ROYAL COLLEGE OF
SPEECH *&* LANGUAGE
THERAPISTS

Competencies Project:

Support Practitioner Framework

August 2002

RCSLT Competencies Project: Support Practitioner Framework

SECTIONS:

Section 1: Introduction

The RCSLT Clinical Competencies Project began in October 1999 with the stated intention of mapping out clinical competencies for speech and language therapists.

To date, the project has tried to be sensitive to the concerns and suggestions of the many therapists who have been engaged in the process, as well as being sensitive to changes in national context. In this way, the project has broadened its scope and taken a more holistic approach to practice than would have been allowed for by a focus on clinical competencies alone.

In September 2001, in recognition of the need for RCSLT to be increasingly inclusive in its practices and also in recognition of the valuable work carried out by SLT assistants and bilingual co-workers, a request was made from several sources to extend the competencies framework to include all SLT support practitioners.

The *Model of Professional Practice* (September, 2001), which has been published on the RCSLT website, includes reference to support practitioners but fails to reflect either the increasing expectations being placed on assistants and bilingual co-workers within the workplace, or the sense of progression in expertise being evidenced.

In response to these observations, a study day for 60 support practitioners was held in April 2002 at the RCSLT headquarters in London. Their contributions on that day built on the work that started at a series of regional meetings throughout the UK during October and November 2001; meetings that were attended primarily by therapists and therapy managers. In this way, a range of views has been sought in order to strengthen the content of the Support Practitioner Framework.

Kathleen Williamson
RCSLT Competencies Project

August 2002

Section 2:   Model of Practice

> **Note:** The Support Practitioner Framework uses the project's original *Model of Professional Practice* (RCSLT, 2001) to set the context for the identified competencies.   Although this model (described below) refers specifically to **professional** practice and its complexity, it usefully highlights many of the features and dynamics of speech and language therapy practice at all levels.

Summary

Professional practice is rich and complex in nature.   In order to capture some of this complexity, the speech and language therapy competencies frameworks need to be set within a concept of practice that goes beyond a functional analysis of job role.   To this end, professional practice is initially considered in relation to the iceberg analogy suggested by Fish and Coles (1998).   This basic representation is then built on through the exploration of hidden dimensions.

Through this further exploration, it is suggested that an extended notion of competencies is appropriate, one that accepts that the competencies of judgement and decision-making lie at the heart of professional practice.   This aspect of practice, informed by a therapist's cumulative knowledge and skills, tends to be hidden from normal view and is correspondingly hard to measure.

The competencies frameworks that follow are intended to support individual reflection on practice, and are not intended for use in a prescriptive way.   Further, any process that attempts to assure continuing competence to practise must recognise the complexity of practice and allow for the high degree of professional responsibility entailed.

Introduction

Fish and Coles (1998) use the image of an iceberg to represent many of the invisible elements of practice.   Using this as a starting point allows us to give clarity and definition to the concepts of competence and competencies as explained below.

Figure 1

Kathleen Williamson March 2001
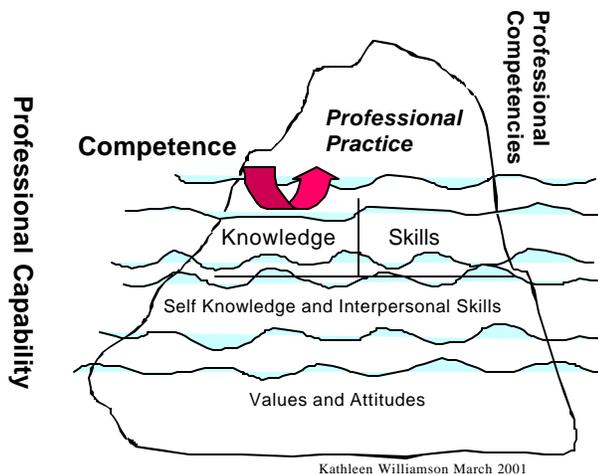
Definition of Terms

Competencies are statements about what need to be carried out within the workplace and therefore form part of how professional practice can be described. Underpinning these competencies is all the knowledge, understandings and skills we have as individual practitioners, together with the professional values and beliefs we espouse.

Competence is witnessed:
- within an individual's professional practice as defined by role and responsibilities and;
- within an individual's critical reflection on that practice.

Put at its simplest, is about an individual's ability to effectively apply all their knowledge, understandings, skills, and values within their designated scope of professional practice.

Capability sits beyond competence. It relates to an individual's FULL range of potentials that may go beyond current role and responsibilities (see Figure 2).

Figure 2
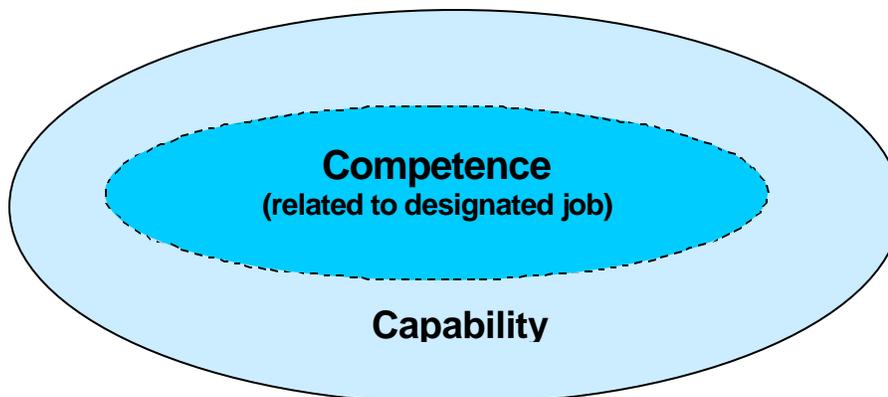
Kathleen Williamson, March 2001

When considering continuing professional development needs, individuals and services need to consider both their **immediate** needs (related to current responsibilities and competence) and **longer term** needs (related to future responsibilities and capability).

