the event on our website – see our website for details. Cost: free to members (£25 annual membership, includes three study days per year). Details at www.dysfluencycen.co.uk

The SLT COVID-19 response

This month's round-up of photos show how members are continuing to rise to the challenges brought about by the pandemic.

1. Rhiannon Halfpenny, Emma O'Dwyer, Emily Barritt and Eleanor Conway from the Speech and Language Therapy Inpatient Team at Great Ormond Street Hospital NHS Foundation Trust in their colourful scrubs (@CavalliLesley).

2. Fiona Brown from Imperial College Healthcare NHS Trust conducts her first mask fit test on chief AHP Chris Flatt (@FionaBr07101224).

3. Grace Jenson and Holly Raad wear their 'hellomynameis' badges so ICU patients can know who they are (@BHRUT_SLT).

4. Sarah Wallace, consultant SLT at Wythenshawe Hospital and RCSLT advisor, at work on an ICU ward (@sarahwallaceslt).

5. Emily Bracken from Mable Therapy in Leeds continues her work from home (via @marthacurrie).

6. Laura Douglas helped a patient FaceTime his daughter the day before he died. She said: "Of all the work I've done as an SLT recently, I felt this simple act of facilitating communication was the most worthwhile." (@lauradthe1st).

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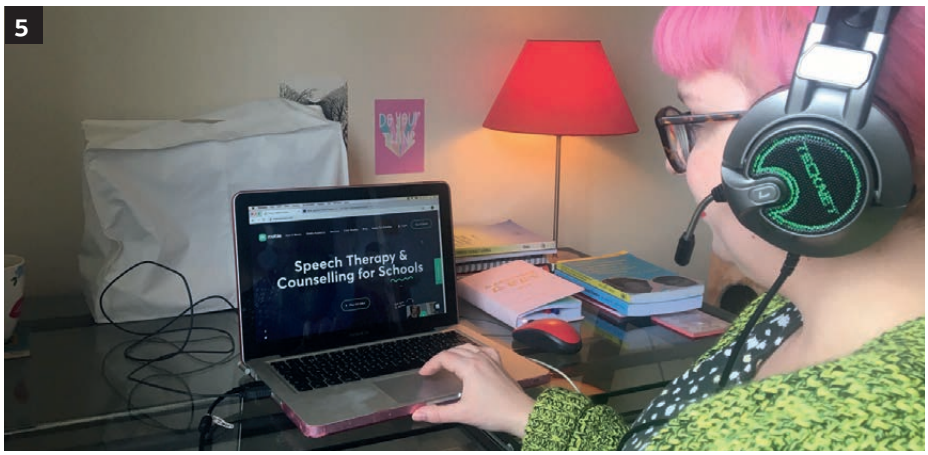

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DELLA MONEY & KAMINI GADHOK

A CHANGED ENVIRONMENT

As you read this column, it is likely that we will still be in a world of knowns and unknowns. While much remains uncertain about the future, what has been clear from the start of the outbreak of coronavirus is the courage, expertise, leadership and flexibility that the profession possesses, and of which we are both very proud.

Our thanks continue to go to those expert members who signed up for a range of RCSLT working groups, established at short notice, including the COVID-19 advisory group. Between them, they have delivered a significant amount of guidance and research papers, with members working during the evenings and at weekends in order to complete them.

Their work has resulted in opportunities for the RCSLT to strengthen its relationships with other professional associations and networks. Already this is creating greater opportunities to develop care pathways together, both now and in the future.

In April and May, we were delighted to secure national television coverage for the valuable work that SLTs are doing as part of the COVID-19 response. RCSLT president Nick Hewer was interviewed on Channel 4's *The Steph Show*, and again on ITV's *Good Morning Britain*, where he appeared with Dr Jackie McRae (pictured), consultant SLT at University College London Hospitals NHS Trust.

"What has been clear... is the courage, expertise and leadership of the profession"

The coverage reached millions of people, creating far-reaching public awareness about the profession.

In addition, we were thrilled by the level of attendance our COVID-19 webinar series attracted, with more than 1,500 people viewing the first of these (visit **www.rcslt.org/webinars** to view).

As we write this column in early May, we are turning our attention to working with members and colleagues as part of a multidisciplinary approach to developing rehabilitation pathways for COVID-19 patients, along with supporting members to identify new approaches to delivering care for non-COVID-19 patients in the context of a changed environment.

We will be sure to bring you updates on these, and more, in future issues of *Bulletin*. In the meantime, stay safe and keep in touch.

Dr Della Money, RCSLT chair
Kamini Gadhok, MBE, RCSLT chief executive
Email: kamini.gadhok@rcslt.org

JUDITH BROLL

Brave new world

Following the outbreak of COVID-19, I suspect few of us are carrying out our jobs in exactly the same way that we were before the lockdown.

In my role, I am hearing daily from SLTs who have extraordinary narratives and insights about the current situation, and who continue to adapt and review their ways of working to ensure the patient remains at the centre of their care.

Academics and clinicians alike have spent the last few weeks pushing boundaries, whether in critical care, endoscopy, respiratory assessment, teaching or teletherapy, while creating resources to support service users and collaborating with research nationally and internationally. Those members not able to work directly with patients have kept themselves busy, catching up on continuing professional development and exploring online learning.

Here at the RCLST, colleagues have been focused on producing new guidance, which has been written at pace by bringing experts together via video conferencing. The RCSLT's COVID-19 webinar series (see **www.rcslt.org/webinars**) is another example of rapid technological adaptation, and testimony to the commitment of the astonishingly skilled presenters to plan, write and deliver a webinar within just a few days.

As a result of all this, I have been reflecting on the journey the profession has been on, and how endlessly resourceful, creative, energetic, generous and practical SLTs are.

"Silver linings are precious..."

There is a growing need to work collaboratively with our health, education and social care colleagues to ensure not only that the voices of SLTs are heard in this brave new world, but that we are seen to be leading and communicating the way, in whatever format works best for our patients.

I am excited to see what happens, and it is up to all of us to embrace the opportunity that this pandemic has brought; to not only show the world how flexible, skilled and fearless SLTs are, but to demonstrate how much more potential we have. Silver linings are precious during this difficult time, but I see COVID-19 as a once-in-a-lifetime opportunity for us to rethink not only what we are, but who we want to be.

Judith Broll, RCSLT director of professional development
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David Weale

When student placements were cancelled because of COVID-19, clinicians rallied to lend their support. David Weale writes in praise of the #SLT2B Virtual Clinical Experience initiative

Plugging the gap

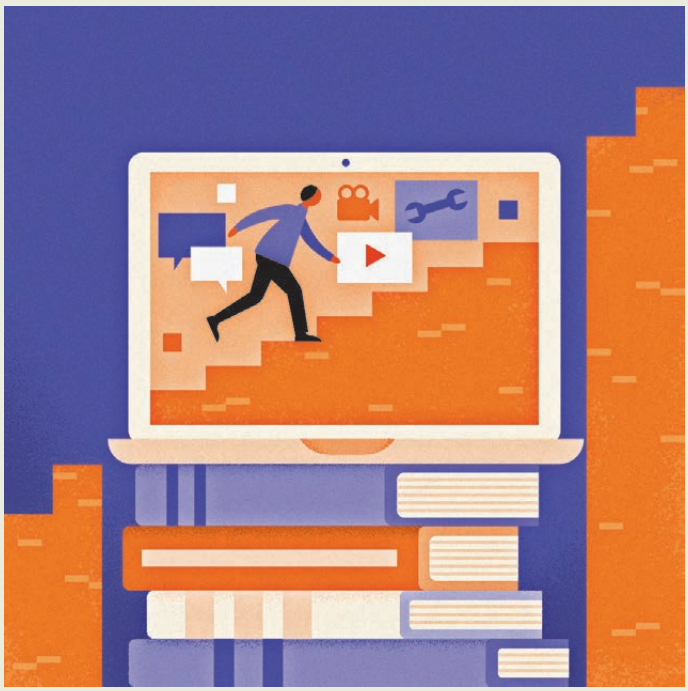

ILLUSTRATION BY **Sara Gelfgren**

COVID-19 is the biggest challenge the NHS has ever faced, but its impact extends much further than the frontline, creating ripples that will be felt for a long time to come. As a student in my first year of the Master's course at Leeds Beckett University, I was devastated to be told that our placements were threatened with cancellation because of the pandemic. While our fantastic course team had been working around the clock to adapt to this situation, we were all worried about what impact it might have on our competence as future SLTs.

