FAQs: supporting your journey into the NHS: RCSLT guidance for returning speech and language therapists

Will I be doing speech and language therapy?

It is important to discuss with your employer the work that you will be expected to undertake before you begin work with them. You may or may not be expected to undertake speech and language therapy. Due to current prioritisation, unless you are dysphagia trained and competent it is unlikely that you will be working within Speech and Language Therapy. There may be some high priority communication roles with client groups such as those with Motor Neurone Disease, but otherwise work is likely to be mainly dysphagia based. It is more likely you will be in clerical roles, support assistant roles and other roles across services. However, work should still be within an individual’s grade and professional scope of practice, and/or competencies. In whatever role you undertake it is essential that you receive adequate training on the use of equipment and supervision appropriate to the role being undertaken.

What if what I am asked to do is beyond my scope of practice?

If you are asked to undertake a role beyond your scope of practice then you will need to ask your employer for additional training, support or supervision. If you have any concerns about what you are being asked to do, then you must raise these with your employer immediately. There is guidance from the HCPC on this here.

I have a paid role in an HEI or research, how can I be released to undertake clinical duties?

You may wish to talk to your academic employers about the possibility of being released from this role in order to focus on your clinical work. It is important to get the balance right between your clinical and non-clinical work. There is guidance from the NHS on this here. Discuss with your line manager the options for your contract; either a temporary change to allow paid NHS/Bank work or continue on your current salary but accept a change in role to allow you to do clinical work.

Do I have to go back to practise?

You do not have to return to practise of you do not want to. There is further guidance from HCPC about this here.

What guidance is there for independent practitioners about seeing clients and maintaining my income?

RCSLT and ASLTIP have developed joint guidance for independent practitioners. It is available here.
What if I think something I am being asked to do is unsafe for me personally?

You should raise any safety concerns that you have with your employer in the first instance. If they are not able to resolve these issues then you can contact the HCPC for advice. There is guidance from HCPC on this here.

Am I classed as a key worker?

Please refer to your nation for the answer to this question.

England

Yes. In the government document about school closures, health and social care staff are identified as key workers.

Scotland

Yes. In the government document about school closures, NHS and social care staff are identified as key workers. It is possible that SLTs could be in category 1 or 2, depending on their role. Local authorities are taking their own decisions about how to provide childcare and in what categories.

Wales

Yes. In the government document about school closures, health and social care staff are identified as key workers.

Northern Ireland

Yes. In the government document about school closures, health and social care staff are identified as key workers.

If I temporarily return to the NHS from another setting, will the terms and conditions at my existing employer be protected?

You will need to ask your current employer if they will protect your existing terms and conditions.

Will I be insured if I return to the NHS?

Employers (including the NHS) should provide the relevant insurance. There is advice on professional indemnity insurance from the HCPC here.

There is advice from the NHS on this here.

As a Newly Qualified Practitioner, how will my competencies be signed off?
You should discuss this with your current employer. If you continue in your current role then it should be possible to continue to have competencies signed off. If you are deployed elsewhere in your service it will depend on what your new role is and the arrangements in place to sign off any competencies that are relevant to that role. If you have not yet had dysphagia training you should not be required to do anything dysphagia related without training and close supervision being in place from an appropriately qualified SLT.

What should academics do who need to continue teaching both students now and the new intake in September?

HCPC have provided comprehensive guidance for education providers here.