

Upper airway disorders within adult respiratory services – learning

Introduction

Continuing professional development (CPD) is a requirement for all speech and language therapists. These resources are intended to support your CPD and learning in the area of upper airway disorders within adult respiratory services.

The following pages are also designed to support your CPD:

- [CPD](#)
- [Supervision](#)
- [Meeting the HCPC standards](#)

Please note: the resources on this page are provided for informational purposes only. We have made attempts to include links to a range of topics in the area of upper airway disorders within adult respiratory services. However, this is not an exhaustive or definitive collection of learning resources.

Similarly, no endorsement is expressed or implied unless otherwise indicated and while we make every effort to ensure this page is up to date and relevant, we cannot take responsibility for pages maintained by external providers.

Please [contact us](#) if you have any suggestions or feedback on these pages.

Core requirements

As a minimum standard SLTs working in the field of upper airway disorders should have:

- knowledge of normal and disordered anatomy and physiology of the upper airway for voice, swallowing and upper airway function
- knowledge and understanding of normal and abnormal respiration
- detailed understanding of normal and abnormal laryngeal function in relation to respiration
- awareness of key predisposing, perpetuating and precipitating factors for upper airway disorders
- understanding of assessment methods for respiratory symptoms (eg spirometry, bronchial challenge tests, fractional exhaled nitric oxide)
- knowledge and understanding of commonly associated upper airway disorder comorbidities (eg asthma, breathing pattern disorder)
- knowledge and ability to perform or interpret upper airway disorder assessments (eg patient reported symptom questionnaires)
- knowledge, understanding and ability to deliver a wide range of therapeutic interventions for upper airway disorders (eg laryngeal deconstriction, laryngeal airway control, cough suppression)
- counselling skills and experience in supporting behavioural change
- understanding of the role of speech and language therapy in upper airway disorders, within the context of respiratory services and wider MDT
- understanding of complementary roles of the MDT involved in the management of upper airway disorders
- awareness of relevant local/national policies and guidelines

When working autonomously with patients with upper airway disorders, it is the professional responsibility of individual SLTs to recognise when further training is required.

Further expansion of a national competency framework and training log for SLTs working in upper airways disorders is under review to support SLTs throughout their working life span (ie guidance for level 1-4 practitioners).

Skill acquisition and supervision

Training and education may be obtained by a variety of means, including (not an exhaustive list):

- reading and appraisal of relevant literature
- online educational resources (eg [British Thoracic Society eLearning](#))
- didactic teaching
- bespoke and specialist training courses/workshops
- mentoring
- clinical observations
- supervised clinical experience
- utilisation of virtual platforms for distant support

Given the extended role of speech and language therapy practice in upper airway disorders within respiratory services, many SLTs may not have easy access to an appropriate SLT supervisor within their own organisation. However, developing general respiratory knowledge and skills can be supported by establishing close working relationships with local respiratory teams. Practitioners will need to be proactive in accessing appropriate professional speech and language therapy supervision. Examples may include negotiating support with external supervisors, group peer support opportunities and ensuring strong links with the respiratory [RCSLT CEN](#) and [RCSLT advisers](#).