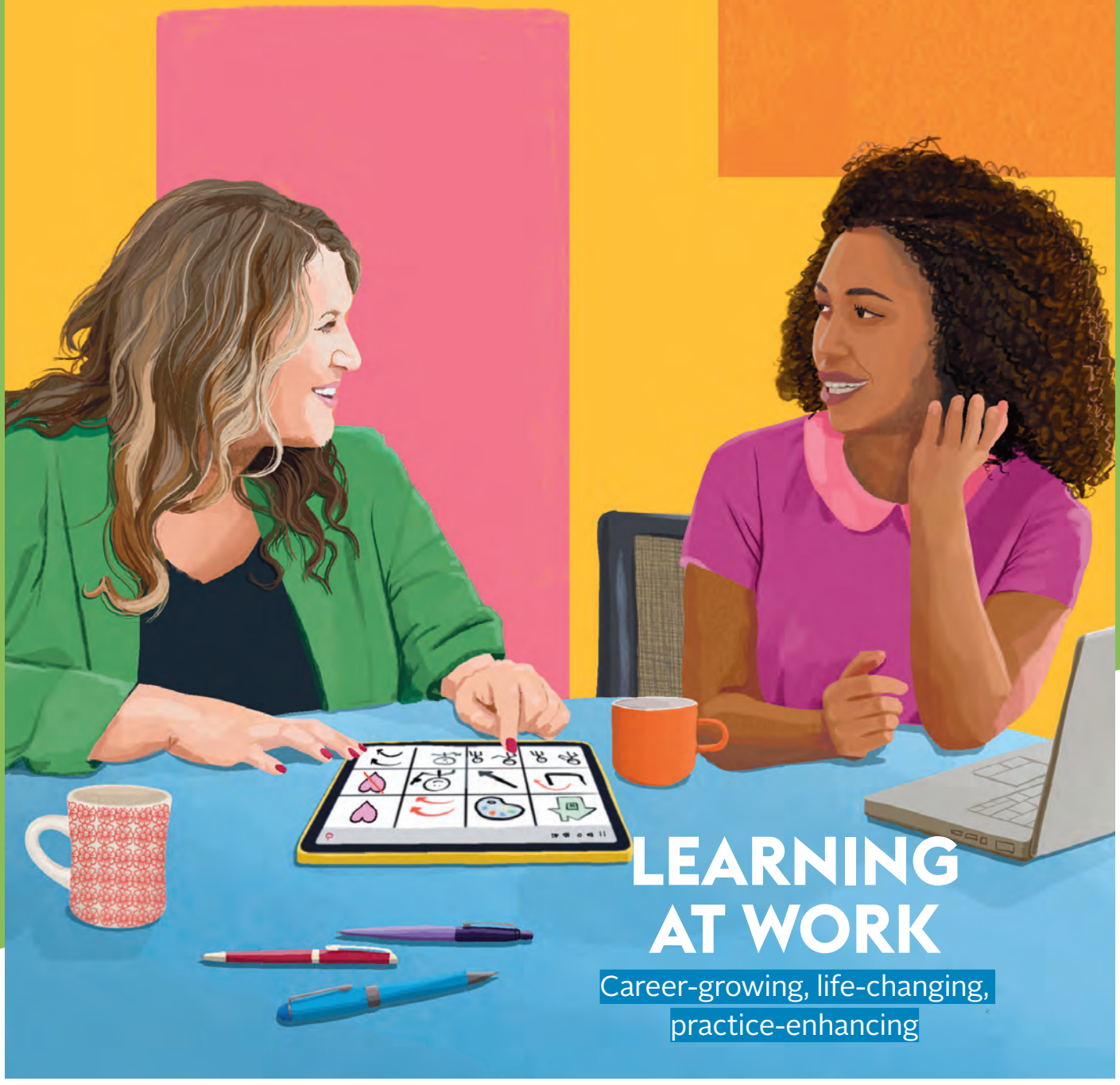
Bulletin

RCSLT

The official magazine of the Royal College of Speech and Language Therapists



LEARNING AT WORK

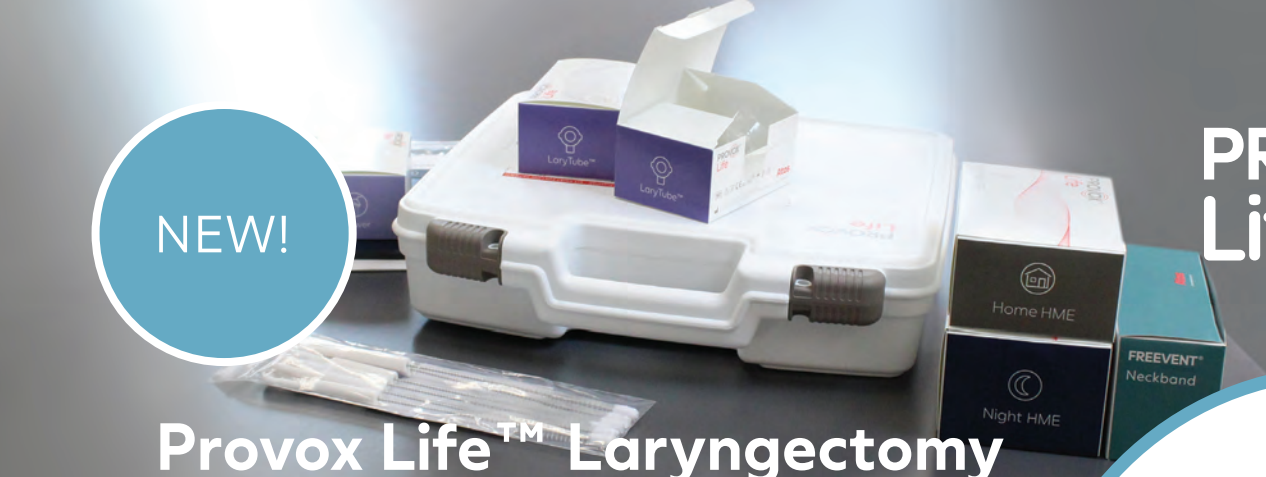
Career-growing, life-changing, practice-enhancing

What it's really like doing a degree apprenticeship | Dementia services and communication support | **A professional percussionist beats the drum for aphasia** | Terminology for all: agreeing diagnostic terms | **Surviving imposter syndrome** | The re-launch of RCSLT's regional hubs

SUMMER 2025
ISSUE 843
RCSLT.ORG

NEW!

PROVOX Life



Provox Life™ Laryngectomy Pulmonary Kit (LP Kit)

Designed with care, **backed by evidence**

The LP Kit ensures every breath taken post-surgery is a step towards the best pulmonary health and fewer negative outcomes[1].

The LP Kit is an 'all-in-one' evidence-based kit to support you in successfully implementing post-operative HME use. This will provide your patients with immediate access to an appropriate high level of humidification and establish an HME routine from day one.

> All people with laryngectomy should be considered for early post-operative pulmonary rehabilitation, including considering use of an HME within 24 hours of surgery if possible.
>
> - RCSLT Laryngectomy Position Paper, 2023

[1] References available upon request.

Atos

For more information scan here

RCSLT

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2022 MEMBERSHIP EXCELLENCE AWARDS — WINNER Best Magazine Launch or Re-launch

2022 MEMBERSHIP EXCELLENCE AWARDS — Highly Commended Best Magazine - circulation <20k

IN THIS ISSUE

A lifetime of learning

Our Chair of Trustees, Irma Donaldson, powerfully shares her love of learning on **page 14**, and I'm sure this is something that many SLTs will respond to. One of the reasons for entering the profession is often a deep sense of curiosity about people: how we communicate, how we interact, how we eat and drink.

With SLTs playing a part in so many different clinical areas, we are actively learning new skills and clinical information as part of our roles. Gaining a degree in speech and language therapy is only the start: it's in the workplace that we begin building up competencies. Our greatest learning resource is the other SLTs who support us at work when we're newly qualified, who supervise and share knowledge with others in so many ways, from professional networks to team meetings.

The new apprenticeship degrees are enabling a new generation of SLTs to flourish through work-based learning. In our cover feature on **page 22**, we meet students and mentors on the pioneer apprenticeship courses and find out more about the reality of apprentice life. What are the pros and cons of studying while you work, and what does the future hold for apprenticeships?

On **page 21** we look at a way of helping new SLTs discover what their specialism could be by rotating through a wide range of settings in an Integrated Care Board area. RCSLT's Hubs are a welcome opportunity for all to share knowledge, and you can find out more on **page 48**.

Also in this issue: an occupational therapist and SLT collaboration on **page 40**, and an update on the diagnostic terms we use on **page 52**. A group of SLTs sets out to break down the barriers to voting in elections for people with learning disabilities on **page 38**.

Our greatest learning resource is the other SLTs who support us

And remember, RCSLT is here to help you learn, with a range of resources, events and networking opportunities. You can learn while shaping the profession by joining a consultation or being in a working group to develop guidance and strategy.

Everything we do is member-led and we love hearing your feedback and ideas!

Victoria Harris

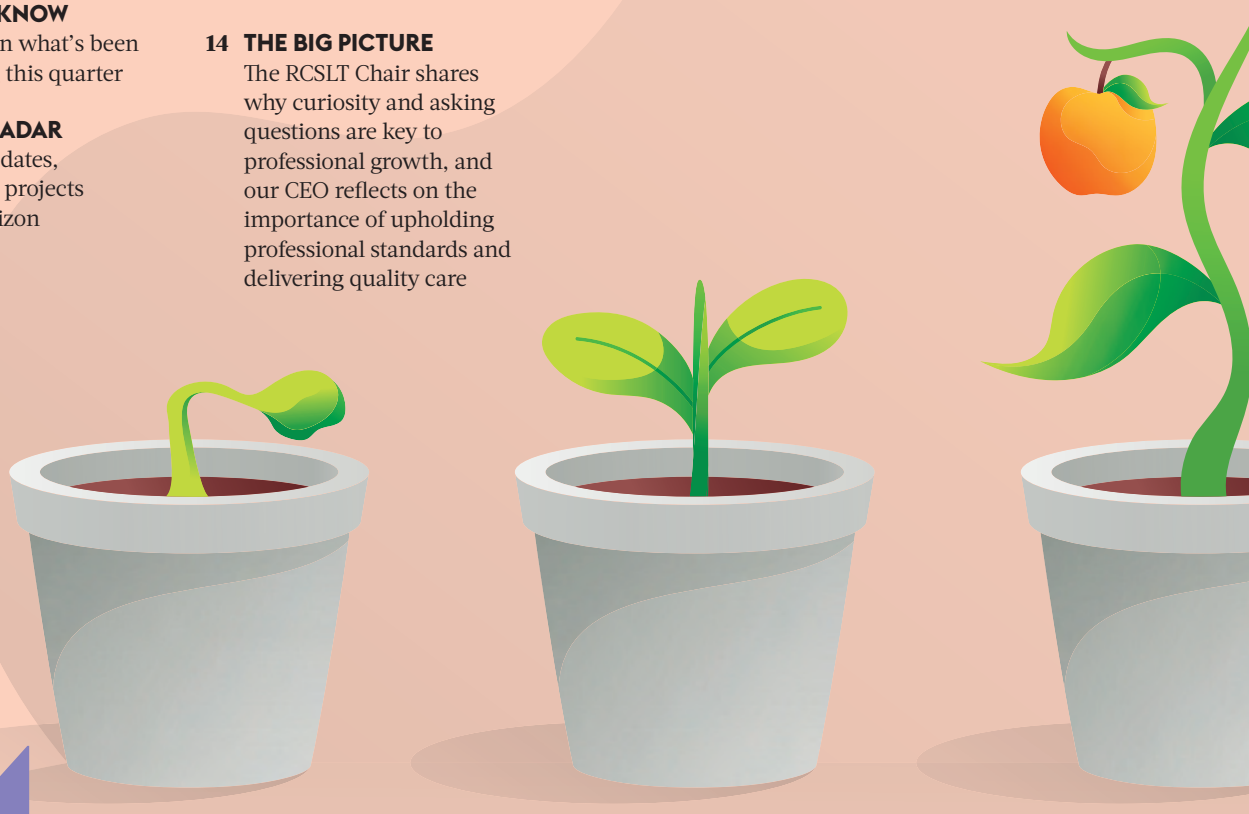
Victoria Harris,
RCSLT Head of Learning
bulletin@rcslt.org

PS our latest 'Word on the street' linguistics column is on **page 58**. Please send us your ideas for topics in future issues!

Content

The official magazine of the Royal College of Speech and Language Therapists

REGULARS



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"[We are] cultivating a culture that promotes language and communication for all students"

ZIPPY LEIGH

SUMMER 2025
ISSUE 843

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Sections featuring this icon represent all clinical features

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FEATURES

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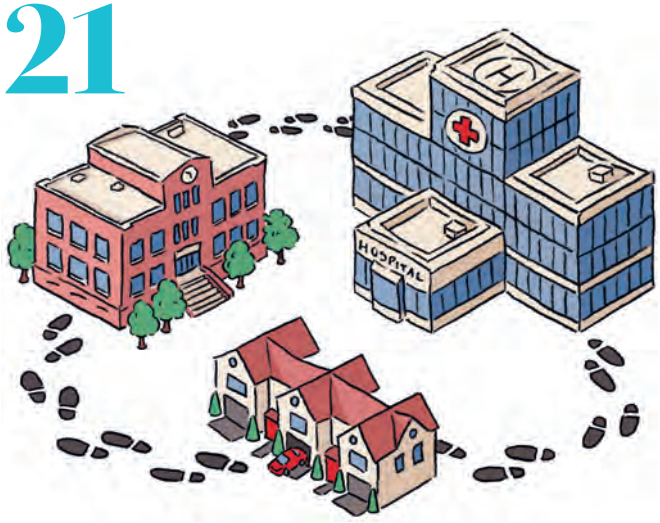

ILLUSTRATION: TIM BOUCKLEY

SHARE YOUR THOUGHTS ON X @RCSLT

Talking points

Send your letters, notices and talking points to **bulletin@rcslt.org** or X **@rcslt**

LETTER

Exploring AI

I was interested to read the article 'AI: is it a double-edged sword?' in the Autumn 2024 edition of *Bulletin*, about the potential and risks of using AI to create therapy materials and resources for people with aphasia.

At the Aphasia Centre at the University of Sheffield we have started to use AI in a slightly different way. Currently students, with tutor supervision, are supporting three people with aphasia to independently achieve functional goals which involve writing emails or texts. Therapy is focusing not only on improving their writing abilities at impairment and functional level, but also supporting clients to independently use AI to correct and expand their written phrases into complete sentences.

