



National Patient Safety Agency



National Stroke Nursing Forum



Chorley & South Ribble   
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NHS Foundation Trust



# Inter Professional Dysphagia Framework

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**On behalf of the National Dysphagia Competence  
Steering Group**

[www.uclan.ac.uk/facs/health/nursing/research/groups/stroke](http://www.uclan.ac.uk/facs/health/nursing/research/groups/stroke)

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## Inter-professional Dysphagia Framework

**Background:** The project originated from a desire to produce a comprehensive inter-professional dysphagia competence framework and make available a common language to a mobile workforce. Although its focus is oro-pharyngeal difficulties, it considers the effects of reflux in the oesophageal stage and its influence on swallowing management. It also encompasses the whole of the feeding process. The various client groups are not considered individually, but practitioners are expected to consider all aspects of assessment and management pertaining to the individual within their speciality/location commensurate with their level of expertise.

**Aim:** The Inter-professional Dysphagia Framework (IDF) informs strategies for developing the skills, knowledge and ability of speech and language therapists, nurses and other healthcare professionals/non-registered staff, to contribute more effectively in the identification of people with, and in the management of, feeding/swallowing difficulties.

**Steering Group:** The Steering Group comprised key stakeholders: The authors; NHS Changing Workforce Development Program; National Patients Safety Agency; Royal College of Physicians; Royal College of Nurses; Royal College of Speech and Language Therapists; British Dietetics Association; Skills for Health; and user and carer representation.

**Funding:** This work was funded by: the National Patient Safety Agency (NPSA); the NHS Modernisation Agency Changing Workforce Programme; North and East Yorkshire, North Lincolnshire and South Yorkshire Workforce Development Confederations; and the National Stroke Nursing Forum.

**Methodology:** The work was performed within a recognised academic framework, which included: literature review; professional consultation (through, stakeholder interviews, questionnaires and expert multi-disciplinary focus groups); and user and carer consultation.

**Results:** The following inter-professional competences have been developed:

1. Assistant Dysphagia Practitioner
2. Foundation Dysphagia Practitioner
3. Specialist Dysphagia Practitioner
4. Consultant Dysphagia Practitioner

The researchers collaborated with Skills for Health, the Sector Skills Council in developing a suite of National Workforce Competences in dysphagia covering the health workforce ([www.skillsforhealth.org](http://www.skillsforhealth.org)). An awareness level has been included at the request of professionals but should not be considered a level of competence.

**Conclusion:** Employers should identify the level of competence required by their workforce (broad definitions are given at the beginning of each section/level) in order to identify and manage, in a timely and effective manner, their dysphagic clientele in all service areas.

The levels of competence, the competences and the underpinning knowledge are based on expert consensus (evidence level IV, grade of recommendation C). References relating to the specific interventions can be found in the full document available on [www.rcslt.org](http://www.rcslt.org)

**Further Development:** It is the recommendation of the Steering Group that further work be undertaken to identify the requirements for learning programmes that can be standardised at a national level.

## Discussion

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The IDF was designed to be applicable to registered and non-registered dysphagia practitioners in order to meet dysphagic individual's needs in a variety of locations: primary and secondary healthcare, social services and education. The framework has 4 levels of competence:

- Assistant
- Foundation
- Specialist
- Consultant

A significant number of practitioners requested that an Awareness level be included to reflect national requirements and to allow standardisation across the UK. An Awareness level is therefore included in the document for your information.

The levels are not intended to be prescriptive but offer a broad definition of the role of a dysphagia practitioner. It allows specific roles to be further defined to meet the needs of both the acute and community settings across multiple client groups. It is envisaged that in order to provide a comprehensive dysphagia service, different levels of practitioners will be required in each location and at each point of the dysphagic individual's journey through the service.

Competences for dysphagia practitioners have been identified within these levels that should be considered as part of a holistic approach to the assessment and management of oro-pharyngeal dysphagia. The framework considers issues relating to:

- Individual's need and the support required
- Communication, capacity and consent
- Environment
- Levels of alertness
- Altered cognition
- Behavioural issues
- Cultural issues
- Psychological issues
- Medical state
- Neurological state inclusive of sensory integration
- Normal swallowing
- Disordered swallowing
- Hydration and nutrition
- Consistencies of oral intake including medication
- Ethical and legal issues
- Teaching
- Audit and research
- Policy and service delivery

The IDF is not progressive in that a dysphagic individual would not be referred to the next level of practitioner unless the individual's presenting difficulties were either outside the practitioner's scope of practice, or their needs could be met by a practitioner operating at a lower level. Practitioners should identify the level of expertise required by their expected role relevant to their job, and should be trained to that level. Each level stands alone. However, some competences will be common to all levels e.g. anatomy and physiology of the swallow, but the level of knowledge underpinning the competences exponentially rises.

The framework addresses the competences required by a dysphagia practitioner. In doing this, it identifies competences that are requisite to the whole team working with the dysphagic individual. It recognises that practitioners within the team may have a high level of expertise in an area that impacts on the dysphagic individual. These practitioners would advise the team on how to adapt their practice in order to optimise swallow function. When the practitioner's skills are analysed in the domain of dysphagia assessment and management, the practitioner may be working at a different level e.g. A physiotherapist who works within the dysphagia team and with a dysphagia client group has specialist expertise in posture and chest status, but may require competences of a Foundation level practitioner when dealing with dysphagia. Similarly, a GP may need expertise in order to eliminate 'other' reasons for the individual's complaints of

The researchers acknowledge the role of the specialist carer who may have considerable knowledge regarding the dysphagic individual together with experiential expertise in the identification and management of feeding/swallowing difficulties. They would however only have knowledge relevant to an individual and would not be expected to apply those skills to a dysphagia client group.

Individual practitioners will, with time and exposure to a client group, begin to develop some skills at a higher level of expertise. It would be appropriate for the manager to decide whether, within the role that the practitioner holds, if it would be appropriate to train the individual in the competences required at the more specialised level.

This document does not specify, nor endorse, any particular training courses. The Steering Group consider that the competences, and the underpinning knowledge and skills, can be met by a variety of different training modules. The IDF does offer direction to individual training establishments to identify what training would be appropriate for practitioners in order to complete each of the competences or skills defined at each level. The Steering Group would recommend that where training courses for the assessment and management of dysphagia are being developed, that the training should be informed by this competence framework.

The IDF dysphagia practitioner levels include competences specific to dysphagia that can be cross-referenced with those of the dysphagia competences from the Skills for Health, Skills Sector Council. The IDF dysphagia practitioner levels identify additional competences e.g. training, research etc. that the practitioner requires in order to fulfil their role. These additional competences can be found in other Skills for Health competence units that are included for your information at the introduction to each level. The IDF creates a common language that people can utilise within a dynamic and mobile workforce across the NHS, as well as in private and voluntary settings.

## Implementation

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The IDF is built in layers with many of the competences described in the lower levels. As the range of competences increases in keeping with the framework, successive more specialised levels are achieved.

It is envisaged that managers/team leaders of dysphagia services, with a knowledge of the local or departmental need within each client group area, will:

- identify the general level of dysphagia competence that is required for a practitioner in each location, as identified by the description of the level on the covering page
- agree the specific competences within the level required by the practitioner so that it then becomes person specific and meets the local need.
- offer pertinent training using a variety of training models; including in-house and out sourcing
- ensure that the underpinning knowledge and observed competences are verified by an appropriately trained practitioner
- identify the level of competence in the practitioner's job description and link it to the Knowledge and Skills Framework identified on the cover at each level.

## Levels of Dysphagia Practitioner

### Awareness

It is envisaged that this level of Awareness could be provided through information leaflets, sessions in induction programmes, or during service mandatory updating. Demonstrable skill and competences are not applicable to this role as no form of assessment is required.

The individual worker/volunteer may be involved in: the transfer of individuals within the service. For example:

- school transport; delivering food or drink to an individual
- parents, teachers, volunteers, carers
- providing medical care, e.g. G.P
- providing social care, e.g. social services home managers, or voluntary services maintaining cleanliness within an organisation.

They need an awareness of the presenting signs and symptoms of dysphagia and will need to be aware of the associated health risks. They will need to know how and to whom the observed difficulties should be highlighted.

### Assistant Dysphagia Practitioner

The Assistant dysphagia practitioner can demonstrate basic skills that contribute to the care and treatment of individuals presenting with dysphagia. They will contribute to the implementation of dysphagia management plans prepared by others in the care team and report to Foundation, Specialist or Consultant dysphagia practitioners. Assistant dysphagia practitioners may prepare oral intake for individuals and contribute to feeding and providing fluids. Oral intake includes food or drink, and medication, that may be given by practitioners according to their designation and location.

Assistant dysphagia practitioners will require training, and their knowledge and competence should be assessed by a more experienced practitioner. They should demonstrate knowledge of relevant policies, procedures and guidelines.

