ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

RCSLT POLICY STATEMENT:

SPEECH AND LANGUAGE THERAPISTS' CLINICAL RESPONSIBILITY AROUND DELEGATION AND THE PROVISION OF TRAINING TO THE WIDER WORKFORCE

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SPEECH AND LANGUAGE THERAPISTS' CLINICAL RESPONSIBILITY AROUND DELEGATION OF TASKS AND TRAINING OTHERS

OBJECTIVES

1. Through this Policy Statement the RCSLT hopes to meet the following objectives:

   - Keep the requirements of services users, their carers and families at the forefront of the service that the speech and language therapy workforce delivers.
   - Make statements about the lines of accountability for people trained to carry out tasks by speech and language therapists (SLTs)
   - Set out the wide range of audiences and target groups to whom SLTs deliver training[1]
   - Provide clarification about the roles and responsibilities of people requesting training or people receiving training from the SLT workforce
   - Support the SLT workforce to assure the quality of the training that is delivered
   - Make statements about the competence that the SLT workforce must have to delegate tasks and to provide training to others, in relation to RCSLT and HPC standards.
   - Ensure that the training provided by SLTs is integral to evidence based practice
   - Provide clarification about the Speech and Language Therapy (SLT) workforce's competency to deliver training to others and how this relates to delegation of tasks
   - Indicate that delegation of tasks will require different objectives depending on the role of the person undertaking the task
   - Support RCSLT members with examples of CPD linked to education and learning.

SCOPE OF THIS DOCUMENT

2. This document will be part of the RCSLT's on-going support for its members with service development and enhancement. It is acknowledged that other organisations have set requirements in relation to providing training to non-SLTs and this document has sought to collate these and to relate them to the expertise of the SLT workforce.

3. This document is directly linked to RCSLT CPD Framework section on education and learning and the Intercollegiate Position Paper, Supervision, Accountability and Delegation of Activities to Support Workers.

[1] For the purposes of this document the training undertaken by SLTs does not include the clinical education that SLTs provide to student SLTs. This type of training is covered in the RCSLT National Standards for Practice Based Learning. However, it is acknowledged by the RCSLT that the pre-registration placement training and supervision that SLTs provide is a significant element of the SLT role.

4. The strength of the SLT workforce is that it can respond to the changing political and economic environments within the health, education, social care and justice settings, the RCSLT recognises that this strength is sustained through a multiplicity of approaches.

5. It is hoped that this document will further promote partnership working between the RCSLT and its members in respect of the delegation of tasks and the quality assurance of training that the SLT workforce undertakes.

6. This document will set out examples the types of training that the SLT workforce provides which includes both formal and informal training[2]. Quality assurance requirements and recommendations for the delivery, content, and evaluation of training are set out in this policy statement.

CONTEXT

7. The requirement for this policy statement was determined by the RCSLT Management Board in 2010.

8. It was the intention of the Board to bring this issue to the attention of the RCSLT membership with the following aims:

   - To draw together the regulatory and professional standards that underpin the delegation of tasks
   - To establish general principles to which all SLT services will adhere when providing training both to SLT colleagues and non-SLTs.
   - To highlight the extensive training that SLTs undertake within health, education, social care and the justice system.
   - To support SLTs to demonstrate the range of audiences for the training they provide and the need to have the evidence base and quality assurance mechanisms underpinning the training.
   - To further develop the RCSLT CPD Framework.

9. Analysis of the RCSLT Quality Self Evaluation Tool (Q-SET) indicated that 90% of SLT services that responded to Q-SET were delivering training to others but that there was variability in the quality assurance of this training.

10. It is incumbent on SLTs to be able to deliver training and to ensure that, when tasks are delegated or when the wider workforce is supported to provide care as part of 'trans-disciplinary working[3]', this is done in the service users' best interests. SLTs train and develop the workforce for all client groups, for SLT colleagues and other professionals.

[2] See Appendices for an overview of the range of stakeholders for whom SLTs provide training.
[3] See RCSLT Position Paper: Supporting children with speech, language and communication needs within integrated children's services (2006) http://www.rcslt.org/members/publications/rcslt_publications

11. SLTs have a regulatory requirement[4] as HPC registrants to effectively supervise tasks that they have asked other people to carry out. When services are commissioned this will include the requirement of effective delegation to staff who are part of the speech and language therapy service. The responsibilities that SLTs have in the education and training of the wider workforce and enabling parents and carers to support users are considered within this document in more detail.

INTERNAL DRIVERS

12. The following standards and requirements have been set or endorsed by RCSLT and continue to be relevant in relation to training and delegation of tasks which others have been trained to undertake.

TABLE 1: RCSLT PUBLICATIONS INFORMING THIS POLICY STATEMENT

Fuller details from the documents listed can be found in the Appendices.

Document	Information
Communicating Quality 3 2006	Speech & Language Therapists must: "Ensure adequate support and supervision of speech and language therapy support staff, delegating to them only such duties as fall within their competence, and to accept responsibility for their actions" The following service standards in CQ3 are also relevant as they relate to the provision of training to others 9, 12, 16, 21, 33 Delegation of tasks is covered in section 1.7.8 p28-30 and on page 108
Intercollegiate Position Paper on the Supervision, Accountability and Delegation of Activities to Support Workers 2006	Documentation developed by RCSLT, and the professional bodies for Nurses, Physiotherapists and Dieticians to encourage both groups of staff engaged in the delivery of healthcare to reflect collaboratively on tasks proposed for delegation, in order to ensure that clients receive safe and effective care from the most appropriate person.
RCSLT NQP Framework 2007	**Dimension 2: Personal and People Development** *This is what NQPs are expected to demonstrate they can do when completing the NQP Framework* Identifies development needs and engages in continuous self-directed learning to promote professional development

[4] See Appendix (i) for full HPC reference

	and quality of practice. Is involved in training other professionals, raising awareness of communication problems.
Support workers policy statement on education and training 2008	The qualified speech and language therapist holds the ethical and legal 'Duty of Care' for the patient/client and consequently for the standard of duties delegated to an assistant practitioner. All clinical decisions concerning the client are therefore the responsibility of the qualified speech and language therapist, including client selection for therapy, admission to the caseload and discharge from the service. A SLT must therefore always be responsible for the work undertaken by a speech and language therapy (SLT) assistant practitioner.
RCSLT Curriculum Guidelines and National Standards for Practice Based Learning 2010	Reference throughout to working directly, indirectly and also team work. Students are expected to do anything that SLTs would be doing, with the proviso that it is difficult to advise/ train others with any credibility unless you have some direct face to face experience with clients. Newly Qualified SLTs will be expected to provide training to others from the start of their careers. The groups to whom they will provide training will depend on the requirements of their service users. Providing training to others is an integral part of the SLT role.

EXTERNAL DRIVERS[5]

13. As part of a commissioned service, the SLT workforce must demonstrate the value that it adds and that the training element that the workforce provides is underpinned by the requirements set by a range of organisations.

14. The policies, initiatives and documentation that have influenced the development of this policy statement and which the RCSLT believes are relevant to consider are listed below. Full details of these referenced documents are in the Appendices.

[5] External Drivers signify those that are external to the SLT profession.

15.