We are learning as much as the clients about this, not least how to check the AI offerings for accuracy, and would be interested to hear from any other clinicians who are supporting clients to use AI in similar ways.

I agree with the authors of the article who urge "RCSLT and our SLT community to work towards a better understanding of what this technology means for our profession". Perhaps an edition of *Bulletin* could provide a forum for discussion, given over to contributions on how we as a profession are adapting to and using AI, with a variety of contributors adding to our current knowledge of the uses and risks?

JANET WALMSLEY, Aphasia Centre Lead Clinician, University of Sheffield
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Interested in AI?

Visit **rcslt.info/ai-resources** and look out for our forthcoming podcasts on AI.

LETTER

Online imposters

I found Katherine Pritchard's article in the winter issue about imposters in online research both helpful and reassuring, as I am experiencing similar issues conducting a national online survey seeking perspectives of adults who stammer. I agree with many of Katherine's suggestions and tips, and have found myself using similar strategies. As different methodological choices affect both risks and available solutions, I continue to learn more as I recruit participants and collect data. Please contact me if you would like to share ideas in this area.

BARBARA MOSELEY HARRIS, Research to PhD, Birmingham City University
barbara.moseleyharris@mail.bcu.ac.uk

LETTER

Teaching medical students

For several years, I have been teaching medical students how to support patients with communication difficulties. I would really like to hear from any SLTs who do anything similar. Does anyone have any involvement in teaching other clinical students?

CARLA ROHDE, SLT, Programme Lead, BmedSci In-house Clinics Lead
c.c.rohde@sheffield.ac.uk

LETTER

Problems thickening milk

Across acute and community SLT teams in Liverpool and surrounding areas we've identified a recurring issue with Nutilis Clear failing to reliably thicken milk alone to IDDSI Levels 1–3. Despite extended standing times, it often remains too thin unless combined with other fluids (eg tea or coffee). Nutricia confirm their testing is only conducted with water. Given the wide use of milk in dysphagia care, we're keen to know if others have experienced similar issues and whether any teams have raised this formally.

EIRINI TSAROUCHA-KERR, Highly Specialist SLT, Aintree University Hospital NHS Trust
eirini.tsarouchakerr@aintree.nhs.uk

Keeping the conversation going

Lots of you shared your thoughts and ideas about the last issue with one another on social media! We love to see readers sharing our content, so tag in #RCSLT.

I am loving the new linguistics column in the spring *Bulletin*! It is such a treat to read a short snippet of some of the things I find so exciting about language, and a reminder of what brought me here in the first place. Looking forward to more of this.
Rebecca Boddington, LinkedIn

Great to see the role of speech and language therapists in CAMHS and mental health care highlighted in the latest RCSLT *Bulletin* (The role of SLTs in CAMHS, p18). Also great to read voices of disabled SLTs (Could do better, p44) and their experiences of accessing reasonable adjustments. Have a read!
Umaymah Dakri, @disabilityliv, X

It was indeed a 'Lovely Day' celebrating RCSLT at 80. Happy anniversary to the Royal College of Speech and Language Therapists.
Mary Hyacinth Tondo, LinkedIn

So pleased to see RCSLT highlighting the positive impact speech and language therapy in CAMHS can have and how important it is for people to be accessing speech therapy in mental health services.
Abby Stapleton, @abbystapleton_, X

Great to see a thread throughout of service user involvement and co-production.
Lauren Edwards, LinkedIn

QUOTE OF THE QUARTER

"I'm part of a profession with both a proud history and a vital future"

CARA BETHELL, Independent SLT, ChatterBlox Speech and Language Therapy

LETTER

Multiple interpreters?

Does anyone have any experience of working through interpreters while completing virtual groups with people speaking a variety of languages, so may need multiple interpreters. Has anyone done this, what services have they used and how successful has it been?

DANIELLE GODFREY, Advanced SLT, Integrated Community Stroke Service (ICSS)
danielle.godfrey2@nhs.net

WANT TO REACH OTHER MEMBERS?

Why not take your query to a professional network like a Clinical Excellence Network or RCSLT Hhub?

rcslt.info/hubs

Correction

Our apologies go to Bethany Ross, Highly Specialist SLT, Bilingualism Lead, Ealing Community Partners, whose details were omitted from the author list of 'Speaking their language' on page 37 in the spring issue.

Need to

WHAT'S NEW ON rcslt.org

SLTS OUT LOUD!
Our new SLT Voices section on the website brings you a different look at SLT life, with SLTs and other professionals sharing their expert views, ideas and career inspiration.
rcslt.org/slt-voices

INSPIRE FUTURE SLTS
The RCSLT careers hub is packed with resources you can use to promote the profession. Whether you're signposting students, career changers or support workers, there's information on speech and language therapy degrees, funding, apprenticeships, application tips and real-life career stories.
rcslt.info/slt-careers

ADVANCED PRACTICE WEBINAR
Hosted jointly with the Royal College of Occupational Therapists (RCOT), this webinar outlines the newly developed model of advanced practice. We discuss the outcomes from the advanced practice project, aimed at developing greater opportunities for allied health professionals (AHPs) in the future.
rcslt.info/advanced-practice-webinar

TUNE IN TO THE RCSLT PODCAST
Members can now listen to our podcast directly via the brand new page on the RCSLT website. The podcast features updates on our work and explores the latest developments within the profession. Whether you are looking to stay informed or broaden your professional knowledge, this is an accessible and engaging way to keep up to date.
rcslt.org/podcasts

Language Launchpad takes off!

In May RCSLT presented the new Language Launchpad report and resources at the Long Gallery at Stormont in Northern Ireland. The report unveiled findings of a nationwide survey and new resources developed by community and statutory partners, Help Kids Talk.

Funded by the Department of Education NI, the initiative aims to provide universal support for speech, language, and communication development for early years children across Northern Ireland.

The event was opened by Minister for Education of Northern Ireland, Paul Givan, with an address from Minister of Health for Northern Ireland, Mike Nesbitt.

L-R LORRAINE COULTER, RUTH SEDGEWICK, PAUL GIVAN AND MABEL SCULLION

Ruth Sedgewick, RCSLT's Head of Northern Ireland, said: "Language Launchpad stands as a strong example of what can be achieved when sectors come together with a shared vision: to improve outcomes for children and families through early and effective support."

Scotland's funniest kids

On 5 June, the Scottish Parliament was filled with laughter as 32 talented young finalists took to the stage for this year's VoiceBox final. Developed by RCSLT, VoiceBox is a national joke competition for primary schools designed to celebrate the fun and importance of communication. The event gave children from across Scotland the chance to build confidence, express themselves, and share a smile.

This year's winning joke came from Ezra: "I bought 10 bees, but I was given 11 bees. So I said to the beekeeper:

L-R VOICEBOX TOP 3 WINNERS FREYA, EZRA AND CRAIG

'Why is there an extra bee?' The beekeeper said: 'That one's a freebie.'"
rcslt.info/scotland-voicebox

know

3.6k
views of RCSLT's 'What is speech and language therapy?' video

Inspire programme looks to the future

The first RCSLT Inspire leadership programme has just completed with an in-person gathering at RCSLT headquarters in London in May. Members gave presentations about their own leadership journeys including Sarah Melvin SLT from NHS Lanarkshire, who told *Bulletin*: "I am part of several teams, but the learning is just so valuable for any team that you're in. ... I think I'd be more open to opportunities as a result of learning from the course."

RCSLT CEO STEVE JAMIESON (FAR LEFT) AND HEAD OF LEARNING, VICTORIA HARRIS WITH THE SUCCESSFUL MEMBERS OF THE INSPIRE PROGRAMME 2024-25.

Join the Inspire programme

The programme is open for applications until 14 July for a second cohort of future leaders to begin their leadership journey from this autumn.

To find out more about joining the Inspire programme and what it could do for you visit **rcslt.info/leadership-programme.**
Applications close 14 July.

NEWS IN BRIEF

More training places for SLTs in Northern Ireland

In May the Health Minister for Northern Ireland announced a doubling in the number of undergraduate training places at Ulster University in September 2025, from 28 to 56 places. This comes after active campaigning by RCSLT Northern Ireland to meet growing demand for services by increasing training capacity.

The change is part of a three-year plan to improve healthcare in the region. Other changes include addressing pay and retention issues and focusing on waiting times.

rcslt.info/ni-student-training

Funding for early language needs in England

The government has announced additional funding of £3.4m to continue the Early Language Support for Every Child (ELSEC) programme. ELSEC supports children with mild to moderate SLCN by training school staff to identify and provide support to children who need it.

CSLT CEO Steve Jamieson said: "We're delighted that the Department for Education and NHS England will fund ELSEC until March 2026. The extension of the funding means more children will benefit from this important programme."

rcslt.info/earlier-support

SLT gives evidence to select committee

MPs on the parliamentary education select committee inquiry 'Solving the SEND crisis' heard from leading child experts in April, including SLT Janet Harrison, Head of Service at Leicestershire Partnership NHS Trust.

She told the committee that most therapists "have inordinately large caseloads", explaining the adverse effects on children's care. She also spoke about SLT wellbeing and retention due to lack of SLT provision: "Even when we are fully staffed... the workforce is still massively insufficient in relation to the demand."

Read more about the inquiry
rcslt.info/solving-SEND-crisis

Coming together in celebration

GREAT WESTERN HOSPITALS NHS CHOIR

We marked the RCSLT's 80th anniversary in style at a national event on Wednesday 21 May. Nearly 400 staff, guests and members from all around the UK gathered in the magnificent setting of Southwark Cathedral, just around the corner from our London head office.

Together, guests listened to readings and reflections from SLTs at all stages of the career path from student to retired members. It was an emotional day, with music from the Great Western Hospitals NHS choir and reflections from cancer survivor, Jon Organ. One of the highlights was an on-stage interview conducted by our President Nick Hewer with former chair, Professor Pam Enderby.

NICK HEWER SPEAKING TO FORMER CHAIR, PAM ENDERBY

Chair of Trustees, Irma Donaldson, said: "As we mark this milestone, I want us to carry forward not just the achievements of the past, but the energy and ambition we'll need for the years ahead."

CEO Steve Jamieson told *Bulletin* magazine: "We were proud to celebrate the 80th anniversary of the RCSLT with a truly memorable event. The day was filled with inspiring speeches, heartfelt poems and readings from our members. A heartfelt thank you to all our members who joined us, and to our dedicated staff whose hard work made the day so special."

Professor Suzanne Rastrick, NHS England Chief Allied Health Professions Officer said: "A privilege to attend the celebration event this morning. The narrative was a powerful, yet joyful, reminder of the profession's continuing impact across the life course" [via LinkedIn].

Jackie McRae, Director of Research at City St George's University of London said: "RCSLT has been the consistent link throughout my 30+ year career and I'm delighted to see our profession grow and diversify. Who knows what the next 80 years will bring? [via LinkedIn].

JON ORGAN, HEAD AND NECK CANCER ADVOCATE

MEMBERS, SERVICE USERS AND RCSLT STAFF TOOK PART

Member Sandra Robinson of Speech Therapy Works told *Bulletin*: "The event struck the perfect balance, honouring 80 years of dedication by SLTs and the lives changed through our work. Jon Organ's moving laryngectomy story captured this powerfully. A full cathedral reflected the pride we rightly share in our profession."

Did you attend the event? Share your experience in *Bulletin* by posting your pictures on social media or email **Bulletin@rcslt.org.uk**.

UP COMING

JULY
Disability Pride Month
27 Head and Neck Cancer Awareness Day

AUGUST
6 Playday
28 Makaton Awareness Day

SEPTEMBER
World Alzheimer's Month
17 World Patient Safety Day

Contribute to RCSLT Conference 2025

What would you like to see, hear and learn about at the RCSLT conference this November? There is still time to get involved in shaping content for Conference 2025. We're looking for general ideas of impact-driven initiatives to shape content that matters to the profession. So if there's something you'd like to share, submit your ideas before 18 July 2025.

rcslt.info/RCSLTConf2025

Be part of our guidance consultations

Now's the time to get involved in shaping RCSLT's new and updated guidance on a range of key topics. Play your part in leading best practice on brain injury, cognitive communication disorder, Parkinson's and more. Find the latest opportunities to contribute your expertise and look out for announcements in e-news.

rcslt.info/current-projects

HCPC Renewals

The HCPC renewals and audit period begins this month and you will be infomed if you have been picked for audit. Remember there is lots of help and support available from RCSLT at:

RCSLT/hcpc-cpd

To find out more, turn to 'Learn from' on **page 54**.

Our accessibility ambition

As part of our work to become a fully accessible organisation, we have a coproduced accessibility statement on the website, as well as an accessible video for service users. Look out for updates in e-news and on the website.

rcslt.org/speech-and-language-therapy

Help us shape RCSLT's digital experience

We're excited to launch our new digital feedback group, and we would love for you to be a part of it.

This year, we have been hard at work improving the website experience for our members, with better search functionality and a new accessibility choices tool enabling you to select font size, background colour and other accessibility options. We know there is more work to be done, and we need our members to be involved.

This is your chance to help shape the future of the RCSLT website and digital tools by sharing your ideas, insights and experiences. We want members from all roles and settings to get involved. We would like to include members from different parts of the UK and any career stage, from student SLT to senior roles. We would also like to represent people with disabilities and neurodivergence, and people of any gender or ethnicity.

As part of the group, you will be invited to take part in occasional surveys, usability testing and short online workshops. You don't need any previous experience with technology. There is no ongoing commitment; you can join when are available. Your feedback will directly influence the improvements we make.

Find out more and register your interest **rcslt.org/digital-feedback-group**

New RCSLT Senior Leaders' Network

The RCSLT has launched the Senior Leaders' Network (SLN), a new initiative created in response to requests from senior SLTs working in influential positions in healthcare.

The network has been established with a dual purpose. Firstly, it provides a dedicated space for senior leaders to connect and discuss emerging issues within the healthcare sector. Secondly, the network acts as a vital advisory group for RCSLT, offering high-level input to support policy development, political influencing and the sharing of innovation and good practice.

If you are an RCSLT member working at a very senior leadership level such as Chief Allied Health Professional, director and CEO and would like to find out more, please get in touch with RCSLT CEO Steve Jamieson.

steve.jamieson@rcslt.org

Want your photo to be featured in the next issue of *Bulletin*? Post your pic on X tagging **@rcslt** and using the hashtag **#GetMeInBulletin** or drop us an email **bulletin@rcslt.org** and we'll publish a selection of the best

Got something you want to share?

