RCSLT Curriculum Guidance
for the pre-registration education
of speech and language therapists

About the RCSLT

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs) in the UK. The role of the RCSLT is to provide leadership and guidance for the speech and language therapy profession in the delivery of high-quality care; to promote excellence; and to provide support to SLTs. As a profession, we are committed to achieving better lives for people with speech, language and swallowing difficulties.

We have approximately 17,000 members and, through them, work to improve access and quality of services for people who have speech, language, communication, eating and drinking difficulties. We facilitate and promote research into the field of speech and language therapy, promote high-quality education and training of SLTs, and provide information for our members and the public about speech and language therapy.

Acknowledgements

This document has been produced with the help of a number of people and represents our collective voice.

To all those who contributed more than 12,000 comments and votes through our online conversation workshop – universities, learners, researchers, newly qualified practitioners (NQPs), practising SLTs from across all specialisms, employers, and a variety of leaders – we thank you.

Thank you also to all the members of our reference group, including programme providers, RCSLT clinical advisers and many others, who gave up their valuable time to review and comment on drafts electronically.

And, finally, thank you to the members of the RCSLT Professional Practice and Policy Committee (PPPC), RCSLT networks and the Steering Group who have committed their time, creativity and expertise throughout the development process.

Explanation of terms

To ensure clarity, the RCSLT has provided an explanation of terms frequently used within this document:

Carer	Refers to paid carers, volunteer carers or family members.
Capability	A dynamic concept that takes into account the skill and knowledge sufficient and suitable for a given purpose. It is characterised by the capacity for further development.
Core capabilities	The five core areas that express the profession's vision for the current and future capabilities that are essential to the practice of every SLT.
Competency	A professional competency can be described as an integration of knowledge, understanding, and subject-specific skills and abilities that are used by a person to function according to the demands that are put upon them in the specific speech and language therapy context.
Learner	This document uses the term 'student' minimally. The preferred term is 'learner' as this is used by the Health & Care Professions Council (HCPC). It allows for greater flexibility if describing learners in different entry routes into the profession (eg apprenticeships). The term 'learner' also fits with the concept of lifelong learning.
Mutual Recognition Agreement	An international agreement by which two or more countries agree to recognise one another's conformity assessments, such as equivalency of education and professional regulation standards, to enable easier transition for SLTs wishing to practise abroad.
Normally/usually	This pertains to the RCSLT best practice or preferred position. It is appreciated that there may be factors beyond the programme provider's control that prevent the following of the guidance. If this is the case, the RCSLT would seek explanation regarding the alternative strategies implemented by the higher education institution (HEI) to meet the accreditation requirements.
Practice placement	The period(s) of study undertaken by learners as a formal element of their speech and language therapy pre-registration training based within a working environment (including HEI-based clinics, as well as those outside the academic institution).
Practice educator	A registered SLT with overall responsibility for facilitating the education of the learner SLT while they are on practice placement. The term 'practice educator' is applied in varying ways by each health and care profession. However, while its application may vary at local

level, with regard to this document, all parties recognise the following statement to be true:

A practice educator is a registered SLT who supports learners in the workplace. They facilitate practice education alongside clinical and academic colleagues. In addition, the practice educator is likely to hold responsibility for signing off competency and assessment criteria, based upon the standards produced by the education provider and relevant professional body; although it is recognised that local models of delivery and assessment will apply.

Generally, it is the practice educator who holds responsibility for ensuring that the contributing elements of a practice education placement cover all relevant learning outcomes necessary for the learner.

Professionalism	Implies that a person demonstrates capability in their skills and knowledge which is informed by the philosophy, values and ethical dimensions of speech and language therapy practice.
Services	Any relationship between clinician and service user that draws on the knowledge and skills of the registered SLT. It includes those working in independent practice, in academic roles and in management roles.
Service user	A broad term to refer to those who use the services of SLTs (directly or indirectly). This term may also include the family of the service user in some contexts. Different settings use different terms to indicate the service user, eg in schools, the service user is usually known as 'the child'; in hospitals, it's usually 'the patient'; and, in some settings, 'the client'.

Abbreviations and acronyms

APECL Accreditation of Prior Experiential Certified Learning (**APECL**) is the process for an applicant to seek formal recognition of prior learning achieved through previous study at higher education level, which has been passed and received credit.

APEL Accreditation of Prior Experiential Learning (**APEL**) is the process for an applicant to seek formal recognition of prior learning achieved through previous experience, such as professional or voluntary work, and/or self-directed study.

CPD Continuing professional development

CPLOL Comité Permanent de Liaison des Orthophonistes-Logopèdes de l'UE (Standing Liaison Committee of EU Speech and Language Therapists and Logopedists)

CREST Committee of Representatives of Education in Speech and language Therapy

HEI Higher education institution

HCPC Health and Care Professions Council

ICF International Classification of Functioning, Disability and Health framework (World Health Organization)

IELTS International English Language Testing System

IPA International Phonetic Alphabet (IPA) and extensions to the International Phonetic Alphabet (extIPA) charts

IPL Interprofessional learning

MDT Multi-disciplinary team

NHS National Health Service

QAA Quality Assurance Agency for higher education in England, Wales, Scotland and Northern Ireland

RCSLT Royal College of Speech and Language Therapists

SET HCPC Standards of Education and Training

SLT Speech and language therapist

SOP HCPC Standards of Proficiency for speech and language therapists

UK United Kingdom of Great Britain and Northern Ireland

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Executive summary

There are currently three bodies at a national level that provide information about the nature of pre-registration speech and language therapy programmes: the [Royal College of Speech and Language Therapists (RCSLT)](), which as the professional body sets curriculum guidance; the [Health and Care Professions Council (HCPC)](), which as the regulator sets standards, checks eligibility, and holds the register of practising SLTs in the UK; and the [Quality Assurance Agency (QAA)](), which sets out the UK quality codes for HEIs. In addition, each HEI has its own standards and processes for curriculum development, teaching and education.

We envisage that all future new graduate SLTs will not only possess the distinctive skillset required to transform the lives of individuals with speech, language, communication and swallowing difficulties, but also the capability to continue to develop transferable skills to lead change, and evaluate, improve and evidence the impact of their contribution. We must enable graduates to recognise and articulate the role that speech, language, communication and swallowing difficulties play and the ways in which SLTs can work for the benefit of individuals, communities and populations in emerging practice areas.

The RCSLT calls on all members (wherever they practise) to work in partnership to develop tomorrow's practitioners and help secure the long-term future success of the profession.

Pre-registration education of SLTs should facilitate the development and attainment of:
- a level of academic and clinical capability on completion of an approved qualification that is fit for professional practice; and
- the capacity to continue to develop personal and professional skills within the community of speech and language therapy practitioners and the broader community of health, education and social care practitioners.

This document provides a blueprint to support and guide educational leaders and partners in developing degree-level entry routes to the speech and language therapy profession using the five RCSLT core capabilities of communication; partnerships; leadership and lifelong learning; research and evidence-based practice; and professional autonomy and accountability.

A key tenet of the RCSLT vision is that all speech and language therapy learners will graduate with comparable knowledge and capabilities, regardless of where or how they complete their studies. This guidance, when used nationally, will create an environment that encourages evidenced-based care; assist with supporting educational best practice; provide a measure for areas requiring action; and promote an ongoing, collaborative and beneficial relationship between research and clinical practice.

In creating this document, we undertook a thorough consultation across the profession. During the consultation it became evident that this revised guidance provided an opportunity to increase emphasis in particular areas: employability in line with changes in place and patterns of working; the necessity of skills in research and evidence-based practice; and ensuring a curriculum that balances

academic and practical capabilities to support smooth transitions into initial roles. Another key area that emerged is the role technology plays in speech and language therapy practice – SLTs are frequently the key advisers and facilitators between service users and technology, playing a vital role in enabling service users to access technology to empower and facilitate self-management and continued care.

This document has been co-created using data and evidence from:
- a review of local, regional and national frameworks and guidelines;
- consultation with RCSLT clinical advisers and a variety of leaders in service and education delivery; and
- more than 12,000 contributions submitted from the RCSLT membership, including learners, NQPs, researchers, educators, practising SLTs from across all specialisms, and leaders from a variety of contexts, gathered through a process of crowdsourcing using an online workshop approach.

This document has been written for educators, employers, speech and language therapy practitioners, speech and language therapy learners, service users and other organisations with an interest in speech and language therapy education. It facilitates the beginning of the speech and language therapy learning journey and is designed to transition seamlessly with the NQP Framework, which will continue to support SLTs to develop as autonomous practitioners beyond initial training.

PART ONE: Introduction

1.1   Aims and purpose of this guidance

This document offers educational instructors, collaborators and partners the authority to create innovative and personalised approaches to developing and delivering qualifying speech and language therapy programmes. The RCSLT recognises the diversity of different programme providers and their expertise in developing and delivering high-quality programmes. As such, this document does not seek to prescribe how training is delivered but to outline the expected knowledge, skills and values of new graduates entering the speech and language therapy workforce. It should be referred to alongside HCPC standards.

The aim of this document is to describe the content and conduct of programmes that lead to eligibility to apply for registration as an SLT with the HCPC.

The RCSLT Curriculum Guidance not only aligns with the HCPC Standards of Proficiency (SOPs) (HCPC, 2014) and HCPC Standards of Education and Training (SETs) (HCPC, 2017), but also aims to lay the foundations for a lifetime career, as well as advancing the speech and language therapy profession.