The Assistant dysphagia practitioner is directly linked to the Skills for Health competence units:

- AHP 26 Provide support to individuals to develop their skills in managing dysphagia
- AHP 27 Assist others to monitor individuals' attempts at managing dysphagia.

The research team were unable to modify the competences within these units. However, concerns raised by the inter-professional consultation have been collated and forwarded to Skills for Health for their consideration when the units are reviewed.

### Foundation Dysphagia Practitioner

The Foundation dysphagia practitioner can demonstrate acceptable performance undertaking a protocol-guided assessment of swallowing.

They will identify presenting signs and symptoms, and will undertake a protocol-guided assessment of dysphagia. They will be working to pre-defined criteria, which may include the use of liquids, semi-solids and solids, as appropriate to the individual's age and needs. They are able to initiate and implement the actions dictated by the protocol and disseminate this information to the individual, the carer and the team. They demonstrate knowledge and understanding of relevant policies, procedures, and guidelines.

The Foundation dysphagia practitioner is directly linked to the Skills for Health competence:

- DYS 1 Undertake a protocol-guided swallowing assessment.

### **Specialist Dysphagia Practitioner**

The Specialist dysphagia practitioner can demonstrate competent performance in the assessment and management of dysphagia, working autonomously with routine and non-complex cases. They will receive referrals from others in the care team, prioritise referrals in line with local risk assessment procedures, and conduct a comprehensive assessment of feeding/swallowing function. In this comprehensive assessment they will utilise a range of assessment techniques based on current research/best practice and any relevant policies procedures and guidelines. They will generate a working hypothesis, analyse the emerging information and, taking a holistic view of the individual, will provide advice and guidance to other care team members. They will provide rehabilitation programmes and suggest interventions to manage the ongoing problems with feeding/swallowing. Practitioners functioning at this level will contribute to the development, and delivery, of a comprehensive management plan in order to optimise the health and well-being of the dysphagic individual.

They should consistently apply knowledge and understanding of any relevant policies, procedures and guidelines to the assessment and management of dysphagia.

They will supervise, support and instruct others in implementing dysphagia management plans to manage the effects of dysphagia.

The Specialist dysphagia practitioner is directly linked to the Skills for Health competence units:

- DYS 2 Undertake a comprehensive swallowing assessment
- DYS 4 Develop a dysphagia care plan

### **Consultant Dysphagia Practitioner**

Consultant dysphagia practitioners can demonstrate skilled activity with advanced theoretical knowledge and understanding, based on current research/best practice and any relevant policies procedures and guidelines. They will be able to determine the underlying cause of complex dysphagia problems, develop and test hypotheses, identify and trial interventions to rehabilitate or compensate for the presenting difficulties, and devise extensive dysphagia management plans. They may undertake specialist interventions, and/or alternative examinations, particularly for those individuals who present with unusual, complicated or co-existing difficulties. They may identify that further assessments are needed and refer for specialist assessments, interpreting the results and modifying dysphagia management plans accordingly.

They would be involved in teaching, training and supervising others in: the identification of feeding/swallowing difficulties; comprehensive dysphagia assessments and implementation of dysphagia management plans, acting as a resource for evidence-based practice. They will offer consultative second opinions on complex case management and will be responsible for taking the lead in audit and research as well as developing dysphagia policy at strategic and departmental level.

The Consultant dysphagia practitioner is directly linked to the Skills for Health competence units:

- DYS 3 Undertake a specialist dysphagia assessment
- DYS 4 Develop a dysphagia care plan

## Awareness

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The individual worker/volunteer may be involved in: the transfer of individuals within the service (e.g. school transport; delivering food or drink to an individual; e.g. parents, teachers, volunteers, carers; providing medical care; e.g. G.P.; providing social care; e.g. social services home managers, providing voluntary services and/or maintaining cleanliness within an organisation).

Individuals functioning at this level need an awareness of the presenting signs and symptoms of dysphagia and will need to be aware of the associated health risks. They will need knowledge of the actions to be taken and to whom they should report potential problems.

The information required at this level could be provided through general literature, awareness sessions and induction programmes or during mandatory updating, delivered as part of life support training etc. There would be no form of assessment required.

This includes practitioners who work across primary and secondary healthcare, social services and education.

Information to be considered at an awareness level may include:

1. Basic information regarding the normal swallow
2. Basic information regarding the chronic and acute signs of aspiration
3. Basic information that aspiration of food and drink may compromise the individual's respiratory, hydration and nutritional state
4. Basic information regarding the physical, emotional and psychological impact of swallowing and feeding difficulties on the individual and carers
5. Basic information about the ethical and medico-legal dilemmas that may occur with individuals with feeding/swallowing difficulties. For example, individuals may wish to refuse oral nutrition and hydration, or a decision has been made that an individual having palliative care has reached the final stages and it has become inappropriate to continue oral input.
6. Information regarding the referral procedure and to whom the referral should be made.

## Assistant Dysphagia Practitioner

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This role is designed for non-specialist practitioners who work with individuals with feeding/ swallowing difficulties (dysphagia). They can demonstrate basic skills that contribute to the care and treatment of individuals who present with dysphagia. They will contribute to the implementation of dysphagia management plans prepared by others in the team and will report to a more experienced/qualified dysphagia practitioner.

Assistant dysphagia practitioners will be involved in direct care, preparing oral intake for individuals and may assist in feeding and providing fluids. They should be able to identify feeding and swallowing difficulties, recognise optimum feeding conditions, support individuals participating in therapy programmes and be able to refer to more experienced/qualified dysphagia practitioners.

Assistant dysphagia practitioners should undertake dysphagia training in order to demonstrate dysphagia competences specific to their role, and to implement individual dysphagia management programmes.

This includes practitioners who work across primary and secondary healthcare, social services and education.

**Links:** This module links with the following dimensions and levels:

NHS Knowledge and Skills Framework (October 2004)

Dimension: Health and well-being HWB7 Interventions and treatments Level 2

National Workforce Competences for Allied Health Profession Support Competence Units (June 2004)

Unit AHP 26 Provide support to individuals to develop their skills in managing dysphagia

Unit AHP 27 Provide support to individuals to develop their skills in managing dysphagia

HSC214 Help individuals to eat and drink

## Assistant Dysphagia Practitioner

### Competences

### Information

1	<p>Have an appreciation of relevant information not detailed in the dysphagia management plan and how this may impact upon the individual's ability to participate in eating and drinking. This may include:</p> <ul style="list-style-type: none"><li>• medical diagnosis and state</li><li>• physical state and potential for fluctuation/deterioration in condition</li><li>• chest status</li><li>• psychological state</li><li>• mood</li><li>• cognitive state</li><li>• perceptual issues</li><li>• sensory integration difficulties</li><li>• posture</li><li>• level of alertness</li><li>• oral hygiene</li><li>• hydration and nutritional state</li><li>• communicative abilities</li><li>• behavioural issues</li><li>• ethical/legal issues</li></ul>
2	<p>Obtain additional information from the individual, relatives or carers. This may include:</p> <ul style="list-style-type: none"><li>• history and onset of presenting difficulties</li><li>• individual and carer perceptions, concerns, priorities</li><li>• potential risk and difficulties for individual and/or carers</li><li>• dietary preferences</li><li>• feeding history</li><li>• cultural awareness</li><li>• allergies</li></ul>
3	<p>Consider the individual's needs. This may include:</p> <ul style="list-style-type: none"><li>• general health</li><li>• current diagnosis and prognosis</li><li>• communication</li><li>• environment</li><li>• physical, emotional and psychological support</li><li>• variability</li><li>• cultural needs</li><li>• functional capacity i.e. perception, cognition and insight</li><li>• behavioural issues</li><li>• current levels of alertness</li><li>• ability to co-operate</li><li>• influence of endurance/fatigue</li><li>• individual's or carers' insight, perceptions, beliefs and compliance</li><li>• awareness of resources/equipment available</li></ul>
4	<p>Inform individual, carers and relevant professionals of the component parts of the dysphagia management plan, explaining the rationale for their use, timing and potential outcomes</p>