This issue showcases Swallowing Awareness Day celebrations, award-winning SLTs and an SLT running her first marathon

1 York speech and language therapy team achieved a brilliant Swallowing Awareness Day with a lot of interest from staff and visitors trying thickened fluids/modified food. **Jodie Fox**

2 For Swallowing Awareness Day, SLTs Emily Faulds and Laura Anderson wheeled this around the wards of Galloway Community Hospital with easter egg prizes for matching the food to the correct IDDSI levels. **Emily Faulds**

3 Staff at Swansea Bay University Health Board shine a spotlight on Swallowing Awareness Day during nutrition and hydration week. **Samantha Lloyd**

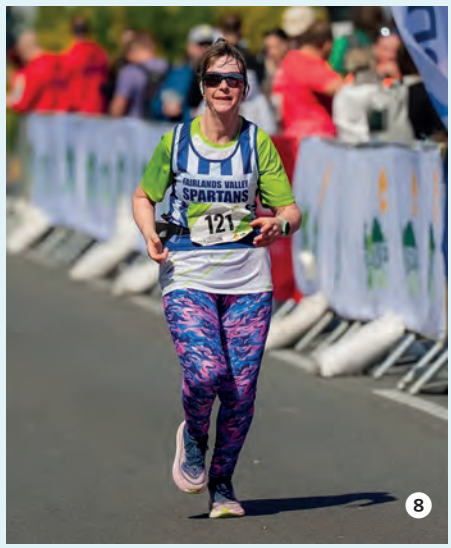
4 SLTs from Oxleas NHS Foundation Trust held their first service-wide conference entitled 'SLT provision from birth to end of life'. **Sarah Hayward**

5 As part of a Research England funded official development assistance project, SLT Kimberley Cambridge joined Vishnu Nair and Emma Pagnamenta to train early years educators in St Vincent in the Grenadines. **Emma Pagnamenta**

6 Cardiff Metropolitan University's first postgraduate module in Assessment and Analysis of Cleft Palate Speech is under way. They were delighted to welcome Dr Anne Harding-Bell as one of their guest speakers on their face-to-face study day. **Lisa Farquhar**

7 The Torbay Speech, Language and Communication team within Children and Family Health Devon shared their team's success at the recent Peninsula Paediatric Awards for Training Achievements (PAFTAS). **Hannah Burton**

8 On 6 April, Judy King ran her first marathon in Guernsey raising money for Guernsey Alzheimer's Association in memory of her father who had dementia. **Judy King**



IRMA DONALDSON

Ask away!

With her deep love of learning, **Irma Donaldson**, RCSLT Chair of Trustees, thinks about how questions can lead to better care

We are energised and stimulated by the process of learning

As a child I always asked questions. Questions to understand how something worked or why something happened. I was not trying to be annoying; I was just healthily curious. My constant questioning was at times a source of frustration for my parents who I expected to know all the answers. I remember my Grandad saying once that I should be allowed to ask questions because that was how I learned. I do not know if it was from that early reinforcement or if it is just something innate in me, but I constantly ask questions. The difference for adult me is I now have a variety of places to seek answers, and my questions do not all need to be verbalised.

One reason I was drawn to speech and language therapy was that there is still so much to learn and understand about people and their speech, language and communication needs and eating and drinking difficulties. As a student and then qualified SLT I constantly asked questions and tested out hypotheses because I have a desire to learn and understand more.

SLTs pursue knowledge and translate research into evidence-based practice. We apply that knowledge to individuals who have different needs and are functioning in different contexts partnering with them and their families to reach their goals.

Speech and language therapy is an evolving profession with new insights, techniques and technology emerging all the time. I imagine that what was known and used 80 years ago within the profession was vastly different to today. We constantly need to update our knowledge and skills, reflect on our behaviour and interactions and adapt to the society we live in. SLTs are getting better at listening to and learning from the people we support when they share what works or does not work for them in therapy – even when the sharing can sometimes challenge our traditionally held concepts.

By engaging in continuous professional development, we acknowledge that lifelong learning is a professional necessity. Hopefully not only to fulfil HCPC registration but because we are energised and stimulated by the process of learning.

What are you curious about in your professional or personal life? What do you want to learn? How are you going to find out? Who do you want to learn from? Why? Why not? I hope I never lose the desire to look more closely at what baffles or intrigues me so that I can ask more questions. What about you?

IRMA DONALDSON,
RCSLT Chair of Trustees
irma.donaldson@rcslt.org

STEVE JAMIESON

Embracing learning, together

As a nurse maintaining his professional registration, RCSLT CEO **Steve Jamieson** leads by example

This issue of *Bulletin* focuses on learning: a theme that resonates deeply with me. As a nurse who is passionate about maintaining my registration, I continue to practise clinically to stay current and meet my continuing professional development (CPD) requirements. While it can be demanding, I believe it is vital to remain engaged in learning to uphold professional standards and deliver high-quality care.

With summer approaching, many of you may be planning some well-earned time away from your day-to-day practice. This can offer an excellent opportunity to catch up on learning on your own terms. Whether you're listening to a podcast on your morning walk or exploring a new topic from your sofa, CPD doesn't always have to be a formal process.

Bulletin itself is a fantastic source of professional learning. Each issue is packed with insight and reflections from across our diverse community, and often includes links to further reading and resources. But it's just one part of the wider support we offer.

Our podcast series, now with a new dedicated home on our website, continues to grow. Alongside in-depth episodes on specialist topics, our monthly policy and public affairs podcast provides a speedy summary of key developments affecting the profession **rcslt.org/podcasts**.

Through your RCSLT membership, you also have access to more than 400 academic journals spanning a range of subjects. Our learning site hosts a wide selection of online CPD opportunities, and all of our previous webinars are available to watch on YouTube.

Don't miss SLT Voices, our online hub for blogs, articles and case studies written by SLTs, healthcare leaders and service users. It's a rich space for inspiration, debate and sharing what works. Whether you're new to the profession or an experienced practitioner, we hope these resources offer valuable ways to reflect, connect and grow.

Finally, I encourage you to revisit the Professional Development Framework- a tool designed to support your career at every stage. CPD is not just about keeping up. It's about moving forward, with confidence and purpose.

Wishing you a summer of discovery.

STEVE JAMIESON
MSC, BSC (HONS), RN
RCSLT Chief Executive Officer
steve.jamieson@rcslt.org

CPD is not just about keeping up. It's about moving forward

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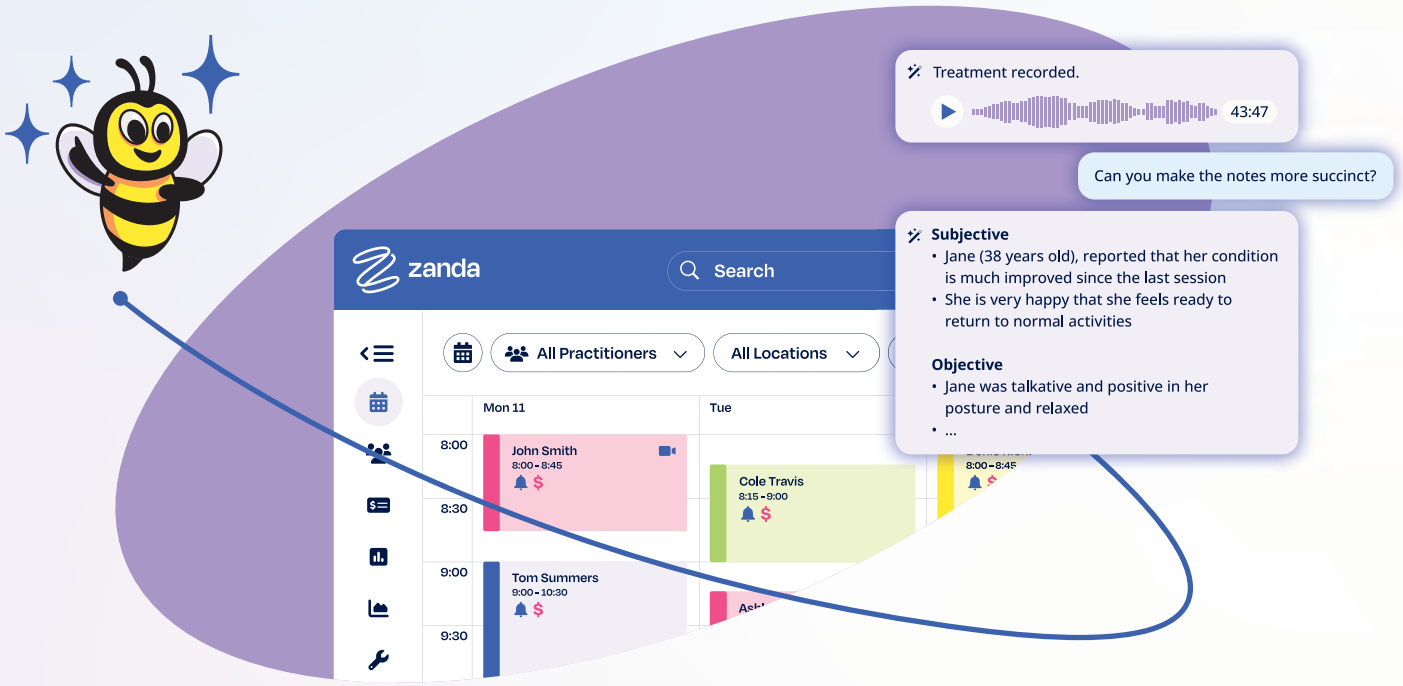

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- Write AI-powered clinical notes with your personal touch
- Let AI transcribe while you engage with more eye contact
- Protect your practice with health-grade privacy and security

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formerly Power Diary

★★★★½ 1000+ reviews

zandahealth.com/bizzy

In their own words

Charlotte Brinkler and **Emily Wheelhouse** look at easyread health information

CHARLOTTE BRINKLER

EMILY WHEELHOUSE

Our role is unique as we provide specialist support to help enable patients with a learning disability and autism access physical health care. The main goal is to ensure that the service user, carers and medical professionals can obtain and use reasonable adjustments.

People with learning disabilities often have 'limited communication skills and reduced capacity to access and comprehend health information' (Emerson and Baines, 2010). The Learning Disabilities Mortality Review Annual Report (2017) and the Accessible Information Standard (2016) both emphasise the influence of communication challenges on the emergence of health inequalities.

Every day our team attempts to reduce health inequalities by making information easily available and accessible in the form of easy read information. We are regularly approached by colleagues for support in adapting information containing complex terminology and medical jargon. We have worked collaboratively alongside our multidisciplinary team (MDT) to develop specialist information packs for people with learning disabilities who are undergoing procedures, investigations and potentially life-changing treatment.

Within our service, health information is made in line with the Accessible Information Standard and aims to help simplify big ideas into understandable concepts.

Our top tips for producing easy read information

- use a grid style layout for clear and organised formatting
- use a clear and accessible font with a minimum size of 14
- select symbols to represent key ideas
- explain complex points in short and simple language
- use bold to emphasise key words
- align symbols on the left side of the page with the text on the right.

We create person-centred easy read information and resources that are tailored to the needs of our patients. Some success stories include easy read information regarding a spinal drain procedure using vehicle-related terminology to connect with a client's interests. Working alongside each service user individually, we designed the document with words that replaced medical jargon, for example, referring to the spine as 'chassis,' and the need for the spinal drain as an 'oil leak'. This was provided to them alongside an easy read version and was well received. We have also worked with a client to create a Tom and Jerry themed comic strip easy read document to help them in understanding their operation for kidney stones.

Hospital can be a scary and uncertain place for a lot of our clients and often causes a lot of anxiety and stress. To prepare people who are coming for outpatient appointments and procedures, we often liaise with care staff to establish their likes and dislikes prior to attendance.

Hospital can be a scary and uncertain place for a lot of our clients

How can we expect our patients with learning disabilities to access physical healthcare if they are not able to understand the information they are given? Let's change that together.

CHARLOTTE BRINKLER, Specialist SLT, Intellectual Disabilities Service, Manchester University NHS Foundation Trust
@CharlotteB_SLT

EMILY WHEELHOUSE, Apprentice SLT, Intellectual Disabilities Service, Nottinghamshire Healthcare NHS Trust

ILLUSTRATION: TIM BOUCKLEY

Stepping forward

Jennifer Lloyd and **Luke Cunningham** challenge SLTs to think about advanced practice offering tips on developing these roles in services

JENNIFER LLOYD

Advanced practitioners work in autonomous clinical roles and work to master's level across the four pillars of practice: clinical, leadership, education and research.

The terms 'advanced practice' or 'advanced practitioner' do not describe a single role or skillset. However, early adopters like emergency medicine and general practice, have shaped our perception of these roles. They sit close to the medical model with advanced practitioners taking on duties typically performed by medics. There are SLTs who have trailblazed into these roles, but for other SLTs, this can feel like too significant a departure from their core skillset. For speech and language therapy, these examples do not fit many of our clinical pathways, for example, paediatric services, rehabilitation, learning disabilities. As such, we can feel that advanced practice is not for us. Equally, our service configuration can feel like a barrier. When considering advanced practice from the perspective of a single service, a role can be difficult to visualise.

We must powerfully describe why new roles are needed

To unlock these roles at a local level and as a profession, we must powerfully describe why new roles are needed. Consider tangible benefits to service and their users as our primary driver.

Developing advanced practice roles:

1 Recognise the need

Do you need advanced skills in your service or for a specific pathway? What is the service user view on the current offer? Who might be impacted by any change? Who may be involved in funding?

2 Ensure everyone understands advanced practice

Understand the four pillars of practice and myth-bust common misconceptions.

3 Consider the challenges

Hold detailed, rounded conversations. Dig beyond the obvious or simple answers. Often we say there is "not enough staff". You can ask: "why is this a problem?", or "what happens because of this?". Alternatively, we may say: "waiting times are too long" - but again, why is this a challenge?

These are meaty conversations and may take several discussions to create a narrative that is compelling to someone who doesn't have intimate knowledge of your service.

4 Stop and check: is it advanced practice?

Once you've understood your challenges, go back to the four pillars and consider whether advanced practice really is the right solution for your priority concerns. Whilst we want to grow our professional presence in advanced practice, it is important not to develop a role where it isn't going to add value.

5 Create your vision

Use the pathway challenges to consider activities across the four pillars, and the anticipated benefit of these.

Finally, a call to action where roles have been developed. A recurrent barrier is visibility of diverse advanced practice models. We may not always be able to find an equivalent example, but we can inspire each other by sharing our models, and how we brought them into being.