At the point of registration, a graduate in speech and language therapy will be able to work autonomously, with practice based on best available evidence, in therapeutic roles with individuals and more broadly, in health promotion and in public health with both individuals and groups.

Speech and language therapy graduates will understand and have the ability to work within a wide-ranging sphere of influence.

For speech and language therapy learners to graduate as highly employable professionals, they need to acquire a broad range of knowledge and the transferable skills and values, attributes and behaviours to be able to work confidently and effectively with a diverse range of individuals of differing ages and social backgrounds presenting with a variety of disorders, and in many settings. This will be achieved through theoretical knowledge gained in a classroom environment, as well as practice placements in clinical settings and through meeting and working with individuals with speech, language and swallowing difficulties.

It is not expected that speech and language therapy learners will graduate with a comprehensive knowledge of all communication and swallowing disorders, but that they have the aptitude to carry out the necessary research or CPD to fill any gaps in knowledge. They will demonstrate professional problem-solving skills where there is considerable variation in the presentation and health needs of service users and the setting for care. Speech and language therapy learners are expected to develop the capabilities outlined in Part Four of this document and to build the flexibility and resilience to work within different and changing health, education, social care and justice systems.

This document:

- describes what is expected of a new graduate, providing a basis for starting the newly qualified period and for the development of specialist skills and a capacity for long-term career development;
- describes the RCSLT's expectations for delivery and quality assurance of the education and content of programmes eligible to apply for accreditation;
- provides specific guidance on the content of programmes and education in speech and language therapy; and
- reflects the current and foreseeable demands of speech and language therapy practice.

In creating this document, the RCSLT has set a vision for the education of the profession. It details the desired outcome of pre-registration speech and language therapy education in the form of capabilities expected to be achieved by learners on completion of the programme. The document provides direction for innovative and flexible programme design within an overall conceptual framework co-created by the speech and language therapy profession.

It is expected that this document will be used as a reference document by representatives of the HCPC, other professional statutory regulatory bodies and HEIs involved in the accreditation, reaccreditation, quality assurance and review of programmes.

This document should be used in conjunction with:

- the HCPC Standards of Proficiency for Speech and Language Therapists (2014);
- the HCPC Standards of Conduct, Performance and Ethics (2016);
- the HCPC Standards of Education and Training (2017);
- the HCPC Standards of Continuing Professional Development (2018);
- the relevant guidance on quality assurance of programmes produced by the QAA; and
- guidance on the Mutual Recognition Agreement (in relation to geographic mobility of learners to and from the UK).

1.2 RCSLT accreditation process

To gain RCSLT accreditation, programmes must demonstrate adherence to the curriculum guidance within this document.

RCSLT accreditation is awarded for a five year period, unless a major change is being made to the programme. In that case, the programme provider needs to seek reaccreditation. Further information about this process can be found on the RCSLT website.

1.2.1 HCPC

The HCPC approves pre-registration education programmes in speech and language therapy, thus providing successful graduates with eligibility to apply for HCPC registration and, if successful, use the protected title of 'speech and language therapist'. The HCPC also requires programmes to meet the RCSLT's Curriculum Guidance to gain HCPC approval.

It is essential that the HCPC and RCSLT are notified of plans to introduce new speech and language therapy programmes to ensure that the programme provider can be accredited in advance of the first intake of learners.

PART TWO: The RCSLT five core capabilities guiding the development of the speech and language therapy workforce

The five core capabilities of the speech and language therapy profession (see Fig.1) provide a focus for learning activities; the development of curricula and shared resources; and delivery of the outcomes inherent in the vision for the workforce.

Each core capability represents a particular strength that SLTs bring to the services that they provide. These core capabilities act as a guide from the start of becoming an SLT, through to the newly qualified period and as an ongoing reference point for shaping the lifelong learning of the speech and language therapy practitioner as part of their CPD. The capabilities act as an adaptable professional tool from which to embrace the challenges of rapidly changing professional contexts.

**Figure 1. The RCSLT five core capabilities**

The five core capabilities support SLTs as they develop and work in any specific clinical or professional area and reflect their unique professional knowledge, which is underpinned by further RCSLT guidance.

Each core capability is built on a number of key building block capabilities. For this Curriculum Guidance document, these represent the knowledge, skills and capabilities expected of a new graduate SLT. Collectively, these build towards a foundation from which a graduate can further develop their career in any direction in order to deliver the unique service that is speech and language therapy.

2.0 Defining speech and language therapy: SLT clinical and professional capabilities

Speech and language therapists:

- are uniquely qualified as experts in communication and dysphagia science and practice; this enables them to improve outcomes for people who have speech, language, communication and/or eating and drinking difficulties. They are the lead professional in the assessment and management of conditions in these areas.

- provide assessment, identification, treatment, support and care for infants, children, young people and adults who may have a wide range of speech, language and communication needs, or difficulties with eating, drinking and swallowing. SLTs work within a variety of contexts, such as the NHS; voluntary, community and social enterprise sector (VCS); education; justice and within independent practice. They also work in many settings, from hospital wards and nursing homes, to schools, prisons and clients' homes.

- usually work as part of a team alongside other health, education and social care professionals, including nurses, occupational therapists, doctors, teachers and teaching assistants, educational and clinical psychologists, and paid and unpaid carers. They provide client-centred care, recognising and valuing the key contribution of the service user and their carer(s) in developing appropriate intervention plans.
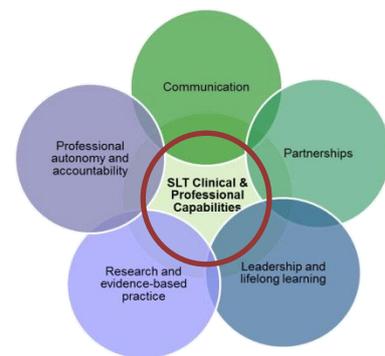
Effective and safe practice in speech and language therapy requires the assimilation, integration and critical application of professional and practical capabilities derived from the core discipline of speech and language therapy and from a range of contributing disciplines.

SLTs are the only professionals that apply their knowledge and skills to transform the communication, eating, drinking and swallowing abilities of individuals, groups and communities. They do this by contributing to the prevention and self-management of speech, language and swallowing difficulties and, where appropriate, by assessing, treating and managing the needs of service users.

2.1   Communication

The essential capabilities for SLTs are threefold:
- To support service users in developing their abilities;
- To support the abilities and methods that others use in their communication with service users;
- Crucially, SLTs themselves demonstrate adaptability, self-awareness and sensitivity in their own interactions with service users and with members of their teams and other agencies.
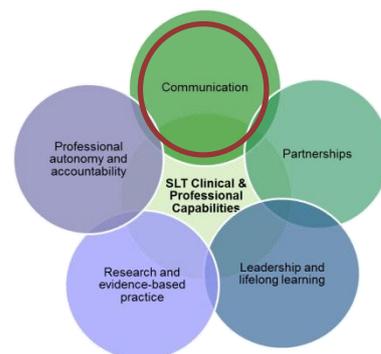
The evidence that communication changes lives is at the heart of what drives the profession. As experts in communication, SLTs are ideally placed to recognise and promote often unheard perspectives, and to work collaboratively to address the key challenges faced by service users in whichever setting is most appropriate. The speech and language therapy professional skillset and influence goes beyond the individual: it influences the social, emotional and cultural wellbeing of the communities in which service users live.

Speech and language therapy learners develop the professional skillset through a combination of theoretical and practical education achieved through the partnerships between education providers, placement educators and employers providing placements.

Key graduate capabilities:
1. *Demonstrates highly effective and sensitive communication skills in all contexts (SOP 8.1)*
2. *Applies knowledge and skills to transform communication abilities of individuals, groups and communities*
3. *Uses communication skills effectively to negotiate, mediate and influence others*
4. *Uses inclusive communication approaches to advise and support others to communicate effectively with service users and adapt environments accordingly*
5. *Communicates and collaborates with others to promote health and wellbeing and improve health, educational and social outcomes for people with speech, language and swallowing difficulties*
6. *Contributes to the prevention, enablement and self-management of speech, language and swallowing difficulties*

2.2   Partnerships

SLTs are uniquely placed to advocate collaboratively with service users, their families and other agencies and professionals involved with their care.

SLTs' expertise in communication science and eating and drinking enables them to form and maintain strong collaborative partnerships directly with the people they support. These partnerships promote service-user outcomes which transform the lives of people with speech, language and communication needs and eating, drinking and swallowing difficulties.