<b>Communication and consent</b>	
5	Obtain valid consent for the actions undertaken on their behalf, and agree the information which may be passed to others
6	Provide supported conversation, adapting communication styles and modifying information in ways which are appropriate to different individuals e.g. age, culture, language or communication difficulties, and demonstrate ways in which carers may modify their verbal and non-verbal communication to deliver the most effective outcome for the individual
7	Refer any questions which are outside your scope of practice to an appropriate member of the individual's care team
<b>Environment</b>	
8	<p>Ensure the environment is conducive for oral intake with consideration for the feeder/individual's privacy and dignity. You should consider:</p> <ul style="list-style-type: none"> <li>• lighting</li> <li>• heating</li> <li>• environmental stimuli e.g. distractions</li> <li>• position and behaviour of feeder.</li> </ul>
9	<p>Ensure the feeder/individual has the appropriate support. You should consider:</p> <ul style="list-style-type: none"> <li>• resources/equipment required/available</li> <li>• posture and mechanical supports e.g. pillows, standing frames, specialist seating</li> <li>• familiarity of feeder</li> <li>• feeding routine</li> <li>• oral hygiene</li> <li>• food preferences</li> <li>• utensils, cutlery and feeding aids</li> <li>• sensory aids i.e. glasses, dentures, hearing aids, oral orthodontics</li> <li>• size and rate of food or liquid presentation</li> <li>• frequency, timing and size of meals</li> <li>• appearance, consistency, temperature, taste and amount of food and drink</li> <li>• verbal, physical and symbolic prompts</li> <li>• verbal and non-verbal cues from the individual and feeder</li> </ul>
<b>Implementation of dysphagia management plan</b>	
10	Allow time for food hygiene and hand hygiene for individual and practitioner
11	Allow time for the individual to contribute and participate in eating and drinking through the use of facilitative techniques and optimise their independence
12	<p>Ensure optimum feeding conditions. This may include:</p> <ul style="list-style-type: none"> <li>• level of alertness</li> <li>• effects of medication</li> <li>• agitation</li> <li>• appropriate environment</li> <li>• appropriate use of seating or postural aids</li> <li>• appropriate utensils</li> <li>• adapted appearance, consistency, temperature, taste and amount of food and drinks</li> <li>• size and rate of food and liquid presentation</li> <li>• frequency, timing and size of meals</li> <li>• individual and feeder positions</li> <li>• verbal, physical and symbolic prompts</li> <li>• verbal and non-verbal communication from the individual and feeder</li> <li>• facilitated feeding techniques e.g. hand over hand feeding</li> <li>• implementing compensatory postures and techniques</li> <li>• oral hygiene and dentition</li> <li>• nutrition and hydration</li> </ul>

13	Carryout the activities detailed in the dysphagia management plan using the methods as directed by a more experienced dysphagia practitioner
14	Give the individual sufficient time, opportunity and encouragement to practice existing or newly developed skills in order to improve/maintain motivation and co-operation
15	<p>Terminate eating / drinking if an adverse situation arises and implement procedures dictated by local policies for dealing with adverse situations. This may include:</p> <ul style="list-style-type: none"> <li>• secretion management</li> <li>• choking management appropriate to age, size and consciousness of individual</li> <li>• oxygen administration,</li> <li>• oral/tracheal suction</li> <li>• basic life support</li> </ul>
16	Seek support if there is a change in the individual's presentation
<b>Documentation</b>	
17	Work with the appropriate dysphagia practitioner, and the individual, to identify the effectiveness of the dysphagia management plan and to record areas of progress and specific difficulties arising in order to assist in the review process
18	Monitor and record amount of food and drink taken. This may include secretion loss
19	Keep accurate, legible and contemporaneous records

<b>Knowledge</b>	
<b>Information</b>	
1	a) Have an appreciation of information not detailed in the dysphagia management plan and how this may impact upon the individual's ability to participate in eating and drinking
	b) Have an appreciation of how end of life / quality of life issues and the dying process can guide and influence the dysphagia management plan
2	Have an appreciation of the impact of additional information on the dysphagia management plan and how to obtain this information in a sensitive manner
3	Understand how to accommodate the needs of the individual in order to maximise optimum swallow function e.g. provide specialist cup or eating utensils
4	Understand the rationale for the component parts of the dysphagia management plan, it's timing, potential outcome and implications for the individual, carer and other professionals
<b>Communication and consent</b>	
5	Understand the principles of valid consent and why it is necessary prior to the delivery of care
6	Understand what information is required, and how to modify communication style and language, in order to meet the needs of the individual, carer and team
7	Understand the scope of your practice and level of competence and know who to refer to if you have queries outside the scope of your practice
<b>Environment</b>	
8	Have an appreciation of how the environment affects the feeder's/individuals posture, muscle tone, mood, and ability to participate in eating and drinking. This may include: <ul style="list-style-type: none"> <li>• the individual's privacy and dignity</li> <li>• lighting</li> <li>• heating</li> <li>• environmental stimulus e.g. distractions, odours</li> <li>• position and behaviour of feeder</li> </ul>
9	Understand how the support required by the feeder/individual impacts upon swallow function and how to affect change in order to optimise the individual's eating and drinking efficiency and swallowing skills
<b>Implementation of Dysphagia management plan</b>	
10	a) Understand how to maintain dignity and comfort of the individual and carers
	b) Understand the implications of infection control with regard to food hygiene, hand hygiene and use of repeat-use utensils for the individual and feeder
	c) Understand local protocols with regard to the use of protective clothing, e.g. lead coats, plastic aprons and/or eye shields/glasses
11	Understand how pacing and facilitative techniques required by the individual affects the assessment outcome
12	Understand how to accommodate the needs of the individual in order to maximise optimum swallow function, e.g. provide specialist cup or eating utensils
13	Understand the component parts of the dysphagia management plan and the methods used to implement them
14	Understand the importance of giving the individual time, opportunity and encouragement to practice existing or newly developed swallowing skills

15	a) Knowledge of the anatomy and physiology of swallowing pertinent to your service area
	b) Knowledge of the underlying causes of abnormal swallowing pertinent to your service area
	c) Understand the signs of abnormal swallowing. This may include: <ul style="list-style-type: none"> <li>• acute aspiration</li> <li>• chronic aspiration, e.g. compromised nutrition, hydration and respiration</li> <li>• silent aspiration</li> <li>• autonomic stress signals</li> </ul>
	d) Understand and know what action to take if 'adverse situations' are encountered when delivering care
16	Seek immediate support if there is a change in the individual's presentation or the activities are beyond your level of competence or confidence
<b>Documentation</b>	
17	Provide timely, accurate and clear feedback to the individual, carer and team to support effective planning of care
18	Understand the importance of monitoring quantities/loss of oral intake
19	a) Understand the importance of keeping accurate, legible and contemporaneous records in accordance with local guidelines, e.g. home-school diary
	b) Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality

## Foundation Dysphagia Practitioner

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This role describes practitioners who are not specialists in dysphagia, but who have a responsibility for providing care for individuals who may present with difficulties swallowing liquids and solids (dysphagia). They demonstrate skills in the recognition and identification of dysphagia, initial protocol-guided assessment and implementation of the protocol-guided actions. The practitioner will implement a review process according to local protocols. They are autonomous practitioners working within the team but should consult with more experienced practitioners in order to ensure that their competence is commensurate with best practice.

Foundation dysphagia practitioners will recognise the potential health risks presented by the signs of dysphagia, acknowledge the urgency of the referral and, if appropriate, refer to a more experienced/qualified dysphagia practitioner

The practitioner should undertake a period of training and be assessed on their underpinning knowledge and clinical competence. They will be able to train other staff, relatives and carers to awareness/assistant practitioner levels

This includes practitioners who work across primary and secondary healthcare, social services and education.

**Links:** This competence links with the following dimensions and levels:

NHS Knowledge and Skills Framework (October 2004)

Dimension: Health and well-being HWB7 Interventions and treatments Level 2

National Workforce Competences for Dysphagia Draft (August 2004)

CHS17	Carry out extended feeding techniques to ensure individuals nutritional and fluid intake
CHS38	Plan and agree assessment of an individual's health status
DYS1	Undertake a protocol-guided swallowing assessment
HSC25	Carry out and provide feedback on specific plan of care activities
AHP27	Assist others to monitor individuals' attempts at managing dysphagia

## Foundation Dysphagia Practitioner

### Competences

#### Information

1	<p>Prioritise the request for assessment. You should consider:</p> <ul style="list-style-type: none"> <li>• severity of the individual's needs</li> <li>• individual's risk of fatigue</li> <li>• hydration and nutritional state</li> <li>• potential for fluctuation or deterioration in condition</li> <li>• potential risks and difficulties for individual and/or carers</li> </ul>
2	<p>Obtain relevant information, assessments and management decisions from other professionals. This may include:</p> <ul style="list-style-type: none"> <li>• physical state and potential for fluctuation/deterioration in condition</li> <li>• medical diagnosis and state</li> <li>• psychological state</li> <li>• cognition</li> <li>• perceptual deficit</li> <li>• chest status</li> <li>• mood</li> <li>• sensory integration difficulties</li> <li>• posture</li> <li>• level of alertness</li> <li>• oral hygiene</li> <li>• hydration and nutritional state</li> <li>• communicative abilities</li> <li>• behavioural issues</li> <li>• ethical/legal issues</li> </ul>
3	<p>Obtain additional information from the individual, relatives or carers in a sensitive manner. This may include:</p> <ul style="list-style-type: none"> <li>• history and onset of presenting difficulties</li> <li>• individual and carer perceptions, concerns, priorities and compliance</li> <li>• potential risk and difficulties for individual and/or carers</li> <li>• dietary preferences</li> <li>• feeding history</li> <li>• cultural awareness</li> <li>• allergies</li> </ul>
4	<p>Inform individual, carers and relevant professionals of the assessment components, explaining the rationale for their use, timing and potential outcomes, paying due regard to end of life/ quality of life issues and the dying process</p>