TABLE 2: DOCUMENTATION FROM OTHER BODIES INFORMING THIS POLICY STATEMENT

Organisation / documentation	Reference (fuller detail in appendix)
HPC – Standards of Conduct Performance and Ethics	1, 8 and 14
HPC Standards of Proficiency	1b.1 and 1b.3 3a2
Care Quality Commission CQC	Core standard C5c
NHS Knowledge and Skills Framework	Core 2 Personal and People development – levels 2, 3 and 4 Core 5 Quality levels 2, 3 and 4 G1 – Learning and development, if delivering courses level 1 if preparing learning materials and resources, level 2 if teaching/supporting learners, level 3 if planning, delivering and reviewing course, level 4 if designing, planning implementing and evaluating courses G5 – Services and project management, level 2 if doing general organisation in relation to running a course
Skills for Health Competence Framework **These are the Skills for Health Competencies that the SLT workforce might be expected to meet in relation to providing training to others.** **See the CPD Framework in**	Work with others to develop and promote training programmes to prevent, reduce and control risks to health and wellbeing Undertake protocol-guided swallow screening/ assessments Raise stakeholders' awareness of the value of employment, training and education for people with mental health needs

the Appendix for further details and reference to the relevant KSF	Identify the learning and development needs of the organisation Develop training sessions Prepare and develop resources to support learning Plan how to provide basic skills in the workplace Introduce training for basic skills in the workplace Support how basic skills are delivered in the workplace Enable learning through demonstration and instruction Facilitate the development of people and learning in communities
Local Authorities (LA)	LAs will set their own expectations and requirements for the quantity and type of SLT input which will include training education staff. As part of the Statementing process SLTs may train other groups and provide coaching opportunities to parents and carers as part of delivering a quality service. See RCSLT Guidelines Sharing Best Practice in the SEND Process Sections: 3.8.10, 3.10.1, 4.3, 5.1.3
Inter-professional Dysphagia Framework	Foundation, Specialist and Consultant dysphagia practitioner levels
NHS Education for Scotland "Testing for the Best" toolkit	Educational theory and assessment models in a workbook to help people to develop outcome measures

WHAT IS DELEGATION?

16. In this context delegation is the process by which a SLT can allocate work to a support worker who is deemed competent to undertake that task. The support worker then carries the responsibility for the performance of that task.

17. There is a distinction between delegation, and assignment. In the former case the support worker is responsible while the SLT retains accountability. In the latter, both the responsibility and accountability for an activity passes from one individual to the other.

18. Delegation of tasks does not assume that the SLT has line management responsibility for the support worker. SLTs are likely to delegate tasks to others in partnership working.

19. Choosing tasks or roles to be undertaken by support staff is a complex professional activity; it depends on the SLTs professional opinion. For any particular task, there are no general rules. Additionally it is important to consider the competence of the support worker in relation to the activity to be delegated.

20. For clarification within this document the following terminology will be used:

- **Delegation:** the allocation of work from a SLT to another member of the SLT workforce.
- **Up-skilling:** when SLTs share knowledge and skills and raise awareness with other key workers (e.g. clinical colleagues, teachers, teaching assistants) in order to support the best outcomes for service users.
- **Enablement:** when SLTs pass on techniques and skills to parents and carers so that there can be a continuation of these techniques between speech and language therapy sessions in the interests of best supporting service users. This might be also be done on discharge from SLT services.

21. The requirements for delegating tasks and work are set out below. The RCSLT cannot be prescriptive about up-skilling and enablement as SLT services will achieve these in a variety of ways depending on the requirements and resources of their service and the needs of their service users.

DELEGATION OF TASKS BY SLTS TO SUPPORT WORKERS[6][7] WHO ARE MEMBERS OF THE SLT WORKFORCE

22. The question of who should carry out which activity depends on a number of factors. The central elements involve:

- the skills, competence and experience of the person to whom the task will be delegated
- whether the person to whom tasks are being delegated is employed within the SLT workforce
- the requirements of the service users;
- the nature of the task in the specific circumstance.
- The final point above also encompasses the particular setting e.g. hospital, community, school etc. Delegation of activity is determined in the context of the relationship that exists between the person who delegates and the person to whom some aspect of practice is delegated. A number of factors have been identified that are significant for SLTs who delegate tasks when deciding on whether to pass a duty on to a support worker[8].

PRINCIPLES OF DELEGATION

23. SLTs must ensure that delegation is appropriate. The following principles should apply:

a) the primary motivation for delegation is to meet service users' needs. SLTs undertake appropriate assessment, planning, implementation and evaluation of the delegated role
b) the person to whom the task is delegated must have the appropriate role, level of experience and competence to carry it out
c) SLTs must not delegate tasks and responsibilities to support workers if the support worker does not have the relevant level of skill and experience.
d) There should be training to ensure competency in carrying out any tasks required. This training should be provided by the employer and may be delivered by SLTs or other if appropriate.
e) A written contractual agreement should be the basis for the training given and what the interventions and outcomes expected are and if these contractual obligations aren't met SLTs should not delegate.
f) the task to be delegated is discussed and if both the SLT and support worker feel confident, the support worker can then carry out the delegated work/task
g) the level of supervision and feedback provided is appropriate to the task being delegated. This will be based on the recorded knowledge and competence of the

[6] This section has been adapted from the Intercollegiate Position Paper, Supervision, Accountability and Delegation of Activities to Support Workers, 2006: www.rcslt.org

[7] Additional detail on delegation is in CQ3 Pages 31 and 108

[8] In this document the term support worker is used to include SLT Assistants, TIs, assistant practitioners etc

support worker, the needs of the service users, the service setting and the tasks assigned

h) regular supervision time is agreed and adhered to

i) in multi-professional settings, supervision arrangements will vary and depend on the number of disciplines in the team and the line management structures of the registered practitioners

j) the organisational structure has well defined lines of accountability and support workers are clear about their own accountability

k) the support worker shares responsibility for raising any issues in supervision and may initiate discussion or request additional information and/or support the support worker will be expected to make decisions within the context of a set of goals /care plan which have been negotiated with the patient/client and the healthcare or education team

l) the support worker must be aware of the extent of his/her expertise at all times and seek support from available sources, when appropriate

m) documentation is completed by the appropriate person and within employers' protocols and professional standards

SUPERVISION OF SUPPORT WORKERS

24. The SLT is responsible for designing a supervision system that protects service users and maintains the highest possible standards of care. On-going supervision is used to assess the support worker's ability to perform the delegated task and capability to take on additional roles and responsibilities. It is normally expected that a named supervisor is provided.

25. The following should apply:

- there should be a system in place for support workers to access supervision and clinical advice as required
- where there is an ongoing system of delegation to a named support worker within the same organisation (e.g. SLT and SLTA), regular supervision time is agreed between the registered practitioner and the support worker and a record is made of each session.
- If the SLT delegating the task is not the support worker's line manager the task still has to be supervised on a regular basis and the support worker has the opportunity to discuss issues with the SLT.
- the SLT must have the necessary skills to support and assess the supervisee
- the support worker shares responsibility for raising issues in supervision and may initiate discussion or request additional information/support
- when the SLT is absent from a setting where the support worker is working, there is an identified contact in case of query or emergency.
- As part of effective integrated partnership working if an assistant's job description includes following SLT programmes there should be a formal agreement between all stakeholders and agencies to ensure that delegation and supervision expectations are clearly set out.

26. Supervision can vary in terms of what it covers. It may incorporate elements of direction, guidance, observation, joint working, discussion, exchange of ideas and co-ordination of activities. It may be direct or indirect, according to the nature of the work being delegated. The decision concerning the amount and type of supervision required by a support worker is based on the SLT's judgement and is determined by the recorded knowledge and competence of the support worker, the needs of the service user, the service setting, and the delegated tasks. Factors to be considered by SLTs include:

- the level of experience and understanding of the support worker relevant to the task being delegated
- the scope of the support worker's job description
- assessment of the support worker's competence relevant to the delegated task
- the complexity of the delegated tasks (i.e. whether the delegated task is a routine activity with predictable outcomes)

- the stability and predictability of the service user's health status
- the environment or setting in which the delegated task is to be performed and the support infrastructure available (e.g. whether working in a community, acute or school setting)
- availability of and access to support from a SLT
- periodic review of service users' outcomes
- an identified process for periodic review and evaluation of support workers' performance
- an identified process for recording and reporting service users' progress.