Speech and language therapy learners develop the necessary skills and values through interprofessional learning opportunities during initial training and while on placements undertaking partnership working with service users, their families and other agencies and professionals.
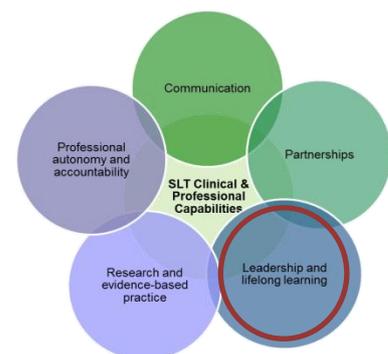
Key graduate capabilities:
1. *Demonstrates effective teamworking within different professional contexts*
2. *Demonstrates understanding of professional roles within interprofessional and multi-agency teams*
3. *Builds effective and collaborative therapeutic relationships with service users, families and carers, based on mutual respect, as the foundation for speech and language therapy intervention*
4. *Recognises and values the central role of the service user and their carer(s) in the diagnostic and therapeutic process and in maintaining health and wellbeing (SOP 2.3 & 9.7)*
5. *Works in partnership with services users, families and wider services and agencies to promote social inclusion, inclusive communication and participation in a wide range of contexts*
6. *Promotes the profession and acts as an advocate for service users within own scope of practice*

2.3   Leadership and lifelong learning

As leaders in communication science and the management of eating, drinking and swallowing difficulties, SLTs unlock the opportunities and potential for service users to achieve their goals. In order to do that, they need to keep pace with the clinical and professional landscape and respond proactively, leading innovation within their area of practice.

Speech and language therapy learners are embarking on a lifelong learning journey, enhancing their unique skillset to enable them to become confident at engaging with new ideas, to build resilience even in challenging times, and to pave the way for others to do the same.

Embracing opportunities on placement and in education settings to learn and engage in professional networks is essential to the development of the leadership skills needed to innovate and drive improvements in service delivery.

Key graduate capabilities:
1. *Demonstrates commitment to, and takes responsibility for, lifelong learning and development of own speech and language therapy practice and commitment to their role as part of the wider speech and language therapy profession*
2. *Continually seeks to develop their practice with guidance through reflection and self-evaluation*
3. *Demonstrates critical reflection, resilience, resourcefulness and emotional intelligence*
4. *Demonstrates knowledge of the political, social and cultural contexts within which SLTs work*
5. *Demonstrates commitment and engagement to the role as part of the wider speech and language therapy workforce*
6. *Contributes to the development of the speech and language therapy knowledge and practice of others*
7. *Demonstrates adaptability to changes in speech and language therapy practice and practice environments*
8. *Contributes effectively to innovation and change within area of practice*

2.4   Research and evidence-based practice

The expertise that SLTs use to transform lives is rooted in the ability to search for, critically evaluate and contribute to the body of professional knowledge and best practice.

SLTs are able to deliver service-user-focused, evidenced-informed and professionally reasoned practice by accessing, evaluating, applying and informing the latest evidence.

Speech and language therapy learners have a role in both delivering and informing practice while on placement. Throughout their studies they will be practising their skills to deliver evidence-informed and professionally reasoned practice at a theoretical level in the classroom and at a practical level through placement experience. Linking and reflecting on learning and practice are critical for the development of their professional knowledge and skills base.

Key graduate capabilities:
1. *Understands the key concepts of the knowledge base relevant to speech and language therapy (SOP 13)*
2. *Applies theory, evidence and service-user perspective to clinical decision-making and to the critical evaluation of practice (SOP 14)*
3. *Delivers evidence-informed practice to support the achievement of outcomes*
4. *Demonstrates the knowledge and skills required to understand, interpret and apply research to their practice*
5. *Demonstrates the knowledge to engage in research-related activity, including carrying out research projects*

6. *Demonstrates the knowledge and skills required to participate in service evaluation, audit and development related to their day-to-day practice*

2.5   Professional autonomy and accountability

As regulated health professionals, SLTs have a professional responsibility to be autonomous and accountable for their practice.

Speech and language therapy learners develop their professional autonomy and accountability from the outset of their careers. They develop insight into the professional scope of practice by working with integrity and with commitment to continuous reflective practice. This learning occurs both under the supervision of a fully qualified SLT on placements and with education providers.

Key graduate capabilities:
1. *Understands and complies with regulatory, legal and ethical frameworks that govern speech and language therapy practice (SOP 2), including seeking and acting on feedback to improve practice, which includes identifying when to ask for help and support*
2. *Works within local and national policies and procedures, position statements and guidance documents, and local/national governance structure*
3. *Manages records and all other information in accordance with applicable legislation, protocols and guidelines (SOP 7.2 & 10.2)*
4. *Manages routine caseload as appropriate to the setting; manages more complex cases with supervision*
5. *Applies knowledge of the scope and breadth of speech and language therapy practice; demonstrates an appreciation of knowledge limitations*
6. *Accepts responsibility for the services SLTs provide and acts to ensure quality is maintained through evidence-informed practice*

PART THREE: Guidance for development and delivery of pre-registration programmes leading to registration of SLTs

3.1 Recruitment and admissions

The RCSLT requires that admissions procedures are sufficiently robust to recruit learners who have the potential to meet the capabilities required to practise as an SLT (see Section 4.2).

Programme providers are expected to have a defined rationale for their recruitment and admissions procedures. This should be transparent, fair and clearly defined in advertising material. It is expected that programme providers will seek to promote programmes to potential learners from a wide range of backgrounds, with an ultimate aim of seeking to create a profession that represents the communities that they will serve.

The HCPC Standards of Education and Training (2017) state that admissions for programmes leading to eligibility to apply for registration must apply selection and entry criteria that includes:
   a) criminal convictions checks: speech and language therapy learners will have substantial and/or unsupervised access to children and vulnerable adults and are required to have an Enhanced DBS check before being eligible to proceed onto an speech and language therapy programme; and
   b) health and disability: applicants should be in sufficiently good health to be able to comply with the programme requirements, with reasonable adjustments and support where necessary.

Physical or sensory disability or mental health difficulties do not preclude a learner from being accepted on programmes, as long as they have the potential to meet the capabilities required to practise as an SLT and achieve the learning outcomes of the programme. HEIs should assess each application on an individual basis in this regard.

3.1.1 English language proficiency

The HCPC Standards of Proficiency for SLTs for entry to the profession state that SLTs must: *'Be able to communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.5'* (HCPC, 2014, p.9). The test covers reading, writing, listening and speaking. This requirement includes other EU citizens resident in the UK under Directive 2005/36/EC of the European Parliament and the European Council.

The key principle here is that all speech and language therapy learners will enter the profession with equivalency in terms of status and capabilities, regardless of where or how they gained their qualification. The RCSLT has articulated expected key graduate capabilities in this document (see Part Four); these expectations apply equally to all forms of entry to the profession.

3.1.2   Undergraduate admission criteria

Specific entrance requirements are set by individual HEIs. The RCSLT expects that entrants will have academic qualifications indicative of a level of ability required to comply with programme requirements.

3.1.3   Postgraduate admission criteria

Where a foundation or entry programme leads to a graduate diploma, the HEI must give an assurance that it will accept only suitably qualified graduate entrants to ensure an all-graduate entry into the profession.

3.2   Length and structure of programmes leading to registration as an SLT

All educational routes leading to eligibility to apply for registration as an SLT should be of an adequate overall length to enable the achievement of the graduate capabilities as outlined in Part Four. To preserve academic and clinical coherence and currency, the maximum time taken from programme entry until registration eligibility should normally be no more than two years longer than the typical length of the programme.

During any extended period of study, learners should be given opportunities to maintain skills and knowledge already gained. HEIs should consider this carefully in the event of a learner failing and being required to repeat part of the programme.

HEIs may wish to permit learners to follow accelerated routes on pre-registration undergraduate programmes. Learners demonstrating appropriate prior qualifications may follow an accelerated route through the accredited undergraduate programme if they can demonstrate achievement of set learning outcomes (for accelerated modules) and a number of hours of SLT supervised clinical practice within recent study. Accelerated routes must not exceed exemption of more than 12 months of study. Exceptions to this must be considered at local level, with each case being based upon individual merit.

Programmes should be explicit about mandatory attendance requirements and the implications of any failure to adhere to these requirements.

3.2.1   Full-time programmes: study duration

Full-time **undergraduate** programmes must be no shorter than three academic years and not exceed four academic years.

Full-time **postgraduate** programmes must take place over two academic years of full-time study.

3.2.2   Part-time programmes: study duration

Part-time study will constitute an extended version of a full-time programme that already exists, or be a separately defined programme based on a full-time programme. In either circumstance, a cohesive programme of study should be made available, with appropriately integrated academic and clinical components.

For separately defined programmes of part-time study, the equivalence of the proposed part-time hours to the full-time standards outlined above must be clearly documented.

Where a programme is delivered on a part-time basis, within the programme documentation the programme providers must distinguish between a part-time programme and a part-time route through a full-time programme.

3.3   Learning, teaching and assessment: approaches and resources

Learning and teaching approaches should reflect the variety of subject matters, skills, learning outcomes and resources involved in speech and language therapy practice. The RCSLT recognises the need for transferable professional skills, as outlined by the five core capabilities (see Part Four).

Programmes should employ innovative and creative learning methods on the curriculum that encourage independent learning, learner autonomy, problem-solving skills and development of capabilities and reflections from the very beginning. Programmes that include components of distance learning, or other individualised learning, must show that learners have the opportunity to meet each other and learn in a group situation.

Assessment is an integral part of education and teaching, and should be guided by learner capabilities, skills and reflections on learning. Principles guiding the assessment of learners' progress through the programme should reflect a holistic demonstration of their academic and clinical capabilities and skills.

Learners should have access to appropriate teaching, learning and study facilities and resources, including library and information technology services. Programme providers are expected to provide learners with access to speech and language therapy clinical materials, resources and technology relevant to the topics being covered at the time.

Specifically, it is essential for learners to have access to specialist speech and language analysis technology, together with appropriate technical support.