#### Communication and consent

5	<p>Obtain valid consent for the actions undertaken on their behalf, and agree the information which may be passed to others</p>
6	<p>Provide supported conversation, adapting communication styles and modifying information in ways which are appropriate to different individuals, e.g. age, culture, language or communication difficulties and demonstrate ways in which carers may modify their verbal and non-verbal communication in order to deliver the most effective outcome for the individual</p>
7	<p>Refer any questions which are outside your scope of practice to an appropriate member of the individual's care team</p>

<b>Environment</b>	
8	<p>Ensure the environment is conducive for protocol-guided swallow assessment with consideration for the individual's privacy and dignity. You should consider:</p> <ul style="list-style-type: none"> <li>• lighting</li> <li>• heating</li> <li>• environmental stimulus e.g. distractions</li> <li>• position and behaviour of feeder</li> </ul>
9	<p>Ensure the individual has the appropriate support. You should consider:</p> <ul style="list-style-type: none"> <li>• resources/equipment required/available</li> <li>• posture and mechanical supports i.e. pillows, standing frames, specialist seating</li> <li>• familiarity of feeder</li> <li>• feeding routine</li> <li>• oral hygiene</li> <li>• food preferences</li> <li>• utensils, cutlery and feeding aids</li> <li>• sensory aids i.e. glasses, dentures, hearing aids, oral orthodontics</li> <li>• size and rate of food or liquid presentation</li> <li>• frequency, timing and size of meals</li> <li>• appearance, consistency, temperature, taste and amount of food and drink</li> <li>• verbal, physical and symbolic prompts</li> <li>• verbal and non-verbal cues from the individual and feeder</li> </ul>
<b>Protocol-guided assessment</b>	
10	Allow time for food hygiene and hand hygiene for individual and practitioner
11	Allow time for the individual to contribute and participate in the assessment through the use of facilitative techniques and optimise their independence
12	<p>Consider the individual's needs. This may include:</p> <ul style="list-style-type: none"> <li>• physical, emotional and psychological support</li> <li>• diagnosis and prognosis</li> <li>• communication</li> <li>• environment</li> <li>• medication</li> <li>• developmental stage</li> <li>• medical state</li> <li>• physical needs e.g. aids</li> <li>• psychological status</li> <li>• behavioural issues</li> <li>• levels of alertness</li> <li>• ability to co-operate</li> <li>• functional capacity i.e. perception, cognition and insight</li> <li>• individuals' and carers' insight, beliefs and compliance</li> <li>• sensory state</li> <li>• cultural needs</li> <li>• medico-legal issues</li> <li>• awareness of resources/equipment available</li> </ul>
13	Implement local protocol-guided assessment including hydration and nutrition
14	<p>Terminate the session if an adverse situation arises, and implement procedures dictated by local policies for dealing with adverse situations. This may include:</p> <ul style="list-style-type: none"> <li>• secretion management</li> <li>• choking management appropriate to age, size and consciousness of individual</li> <li>• oxygen administration,</li> <li>• oral/tracheal suction</li> <li>• basic life support</li> </ul>

<b>Protocol-guided actions</b>	
15	Identify, undertake and inform others of protocol-guided actions required, which may include: <ul style="list-style-type: none"> <li>• positioning</li> <li>• type of oral intake which may include cessation or modification of consistencies, e.g. diet, fluids and medication</li> <li>• secretion management</li> <li>• choking management appropriate to age, size and consciousness of individual</li> <li>• oxygen administration,</li> <li>• oral/tracheal suction</li> <li>• nutrition/hydration support, e.g. NGT/IVT</li> <li>• specialist equipment or resources, e.g. plate guard</li> </ul>
16	Ensure the protocol-guided action is agreed by both the individual and carers, if appropriate alert others if nutritional/hydration support is required, e.g. NGT/IVT
17	Seek immediate support if there is a change in the individual's presentation or the activities are beyond your level of competence or confidence
18	Provide timely, accurate and clear feedback to the individual, carer and team to support effective planning of care
19	Review individual in accordance with local protocols
20	Keep accurate, legible and contemporaneous records
<b>Onward referral</b>	
21	Identify professionals who can provide more detailed assessments
22	Implement local referral procedures to relevant professionals
<b>Training</b>	
23	Train and support individuals and others to implement dysphagia management plan
<b>Additional professional role</b>	
24	Contribute to team discussions regarding delivery of dysphagia services specific to your locality

<b>Knowledge</b>	
<b>Information</b>	
1	Understand the nature, urgency and implications of dysphagia based upon the associated risk to their health status based upon departmental policies
2	Understand pertinent information, and how it informs your assessment and affects the dysphagic individual
3	Understand the impact of additional information on the protocol-guided swallowing assessment and how to obtain this information in a sensitive manner
4	Understand the rationale for the component parts of the assessment, it's timing, potential outcome and implications for the individual, carer and other professionals including how end of life / quality of life issues and the dying process can impinge upon dysphagia management plan
<b>Communication and consent</b>	
5	a) Understand legislation, legal processes and principles of valid consent, including implied consent and expressed consent
	b) Understand the methods used to achieve consent where the individual is not able to give their informed consent
	c) Have a knowledge of statutory statements, living wills, advanced directives, and other expressions of an individual's wishes
6	Understand how to modify communication style and language in order to meet the needs of the individual, carer and team
7	Understand the scope of your practice and level of competence and know who to refer to if you have queries outside the scope of your practice.
<b>Environment</b>	
8	Understand how the environment impacts upon swallow function and how to affect change in order to optimise individual's eating and drinking efficiency and swallowing skills
9	Understand how the support required by the individual impacts upon swallow function and how to affect change in order to optimise individual's swallowing skills
<b>Protocol-guided assessment</b>	
10	a) Understand how to maintain dignity and comfort of the individual and carers
	b) Understand the implications of infection control with regard to food hygiene, hand hygiene and use of repeat use utensils for the individual and feeder
	c) Understand local protocols with regard to the use of protective clothing, e.g. lead coats, plastic aprons and/or eye shields/glasses etc
11	Understand how pacing and facilitative techniques required by the individual affects the assessment outcome
12	Understand how to accommodate the needs of the individual in order to maximise optimum swallow function and how to access available resources/equipment, e.g. provide specialist cup or eating utensils

13	a) Knowledge of the anatomy and physiology of swallowing pertinent to your service area
	b) Knowledge of the underlying causes of abnormal swallowing pertinent to your service area, including: <ul style="list-style-type: none"> <li>• underlying congenital, developmental, neurological and acquired disorders that may predispose dysphagia</li> <li>• longstanding but functional abnormal eating and swallowing patterns, e.g. adapted and compensatory swallow physiology</li> <li>• medical condition</li> <li>• medication</li> <li>• physical condition i.e. sensory and postural state</li> <li>• cognitive functioning</li> <li>• psychological state</li> <li>• behavioural issues</li> <li>• environmental issues</li> </ul>
	c) Understand the protocol-guided assessment and it's component parts
	d) Understand the signs of abnormal swallowing. This may include: <ul style="list-style-type: none"> <li>acute aspiration</li> <li>chronic aspiration e.g. compromised nutrition, hydration and respiration</li> <li>silent aspiration</li> <li>autonomic stress signals</li> </ul>
	e) Understand protocols with regards to assessment of hydration and nutrition
14	Understand the agreed protocol for termination of an assessment should an 'adverse situation' arise
<b>Protocol-guided action</b>	
15	Understand the impact of protocol-guided actions on the swallow function, e.g. modification of consistencies
16	Understand the importance of agreeing protocol-guided actions with relevant others to ensure compliance by both the individual and others
17	Understand where to access immediate support if there is a change in the individual's presentation, or the activities are beyond your scope of your practice and level of competence
18	Understand what information needs to be conveyed to the team in order for the team to implement effective management strategies
19	Understand the review mechanism
20	a) Understand the importance of keeping accurate, legible and contemporaneous records
	b) Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality
<b>Onward referral</b>	
21	Understand the role of others in the assessment, management and care of the individual
22	Understand the referral procedure
<b>Training</b>	
23	Understand what information is required in order to train and support individuals and others to implement protocol-guided actions
<b>Additional professional role</b>	
24	Understand your contribution to team discussions regarding delivery of dysphagia services specific to you locality

## Specialist Dysphagia Practitioner

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This role describes the comprehensive assessment of individuals who present with feeding/swallowing difficulties (dysphagia), particularly those who require intensive and/or structured dysphagia management plans. Specialist dysphagia practitioners will receive referrals from others in the care team, prioritise referrals in line with local risk assessment procedures and conduct a comprehensive assessment. This comprehensive assessment will include assessment of feeding/swallowing function utilising a range of assessment techniques that are based on current research/best practice and any relevant policies procedures and guidelines. They may identify that further expert assessments are needed and refer appropriately. They will generate a working hypothesis, analyse the emerging information and taking a holistic view of the individual, will provide advice and guidance to other care team members, provide rehabilitation programmes and are responsible for advising others on the implementation of the dysphagia management plan. Practitioners functioning at this level will contribute to the development and delivery of a comprehensive management plan in order to optimise the health and well-being of the dysphagic individual and act in an advisory capacity to the interdisciplinary team.