27. Supervision and appraisal have a key role to play in:

- supporting the development of individuals in line with personal need and service requirements
- ensuring consistency and quality in the delivery of services
- ensuring the on going development of the profession
- helping individuals to meet statutory obligations
- ensuring clarity about roles and expectations e.g. delegating tasks to support workers.

ASSESSING COMPETENCE

28. When assessing competence in relation to delegation of tasks, the SLT should have an awareness and knowledge of the education, training and qualifications the support worker has undertaken. It is important to know whether the support worker has competently performed particular tasks in the past. The SLT also needs to be confident that the tasks will be performed competently in the future. If, however, the support worker has not carried out the specific activities before, this indicates that there is a training need prior to delegation taking place.

WHAT IS COMPETENCE?

29. There are two key questions to be answered when considering delegation of activities.

    - Does the SLT view the person taking on the tasks competent to carry out the tasks?
    - Does the person taking on the delegated activity feel competent to perform the activity?

30. Competence is an individual's ability to effectively apply knowledge, understanding, skills and values within a designated scope of practice. It is evidenced in practice by the effective performance of the specific role and its related responsibilities. Competence also involves individuals in critical reflection about, and modification of, their practice. Capability is a step further than competence and relates to the individual's full range of potential and may go beyond their current scope of practice.

31. Where an issue of inadequate competence arises the SLT has a duty to follow this up with the support worker and their line manager through their line management arrangements. Further training may be deemed suitable or it may be that the support worker is assigned to another task where competency is not in doubt/ assured.

32. All parties should reflect on the issues regarding a lack of competence and use the learning to make changes.

33. SLTs must ensure that if they are delegating tasks the person to whom these tasks are being delegated has demonstrated that they are competent to undertake the tasks as SLTs could be held accountable for the actions of non-qualified staff. Nursing, medical and AHP colleagues are accountable for their own competence in accordance with regulatory requirements.

SLTS UP-SKILLING THE WIDER WORKFORCE TO SUPPORT TRANSDISCIPLINARY WORKING THEREBY IMPROVING OUTCOMES FOR SERVICE USERS

34. Please refer to paragraph 20. The RCSLT is not being prescriptive regarding up-skilling or enablement roles. The RCSLT advises that SLTs carefully consider if the advice they are providing constitutes training.

35. The RCSLT supports SLT roles within trans-disciplinary models and the development of new models that maximise the contribution of SLTs while ensuring that the specialist contribution to the system is recognised as essential. Emerging key worker roles and lead professional roles are also central to this model of working if it is to be successfully implemented for the benefit of service users and their families.

36. Trans-disciplinary working is not intended to replace any of the disciplines, but to enhance the service to service users by ensuring that their pathway is holistic. Within any team and/or context, the particular skills and competences of individual team members will vary depending on their training and experience. The specific roles and responsibilities regarding the planning and delivery of care will therefore also vary. Strong professional leadership is essential to develop appropriate trans-disciplinary working models that provide a positive, integrated, streamlined experience for service users while ensuring quality is maintained with the necessary expertise within the system. When these factors are addressed, the trans-disciplinary model provides cohesive service delivery.

37. SLTs are frequently involved in up-skilling the wider workforce to support trans-disciplinary working in order to support improved outcomes for people with SLCN and swallowing difficulties.

38. SLTs do not have authority to delegate tasks to the wider workforce but do add value to effective joint working through the support they provide to other key workers by contributing to the development of the knowledge and practice of colleagues.

39. As part of enablement parents and carers may agree to carry out exercises with service users that will relate directly to work that has been undertaken by the SLT workforce. If parents and carers agree to do this the RCSLT expects that appropriate and accessible documentation will be provided by SLTs in order to fully support parents and carers to maximise service users' therapy.

40. Where SLTs work in partnership with teachers, teaching assistants, nurses and other professionals there should be a contract and service level agreement in place to include details of how training and assignment of tasks will be quality assured by SLTs.

The contract should also set out the requirements for effective partnership working.[9] SLTs are not expected to provide supervision to the wider workforce.

ENABLING PARENTS AND CARERS IN THE BEST INTERESTS OF SERVICE USERS

41. SLTs will provide an appropriate level of trans-disciplinary working and support to enable parents and carers so that service users' environments, and overall function, can be improved beyond that which can be achieved by direct speech and language therapy.

42. The following documents have sought to demonstrate the benefit of working with service users and of enabling their parents and carers.

RCSLT Communicating Quality 3 Chapters 6 and 7

RCSLT Commissioning Resource Manual (2009) Aphasia synthesis:

The speech and language therapy intervention aims to target the areas of need. These may be addressed on an individual level, within a group, or working in partnership with carers and other professionals. No one approach is necessarily more important than another and there is professional consensus that some people benefit from a range of approaches.

Intervention will also involve working with others involved with the person's care to ensure they are aware of the communication difficulties and understand the best way to communicate with the patient. This may include anyone involved in the person's rehabilitation, or in some cases end of life care.

RCSLT Commissioning Resource Manual (2009) ALD Synthesis

Speech and language therapists have a role to improve the awareness and understanding of primary and secondary healthcare staff of the needs of people with a learning disability and communication/dysphagia needs and working with them to improve access. For example, training GPs, ward staff, community palliative care teams, community rehabilitation teams, health promotion staff, family and childcare teams, mental health teams.

RCSLT ALD Position Paper 2010

[SLT] Students will have insight into the importance of training others as fundamental in underpinning speech and language therapy work.

[9] See Table 3 for types of training.

The specialist adult learning disability SLT's role will vary from no involvement through to advice, training and supervision, partnership working or working alongside the mainstream speech and language therapy service.

RCSLT Commissioning Resource Manual (2009) SLI synthesis

The Children's workforce works across different health, education, social and voluntary sectors to provide the right input at the right time. Speech and Language Therapists work closely as a part of the Children's Team from early years, working with various agencies e.g. the Preschool Inclusion teams to provide appropriate input and training, for example, facilitating activities to develop attention, listening skills and sound (phonological development). Training parents/carers and staff to provide regular input to children is a key part of providing the right approaches at the right dose. Management is based on the needs of the child and family.

RCSLT Commissioning Resource Manual (2010) Brain injury synthesis

Researchers suggest better outcomes if speech and language therapy management is individual, family centred, relevant to real life, addresses insight and awareness allows generalisation and is context specific.

RCSLT Commissioning Resource Manual (2009) Dysphagia synthesis

Speech and language therapists should be integral members of services and multiagency teams supporting people with dysphagia, their families and carers, and informing the broader clinical management.

As a core member of the multi-disciplinary team, speech and language therapists will play a key role in contributing to the early diagnosis of individuals with dysphagia and identifying the specific level of impairment providing appropriate intervention and information for those individuals with dysphagia, their family and carers.

The role of the multi-disciplinary team working with those who have swallowing disorders will include:

- Development of co-ordinated assessment protocols, joint goals and timely intervention
- Joint treatment plans with written documentation
- Multi-disciplinary audit of practice
- Common approach in involvement of patients/relatives/carers

Speech and language therapists are generally involved in environmental modifications, safe swallowing advice, appropriate dietary modification, and

the application of swallowing strategies, which improve the efficiency of swallow function and reduce the risk of aspiration.

Collaborative Working between Speech and Language Therapists and Teachers of the deaf (2006)

http://www.rcslt.org/members/publications/RCSLTBATOD_collab_pdf

1. Services will need to be commissioned to enable effective joint working with parents and carers to ensure a holistic and user centred approach to meeting the needs of people with SLCN and swallowing difficulties. This includes involving service users in the commissioning and development of services as well as in the development of care plans, including agreeing outcomes, how the plan is delivered and the evaluation of care plans.