A Structure for Competencies

Returning to the iceberg model, a cross-section at the level of professional practice above the waterline reveals hidden complexities (see Figure 3)

Figure 3

Professional

Practice

Task

Process

Judgement & Decision-making

Kathleen Williamson   March 2001

From this can be seen that the most visible and obvious aspect of practice relates to **TASK** (i.e. **what** we do). A further aspect of practice relates to **PROCESS** (i.e. **how** the tasks are being carried out). This part of professional practice frequently passes unremarked unless done badly. However, the least visible aspect, and one that lies at the heart of practice relates to professional **JUDGEMENT & DECISION-MAKING**. This is based on the constant process of clinical reasoning that enables us to decide on the best course of action at any one time.

The sets of competencies that have emerged from the RCSLT project can be seen as fitting into each of the three identified layers:

1. **Competencies relating to the outer layer of TASK.**

    (e.g. 'A competent therapist is able to elicit key information related to a client's communicative status through a range of appropriate formal and informal methods.')

2. **Competencies relating to the middle layer of PROCESS.**

    (e.g. 'A competent therapist is aware of the emotional needs of others and displays empathy with clients and carers during discussions.')

3.   Competencies relating to the inner core of JUDGEMENT & DECISION- MAKING.

(e.g. 'A competent therapist is able to make a sound clinical judgement about the nature, extent and impact of the client's communications strengths and difficulties')

The Heart of Practice

Judgement and decision-making emerges not only as the least visible yet most important aspect of practice, but also as the hardest aspect to quantify and measure.   In addition, it follows that developing expertise with a given client group relates not just to the development of knowledge and practical skills, but to the making of increasingly fine-tuned, appropriate, accurate and speedy judgements and decisions.

To explore this aspect further, a sagittal cut is made into the iceberg (see Figure 4).

Figure 4

Kathleen Williamson   March 2001
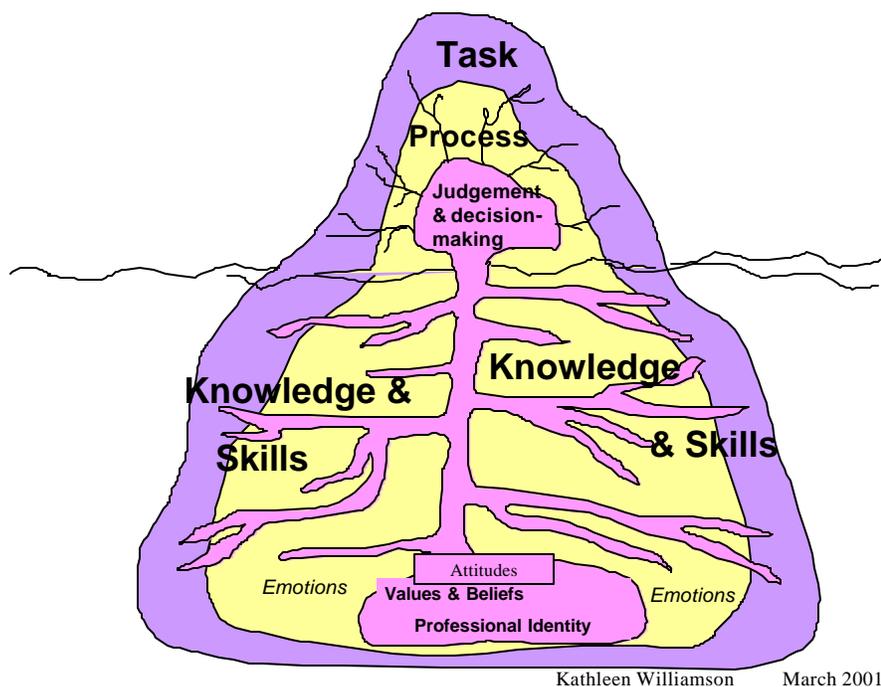
From this, it is suggested that there are skills and knowledge which underpin the **tasks** that need to be carried out, as well as skills and knowledge that underpin **process**. In addition drawing on all this, **judgement and decision-making** also draws on what is happening within the execution of the tasks themselves (i.e. through feedback within practice).

The model also suggests that the processes of **judgement and decision-making** are founded on personal/professional values and beliefs. It is argued that within the 'swampy lowlands of practice' (Schon, 1983) in health and social care, professional issues do not present as given problems ready to be solved. Instead, the problems need to be framed through the process of **judgement**.

Framing involves selecting and prioritising the aspects that the therapist feels are relevant to the situation. As the process is therefore inevitably based on personal values, theories of practice and certain assumptions that are likely to be operating at a subconscious level, judgement emerges as the fundamental aspect of practice and one that carries with it the highest level of professional responsibility.

Street (1990) quoting Lather (1985) reminds us that we shape and are shaped by our world. The process of confronting professional experience and uncovering the values and assumptions that surround practice is key to professional competence and professional development.