Specialist dysphagia practitioners will have undertaken specialist training and may hold a designated dysphagia caseload within a specific service area.

They would be involved in teaching, training and supporting others in the identification of feeding/swallowing difficulties and implementation of the dysphagia management plans.

This includes practitioners who work across primary and secondary healthcare, social services and education.

**Links:** This competence links with the following dimensions and levels:

NHS Knowledge and Skills Framework (October 2004)

Dimension: Health and well-being HWB7 Interventions and treatments Level 3

Dimension: Health and well-being HWB8 Biomedical investigation and intervention Level 3

National Workforce Competences for Dysphagia Draft (August 2004)

DYS2 Undertake a comprehensive dysphagia assessment

DYS4 Develop a dysphagia care plan

National Workforce Competence for Long Term Conditions-Neurological Workforce Competence

LTCN10 Support individuals with neurological conditions to manage their nutrition

National Workforce Competences for Endoscopy

END 3 Refer individuals for endoscopic procedures

National Occupational Standards for Health and Social Care

HSC25 Carry out and provide feedback on specific plan of care activities

HSC214 Help individuals to eat and drink

HSC D4 Provide clinical advice on patient investigation and management

National Workforce Competences for Allied Health Profession Support

AHP 26 Provide support to individuals to develop their skills in managing dysphagia

AHP 27 Assist others to monitor individuals' attempts at managing dysphagia

## Specialist Dysphagia Practitioner

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National Occupational Standards for Learning and Development developed by the Employment NTO

ENTO L11 Enable learning through demonstrations and instruction

National Occupational Standards for Community Justice

CJ F309 Support and challenge workers on specific aspects of their practice

National Occupational Standards for the Practice of Public Health

PH03.00 Develop quality and risk management within an evaluative culture

CHS17 Carry out extended feeding techniques to ensure individuals nutritional and fluid intake

## Specialist Dysphagia Practitioner

### Competences

#### Information

1	<p>Prioritise the request for assessment. You should consider:</p> <ul style="list-style-type: none"> <li>• severity of the individual's needs</li> <li>• individual's risk of fatigue</li> <li>• hydration and nutritional state</li> <li>• potential for fluctuation or deterioration in condition</li> <li>• potential risks and difficulties for individual and/or carers</li> </ul>
2	<p>Obtain, review and interpret relevant information e.g. assessments and management decisions from other professionals. This may include:</p> <ul style="list-style-type: none"> <li>• biographical information</li> <li>• social and cultural information</li> <li>• religious issues</li> <li>• birth history</li> <li>• medical history, diagnosis and current medical state</li> <li>• previous pertinent interventions</li> <li>• previous therapeutic, compensatory strategies</li> <li>• current nutritional status (i.e. method of feeding, whether malnourished/failing to thrive/dehydrated etc.)</li> <li>• concomitant aetiologies</li> <li>• respiratory status</li> <li>• medico-legal issues</li> <li>• cognitive function</li> <li>• psychological state</li> <li>• gastro-oesophageal difficulties</li> </ul>
3	<p>Obtain additional information from the individual, relatives or carers in a sensitive manner. This may include:</p> <ul style="list-style-type: none"> <li>• history and onset of presenting difficulties</li> <li>• individual and carer perceptions, concerns, priorities and compliance</li> <li>• dietary preferences</li> <li>• feeding history</li> </ul>
4	<p>Inform individual, carers and relevant professionals of the assessment components, explaining the rationale for their use, timing and potential outcomes, paying due regard to end of life/quality of life issues and the dying process.</p>

#### Communication and Consent

5	<p>Obtain valid consent for the actions undertaken on their behalf, and agree the information which may be passed to others</p>
6	<p>Provide supported conversation, adapting communication styles and modifying information in ways which are appropriate to different individuals e.g. age, culture, language or communication difficulties and demonstrate ways in which carers may modify their verbal and non-verbal communication in order to deliver the most effective outcome for the individual</p>
7	<p>Refer any questions which are outside your scope of practice to an appropriate member of the individual's care team</p>

<b>Environment</b>	
8	<p>Ensure the environment is conducive for an effective swallow assessment with consideration for the individual's privacy and dignity. You should consider:</p> <ul style="list-style-type: none"> <li>• lighting</li> <li>• heating</li> <li>• environmental stimulus, e.g. distractions</li> <li>• position and behaviour of feeder</li> </ul>
9	<p>Ensure the individual has the appropriate support. You should consider:</p> <ul style="list-style-type: none"> <li>• resources/equipment required/available</li> <li>• posture and mechanical supports i.e. pillows, standing frames, specialist seating</li> <li>• familiarity of feeder</li> <li>• feeding routine</li> <li>• oral hygiene</li> <li>• food preferences</li> <li>• utensils, cutlery and feeding aids</li> <li>• sensory aids, e.g. glasses, dentures, hearing aids, oral orthodontics</li> <li>• size and rate of food or liquid presentation</li> <li>• frequency, timing and size of meals</li> <li>• appearance, consistency, temperature, taste and amount of food and drink</li> <li>• verbal, physical and symbolic prompts</li> <li>• verbal and non-verbal cues from the individual and feeder</li> </ul>
<b>Assessment</b>	
10	Allow time for food hygiene and hand hygiene for individual and practitioner
11	Allow time for the individual to contribute and participate in the assessment through the use of facilitative techniques and optimise their independence
12	<p>Consider the individual's needs. This may include:</p> <ul style="list-style-type: none"> <li>• physical, emotional and psychological support</li> <li>• communication</li> <li>• environment</li> <li>• medication</li> <li>• developmental stage</li> <li>• medical state</li> <li>• physical needs e.g. aids</li> <li>• psychological status</li> <li>• behavioural issues</li> <li>• levels of alertness</li> <li>• ability to co-operate</li> <li>• functional capacity, e.g. perception, cognition and insight</li> <li>• individuals' and carers' insight, beliefs and compliance</li> <li>• sensory state</li> <li>• cultural needs</li> <li>• medico-legal issues</li> </ul>

13	<p>Conduct a specialist assessment. This may include:</p> <ul style="list-style-type: none"> <li>• medical state</li> <li>• levels of alertness</li> <li>• ability to co-operate</li> <li>• sensory state</li> <li>• oro-motor skills</li> <li>• management of secretions</li> <li>• oral suction</li> <li>• utensils</li> <li>• bolus size, characteristics and placement</li> <li>• oral preparation</li> <li>• oral hygiene</li> <li>• oral desensitisation</li> <li>• identification of risk of aspiration</li> <li>• identification of overt signs of aspiration</li> <li>• the underlying cause/s</li> <li>• developing and testing a hypothesis</li> <li>• identify and trial interventions</li> <li>• hydration screen</li> <li>• nutrition screen</li> <li>• food preference</li> </ul>
14	<p>Utilise, (or refer for and act upon reports), augmentative assessment to compliment your assessment. These may include:</p> <ul style="list-style-type: none"> <li>• Cervical auscultation</li> <li>• Pulse oximetry</li> <li>• Fibreoptic Endoscopic Evaluation of Swallowing (FEES)</li> <li>• Videofluoroscopic Swallow Study (VFSS)</li> </ul>
15	<p>Terminate the session if an adverse situation arises and implement procedures dictated by local policies for dealing with adverse situations. This may include:</p> <ul style="list-style-type: none"> <li>• secretion management</li> <li>• choking management appropriate to age, size and consciousness of individual</li> <li>• oxygen administration,</li> <li>• oral/tracheal suction</li> <li>• basic life support</li> </ul>
16	<p>Assimilate, evaluate and interpret the assessment outcomes with the individual, carers and team</p>
17	<p>Taking into consideration the individuals wishes, inform and discuss implications of dysphagia assessment outcome for overall management with relevant team members sharing implications/information with individuals, carers and team</p>