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ILLUSTRATIONS: TIM BOUCKLEY

Rooted in research

Caroline Stowell takes us through the process of starting a research placement and how it has helped her in research on child healthcare inequalities

CAROLINE STOWELL

Research, and how this influences practice, has always motivated me and I recently started exploring the possibility of a clinical academic career.

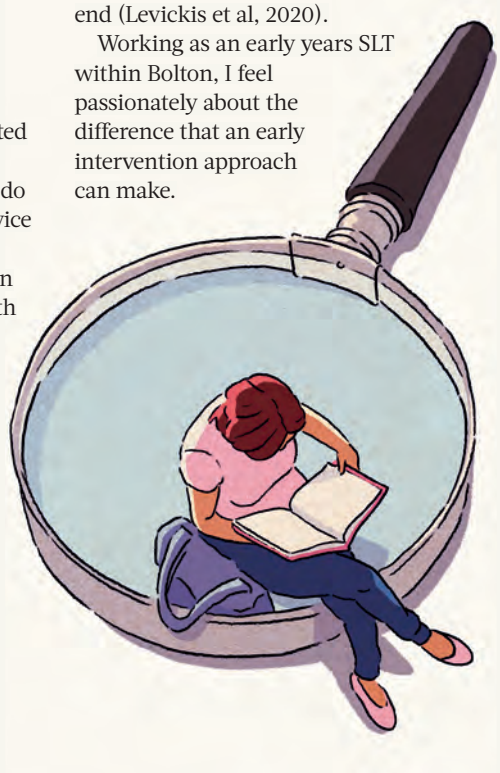
I undertook an 11 month National Institute for Health and Care Research (NIHR) Local Authority Short Placement Award for Research Collaboration. This scheme allows individuals working in local authority settings or a commissioned service to gain experience within a part of the NIHR or academia, and consider opportunities to further a clinical academic career.

I cocreated my placement with my supervisor at Lancaster University and organisation. This process initially daunted me: how can I find a suitable supervisor when not involved in academia? Where do I start? The NIHR Research Support Service really helped with this, connecting me with suitable supervisors working within the Applied Research Collaboration North West Coast and guiding me through the process.

Focusing on health inequalities

The bulk of my placement involved gaining experience within a research group focused on child healthcare inequalities. Health inequalities are avoidable, unfair and systematic differences in health between different groups of people (Kings Fund, 2022). Socio-economic and protected characteristics, eg ethnicity, are two such related factors. The higher number of children from socially-economically disadvantaged backgrounds presenting with language difficulties when starting school is apparent (Law et al, 2011). However, early intervention can mitigate the impact of delayed communication skills (Early Intervention Foundation, 2024) with parent-child interaction approaches being widely utilised to this end (Levickis et al, 2020).

Working as an early years SLT within Bolton, I feel passionately about the difference that an early intervention approach can make.



Bolton's population comprises of around 296,000 people, of whom 28% are from a Black, Asian or minority ethnic background, and the town presents with higher levels of deprivation than the English average (Healthcare Financial Management Association, 2024). The impact of healthcare inequalities is visible through families finding it difficult to navigate the healthcare system because of language barriers or being unable to attend speech and language therapy sessions due to a loss of income from work.

Moving forward

Since starting the placement, I have become aware of the healthcare inequalities agenda within my organisation and highlighted the need to link into the trust research plan. The placement allowed me insight into academic writing, engagement events and conferences. I also had the chance to develop my training needs through completing relevant courses and preparing an application for an NIHR Pre-doctoral Clinical and Practitioner Academic Fellowship. Following on from the placement, I aim to provide more effective and relevant interventions for the families I support. It is important to normalise evidence-based practice in our daily work as SLTs; knowing and showing what works and providing evidence that what's happening in practice is or isn't effective.

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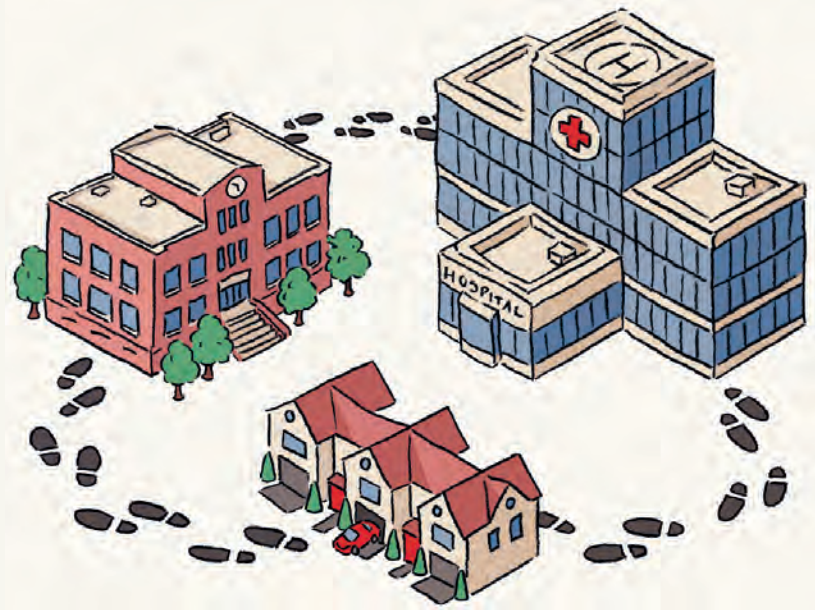
Find out more

Check out our clinical academic careers pages
rcslt.info/clinical-academic-careers
Get involved with our clinical academic mentoring network
rcslt.info/clinical-academic-mentoring

On the move

Rebecca Allwood explains the development of her county's Integrated Care System rotation programme



The Nottingham and Nottinghamshire Integrated Care System (NNICS) Band 5 adult speech and language therapy rotation programme was launched in September 2022. It was developed following a student SLT survey gathering interest in SLT posts offering rotations across various clinical groups settings in acute and community trusts.

The aim was to offer exciting and unique newly qualified practitioner (NQP) posts to strengthen recruitment and staff retention in areas with high turnover. We hoped to develop versatile clinicians with confidence in a broad and transferable skillset. This could benefit patient care and strengthen relationships between adult speech and language therapy services locally.

REBECCA ALLWOOD

Two of the SLTs...were successfully recruited to posts in settings they had not considered before rotation

Introducing the rotation was logistically challenging, requiring negotiation across different NHS organisations. We relied on dedicated project management time and the commitment of service managers who meet regularly to coordinate the rotation.

The rotation ran on a secondment model where each SLT is employed by a 'home' organisation and then seconded to other services for their nine month rotation. We wrote a memorandum of understanding. This was agreed by the coordination team with details about the logistics of the rotation such as annual leave, pay, dysphagia training, travel expenses and vacancy management. A handbook was created for people managing SLTs on rotation and details were negotiated with HR and finance services across each organisation.

The rotation spanned across acute and community adult acquired disorders, community learning disability and a high secure forensic hospital. This offered NQPs the opportunity to develop a unique skillset and space to develop their clinical interests. The rotation SLTs had their own peer support group and named support SLTs in their rotation settings.

After two years, the rotation programme in the north of Nottinghamshire has been consistently recruited to and most of the original cohort of rotation Band 5 SLTs have moved on to their next posts.

- All but one SLT stayed within the NNICS: four moved to Band 5/6 development posts and two to Band 6 posts.
- Two of the SLTs who stayed within the NNICS were successfully recruited to posts in settings they had not considered before rotation.
- 100% of SLTs on rotation reported that they felt their skills and knowledge from working in different settings on rotation had positively benefited patient care.

Setting up this rotation programme has required perseverance and commitment, pioneering new ways of working and testing the real-life application of ICS principles. We have developed strong working relationships between different service managers and supported each other with recruitment and joint training opportunities. The rotation will continue to move forwards, learning from feedback from our SLTs and their supervisors.

We have used the learning and resources from the ICS SLT rotation to develop an ICS occupational therapy rotation programme along the same lines.

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ILLUSTRATION: TIM BOUCKLEY

Degree of choice

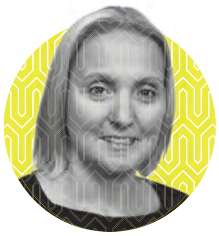
Apprenticeship-based degrees are an exciting new route to qualification as an SLT. **Victoria Lundie** *and* **Hazel Richards** *worked with apprentices and mentors at Birmingham City University to find out what it's like being an education pioneer*

ILLUSTRATIONS MARY HART

The new apprenticeships for allied health professions (AHPs) were created as a solution to workforce shortages, with a goal of 27,000 more AHPs to enter the workforce in England set by Health Education England in 2022.

Birmingham City University (BCU) played a key role in developing the new speech and language therapy degree apprenticeship from its inception in 2017, contributing to the apprenticeship trailblazer group alongside other higher education institutions (HEIs), employers and RCSLT representatives.

In January 2023, BCU welcomed its first cohort of 19 apprentice SLTs, becoming one of the first HEIs in England at the time offering this innovative route into the profession.



VICTORIA LUNDIE

HAZEL RICHARDS

How does it work?

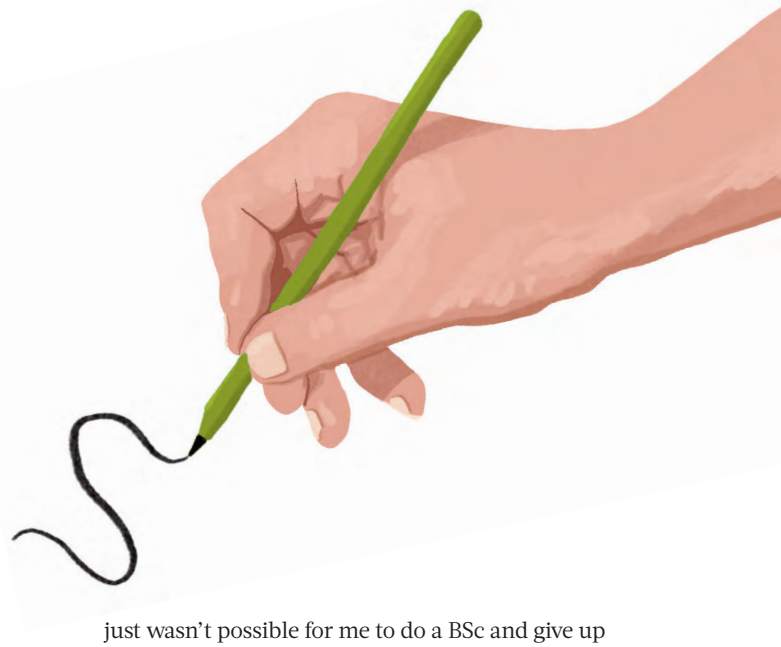
The 48-month course includes one day of face-to-face teaching at BCU, one day for study or guided learning and three days in the workplace each week. Each apprentice is supported by a workplace mentor for guidance and feedback, while a BCU personal tutor provides academic, personal, and professional support throughout their journey.

A work-based learning portfolio (WBLP) provides a competency-based framework to guide apprentice's development throughout the course in collaboration with their mentor. Every three months, a progress meeting between the mentor, apprentice, and personal tutor offers a supportive space to review progress and set goals for continued development.

Learning from the first apprentices

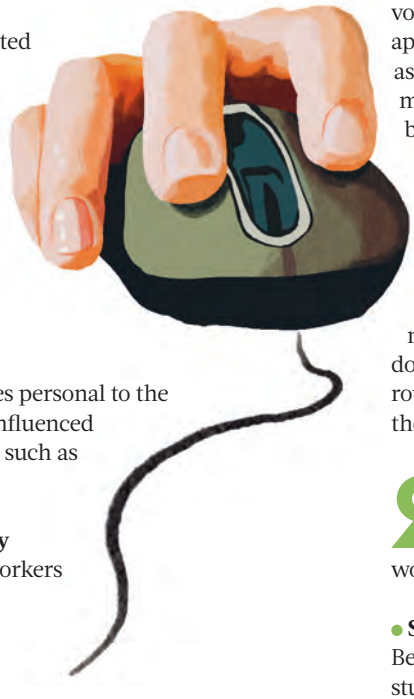
In 2023, the BCU Speech and Language Therapy Team received internal funding for a research project to evaluate the experiences of apprentices and workplace mentors of their first year of the degree apprenticeship.

The aim of the project was to learn about apprentice and mentor experiences of their first year of the apprenticeship. The data collection and analysis were carried out by research assistants recruited from the final year student SLTs on the full time BSc degree programme. Following ethical approval, all 18 apprentices and 19 mentors were approached to take part in the research.



Most apprentices planned to stay with their current employer after qualifying

12 apprentices and six mentors completed the initial online questionnaire sent to all participants, followed by semi-structured interviews with five apprentices and four mentors.



Our findings

Four key themes were identified from the data, showing where the course had strengths and challenges in each area.

1 INTERNAL FACTORS

Internal factors are needs and values personal to the apprentice or mentor which have influenced their experience of the apprenticeship, such as preferences for study styles.

- **Strengths: flexibility and opportunity**

Eight of 12 apprentices were support workers before starting the course and felt this experience helped them recognise the apprenticeship as a positive career development path. Four apprentices preferred the practical nature of the apprenticeship over a traditional degree, valuing the balance of academic and hands-on work. Earning while learning was crucial for four apprentices: "family circumstances had meant that it just wasn't possible for me to do a BSc and give up working" (apprentice).

Most apprentices planned to stay with their current employer after qualifying but felt it was too early to decide on future job changes. Overall, the apprenticeship was viewed as an exciting opportunity, with apprentices proud to be in the first cohort.

Mentors saw the apprenticeship as vital for workforce development and retention, aligning with the profession's vocational nature. Mentors took pride in their apprentices, feeling responsible for their success, and aspired to be role models: "I want to be like the role model for the speech therapist that she one day wants to be" (mentor).

- **Challenges: improving the image of apprenticeships**

One apprentice wondered if the level of theory on the apprenticeship is the same as the traditional BSc and MSc routes. Another felt the term 'apprenticeship' could be more associated with school leavers and this might perhaps de-value the course. There is still work to do in educating stakeholders that the apprenticeship route is equitable in with the traditional route into the profession.

2 TIME AND SUPPORT

Looking at the resources and assistance provided to help apprentice and mentor balance academic and workplace responsibilities.

- **Strengths: peer group and access to resources**

Being on campus for teaching was valued as it gave students access to a cohesive and supportive peer group which shared knowledge, advice, and motivation: "that's been invaluable at times … because I think it can feel quite isolating … [if] you're at work and you're the only one doing it" (apprentice).

The experience of those who had previously studied at degree level helped with transition back into higher education, as did support available in the university from the academic development department, library services and teaching team.