Decision-making

Decision-making builds on the process of framing and results in the therapist determining the best course of action at any one time given the particular set of circumstances. A competent therapist therefore needs to have high level reasoning skills in order to work with the many relevant factors and perspectives involved when identifying the best possible option. Following on from this, it can be seen that professional action can never be pinned down and prescribed in absolute terms before hand. Professional practice is far greater than the ability to deliver a service through a predetermined care plan or pathway. A therapist is constantly facing unique situations and practice dilemmas not just in relation to individual clients, but also in relation to managing caseload demands and all the unexpected happenings that characterise the 'swamps'.

Professional Practice as a Holistic Concept

Professional practice draws on and consists of fluid and changing ideas, knowledge, understandings, theories and frameworks, skills, values and attitudes that interrelate with each other and are integrated in a personal and unique way by each therapist. The context of work is equally complex, existing as it does, within the arena of social engagement and an ever-changing set of priorities, structures and systems. Thus professional practice, whilst open to a degree of functional analysis and articulation, will always remain more than the sum of is parts.

Implications

Quality of professional practice will be achieved and improved on primarily by individual professionals working with integrity in a critically reflective way. The fundamental requirement of therapists is that they should act from a position of commitment and care about the work they are engaged in. Flowing from this comes a desire to continually improve the quality of individual practice through a process of critical reflection and the integration of evidence from the 'outsider knowledge base'.

Professional competence is therefore most usefully estimated by engaging with the therapist in analysing the judgement and decision-making processes as they relate to designated responsibilities, and further, by analysing the effects of action in terms of a range of outcomes.

The competencies frameworks that follow are intended to support the process of reflection on practice and the subsequent identification of development needs. They are not intended for use in a prescriptive way.

Key References

Fish, D and Coles, C (1998) *Developing Professional Judgement in Health Care: Learning through the critical appreciation of practice*. Butterworth-Heineman

Schon, DA (1983) *The Reflective Practitioner.* Basic Books

Kathleen Williamson
RCSLT Competencies Project Therapist (September 2001)

NB. No part of this documentation is to be copied or reproduced in any way without the agreement of RCSLT.

Section 3: Clinical Competencies

3.1 Clinical Roles and Task Competencies

Table 1 below indicates the range of clinical roles and task competencies within speech and language therapy. This is followed by identification of which of these clinical roles and task competencies may be used to describe the support practitioner requirements at different career stages. (Table 2).

Table 1

Speech and Language Therapy Clinical Roles and TASK COMPETENCIES		
ROLE 1: Working with Clients		
Population/Group Focus		
1.1	Enabling/ Facilitation	• **To contribute to raising public awareness** of communication/eating and drinking difficulties. • **To provide information** about SLT services. • **To promote** the participation of clients with communication/eating and drinking difficulties in a full range of life activities through working in an advocacy role with services/groups. • **To develop** the capacity of services/groups to manage or provide services to specified groups of clients with communication and/or eating and drinking difficulties.
1.2	Health Promotion/ Prevention	• **To work in partnership** with relevant others in ways of reducing the possibility of communication difficulties in given population groups. • **To inform** others of the role of SLT services and how to access them. • **To bring potential communication/eating and drinking needs to the attention** of service commissioners.
1.3	Early Identification	• **To work with other professionals/agencies** in the development and evaluation of screenings for early identification of difficulties or 'at risk' factors in a given population (screenings to be carried out by other professionals). • **To assist** other professionals in the process of developing the necessary skills to carry out the screening procedure. • **To inform** the process of identifying local health/social needs. • **To enable** appropriate access to SLT services.
Individual Focus		
1.4	SLT Screening	• **To make a clinical judgement** about the existence of a need for SLT service involvement and the form that involvement should take. • **To identify** whether further evaluation of client and environment, possibly by specialist therapist, may be helpful. • **To provide information** and ideas about possible options and preliminary advice to client/carer/multi-disciplinary team (MDT)/referral agent. • **To refer** to other professionals as appropriate. • **To participate** in the development and evaluation of SLT screening protocol.
1.5	Assessment/ Information Gathering	• **To provide information** about the SLT process. • **To gain consent for SLT involvement** from client/carer. • **To identify and collect** the requisite range of relevant information through appropriate formal and informal methods, including discussion with client/carer, consultation with colleagues and referral to other professions for advice as appropriate. This may be done as part of the MDT

1.6	Analysis and Evaluation of Assessment	• **To synthesise and interpret** the assessment information. • **To provide** an explanation and discussion of assessment outcomes with client/carer and other key people. • **To make a clinical judgement/diagnosis** in relation to the nature and extent of the difficulties. • **To identify** contributing cognitive, emotional, medical and environmental factors. • **To make a clinical judgement** about the implications of the difficulties. • Where possible and appropriate, **to make a prognosis** about the likely course and outcome in relation to the client's needs. • **To refer** to other professionals as appropriate. • **To discuss** this information and possible options with client/carer; giving advice as appropriate. • **To agree** an appropriate intervention approach with reference to functional outcomes, wishes of the client/carer, professional evidence-base and available resources.

1.7	Intervention
	
	To implement an appropriate evidence based and integrated approach to the management of the client's difficulties involving the individual, the family, other professionals and key people in the client's environment. This would involve establishing clearly defined goals of intervention
		Key tasks:
		
		• To support client in **resolving** a particular aspect of difficulty;
		  or
		• To support client in **maximising improvement** of communication/eating and drinking function;
		  and
		• To support the client in **maximising the use of existing skills** in achieving self-care/ autonomy through effecting environmental modifications.
		