2. As part of their responsibility and commitment to delegation, up-skilling and enablement SLTs are expected to provide a range of training opportunities for the stakeholders with whom they interact. For the purposes of this document training is an overarching term which encompasses awareness raising, teaching and dissemination.

3. Table 3 sets out examples of the types of training delivered by the SLT workforce. Informal training is a term sometimes used by SLTs but the SLT should consider if this is better described as enablement or even providing therapeutic advice. If informal training is offered, quality assurance processes should apply and are described in table 4.

TABLE 3 TYPES OF TRAINING DELIVERED BY THE SLT WORKFORCE AND THE EXPECTATIONS ASSOCIATED WITH THESE

		Informal Training	Formal Training	Generic Training	Specialist training
Working with others to raise awareness /disseminate information or to know when to make appropriate referrals There should be written or web-based information that is evidence based to support this type of work undertaken by SLTs. Awareness raising work does not necessarily lead to delegation of tasks	Coaching carers or parents to identify when someone might have SLCN or be at risk for swallowing difficulties		✓	✓	
	Working with parents and carers by delivering commercial training packages		✓		✓
	Establishing and reviewing targets and strategies with a parent/carer	✓			✓
	Working with parents and carers to apply their knowledge to put appropriate communication support in place as part of a preventative strategy (in the hope that people would then not need to access SLT services)	✓			✓
	Group demonstrations, mentoring and coaching I, G	✓		✓	
	Bespoke training for specific clinical need or client group	✓	✓		✓
Training to delegate tasks to other people e.g. speech and language therapy assistants, technical instructors Where formal training is delivered there should be assessments of competence for the person being trained associated with this type of training	Training SLTAs, TIs and Assistant Practitioners		✓		✓
	Training non-SLTs (e.g. other AHPs or nursing staff)	✓	✓	✓	
	Training students from other disciplines[10] as part of awareness raising	✓		✓	
	Training staff in justice arenas to carry out assessments and work with clients with communication support needs		✓		✓
	Training people in a specific strategy or intervention to carry out with a specific patient (SLT retains responsibility for delegation)	✓			✓
	Health promotion/prevention	✓		✓	
Training to create an optimal communication or swallowing environment or to enhance a role Up-skilling the wider workforce.	Working teachers to advise on language development and communication environments or strategies (SLTs should be able to do this as NQPs)		✓	✓	
	Bespoke training for specific clinical need or client group	✓	✓		✓

[10] Details of SLTs requirements when providing practice based education for SLT students are set out in the RCSLT document National Standards for Practice Based Learning (2006)

		Informal Training	Formal Training	Generic Training	Specialist training
However SLTs may not necessarily know who the people who have been trained would use the skill with (e.g. training nursery staff to work with all children) Where the SLT has no remit to delegate because the trainees are not part of the SLT workforce.	Working with teachers by delivering commercial training packages		✓		✓
	Training teachers and teaching assistants and nursery staff/ early years workers		✓	✓	
	Working with nurses and care staff in nursing homes to provide training on communication, feeding and swallowing awareness	✓			✓
	Training others to adapt an environment, to enable people with communication and swallowing difficulties to communicate to swallow and /or communicate	✓		✓	

43. The RCSLT strongly recommends that when training is undertaken by SLTs that quality assurance is built into the training and these requirements are set out in table 4.

44. SLT services have the opportunity to evaluate the effectiveness of the training that they provide via the RCLST resource Q-SET. This can be done annually.

TABLE 4 QUALITY ASSURANCE REQUIREMENTS FOR TRAINING DELIVERED BY SLTS

What is required as part of the training that is delivered by SLTs	Informal Training	Formal Training
Checking the learning needs before designing learning opportunity. Learning outcomes are based on sound learning needs analysis e.g. KSF	✓	✓
Training goals which include: clear aims, objectives and outcomes should be developed for each type of training (E.g. a checklist of quality completed and signed by the person who developed the training)	✓	✓
Training should be clear about the competences people are expected to have after the training and the on-going commitments from trainer and trainee to follow up and support what has been learned.	✓	✓
Learning outcomes with clarity about how each learning outcome will be met during the training		✓
Using learning methodology e.g. lectures, seminars, tutorials, independent learning tasks, portfolios, essays, projects		✓
Evaluating whether objectives have been reached e.g. Informal training: People being trained have to be able to relay back what they have learned Formal training: On-going reflective exercises to be developed to assess these changes over time.	✓	✓
Evaluating the quality of the training methods and materials themselves in light of feedback and in line with ongoing quality assurance Express the aims, objectives and outcomes in terms of identifying changes in behaviour as well as formal practice and skills		✓
Allowing people to learn at their own pace	✓	✓
Assessing what knowledge, skills and /or abilities are needed by learners	✓	✓
Designing the training, including identifying learning goals and associated objectives, training methods to reach the objectives, and means to carefully evaluate whether the objectives have been reached or not	✓	✓

SERVICE USER BENEFITS

45. The SLT workforce seeks to improve outcomes for service users through the development and delivery of appropriate training, trans-disciplinary working and delegation of tasks.

46. Service users require appropriate treatment with minimal risk, this includes:

- Access to specialist knowledge from SLTs
- Improved outcomes for service users by ensuring clinical excellence within the service

47. Training and trans-disciplinary working can have significant benefits for service users' environments and their overall function beyond that which can be achieved by direct speech and language therapy.

48. In addition to direct therapy, SLTs can support service users' requirements by:

- Providing high quality advice for service users with complex needs
- Providing advice and mentoring for the wider workforce
- Identifying and providing training and development opportunities for the wider workforce
- Promoting accessible information
- Promoting inclusion of people with communication support needs
- Supporting advocacy, informed decision making and assessment of capacity
- Empowering parents, carers and service users

49. In order to provide the best service for people who have speech, language, communication and swallowing needs the wider workforce requires access to specialist clinical expertise, advice and training and this has to be provided by SLTs.

50. SLTs can support meeting this requirement for service user choice by:

- Drawing on SLT expertise so that the workforce, as a whole, can be more effective, efficient and demonstrate value for money.
- Working in partnership to encourage other professionals and providers to raise standards by implementing best practice
- Establishing inter-professional and inter-agency training to support and promote independence, self-esteem and social inclusion for all service users.

51. Service users require up to date intervention and services must seek to ensure that:

- There are opportunities for service users to become involved in service development and that service users will benefit by having their views considered at a strategic level

- Clinical interventions are evidence based and, when appropriate, delegated by an experienced practitioner

52. SLTs can support meeting this requirement by:

- Actively seeking out service users' views on their requirements and on the service they have received.
- The views must be analysed as part of service enhancement and be incorporated into service redesign or modification so that service users can see their influence
- Identifying gaps in evidence based practice and to seek to address these in order to meet service users' needs
- Working in an evidence based way

SERVICE BENEFITS

53. The primary benefit to services when SLTs provide training and delegate some tasks is that a more effective service is provided to clients.

54. The SLT workforce must have complete clarity about their delegation responsibilities. If training provided to others is not done within a quality assurance framework the SLT might not be meeting their responsibilities in relation to delegating tasks.

55. When developing training SLTs must be clear about the distinction between training, learning, coaching, empowerment and the acquisition of skills and competencies by the person receiving the training.

56. Providing coaching to others, as part of a training strategy, is a core part of the SLT service and can also contribute to SLTs continuing professional development.

QUALITY ASSURANCE: RCSLT EXPECTATIONS:

57. Quality assurance must be built into all training; this includes robust evaluation of the training to demonstrate that it has been effective. Listed below are examples of existing quality assurance mechanisms that services providing training might choose to demonstrate how the training they deliver has been quality assured.