3.3.1   Staffing resources for speech and language therapy programmes

Speech and language therapy programmes must be supported by adequate levels of clinically qualified speech and language therapy staff, subject matter experts from other disciplines (including

linguistics, phonetics, psychology and biomedical sciences), and technical and administrative support staff.

It is not an RCSLT or HCPC requirement that the programme leader should be an SLT. However, it is assumed that all programme leaders have sufficient understanding of the speech and language therapy profession to perform the role and engage with the professional body on national matters relating to the speech and language therapy workforce. It is strongly recommended that all SLTs teaching on a speech and language therapy programme are members of the RCSLT, in addition to their HCPC registration.

The RCSLT recommends that total student–staff ratio does not exceed 15:1.

This should take into account the following factors:
- Staff members' discipline-specific expertise – the balance of speech and language therapy-qualified and other contributors must be sufficient to enable programme development and delivery;
- The minimum number of core teaching staff who are HCPC-registered as SLTs is four full-time equivalent staff;
- The availability of external contributors to the programme who can bring specific expertise and knowledge beyond that offered by the core programme team;
- The size and constitution of the overall learner cohort;
- The nature of programme delivery, for example problem-based learning, blended learning approaches and multi-site programme delivery may all require differing levels of staffing.

It should also take into account the need for:
- all academic and teaching staff members to engage in research and/or scholarship – this is essential for a small profession, to provide research-led teaching, facilitate currency of curriculum content, contribute to the ongoing development of the profession, and provide role models for learners who are expected to continue to engage in research beyond their studies;
- speech and language therapy-qualified staff to participate in current theoretical and clinical developments – this is essential in order to ensure currency of education; and
- all staff members to engage in continuing professional development to enhance their practice and teaching.

3.3.2   Inclusion of service users

The inclusion of the views of service users in the development and delivery of the programme is essential, in line with HCPC SET 3.7 requirements.

3.4 Partnership in practice education provision

"We are all responsible for tomorrow's practitioner." (Anonymous response from the online conversation)

The RCSLT views pre-registration education as a collective agreement between academic tutors, clinical practice educators and clinical managers to develop the transformative potential and transferable distinctive skillset of speech and language therapy learners.

Improving the health and wellbeing of individuals with speech, language and swallowing needs depends on speech and language therapy learners, academic tutors and clinical practice educators working together effectively at the pre-registration stage, with the shared vision of enabling the future profession to meet the evolving needs of the people who use speech and language therapy services.

This document aims to inspire the contribution practice educators can make directly to pre-registration education by grounding learners in the reality of the workplace, providing a range of clinical and interdisciplinary learning opportunities, making transparent the often challenging translation of knowledge into clinical practice, and empowering learners within a framework of clearly defined learning objectives. The RCSLT expects practice educators to instil and support the reflective education framework necessary for the future speech and language therapy workforce by setting competency-based measurable goals, conducting regular reviews of learner development and competencies, and providing learner feedback and recognition of achieved competencies at the end of practice education – this contributes towards the onward learner portfolio.

Programme providers must ensure that they have a process in place that enables practice educators to communicate significant issues of concern to them in a timely manner. HEIs should demonstrate partnership when working with their practice educators, including adequate and timely communication about individual learners, learner feedback and changes in curriculum.

Both the HEI and the practice educator are legally obliged to ensure that appropriate reasonable adjustments are made in line with the Equality Act 2010 and/or other relevant legislation.

Speech and language therapy learners should be aware of their responsibilities for managing their learning and professional relationships, and for alerting the practice educator and HEI to any problems with the placement that might prevent progress or satisfactory completion of the placement. They should also understand that the priority for their practice educator is the service user.

The practice education component of programmes should provide learners with adequate and appropriate opportunities to acquire, develop and refine their clinical and professional skills within a framework of clearly defined learning objectives.

Learners need supervision and mentoring from speech and language therapy practice educators to raise their awareness and develop their clinical competence. The programme curriculum must

therefore provide adequate practical tutored learning opportunities to enable the speech and language therapy learner to acquire, develop and refine these complex skills.

To deliver the guidance outlined in this document, the RCSLT calls upon a systematic recognition of the dual role of academic and clinical practice leaders in the development of an efficient and effective speech and language therapy workforce.

All SLTs are encouraged to provide clinical placements on an annual basis, two years after they have qualified or after one year, providing appropriate ongoing support is available from their own service and/or the HEI. This applies whether SLTs are employed by the NHS or elsewhere, including independent practice. Programme providers should endeavour to consider all speech and language therapy services as potential placement opportunities and offer SLTs the support they need to become practice educators and work with learners in their services.

3.4.1   Mandatory placement hours

Each speech and language therapy graduate recommended as eligible to apply to the HCPC for registration must be able to provide evidence of completion of the minimum number of practice education sessions specified by the RCSLT: **150 sessions (525 hours, assuming 3.5-hour sessions)**. This minimum standard applies to all programmes, regardless of duration, mode of delivery or structure.

Mandatory placements supervised by SLTs (100 sessions/350 hours)
A minimum of 100 sessions must be undertaken on placement under the direct supervision of a qualified SLT. Of these placement hours, at least 30 sessions must be with paediatric and 30 with adult client groups, with the remainder being organised to reflect local service delivery practice and needs. They should include opportunities to work directly with a range of service users in a variety of settings, in addition to indirect work, as appropriate. Detailed guidance on practice placement provision can be found in RCSLT National Standards for Practice-Based Learning (2006).

Additional placements (50 sessions/175 hours)
The additional 50 placement sessions may also be supervised by a qualified SLT. Alternatively, a combination of placement sessions may be undertaken in areas associated with speech and language therapy work; for example, educational, social care and/or voluntary body placements, individual child studies, clinical simulation, and supported by professionals from these areas.

Where programmes include a part-time route, the periods and duration of practice education experience for part-time learners should be equivalent to that of full-time learners. The RCSLT recommends that there should be a period of clinical practice close to the end of the programme, so that learners have fresh experience of clinical work when graduating.

PART FOUR: Guidance on curriculum content

4.1   The curriculum framework: an explanation

Section 4.2 outlines the capabilities expected of graduate SLTs on successful completion of their pre-registration programme. It brings together the knowledge, skills and values underpinning speech and language therapy practice and expresses these in terms of what is required of a newly qualified SLT. The capabilities themselves have been developed through consultation with speech and language therapy professionals (RCSLT members) with reference to a variety of documentation, and have been mapped, where relevant, to the HCPC SOPs for SLTs (HCPC, 2014).

The framework for Section 4.2 builds on the five RCSLT core capabilities guiding education and workforce development (see Part Two). Under each core capability, a number of key graduate capabilities are identified (column 1) and linked with specific graduate abilities (column 2). The knowledge and skills required to enable graduates to develop the identified capabilities are also outlined briefly in column 3 as indicative curriculum content. More specific detail on the knowledge-base underpinning the identified capabilities is provided in Sections 4.3 and 4.4.

Section 4.3 details the applied knowledge of speech, language and swallowing difficulties and the speech and language therapy management that is necessary to ensure safe, effective and evidence-based practice by new graduates. It lays out a set of key graduate capabilities, knowledge and skills *that are common to all clinical areas of speech and language therapy practice*. This is followed by a list of the range of clinical areas, with any additional knowledge and skills specific to those areas.

Section 4.4 details the applied knowledge from a range of other disciplines underpinning speech and language therapy professional practice. Unlike Sections 4.2 and 4.3, this section is not presented as key graduate capabilities; rather, it sets out the knowledge-base that graduate SLTs need to have to achieve the capabilities identified in Section 4.2**.**

We recognise that several of the capabilities identified could exist in more than one of the core capabilities. However, for the purposes of this document, they have been organised to promote clarity and reduce duplication as far as possible. The curriculum content has been presented in such a way that those involved in the education and training of SLTs can develop distinctive programmes where the institution's own educational philosophy complements that of the RCSLT and HCPC.

4.2   Key graduate capabilities

All graduate abilities in column 2 should be preceded by: "The entry-level SLT is able to..."