		This is likely to involve a number of the following tasks:
		
		• **To enable** client/carer to access relevant systems/services/learning environment.
		• **To facilitate** participation in educational, social, work and recreational activities.
		• **To inform** others about the nature of impairment and process of intervention.
		• **To advise and assist** clients/others in the use of facilitative strategies to (a) help maximise the client's communication/eating and drinking skill development; (b) help the client avoid developing secondary level difficulties.
		• **To provide** client/carer with an appropriate augmentative communication system as appropriate and enable its use.
		• To provide information for client/carer on the possibility of further difficulties.
		• To advise on ways of preventing the development of further difficulties.
		• To advise on risk reduction.
		• To support client/carers in coping optimally with present condition.
		• To help client come to terms with difficulties
		
		Where appropriate (e.g. in the context of a deteriorating condition), the following tasks may apply:
		
		• To facilitate others in support of client in order to maintain stability and prevent deterioration for as long as possible.
		• To advise on risk reduction.
		• To provide client with strategies to maintain stability.
		• To support clients and carers in ability to cope with sudden or slowly deteriorating condition.
		• To provide physical, psychological and social support as part of a MDT

1.8	Discharge	• To know when it is appropriate to finish intervention. • To agree a point of closure with client/carer. • To carry out discharge procedure, including providing information about referral back into the service. • To communicate results to relevant others. • To inform client/carer of further support agencies and services.

		ROLE 2: Learning and Education
2.1	**Self**	**To identify** development needs through critical self-reflection. **To engage** in continuous self-directed learning that promotes professional development and quality of practice. **To seek** a range of opportunities through the appropriate channels for meeting learning needs. - To **evaluate** learning outcomes, including how learning impacts on practice. - To **implement** learning outcomes through appropriate and, where necessary, agreed changes within practice.
2.2	**Students**	**To provide opportunities** for student health professionals to learn about SLT through observation and discussion. **To provide opportunities** for SLT students to observe, discuss and have hands-on experience of working with clients in order to support learning about the context, the theory and the process of SLT practice within a range of settings. **To act as a resource of practice expertise**, in conjunction with the higher education institution, through advising, developing and delivering lectures/workshops etc for students. - To **evaluate** the effectiveness of chosen methods of meeting learning needs.
2.3	**SLT Colleagues**	**To support the development and the practice of colleagues** through a range of appropriate means, whilst respecting their existing levels of expertise (e.g. through mentoring, clinical supervision, providing second opinions, co-working, case discussion, participation in peer review and action learning sets). - To **evaluate** the effectiveness of chosen methods in meeting learning needs. - To **act as a resource of practice expertise** on a wider basis through publishing articles, lecturing etc.
2.4	**Other work colleagues, professional groups, carers, users, members of the public**	**To support** given individuals or groups in identifying their needs for information or skill development in relation to SLT Role 1: Working with Clients (Tasks 1.1-1.8). - To **identify and develop the appropriate content and style** of information giving/skill development to support the learning needs of targeted individuals or groups. - To **provide opportunities** for acquiring information and skills through the most appropriate means (e.g. experiential group, lecture, co-working, workshop). - To **evaluate** the effects of opportunities offered in meeting learning needs.

		ROLE 3: Practice Research and Development
3.1	**Individual Practice**	**To engage in critical reflection** on own practice in order to develop practice knowledge, theory and skills. This may involve systems such as clinical supervision, peer review and/or action learning. **To embed** clinical audit and outcome measurement into working practice. **To implement** agreed quality improvements within practice. **To develop, implement and evaluate** strategies and interventions to advance knowledge and working practice within professional, local and ethical guidelines.
3.2	**Service**	**To contribute to the continuous improvement of SLT services through**: (i) **engaging in** critical reflection on service level practice and service planning; (ii) **engaging in** local research/audit projects focused on practice; (iii) **implementing** agreed quality improvements within practice.
3.3	**Professional**	**To contribute** to the body of knowledge about SLT practice through: (i) sharing experience through discussion with colleagues and membership of support networks; (ii) engaging in research, writing articles for publication etc.
3.4	**Multi-professional**	**To contribute** to the professional body knowledge about multi-professional practice through engaging in research, discussion with colleagues, support networks, writing articles for publication etc.

	ROLE 4: Workload Management	
4.1	**Caseload**	• **To keep accurate, contemporaneous records** of SLT activity. • **To manage** the work involved in meeting the SLT needs of a defined client caseload.
4.2	**Context**	• **To adapt and modify** approaches and activities in order to meet the requirements of different working contexts.
4.3	**Contingencies**	(i) **To recognise** actual **breakdowns** } (ii) **To recognise** potential **breakdowns** } in meeting aims and goals. (iii) **To manage** actual **breakdowns** } (iv) **To manage** potential **breakdowns** } • To **respond flexibly** to situations that are unexpected or that cannot be handled in a standard way.
4.4	**Workload**	• **To prioritise and co-ordinate** a number of different and potentially conflicting roles and activities in order to attain a range of professional goals.