Thankfully, a fantastic group of practising clinicians led by Amy Stephens (a highly specialist SLT and advanced Ayres Sensory Integration practitioner) recognised the huge gap that the absence of placements would leave, and rallied round to fill it. Amy set up a project called the '#SLT2B Virtual Clinical Experience', so that pre-registration students could connect with qualified clinicians and share experiences. The idea was to create a virtual space where we could explore the sorts of skills that only come from hands-on experience.

Amy quickly arranged a series of webinars using the video conferencing platform Zoom. The webinar programme grew fast, covering four areas: assessment, intervention planning, working with different client groups and 'the stuff they don't teach you in lectures'. This brilliant initiative relied on the generosity of practitioners who gave up their time to speak to us and share their insights. A Facebook group was also set up to provide us with case studies and activities to consider, thereby reducing the impact of placement cancellations.

> *"...there are amazing people who will go above and beyond in order to help"*

The first session, in which Amy spoke about how to get the most out of the Renfrew Word Finding Vocabulary Test, was a great success. It was crammed full of helpful and practical tips on how to administer the assessment in real life, and make it work in the most efficient way. It's exactly this sort of advice that is not covered in academic teaching, and would normally only come from starting on placement—with a pack of cards in one hand, the target card in the other, and realising you're going to have to transcribe responses with a pen in your mouth!

More than 50 people attended virtually. You could see from their faces how engaged they were with Amy's talk, and by the number of thought-provoking questions that were asked. Over the next weeks there were several more webinars scheduled, including 'Working in rural communities' by Rachel Oliphant, who gave us a valuable insight into her life serving Highland communities, and 'Goal setting within mainstream schooling' by Cat Andrew. Cat encouraged us to holistically consider the challenges that children with communication difficulties face in mainstream schools, and the role we can play to help them succeed. Each webinar had more attendees than the previous one, showing that word about them was spreading quickly.

If two good things have come out of this pandemic, the first must be the proof that technology has amazing potential to connect us and transform how we work in ways that simply would not have been feasible a few years ago. The second thing is that, amid the doom and gloom, there are amazing people who will go above and beyond in order to help those who have been affected.

So, on behalf of the current student community, thank you to Amy and everyone who offered their time in furthering this project. And indeed, thanks to all of you within the speech and language therapy profession: you are a truly exemplary force, and the work you do to support students through our training is invaluable. It is wholeheartedly appreciated, and we will be extremely proud to work alongside you in the coming years. ■

David Weale, student SLT
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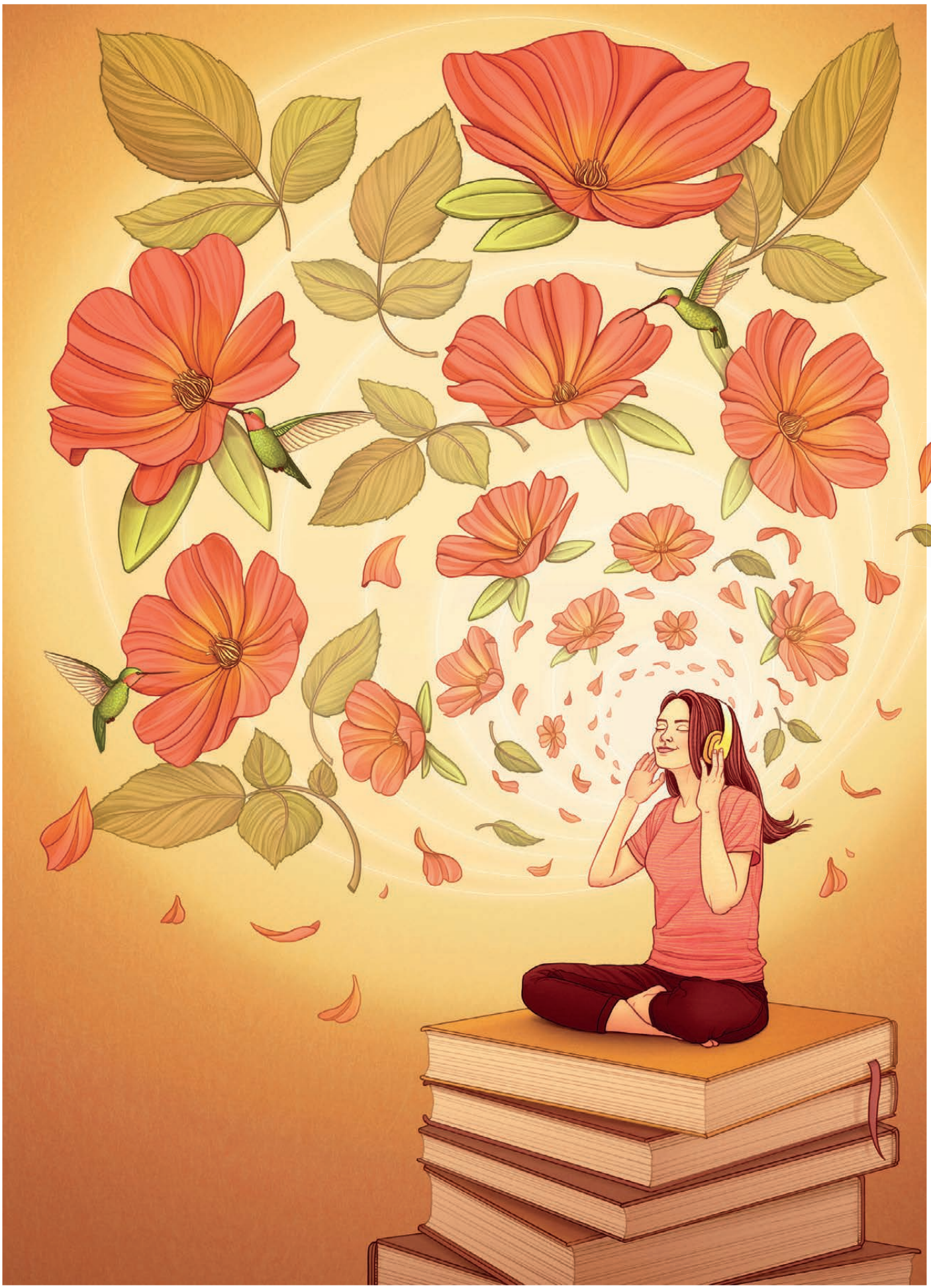

Sound effects

Clare Flint, Wendy Albuquerque and Georgina Booth discuss making reasonable adjustments that benefit adults with a learning disability and hearing loss

Illustration by **Hannah Agosta**

Research suggests people with learning disabilities are between four and eight times more likely to have a hearing loss than the general population (McShea, 2013); prevalence rises to approximately 70% for people with more complex needs (McShea et al, 2014). There are approximately 1.5 million people living with learning disabilities in the UK, and hearing loss often goes undiagnosed in this client group. This is partly due to communication difficulties and partly due to diagnostic overshadowing, where symptoms of physical ill health are mistakenly attributed to a mental health or behavioural problem, or seen as being an inherent element of the person's learning disabilities (Emerson and Baines, 2010).

CIPOLD, the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (Heslop et al, 2013), made a number of recommendations for reducing health inequalities for people with learning disabilities, including that they must "have access to the same investigations and treatments as anyone else, but acknowledging and accommodating that they may need to be delivered differently to achieve the same outcome". This process of making reasonable adjustments is enshrined in law via the *Equality Act 2010*. Reasonable adjustments can be anticipatory, where organisations consider in advance what adjustments are needed for different populations, or made for individuals on a case-by-case basis.

Audiology services at St Helier Hospital in London have been running a specialist audiology clinic for adults with learning disabilities for more than 20 years. At each clinic we have three professionals present: a consultant in audiovestibular medicine, who offers medical expertise in investigating causes of hearing loss; a specialist SLT from the community learning disability team; and a specialist audiologist, who offers expertise in hearing assessment of individuals with learning disabilities.

In 2018, while delivering a presentation about our clinic at the annual conference of audiovestibular physicians (AVPs), it became clear that not every region has access to a specialist clinic. As a result, we want to encourage other SLTs working in adult learning disability services to approach their local audiology departments to investigate setting up specialist clinics. →

Here we share how our clinic works, some of the reasonable adjustments we make, and case studies to show some of the service user outcomes.