<b>Dysphagia management plan</b>	
18	<p>Devise a detailed dysphagia management plan that identifies risk to the individual's nutrition, hydration and respiratory state. This may consider:</p> <ul style="list-style-type: none"> <li>• diagnosis and prognosis</li> <li>• environment</li> <li>• positioning</li> <li>• oral hygiene</li> <li>• feeding equipment and utensils</li> <li>• nutrition/hydration support as required, e.g. NGT/IVT/gastrostomy</li> <li>• modification of consistencies, both diet and medication</li> <li>• food preferences</li> <li>• bolus size and placement</li> <li>• pacing and modification of oral presentation</li> <li>• frequency, timing and size of meals</li> <li>• sensory integration programmes</li> <li>• desensitisation programmes</li> <li>• oro-aversion programmes</li> <li>• techniques for interaction with the feeder, (verbal, tactile, written and symbolic prompts)</li> <li>• oro-motor therapy exercises</li> <li>• compensatory techniques</li> <li>• treatment techniques</li> <li>• medication</li> <li>• discussion of the medical/legal/ethical issues impinging on the management plan</li> <li>• issues regarding compliance ie training individual and carers/guardians</li> </ul>
19	Provide timely, accurate and clear feedback to the individual's team to support their effective planning of care
20	Ensure the dysphagia management plan is evidence based, specific, measurable, achievable, time-framed and agreed by the individual, carers and team
21	Ensure review criteria and mechanism exists
22	Keep accurate, legible and contemporaneous records of the assessments, dysphagia management plan and subsequent reviews
23	Seek immediate support if there is a change in the individual's presentation or the activities are beyond your level of competence or confidence
<b>Onward referral</b>	
24	Identify rationale for onward referral to professionals who can provide more detailed or further assessments
25	Implement local referral procedures for consultative second opinion and/or specialist investigations
<b>Training:</b>	
26	Train and support individuals and others to implement dysphagia management plan
27	Train and supervise others in the identification and management of swallowing difficulties
28	Train others to solve problems and clinical issues within their scope of practice and to identify when to seek advice
<b>Additional professional role</b>	
29	Contribute to the strategic planning of the service within your organisation
30	Contribute to team discussions regarding the ethical implications/issues with regards to assessment/feeding/withdrawal of feeding in individuals with swallowing difficulties and poor prognosis

<b>Knowledge</b>	
<b>Information</b>	
1	Understand the nature, urgency and implications of dysphagia based upon the associated risk to their health status based upon departmental policies
2	Understand pertinent information and how it informs your assessment, working hypothesis and dysphagia management plan and their effects upon the dysphagic individual
3	Understand the impact of associated factors and the impact upon the assessment and dysphagia management plan and how to obtain this information in a sensitive manner
4	Understand the rationale for the component parts of the assessment, its timing, potential outcome and implications for the individual, carer and other professionals, including how end of life/quality of life issues and the dying process can impinge on the dysphagia management plan.
<b>Communication and consent</b>	
5	a) Understand legislation, legal processes and principles of valid consent, including implied consent and expressed consent
	b) Understand the methods used to achieve consent where the individual is not able to give their informed consent
	c) Have a knowledge of statutory statements, living wills, advanced directives, and other expressions of an individual's wishes
6	Understand how to modify communication style and language in order to meet the needs of the individual, carer and team
7	Understand the scope of your practice and level of competence and know who to refer to if you have queries outside the scope of your practice.
<b>Environment</b>	
8	Understand how the environment impacts upon swallow function and how to affect change in order to optimise individual's eating and drinking efficiency and swallowing skills
9	Understand how the support required by the individual impacts upon swallow function and how to affect change in order to optimise individual's swallowing skills
<b>Assessment</b>	
10	a) Understand how to maintain dignity and comfort of the individual and carers
	b) Understand the implications of infection control with regard to food hygiene, hand hygiene and use of repeat use utensils for the individual and feeder
	c) Understand local protocols with regard to the use of protective clothing, e.g. lead coats, plastic aprons and/or eye shields/glasses etc
11	Understand how pacing and facilitative techniques required by the individual affects the assessment outcome
12	Understand how to modify the assessment in order to accommodate the needs of the individual and maximise optimum swallow function
13	a) Comprehensive knowledge of normal anatomy, physiology and neurology of swallowing pertinent to your service area, including: <ul style="list-style-type: none"> <li>• anatomical structures involved in the swallowing process</li> <li>• physiology of swallowing</li> <li>• neurology of swallowing</li> <li>• development of swallowing function</li> <li>• effects of aging on swallowing</li> </ul>

13	<p>b) Understand and identify the underlying causes and resulting pathological physiology of abnormal swallowing pertinent to your service area, including:</p> <ul style="list-style-type: none"> <li>• underlying congenital, developmental, neurological and acquired disorders that may predispose dysphagia</li> <li>• longstanding but functional abnormal eating and swallowing patterns, e.g. adapted and compensatory swallow physiology</li> <li>• medical condition</li> <li>• medication</li> <li>• physical condition i.e. sensory and postural state</li> <li>• cognitive functioning</li> <li>• psychological state</li> <li>• behavioural issues</li> <li>• environmental issues</li> <li>• nutrition</li> <li>• hydration</li> </ul>
	c) Understand the signs of abnormal swallowing including acute, chronic, silent aspiration and autonomic stress signals and how these impact upon the generation of the hypotheses and subsequent dysphagia management plan
	d) Understand risk severity and how risk impacts upon the individual/carer/ organisation
	e) Understand the rationale for trialing remedial techniques and equipment during the assessment in order to confirm or deny your hypothesis
14	a) Understand the range and efficacy of augmentative examinations that contribute to the assessment process for dysphagic individuals
	b) Understand how to use and maintain the equipment and undertake the investigation with due reference to cross contamination
15	<p>a) Understand the agreed protocol for termination of an assessment should an 'adverse situation ' arise:</p> <ul style="list-style-type: none"> <li>• termination of the session</li> <li>• the action required by you within your scope of your practice</li> </ul>
16	<p>a) Understand the interpretation and application of assessment findings to the dysphagic individual:</p> <ul style="list-style-type: none"> <li>• observational, informal tests</li> <li>• formal assessments</li> <li>• bedside assessments</li> <li>• augmentative examinations e.g. FEES</li> </ul>
	b) Understand the range of factors you need to consider in order to develop a working hypothesis and deliver a satisfactory diagnosis
17	Understand how to adapt your language to sensitively convey pertinent assessment results for consideration by the individuals, carers and team
<b>Dysphagia management plan</b>	
18	a) Recognise the need for a detailed dysphagia management plan based upon consideration of the information and results obtained during the assessment process
	b) Understand the component parts of the dysphagia management plan and how these affect the individual
	c) Understand how end of life/quality of life issues and the dying process can impinge upon dysphagia management plan
19	Understand the importance of providing accurate and prompt feedback to the care team to ensure effective management consistent with the individual's wishes
20	a) Understand the importance of a systematic approach to documentation which includes the review process
	b) Understand how to gain agreement from the individual, carer and team in order to gain compliance and meet legal obligations to individual and organisation
21	Understand the review process in order to optimise management
22	a) Understand the importance of keeping accurate, legible and contemporaneous records
	b) Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality
23	Be aware of your scope of practice and level of competence

<b>Onward referral</b>	
24	a) Understand the role of other professionals and specialist investigations and how they can contribute to the assessment, treatment and management of the individual e.g. endoscopy
	b) Have a knowledge of local services, agencies and community resources that may be relevant to the individual and how to access these e.g. breastfeeding counsellors, stroke services
25	Understand the referral procedure for consultative second opinion or relevant specialist investigations
<b>Training</b>	
26	Understand what information is required and how to modify your language and communication style in order to train and support individuals and others to implement dysphagia management plans in order to acquire, develop or relearn learn swallowing skills
27	a) Understand what knowledge and competences that are appropriate to the practitioners in their service area
	b) devise/adapt training packages to meet those needs
	c) identify different learning styles and how these impact on the training you offer to practitioners to identify and/or manage feeding and/or swallowing difficulties
28.	Understand the types of clinical issues that will occur within the practitioners scope of practice and devise training according to need
<b>Additional professional role</b>	
29	Be aware of the dysphagia policy within your locality and how you can contribute to improvements/modifications that may be introduced within your organisation
30	Be aware of the principles of ethical decision making in order to contribute to the decision making process for individuals with a poor prognosis

## Consultant Dysphagia Practitioner

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This module is about the expert assessment of individuals who present with feeding/swallowing difficulties (dysphagia). Consultant dysphagia practitioners will determine the underlying cause of complex dysphagic problems, develop and test hypotheses, identify and trial interventions to rehabilitate or compensate for the presenting difficulties and devise extensive dysphagia management plans. They may undertake specialist interventions and/or alternative examinations, particularly those who have complicated or co-existing difficulties, or they may identify that further expert assessments are needed and refer appropriately.

It would be expected that persons operating at this level would be involved in teaching, training and supervising others in the identification of feeding/swallowing difficulties, comprehensive dysphagia assessments and implementation of the dysphagia management plans, acting as a resource for evidence based practice and offer consultative second opinions. They will be responsible for taking the lead in audit and research and will develop dysphagia policy within the locality setting. They may also have responsibility for service delivery and budget control. Consultant dysphagia practitioners will have undertaken specialist training and may hold a specialist, complex dysphagia caseload.

This includes practitioners who work in specialist locations across primary and secondary healthcare, social services and education.