Clinical Roles and TASK COMPETENCIES: Support Practitioners Expectations Related to Career Stage / Developing Expertise

Table 2

ROLE 1: Working with Clients [with Specified Client Group(s)]			
Population / Group Focus			
Career Stage:	**Newly Appointed Support Practitioner**	**Established Support Practitioner**	**Advanced Support Practitioner**
ROLE(S) **1.1** **1.2** **1.3**	Working with high level of support, direct supervision and direction. Some independent working on low skill tasks or skills that are well practised.	Balance of independent working on specified tasks plus co-working with therapist.	Working on specified tasks in specified contexts with support, supervision and direction provided primarily through discussion.
Individual Client Focus			
1.4	X	X	X
1.5	Working with high level of support, direct supervision and direction. Some independent working on low skill tasks or skills that are well practised.	Balance of independent working on specified tasks plus co-working with therapist.	Working on specified tasks in specified contexts with support, supervision and direction provided primarily through discussion.
1.6	X	X	X
1.7	Working with high level of support, direct supervision and direction. Some independent working on low skill tasks or skills that are well practised.	Balance of independent working on specified tasks plus co-working with therapist.	Working on specified tasks in specified contexts with support, supervision and direction provided primarily through discussion.
1.8	X	X	X

ROLE 2: Learning and Education			
Career Stage:	**Newly Appointed Support Practitioner**	**Established Support Practitioner**	**Advanced Support Practitioner**
ROLE(S) **2.1**	✔	✔	✔
2.2	X	X	May be required to offer observation sessions or to share expertise with students.
2.3	Present at case discussions and peer review.	Contributing to case discussion and peer review (reactive)	Contributing to case discussion and peer review (proactive).

| 2.4 | Supporting therapist. Working with a high level of support, direct supervision and direction. | Supporting therapist. Co-working. | May be required to share experience and expertise in given area of work with others. |
| | | | May be sharing expertise with other support workers and SLT practitioners. |

ROLE 3: Research and Development			
Career Stage:	**Newly Appointed Support Practitioner**	**Established Support Practitioner**	**Advanced Support Practitioner**
ROLE(S)			
3.1	With high level support and guidance.	With support and guidance.	Proactive involvement.
3.2	3.2 (iii)	3.2 (ii) and (iii)	✔
3.3	3.3 (i)	3.3 (i)	3.3 (i) May also be required to work with therapist in 3.3 (ii).
3.4	**X**	**X**	**X**

ROLE 4: Workload Management			
Career Stage:	**Newly Appointed Support Practitioner**	**Established Support Practitioner**	**Advanced Support Practitioner**
ROLE(S)			
4.1	Small given caseload. Needs to manage time.	Small given caseload. Needs to manage time.	Small given caseload. Needs to manage time.
4.2	Working with high level of support, direct supervision and direction.	With negotiated level of support, indirect supervision and direction.	With support, supervision and direction by therapist provided primarily through negotiated level of discussion.
4.3	4.3 (i); developing 4.3 (iii). Working with high level of support direct supervision and direction.	4.3 (i); 4.3 (iii); developing 4.3 (ii). With negotiated level of support, indirect supervision and direction.	4.3 (i); 4.3 (ii); 4.3 (iii) developing 4.3 (iv). With support, supervision and direction by therapist provided primarily through negotiated level of discussion.
4.4	Working with a high level of support, direct supervision and direction.	With negotiated level of support, indirect supervision and direction.	With support, supervision and direction provided primarily through negotiated level of discussion.

Key References: National Occupational Standards in Health Promotion and Care
Care Aims
East Kent Health Gain Outcome System
B.Mansfield and L. Mitchell *Towards a Competent Workforce* (1999) Gower

3.2 Process Competencies: Support Practitioners Expectations Related to Career Stage / Developing Expertise

This section explores the process competencies that may be used to describe the support practitioner practice requirements at different career stages.

A competent practitioner works in a SAFE, efficient, effective, empathic, knowledgeable and skilful way in meeting a client's needs for speech and language therapy.

SAFE			
Career Stage:	**Newly Appointed Support Practitioner**	**Established Support Practitioner**	**Advanced Support Practitioner**
PROCESS COMPETENCIES **A competent practitioner:** **1.** Works within his/her individual scope of practice undertaking only tasks for which s/he is trained and competent and seeking appropriate support when necessary.	✔	✔	✔
2. Monitors and seeks to regulate his/her own emotional response levels to workplace demands, including asking for additional or outside support when necessary.	✔	✔	✔
3. Accepts accountability for his/her actions which are based on the best available evidence at the time of intervention.	Qualified practitioner retains ultimate responsibility.	Qualified practitioner retains ultimate responsibility.	Qualified practitioner retains ultimate responsibility.
4. Recognises his/her responsibility for providing safe care within working practice and keeps the work environment safe for self and everyone else through reference to health and safety procedures.	✔	✔	✔
5. Considers the range of potential risks to a client at any one time and makes decisions about intervention which aim to minimise these risks.	✔	✔	✔
6. Adheres to regulatory body, RCSLT and local employment codes of conduct.	✔	✔	✔
7. Conforms to legislation and protocols regarding security and confidentiality of patient-identifiable information.	✔	✔	✔

A competent practitioner works in a safe, EFFICIENT, effective, empathic, knowledgeable and skilful way in meeting a client's needs for speech and language therapy.

EFFICIENT			
Career Stage:	**Newly Appointed Support Practitioner**	**Established Support Practitioner**	**Advanced Support Practitioner**
PROCESS COMPETENCIES **A competent practitioner:** **1.** Effects discussion with and referral to on to other professionals/outside agencies in a timely and appropriate way.	**X**	✔ May do so, but only under direction of therapist.	✔ May do so, but only under direction of therapist.
2. Keeps accurate contemporaneous records on client contacts in line with RCSLT and local requirements.	✔	✔	✔
3. Uses available information technology efficiently and appropriately (see Health Informatics Competency Profiles, December 2000, for guidance).	✔	✔	✔
4. Whilst keeping the needs of the individual client to the fore, balances those needs with those of other clients, their profession, higher education, their work organisation and society.	✔ Working with a high level of support, direct supervision and direction.	✔ With negotiated level of support, indirect supervision and direction.	✔ With support, supervision and direction by therapist provided primarily through negotiated level of discussion.