Reasonable adjustments

We run six clinics every year, each with six appointment slots. Additional clinics are added where necessary to ensure compliance with 18-week referral to treatment pathways. Some of the reasonable adjustments we make are as follows:

- Longer appointment slots of 40 minutes.
- The SLT contacts service users and carers a week before their appointment to gather relevant information and ensure attendance.
- A multidisciplinary team (MDT) approach with three professionals present (usual initial audiology appointments typically involve one audiology professional only).
- Adaptations to test techniques (see table 1).
- Easy-read information on follow-up MRI scans, care of hearing aids and insertion of ear drops.
- Provision of a form that clearly and simply summarises the results and any recommendations made by the team, including follow-up appointments. This enables carers to share information with the rest of their staff team or other services quickly, without having to wait for the formal clinic letter.
- The SLT provides specialist follow-up through telephone calls, and will visit service users in their homes where indicated to offer support such as training on communication tactics for someone with a hearing loss.

> *"...hearing loss often goes undiagnosed in this client group"*

Inclusion clinic

We have also introduced a monthly inclusion clinic run solely by the specialist audiologist. This clinic provides specialist hearing aid fitting and hearing aid ongoing care. The SLT attends the inclusion clinic for initial hearing aid fitting appointments only. This clinic provides vulnerable service users with access to continuity of care and reduces the risk of follow-up not being attended, without having to use an MDT clinic appointment.

Audit results

We audited the attendance of our clinic from 2014 to 2018 and found that a total of 91 service users attended. The types of hearing loss found are shown in figure 1.

Of those given hearing aids or a portable personal amplification device (a communicator), we audited notes from follow-up appointments to investigate the outcome of hearing aid and communicator use (figure 2).

In our experience, key factors contributing to hearing aid success are:

- Follow-up appointments to review hearing aid use. The first review takes place within our specialist MDT clinic, and thereafter maintenance is managed in the inclusion clinic.
- SLT attendance at hearing aid fitting.
- Provision of Easy English and easy-read booklets about hearing aid cleaning and maintenance.
- SLT community visits and contact with service users and providers to gather feedback about hearing aid use, and to advise gradual adaptation to the aid. ■

Table 1

Audiometric tests used in the clinic

Subjective testing – detection of sound Largest cognitive and motor planning load ↓ Lowest cognitive and motor planning load	Pure tone audiometry – pressing a button in response to a sound played through headphones (standard hearing test)
	Play audiometry – putting a brick in a box as a response to a sound played through headphones
	Play sound field audiometry – putting a brick in a box as a response to a sound played from speakers in the free field, for individuals who won't tolerate headphones
	Modified distraction testing – observing reaction by playing sounds with meaning from behind the individual, eg using favourite pop songs
Subjective testing	Speech discrimination testing – identifying pictures or copying words, with and without lip patterns
Objective testing	Tympanometry – pressure test that provides information about the function of the middle ear
	Otoacoustic emissions – provides information about the function of the inner ear hair cells

Clare Flint, highly specialist SLT, Merton Team for People with Learning Disabilities; Dr Wendy Albuquerque, consultant in audiovestibular medicine; and Georgina Booth, specialist audiologist, Epsom and St Helier University Hospitals NHS Trust
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Figure 1

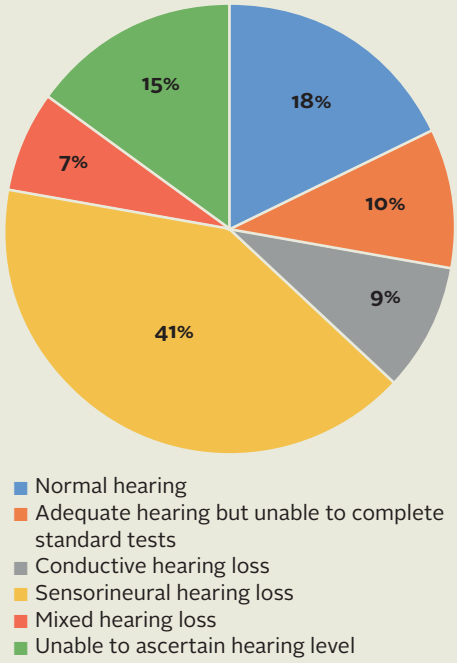
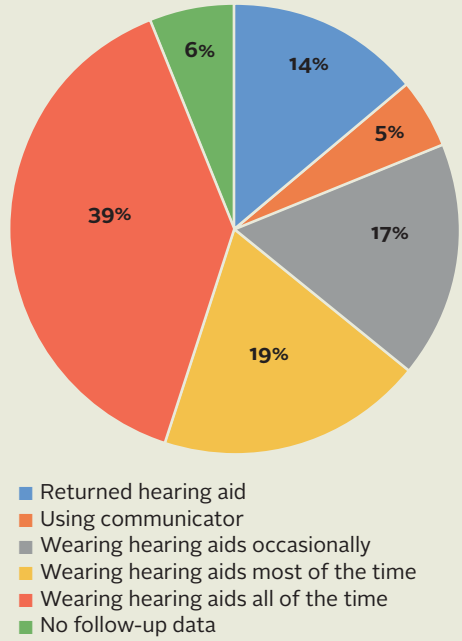


Figure 2



Case studies

The two case studies below (where names have been changed) help to illustrate that while non-verbal clients can benefit from hearing aids, not all verbal clients wish to use them.

Mary
Mary is a 48-year-old woman who has a severe learning disability and lives in a residential home. She is a non-verbal communicator (including a small vocabulary of Makaton signs) and is very motivated to communicate with others. She grew up in Hong Kong but lived in the UK as an adult and unsuccessfully tried hearing aids previously while living in another London borough. Initially in the clinic she was not able to complete play audiometry testing but seemed to enjoy using a portable personal amplification device (an Echo MiniTech), and the SLT supported the trial of one at home. At the next clinic Mary appeared more responsive, and staff reported that she enjoyed hearing her family members speaking Cantonese to her, even though she had no understanding of the words. With the help of the amplification device in the follow-up appointment, Mary was able to complete play audiometry, showing a profound sensorineural hearing loss. She was then successfully fitted with hearing aids, with numerous follow-ups and support from the SLT. Her staff team commented: "It really helps. When she is not wearing the hearing aid, she will not respond to staff talking to her. When she is wearing it, she will respond to staff with signing."

Shahir
Shahir is a 57-year-old man who has Down's syndrome and a moderate learning disability, and lives with his mother. He is a verbal communicator (short phrases) and enjoys watching sport on TV and going to a day centre. He was able to complete standard hearing tests, which showed a bilateral, symmetrical mild-to-moderate high-frequency sensorineural hearing loss that was suitable for aiding. He agreed to a trial of hearing aids. At the review, feedback from home and the day centre was that Shahir kept removing the aid and it was becoming a source of stress. Shahir managed at home by turning the TV volume up, and day centre staff were already adapting their communication well to take into account the hearing loss and comprehension difficulties of their client group. The aid was returned with the understanding that we would be happy to try again if Shahir's hearing deteriorated.

The case studies highlight the importance of trialling hearing aids in the person's usual settings (as we would for an augmentative and alternative communication device), and also the value in offering a trial with a personal amplification device if someone has a hearing loss but is unable to complete enough testing to set up a hearing aid. There are, of course, challenges within our clinic, and effective wax management is still an ongoing issue, with service users attending clinic with impacted wax despite attendance at their local GP surgery for wax removal. However, the benefits of seeing someone go from saying "huh?" to "I can hear!" far outweigh the challenges.

Videofluoroscopy: how reliable are we in our interpretation?

Julie Telford discusses a study that aimed to improve the reliability of videofluoroscopy analysis among SLTs

ILLUSTRATION BY **Thomas Paterson**

The advantages of videofluoroscopy of swallow (VFS) as an assessment method for patients with dysphagia are well known, but it can only be a useful and robust clinical tool if high levels of reliability are achieved (Stoeckli et al, 2003). The reliability of individuals rating the same swallow on two different occasions (intra-rater) and the reliability among a group of practitioners rating the same swallow (inter-rater) are both essential for the provision of a high-quality VFS service (Gibson et al, 1995). While this is widely recognised, errors in image interpretation and report writing are the most common cause of litigation in radiological procedures, and variation among raters is common (Nightingale et al, 2012).