- RCSLT quality assurance (being a quality assured or registered course)
- Accreditation from a Higher Education Institution or credit rating body e.g. Open College Network, S.Q.A.
- Endorsed by other organisations (e.g. Hanen, Makaton)
- Peer review undertaken by another SLT Service
- Accredited by national bodies e.g. BTec award or part of N/SVQ scheme
- Coaching qualification
- Evaluation of feedback from people who have had training or coaching from SLTs

58. Other aspects of quality assurance when the SLT workforce provides training to others will include, but are not restricted to, the following, set out in table 5.

TABLE 5: QUALITY ASSURANCE CHECKLIST FOR PLANNING TRAINING

	Essential	Recommended
PLANNING		
An external moderator/adviser to the course		✓
The documentation has been reviewed by RCSLT		✓
A credit rating, if the course has an academic award	✓	✓
Target audience for the course, identified through prior consultation with the commissioners of the training so that training is tailored to the needs of the participants Offering pre-course information (to ensure relevance)	✓	
Learning outcomes to be communicated to participants	✓	
Details of the teaching/training staff credentials, to include the following: • Staff having been trained trainers (e.g. presentation skills course) • having prior experience in delivering courses	✓	

• holding certification to deliver relevant commercial courses • holding a relevant clinical specialism • having regional/national reputation in the relevant field • being an RCSLT advisor in the relevant field		
Details of any invasive procedures covered in the course/training	✓	
Use of the current evidence base	✓	
DELIVERY		
Explicit reference to the current evidence base	✓	
Delivered using a range of presentation methods	✓	
Incorporates elements of individual learning	✓	
Uses high quality learning materials	✓	
EVALUATION		
Incorporates consolidation of learning (e.g. follow-up event, further e-learning)		✓
Incorporates formal assessment of the participants' learning outcomes (e.g. exam, coursework, assessed reflective journal, demonstrations, presentations)		✓
incorporates feedback to participants about their achievement of learning outcomes		✓
Qualitative course evaluation (e.g. participants' feedback forms)	✓	
Evaluating the course quantitatively (e.g. measuring change in the participants' practice, pre- and post-course)	✓	
SLT to undertake reflective report about outcomes of the course and possible future changes	✓	
Formal review of the tasks that have been delegated (e.g. ongoing audit mechanism)	✓	

SUMMARY

59. When the SLT workforce engages in training, enablement or awareness raising the purpose and outcomes must be clearly established for all stakeholders. .

60. The variety of training that SLTs provide will include one or more of the purposes listed below. As part of SLTs core role they:

- provide information
- actively engage in and promote trans-disciplinary working
- develop skills to support service users' needs
- develop strategies and approaches to support communication
- support and empower service users, carers and parents including self-management
- delegate tasks
- aim to create a different environment
- equip the wider workforce to understand SLT advice given and to know why service users' speech, language and communication needs have to be met.

61. There is accountability in terms of the delegation of tasks. A summary of the responsibilities of trainers, services and trainees are set out in table 6 below.

TABLE 6: DOCUMENTATION SLTS MUST BE FAMILIAR WITH

SLTs responsibility
HPC Standards and RCSLT Standards (See appendices for full details) • Scope of practice • Scope of expertise • Responsibility for delegation of tasks
SLTs must ensure they are safely delegating tasks in line with HPC SCPE 8 and acting in best of service users. When training is undertaken the SLT delegates work to the assistant/support worker. The assistant/support worker may then work with or enable others (parents/carers/teachers). The accountability for the delegation remains with the SLT. **From HPC Standards of Conduct, Performance and Ethics** **You must effectively supervise tasks you have asked other people to carry out.** People who consult you or receive treatment or services from you are entitled to assume that a person with appropriate knowledge and skills will carry out their treatment or provide services. Whenever you give tasks to another person to carry out on your behalf, you must be sure that they have the knowledge, skills and experience to carry out the tasks safely and effectively. You must not ask them to do work which is outside their scope of practice. You must always continue to give appropriate supervision to whoever you ask to

carry out a task. You will still be responsible for the appropriateness of the decision to delegate. If someone tells you that they are unwilling to carry out a task because they do not think they are capable of doing so safely and effectively, you must not force them to carry out the task anyway. If their refusal raises a disciplinary or training issue, you must deal with that separately, but you should not put the safety of the service user in danger.
SLTs must make every attempt to enable the person to have the skills to carry out the task.
SLTs deliver training to others as a core part of their role and as part of their CPD
Service / Employer's Responsibility
Care Quality Commission Core standard C5c: Working in partnership with education and training providers to ensure effective delivery of training.
Services/employers must comply with/follow local requirements in terms of capability Services/employers must ensure that staff to whom tasks might be delegated have had appropriate resources to learn what is required in the delegated task. i.e. financial resources, time to attend training, time to consolidate learning, time to meet with supervisor/person delegating the work
Learners / trainees responsibility
They must endeavour to carry out tasks in accordance with training and to ask for clarification from the SLT if required.

APPENDICES

(I) HPC STANDARDS OF CONDUCT, PERFORMANCE AND ETHICS (SCPE)

SCPE 1 You must act in the best interests of service users.

You are personally responsible for making sure that you promote and protect the best interests of your service users. You must respect and take account of these factors when providing care or a service, and must not abuse the relationship you have with a service user. You must not allow your views about a service user's sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture, religion or beliefs to affect the way you treat them or the professional advice you give. You must treat service users with respect and dignity. If you are providing care, you must work in partnership with your service users and involve them in their care as appropriate. You must not do anything, or allow someone else to do anything that you have good reason to believe will put the health or safety of a service user in danger. This includes both your own actions and those of other people. You should take appropriate action to protect the rights of children and vulnerable adults if you believe they are at risk, including following national and local policies. You are responsible for your professional conduct, any care or advice you provide, and any failure to act. You are responsible for the appropriateness of your decision to delegate a task. You must be able to justify your decisions if asked to. You must protect service users if you believe that any situation puts them in danger. This includes the conduct, performance or health of a colleague. The safety of service users must come before any personal or professional loyalties at all times. As soon as you become aware of a situation that puts a service user in danger, you should discuss the matter with a senior colleague or another appropriate person.

SCPE 8 You must effectively supervise tasks you have asked other people to carry out.

People who consult you or receive treatment or services from you are entitled to assume that a person with appropriate knowledge and skills will carry out their treatment or provide services. Whenever you give tasks to another person to carry out on your behalf, you must be sure that they have the knowledge, skills and experience to carry out the tasks safely and effectively. You must not ask them to do work which is outside their scope of practice. You must always continue to give appropriate supervision to whoever you ask to carry out a task. You will still be responsible for the appropriateness of the decision to delegate. If someone tells you that they are unwilling to carry out a task because they do not think they are capable of doing so safely and effectively, you must not force them to carry out the task

anyway. If their refusal raises a disciplinary or training issue, you must deal with that separately, but you should not put the safety of the service user in danger.

SCPE 14 You must make sure that any advertising you do is accurate.

Any advertising you do in relation to your professional activities must be accurate. Advertisements must not be misleading, false, unfair or exaggerated. In particular, you should not claim your personal skills, equipment or facilities are better than anyone else's, unless you can prove this is true. If you are involved in advertising or promoting any product or service, you must make sure that you use your knowledge, skills and experience in an accurate and responsible way. You must not make or support unjustifiable statements relating to particular products. Any potential financial reward should not play a part in the advice or recommendations of products and services you give.

http://www.hpc-uk.org/assets/documents/10002367FINALcopyofSCPEJuly2008.pdf

(II) HPC STANDARDS OF PROFICIENCY

1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers

- be able to communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.51
- This requirement is stricter for speech and language therapists than for all other professions, as communication in English is a core professional skill: see 2b.4
- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
- Standards of proficiency – Speech and language therapists 7
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers

- recognise that the need to work with others includes health, social and educational professionals
- recognise the importance of working in partnership with clients and their families
- understand health education and how it relates to communication and swallowing

3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities.

http://www.hpc-uk.org/publications/standards/index.asp?id=52

(III) CARE QUALITY COMMISSION

Core standard C5c

Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.