A competent practitioner works in a safe, efficient, EFFECTIVE, empathic, knowledgeable and skilful way in meeting a client's needs for speech and language therapy.

EFFECTIVE			
Career Stage:	**Newly Appointed Support Practitioner**	**Established Support Practitioner**	**Advanced Support Practitioner**
PROCESS COMPETENCIES **A competent practitioner:** **1.** Works with others to create and maintain environments and practices which facilitate people's abilities to communicate (and/or eat and drink) to their full potential and which promote their emotional, social and cognitive well-being.	✓	✓	✓
2. Applies SLT core values, knowledge and skills appropriately in working towards the achievement of agreed client aims and objectives.	✓	✓	✓
3. Together with client/carer continually evaluates the effectiveness of decision making and management, including new approaches to therapy and adapts as appropriate.	**X**	May be required to contribute to discussion.	May be required to contribute to discussion.
4. Uses a variety of means to meet the communication/eating and drinking difficulties of clients.	✓ Working with a high level of support, direct supervision and direction.	✓ With negotiated level of support, indirect supervision and direction.	✓ With support, supervision and direction by therapist provided primarily through negotiated level of discussion.
In the process of providing and enabling evidence-based, clinically competent care, a competent practitioner: **5.** Recognises and observes the constraints of own roles, responsibilities and competence, yet perceives the client's needs in a wider framework.	✓	✓	✓
6. Recognises and respects the roles, responsibilities, competence and constraints of other professions in relation to SLT; knowing when, where and how to involve those others through agreed channels.	✓	✓	✓

EFFECTIVE

Career Stage:	Newly Appointed Support Practitioner	Established Support Practitioner	Advanced Support Practitioner
7. Works with other professions to provide and review services, effect change, improve standards, solve problems and resolve conflicts in the provision of services to particular groups.	X	Becoming engaged in these aspects with high level of support, direct supervision and direction.	Engaged in these aspects with high level of support, supervision and direction.
8. Bases clinical activity on up-to-date knowledge and the most appropriate evidence.	X		
9. Seeks to keep abreast of the implications of developments in the areas of research, technology, social theory and policy, and approaches to intervention.	X		
10. Critically evaluates information and the sources and methods used to obtain it.	X		
11. Knows when and where to access a range of support, resources and further information to support clinical practice.	✔	✔	✔
12. Communicates the value of speech and language therapy through practice.	✔	✔	✔

A competent practitioner works in a safe, efficient, effective, EMPATHIC, knowledgeable and skilful way in meeting a client's needs for speech and language therapy.

EMPATHIC			
Career Stage:	**Newly Appointed Support Practitioner**	**Established Support Practitioner**	**Advanced Support Practitioner**
PROCESS COMPETENCIES **A competent practitioner:**			
1. Keeps the client's needs and wishes central to practice.	✔	✔	✔
2. Undertakes to gain a holistic understanding of the clients needs, through reference to the social, cultural, economic, political, linguistic and environmental contexts; with full respect for differing values and attitudes.	✔	✔	✔
3. Is aware of the emotional needs of others and displays empathy with clients and carers during discussions.	✔	✔	✔
4. Communicates in an open way that is sensitive to the wishes and perspectives of client/carers/significant others.	✔	✔	✔
5. Wishes to work in partnership with clients/ carers and significant others towards the improvement of the client's quality of life.	✔	✔	✔
6. Establishes and maintains positive working relationships with clients, carers and co-workers based on mutual respect.	✔	✔	✔
7. Whenever possible, decisions regarding management of intervention are negotiated and agreed in partnership with the client/carer/significant others.	**X**	May be asked to contribute to discussion.	May be asked to contribute to discussion.

A competent practitioner works in a safe, efficient, effective, empathic, KNOWLEDGEABLE AND SKILFUL way in meeting a client's needs for speech and language therapy.

KNOWLEDGEABLE AND SKILFUL			
Career Stage:	**Newly Appointed Support Practitioner**	**Established Support Practitioner**	**Advanced Support Practitioner**
PROCESS COMPETENCIES **A competent practitioner:** **1.** Has a clear understanding of his/her current role and responsibilities within the workplace.	✔	✔	✔
2. Knows and works within the limits of his/her current scope of practice.	✔	✔	✔

3. Negotiates with other practitioners, colleagues, clients and carers in the course of meeting and improving on quality standards of care at:
  (i)   an individual level
  (ii)   a team level
  (iii)   an organisational level
	X	✔
		
		Contributes to 3 (i)
			✔
			
			Contributes to 3 (i) and 3 (ii)

4. Adapts appropriately to the changing needs of client and environment.	✔	✔	✔
5. With particular reference to the evidence-base, knows of, and its able to use, a wide range of strategies and techniques that may be useful in facilitating a client's communication and/or eating and drinking skills.	**X**	Starting to develop this knowledge.	✔ In relation to specific client group or context of working.
6. Responds appropriately and sensitively to the wide range of communicative acts used by people with communication difficulties.	✔	✔	✔
7. Communicates effectively with clients, carers and co-workers.	✔	✔	✔

3.3 Judgement and Decision-Making Competencies

This section explores the judgement and decision-making competencies that may be used to describe support practitioner practice requirements at different career stages.

