**Examples of activities and evidence related to the NQP goals**

The below examples are only suggestions and are not prescriptive.

| **Goal** | **Activity/evidence (example)** |
| --- | --- |
| **Communication** |
| **1** | Communicates with people in a manner which is consistent with their level of understanding, culture, background and preferred ways of communicating in order to sustain positive relationships and enable constructive outcomes to be achieved | * Client/carer/peer report
* Case discussion
 |
| **2** | Acts in ways that are non-discriminatory and respectful of others’ beliefs and perspectives | * Client/carer/peer report
* Case discussion
 |
| **Partnerships**  |
| **1** | Works as part of a multidisciplinary team and understands the roles of other members of the team | * Attendance at case conferences/multidisciplinary meetings
* Demonstrates understanding of roles through discussion
* Joint goal setting
* Shadowing other professionals
 |
| **2** | Makes referrals to other professionals in a timely and appropriate way | * Appropriate reports and referrals
 |
| **3** | Collaborates with relevant others and implements an appropriate therapy management plan based on functional outcomes and clearly defined goals, including an understanding and use of preventative strategies | * Written therapy management plan with evidence of realistic, achievable measurable goals
* Evidence of agreement and/or co-operative planning with key others
 |
| **4** | Discharges client appropriately, agreeing a point of closure with the client/carer and informing other professionals and highlights routes for referral if appropriate | * Shows understanding of discharge criteria/policy through discussion
* Discharge reports written
* Evidence of agreement with key people of how and when to re-refer
 |
| **5** | Identifies and collects relevant information through appropriate formal and informal assessment, including discussion with the client/carer | * Formal and informal assessment results
* Assessment reports
* Documented discussions with client/carer
* Case history completed
 |
| **Leadership and lifelong learning** |
| **1** | Identifies development needs and engages in continuous self-directed learning to promote professional development and quality of practice | * Evidence of accessing mentors and clinical advice/support
* Professional portfolio including personal development plan
* Learning/reflective diaries
 |
| **2** | Is involved in training other professionals, raising awareness of communication and swallowing problems | * Plans and materials
* Evidence of participation
 |
| **3** | Continuously evaluates the efficacy of the therapy management plan, and modifies it as appropriate | * Evidence of therapy management plan review
* Recording outcomes against goals
* Use of appropriate therapy techniques
* Review reports written
* Case discussions attended
 |
| **Research and evidence-based practice** |
| **1** | Is aware of current clinical audit findings and incorporates these into practice | * Evidence of keeping up-to-date knowledge through involvement in clinical networks/journal clubs/case discussions
* Evidence of information gained through reading/internet access/protected learning time/relevant training
 |
| **2** | Interprets the assessment information and produces an appropriate therapy management plan using evidence-based practice | * Assessments analysed and summarised
* Evidence of theoretical knowledge lined to the interpretation of the assessment
* Written and signed therapy plan
* Appropriate circulation of assessment report
 |
| **3** | Is able to use current critically appraised research to inform practice | * Evidence of adherence to service guidelines
* Understanding of departmental policies, procedures and guidelines through practice
* Participation in case note audit
* Attendance at clinical audit forums
 |
| **Professional autonomy and accountability** |
| **1** | Keeps accurate and contemporaneous records | * Case note audit
* Attendance at record keeping training
 |
| **2** | Provides safe care within the scope of practice, adhering to health and safety procedures and clinical guidance and seeking support from supervisor when appropriate | * Attendance at induction and mandatory training – fire/manual handling/health and safety
* Understanding of own role in risk management, incident report system and awareness of and adherence to adherence to relevant policies and guidelines
 |
| **3** | Maintains all aspects of patient/client confidentiality | * Attendance at induction/data protection training
* Case discussion
* Client/carer/peer report
 |
| **4** | Understands and follows the clinical administration processes | * Attendance at induction
* Awareness of induction file
* Understanding of departmental standards/processes such as waiting times
* Case note audit – paperwork completed and filed
 |
| **5** | Manages and prioritises demands involved in meeting the needs of the caseload | * Using prioritisation system
* Meeting waiting list targets
* Balancing clinical/admin time
* Diary management
 |
| **6** | Manages time effectively to balance clinical and nonclinical responsibilities | * Timetable/diary management
* Meeting deadlines
* Demonstrating the ability to plan, be flexible, be assertive and good self-awareness in supervision sessions
* Manager/client/peer report
 |
| **7** | Is aware of and adheres to current legislation, incorporating this into practice | * Demonstrating awareness of relevant legislation
 |
| **8** | Uses appropriate clinical and professional guidance within practice (e.g. RCSLT or NICE guidance) | * Knowledge of RCSLT’s CQ Live, clinical guidance, professional guidance
* Knowledge of NICE guidance
 |
| **9** | Makes and justifies independent decisions on less complex patient/client care | * Discussion of selected cases with manager
* Documentation of effective outcomes
 |
| **10** | Makes a clinical judgement/diagnosis in relation to the nature and extent of less complex speech and language therapy difficulties | * Diagnosis recorded
* Priority assigned
* Evidence of referral to other agencies where appropriate
* Documented advice sought from other professionals
 |
| **11** | Accesses support from mentors/specialists for complex cases | * Evidence of attendance at or involvement in meetings, learning sets, clinical supervision, protected learning time, case discussions
* Joint goal setting
* Evidence of shadowing other professionals
 |