The literature demonstrates wide variation in levels of intra-rater reliability (intra-RR) and inter-rater reliability (inter-RR) for many of the swallow parameters studied in VFS. While high levels of reliability are reported by some studies, many found low levels of agreement between practitioners, which is clinically concerning. Levels of intra-RR were generally higher than inter-RR regardless of the swallow parameter studied, and several factors were found to impact on reliability, including bolus consistency, rater experience, timing of ratings and blinding of raters.

Potential consequences

VFS findings, among other sources, are a key consideration that may influence important decisions regarding oral intake, alternative nutrition and quality of life. Poor reliability has the potential to impact on patient care, as the management plan may be influenced by the severity of impairment recorded in the VFS report. Furthermore, a baseline VFS is often carried out with patients who have progressive neurological conditions and then repeated and compared to monitor change in function. Failure to accurately and reliably rate both studies could result in the perception that the condition is deteriorating more quickly than expected, or miss subtle changes in function. This also highlights the need for high levels of intra-RR, as the repeat VFS often occurs at the same clinic location and may be carried out by the same two practitioners.

Study aims

The study evaluated current levels of intra-RR and inter-RR among VFS-trained SLTs within NHS Greater Glasgow and Clyde (GGC) for ratings of aspiration, vallecular residue and pyriform sinus residue. GGC has a structured VFS training programme, with all SLTs trained as level 1s and those conducting VFS trained as level 2s and 3s. Level 3 practitioners are typically band 7 SLTs, have significant experience in clinical management of dysphagia and interpreting complex VFS studies, and hold ultimate responsibility for the running of the clinic. Level 2 practitioners are band 6 SLTs who have undergone practical training in all aspects of VFS delivery and interpretation. Each clinic requires a level 2 and a level 3 practitioner to run, and the clinic roles are shared, with both taking an opportunity to lead the report writing. The final report is agreed and signed off by both practitioners. Given these differing levels of training and experience, the study also investigated the impact of rater experience on reliability and the ways in which reliability can be improved in the clinical setting.

Method

A retrospective service evaluation project was undertaken in which nine SLTs rated three swallow parameters on ordinal severity scales for 40 anonymised swallow runs. The scale used was based on severity terms already used within the VFS service (ie none, trace, mild, moderate, severe). Aspiration, vallecular residue and pyriform sinus residue were chosen as the swallow parameters to be included, as they were believed to have the most significant impact on the recommendations made following VFS. All swallows were of patients swallowing thin fluids, as bolus consistency has been found to affect reliability. Ratings were repeated four weeks later, with images presented in a different, randomised order to allow intra-RR to be calculated.

Results

A weighted kappa was used to establish intra-RR for individual raters, as this compares reliability between two sets of ratings and is appropriate for use with ordinal data, where the extent of disagreement is crucial (Cohen, 1968). The statistics were linked to severity

descriptors outlined by Landis and Koch (1977), with 'moderate' to 'almost perfect' levels found for aspiration ratings across the group (kappa 0.422- 0.962). Intra-RR ranged from 'substantial' to 'almost perfect' for ratings of vallecular residue (kappa 0.620-0.841) and pyriform sinus residue (kappa 0.699- 0.892). Intra-RR did not 'correlate' to rater experience (ie level 3 practitioners did not achieve consistently higher levels of intra-RR than level 2 practitioners). High intra-RR was demonstrated by SLTs trained to both levels of competence, and lower levels of intra-RR were also evident among both groups. Inter-RR was influenced by rater experience, with the level 3 group achieving higher agreement across all three swallow parameters compared to the level 2 group.

Light's kappa, a multi-rater weighted kappa, was used to calculate inter-RR. Intraclass correlation co-efficient (ICC) is also used for measuring inter-RR among two or more raters with ordinal variables (Hallgren, 2012), and was calculated to allow a more detailed statistical analysis of the agreement for each of the three parameters. Inter-RR for aspiration ratings was 'moderate' (kappa 0.594; ICC= 0.633) with ratings of vallecular (kappa 0.644; ICC= 0.644) and pyriform sinus residue (kappa 0.715; ICC= 0.719) achieving 'substantial' agreement.

Although many of the statistics yielded would be considered 'reliable' findings in other studies, this low threshold for reliability (kappa = 0.60) is not clinically adequate given the important decisions made from VFS findings.

Action

Several ways to improve reliability were identified, including agreement on terminology, use of rating scales with operationalisation of terms, introduction of a taught component in VFS training, evaluating intra-RR and inter-RR prior to completion of training, and restructuring of peer-review sessions to focus on establishing reliability of individual swallow features.

Since completion of this project, we have implemented the suggested changes to improve the reliability of our VFS service. A two-day taught section of our VFS training has been developed for level 2 practitioners with the expectation that they will achieve high levels of reliability before being 'signed off' as competent practitioners.

The VFS peer-review structure has been redesigned, with four sessions scheduled per year and a requirement that all VFS staff will attend a minimum of two sessions to maintain their competence and high levels of reliability. Each session focuses on establishing high levels of reliability for a specific swallow feature, and involves each SLT rating that feature anonymously using an agreed scale. The ratings submitted are then discussed to determine rationale for variation and promote agreement. Reliability statistics are applied following the sessions to track levels of reliability, and the swallow feature will form the focus of the next session if inter-RR above 80% is not achieved. Rating of residue was our first target in peer-review, and the residue scale from the NZIMES (Huckabee, 2007) and MBS-imp (Martin-Harris et al, 2008) were used within the session. The team achieved 'almost perfect' levels of reliability (kappa = 0.84 for vallecular residue and 0.86 for pyriform sinus residue). A further session targeted interpretation of post-laryngectomy swallows and rating of residue from these images. Moving forward, peer-review will continue to focus on one swallow feature at a time in order to establish high levels of reliability for all features of the swallow commented upon within VFS reports.

These initial actions will be developed to build levels of intra-RR and inter-RR within VFS beyond the acceptable to 'almost perfect', in order to provide a high-quality and reliable service to our patients. ■

Julie Telford, advanced SLT
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An A-to-Z of ACP

The RCSLT has set up a working group to look at what advanced clinical practice means for the profession. Lucy Adamson explains what's happened so far and outlines plans for the future

ILLUSTRATION BY **Claire Huntley**

What does advanced clinical practice (ACP) actually mean? The multi-professional framework for ACP in England provides this useful definition:

"Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision-making. This is underpinned by a Master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence."

The framework in Wales describes it as: "A role requiring a registered practitioner to have acquired an expert knowledge base, complex decision-making skills and clinical competencies for expanded scope of practice."

There is a new framework in Northern Ireland and work is ongoing in Scotland to update earlier frameworks to make them multi-professional. Figure 1 (opposite) gives an overview of progress across the four nations.

The multi-professional framework for ACP in England also explains the rationale for creating this level of practice. It was established in response to the changing needs of the NHS and the increasing demands on the existing workforce. Furthermore, the ACP role was developed in response to some workforce and patient safety issues raised in the *Francis Inquiry Report* of 2013, which examined the causes of the failings in care at Mid Staffordshire NHS Foundation Trust between 2005 and 2009.

Many universities now offer ACP courses, although the RCSLT is aware of only a few SLTs that have so far taken advantage of them. Health Education England (HEE) has provided funding for healthcare professionals to undertake these ACP courses to date. In addition, a Level 7 ACP apprenticeship has been developed, funded via the apprenticeship levy, and this route is also available via some universities.

Despite these developments, there remains uncertainty about how these roles apply to allied health professionals (AHPs), how courses are accredited and what happens to people who are not formally recognised as an ACP. Moreover, the RCSLT is aware that a number of colleagues may well be working at an ACP level of practice, but this is not reflected in their job title or work plan.

Four pillars

As outlined in the frameworks, a high level of autonomy and the ability to make complex decisions are crucial. Multidisciplinary team work is often an integral part of ACP work. Critically, ACPs work across all four pillars of practice. There is a wide range of SLT work where the development of an ACP role could meet an unmet system need; for example, dysphagia, fibreoptic endoscopic evaluation of swallowing (FEES), head and neck cancer, learning disability and autism are just a few areas that have potential. The development of ACP SLT roles does not mean that all SLTs will need to follow this route. It is an alternative, not a replacement for highly specialist roles. ACP roles don't diminish the value of existing roles in any way and SLTs can still progress to consultancy level from highly specialist roles. Neither is there always a need to move away from an SLT role in order to be an ACP, although you could choose to do so.