**Links:** This competence links with the following dimensions and levels:

NHS Knowledge and Skills Framework (October 2004)

Dimension: Health and well-being HWB6 Assessment and treatment planning Level 4

Dimension: Health and well-being HWB8 Biomedical investigation and intervention Level 4

National Workforce Competences for Dysphagia Draft (August 2004)

CHS38 Plan and agree assessment of an individuals health status

DYS 3 Undertake a specialist dysphagia assessment

DYS 4 Develop a care plan

National Workforce Competence for Long Term Conditions-Neurological Workforce Competence

LTCN10 Support individuals with neurological conditions to manage their nutrition

## Consultant Dysphagia Practitioner

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### National Workforce Competences for Endoscopy

- END 3 Refer individuals for endoscopic procedures
- END 6 Prepare the delivery of endoscopic procedures
- END12 Perform diagnostic and therapeutic endoscopic procedures
- END 18 Review the results of endoscopic procedures
- END 19 Provide reports on endoscopic procedures
- END 21 Reprocess endoscopy equipment
- CI.F6 Direct and report on videofluoroscopic examinations of the oro-pharynx and oesophagus using contrast media

### National Occupational Standards for Health and Social Care

- HSC25 Carry out and provide feedback on specific plan of care activities
- HSC214 Help individuals to eat and drink
- HSC D4 Provide clinical advice on patient investigation and management

### National Workforce Competences for Allied Health Profession Support

- AHP 26 Provide support to individuals to develop their skills in managing dysphagia
- AHP 27 Assist others to monitor individuals' attempts at managing dysphagia

### National Occupational Standards for Learning and Development developed by the Employment NTO

- ENTO L11 Enable learning through demonstrations and instruction

### National Occupational Standards for Community Justice

- CJ F309 Support and challenge workers on specific aspects of their practice

### National Occupational Standards for the Practice of Public Health

- PH03.00 Develop quality and risk management within an evaluative culture
- CHS17 Carry out extended feeding techniques to ensure individuals nutritional and fluid intake

<b>Consultant Dysphagia Practitioner</b>	
<b>Competences</b>	
<b>Information</b>	
1	<p>Prioritise the request for assessment. You should consider:</p> <ul style="list-style-type: none"> <li>• severity of the individual's needs</li> <li>• individual's risk of fatigue</li> <li>• hydration and nutritional state</li> <li>• potential for fluctuation or deterioration in condition</li> <li>• potential risks and difficulties for individual and/or carers</li> </ul>
2	<p>Obtain, review and interpret relevant information e.g. assessments and management decisions from other professionals. This may include:</p> <ul style="list-style-type: none"> <li>• biographical information</li> <li>• social and cultural information</li> <li>• religious issues</li> <li>• birth history</li> <li>• medical history and current medical state</li> <li>• previous pertinent interventions</li> <li>• previous therapeutic, compensatory strategies</li> <li>• current nutritional status (e.g. method of feeding, whether malnourished/ failing to thrive/dehydrated etc.)</li> <li>• concomitant aetiologies</li> <li>• respiratory status</li> <li>• medico-legal issues</li> <li>• cognitive function</li> <li>• psychological state</li> <li>• gastro-oesophageal difficulties</li> </ul>
3	<p>Obtain additional information from the individual, relatives or carers in a sensitive manner. This may include:</p> <ul style="list-style-type: none"> <li>• history and onset of presenting difficulties</li> <li>• individual and carer perceptions, concerns, priorities and compliance</li> <li>• dietary preferences</li> <li>• feeding history</li> </ul>
4	<p>Inform individual, carers and relevant professionals of the assessment components, explaining the rationale for their use, timing and potential outcomes, paying due regard to end of life/quality of life issues and the dying process.</p>
<b>Communication and Consent</b>	
5	<p>Obtain valid consent for the actions undertaken on their behalf, and agree the information which may be passed to others</p>
6	<p>Provide supported conversation, adapting communication styles and modifying information in ways which are appropriate to different individuals e.g. age, culture, language or communication difficulties and demonstrate ways in which carers may modify their verbal and non-verbal communication in order to deliver the most effective outcome for the individual</p>
7	<p>Refer any questions which are outside your scope of practice to an appropriate member of the individual's care team</p>
<b>Environment</b>	
8	<p>Ensure the environment is conducive for an effective swallow assessment with consideration for the individual's privacy and dignity. You should consider:</p> <ul style="list-style-type: none"> <li>• lighting</li> <li>• heating</li> <li>• environmental stimulus e.g. distractions</li> <li>• position and behaviour of feeder</li> </ul>

9	<p>Ensure the individual has the appropriate support. You should consider:</p> <ul style="list-style-type: none"> <li>• resources/equipment required/available</li> <li>• posture and mechanical supports, e.g. pillows, standing frames, specialist seating</li> <li>• familiarity of feeder</li> <li>• feeding routine</li> <li>• oral hygiene</li> <li>• food preferences</li> <li>• utensils, cutlery and feeding aids</li> <li>• sensory aids, e.g. glasses, dentures, hearing aids, oral orthodontics</li> <li>• size and rate of food or liquid presentation</li> <li>• frequency, timing and size of meals</li> <li>• appearance, consistency, temperature, taste and amount of food and drink</li> <li>• verbal, physical and symbolic prompts</li> <li>• verbal and non-verbal cues from the individual and feeder</li> </ul>
<b>Assessment</b>	
10	Allow time for food hygiene and hand hygiene for individual and practitioner
11	Allow time for the individual to contribute and participate in the assessment through the use of facilitative techniques and optimise their independence
12	<p>Consider the individual's needs. This may include:</p> <ul style="list-style-type: none"> <li>• physical, emotional and psychological support</li> <li>• communication</li> <li>• environment</li> <li>• medication</li> <li>• developmental stage</li> <li>• medical state</li> <li>• physical needs, e.g. aids</li> <li>• psychological status</li> <li>• behavioural issues</li> <li>• levels of alertness</li> <li>• ability to co-operate</li> <li>• functional capacity, e.g. perception, cognition and insight</li> <li>• individual's and carer's insight, beliefs and compliance</li> <li>• sensory state</li> <li>• cultural needs</li> <li>• medico-legal issues</li> </ul>
13	<p>Conduct an expert assessment. This may include:</p> <ul style="list-style-type: none"> <li>• medical state</li> <li>• levels of alertness</li> <li>• ability to co-operate</li> <li>• sensory state</li> <li>• oro-motor skills</li> <li>• management of secretions</li> <li>• oral suction</li> <li>• utensils</li> <li>• bolus size, characteristics and placement</li> <li>• oral preparation</li> <li>• oral hygiene</li> <li>• oral desensitisation</li> <li>• identification of risk of aspiration</li> <li>• identification of overt signs of aspiration</li> <li>• the underlying cause/s</li> <li>• developing and testing a hypothesis</li> <li>• identify and trial interventions</li> <li>• hydration screen</li> <li>• nutrition screen</li> <li>• food preference</li> </ul>

14	<p>Utilise or refer for augmentative assessment tools to aid your assessment. This may include:</p> <ul style="list-style-type: none"> <li>• Cervical auscultation</li> <li>• Pulse oximetry</li> <li>• Fiberoptic Endoscopic Evaluation of Swallowing (FEES)</li> <li>• Fiberoptic Endoscopic Evaluation of Sensory Testing (FEEST)</li> <li>• Videofluoroscopic Swallow Study (VFSS)</li> <li>• Ultrasound</li> <li>• Scintigraphy</li> <li>• Manometry</li> <li>• Electromyography (EMG)</li> </ul>
15	<p>Terminate the assessment if an adverse situation arises and implement procedures dictated by local policies for dealing with adverse situations. This may include:</p> <ul style="list-style-type: none"> <li>• secretion management</li> <li>• choking management appropriate to age, size and consciousness of individual</li> <li>• oxygen administration,</li> <li>• oral/tracheal suction</li> <li>• basic life support</li> </ul>
16	<p>Assimilate, evaluate and interpret the assessment outcomes with the individual, carers and team</p>
17	<p>Taking into consideration the individuals wishes, inform and discuss implications of dysphagia assessment outcome for overall management with relevant team members sharing implications/information with individuals, carers and team</p>