Mentors managed their time effectively through prior planning, and appreciated receiving advance notice of training and meetings (Rowe et al, 2017). They valued support from their SLT and MDT teams, including managers, as well as university resources like Mahara (a training and resource site), drop-in sessions, and accessible lecturers. One mentor felt well-supported at Birmingham: "I've felt in safe hands, really, with having an apprentice at Birmingham" (mentor).

Challenges: clear expectations

Apprentices felt the university had unrealistic expectations of them regarding time, for example managing the amount of work set within their study day. They had concerns that lack of time could affect their grades. Advice and guidance related to this has since been built into induction and discussed within progress meetings. They recognised self-discipline is essential for example, making sure that study days are protected and structured so to manage their time and assessment submissions.

Mentors suggested a quick guide on essential role expectations, such as academic deadlines and paperwork, which has since been introduced.

"I'm not gonna lie. It's been challenging - the biggest thing is that switching mindset between being in a sort of uni mindset and then coming back to work. So that's been tricky and managing to keep on top of all your emails. I think I'm getting better at managing that" (apprentice).

3 STRUCTURE AND ORGANISATION

The structure and delivery of the course including placements and work-based activity.

Strengths: practical tasks aid learning

Apprentices recognised benefits to working and studying simultaneously. They felt the structure of university, study and work-based days was balanced and valued the opportunity to earn while learning.

"I seem different in a positive way and I feel more able to speak out in our MDT meetings, to put my point across and also I feel like I've got the evidence base to back up what I'm saying as well" (apprentice).

Challenges: managing time and placement capacity

Apprentices found balancing the various aspects of the

role challenging due to time constraints, but managed by setting clear boundaries.

Mentors faced challenges with placement capacity, especially with both traditional and apprenticeship students needing to be placed within local organisations. While not always involved in sourcing placements, mentors expressed a need for more information related to placements.

4 APPRENTICESHIP-SPECIFIC PROCESSES

Processes unique to an apprenticeship, such as those due to compliance requirements or evidencing learning and progress.

Strengths: managing progress

Mentors appreciated the regular progress meetings as they recognised them to be a source of information and support. They also felt that the WBLP has become more useful throughout their first year of study as it had practical relevance to their work, and can be used collaboratively by the mentor and apprentice as a tool to identify opportunities for development, and structure experiences within the workplace: "The work based portfolio helps with that because we go off on a tangent discussing what she's done that meets those knowledge, skills and behaviours" (mentor).

"I think the portfolio helps to see where (the apprentice) is making progress in different areas, particularly areas perhaps I don't think about every day.

So hearing that stuff from university is great and kind of... also seeing her confidence develop, I think that's a big one" (mentor).

Challenges: logging learning

To meet funding requirements, apprentices must complete a separate 'off the job' log to evidence their hours and learning at university and on placement. Apprentices felt that completion of this log was time consuming, and it felt like: "a tick box exercise which can be quite frustrating" (apprentice). For compliance reasons, certain question must be asked within meetings such as progression with English and maths. A clearer explanation of why questions are being asked would be of benefit for all those involved.

Some apprentices felt the WBLP lacked clarity and accessibility, due to the document size and wording used, and that it was time-consuming to complete. The WBLP is an evolving resource that has been updated based on feedback.

"So I think [the WBLP is] really useful in terms of what looking at what I might need to achieve and other experience I need to get or kind of to tailor what I do in my workplace, not staying in the same role I was before, taking on more responsibility" (apprentice).

Apprenticeships and their potential

Apprenticeships offer a practical, cost-effective progression pathway, relying on collaboration between apprentices, workplaces, mentors and universities. It enables dynamic learning, workforce development and clinical proficiency, potentially surpassing traditional routes (McIver-Nottingham and Yan, 2023).

The apprenticeship has the potential to improve staff retention and workforce diversity, though its effects remain unclear at this early stage. Many apprentices are internally recruited, and the full-time nature of the course may exclude those who are only able to work part time. Currently a limited number of HEIs offer this route and only in England, which could pose additional barriers to increasing diversity.

The apprenticeship appears to be a sustainable means of study for apprentices, though it demands excellent time-management skills: "it takes a lot of planning...being quite clear about what time is for what and when. I'm trying to manage that alongside just maintaining my own mental wellbeing" (apprentice).

The apprenticeship offers opportunities to integrate academic teaching with work-based learning and application. Along with this come the challenges of implementing apprenticeship processes and nurturing apprentice-mentor-university partnerships.

Our research with the first apprentices and their mentors has been invaluable, providing insights to help us enhance the apprenticeship. Identifying the key strengths and challenges will benefit current and future cohorts. We are proud that BCU pioneered one of the first SLT apprenticeships in the UK. We plan to conduct further research with our first cohort after their completion to capture overall experiences. The knowledge gained may also support other universities developing SLT apprenticeships and benefit wider AHP provision and employers across sectors.

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HAZEL RICHARDS, Senior Lecturer, Birmingham City University
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VIEWS FROM OTHER HEIs

"Apprentices bring their experience to the lectures and semilars in a way that really enhances peer learning and discussions. They have lots of opportunities to embed their learning in their day-to-day work, and this really supports their learning. One of the biggest challenges with the apprenticeship is the time balance, and the juggling between work, uni and life. It is not the easiest of routes, but it is one that brings a great level of challenge and learning opportunities and contributes to the development of fantastic SLTs."

DR. NELLY JOYE, Lecturer and Programme Lead for the SLT Degree Apprenticeship, University of Essex

"A speech and language degree apprenticeship paves the way for employers to upskill their workforce and also attract to the profession those who might not otherwise have that opportunity. By providing a work-based mentor with an academic tutor provided by the University, it supports people to learn as they earn, facilitates investment in staff and boosts their retentionThat broadens the diversity of professionals. Wherever you start from, it's a very effective route to become an SLT."

CLAIRE LANCASTER, Interim Programme Lead, Department of AHP, Midwifery and Social Work, University of Hertfordshire

Find out more

Apprenticeships are currently offered by four universities in England, with more coming on stream in 2025-26. Learn more about apprenticeships including information about funding, protected study time and placements.
rcslt.info/apprenticeships

A MENTOR'S VIEW

While guiding student SLTs along their apprenticeship journey, **Rona Foot** is developing her own role

Becoming a work-based mentor for two SLT apprentices embarking on their degree programmes with the University of Hertfordshire has been an exciting and extremely rewarding role that blends aspects of supervision, coaching, and practical guidance.

RONA FOOT

What mentors do

The role of a work-based mentor is to provide support for apprentices in applying and contextualising the content of their academic studies to the workplace. I support our apprentices in linking theory to practice, reflecting on their learning and developing clinical competencies. This involves regular meetings, facilitating relevant shadowing opportunities, providing feedback during tripartite progress meetings and goal setting. The role is key in bridging the gap between the workplace, university and home life. The aim is to ensure that apprentices can balance these different demands as they fluctuate throughout the course, while maintaining a good state of wellbeing.

> **As employers we are still learning about the potential benefits of the apprenticeship**

Time to explore

My day-to-day role as Team Lead is by nature operational, so for me this role has been invaluable in providing opportunities to develop my own coaching and mentoring skills. The apprenticeship at University of Hertfordshire places a great deal of importance on reflective practice, so I have enjoyed bringing this into my mentoring sessions and having space to delve deeper into discussion topics. For example, as part of the Professional Values and Ethics module, I have had interesting discussions with the apprentices around addressing gender pronouns within therapy, coproduction within our Children and Young People's Therapies service in Hertfordshire, and the accessibility of information for hard-to-reach service users. These discussions have not only linked policy to practice for the apprentices but have given me the opportunity to reflect and refresh my understanding of my own organisation, which will in turn contribute to driving service improvement.

Accessible pathway

It is still early days for this intake of apprentices, and as employers we are still learning about the potential benefits of the apprenticeship, particularly in terms of recruitment and retention. From a personal point of view, since starting the work-based mentor role I have reflected on my own experiences as an undergraduate student and the challenge of linking teaching with real-life clinical practice. The transition from graduation to becoming a newly qualified practitioner is a steep learning curve, and the apprenticeship pathway seems to offer a unique blend of academic learning and hands-on clinical experience which is certain to ameliorate some of the challenging aspects of this transition.

I feel this pathway to becoming an SLT has the potential to make the profession more accessible to a diverse range of people with different backgrounds and learning styles. It is exciting to play a role in shaping the apprentices' journey and contributing to the success of this new route into our profession.

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RCSLT

CONFERENCE 2025: 26-27 NOVEMBER

80 YEARS... AND BEYOND

Join us online at this year's RCSLT Conference as we mark 80 years of the RCSLT and look to the future of the profession.

The conference will be packed with presentations, keynote speeches and workshops covering a wide range of topics for SLTs and partners at all levels and is the perfect time to recognise and celebrate the speech and language therapy profession as well as come together to share learning, innovation and the latest in SLT practice.

Book your place at the RCSLT Conference now where you can:

- learn from and share research, evidence and practice with the SLT community
- hear about and engage with the latest priority work from the RCSLT
- build on your continuing professional development (CPD)
- celebrate the speech and language therapy profession and foster a sense of belonging
- network with SLT colleagues from across the UK at all stages of their careers.

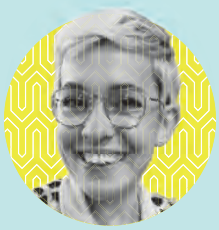
To book visit:
rcslt.info/RCSLTConf2025

Ticket prices for RCSLT Conference 2025 have been frozen to match what they were two years ago, something we hope will support members to be able to attend the packed two-day programme. Super early bird and early bird rates are once again available for those who book early as well as discounts for a number of groups.

	RCSLT Members	Non-members	Discounted rate
Super early bird ticket	£35	£55	From £5-£20
Early bird ticket	£40	£60	From £5-£20
Standard ticket	£55	£75	From £5-£20

Stronger workforce, better care

Over the past year, RCSLT has been pushing forward an exciting programme to secure the future of education and training for SLTs in the UK. **Sally Cochrane** *tells us more*



SALLY COCHRANE

In April 2024, a specially-recruited team joined RCSLT to put an ambitious plan into action. Funded by NHS England, the workforce programme was part of a wider NHS plan to improve the allied health professional (AHP) workforce. The NHS aims were to:

- ensure an effective supply of AHPs
- provide opportunities for career development
- achieve improved work satisfaction and increased retention.

For the speech and language therapy profession, this meant a programme of work covering all areas of careers, workforce and training. Working alongside RCSLT colleagues and members across all four nations, the team set out to tackle an ambitious set of projects focusing on:

- advancing practice
- paediatric waiting lists
- career pathways into speech and language therapy
- curriculum and placements review
- support workers
- newly qualified professional (NQP) goals and guidance
- professional development framework embedding and evaluation
- community paediatric dysphagia.

Taking a closer look

Here we're zooming in for a detailed look at two of the main areas of focus.

Focus on: advancing practice

It has been recognised that, particularly in NHS settings, there is a perceived gap between completing NQP goals post-training, and subsequent progression to highly specialist or advanced roles. Part of the new programme focused on advancing practice and raising the profile of consultant practice.

Enhanced practice apprenticeship

The team at the RCSLT worked on developing an enhanced practice apprenticeship collaborating with Coventry and Salford Universities on a piece of coproduction work. We developed a schema which provides the foundations for higher education institutions (HEIs) to create the courses. Our ongoing work will aim to take the schema and support HEIs to develop this into future academic opportunities for SLTs.

Advanced practice

A growing number of SLTs are now working within advanced practice, an area which is still developing for AHPs as these important roles become better recognised. The RCSLT partnered with the Royal College of Occupational Therapists (RCOT) to develop the future of advanced practice for the profession.

We set out to re-imagine advanced level practice, providing clarity and purpose within the speech and language therapy profession as well as for occupational therapists. Our work is designed to build on the amazing work already happening in advance practice and create new opportunities.

This collaborative piece of work has allowed two professions to come together to consider alternative role progression. There was fantastic engagement from our membership on this project, and we are incredibly grateful to everyone who contributed.

ISTOCK

> The team set out to tackle an ambitious set of projects

"The working approach has made the process of delivery a really collaborative, supportive and open space where we were able to work through complex and emotive practice. We very much hope that this work sparks new ways of thinking about advanced practice for our professions and offers opportunities for strengthening our role in addressing needs." **Dr Kim Stuart, Coventry University**.

Focus on: paediatric waiting lists

RCSLT member Gillian Rudd, lead author on a piece of work looking at paediatric waiting lists, explains the project aims and objectives:

1 We carried out a major survey on the retention of SLTs, identifying attitudes to the role of SLTs and what influences SLTs to stay in or leave their role.

2 We investigated the range of funding streams for children's speech and language therapy services across the UK to understand challenges and opportunities, using this information to support future service and workforce delivery.

3 We collated examples of how waiting is managed within children's SLT services to inform future service delivery.

The project was supported by a working group who met monthly to advise on the design, delivery and evaluation of the project. Following a codesign process, the survey received 1,168 responses with the report due to be released later this year.

Overall, it is clear that urgent action is needed to support SLTs to stay well at work and deliver the services that we know make a difference.

"I have really enjoyed being part of the group, and it has been a great learning experience: so many different perspectives from the others in the group and the invited guests, clear expectations at every step of the project and a general atmosphere of creativity and positivity, which you managed to maintain even through the medium of Teams!" (working group member).

The survey findings have already been shared with the Department for Health and Social Care and we hope that this report will be useful in furthering the conversation about what the profession looks like, now and in the future.

Workforce programme key achievements

With over 20 individual project workstreams to manage, it was a very productive year for our team! For example, we were proud to produce the 'Voices of the Future' webinar promoting speech and language therapy careers to school and college students and career changers. It was joined live by nearly 400 attendees from the UK and beyond with many more views via YouTube. We also used gold standard coproduction techniques with our expert members and stakeholders on updates to the NQP goals. We also delivered new resources to expand awareness of criminal justice roles within speech and language therapy.

What's next?

Although the funded programme delivery has now come to an end, implementation and embedding will continue beyond 2025. We're aiming to ensure the sustainable legacy of this work and see all the future benefits across the workforce. B

SALLY COCHRANE, RCSLT Programme Manager (NHSE)
✉ Please send queries about the workforce programme to judith.broll@rcslt.org.

Clarity for critical care

Laura Pathak

explains the new AHP Critical Care Capability Framework and the benefits to SLTs

Although SLTs and other allied health professionals (AHPs) are an established part of adult critical care, the way AHP services are delivered in critical care varies widely across the UK (Intensive Care Society, 2024). Many hospitals are unable to provide key AHP services, or fail to meet standards described in the guidelines for the provision of intensive care services (GPICS).