Elements Rationale - Element one

The PCT ensures that clinicians from all disciplines participate in activities to update the skills and techniques that are relevant to their clinical work in accordance with relevant guidance and curricula. This includes identifying and reviewing skills needs and skills gaps; providing and supporting on-the-job training and other training opportunities; **and where appropriate working in partnership with education and training providers to ensure effective delivery of training.**

http://www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/periodicreview2009/10/corestandards.cfm

(IV) CQ3

1.7.8 Delegation

The information in this section is based on the Intercollegiate Position Paper *Supervision, Accountability and Delegation of Activities to Support Workers*, 2006. When delegating work to others, registered practitioners have a legal responsibility to have determined the knowledge and skill level required to perform the tasks within the work area. The registered practitioner retains accountability for the delegation and the support practitioner is accountable for accepting the delegated task and for his/her actions in carrying out the task. This is providing that the support practitioner has the skills, knowledge and judgement to perform the assignment, the delegation of task falls within the guidelines and protocols of the workplace, and the level of supervision and feedback is appropriate.

Chapter 1
What is delegation?

In this context, delegation is the process by which a registered practitioner can allocate work to a support practitioner who is deemed competent to undertake that task. This practitioner then carries the responsibility for that task.

There is a distinction between delegation, and assignment. In the former case the registered practitioner retains accountability for the outcome of the activity. In the latter case both the responsibility and accountability for an activity pass from one individual to the other.

Choosing tasks or roles to be undertaken by support staff is a complex professional activity; it depends on the registered practitioner's professional opinion. For any particular task, there are no general rules. Additionally it is important to consider the competence of the support practitioner in relation to the activity to be delegated.

Principles of delegation

- The registered therapist must ensure that delegation is appropriate.
- The following principles should apply:
- The primary motivation for delegation is to serve the interests of the individual.
- The registered therapist undertakes appropriate assessment, planning, implementation and evaluation of the delegated role.
- The person to whom the task is delegated must have the appropriate role, level of experience and competence to carry it out.
- Registered therapists must not delegate tasks and responsibilities to colleagues that are beyond their level of skill and experience.
- The support practitioner should undertake training to ensure competence in carrying out any tasks required. This training should be provided by the employer.
- The task to be delegated is discussed and if both the therapist and support practitioner feel confident, the support practitioner can then carry out the delegated work/task.
- The level of supervision and feedback provided is appropriate to the task being delegated. This will be based on the recorded knowledge and competence of the support practitioner, the needs of the individual, the service setting and the tasks assigned.
- Regular supervision time is agreed and adhered to.
- In multi-professional settings, supervision arrangements will vary and depend on the number of disciplines in the team and the line management structures.
- The organisational structure has well defined lines of accountability and support practitioners are clear about their own accountability.
- The support practitioner shares responsibility for raising any issues in supervision and may initiate discussion or request additional information and/or support.
- The support practitioner will be expected to make decisions within the context of a set of goals/care plan which have been negotiated with the individual and the healthcare team.
- The support practitioner must be aware of the extent of his/her expertise at all times and seek support from available sources, when appropriate.
- Documentation is completed by the appropriate person and within employers' protocols and professional standards.

For further information see:

- Intercollegiate Position Paper, Supervision, Accountability and Delegation of Activities to Support Workers, 2006: www.rcslt.org
- RCSLT Standards for Working with Support Practitioners, 2003, Chapter 5, Service Organisation.
- RCSLT Competencies Project: Support Practitioners Framework, 2002:

(V) INTER-PROFESSIONAL DYSPHAGIA FRAMEWORK

These sections from the inter-professional dysphagia framework have been included to highlight where training others has been identified as an integral part of a role. This framework has been endorsed by the RCSLT and other organisations. The full document can be accessed via the RCSLT web pages: http://www.rcslt.org/members/publications/Framework_pdf

Specialist Dysphagia Practitioner: Specialist Dysphagia Practitioners are proficient in determining the underlying cause of dysphagia, are able to develop and test hypotheses, identify and trial interventions, and remediate the presenting difficulties by devising comprehensive care plans. They may identify that further investigations are required and refer appropriately. **They would be involved in teaching, training and supporting others in dysphagia assessment and management.** Specialist Dysphagia Practitioners will have undertaken specialist training and may hold a specialist dysphagia caseload. The Specialist Dysphagia Practitioner competences can be mapped to the National Workforce Competences identified below. **1, 2, 4, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16, 22**.

Consultant Dysphagia Practitioner: Consultant Dysphagia Practitioners will determine the underlying cause of complex dysphagic difficulties, develop and test hypotheses, identify and trial interventions to remediate or compensate for the presenting difficulties, and devise extensive care plans. They may undertake specialist interventions and/or alternative examinations, particularly in those who have complex or co-existing difficulties, or they may identify that further investigations are required and refer appropriately. **They would be involved in teaching, training and supervising others in: the identification of swallowing difficulties**; comprehensive dysphagia assessments; and the implementation of care plans. They may act as a resource for evidence-based practice and offer consultative second opinions. They may be responsible for taking the lead in audit and research and will develop dysphagia policy within the locality setting. Consultant Dysphagia Practitioners will have undertaken specialist training and may hold a specialist, complex dysphagia caseload. The Consultant Dysphagia Practitioner competences can be mapped to all of the National Workforce Competences identified below.

The Professional Role Descriptors include the content from the National Workforce Competences for Dysphagia and other Workforce competences available from Skills for Health:

01. AHP26 Provide support to individuals to develop their skills in managing dysphagia

02. AHP27 Assist others to monitor individuals attempts at managing dysphagia

03. DYS 1 Undertake protocol-guided swallow screening/assessments

04. DYS 2 Undertake a comprehensive dysphagia assessment

05. DYS 3 Undertake a specialist dysphagia assessment

06. DYS 4 Develop a dysphagia care plan

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

08. CHS38 Plan and agree assessment of an individual s health status

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

10. HSC214 Help individuals to eat and drink

11. HCS D4 Provide clinical advice on patient investigation and management

12. CI.F6 Direct and report on video fluoroscopic examinations of the oro-pharynx and oesophagus using contrast media

13. LTCN19 Support individuals with neurological conditions to manage their nutrition

14. ENTO L11 Enable learning through demonstrations and instruction

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

16. END3 Refer individuals for endoscopic procedures

17. END6 Prepare the delivery of endoscopic procedures

18. END12 Perform diagnostic and therapeutic endoscopic procedures

19. END18 Review the results of endoscopic procedures

20. END19 Provide reports on endoscopic procedures

21. END21 Reprocess endoscopy equipment

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

(VI) SKILLS FOR HEALTH (SFH)

These sections from the SfH framework have been included to reinforce that training others is a core competence across the AHP workforce. These can be used by RCSLT members to demonstrate that training others is directly linked to the NHS KSF. Further details are on the SfH web pages https://tools.skillsforhealth.org.uk/competence/advancedSearch

Work with others to develop and promote training programmes to prevent, reduce and control risks to health and wellbeing **NHS KSF**HWB1 3

Summary

This workforce competence covers developing and promoting training that will improve the abilities of individuals and groups to prevent, reduce and control risks to health and wellbeing - for example, the training may be designed to enable those being trained to audit, evaluate and improve practices within their organisation.