You may well have seen Lucy Titheridge's 'My Working Life' in the February 2020 edition of *Bulletin*, in which she detailed some of the challenges and rewards of being a trainee ACP in Derby. The challenges included learning a range of new skills, while she cited the opportunity to further contribute to patient care among the benefits.

Another example of an SLT in an ACP role is Suzanne Slade in Nottingham. Suzanne's work with fellow SLT Katherine Behenna is featured as a case study on the HEE website (visit **bit.ly/3bQPIfv**). Suzanne is now involved in two new projects as an advanced clinical practitioner SLT in the ear, nose and throat (ENT) department at Nottingham University Hospitals NHS Trust, where she says this about her role:

"I've been involved in setting up, running and evaluating two projects that use my voice and head and neck cancer skills to offer an innovative service to assist in managing patients on the head and neck cancer pathway. In the speech and language therapy 'hoarse voice' clinic, I see patients who have been referred into ENT by their GP on the two-week wait referral pathway. This referral pathway is for patients whom the GP feels may be at risk of having head and neck cancer. The number of patients referred on this pathway has risen dramatically over recent years and our department was struggling to meet the two-week wait target. I triage referrals and see hoarse voice patients who are at low risk of laryngeal cancer. My clinic runs in parallel with the consultant head and neck surgeon. I assess and make a joint diagnosis and management plan with the consultant."

ACPs can also work in community as well as acute settings—an example of this is Becky Edwards, an ACP trainee with Southern Health who works in their community learning disabilities team.

Working group

Members of the RCSLT ACP working group have contributed examples of roles that demonstrate coverage of the four pillars of the framework. The aim of this is to provide guidance to members on what sort of ACP roles already exist within the profession. These roles come from areas such as ENT, FEES and neurodevelopmental disorders.

It would be interesting to hear from SLTs who are aware of roles developing in other settings, such as justice and learning disabilities, and we are keen to hear from members who are currently training or working as an ACP.

Likewise, if you can see the potential for an ACP role as a solution for a particular problem that a service may face, then you could consider how that role lines up in relation to the ACP frameworks and any ACP pathways that have been published (see below for a list). Could SLTs and/or other AHPs potentially carry out that role, and what level of training or qualification would be required? The development of the ACP route is still in its infancy. There is time for SLTs to work out where ACP SLT roles can contribute across pathways; indeed that is where the potential most clearly arises.

For more information on ACP, visit **bit.ly/RCSLTACP**

ACP and COVID-19

If you are an ACP trainee and COVID-19 has changed how you are working then we would be interested in hearing from you. Equally if you are not an ACP, but think your work during the pandemic has meant your new role would meet the ACP criteria, please do get in touch. ■

Lucy Adamson, RCSLT project coordinator
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Figure 1: ACP and consultant practice in the nations

England Framework implementation continues with consultation on credentialing of existing experience, accreditation of ACP courses and organisation via an ACP academy. Consultant framework is being drafted.	**Wales** Speech and language therapy is represented on a working group to develop advanced practice roles. There is now an advanced SLT role in neurodevelopmental disorders. The impact and added value of this post may lead to other SLT roles from multidisciplinary teams becoming advanced practitioners.
Scotland A new 'AHP Specialist and Advanced Roles' working group has been set up to provide strategic oversight, direction and governance to the development and transformation of AHP specialist and advanced roles. There is SLT representation on the group.	**Northern Ireland** A new advanced practice framework was published in June 2019. There are two levels of ACP (1 and 2) in the new framework, which are mapped to Agenda for Change bands 7 and 8a. All AHP titles will change to reflect the ACP level. There are no implications for job regrading as the new level will roll out over time.

Resources, frameworks and pathways

The multi-professional framework for ACP in England: bit.ly/3f4FXMN

The Advanced AHP Practice Framework (Northern Ireland): bit.ly/2Soy2Qm

Advanced Practice Toolkit (Scotland): bit.ly/35lULlr

Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales: bit.ly/2VTpxyZ

Advanced Practice: The Portfolio (Wales): bit.ly/35plCMC

HEE ACP toolkit: bit.ly/2KOmcLx

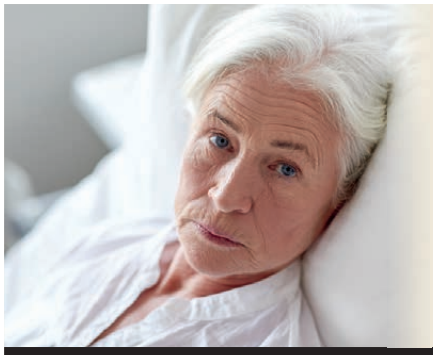
Lucy Titheridge's *My Working Life*: bit.ly/2VQrPz2 (p33)

SLT ACP role – example case study on HEE website: bit.ly/3cWJRpo

Core Capabilities Framework for Advanced Clinical Practice (Nurses) Working in General Practice / Primary Care in England: bit.ly/3d9ak2N

Advanced Clinical Practice Capabilities framework when working with people who have a learning disability and/or autism: bit.ly/2y6Xy67

(There are other frameworks being developed for mental health and older adults that are due to be tabled by the end of the year.)



Our monthly look at the latest in published research

In the journals

To review an article or suggest an article for review, email katie.chadd@rcslt.org

Swallow function post-extubation

This study explored the necessity of waiting 24 hours post-extubation for a swallow assessment. Post-extubation dysphagia is correlated with chest infections, increased length of stay at the hospital and risk of re-intubation.

A total of 202 adults participated from five different intensive care units of a large teaching hospital, requiring single intubation due to respiratory failure. Further inclusion criteria were: lack of premorbid dysphagia, being nil by mouth and being successfully extubated.

The Yale Swallow Protocol (YSP) was conducted at one, four and 24 hours post-extubation by an SLT. FEES was performed if one failed the protocol over 24 hours post-extubation, unless contraindicated due to the patient's cognitive or clinical status.

Of the participants, 82.2% passed the YSP one hour post-extubation; 87.6% at four hours; and 91.6% at 24 hours. Intubation longer than four days was found to increase the risk of aspiration.

The findings may indicate that timely oral intake could prevent enteral feeding, allow for oral administration of medications and increase one's quality of life. The authors suggest that "it is not necessary to delay screening for aspiration risk in individuals who are post-extubation".

Maria Papadaki, specialist SLT, Barking, Havering and Redbridge University Hospitals NHS Trust

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Laryngeal sensation and extubation

This paper examined the relationship between laryngeal sensation, aspiration and intubation length in post-extubated acute respiratory failure patients.

This was part of a multi-site cohort study with 103 patients. FEES assessment was completed within 72 hours of extubation. Oral trials were conducted to assess for aspiration. Laryngeal sensation was assessed by eliciting the laryngeal adductor reflex (LAR) through advancing the endoscope tip to contact the arytenoids. Present LAR was defined as adduction of the vocal folds/arytenoids. Absent LAR was defined as a unilateral or bilateral absent reflex. Aspiration presence/degree (PAS rating) and LAR presence was rated by an experienced clinician. The data were analysed statistically, with Cramer's V used to examine associations of chi-squared analyses.

A significant relationship was found between absent LAR and aspiration, but no statistically significant differences were seen in the degree of aspiration between those who had bilateral or unilateral absence of LAR. There was a significant interaction between duration of mechanical ventilation and the LAR response and their associations with aspiration (for patients with a shorter duration of mechanical ventilation, ‹100h, an absent LAR was significantly associated with aspiration in contrast to those ventilated for ›100h). The authors concluded: "Routine assessment of laryngeal sensation post-extubation could be of clinical benefit when determining aspiration risk."

Amy Endacott, specialist SLT, Regional Hyper-acute Neurorehabilitation Unit, Northwick Park Hospital

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Mental Capacity Act

This study explored the contribution of communication difficulties to quality of life for adolescents with a history of acquired brain injury (ABI). The authors suggest communication challenges for this group could be long-term and may lead to ongoing difficulties with both learning and socialising.

Semi-structured interviews were carried out with six adolescents, 3-11 years post-ABI. The interviews sought to gather their experiences of communication in their everyday lives, and transcripts were analysed using interpretative phenomenological analysis. This approach draws on the theory of phenomenology, which considers the lived experience, and is a person-centred and inductive approach.