JUDGEMENT AND DECISION-MAKING			
Career Stage:	**Newly Appointed Support Practitioner**	**Established Support Practitioner**	**Advanced Support Practitioner**
JUDGEMENT AND DECISION-MAKING COMPETENCIES **A competent practitioner is able to:** **1.** Recognise key information from a holistic view of the client, the context, the evidence, the evidence-base, and personal/professional knowledge and expertise.	With high level of support, direct supervision and direction.	With support, supervision and direction.	With support and supervision.
2. Use critical reasoning skills in order to frame and analyse the issues. • In support of this, he/she understands how both personal and professional values and beliefs influence judgements.	X	X	May be asked to contribute to process.
3. Interpret assessment information. This may include making a diagnosis.	X	X	May be asked to contribute to process.
4. Recognise when limits of own scope of practice are reached and support for judgement and decision-making is required.	✔	✔	✔
5. Use critical reasoning skills to generate hypothesis-based therapeutic options. In support of this, he/she understands the broad contextual issues (e.g. related to healthcare policy and philosophy, local context, client's linguistic/ cultural background) and how these might influence clinical reasoning and judgement about the most appropriate course of action.	X	X	X
6. Monitor and evaluate the effects and outcomes of any SLT intervention.	Related to client responses. Working with a high level of support and direct supervision.	Related to client responses. Working with negotiated level of support and supervision.	Related to client responses. Working with support and supervision primarily in the form of discussion.

JUDGEMENT AND DECISION-MAKING

	Career Stage:	Newly Appointed Support Practitioner	Established Support Practitioner	Advanced Support Practitioner
JUDGEMENT AND DECISION-MAKING COMPETENCIES **A competent practitioner is able to:** **7.** Adapt approaches and activities according to evaluation of effects and outcomes		Related to client. Working with a high level of support and direct supervision.	Related to client. Working with negotiated level of support and supervision.	Related to client. Working with support and supervision primarily in the form of discussion.
Summary		**Makes supported decisions in clearly defined circumstances against clearly defined criteria.** **Evaluating immediate effects of own practice.** **Operating within routines.** **Working with high level of support, direct supervision and direction.**	**Makes independent decisions on straightforward cases within clearly defined boundaries.** **Shared responsibility to acknowledge limitations and seek advice.** **Some working out of routine.** **Working with negotiated levels of support, supervision and direction.**	**Makes independent decisions within clearly defined boundaries.** **Shared responsibility to acknowledge limitations and seek advice.** **More working out of routine.** **Working with support, direction and supervision primarily in the form of negotiated level of discussion.** **Contributing to judgements and decisions for which the therapist has responsibility.**

Section 4: Scope of Practice

4.1   SLT Support Practitioners

The task, process and judgement and decision-making competencies identified within the RCSLT competencies project can be used to define the scope of practice of support practitioners.

Core Expectations in Relation to Support Practitioners

[Specific client group / Specific Working Context(s)]

Expectations related to TASK

Role 1: Working with Clients

(a) Population Focus (Roles 1.1 - 1.3)

- The support practitioner may be expected to assist therapists working in the areas of Enabling, Health Promotion and Early Identification. This may involve assisting in the planning process, preparation of materials, implementation and evaluation of such work under direction of the therapist(s).

- Bilingual co-workers will have an enhanced role to play in relation to working with communities where English is not the first language and where knowledge of a particular culture or religion is required.

(b) Working with Individuals (Roles 1.5 and 1.7)

- The support practitioner may be required to assist in assessment/information gathering. This may involve carrying out observations or procedural assessment tasks as requested.

- The support practitioner may be required to assist the therapist in intervening with a client. This may involve helping to develop, implement, monitor and evaluate the implementation of an intervention programme. Tasks may involve developing materials, working with the client and liaising with key people in the client's life.

- Bilingual co-workers will have an enhanced role to play in relation to assessment and intervention with clients where English is not the first language.

Role 2: Learning and Education (Roles 2.1, 2.3 and 2.4)

- The support practitioner will be responsible for identifying and exploring ways of meeting own learning needs.

- The support practitioner will be expected to support the learning of colleagues by participating in case discussions, peer review and training sessions. Bilingual co-workers will be expected to 'coach' SLTs on cultural, religious and language issues and also be involved in formal training events for therapists in relation to these aspects.

- The support practitioner may be required to assist in providing opportunities for given individuals or groups to meet their needs for information or skills in relation to speech and language therapy.

Role 3: Practice Research and Development (Roles 3.1- 3.3)

- With the support of a therapist, the support practitioner will be expected to:
  - engage in critical reflection on own practice in order to develop practice knowledge, theory and skills;
  - embed clinical audit and outcome measurement into working practice;
  - implement agreed quality improvements within practice.

- With the support of a therapist, the support practitioner will be expected to implement agreed quality service improvements within practice.

- The support practitioner will be expected to share experience through discussion with colleagues and membership of support networks.

Role 4: Workload Management (Roles 4.1 - 4.4)

- The support practitioner will be expected to:
  - keep accurate, contemporaneous records of SLT activity;
  - manage time and co-ordinate the work involved in meeting the SLT needs of a small defined caseload.

- With support and direction, the support practitioner will be expected to adapt and modify approaches and activities in order to meet the requirements of different working contexts.

- With support and direction, the support practitioner will be expected to:
  - recognise *actual* breakdowns in meeting aims and goals, and to manage these with support;
  - recognise *potential* breakdowns in meeting aims and goals.

- With formalised levels of guidance and direction, the support practitioner will be expected to:
  - prioritise and co-ordinate a number of different and potentially conflicting roles and activities in order to attain a range of SLT goals.

Expectations related to PROCESS

- The support practitioner is expected to work in a safe, efficient, effective, empathic, knowledgeable and skilful way in meeting a client's need for speech and language therapy.