In carrying out the activities described in this competence you are likely to be working with people from other organisations, including the organisation(s) employing the staff who are being trained, and partner organisations that might contribute resources to the training.

Users of this competence will need to ensure that practice reflects up to date information and policies.

Undertake protocol-guided swallow screening/ assessments **NHS KSF**HWB6 2

Summary

This competence is about the initial screening and/or assessment of individuals who present with difficulties swallowing liquids (including saliva) and solids. It covers recognition and identification of swallowing difficulties and implementation of protocol-guided actions. The practitioner will refer individuals with swallowing difficulties for a comprehensive dysphagia assessment using processes, and within timescales, specified in local protocols. It is essential that the potential risks presented by the problems associated with dysphagia are recognised and action taken with the appropriate degree of urgency.

This competence is for practitioners who are not specialists in dysphagia, but who have appropriate training and responsibility for identifying individuals with swallowing difficulties. This includes practitioners who work across primary and secondary health care, social services and education.

Users of this competence will need to ensure that practice reflects up to date information and policies.

Raise stakeholders' awareness of the value of employment, training and education for people with mental health needs **NHS KSF**G7 2

Summary

This workforce competence covers working with a variety of stakeholders to promote the value of employment, training and education for people with mental health needs and negotiating in broad terms what opportunities they could offer.

This workforce competence applies to those in statutory or voluntary agencies who seek to promote and negotiate employment, training and education opportunities for individuals with mental health needs.

Users of this competence will need to ensure that practice reflects up to date information and policies.

Relationship to other workforce competences within the Mental Health Framework

This workforce competence complements and leads onto workforce competence MH72 on negotiating and agreeing with a variety of stakeholders the opportunities they are willing to offer people with mental health needs.

It also complements and leads onto workforce competence which is about negotiating with employers and others in terms of specific placements, and on supporting them in offering opportunities to people with mental health needs.

Identify the learning and development needs of the organisation NHS KSFG1 4

Summary

This workforce competence covers reviewing how capable the whole organisation is of meeting its development needs and the development of a learning and development programme for the organisation. For the purpose of this workforce competence, in the health care context, learners may be patients/clients or carers.

This involves:

- using audits, surveys and interviews to identify learning and development needs
- identifying the development needs and opportunities for individual work roles
- reviewing developments in technology-based learning
- identifying the existing abilities and competences of individuals within the organisation and planning future training and development needs
- responding to external factors that influence human resources
- working with other people on major new developments
- getting the commitment of other people

Users of this competence will need to ensure that practice reflects up to date information and policies.

Develop training sessions NHS KSFG1 2

Summary

This workforce competence covers identifying options for training sessions and delivering training sessions for learners. For the purpose of this workforce competence, in the health care context learners may be patients/clients or carers.

This involves:

- reviewing different ways of delivering a session
- identifying the types of activities to use in a session
- developing exercises for learners
- deciding on the appropriate use of demonstrations and presentations
- planning instruction materials
- deciding on the appropriate use of individual and group activities

- deciding when one-to-one coaching is appropriate
- reviewing the potential for using technology-based learning and e-learning methods as part of the session
- preparing materials and equipment for different types of sessions
- evaluating how effective the session is against learning objectives

Users of this competence will need to ensure that practice reflects up to date information and policies.

This competence replaced HI40 during rationalisation of the database.

Prepare and develop resources to support learning **NHS KSF**G1 3

Summary

This workforce competence covers developing learning materials and choosing materials to support learning. For the purpose of this workforce competence, in the health care context, learners may be patients/clients or carers.

This involves:

- working out exactly what materials you need
- looking at a range of design options
- reviewing the role of technology-based learning and development opportunities and e-learning systems in the design of materials
- identifying and solving problems in the design process
- testing materials and making any necessary changes
- assessing how you can use technology to design learning
- developing written, visual and audio-visual learning materials
- working out realistic simulations
- identifying the training facilities and equipment you need
- changing existing materials

Users of this competence will need to ensure that practice reflects up to date information and policies.

This competence replaced HI41 and HCS G4 during rationalisation of the database.

Plan how to provide basic skills in the workplace **NHS KSF**G1 4

Summary

This workforce competence covers persuading people that basic skills are important to the organisation and identifying the needs for basic skill within the organisation.

This involves:

- identifying the organisation's needs for developing basic skills
- selling the benefits of basic skills to employers, employees and their representatives
- analysing training needs for jobs and processes
- assessing the basic skills that learners achieve

Users of this competence will need to ensure that practice reflects up to date information and policies.

Introduce training for basic skills in the workplace **NHS KSF**G1 4

Summary

This workforce competence covers introducing programmes for delivering basic skills in the workplace and introducing learning support for people being trained in basic skills.
This involves:

- responding to requests from employers and employees for help in developing basic skills
- developing basic skills programmes for individuals at the workplace
- developing relationships with organisations that provide training in basic skills
- ensuring learners and other people are supported in the workplace
- evaluating and expanding how basic skills are delivered in the workplace

Users of this competence will need to ensure that practice reflects up to date information and policies.

Support how basic skills are delivered in the workplace **NHS KSF**G1 2

Summary

This workforce competence covers identifying needs and opportunities for learning basic skills in the workplace and helping to deliver basic skills in the workplace
This involves:

- identifying areas of the workplace where basic skills can be developed
- helping to analyse the learning needs of the organisation
- helping to identify the levels of skill other people have
- helping other people in the workplace to identify their learning goals
- identifying where learning opportunities exist and how to access them
- working with people and organisations who provide basic skills training
- persuading people of the importance of basic skills training in the workplace

Users of this competence will need to ensure that practice reflects up to date information and policies.

Enable learning through demonstration and instruction **NHS KSF**G1 2

Summary

As a manager of volunteers, you may need to show volunteers how to carry out their tasks or use particular equipment. You need to use a range training skills and techniques to provide this instruction to the volunteer.
This unit is about demonstrating skills and methods to volunteers and instructing volunteers to carry out specific activities. It focuses on giving instructions to volunteers, reviewing their progress and giving them feedback.
To enable learning through demonstration and instruction, you need to:

- Demonstrate skills and methods to volunteers, and
- Instruct volunteers

This unit links very closely to the unit on Supporting the development of volunteers knowledge, skills and competence, which describes the process of identifying volunteers' learning needs and providing them with development opportunities, and the unit on Enabling group learning, which describes the process of enabling learning in group situations.

This unit is taken from the Learning and Development Standards, where it appears as unit L11 Enable learning through demonstration and instruction. Although it has been tailored slightly for use when managing volunteers.

Users of this competence will need to ensure that practice reflects up to date information and policies.

Facilitate the development of people and learning in communities **NHS KSF**G7 3

Summary

This workforce competence covers how the long term sustainability and development of any organisation / network lies in the ability of people to take on more complex and accountable roles. Community development workers need to ensure support for workers and volunteers and investment in training and development opportunities.