The adolescents appeared to have ongoing difficulties with the social world, communication competence and life in the classroom, despite many performing within the average range on formal speech and language therapy assessments. These areas had the potential to impact the young people's sense of identity. Their comments included: "[People] just need to know how hard it is"; "I think people will think people with brain injuries are just a bit stupid".

The authors suggest that this may result in psychological challenges: "Therapists who later specialise in working with adolescents post-ABI would be advised to attend post-graduate courses to develop their skills in counselling and use of personal narratives to help manage identity issues."

This section aims to highlight recent research articles that are relevant to the profession. Inclusion does not reflect strength of evidence or offer a critical appraisal. If you find any of these interesting, follow them up and apply your own critical appraisal.

Eleanor Sharpe, student SLT, University College London

Reference

Buckeridge, K., Clarke, C. & Sellers, D. (2020). Adolescents' experiences of communication following acquired brain injury. *International Journal of Language & Communication Disorders*, 55 (1), 97–109.

SHUTTERSTOCK

Amit Kulkarni

Katie Chadd

Kathryn Moyse

The RCSLT's research and outcomes team highlights some of the key evidence produced by the research community in response to the COVID-19 pandemic

COVID-19 research round-up

Originally, this month's Research and Outcomes (R&O) Forum was due to be a celebration of the *International Journal of Language and Communication Disorders* (IJLCD), the RCSLT's academic journal, but much has changed in the few months since the Forum was first planned. Our profession now finds itself in a significantly altered landscape, carefully considering how best to respond to the different set of challenges brought about by the pandemic.

Fortunately, many in the research community have proven themselves to be truly community-minded during this crisis. Many organisations have made COVID-19-related research open access. Some have put huge amounts of work into collating this information in searchable databases and spreadsheets, while others have critically appraised areas of research in rapid reviews, rapid evidence summaries and clinical guidelines.

In this month's revised R&O Forum, we'd like to highlight some of the resources you can use to inform your practice at this time. We would also like to signpost you towards key opportunities that exist to contribute to the evidence base around speech and language therapy throughout this period, too.

Searchable databases and evidence maps

The National Institutes of Health (NIH) has produced LitCOVID, a curated literature hub that tracks up-to-date scientific information about COVID-19. The database is updated daily and is searchable by research topic and geographical location. Go to **bit.ly/34UihG4** to access it.

The Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) at the Institute of Education, University College London, hosts a living, systematic map of the evidence related to COVID-19. The map is updated weekly and can be accessed via **bit.ly/2VPr6N7**

RCSLT COVID research digest

The RCSLT research team has been carrying out a weekly search on LitCOVID for the latest research relevant to SLTs. This includes research related to: personal protective equipment (PPE); wellbeing of health professionals; data and informatics; tracheostomy and airway management; head and neck cancer; and a number of other clinical areas. Visit **bit.ly/2VsfzED** to access the digests.

Guidance and reviews

The National Institute for Clinical Excellence (NICE) is producing rapid guidelines, rapid evidence summaries and MedTech innovation briefings (summaries of the evidence behind new technologies) related to COVID-19. Go to **bit.ly/2VpN36u** to access them.

The Centre for Evidence-Based Medicine (CEBM) at the University of Oxford is carrying out rapid reviews of primary care questions relating to COVID-19. See **bit.ly/2VQDht0** for access to their numerous informative articles.

The NHS has produced a number of clinical guides relevant to SLTs for the management of patients during the coronavirus pandemic; eg stroke patients, those in critical care, etc. Visit the NHS advice section of the RCSLT's COVID-19 hub at **bit.ly/2RXhuyJ** for links to these and other NHS documents.

A number of key academic journals are producing evidence-based, practical guidance relating to COVID-19 for health professionals and researchers. See, for example, *The British Medical Journal* coronavirus hub at **bit.ly/3cDYVHT** or *The Lancet's* COVID-19 resource centre at **bit.ly/34VJkkd**

Expert groups at the National Institute for Health Research (NIHR) are carrying out reviews of evidence to help health and social care practitioners make informed decisions on a range of topics. See their summaries here: **bit.ly/3ayoloV**

The RCSLT is also producing its own guidance, developed with expert members, on a number of topics, which are constantly evolving in line with changing circumstances. Keep up-to-date by seeing what's been published here: **bit.ly/2KvZUh6**

You can also hear more evidence-based guidance on the COVID-19 patient pathway from the speech and language therapy perspective in our webinar series. Find more information

Research and Outcomes Forum

ILLUSTRATION BY **Amy McGrath**

"To truly understand the impact of COVID-19... we must collect data and information in real-time"

and catch up online at **bit.ly/2VPdOk0**

Information for researchers

Many organisations have also developed resources to support researchers during the COVID-19 pandemic, which the Council for Allied Health Professionals in Research (CAHPR) is collating. This includes information on carrying out research during this period from national organisations across the UK, such as the NIHR, NHS Research Scotland, Health and Care Research Wales, and HSC Research and Development in Northern Ireland, as well as information from major charity funders. Visit **bit.ly/3asE48T** for details.

Contributing to the evidence base

To truly understand the impact of the COVID-19 pandemic on our service users and profession as a whole, we must collect data and information in real-time. The RCSLT has been running a number of data collection projects since April to support SLTs to collate this information centrally. The data will be able to be used to explore clinical outcomes of COVID-19 and non-COVID-19 patients during this period of transformed healthcare, and to examine the impact of the pandemic at the patient and profession-wide level. Please find the latest information about work on the RCSLT COVID-19 data collection tool, here: **bit.ly/2W5kTwO**

Furthermore, while we appreciate time is precious, particularly at the moment, it is worth bearing in mind that the current circumstances present an opportunity for SLTs to contribute to the evidence base around COVID-19. At the time of writing, there are already a few academic journals calling for papers on the topic of COVID-19 in the context of healthcare, which is only likely to increase. Case reports and expert commentaries are frequently being published, as are clinical trials, offering you an opportunity to publish and share your experience and learning of practising within the COVID-19 context, with a wide-reaching impact. The RCSLT will aim to keep you abreast of these opportunities as they come up. One example is *Healthcare: The Journal of Delivery Science and Innovation*, which you can find out more about at **bit.ly/3eKeNuf**

Further support

We are aware that many other resources exist and ask you, as a community of evidence-based practitioners, to let us know if you feel any speech and language therapy related research resources have been missed. These can be included in subsequent R&O Forums and/or included as key links in the COVID hub on our website. We're also here to support you with disseminating any research findings, reports or data analyses that you've produced, so please do get in touch with the team

Let's embrace the spirit of community that has developed across many areas of life in the past few months, to ensure the body of knowledge informing our work as SLTs is as comprehensive and up-to-date as possible, ensuring we can maintain our evidence-based approach to practice during this complex and difficult time.

For clickable links to all these resources, please go to **bit.ly/3dnMFff** ■

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Bulletin remembers those who have dedicated their careers to speech and language therapy

REMEMBERING

Obituary

Zelda Statman

1923–2020

Zelda was a founder and lifelong member of the College of Speech and Language Therapists. She died peacefully at the Bourne View care home in Birmingham in February this year, shortly after celebrating her 97th birthday.

Zelda was born into the Jewish community in Newport, South Wales, in 1923. She was raised with her three sisters by a loving family and cared for by her mother, who became profoundly deaf after Zelda was born.

During her teens, Zelda's father sent her to Bristol for singing and music classes so that she could have a broad education. She joined a Jewish theatre company there and took leading roles in many productions, which fostered a lifelong love of the theatre and the cinema. After her mother's death, Zelda moved to Leeds to live with her father's cousin and his wife, where she enjoyed helping to bring up their children.

During World War II, Zelda joined the 'Wrens' and she had some wonderful stories to tell of her life with her many friends in the forces and all the escapades they got up to. When the war finished, she was encouraged to train for a career. She heard from a friend about the newly formed speech therapy profession and decided that with her vocal training and acting experience this would be the job for her.

Zelda trained at the West End School and again made a circle of friends that she maintained throughout her life. Afterwards, she moved to Warley in the Midlands where she met Marjorie Ingamells and Elizabeth Byford, who had recently set up a speech therapy service. Together, the three of them established a very successful service that received award nominations.

It was during this time that Zelda met and married Bernard, a gifted pianist, and together they raised two sons and a daughter.

In the 1970s, due to the expansion of the borough, Zelda and Marjorie grew the service, setting up several clinics, a school service and an adult service in the hospital.