Expectations related to Judgement and Decision-making

- The support practitioner will be expected to make decisions within the context of designated work with a client whilst working towards aims set by the therapist.

- The support practitioner must remain aware at all times of the limits of his/her expertise and seek support from appropriate sources when those limits are reached.

- The support practitioner will be required to continually monitor and evaluate changes in the client's responses, and feedback relevant information to the therapist(s).

- Where the ability to converse with the client in their first language and the awareness and knowledge of a particular culture and religion is felt to be key, bilingual co-workers will be expected to contribute significantly to the judgement and decision-making process.

4.2   Competencies Outside of the Support Practitioner's Scope of Practice

Aspects NOT EXPECTED of a Support Practitioner

TASK Competencies

Role 1: Working with Clients

The support practitioner is **not expected** to:

- Make a clinical diagnosis; analyse and interpret assessment results; make a prognosis; generate possible therapeutic options and discuss any of this with client/carer.

- Advise client/carer on making decisions related to therapy (except when discussed and agreed with therapist).

- Refer on to other professionals and outside agencies, except under instruction by the SLT.

Role 2: Learning and Education

- The support practitioner is not expected to have overall responsibility for supporting student health professionals.

Role 3: Practice Research and Development

- The support practitioner is not expected to work in isolation to add to the uni or multi-professional body of knowledge through engaging in research, writing articles for publication etc, although may be asked to undertake this as part of a team and under supervision.

Role 4: Workload Management

- The support practitioner is not required to prioritise a caseload or workload.

PROCESS Competencies

The support practitioner is **not expected** to:

- Carry the ultimate duty of care to the client – the therapist retains that responsibility.

- Independently decide on and discuss with the client any changes in therapy approach or intervention.

- Have responsibility for reviewing services to client within a multi-disciplinary context.

- Be at the cutting edge in terms of knowledge of the evidence-base, new developments and theories, but is expected to keep up-to-date.

JUDGEMENT AND DECISION-MAKING Competencies

The support practitioner is **not expected** to:

- Make a clinical judgement about the need for SLT involvement.

- Synthesis, analyse and interpret assessment information.

- Make a clinical judgement about the nature and extent of communication difficulties.

- Make a prognosis.

- Generate hypothesis-based therapeutic options.

- Decide on the most appropriate approach to intervention or changes in therapy approach.

- Know when it is appropriate to finish intervention and discharge the client.

Section 5: Level of Support Practitioner Working

This section explores dimensions (such as supervision and support) that influence and inform assessment of the level of support practitioner working.

Newly Appointed Support Practitioner	Established Support Practitioner	Advanced Support Practitioner
SUPPORT: 'Meeting with therapist(s) in order to receive advice, direction and encouragement to facilitate achievement of workplace requirements'		
Form: joint working/ observation of and by SLT/ case discussion.	⟶	**Form:** emphasis on case discussion
Focus: high level of advice/ clear expectations/ detailed instructions.	⟶	**Focus:** exchange of ideas, clear expectations set.
Frequency: high number of regular meetings set by therapist.	⟶	**Frequency:** low number of meetings, number negotiated between SLT and support practitioner.
SUPERVISION: 'Being overseen by therapist', sense of checking		
Form: high level of direct observation and co-working, plus indirect supervision through discussion.	⟶	**Form:** minimal direct observation and co-working; most supervision indirectly through discussion.
Frequency: high.	⟶	**Frequency:** low.
DIRECTION: 'Receiving instruction(s) from therapist'		
Form: high level of detail, following procedures.	⟶	**Form:** low detail, rules of thumb/ 'pointers'; interpreting flexibly according to situation.
Frequency: high.	⟶	**Frequency:** low.
INDEPENDENCE: 'Ability to work on own without direct supervision'		
Focus: some independent working on low skill tasks (e.g. photocopying, laminating etc), or on tasks that are well practised.	⟶	**Focus:** Independent working on wide range of tasks including, working with individual clients in ways that demand developed expertise and knowledge based on high levels of focused experience.
EXPERTISE: 'Specialist SLT knowledge and skills built up through focused experience over time'		
Broad based. Support practitioner as 'learner'.	⟶	Clearly identified areas of expertise. Support practitioner as 'sharer' of expertise – offering training /co-working/ support in area of expertise for other support workers and therapists.

Support, supervision and direction by the therapist form a scaffold for the support practitioner that allows expertise and independence to develop. As this expertise and independence start to be evidenced, the scaffolding is gradually reduced by the therapist so that greater freedom and autonomy is experienced by the support practitioner. The scaffold is never dismantled completely, but remains in place for both parties to fulfil their responsibilities to the client in a safe manner.

Section 6:   Extra Knowledge and Skills

Extra knowledge and skills refers to expertise required by the job that others (including therapists) may not have, and therefore carries with it a sense of 'added value' to the team.

This expertise may already have been developed by the support practitioner before being appointed, for example:

- Being literate in a language other than English that is used by a significant proportion of the community (e.g. Punjabi, BSL etc.).
- Awareness and knowledge of a particular culture and religion (e.g. Pakistani community).
- Awareness and knowledge of a particular culture (e.g. deaf community).
- Awareness and knowledge of a particular context (e.g. education, residential homes etc).
- Managing challenging behaviour.

This expertise may also be developed whilst working within the job, for example:

- Skills with high tech communication aids.
- BSL signing.
- Working with PECS.
- Working with EPG.

Note: Expertise in speech and language therapy support practitioner work within a context or clinical area may be developed without the presence of extra skills as defined above.