4.2.1   Communication

Key graduate capabilities	Graduate abilities	Provision	Clinical areas (where applicable)
A. Advanced communication skills Demonstrates highly effective and sensitive communication skills in all contexts (SOP 8.1) Applies knowledge and skills to transform communication abilities of individuals, groups and communities Uses communication skills effectively to negotiate, mediate and influence others	a) Communicate with all people in a manner that is consistent with their level of understanding, culture, gender, background and preferred ways of communicating b) Monitor and adapt own verbal and nonverbal communication to accommodate individual service-user needs, taking account of a range of factors such as age, capacity, learning ability, physical ability (SOP 8.3-8.5) c) Adapt own communication to enable effective case-history taking, assessment, differential diagnosis and collaborative goal-setting	● Detailed knowledge of communication process ● Applied knowledge of a range of speech, language and communication difficulties and their impact (see Section 4.3) ● Typical and atypical verbal and nonverbal communication ● Interpersonal and communication skills: self-awareness and adapting own communication ● Foundation counselling skills: theories and practice	All areas

Key graduate capabilities	Graduate abilities	Provision	Clinical areas (where applicable)
	d) Apply knowledge and evidence-based speech and language therapy practice to design and implement interventions that will unlock potential and enable effective and efficient communication e) Apply effective interpersonal skills and knowledge of sociology and psychology to support and motivate individuals to actively participate in intervention (SOP 8.8) f) Communicate complex information and concepts to diverse audiences, including individuals, groups and communities with a range of communication needs g) Demonstrate sensitivity and empathy when communicating with people in distress, making use of foundation counselling skills within own scope		

Key graduate capabilities	Graduate abilities	Provision	Clinical areas (where applicable)
B. Promoting inclusion and access Uses inclusive communication approaches to advise and support others to communicate effectively with service users and adapt environments accordingly	a) Initiate and support action to create environments that facilitate and enable inclusive communication, so as to improve access to educational, social and vocational opportunities for people with communication and swallowing difficulties b) Provide service users, or people acting on their behalf, with information in accessible formats to enable them to make informed decisions c) Provide practical advice on accessible information to other professionals and agencies d) Facilitate access to speech and language therapy services by all members of the community through the use of interpreters, bilingual co-workers, translation and culturally appropriate materials e) Identify appropriate external resources to support the	● Whole systems/environmental approaches to inclusive communication ● Accessible information ● Applied knowledge of a range of speech, language and swallowing difficulties and their impact (see Section 4.3) ● Knowledge of evidence-based approaches to intervention for a range of speech, language and swallowing difficulties (see Section 4.3) ● Holistic models of disability and rehabilitation	All areas

Key graduate capabilities	Graduate abilities	Provision	Clinical areas (where applicable)
	service user's speech, language and swallowing needs and care plan f) Provide advice and education to develop the knowledge and practice of others, including families, carers, teachers and employers, to enable them to support speech and language therapy aims and interventions and develop the service user's capabilities g) Plan, implement and evaluate holistic speech and language therapy interventions that work towards achievement of participation-based goals, as agreed with service users and carers		
C. Health promotion Communicates and collaborates with others to promote health and wellbeing and improve health, educational and social outcomes for people with speech,	a) Explain the relationship between communication, health and wellbeing, and factors that challenge communication development and inclusion, such as social difference, diversity and	• Speech and language therapy role in health/wellbeing improvement and promotion, prevention, health education and community development • Social determinants of health, health inequalities, social	All areas

Key graduate capabilities	Graduate abilities	Provision	Clinical areas (where applicable)
language and swallowing difficulties Contributes to the prevention, re-ablement and self-management of speech, language and swallowing difficulties	deprivation b) Explain the impact of speech, language and swallowing difficulties on the educational, social, vocational and health outcomes of individuals, families and communities c) Explain the characteristics of typical and atypical speech, language and swallowing to others to ensure timely and appropriate identification and referral to speech and language therapy services d) Contribute to early identification of speech, language and swallowing difficulties in adults and children to promote positive outcomes and prevent avoidable ill-health e) Apply behaviour change and behaviour modification techniques, as appropriate, to promote self-management of speech, language and	injustice and social inequity: relationship to speech, language and swallowing difficulties ● Health psychology: factors influencing health beliefs, decisions and behaviours ● Behaviour change/modification theories and techniques	

Key graduate capabilities	Graduate abilities	Provision	Clinical areas (where applicable)
	swallowing difficulties f) Design and implement universal programmes and interventions		

4.2.2   Partnerships

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
A. Interprofessional practice and teamworking Demonstrates effective teamworking within different professional contexts Demonstrates understanding of professional roles within interprofessional and multi-agency teams	a) Build and sustain professional and collaborative relationships with other professionals and support staff (SOP 9.2) b) Work effectively and collaboratively as part of a wider multi/interdisciplinary team (SOP 9.4) c) Manage conflict, encourage contribution and sustain commitment to deliver shared objectives d) Describe the role of the speech and language therapy in primary, secondary and tertiary healthcare settings and other	**Teamworking: principles and practice** ● Team roles and team dynamics ● Sociology of professions and professional behaviour ● Conflict resolution **MDT/IPL/interagency working** ● Role/contribution of speech and language therapy to the work of MDTs in different teams/settings ● Roles of other professionals, support staff and organisations in different teams/settings ● IPL and practice opportunities ● Wider sources and networks of	All areas

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
	statutory agencies e) Recognise the contribution of own assessment and intervention, including lead responsibility for speech, language and swallowing difficulties within an interprofessional context (SOP 9.5) f) Contribute speech and language therapy advice in relation to speech, language and swallowing difficulties to a multidisciplinary team to enhance its effectiveness g) Contribute to planning and implementing programmes and initiatives that share/complement goals across professions and contexts h) Collaborate with other professionals and support staff by sharing ideas, practices, resources and learning to enhance outcomes for people with speech, language and swallowing difficulties	support, including voluntary organisations	

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
B. Working with service users, families and carers Builds effective and collaborative therapeutic relationships with service users, families and carers, based on mutual respect, as the foundation for speech and language therapy intervention Recognises and values the central role of the service user and their carer(s) in the diagnostic and therapeutic process and in maintaining health and wellbeing (SOP 2.3 & 9.7) Works in partnership with services users, families and wider services and agencies to promote social inclusion, inclusive communication and participation in a wide range of contexts	a) Appreciate and respect diversity, individual differences, cultural beliefs and customs and their influence on communication, eating and drinking and participation b) Demonstrate sensitivity to personal, social, economic and cultural factors that may affect the interaction between the SLT and service user/carer(s) c) Understand the need to provide culturally and linguistically appropriate service delivery d) Respect people's rights to make their own decisions about their speech, language and swallowing needs, and respect autonomy e) Take a holistic, person-centred approach in the assessment of speech, language and swallowing difficulties and needs of individuals, groups and communities f) Recognise the links between speech, language and	**Person-centred care** ● Models and frameworks of holistic person-centred care ● Collaborative goal setting: principles and practice ● Foundations of counselling **Social, cultural and linguistic factors and implications for speech and language therapy intervention** ● See Section 4.4 for further details **Psychological factors and their implications for speech and language therapy intervention** ● See Section 4.4 for further details	All areas

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
	swallowing status and physical and psychosocial wellbeing g) Be responsive and empathetic to the individual context of each service user/carer, including their objectives and the impact of their speech, language and swallowing difficulties on their lives h) Agree on goals and co-produce plans for speech and language therapy intervention with service users and their families/carers, acknowledging their experience, expertise and preferences (SOP 9.3) i) Support service users to meet the aims of the intervention plan by agreeing a range of activities, including those that promote self-management j) Signpost individuals and groups to local or community resources and voluntary organisations that support health and wellbeing		

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
C. Advocacy Promotes the profession and acts as an advocate for service users within own scope of practice	a) Contribute to local and national initiatives and campaigns that raise awareness of speech, language and swallowing difficulties and the impact on the individual, their carer(s) and communities b) Collaborate with colleagues and other organisations to influence policies and legislation in health and social care locally and nationally that impact on speech and language therapy services c) Manage public perceptions and convey key messages using a range of media d) Articulate the impact of the SLTs' contribution and expertise meaningfully to a range of audiences e) Help individuals and communities have more control over decisions that affect them by seeking, listening to and representing their views	● Local and national organisations that represent and campaign on behalf of people with speech, language and swallowing difficulties ● Mental Capacity Act 2005, informed consent, decision-making	All areas

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
	f) Provide information and support that empowers an individual to make an informed choice and to exercise their autonomy g) Contribute to the assessment of mental capacity of, and obtain informed consent from, people with speech, language and swallowing difficulties (SOP 2.6)		

4.2.3 Leadership and lifelong learning

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
A. Self-development and self-management Demonstrates commitment to, and takes responsibility for, lifelong learning and development of own speech and language therapy practice and commitment to their role as part of the wider speech and	a) Keep skills and knowledge up to date and demonstrate career-long learning (SOP 3.3) b) With guidance, evaluate and reflect on personal performance and use this evaluation to enhance the effectiveness, efficiency and quality of future practice as an individual and as	• Leadership: principles and practices (including the difference between leadership and management) • Theories and models of adult learning and reflection: learning styles/skills • Reflection on learning in practice • Personal development plans	All areas

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
language therapy profession Continually seeks to develop their practice with guidance, through reflection and self-evaluation Demonstrates critical reflection, resilience, resourcefulness and emotional intelligence	part of a team c) Engage in continuous self-directed learning/professional development, and record the outcome in a format that meets professional requirements d) Draw up a plan for own professional development, including methods for continually updating speech and language therapy knowledge and practice (in line with HCPC's Standards of Continuing Professional Development) e) Seek out opportunities to address gaps in skills and knowledge, including active engagement with professional and interprofessional groups and networks f) Engage positively with the principles and techniques of supervision and appraisal g) Seek and respond appropriately to feedback, changing behaviour in light of feedback and	(PDPs) and learning logs (portfolios) ● Giving and receiving feedback ● Supervision models and methods ● Conflict resolution; problem solving; dealing with difficult situations	

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
	reflection h) Assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem, initiating a solution (SOP 4.3) i) Acknowledge mistakes and treat them as learning opportunities j) Use reasoning and problem-solving skills to make judgements in prioritising actions		
B. Professional commitment/clinical business skills Demonstrates knowledge of the political, social and cultural contexts within which SLTs work Demonstrates commitment and engagement to the role as part of the wider speech and language therapy workforce	a) Understand contexts of speech and language therapy service delivery and the broader context within which they are operating (SOP 13.4) b) Describe the political, social, economic and institutional drivers shaping the health and wellbeing economy and how they inform the delivery of speech and language therapy c) Articulate SLTs' roles within a	● How information about local population/demography should shape services ● Organisation, structure and function of UK health, education, social care and justice systems ● Political, social, economic and institutional drivers affecting speech and language therapy service delivery and practice ● Role(s) of speech and language therapy in primary, secondary	All areas