<b>Dysphagia management plan</b>	
18	Devise a detailed dysphagia management plan that identifies risk to the individual's nutrition, hydration and respiratory state. This may consider: <ul style="list-style-type: none"> <li>• diagnosis and prognosis</li> <li>• environment</li> <li>• positioning</li> <li>• oral hygiene</li> <li>• feeding equipment and utensils</li> <li>• nutritional/hydration support as required, e.g. NGT/IVT/gastrostomy</li> <li>• modification of consistencies, both diet and medication</li> <li>• food preferences</li> <li>• bolus size and placement</li> <li>• pacing and modification of oral presentation</li> <li>• frequency, timing and size of meals</li> <li>• sensory integration programmes</li> <li>• desensitisation programmes</li> <li>• oro-aversion programmes</li> <li>• techniques for interaction with the feeder, (verbal, tactile, written and symbolic prompts)</li> <li>• oro-motor therapy exercises</li> <li>• compensatory techniques</li> <li>• treatment techniques</li> <li>• medication</li> <li>• facilitated discussion of the medical/legal/ethical issues impinging on the management plan</li> <li>• issues regarding compliance i.e. training individual and carers/guardians</li> </ul>
19	Provide timely, accurate and clear feedback to the individual's team to support their effective planning of care
20	Ensure the dysphagia management plan is evidence based, specific, measurable, achievable, time-framed and agreed by both the individual, carers and team,
21	Ensure review criteria and mechanism exists
22	Keep accurate, legible and contemporaneous records of the assessments, dysphagia management plan and subsequent reviews
23	Seek immediate support if there is a change in the individual's presentation or the activities are beyond your level of competence or confidence
<b>Onward referral</b>	
24	Identify rationale for onward referral to professionals who can provide further assessments
25	Implement local referral procedures for relevant specialist investigations.
<b>Training</b>	
26	Train and support individuals and others to implement dysphagia management plan
27	Train and supervise others in the identification and management of swallowing difficulties
28	Train others to solve problems and clinical issues within their scope of practice and to identify when to seek advice
<b>Consultative role</b>	
29	Act as a consultative second opinion to colleagues for individuals with complex dysphagic needs
30	Act as a consultative second opinion to colleagues regarding the ethical implications/issues with regards to assessment/feeding/withdrawal of feeding in individuals with swallowing difficulties and poor prognosis
31	Undertake audit and/or research to develop and extend the level of professional knowledge and clinical expertise
32	Take a lead role in developing, evaluating and disseminating departmental policies in line with evidence based practice
33	Undertake risk assessment at a departmental level with regards to service provision
34	Take an active role in strategic planning on behalf of the Trust/Organisation

<b>Knowledge</b>	
<b>Information</b>	
1	Understand the nature, urgency and implications of dysphagia, based upon the associated risk to their health status based upon organisational policies
2	Have a critical understanding of pertinent information, how the information was generated and how it informs your: assessment; working hypothesis; and dysphagia management plan, as well as their effects upon the dysphagic individual
3	Understand the impact of associated factors, the impact upon the assessment and dysphagia management plan, and how to obtain this information in a sensitive manner
4	Understand the rationale for the component parts of the assessment, its timing, potential outcome and implications for the individual, carer and other professionals including how end of life/quality of life issues and the dying process can impinge on the dysphagia management plan
<b>Communication and consent</b>	
5	a) Understand legislation, legal processes and principles of valid consent, including implied consent and expressed consent
	b) Understand the methods used to achieve consent where the individual is not able to give their informed consent
	c) Have a knowledge of statutory statements, living wills, advanced directives, and other expressions of an individual's wishes
6	Understand how to modify communication style and language in order to meet the needs of the individual, carer and team
7	Understand the scope of your practice and level of competence and know who to refer to if you have queries outside the scope of your practice.
<b>Environment</b>	
8	Understand how the environment impacts upon swallow function and how to affect change in order to optimise individual's eating and drinking efficiency and swallowing skills
9	Understand how the support required by the individual impacts upon swallow function and how to affect change in order to optimise individual's swallowing skills
<b>Assessment</b>	
10	a) Understand how to maintain dignity and comfort of the individual and carers
	b) Understand the implications of infection control with regard to food hygiene, hand hygiene and use of repeat use utensils for the individual and feeder
	c) Understand local protocols with regard to the use of protective clothing, e.g. lead coats, plastic aprons and/or eye shields/glasses etc
11	Understand how pacing and facilitative techniques required by the individual affects the assessment outcome
12	Understand how to modify the assessment in order to accommodate the needs of the individual and maximise optimum swallow function
13	<p>a) Comprehensive knowledge of normal anatomy, physiology and neurology of swallowing pertinent to your service area, including:</p> <ul style="list-style-type: none"> <li>• anatomical structures involved in the swallowing process</li> <li>• physiology of swallowing</li> <li>• neurology of swallowing</li> <li>• development of swallowing function</li> <li>• effects of aging on swallowing</li> </ul>

13	<p>b) A critical understanding and identification of the underlying causes and resulting pathological physiology of abnormal swallowing pertinent to your service area, including:</p> <ul style="list-style-type: none"> <li>• underlying congenital, developmental, neurological and acquired disorders that may predispose dysphagia</li> <li>• longstanding but functional abnormal eating and swallowing patterns i.e. adapted and compensatory swallow physiology</li> <li>• medical condition</li> <li>• medication</li> <li>• physical condition, e.g. sensory and postural state</li> <li>• effects of surgical interventions</li> <li>• airway support mechanisms, e.g. ventilators</li> <li>• cognitive functioning</li> <li>• psychological state</li> <li>• behavioural issues</li> <li>• environmental issues</li> <li>• nutrition</li> <li>• hydration</li> </ul>
	c) A critical understanding of the signs of abnormal swallowing including acute, chronic, silent aspiration and autonomic stress signals and how these impact upon the generation of the hypotheses and subsequent dysphagia management plan
	d) A critical understanding of risk severity and how risk impacts upon the individual/carer/organisation
	e) Understand the rationale for trialling remedial techniques and equipment during the assessment in order to confirm or deny your hypothesis
14	a) Have a critical understanding of the range and efficacy of augmentative examinations that contribute to the assessment process for individuals with complex needs
	b) Understand how to use and maintain the equipment and undertake the investigation with due reference to cross contamination
15	<p>a) Understand the agreed protocol for termination of an assessment should an 'adverse situation' arise</p> <ul style="list-style-type: none"> <li>• termination of the session</li> <li>• the action required by you within your scope of your practice</li> </ul>
16	<p>a) Understand the interpretation and application of assessment findings to the patient with conflicting symptoms and complex difficulties</p> <ul style="list-style-type: none"> <li>• observational, informal tests</li> <li>• formal assessments</li> <li>• bedside assessments</li> <li>• augmentative examinations, e.g. FEES</li> <li>• further investigations, e.g. pH studies</li> </ul>
	b) Understand the range of factors you need to consider in order to develop a working hypothesis and deliver a satisfactory diagnosis
17	Understand how to adapt your language to sensitively convey pertinent assessment results for consideration by the individuals, carers and team
<b>Dysphagia management plan</b>	
18	a) Recognise the need for a detailed dysphagia management plan based upon consideration of the information and results obtained during the assessment process
	b) Understand the component parts of the dysphagia management plan and how these affect the individual with complex needs
	c) Understand how end of life / quality of life issues and the dying process can impinge upon dysphagia management plan
19	Have a critical understanding of the importance of providing accurate and prompt feedback to the care team to ensure effective management consistent with the individuals wishes
20	a) Understand the importance of a systematic approach to documentation which includes the review process
	b) Understand how to gain agreement from the individual, carer and team in order to gain compliance and meet legal obligations to individual and organisation
21	Have a critical understanding of the review process, empowering the team to utilise it in order to optimise management

22	a) Understand the importance of keeping accurate, legible and contemporaneous records
	b) Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality
23	Be aware of your scope of practice and level of competence
<b>Onward referral</b>	
24	a) Understand the role of other professionals and specialist investigations and how they can contribute to the assessment, treatment and management of the individual, e.g. endoscopy, pH monitoring
	b) Have a knowledge of local services, agencies and community resources that may be relevant to the individual and how to access these, e.g. breastfeeding counsellors, stroke services
25	a) Understand the referral procedure for relevant specialist investigations
	b) Understand the protocol for adding the individual to your clinic for specialist investigation, e.g. VFSS
<b>Training</b>	
26	Understand what information is required and how to modify your language and communication style in order to train and support individuals and others to implement dysphagia management plans in order to acquire, develop or relearn swallowing skills
27	a) Understand what knowledge and competences that are appropriate to the practitioners in their service area
	b) devise/adapt training packages to meet those needs
	c) identify different learning styles and how these impact on the training you offer to practitioners to identify and/or manage feeding and/or swallowing difficulties
28	Understand the types of clinical issues that will occur within the practitioners scope of practice and devise training according to need
<b>Consultative role</b>	
29	Have a critical understanding of current and emerging research and best practice in dysphagia assessment and management in order to act as a consultative second opinion to colleagues for individuals with complex dysphagic needs
30	Have a critical understanding of the principles of ethical decision making in order to act as a consultative second opinion to colleagues for individuals with poor a prognosis
31	Understand audit and research processes within locality in order to develop and extend own, and others, level of professional knowledge and clinical expertise
32	Have a critical understanding of professional standards and codes of practice for your service area and interpret and apply these locally in order to modify and improve the dysphagia policy
33	Understand the risk assessment process and how it impacts on dysphagia policies at a departmental level
34	Understand your responsibilities under the current European national and local legislation acting in your consultative role to inform strategic planning within the Trust/Organisation

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