When you facilitate the development of people and learning in communities, you will need to:

- Work with communities to define human resource needs
- Work with communities to meet personnel requirements
- Work between organisations in communities to identify and develop opportunities for learning in partnership

Users of this competence will need to ensure that practice reflects up to date information

(VII) CPD FRAMEWORK – EDUCATION AND LEARNING

This section has been included to support RCSLT members to strategically plan their CPD and to identify learning opportunities that will enable them to enhance their skills and expertise in providing training to others. The full framework is on the RCSLT web pages. http://www.rcslt.org/members/cpd/cpd_framework

CPD Framework – Education and Learning *including of self (CPD), clients, colleagues, students, the public*					
Growing and developing self=**GDS** Growing and developing others =**GDO** **KSF**	**Work based activity** **For all:** **Personal Development Reviews (PDR)** **Clinical Supervision**	**Formal Education e.g. courses and conferences**	**With SIGs or peers**	**Self-directed learning** **For all:** **Reflective CPD log**	**Outcomes**
Support Workers (bands 2-3)	Parental training delivery of courses devised by SLTs – Band 3 **GDO** Ability to facilitate and empower carers/ parents/users **GDO** Delivery "off the peg" training – Hanen at assistant level following training **GDO** Will prepare resources for training but don't design training packages **GDO** **G1 L&D** **CORE2 P&P**	Attend as appropriate **GDS** Identify needs for formal education and support **GDS** NVQs **GDS** Training around consent and duty of care **GDS** **G1**	Peer based learning Local groups Shadowing **GDS** **G1** **CORE 1**	Web based searches for relevant information **GDS** Reading relevant publications **GDS** **CORE1** **IK3**	Preparing resources. Facilitating events. Publicising service e.g. manning stands at conferences or study days, giving out information.
Assistant Practitioners (Bands 4-5)	Modelling strategies e.g. How to run a group for other staff **GDO** May be "shadowed" by SLT student and SLT in preceptor/NQP year **GDO** Deliver training designed by others **GDO** **G1 L&D** **CORE2 P&P**	NVQ / BTec / Foundation degree **GDS** In house training **GDS** Identifying needs, reflecting on gaps and development **GDS** Mandatory training **GDS** **CORE2 P&P**	Assistants SIG Peer networks Shadowing Relevant SIGs **GDS** **CORE 1**		Supporting colleagues Band 3 through demonstration of work based activities Induction Publicising service as part of public information

CPD Framework – Education and Learning *including of self (CPD), clients, colleagues, students, the public*					
Growing and developing self=**GDS** Growing and developing others =**GDO** **KSF**	**Work based activity** **For all:** **Personal Development Reviews (PDR)** **Clinical Supervision**	**Formal Education e.g. courses and conferences**	**With SIGs or peers**	**Self-directed learning** **For all:** **Reflective CPD log**	**Outcomes**
NQPs (if not within NHS consider 1-2 years' work experience)	Feeding into a group designing training **GDO** Delivering training in partnership with more experienced staff (shadowing trainer) **GDO** Learning from feedback Seeking pointers for change/improvement **GDS** Case discussions Seeking 2nd opinions **GDS** **G1 L&D** **CORE2 P&P** **HWB1**	Mandatory training as set by employer e.g. Preceptorship scheme **GDS** RCSLT NQP framework **GDS** Outside courses as identified in Appraisal and Personal Development plan **GDS** **G1** **CORE2**	Peer discussion **GDS** Clinical Supervision **GDS** Journal Clubs/ skill sharing **GDS** NQP SIGs **GDS** **CORE 1** **CORE 2** **G1**	Reading Journals **GDS** Web searches **GDS** Shadow others **GDS** Accompanying patients to specialist centres **GDO** Looking to wider network e.g. RCSLT Advisors/ Bulletin **GDS** **CORE2** **IK3**	NQP framework completed with full details for section 2 Improving skills in presentation & training. Having clear picture of personal learning needs. Assist in PR events.
Band 6 (if not within NHS consider 3-5 years' work experience)	Designing and delivering training – supported by evidence **GDO** Identifying training needs of others **GDO** Using feedback and reflection to improve skills **GDS** Taking on undergraduate SLT students and other professions **GDO**	Specialist training – post graduate Clinical Educators Courses **GDS** Presenting at conferences **GDS** **G1** **CORE2** **CORE5**	Specialist area SIGs **GDS** Active role in SIGs **GDS** Journal Clubs **GDS** Presenting cases and journal papers **GDS** Supporting leaders of SIGs **GDS** Mentoring juniors **GDO** **CORE 1** **CORE 2**	All the above. Identifying learning needs and how best to meet them **GDS** **CORE2** **IK3** **G1**	Developing/Delivering training. Responsibility for students. Informing public about postholder speciality. Co-ordinate information sessions. Prepare publicity info/events. Developing enhanced

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	Identifying learning styles of others **GDO** Critically evaluate – marking/grading submissions **GDO** **G1 L&D** **CORE2 P&P** **HWB1**				critical appraisal skills for higher level of analysis of research
Band 7 (if not within NHS consider 6-10 years' work experience)	All of above and leading, co-ordinating a team's delivery of training in more specialist areas **GDO** Leading CPD activities for others in team **GDO** Analysing gaps in team's knowledge and skills **GDO** Leading SIGs **GDO** Active in regional professional networks **GDS** Working with other disciplines and agencies to devise pathways Actively looking for new evidence/ activities in	Contributing to position papers **GDS** Post graduate training M level modules **GDS** Team leader training **GDS** Facilitation skills training **GDO** Advanced report writing **GDS** **G1** **G5** **CORE 4**	Conducting personal development reviews **GDO** Writing development plan for junior roles **GDO** Supporting others in their learning **GDO** Collating evidence base for others **GDO** **IK3** **CORE 2** **CORE 4** **CORE 5** **G1**	Developing the evidence base **GDO** Reflecting on gaps in evidence/critical appraisal linking with area MDT **GDO** Joint development of education/learning **GDO** Leadership challenge events – new roles **GDS** **CORE 2** **CORE 4** **CORE 5**	All the above. Leading patient focus groups. Student placement co-ordinator. Presenting to HEIs. Challenge own boundaries. Ensuring team learning needs feeds into organisational planning. Evaluating training and using that to inform change. Critically appraise methodology, delivery, content etc. Advanced understanding

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	relevant field **GDS** Influencing models and providing in-house updates **GDS** **G1 L&D** **CORE2 P&P** **HWB1**				of research/audit methodology
Band 8 (if not within NHS consider 10+ years' work experience)	Strategic overview of training and learning, linking into research, policy and national strategy **GDS** Anticipating learning needs and training for team – linking with academic others to forward plan provision of training **GDO** Contributing to undergraduate modules as an external tutor **GDO** Providing expert advice/training to external professional groups in highly specialist areas **GDO** Linking with Regional Groups, SHA or country equivalents to plan	Masters level education and above **GDS** Specialist conference and courses **GDS, GDO** Leading conference sessions/papers **GDO** Delivering undergraduate and post graduate training to a variety of disciplines **GDO** Organising and running conferences having identified need – multi professional /multi agency **GDO** Advanced finance management **GDS** Project Management **GDS**	Identifying need for SIGs setting up SIG and evaluating the impact of SIG activities **GDO** Accessing/Leading **GDO** Regional support groups Linking with RCSLT initiatives to contribute to the development of SLT workforce **GDO** Multi professional peer groups **GDO** Extended scope of practice **GDS** **G1** **CORE 1** **CORE 2** **CORE 4** **CORE 5**	All of above Leadership/mentorship **GDO** Coaching **GDO** Action Learning Sets **GDO** Reflecting on service direction **GDO** Horizon Scanning **GDS** Identifying broad range of skills needed – business skills **GDS** **CORE 1** **CORE 2** **CORE 4** **CORE 5**	Departmental learning: judging need of apportioning resources Ensuring workforce is trained to deliver what is commissioned. Setting up public consultations. Strategies for PPI. Informing media/press releases. Informing local politicians and national debate Contributing to national campaigns Promoting the profession to the public. Influencing

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	training strategies **GDS** Workforce planning: Profiling to inform commissioning of undergraduate placements **GDS** Contributing to the development of policy in specialist areas **GDO** **G1 L&D** **CORE2 P&P** **CORE 4 SI**	Change Management **GDS** Meeting management e.g. chairing skills and writing briefing papers **GDO GDS** **G1** **G2** **G4** **G5**			Acting as specialist advisor to strategic policy groups Acting as RCSLT rep on regional clinical forums

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