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
	variety of settings and contexts d) Prove the value of their service by evidencing meaningful outcomes to a range of stakeholders e) Act in a manner consistent with the values and priorities of their service and the speech and language therapy profession	and tertiary healthcare, public health, social care, education and justice ● Models of speech and language therapy service delivery: NHS and non-NHS practice	
C. Developing others Contributes to the development of the speech and language therapy knowledge and practice of others	a) Delegate tasks and activities to other members of the speech and language therapy team appropriately and, if required, to the wider health and/or education team b) Provide feedback to others in a constructive, objective and timely manner c) Identify training needs and participate in delivery of training programmes d) Tailor educational/training sessions to ensure meaning to audience e) Contribute to the development and evaluation of intervention	● Effective training: principles and practice ● Intervention approaches based on developing skills of others	All areas

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
	programmes that can be delivered by others (including speech and language therapy assistants, teaching assistants, learning support assistants, parents, carers)		
D. Innovation and change Demonstrates adaptability to changes in speech and language therapy practice and practice environments Contributes effectively to innovation and change within area of practice	a) Support plans for services that are part of the strategy for the service and profession b) Recognise the value of change and implement agreed plans designed to bring about change, development, innovation and transformation in complex but predictable contexts c) With guidance, reflect on the change process and use this information to appraise the outcome and inform future practice d) Contribute to the development of new knowledge of communication, swallowing and speech and language therapy practice, taking account of local and/or emerging health and	● Theory of change/change management ● Emerging technologies in delivery of services (eg eHealth, wearables, self-service) ● Assistive technologies/AAC ● Business and innovation as applied to healthcare and the public sector	All areas

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
	social challenges e) Engage with new and emerging technologies in speech and language therapy, eg eHealth, telehealth, telecare and assistive technologies		

4.2.4   Research and evidence-based practice

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
A. Use of the evidence base to support clinical reasoning and practice Understands the key concepts of the knowledge base relevant to the profession (SOP 13) Applies theory and evidence to clinical decision-making (SOP 14) and to the critical evaluation of practice and outcomes Delivers evidence-informed practice	a) Synthesise theories of typical and atypical speech, language and swallowing with relevant knowledge from linguistics, phonetics, psychology, social and biomedical sciences to form the foundation of reasoned professional practice (SOP 14.16) b) Use professional and ethical reasoning effectively throughout the speech and language therapy episode, integrating knowledge and theory with clinical expertise and service-user rights and	**Applied knowledge of a range of speech, language and swallowing difficulties, including:** ● aetiology, epidemiology, clinical characteristics; ● theoretical basis of and evidence-base for a variety of approaches to and methods for information-gathering, assessment, intervention and management (SOP 13.16); and ● monitoring and evaluation of speech and language therapy interventions, including a range	All areas

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
to support the achievement of outcomes	preferences c) Develop, implement and evaluate appropriate evidence-informed speech and language therapy management plans to optimise speech, language and swallowing status, through the selection, modification and application of theories, models of practice and approaches (SOP 14.3) d) Select, use and interpret appropriate and effective information-gathering and assessment methods to identify the speech, language and swallowing difficulties and needs of individuals, groups and communities and develop a reasoned speech and language therapy diagnosis (SOPs 14.4-14.11) e) Review, monitor and evaluate the ongoing effectiveness of speech and language therapy interventions using recognised	of outcome measures Additional detail is provided in Section 4.3 **Applied knowledge of a range of disciplines relevant to speech and language therapy practice, including:** ● theories and approaches relevant to the understanding of typical and atypical human communication and swallowing through the lifespan; and ● the application of each discipline to the study and practice of speech and language therapy Additional detail is provided in Section 4.4	

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
	outcome measures ([SOP 12.6](#)) f) Critically appraise and modify own speech and language therapy practice, ensuring that it is up to date and evidence-informed and takes account of the new developments or changing contexts ([SOP 14.1](#))		
B. Research skills and methods Demonstrates the knowledge and skills required to understand, interpret and apply research to practice Demonstrates the knowledge to engage in research-related activity, including carrying out research projects	a) Independently source, critically evaluate, interpret, analyse and synthesise research findings that are relevant to speech and language therapy b) Formulate relevant research questions about issues related to speech, language, communication, swallowing and speech and language therapy practice c) Understand a range of quantitative and qualitative research methodologies typically used in health, education and social research d) Select and defend designs and methods appropriate to research	**Accessing and appraising evidence** • Evidence-based practice models • Systematic literature searching methods • Sources and grading of evidence, guidelines and systematic review and meta-analysis • Critical appraisal methods/tools for a range of methodologies and study designs **Research design and process** • Qualitative and quantitative research methodologies, including study design, data	All areas

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
	in speech and language therapy e) Comply with research ethics and research governance processes and policies f) Present data and information to facilitate appropriate analysis g) Understand, manipulate and interpret numerical data through the use of basic statistical packages h) Disseminate research findings in a variety of ways to a range of stakeholders	collection, management and analysis ● Interpretation, reporting and presentation of quantitative and qualitative data ● Ethical considerations in research and research governance	
C. Service evaluation and development Demonstrates the knowledge and skills required to participate in service evaluation, audit and development related to their day-to-day practice	a) Contribute to projects and audits to monitor, evaluate and improve the quality of the service provided to people with speech, language and swallowing difficulties to improve health outcomes and reduce health inequalities b) Incorporate the findings of audits and service evaluation activities into their practice c) Recognise and implement the principles of clinical governance	● National and local audits and implications for speech and language therapy practice ● National and local quality standards relevant to speech and language therapy practice ● Audit cycle ● Efficacy and effectiveness ● Patient-reported outcome measures (PROMS)/patient and public involvement (PPI) ● Outcome measures for a range of purposes	All areas

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
	and the applicability of this to their practice as a framework for quality improvement d) Gather information to evaluate the responses of service users with communication and swallowing needs to their care and report this appropriately		

4.2.5 Professional autonomy and accountability

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
B. Information governance, record-keeping and technology Manages records and all other information in accordance with applicable legislation, protocols and guidelines (SOP 7.2 & 10.2)	a) Keep accurate and contemporaneous records (SOP 10.1); record concisely all the necessary information to support the professional SLT judgement b) Report accurately and appropriately to relevant people, including service users and carers c) Understand the importance of and be able to maintain	**Record keeping and reporting** ● Case note and report writing: principles and practice ● Data quality, terminologies, classifications and their use in health and social care ● Accessible information: principles and practice **Information governance and technology:** ● Confidentiality and appropriate	All areas

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
	confidentiality; recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public (SOP 7 & 7.3) d) Comply with all data protection requirements, including photography, video and audio material (SOP 7.4) e) Appropriately use available information and communication technologies for the organisation and evaluation of data and to communicate with colleagues and service users	disclosure ● Data protection: legislation, protocols ● Social media: regulatory guidance and protocols, ethics and risks	
C. Caseload and professional responsibility Manages routine caseload as appropriate to the setting; manages more complex cases with supervision Applies knowledge of the scope and breadth of speech and language	a) Manage and prioritise caseload demands to ensure safety and equity (SOP 1.2) b) Use reasoning and problem-solving skills to make judgements in prioritising actions c) Practise as an autonomous professional, exercising own professional judgement within	**Professionalism** ● Professional values, attitudes, behaviours and responsibilities ● Self-evaluation and self-reflection: recognising own limitations and identifying learning/development needs ● Caseload management and prioritisation ● Scope and overall aims of speech	All areas

Key graduate capabilities	Graduate abilities	Indicative content: knowledge and skills	Clinical areas (where applicable)
therapy practice; demonstrates an appreciation of knowledge limitations Accepts responsibility for the quality of the services SLTs provide and acts to ensure quality is maintained through evidence-informed practice	routine and generally predictable contexts (SOP 4) d) Recognise and work within the limits of their practice and experience, knowing when and from whom to seek advice or help, or refer to another professional (SOP 1.1) e) Take personal responsibility for professional decision-making, implementing safe practice within their individual scope of practice	and language therapy practice	

4.3 Applied knowledge of speech, language and swallowing difficulties and their speech and language therapy management

This section details the applied knowledge of speech, language and swallowing difficulties, and their speech and language therapy management, which is necessary to ensure safe, effective and evidence-based practice by new graduates.

- Table 1 outlines a core set of graduate capabilities, knowledge and skills *that are common to all clinical areas of speech and language therapy practice*.
- Table 2 lists the range of speech, language and swallowing difficulties (clinical areas) that speech and language therapy graduates are expected to know about, together with any additional or specific knowledge and skills (commensurate with new graduate status) that are not already covered in Table 1. Reference should also be made to current relevant RCSLT guidance on specific conditions.