The AHP Strategy for England identified having 'AHPs in the right place, at the right time, with the right skills' as a goal and in 2023, Health Education England (HEE) identified the need to train all critical care staff as a priority.

Meeting the learning needs of AHPs

Unlike nursing staff who have an established academic training route, there has never been a postgraduate critical care education pathway dedicated to AHPs.

To begin the process of setting up a new learning and career pathway in critical care, a group of AHP clinical leads came together in 2023 to lead the development of new capability framework. The leads were supported by clinical advisory panels for each profession including a panel of nine SLTs from across the UK, representing a range of critical care settings and levels of practice from enhanced to consultant.

After a review of the existing literature and individual professional frameworks relevant to critical care, the group identified core goals for the new framework:

- provide more transparent pathways into AHP roles in critical care
- grow the team around the patient
- create career frameworks to support development and flexibility

Capability versus competency

The term capability has been used rather than competency to reflect the nature of the critical care environment: competency usually describes practice in stable environments with familiar problems, whereas capability additionally describes being able to work effectively in situations which may be complex and fast moving, demanding flexibility and creativity.

- provide opportunities across six levels of practice
- outline how a novice clinician can progress to expert
- offer career paths to retain an engaged and skilled workforce
- be future-focused, inclusive and aspirational.

Scope of the new framework

The new capabilities framework has been developed to outline standards of adult critical care capability, underpinned by four pillars of practice across six nationally recognised levels of practice.
It covers five professions: dietitians, occupational therapists, operating department practitioners, physiotherapists and SLTs.

The framework is relevant to SLTs and support workers and covers all aspects of the critical care pathway. The aim is to provide visible career pathways for SLTs and support workers in this area. The framework also highlights and celebrates interprofessional working, as well as the unique contribution that SLTs make to the patient journey during and following critical illness.

Levels of practice

The framework covers six levels of practice from supportive through to consultant, level and and is the first framework for critical care to cover non-qualified staff members and operating department practitioners.

Along with clinical capabilities, the framework also covers leadership, education, and research in critical care, all aligned with national standards, and it serves as an essential foundation for appraisals and CPD activities for critical care clinicians.

The framework can be used by all levels of SLT and support workers in critical care to identify their learning needs and shape their professional development. The framework has a self-assessment tool allowing clinicians to map current practice and identify supportive evidence.

> **There has never been a postgraduate critical care education pathway dedicated to AHPs**

Higher education toolkit

To support the framework, a new higher education institution (HEI) toolkit has been created to enable the integration of the AHP Critical Care Capability Framework into existing programmes of post-graduate education for SLTs and other AHPs.

This resource is designed for any region or institution delivering an AHP postgraduate certificate in critical care and is applicable across the UK. It may also be used by critical care managers, clinical leaders, educators, or staff aiming to look at staff provision, skill mix, training needs or to deliver post graduate education.

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OUT IN THE FIELD: USING THE FRAMEWORK

At a university

"The University of Liverpool successfully bid for funding to expand its Critical Care Nursing Post-Graduate Certificate to include AHPs and develop a multi-professional programme. The programme has been using the new ICS AHP Critical Care Capability Framework to support our SLTs and other AHPs in formulating their bespoke learning objectives.

The framework supports SLTs and other AHPs to have effective conversations with their critical care mentors and supports the work-based learning element of the programme."
Lisa Pemberton, Clinical Lead SLT and lecturer, University of Liverpool

Student perspective

"I am currently using the ICS AHP critical care capability framework in my PGCert Critical Care at the University of Liverpool. It is providing the foundation for objectives for a work-based portfolio which I will be using to develop my clinical practice. Having nationally recognised levels of practice will open up opportunities and raise the profile of SLTs working in critical care".
Rachael Adamson, student SLT Critical Care PGCert, University of Liverpool,

In a critical care service

"In Cornwall we have used the framework to put together the job description and competencies for our generic support worker role. As this role is across three professions (occupation therapy, physiotherapy and speech and language therapy) it's been incredibly helpful to have a framework across the professions to help us ensure our expectations are standardised and gives us national guidance on things that we have previously held different perspectives on such as the use of suction across the professions at a pre-registration level."
Julie Wright, SLT in critical care

Trust and collaboration

Zippy Leigh *and* **Helen Wilson**

bring us the Talking Together project, tailored to meet the needs of children from an Orthodox Jewish community

ZIPPY LEIGH

HELEN WILSON

In the London borough of Hackney, it's estimated that nearly 30% of children aged 0-19 are part of the Orthodox Jewish Charedi community (Institute for Jewish Policy Research JPR, 2022). These children are typically educated in independent settings. Many have Yiddish as their first language. For some of these schools, Yiddish remains the predominant language, with teaching in Yiddish and English.

It has historically been difficult for NHS and other mainstream educational services to access these settings due to the way services are provided and funded in schools, together with a lack of trust and understanding about how we each work. Consequently the children have been unable to access the same level of speech and language services as they would in mainstream schools. This means late diagnosis for many children, lack of awareness of children with developmental language disorder (DLD) or language difficulties and poor access to Education, Health and Care Plan provision.

The 'Talking Together' project was funded by commissioners in November 2021, with Hackney-based Homerton speech and language therapy services working in partnership with Children Ahead.

The initial aims of the project were to show effectiveness of a system-wide approach to supporting children with language and communication needs in Orthodox Jewish schools. By working with a trusted community-based partner, the project was supporting NHS services to access the community. As part of the

About Yiddish

Yiddish is a language belonging to Jewish people of European origin (Ashkenazi), with a history that may go as far back as the 10th century. It includes elements of Hebrew, German, Slavic and Jewish dialects and uses Hebrew script. Today it is mainly spoken by Orthodox Jewish communities.

About Children Ahead

Children Ahead is a clinic embedded in the local Orthodox Jewish community. It has worked on building trusted relationships with schools by meeting with school staff from the top down, listening to their needs and providing supportive training, free helplines and walk-in clinics to ensure it is as accessible as possible to schools and families.

project, we piloted a time-limited integrated assessment and treatment pathway. We set out to assess the level of need in Orthodox Jewish Independent schools for children with language difficulties and social communication need.

Homerton's approach

The aim of the initial project was to strengthen partnerships, applying Homerton's successful 'whole school approach'. This is a collaborative strategy that actively involves the entire school community in fostering speech and language development. Rather than limiting support to individual therapy sessions, this approach integrates speech therapy goals and strategies throughout the daily school environment.

This might include incorporating classroom-based activities such as using Rainbow Sentences and visual aids, training teachers to identify speech, language, and communication needs (SLCN), and cultivating a culture that promotes language and communication for all students. By embedding speech therapy principles across the school, the approach aims to enhance language development in students with specific needs and also the wider school community.

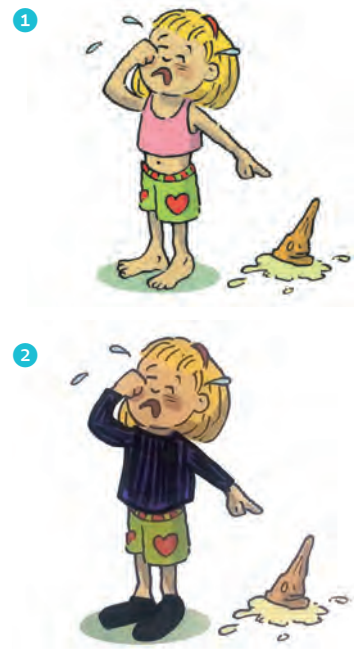
After the successful pilot, the project was extended in 2023, and the goals broadened to:

- pilot Launchpad for Language, a whole-class approach to supporting language in Early Years Foundation Stage
- provide culturally appropriate and accessible training for teaching staff
- develop a long-term service model based on the universal-targeted-specialist model of intervention, which is accessible and appropriate for the independent Orthodox Jewish schools
- continue to develop trusted working relationships between NHS SLTs, the Children Ahead teams and school staff.

Pathways were developed jointly between Children Ahead and NHS SLTs to ensure they were evidence-based and appropriate for the community. We used formal and informal screening assessments, including RAPT with Language for Thinking questions (Branagan and Parsons, 2005), with other resources appropriate to the children. This included using narrative pictures, setting outcome measures and simplifying the referral forms and processes so they could be easily accessed by staff, especially those with English as a second language.

Prior to starting the project, we held an information session for school leaders. Following this, referrals were requested and jointly triaged and allocated to Children Ahead or NHS SLTs. Children were then assessed, ideally within the school environment, including a discussion with parents. Blocks of intervention consisted of six sessions, individually or as part of a small group, with support from a teaching assistant. Targets were set and rated pre- and post-intervention, using a five point scale, together with TOMs (Enderby and John, 2015) and quantitative and qualitative feedback from children, parents and staff. Data was analysed on a school and whole-cohort basis.

FIG 1: Example of adapted and original images from Wellcomm screen



In later stages of the project, Launchpad for Language, Homerton's Universal and Targeted approach to supporting EYFS was introduced in three pilot schools. This involved screening all children in Reception with the Wellcomm pre- and post-intervention, and staff running a series of whole class and targeted language interventions across the school year. Again, assessments were adapted to ensure they were culturally appropriate.

Adapted resources

In this example, the girl's bare arms and stomach were coloured in, as the community served by the Talking Together project typically follows modest dress guidelines, covering feet, legs, and arms. Resources were adjusted to ensure they were familiar and relatable to the target audience.

Training was offered to all schools involved in the project. Initially, this was offered virtually, and was then offered individually for each school.

REFERENCES
To see a full list of references visit: **rcslt.org/references**

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FIG 2: Target ratings pre- and post- intervention, on a five point scale

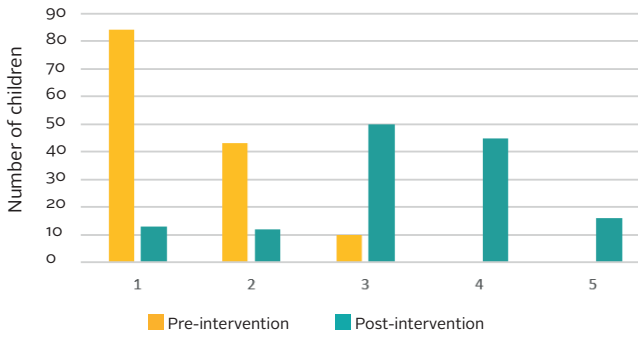
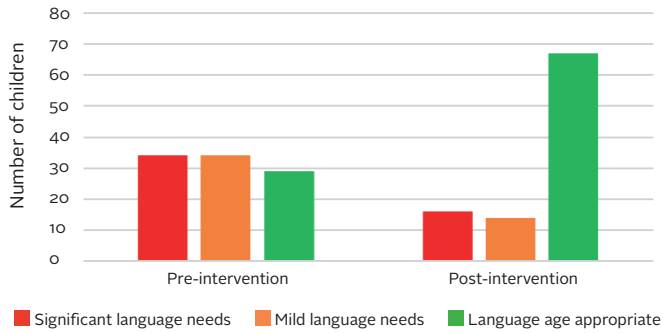


FIG 3: Launchpad for Language Wellcomm data pre- and post-assessments



1 All children pre- and post- target ratings

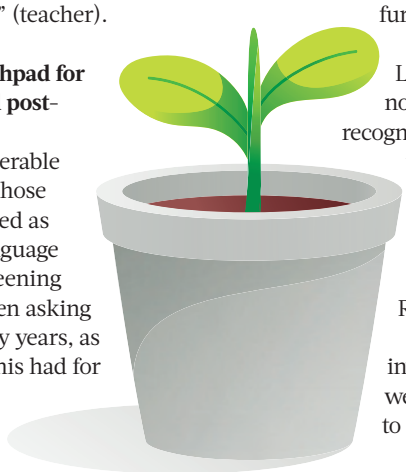
Targets for all children were rated on a five point scale (1 = introducing the target, 5 = achieved without adult support) pre and post intervention. Each child had three targets, and all children made progress, moving at least one point on the rating scale.

2 All children TOMS

As the TOMS are a long term measurement there wasn't a noticeable significant increase although feedback from parents and staff showed the impact for children in school. For example: "M is able to remember her sedra (weekly reading from the scripture) answers now- she used to really struggle but now she has strategies to use to help her remember" – (parent). "L is able to participate in class and has become less overwhelmed when left to independent work. We've also seen her interact with a wider variety of peers" (teacher).

3 All children Launchpad for Language pre- and post-assessments

Children made considerable progress, specifically those who had been identified as having 'significant language needs' (red on the screening tool). Schools have been asking for support in the early years, as they saw the benefit this had for the whole cohort of children.



4 Impact of staff training

Nine out of 10 staff reported they would recommend training without hesitation. Comments included: "It was very informative and has given much food for thought how to implement this in the Kodesh (Jewish studies) curriculum". Schools that would not previously have accessed or prioritised training are now asking for more.

Collaborating into the future

Over the past three years, this project has engaged 20 independent schools and directly benefited over 300 children. The extensive participation and positive outcomes have strengthened the case for additional funding, advocating for Talking Together to become a long-term pathway. The collaborative efforts between Homerton, Children Ahead and local Orthodox Jewish schools have been highly effective, leading to ongoing training opportunities and increased requests for further support.

Schools that accessed Launchpad for Language now understand and recognize the benefits of a universal approach and early years intervention. This has enabled them to plan effective SEN support for children entering Reception.

As a result of SLT involvement, some children were signposted and referred to other services, such as CAMHS for potential diagnosis and mental health support, while others were directed towards possible EHCP assessment. Some children who received input through the project were diagnosed with DLD, enabling them, families and teachers to have a better understanding of their needs, and raising awareness of this diagnosis within the Orthodox Jewish community.

The project has faced various challenges and evolved over the past three years. Some challenges include high staff turnover, inconsistent room availability and lack of teaching assistant support. IT challenges caused practical difficulties in sharing information between the teams, which will need further consideration.

The Talking Together project has now secured long term funding. As a result, each participating school will receive allocated speech and language therapy hours. This will include delivery of the Launchpad for Language programme within EYFS settings. From May 2025, we are meeting with schools to discuss how we can best support pupils with SLCN in their individual settings.

It is incredibly rewarding to see how the collaborative work on the pilot programmes over the past few years has led to such a successful and sustainable outcome.