I went to work with Zelda in the speech and language unit at Cronehills School in West Bromwich in the late 70s. The unit catered for children from across the borough with severe speech and language problems. We worked as a team with the teaching staff and an educational psychologist, which was pioneering work at the time.

My years working with Zelda were the best years of my working life as she made the job so enjoyable and fun. Everyone in the borough's health service knew Zelda as she was a larger than life character who was much loved by all her colleagues and friends. The children in the unit adored her as she was always making up games to help with their speech development, and telling them stories to improve their language skills (using copious amounts of Smarties for encouragement).

In the mid-1980s, Zelda developed a brain tumour. Fortunately, there was an excellent neurosurgeon at The Queen Elizabeth hospital at the time, who successfully operated on her so that she continued to live a full life. After recovering, she went on to pursue a career as a private SLT, treating children with developmental problems and adults with voice problems well into her 80s.

Zelda kept her bubbly sense of fun right to the end and was much loved by all the carers in her care home. She also maintained her interest in speech and language therapy, and was an active member of the retirement network group in the central region.

She will be missed by all her friends, her three children, Paul, David and Julia, and grandsons, Ben and Oscar.

Linda Mann

"...she was a larger than life character who was much loved by all her colleagues and friends"

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The history corner: from patients to service users

Jois Stansfield looks at the changing faces of speech and language therapy service users

When the College of Speech Therapists was established in 1945, service users were known as 'patients'. For many that was an accurate description, as they needed to wait patiently for the limited speech therapy service that was available, and many areas of the country had no service at all.

The register of 1945–6 listed 46 SLTs practising in London, 12 in Lancashire (which included all of Manchester, Liverpool and the rest of the county) and one in Norfolk. Scotland was relatively well served with 39 therapists, but Wales listed only one, and Northern Ireland none. This was pre-NHS of course, but even when free speech therapy became available in principle, the service grew very slowly during the 1950s and 60s.

The *Quirk Report* of 1972 made sweeping changes to the level of service provision, recommending six therapists per 100,000 in the population—a quadrupling of full-time equivalent SLTs at the time. Later, Enderby and Phillip increased this recommendation further to 23 therapists for the same population, and today there are almost 17,000 therapists for a population of nearly 68 million. You can work out the ratio!

Over the years, our ability to recognise the needs of service users has also changed. Many older SLTs speak of being trained mainly to work with 'articulation' difficulties, and it was not until the late 1960s that linguistics raised its head in the speech therapy world, with pragmatics coming later still.

On my own course, we had only one hour a week of linguistics for three terms. My 'finals' case book from 1972 described 13 'patients' in detail (present-day students take note, 13!). There is little evidence anywhere in the case book that this linguistic theory was put into practice, although language tests were reported (the Watts vocabulary test, the recently published Reynell scales and, for adults, the Minnesota Test), as was working with people to increase language, and articulation, voice and fluency skills.

What that case book also shows is how the age range of patients (they were still patients in 1972) has changed. Most of the children were at school and the oldest adult was only 63. Today I would expect 'birth to 100-plus' to be a more accurate reflection of our service users' ages. I smiled when I realised that I had included a thank you note from the parents of one child, whose family included 11 children, five of whom had some 'speech' difficulty. I am astonished and impressed in retrospect that this child was brought to clinic every week without fail and the parents followed advice on what to practise as homework.

Service users, their families and friends are amazing people, coping with difficulties, responding to support and, today, being active partners in therapy. The days of 'being patient' are not over, and with the best will in the world, we don't always get it right, but I hope that colleagues do receive the occasional boost of a thank you, such as the one I have kept for over 40 years. ■

Jois Stansfield, emeritus professor, Manchester Metropolitan University

MY WORKING LIFE

Helen Rippon

OCCUPATION: RETIRED SLT AND PUBLISHER

"It was a profession growing in confidence and gaining respect"

Like many SLTs, I look back on my career in our wonderful profession and reflect on the twists, turns and unexpected opportunities that have arisen along the way. This is certainly true in my case, where I have been able to sustain a rewarding clinical career alongside my involvement with the publication of resources.

My very first post was as a generalist paediatric therapist, where I developed a keen interest in phonological disorders and early language development. SLTs were rather scarce at that time. Fortunately for us, our excellent (though rather frightening) manager capitalised on the increased funding available for children's services during the 1970s and 80s, and our department expanded rapidly.

This was an exciting time for the profession: licentiates were being upgraded to degrees, services were amalgamating under the NHS, academic research into speech and language therapy was developing rapidly and standardised assessments were becoming available. It was a profession growing in confidence and gaining respect.

In these pre-internet days, therapy resources were difficult to find, so if worksheets or homework packs were needed, I made them myself. Over time, I built up quite a collection that I shared with my colleagues.

Eventually, I was promoted to lead a small specialist team, supporting school-aged children with severe and complex communication difficulties. Each pupil on the caseload had a 'Statement of Special Educational Need' (remember those?) and received individual support for an allotted number of hours per week. But again, the need to supply an extensive range of resources for teaching staff and parents to carry out during the week meant that my bank of hand-drawn, home-produced packs quickly grew.

In 1992, my colleague Diane Henson announced that her husband Alan had purchased a home computer—a strange and magical object at that time! Alan had set up a desktop publishing company called Black Sheep Press and Diane asked if I would be interested in publishing some of my resources.

The children on my caseload all required materials offering simplified language and a highly visual approach, which would be easy for teaching assistants and parents to implement. These same principles came to be embedded in all our publications. Additionally, they were almost always inspired by a particular clinical issue; so when I look over our catalogue now, I can usually remember the child who inspired each one.

During the 90s and into the 2000s, awareness started to grow about the impact of poor communication skills on children's educational outcomes and social inclusion. Additionally, teachers were identifying an increase in the number of children entering school with poorly developed language skills, which was placing additional demands on their time.

This led to a wider customer base for the company, as teachers began to search for resources to meet these challenges. As a company, we are proud to work with a growing team of SLT authors based across the UK and in Australia—all are professionals and experts in their field.

Due to the company's expansion, I eventually reduced my clinical days but always felt it essential to maintain a strong practical focus to ensure our resources remained relevant and evidence-based.

Although I'm now retired from the NHS, I still take a keen interest in all things speech and language therapy and endeavour to keep up with new research. I'm a proud member of the RCSLT, and Black Sheep Press has been a completely unexpected addition to my working life. I will be forever grateful for the opportunities it has provided and I feel particularly fortunate when working quietly in my study, pen in hand and Radio 4 on in the background! ■

Helen Rippon
Email: helenblacksheep@hotmail.co.uk

RCSLT Board of Trustees - Vacancies

In our 75th anniversary year, we are looking for leaders who have a passion for our profession to serve on the Board of Trustees.

Being on the Board provides an opportunity to influence the strategic direction and governance of the RCSLT, and to shape the future of the profession. It also provides a unique learning and development opportunity for successful applicants.

The vacancies for the following roles will be taken up at our next AGM in December 2020.

Deputy Chair

We are looking for a Deputy Chair with a good knowledge of effective Board performance.

You will have experience of working at a strategic level, for example on boards and committees or chairing meetings.

You will also need passion to drive the RCSLT's work forward.

The Deputy Chair serves a two-year term, followed by a two-year term as Chair.

Wales Country Representative

For this role we are looking for a candidate who works in Wales, and is willing to inform and support the strategic direction of the RCSLT. The candidate will be responsible for promoting member engagement, connecting with members through RCSLT member networks, and feeding back insights to inform RCSLT's priorities.

Applicants can only be nominated and voted for by members residing in Wales.

The selection process for both these roles involves a telephone interview which will be held in the week commencing 20 July 2020. If there is more than one suitable candidate, a member ballot will be required.

If you would like an informal conversation about either of these roles with the current Chair or Deputy Chair, please contact **jo.offen@rcslt.org** or call **020 7378 3007**.

To apply, please complete the Trustee nomination and application form and skills matrix, which you can download from the website at bit.ly/RCSLTjobs, and include a copy of your CV. Completed applications should be emailed to **jo.offen@rcslt.org** by close of business on **13 July 2020.**

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

Dates TBC

Pragmatics: myths, clarification and practice

Long-distance learning with Dr Wendy Rinaldi. Diagnostics, assessment and intervention. Cost: £125; email: enquiries@wendyrinaldi.com; tel: 01483 268825.