4.3.1 Table 1. Key graduate capabilities relevant to all clinical areas listed in Table 2

Key graduate capabilities	Graduate abilities *For each clinical area, entry-level SLTs will be able to…*	Indicative content
Demonstrates the applied knowledge of the full range of speech, language and swallowing difficulties and their speech and language therapy management	a) Understand and apply current theoretical models of typical and atypical development and presentation b) Understand current theoretical issues in, and apply current theoretical approaches to, speech and language therapy practice c) Identify and describe aetiology, epidemiology, co-morbidities and prognostic factors d) Identify and describe typical characteristics and presenting features of speech, language, communication and (where relevant) swallowing difficulties, including their development, presence and implications across the lifespan e) Recognise and explain the interactions between speech, language, communication and swallowing difficulties and social interaction/inclusion, health, psychosocial wellbeing, education and employment across the lifespan f) Understand typical care pathways and the service-user journey from referral to leaving therapy/discharge g) Describe and evaluate current approaches to assessment, differential diagnosis, intervention and management across the lifespan h) Understand and apply the key principles underpinning safe practice in speech and language therapy assessment and management i) Embody the role of the SLT in interprofessional teams and social networks in the management of speech, language and swallowing difficulties j) Identify and apply appropriate outcome measurements k) Evaluate and utilise the current evidence-base to inform clinical decisions	All areas

4.3.2 Table 2. Clinical areas and key graduate capabilities additional to those covered in Table 1

The clinical areas below are listed in alphabetical order for ease of reference.

Clinical area	Key graduate capabilities
1. Acquired cognitive communication disorders	a) Identify aetiological and prognostic factors and presenting features in the following conditions including, but not exclusive to, the accepted and preferred terms in current usage: 1) Cognitive communication disorder (CCD) arising from acute brain injury 2) CCD arising from dementia 3) Right hemisphere disorder b) Evaluate and apply current approaches to assessment and intervention with individuals with acute onset and progressive acquired communication disorders at different stages and in a range of settings c) Recognise and explain the interaction between acquired communication disorders arising from, for example, brain injury, and the implication for speech and language therapy
2. Acquired language disorders	a) Identify aetiological and prognostic factors and presenting features in the following conditions, including, but not exclusive to, the accepted and preferred terms in current usage: 1) Aphasia 2) Primary progressive aphasia (PPA) 3) Literacy b) Evaluate and apply current approaches to assessment and intervention with individuals with acute onset and progressive acquired language disorders at different stages and in a range of settings c) Recognise and explain the interaction between acquired language disorders arising from, for example, brain injury, and the implication for speech and language therapy
3. Acquired motor speech disorders	a) Identify aetiological and prognostic factors, co-morbidities and presenting features, as well as current classification systems in: 1) Apraxia of speech 2) Dysarthria

Clinical area	Key graduate capabilities
	b) Evaluate and apply current approaches to assessment, differential diagnosis, intervention and management in motor speech disorders in a range of acute onset and progressive conditions

4. Acquired neurological disorders and/or conditions	a) Identify aetiological and prognostic factors and presenting features in the following conditions, including, but not exclusive to, the accepted and preferred terms in current usage:
	   1) Parkinson's disease
	   2) Stroke
	   3) Multiple sclerosis
	   4) Motor neurone disease
	   5) Huntington's disease
	   6) Dementia
	b) Evaluate and apply current approaches to assessment, differential diagnosis, intervention and management with individuals with acquired neurological disorders and/or conditions, including inclusive communication, eg AAC, total communication, environmental and whole system approaches

5. Cleft lip and/or palate and other craniofacial conditions	a) Identify aetiological and embryological bases of cleft lip and/or palate and related craniofacial conditions, including consideration of orthodontics (atypical dentition development) b) Understand the interaction between communication and eating, drinking and swallowing difficulties associated with cleft lip and/or palate c) Describe and evaluate current approaches to assessment and intervention in cleft lip and palate, including medical/surgical interventions
6. Dysphagia (eating, drinking and swallowing disorders)	a) Understand typical and disordered eating, drinking and swallowing, including anatomical and physiological bases and lifecycle changes, as well as the role of orthodontics b) Identify aetiological and prognostic factors, co-morbidities and presenting features of dysphagia in all relevant clinical areas c) Evaluate and apply current approaches to clinical assessment and intervention with a range of individuals with dysphagia; describe and evaluate a range of current instrumental assessments in dysphagia

Clinical area	Key graduate capabilities
	d) Assess and manage risks associated with dysphagia, including aspiration, malnutrition, dehydration, oral and non-oral feeding, and risk feeding e) Understand the ethical and legal implications of withholding and withdrawing feeding and nutrition (SOP 2.8) The above bullet points are from the RCSLT Dysphagia Training & Competency Framework (2015) Level A knowledge section, which is the required minimum. To note: "It is the RCSLT's vision that [NQPs] arrive with core, specialist-level [Level C] knowledge of dysphagia and a range of competencies that can clearly be identified by referring to the competency framework developed in this document." (RCSLT Dysphagia Training & Competency Framework, 2015, p.13) It is recognised that dysphagia placement availability varies locally, and competencies can only be signed off if suitable dysphagia placements are available to the SLT learner to facilitate practical application. It is also recognised that experience of practical skills in one area may not equate to the same level of practical skills in another area. The RCSLT encourages HEIs and practice education providers to use the RCSLT Dysphagia Training & Competency Framework (2015) as part of the learning process. However, please note that this is not mandatory.

7. Fluency disorders	a) Identify aetiological and prognostic factors, co-morbidities and presenting features in:
	    1) Stuttering
	    2) Cluttering
	b) Evaluate and apply current approaches to assessment, differential diagnosis, intervention and management in fluency disorders for children, adolescents and adults

Clinical area	Key graduate capabilities
8. Head and neck cancers and/or traumas	a) Identify aetiological and prognostic factors, co-morbidities and presenting features of speech, language and swallowing in head and neck cancers and/or traumas b) Describe and evaluate current approaches to assessment and intervention with individuals with speech and swallowing disorders arising from temporary or permanent structural changes to head and neck, eg laryngectomy and tracheostomy
9. Hearing impairment (incl. Deafness)	a) Identify aetiological and prognostic factors, co-morbidities, classification and presenting features of speech, language and communication in congenital and acquired hearing loss b) Evaluate and apply current approaches to assessment and intervention in children and adults with hearing impairment, including oral, manual, total communication and environmental approaches, use of equipment and digital technologies c) Demonstrate understanding of the Deaf society and culture

10. Language disorders (adults and children)	a) Identify aetiological and prognostic factors and presenting features in the following conditions, including, but not exclusive to, the accepted and preferred terms in current usage:
	    1) Developmental language disorder (DLD) – previously known as specific language impairment (SLI)
	    2) Language disorders in association with other neurodevelopmental conditions
	 b) Evaluate and apply current approaches appropriately to assessment, differential diagnosis and intervention in language disorders at different stages of development, education and life
	 c) Recognise and explain the interactions between language disorders and literacy development, including, but not exclusive to, developmental dyslexia

11. Mental health conditions (adults)	a) Identify aetiological factors, co-morbidities and communication characteristics of common mental health conditions b) Recognise and explain interactions between mental health conditions, communication and social interaction, and eating, drinking and swallowing and their implications for speech and language therapy assessment and intervention c) Evaluate and apply current approaches to assessment, differential diagnosis, intervention and management

Clinical area	Key graduate capabilities
	with adult individuals with mental health conditions that affect communication and swallowing

12. Mental health conditions (children)	a) Identify aetiological and prognostic factors and presenting features in the following conditions, including, but not exclusive to, the accepted and preferred terms in current usage:
	   1) Social, emotional and mental health in children (SEMH)
	   2) Selective mutism
	b) Recognise and explain interactions between mental health conditions, communication and social interaction, and eating, drinking and swallowing and their implications for speech and language therapy assessment and intervention
	c) Evaluate and apply current approaches to assessment, differential diagnosis, intervention and management in children and young people with mental health conditions that affect communication and swallowing

13. Neurodevelopmental conditions and/or learning disabilities	a) Identify aetiological and prognostic factors and presenting features in the following conditions, including, but not exclusive to, the accepted and preferred terms in current usage:
	   1) Autism spectrum disorder (ASD)
	   2) Social communication disorder
	   3) Cerebral palsy
	   4) Profound and multiple learning disabilities (PMLD)
	   5) Learning disabilities (full range)
	   6) Other conditions, eg attention deficit hyperactivity disorder (ADHD), foetal alcohol spectrum disorder (FASD)
	b) Evaluate and apply current approaches to assessment, differential diagnosis, intervention and management with individuals with neurodevelopmental conditions and/or learning disabilities across the lifespan, including inclusive communication, eg AAC, total communication, environmental and whole system approaches

14. Speech sound disorders	a) Identify aetiological and prognostic factors and presenting features in the following conditions including, but not exclusive to, the accepted and preferred terms in current usage: 1) Childhood apraxia of speech

Clinical area	Key graduate capabilities
	2) Developmental verbal dyspraxia 3) Phonological delay 4) Phonological disorder (consistent and inconsistent) 5) Speech disorder (consistent and inconsistent) b) Evaluate and apply current approaches appropriately to assessment, differential diagnosis and intervention in speech sound disorders, including medical, linguistic and psycholinguistic approaches
15. Voice disorders and voice modification	a) Identify aetiological and prognostic factors and presenting features in the following conditions, including, but not exclusive to, the accepted and preferred terms in current usage: 1) Functional voice disorder (muscle tension dysphonia, psychogenic) 2) Organic voice disorder (structural changes and neurogenic) 3) Gender and voice changes (voice mutation, trans and gender non-conforming voice and communication modification) b) Describe and evaluate current approaches to assessment, intervention and management with individuals with voice disorders or voice modification needs

4.4 Applied knowledge from other disciplines underpinning speech and language therapy professional practice

This section outlines the applied knowledge and skills from the range of psychological, social, biological and medical disciplines that are integral to the development of the graduate capabilities identified in Section 4.2. For each of the discipline areas identified, the curriculum content and delivery should enable speech and language therapy graduates to:

● understand the main concepts and contexts, theories and approaches relevant to both typical and atypical patterns, processes and functions affecting speech, language, communication and swallowing throughout the lifespan;

● integrate these theories and approaches with knowledge of speech and language therapy evidence-based practice to guide clinical decision-making and practice; and

● understand the roles, responsibilities and boundaries of professional specialisms and their relevance to and interactions with speech and language therapy and MDT practice.