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Voting rights

Inspired to ensure people with learning disabilities could exercise their right to vote in the 2024 General Election, **Fiona Aspray** *and her team set out to make it happen*

FIONA ASPRAY

The Speech and Language Therapy team at Meadow View in South Yorkshire supports adults with learning disabilities in a large residential service. Ahead of the General Election in July 2024, the team were determined to ensure that every person we support had the opportunity to have their voice heard.

A survey from 2021 revealed that around one in six (17%) people living in Great Britain do not know that people with learning disabilities have a legal right to vote (United Response, 2021). And a Mencap survey in 2014 found that 64% of people with a learning disability have felt unable to vote in previous elections (Mencap, 2014).

As a team, we wanted as many people as possible to exercise their right to vote and understand that they have a voice on political matters.

The team began by identifying people who would be interested in the General Election and who may want to vote. We spoke to the people we support across our services in South Yorkshire, sharing accessible information about the General Election, voting, and the importance of being involved.

Through this, and discussions with our care colleagues, we identified a number of people who were interested in having their say.

Voter registration

Our first hurdle was registering to vote. Mencap's survey identified the registration process as one of the main barriers to people with learning disabilities voting.

> **64% of people with a learning disability have felt unable to vote in previous elections**

We held 'Registration Clinics' at our college site, for those who wished to attend to gain some support in registering online. We used easy read instructions to support the process of signing up on the government website, and went through all the information together.

Voting passports

We then created voting passports for our services. The voting passports informed polling station staff that the person had a learning disability and highlighted any reasonable adjustments needed. Such adjustments included not queuing, having access to large print or easy read or having someone read out the candidates for them. The passports were a great success and the polling station staff were very receptive to the needs of those who used them.

Manifestos

Some political parties had created their own accessible information using easy read services. The language was simplified into shorter sentences, used less jargon, and provided photo symbols. These were read through by our team to ensure they accommodated for the level of understanding of the people we support. Adaptations were made to support people's individual communication needs and so all the information was provided impartially. When parties did not produce an accessible manifesto, the SLT team created their own using the same templates as other parties. This was to make sure the people who would be voting had all the information necessary to make an informed decision.

However, the manifestos were still very long! Using an idea from the Vote for Policies website (voteforpolicies.org.uk), we decided to adapt the process and help the people voting to read the policies that were important to them.

We used categories identified in the manifestos and provided these as symbols, using a Talking Mat approach to identify the most important things for the people we support.

For those who could not access Talking Mats, we used a 'What is important to me?' resource to identify the top three topics for that person. We then provided the relevant parts of the easy read manifestos, and supported them to read through these.

At our independent specialist college, the students had some specific lessons about Parliament and the voting process. Students also met with local constituency candidates for Q&A sessions and prepared questions based on the accessible party manifestos.

Practising to vote

Once all the information had been provided, it was time to practise! At college, we held a democratic vote to allow students to vote on issues important to them, such as the end of year prom theme.

At Meadow View, we set up a mini polling station, and created some poll cards for people to use. We held two sessions for those planning to vote to come and practise using the poll card and their voting passports, as well as going inside a booth to vote. This was a great way to establish expectations and promote a positive experience on election day.

The ID challenge

One of the main barriers we experienced as a service was the requirement for identity documents. Many of the people we support do not have a passport or other forms of recognised photo ID, and so were supported to apply for Voter Authority Certificates. Due to the length of this process, someone we support did not get their ID delivered in time for the election, which was a disappointment.

On voting day

On voting day, seven people across our services were supported to exercise their right to vote. One voted by post, and the rest were supported to attend their local polling station.

Overall, this has been a brilliant experience for us as SLTs to get to know the people living in our services and how to support them to have their say. Using our knowledge of their communication strengths and needs, we were able to adapt the process and provide information and opportunities for the people we support.

Ultimately, we faced similar barriers to those the evidence base has previously identified. However, we were able to overcome many of these, improving our own knowledge of political issues affecting the individuals we support. We look forward to the local elections when we will be able to implement similar strategies and help to ensure that all voices can be heard.

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Preparation for life

How occupational therapy and speech and language therapy came together to help children develop daily living skills

At Blossom House School, an independent school for children with speech, language and communication needs (SLCN), occupational therapy and speech and language therapy are both on the curriculum. Our students are more likely to experience executive functioning difficulties (Pauls and Archibald, 2016) and some have comorbid difficulties with fine and gross motor skills (Varuzza et al, 2022). This can mean students might have some challenges in developing the functional skills needed for daily living activities.

To help students with developing functional skills, in the past we used to provide weekly 45-minute sessions delivered jointly by an occupational therapist (OT) and SLT. However, pupil voice feedback and therapist reflections led to the realisation that students needed more time in order to practise these skills in the context of a meaningful activity. For example, to practise shopping skills we had just 10 minutes left in the supermarket by the time we had travelled there. In addition, speech and language therapy and occupational therapy plans for each student changed each year, and there wasn't a way to track student progress jointly. It was clear a change was needed.

We decided to trial a programme that allowed us to have more time to complete accessible, functional activities with students, more consistency in our joint work and a method to track progress in specific skills over time.

Creating new 'Preparation for Life' days

Our new service delivery plan involves six full days of functional skills across the year, which we refer to as 'Preparation for Life' days. These are delivered jointly by OTs and SLTs every half-term.

The teams meet and decide which functional skills will be focused on each half term from the following six identified key areas:

- food preparation

- traveling in the community
- housekeeping and shopping
- money and budgeting
- first aid and emergencies
- self-care.

Each topic is graded, allowing progression of skills from Year 8 to Year 11. For example, Year 8s plan a trip to the local park while Year 11s plans their journey to a local college.

Throughout each Preparation for Life day, students are assessed on specific occupational therapy and speech and language therapy skills through observations and recorded through videos and photos. Students not making expected progress in the group setting can be referred for additional one to one or smaller group input.

IMAGES: ISTOCK

TABLE 1: Examples of targets for food preparation Year 9

SLT targets	OT targets	Executive function targets
1. To ask for clarification, repetition or explanation during a non-structured practical activity	1. To chop an onion using appropriate technique	1. Works with others to complete a task, involving others, taking into account another's viewpoint, negotiating and compromising. (Joint working)
2. To summarise key information to check during a non-structured practical activity	2. To follow a recipe to create a simple hot meal	2. Listens to and retains information in order to carry out instructions. (Working Memory)
3. To follow instructions successfully during a non-structured practical activity	3. To clean own work surface satisfactorily	

What happens in a Preparation for Life day?

Typically, a day comprises of two lessons with a speech and language therapy focus and two lessons with an occupational therapy focus, where specific skills are targeted. These are followed by two lessons delivered jointly by an SLT and an OT, where skills are applied in a functional activity. Providing a full day of input allows time for a motivating 'project' at the end of the day. This incorporates SLT and OT skills into a functional task, aiming to increase engagement and support emotional regulation.

A new joint tracking system

Following our first year running this new model in the 2021-2022 school year, student and staff feedback showed a positive change for the students marked by increased engagement and positive feedback on student questionnaires. Within the trial year, outcome measures were collected separately by SLTs and OTs, and staff feedback indicated there was a need for a more centralised way to track the impact of our joint work.

For the following year, we devised a new outcomes measure system to help us effectively track progress, feed back to families and staff about our model and make improvements.

Goals for progress

For each Preparation for Life day, students were set three speech and language therapy goals, three occupational therapy goals, and two executive functioning goals, to be monitored jointly by SLT and OT.

For some topics, speech and language therapy goals were specific to teach functional language skills that would not otherwise be covered in therapy sessions. For other topics, targets were strategy based, to develop pupils' ability to use their self-advocacy strategies spontaneously in a functional setting.

Speech and language therapy and occupational therapy targets reflect the topic of the day. Executive functioning targets stayed the same each term, tailored for each year group, to reflect development of specific skills across a range of topics. Table 1 shows sample targets for our Food Preparation topic.

To measure and track progress of skills within the functional environment, students were assessed in the morning using baseline quizzes, activities and observations. Similar activities were repeated at the end of the day. OTs and SLTs

used a spreadsheet to record whether students had met, were making progress towards or did not meet each target at the beginning and end of the day. Executive functioning targets were tracked jointly by the SLTs and the OTs working with each set of students and were recorded only once per day, in the afternoon.

The number of students meeting, making progress towards or not achieving targets in the morning and afternoon were averaged across targets set and year group. This was done for all occupational therapy and speech and language therapy targets, with a slightly different approach for executive functioning.

Occupational therapy and speech and language therapy targets

Results show increases in the number of students either making progress towards targets or meeting their targets by the afternoon of Preparation for Life days across all sessions. For the pupils who were able to achieve the targets in the morning baselines, the overall aim was for them to generalise these and use them spontaneously in a functional setting later in the day. The data we recorded will be used to help us with planning future activities, as well as sharing with students and parents.

Executive functioning targets

Throughout the year, we identified gaps in our executive functioning data. Feedback from our teams was that it was often difficult to find time to score these targets jointly at the end of the day, as staff often had other obligations. The data showed that more students began achieving their targets towards the summer term but we may need more complete data to learn more about these sessions.

Taking our collaboration further

Our data suggests that our work is supporting students to achieve SLT, OT and EF targets within targeted functional contexts. Looking ahead, we could explore this further by comparing progress on targets each year. We could also allow for controlling more variables such as the impact of any additional therapy input in the year. For some SLT targets, such as asking for clarification, students will receive additional input throughout the year, and their achievement of these targets on Progress for Life days captures their ability to apply these skills in a functional setting.

We may also consider the way we set SLT targets to distinguish if our aim is learning of new skills or generalisation and consolidation of existing ones. There is also the option of blind testing and scoring, to reduce the desirability effect and increase the validity of our results. Furthermore, we need to consider how to enable parents to support the pupils to transfer their skills across different contexts.

Our school aims to provide a responsive service for our students and families. In this case, we responded to our pupil voice and need by creating a new way of delivering functional skills training, building on a foundation of good communication and collaboration between our OT and SLT workforce.

> It was clear a change was needed

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ROSALIE HALL, SLT

The dementia support gap

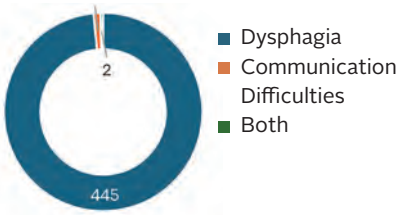
Martina Gallagher
investigates why people with dementia are so often being left without support for communication needs

Communication difficulties in dementia affect all aspects of daily life (Downs & Collins 2015) and arise across all dementia types (Alsaway et al 2017). Yet the RCSLT's recent dementia guidance highlights that speech, language and communication are key areas of unmet need for people living with with dementia (RCSLT, 2024).

As an SLT working in community adult services, I am conscious that the communication needs of people with dementia are not being prioritised in my own service and across the board. For example, our service in the Belfast Health and Social Care Trust (BHSCT) has no commissioned service to provide communication support for people with dementia. In the rest of Northern Ireland, there are limited resources for communication input for people with dementia in speech and language therapy adult services.

This is not an isolated issue, and researchers in Australia (El-Wahsh et al, 2021), Ireland (Dooley & Walshe, 2020) Italy (Batista, 2022) and Portugal (Nobrega, 2016) highlight that despite communication difficulties being observed across all dementia types, referral to speech and language therapy services is relatively uncommon. A UK-wide survey of SLTs working with primary progressive aphasia (PPA) (Volkmer et al, 2018)) show Northern Ireland and Wales to have the lowest level of SLT input and altogether only a minority of people (average of 3.2 people with PPA per survey respondent) living in the UK having access to SLT communication services.

REFERRAL REASONS TO COMMUNITY SPEECH & LANGUAGE THERAPY FOR DEMENTIA PATIENTS
(July 2020 - July 2023)



Local referral patterns

To learn more about dementia referrals, our team examined the referral pattern to our service for people with dementia accessing speech and language therapy intervention for communication. They found that over a three-year period (July 2020-2023), 452 referrals to community speech and language therapy were for those with a primary diagnosis of dementia. Of those, 445 were referred with dysphagia, five for communication difficulties and two for both.

Going in search of the barriers

This poses the question: why are there so few communication referrals? Previous research has suggested barriers include a lack of care pathways, lack of awareness of the SLT role (Volkmer, 2018), limited SLT experience and priority given to other neurological conditions (Dooley and Walshe, 2019). I wanted to find out more, so I applied for the Northern Ireland Health and Social Care Public Health Agency Research and Development Bridging Scheme for a pre doctoral award to investigate what was happening within my trust.

I planned the research around informal interviews and discussion groups. As this was a patient and public involvement (PPI) project, ethical approval was not required. I found six carers and four people with dementia to take part and I also attended meetings of the Dementia NI Empowerment Group meetings.

Awareness of speech and language therapy

All ten interviewees and ten group members disclosed that communication difficulties had been an issue, however only two were aware that SLTs had a role in supporting people with communication difficulties in dementia.

None of them received any information regarding speech, language and communication difficulties. Speech and language therapy experiences were limited for all involved, with 16 (80%) having no form of speech and language therapy input.

This led to discussions around why speech and language therapy is so hard to access for people with dementia, as opposed to other neurological conditions. . People also asked why SLTs are not promoting the benefits of a communication service for people living with dementia.

People with dementia and carers told us:

"Helping me to communicate for as long as possible is very important to me."

"SLTs could have been there to support me to keep my job and improve my quality of life. Power was taken away from me."

"Looking after her for nine years, no one ever mentioned that (speech and language therapy), but when her swallow went, that was when we had speech therapy. That was the only time I encountered an SLT and it was for swallowing but I had to fight for it."

SLT perspectives

After the PPI project, we carried out a survey of SLTs working in adult services in the BHSCT. We had 24 SLTs from adult acute, community and stroke services with dementia patients on their caseload taking part.

Assessment and management

The survey focused on the assessment and management of communication to gain a general idea of the dysphagia/communication balance.

16 respondents (67%) at the time of the survey had 50% or above of patients on their caseload with a diagnosis or suspected diagnosis of dementia.

Eight respondents (33%) spend no clinical time on the assessment and management of communication difficulties, nine respondents (38%) spend 10% or less and three respondents (13%) spend 20% or less of their clinical time on the assessment and management of communication difficulties.

The remaining four respondents (16%) spend more clinical time on communication, but two of those work in community stroke team and this is an expectation of their role. The other two were junior staff members one of whom

ISTOCK

spends 100% and the other 30% of their clinical time on communication input. This would be in keeping with the caseload pattern within the service, where junior staff have a full communication caseload. Over time that caseload reduces and the dysphagia caseload progressively increases. It poses the question why communication is viewed as less complex and allocated to junior members of staff. This area requires ongoing skill progression in order to meet the needs of people with dementia but in the absence of clear care pathways this is not recognised.