Dates TBC, Northampton

Dysphagia for Speech & Language Therapists

Lecturer: Professor Maggie-Lee Huckabee. Begins with a review of physiology in the context of innervation and muscular anatomy and will focus on improving the clinical skill of inferring pharyngeal physiology from clinical and neurophysiologic findings. This seminar will provide an overview and update of information related to long-term rehabilitation of disordered swallowing physiology; in particular, focus will be on exercises targeted toward improving pharyngeal motility. CPD: 11.5 hours; cost: £300; visit: www.ncore.org.uk; tel: 01332 254679; email: uhdb.ncore@nhs.net

Dates TBC, Derby

Supporting Communication: Enabling staff to support people with communication difficulties after a stroke or brain injury

Trainers: Dee Webster and Barbara Wilkinson. Through a mixture of teaching, practical activities and the opportunity to meet people with aphasia, the course aims to enable participants to: improve the way they communicate with clients, especially when this is difficult; learn about the range of communication difficulties resulting from stroke/brain injury; learn new skills in how to support communication; and tailor the use of skills and resources to support clients in specific healthcare settings. Cost: £145; CPD: 6 hours.

Various dates

Hanen e-seminar – Starting early: Red Flags and Treatment Tips for Toddlers on the Autism Spectrum

Thirty days of unlimited, on-demand access – now at 20% off with code SEMINAR20. Visit: www.hanen.org/Professional-Development/Online-Training/SE.aspx

Various dates

Elklan Total Training Package for 11-16s

16-18 June 2020, online (2-4.30pm); 3-4 March 2021, Holiday Inn Media City, Salford; 7-8 June, 2021, RCSLT, London. Equipping SLTs and teaching advisors to provide accredited training to staff in secondary schools. Strategies will help students maximise their communication. Web based participants will access elearning sessions which will provide the content prior to attending each webinar. In the webinar marking will be undertaken, course admin explained, and questions answered. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 3-5s, with optional TTP for 0-3s

29-30 September 2020, Dublin (3-5s only); 11-12 November (3-5s) and 13 November (0-3s) 2020, RCSLT, London; 4-5 March (3-5s) and 5 March (0-3s) 2021, Holiday Inn Media, Salford; 9-10 June (3-5s) and 11 June (0-3s) 2021, RCSLT, London. Equipping SLTs and EY advisors to provide accredited training to Early Years staff. These will be delivered as face-to-face training unless circumstances change. Cost: £495 for 3-5s, £250 for 0-3s, £745 for both (excluding VAT); tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for Pupils with SLD

1-2 October, Dublin; 12-13 October, RCSLT, London. This course equips SLTs and teaching advisors to provide accredited training to staff working with pupils with SLD in different educational settings. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk with 5-11s Training Pack

15 October 2020, RCSLT, London; 4 March 2021, Holiday Inn Media City, Salford; 11 June 2021, RCSLT, London. Educationalists will be equipped to provide accredited training to parents of 5-11s. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk Together Training Pack

15 October 2020, RCSLT, London; 4 March 2021, Holiday Inn Media City, Salford; 11 June 2021, RCSLT, London. Practitioners will be equipped to provide accredited training to parents of pupils with social communication need including ASD. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk with Under 5s Training Pack

15 October 2020, RCSLT, London; 4 March 2021, Holiday Inn Media City, Salford; 11 June 2021, RCSLT, London. SLTAs and EY practitioners will be equipped to provide accredited training to parents of pre-schoolers. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for Verbal Pupils with ASD

9-10 November 2020, RCSLT, London; 1-2 March 2021, Holiday Inn, Salford. Equipping SLTs and teaching advisors to provide accredited training to staff supporting verbal pupils with ASD, 3-18 years. Cost: £495 excluding VAT, tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 0-25s with Complex Needs

11-12 November 2020, RCSLT, London; 9-10 June 2021, RCSLT, London. This course equips SLTs to provide accredited training to staff who manage pupils with complex learning needs. It covers pre-intentional to early intentional communication. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

23 June

Nuffield Dyspraxia Programme (NDP3)

Further three and a half days online. Presented by UK expert, Dr Pam Williams. Cost: £99-£220 students & returners £50-£100. Visit: coursebeetle.co.uk/nuffield-dyspraxia-online-june-2020/; contact: info@coursebeetle.co.uk

23-25 June

Elklan Total Training Package for 5-11s

Web access between 7am - 10.30am each day. Equips SLTs and teaching advisors to provide accredited, evidence-informed training to staff working in primary schools. Participants will access e-learning sessions which will provide the content prior to attending each webinar. In the webinar marking will be undertaken, course admin explained, and questions answered. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

26 June

Fundamentals of working with children and young people who have Social, Emotional and Mental Health Needs (SEMH) and SLCN

Presented by Melanie Cross - lead author of the RCSLT clinical guidelines on SEMH. Cost: £99-£120, students and returners £50; visit: coursebeetle.co.uk/semh-slcn-jun-2020-online/; email: info@coursebeetle.co.uk

30 June - 2 July

Elklan Total Training Package for 3-5s

Web access between 7am - 10.30am each day. Equips SLTs and EY advisors to provide accredited training to Early Years staff. Participants will access e-learning sessions which will provide the content prior to attending each webinar. In the webinar marking will be undertaken, course admin explained, and questions answered. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

10 July

Speech Transcription Refresher Morning

Presented by Dr Sean Pert of Manchester University. Maintain skills of live speech transcribing using the International Phonetic Alphabet (IPA) and Extended IPA ,which are core to accurate assessment and diagnosis. Cost: £60-75, students and returners £40; visit: coursebeetle.co.uk/speech-transcription/; email: info@coursebeetle.co.uk

September 2020

Talking Mats Online Foundation Course

Be more effective in involving individuals in sharing their views and making decisions. Courses currently with 30% discount, 50% for students. Discounted digital Talking Mats available now. Cost: £25 for access until end; email: info@talkingmats.com; visit: www.talkingmats.com; tel: 01786 479 511.

12-13 October, RCSLT, London

Elklan Supporting Children and Adults using AAC – Accredited CPD

Suitable for SLT assistants, SLTs and educationalists. Practical strategies and activities will be taught to give learners a thorough grounding in AAC. Cost: £340 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

14-15 October, RCSLT, London

Elklan Total Training Package for vulnerable young people (VYP)

Equipping SLTs and teaching advisors to provide accredited training to staff working within youth offending institutions, prisons and vulnerable situations. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

14 October, RCSLT, London

Elklan Training Package – Supporting children and adults using AAC

Equipping SLTs to provide accredited training to staff supporting users of AAC. Covers effective use of high and low tech communication aids. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

19-20 November, RCSLT, London

smiLE Therapy Training Day 1 and 2

For SLTs and Teachers. Innovative 10-step therapy. Teaching functional communication and social skills in REAL settings. Outcome measures and empowering parents integral to therapy. Visit: www.smiletherapytraining.com; email: info@smiletherapytraining.com; tel: 01332 254679

If undelivered please return to:
RCSLT
2 White Hart Yard
London
SE1 1NX

Associate Editor,
International Journal of Language and Communication Disorders (IJLCD)

Following recent changes in the editorial team, we are seeking a new Associate Editor for the IJLCD from September 2020 to join our supportive editorial team.

The IJLCD is an international, peer-reviewed journal, which draws together findings from research in language and communication disorders. The IJLCD is published in six issues per year, with occasional special issues.

The role of Associate Editor offers the post-holder the opportunity to make a significant contribution to the dissemination of quality research in the field of communication disorders and related SLT activities.

The successful candidate for this position will:

- Have a PhD in a relevant academic discipline
- Possess a proven track record in research (peer-reviewed publications, presentations at conferences and/or other research enabling activities)
- Have experience of carrying out peer review
- Commit to carrying out the role for a minimum term of three years
- Be able to participate in four editorial meetings a year
- Membership of the RCSLT and experience as an SLT is desirable

We would especially welcome applications from colleagues with specialist skills in adult acquired disorders and or qualitative research methodologies.

An overview of the role is available on request from Dr Paul Conroy (email below).

For applications please email the following to **paul.conroy@manchester.ac.uk**

- A covering letter and supporting statement (200 words max)
- A brief (e.g. 2 page) CV, including a list of publications and presentations and/or other enabling activities

Closing date for applications: July 31st 2020.

Online interviews to take place in August 2020.

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