Unlike **Sections 4.2** and **4.3**, this section is not presented as key graduate capabilities; rather, it sets out the discipline-specific content and knowledge base that graduate SLTs need *in order to achieve the identified capabilities*.

4.4.1   Phonetics and linguistics

Note: Development and consolidation of the skills in practical phonetics and linguistics, which underpin clinical practice, entails a considerable investment of time over an extended period, and may require high levels of small-group face-to-face contact.

Content area	Indicative content: knowledge base required to enable achievement of graduate capabilities
Phonetics and clinical applications	a) Theoretical concepts and practical skills in phonetic analysis techniques, including: 　1) Articulatory description, perception, transcription and production of sounds represented by the IPA chart and, as appropriate, by the extIPA chart 　2) Phonetic analysis of voice quality and prosody 　3) Clinical applications of practical phonetics b) Acoustic phonetics, including: 　1) The nature of sound (waveforms, amplitude, frequency and duration) 　2) Instrumentation and software for acoustic measurement c) Speech production, including instrumentation and software for measurement of speech and voice production d) Clinical application of perceptual and instrumental approaches to analysis of speech and voice production
General linguistics and clinical applications	a) Theoretical concepts in linguistics and their application to all language modalities b) Understand and apply principles of analysis of: 　1) Phonology 　2) Morphology 　3) Syntax 　4) Semantics 　5) Pragmatics

Content area	Indicative content: knowledge base required to enable achievement of graduate capabilities

	c) Clinical applications of linguistics in both typical and atypical development:
	    1) Aims and methods of speech and language sampling
	    2) Selection of appropriate tools for clinical analysis of speech and language
	    3) Linguistic profiling and interpretation for a range of client groups

Speech and language acquisition and change over the lifespan	a) Semantic-pragmatic, syntactic and phonological acquisition, development and change b) Speech acquisition and typical articulatory development and change c) Acquisition of language in alternative modalities

Psycholinguistics	a) Current psycholinguistic frameworks and their clinical application
	    1) Comprehension of language
	    2) Expression of language
	    3) Speech production
	    4) Speech perception
	b) The extension of psycholinguistic models to other communicative modalities

Conversation and discourse analyses	a) Theoretical models and frameworks of conversation and discourse b) Current approaches to analysis in pragmatics, conversation and discourse
Sociolinguistics	a) Regional and social accents and dialects b) Gender- and age-related variation in speech and language c) Styles and registers
Multilingualism	a) Theoretical models of multilingualism b) Typical and atypical patterns of development in multilingualism from infancy to old age c) Additional language acquisition, speech production and perception d) Implications of multilingualism for assessment and intervention in speech and language therapy practice

4.4.2   Psychological and social sciences

Content area	Indicative content: knowledge base required to enable achievement of graduate capabilities
Theoretical frameworks in psychology	a) Models of cognition and neuropsychology b) Typical and atypical psychological processes: motivation, perception, attention and memory c) Learning theories
Psychological development and change	a) Typical and atypical psychological development across the lifespan: social and cognitive b) Biological and sociocultural influences on psychological development (attachment, play) c) Individual differences: intelligence, personality and temperament d) Psychological issues in key life transitions: adolescence, parenting, mid-life challenges and retirement e) Human resilience
Applications of psychology to speech and language therapy practice	a) Educational psychology: assessment and intervention, interactions with speech and language therapy practice b) Clinical psychology: assessment and intervention, interactions with speech and language therapy practice c) Health psychology: factors influencing health beliefs, decisions and behaviours d) Behaviour change/modification theories and techniques e) Forensic psychology: assessment and intervention; interactions with speech and language therapy practice f) Counselling: theories, models and foundation skills
Applications of social and cultural factors to speech and language therapy practice	a) Social development: social and cultural influences b) Socialisation and roles, including gender identity c) Cultural diversity d) Social determinants of health, health inequalities, social injustice and social inequity e) Societal approaches to education, justice, wellbeing and health f) Social and cultural constructs of impairment, disability and participation g) Current sociological approaches to assessment and intervention

Content area	Indicative content: knowledge base required to enable achievement of graduate capabilities
Language and literacy	a) Theoretical models of language and literacy b) The role of language in the school curriculum c) Typical and atypical development of literacy across the lifespan d) Relationship between spoken and written language abilities

4.4.3   Biological and medical sciences

Content area	Indicative content: knowledge base required to enable achievement of graduate capabilities

General anatomy and physiology (basic level)	a) Basic structure and function of the following systems:
	   1) Respiratory
	   2) Cardiovascular
	   3) Endocrine
	   4) Nervous
	   5) Musculoskeletal
	   6) Sensory
	b) Cell biology and histology
	c) Genetics

Biological processes with specific relevance for speech and language therapy	a) Anatomy and physiology of the vocal tract and ear, including typical lifespan changes:
	   1) Orofacial and upper thoracic regions
	   2) Embryology and an introduction to congenital malformations
	   3) Growth and development in childhood and adolescence
	   4) Maintenance and change during adulthood and old age
	b) Neuroanatomy and neurophysiology:
	   1) Organisation of the brain and cranial nerves
	   2) Neurobiological control of speech, language and hearing: central and peripheral nerve pathways and cortical localisation of language function, speech motor control and hearing

Content area	Indicative content: knowledge base required to enable achievement of graduate capabilities
	3) Nervous control of muscle function 4) Thalamus and autonomic nervous system c) The limbic system; neurobiological control of motivational states, emotional behaviour, learning and memory: 1) Vision: peripheral nerve pathways and cortical localisation
Neurology	a) Developmental, acquired and progressive neurological disorders: aetiological and prognostic factors, presenting features, impacts on speech, language and swallowing b) Principles of clinical neurological assessment c) Current neurological approaches to assessment and intervention in common neurological disorders: interactions with and implications for speech and language therapy practice
Audiology	a) Typical lifespan changes in hearing b) Conductive and sensorineural hearing loss and auditory processing disorder c) Current approaches to assessment of hearing in children and adults d) Principles of psychoacoustics: interactions with and implications for speech and language therapy practice e) Audiological approaches to management of developmental and acquired hearing loss, including hearing aids and cochlear implants f) Impact of hearing loss on communication

Ear, nose and throat (ENT) and maxillofacial surgery	a) Developmental abnormalities and acquired pathologies of:
	    1) the ear and hearing;
	    2) the larynx, throat, nose, oral cavity and surrounding structures, including the velopharyngeal system
	b) Impact of disease or traumatic injury to the maxillofacial and neck areas
	c) Current medical and surgical approaches to assessment and intervention in ENT and maxillofacial conditions: interactions with and implications for speech and language therapy practice

Content area	Indicative content: knowledge base required to enable achievement of graduate capabilities
Psychiatry	a) Childhood and adult psychiatric conditions that affect or interact with speech language and swallowing: classification, aetiological and prognostic features, presenting features b) Current approaches to psychiatric assessment and intervention: interactions with and implications for speech and language therapy practice
Paediatrics	a) Role of paediatrics in support for child populations b) Medical and interdisciplinary team assessment and interventions with children with complex needs c) Roles and functions of specialists within paediatric teams and within different service delivery models
Gerontology	a) Patterns of typical and atypical ageing: interactions with and implications for speech and language therapy practice b) Maintenance of health and wellbeing in the older person, including managing multiple co-morbidities c) Current medical approaches to assessment and intervention in age-related conditions: interactions with and implications for speech and language therapy practice
Oncology	a) Classification and staging of cancers, especially head and neck and brain tumours b) Current medical and surgical approaches to assessment and intervention in head and neck cancer and brain tumour: interactions with and implications for speech and language therapy practice
Palliative and/or end of life care	a) Palliative and end of life care principles b) Current MDT approaches to palliative and end of life care: interactions with and implications for speech and language therapy practice c) Ethical issues, including patient-led decision making and risk management

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Appendix 1: Sources consulted during the development of the Curriculum Guidance

Description of source	
Feedback from RCSLT members (in alphabetical order)	**Dates**
ALD Network	April 2017
Board of Trustees	December 2017
Committee of Representatives of Speech and Language Therapists in Higher Education (CREST)	January 2017, March 2017, July 2017, January 2018
Hub Forum England	April 2017
PPPC	April 2016, April 2017, September 2017
RCSLT Advisers	July 2017
RCSLT Online conversation *Participation statistics:* • *1,383 participants* • *12,095 contributions*	31 October – 22 November 2016
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