91% of respondents reported they never informally or formally assess communication. 91% rarely or never provide individual communication therapy and 91% never deliver communication support groups for people with dementia or carers.

Satisfaction ratings

In order to gain the SLT perspective regarding quality of service, respondents were asked to rate their satisfaction that people with dementia receive a quality communication service from speech and language therapy.

Nobody reported being very satisfied and only four respondents (17%) were somewhat satisfied. Fifteen (61%) were dissatisfied and five (22%) were undecided.

We also asked some open questions about barriers for people with dementia accessing communication services. Responses showed a view of a dysphagia-focused service with limited resources to provide communication input.

"Communication needs are seen as secondary. Caseload does not allow for therapy to be provided."

"BHSCT community SLT are unable to provide a service for communication input for dementia beyond the provision of communication assessment and advice."

> **This is not an isolated issue**

A lack of awareness of the SLT's role was a strong theme regarding barriers for people with dementia accessing speech and language therapy communication services.

"Colleagues not aware of our communication role. On one occasion, a social worker was discussing a patient's communication difficulties. When I gave advice on communication strategies, she was surprised reporting she wouldn't have thought of SLTs working with communication".

"...lack of knowledge of support that can be provided; mindset of 'she has dementia, there is nothing we (SLT) can do'."

This reinforced the same issue highlighted by the PPI group asking the question why SLTs are not promoting the importance of their role in communication support for dementia. The main challenge expressed was concern that SLTs are becoming progressively deskilled and losing confidence in this area. As a result, they do not feel in a position to promote the speech and language therapy role in supporting people with dementia.

"There is limited access to training available for communication in dementia which is a specialist area in itself."

"Reduced skills and knowledge, reduced priority in acute setting, no specific funding for an SLT to manage communication and dementia."

What can we take from the research?

There is no argument regarding the risks associated with dysphagia, but we must consider the risks of social exclusion, relationship breakdown and potential early nursing care placement when communication needs are unmet. Alongside time pressures how can SLTs be expected to raise the profile of the profession and promote speech and language therapy expertise in supporting the communication needs of people with dementia if there is a lack confidence and a feeling of being de-skilled in this area?

In 2014 Moira Trezise highlighted in her article in *Bulletin* that "the vital role played by SLTs in the diagnosis and care of patients with dementia is often overlooked and, consequently, very few communication services are commissioned for those who need them the most". Eleven years later and the same issue exists in the Belfast Health and Social Care Trust and quite likely in many areas in the UK and beyond. The aim still stands from Moira's original appeal requesting SLTs to raise awareness of their vital role in dementia care and to push for funding so that the communication needs of people with dementia can be met.

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Find out more
rcslt.info/dementiaguidance

Discover the new EDS guidance

Sue Pownall *brings you highlights from the new eating, drinking and swallowing (EDS) guidance, competency framework and resources, hot off the press!*

SUE POWNALL

Launched in March this year, RCSLT's new eating, drinking and swallowing (EDS) guidance and competency framework are free for all to access on the website, so you can share them with stakeholders and service users. Like all RCSLT's guidance, the new resources were developed by a working group made up of experienced SLTs drawn from a wide range of settings as well as service users with lived experience.

The guidance is designed to go across the lifespan, from neonates and paediatrics through to older adults. It reflects the message that EDS is everybody's business and that SLTs work in collaboration with other professional groups, service users and their families.

EDS guidance: what's changed?

There are new sections within the EDS guidance including avoidant/restrictive food intake disorder (ARFID) for SLTs. You'll also find new information on the role of speech and language therapy in oesophageal difficulties. There are 17 sections, with highlights including:

Factors influencing EDS difficulties

This section covers food-related factors like texture modification, bolus size, and temperature. It also includes individual factors such as posture and cognition; and environmental factors, levels of support or supervision. The guidance covers children and adults, and considers the factors across the lifespan and how the presentation and impact of the difficulties change over time.

Role of the SLT
Describes the SLT role in providing person-centred care and focuses on collaboration with the multidisciplinary team (MDT). Management planning should be collaborative, so that we can support holistic care planning and comprehensive clinical decision making.

Vulnerability and risk are covered, with links to relevant documents such as the Mental Capacity Act and RCSLT consent documents. A link is also included to the 'Eating and drinking with acknowledged risks' (EDAR) guidance. Work on new guidance for paediatric EDAR will be started this year and will be added in due course.

Impact of EDS difficulties
There is a separate component for the impact of EDS on neonates, on children and on adults. These include information on mental health, medication side effects, pneumonia and respiratory health, choking, non-invasive respiratory support in neonatal care, aspiration of breast milk and formula.

EDB
Considerations of equality diversity and belonging (EDB) are inter-woven with somebody's culture and social identity. Practical steps to ensure EDB is integral in a clinicians practice are included.

Health and wellbeing
This page includes physical health impact, cultural and spiritual impacts and a section on health and wellbeing for children and families.

Intervention and management
This page includes therapeutic strategies and interventions, innovative rehab methods, texture modification, information around pre-feeding interventions, breast feeding and supportive bottle feeding.

Response times
Response times have been updated at member request to be supportive to services. The response times were agreed by a consensus of members, but RCSLT acknowledges that clinicians have a right to prioritise referrals in line with their own professional judgement and local team criteria. Hopefully the information will be useful for writing business cases or for liaising with commissioners and funders.

EDS devices
Although RCSLT does not endorse any one product, information and guidance on several devices are described after members requested that this was included. The following devices are described: neuromuscular electrical stimulation, pharyngeal electrical stimulation, IQORO, IOPI, expiratory muscle strength training, Biozoon, oral stimulation for promoting oral feeding in pre-term babies and Therabite.

EDS competency framework: what's changed?

The new EDS competency framework provides transparency and aligns with both international speech therapy organisations and the new pre-registration EDS framework. It's fully aligned with the RCSLT Professional Development Framework and ultimately RCSLT aims to have one competency framework across the UK.

This new framework can move easily between different job roles and different organisations. It enables managers to identify any gaps in competence within their workforce, which can help them to inform service needs analysis or training plans. The framework is specifically for SLTs. Support workers should use the eating, drinking and swallowing competency framework (2020).

The framework provides a tool for SLTs to map their current competencies across the levels of foundation, proficient, advanced, enhanced and expert level practice. Sign off of each competency is not required from proficient level and above to ensure the framework is flexible enough to represent the different roles SLTs have. However, mapping will show any areas to consider development needs and to highlight strengths.

Flexibility within foundation level
Foundation level has an adult and a paediatric framework. For SLTs working with an adult learning disability population, the SLT and their supervisor decide which is the most appropriate framework to complete at the Foundation level. For example, if working with young adults in a transition service, the SLT might choose the paediatric framework but if working with older adults with a learning disability they might choose the adult framework.

Transition to pre-registration EDS competencies
From 2026 new graduates will join the workforce having achieved the pre-registration EDS competencies. If these graduates enter the workplace in roles which include EDS, they will move on to the EDS framework at the foundation stage. To practice independently they must complete all of the foundation level competencies.

SLTs who graduated before the pre-registration competency levels were in place and who were deemed to be at level C on the 2014 competency framework and are working independently with service users, can map themselves from proficient level and above.

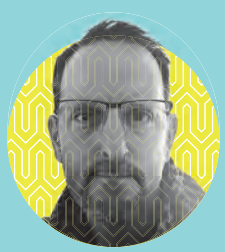
Variation across the UK
Currently there is some variation across the UK regarding EDS training, with a post-registration competency tool in Northern Ireland have a post registration competency tool and all-Wales EDS training and competency programme. Work is taking place to consider how the new EDS framework can be integrated in Northern Ireland, and the Wales programme will be transitioning to this new framework but will retain many of the elements of their own current training package. B

SUE POWNALL, SLT, Sheffield Teaching Hospitals NHS Foundation Trust

Find out more
rcslt.info/new-eds-guidance
Turn to **page 54** in this issue to read more about continuing professional development and how RCSLT supports you

Hub, hub, hooray!

With refreshed regional hubs ready and waiting for you to join, **Alistair Strayton** *brings an update on what they do and how to get involved*



ALISTAIR STRAYTON

As a membership body, one of our main ambitions at RCSLT is to nurture a strong sense of community within the profession. Indeed, alongside our work around advocacy and professional development, our commitment to the concept of community is central to what we stand for.

Clinical Excellence Networks (CENS), as covered in detail in the last issue of *Bulletin*, are one key aspect of that commitment. Another is our network of RCSLT Regional Hubs. Thanks to the release of our new Professional Networks platform on the RCSLT website, the hubs will be a key focus for the membership team over the coming months.

> [Hubs are] promoting the feeling of belonging within the profession

Find your zone

Unlike most CENs, regional hubs are defined geographically, with one hub each for Scotland and Northern Ireland and nine separate hubs covering the English regions. If CENS are mainly focused on continuing professional development and clinical practice (sometimes in a narrowly defined field), the remit of Regional Hubs is to have a wider, more generalist role in promoting the feeling of belonging within the speech and language therapy profession.

Inspiration and togetherness

Central to the concept behind regional hubs is the idea of coming together as a fully inclusive community of speech and language therapists, of being the primary - and safe - place where members can make connections with each other and the College.

As Michelle Turner, who sits on the committee of the particularly active West Midlands regional hub, explains: "I think the angle we've tried to go from in the hub, is that it's not clinical, it's not a CEN. I think that when people come together, it's more about the profession, so you're trying to tick other boxes which may not be normally ticked with the clinical stuff you might do.

"It doesn't matter whether you're an adult therapist, paediatric therapist, or an assistant: everyone goes into [speech and language therapy] for that shared belief in the profession. And I think that as a hub, that's what we're trying to do – to inspire people. It's about thinking that yes, you can share the bad stuff, but you can also focus on the positives of why we went into that profession, what links us all together. That, for me, is what we're trying to do across the hub."

New hub activity

While regional hubs were first introduced some years ago, the Covid-19 pandemic unfortunately had a detrimental effect on the levels of engagement within some of the regional groups in England. Over the past few months we've been working with some of them to reinvigorate their activities. One such hub is the one covering the South West of England. Now set to host more than 100 members at an all-day event in Taunton in July, committee members Katherine Broomfield and Hannah Burton are looking forward to seeing what their newly re-invigorated hub can achieve: "It feels like events like these can provide a really powerful opportunity for people who have similar practice-based challenges in terms of their geography and their populations," said Katherine. "They allow people to come together and learn from one another and build some new and different networks, which can hopefully inform change and innovation and all those lovely things that networks do so well."

Hannah was in complete agreement: "Coming together at an event is a powerful way to do it; I think it just brings you all together and it celebrates what we do. And from that you can link in with whoever's most relevant or what you know you're interested in. And then those connections build up, and then you can maintain them. You know, knowing what they're doing, maybe in Cornwall might support us with an issue we've got in Devon. You know, just having these connections and linking in; sometimes other people have the answers, they've done it before us."

Update on the new Professional Networks platform

While organising face-to-face events has always been an important part of what the regional hub committees do, the ability to maintain those connections on a digital platform – and perhaps co-ordinate further events in an online space – is just as crucial to the hubs having the impact we want them to achieve, and this is where the new Professional Networks platform comes in.

The replacement for the old BaseCamp digital community, the RCSLT's new Professional Networks platform is accessed through the "My Account" button at the top right of RCSLT Homepage when logged in. The platform offers a new way for members to interact with their regional colleagues. It's early days yet, but we hope that over time the Professional Networks platform and the dedicated regional hubs pages within it will be places where our communities can come together to make new connections, share advice and support and celebrate success.

I'll leave the last word to Stephanie Van Eeden, of the RCSLT North East hub: "We're still a very small profession and I think depending on where you work, you can often work autonomously a lot. Sometimes you're working with other professions, which is fantastic, but it's really nice to come together with people who are doing the same job as you. It brings us closer together as a profession."

ALISTAIR STRAYTON, RCSLT Membership and Marketing Manager
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Find out more

rcslt.info/hubs

Seize the day

Sarah Hayward, **Catherine Martin** *and* **Charlie Moran** *share a new network for clinical academics researching electronic assistive technology (EAT)*

With more people using augmentative and alternative communication (AAC) and electronic assistive technology (EAT), there's an exciting opportunity for UK practitioners to carry out research in the field. Combining research with clinical work, clinical academics can help to increase the evidence base and support best practice.

As a rapidly evolving specialism, there's a need for professionals to share advice and experience. Three SLTs from different regions of England decided to set up the Clinical Academic Support Collaboration as a way to work towards evidence-based services that support service user outcomes. The first meeting was held in May 2022 at Sheffield University for professionals working in AAC and EAT.

The growth of disability technology

Since 2015, specialised AAC and environmental control (EC) services have been commissioned by NHS England. EC services are a form of electronic assistive technology (EAT) that enable users to use or control things in their environment like light switches or computers. Services provide assessments and equipment for people with complex disabilities to support communication (NHS England, 2018) and access to environmental controls (NHS England, 2018). Over time, UK the numbers of people using these services has grown, providing researchers with a potential cohort to recruit for research into AAC and EC.

Why best practice?

There is a clear requirement and impetus for specialised services to adopt evidence-based practice and this offers great potential for nurturing clinical academics in these fields. In essence, this established a rationale to develop the people who will build the evidence base; connecting different professions and backgrounds, those already working in the fields of AAC and EAT who are participating or developing skills in research within this speciality.

Establishing the collaboration

The new collaboration aims to support peers in creating the evidence base to support practice, clinical decision making, innovation and developments in the field of EAT. We started the group by emailing known researchers and colleagues working in this area. Our initial plans were outlined:

- to share research experiences in the field with other professionals interested in and undertaking research
- the forum will be a supportive community of practice, with a mutual understanding that credit for research ideas will be given as appropriate.

The first meeting was an open event with attendees sharing the invite among their wider contacts. Attendance was encouraged in person, and delegates unable to attend in person joined online. A range of people in different roles across adult and paediatric services joined the

ILLUSTRATION BY: KATE HAZELL

day including SLTs, occupational therapists and clinical scientists. The range of professions and stages of people's research journeys gave a rich variety of experiences shared during the day.

All delegates were asked to share their current research journey and involvement in a short presentation, including their area of interest, methods and challenges, with 10 minutes to speak and five minutes for questions.

Sharing learning

The sixteen presentations covered a wide range of research and clinical issues relevant to AAC and EAT. Whilst the presenters were at very different stages of their research journey, some common themes emerged:

- research questions in the field arise directly from clinical practice and stakeholder priorities
- there is a wide variety of routes into research and development of clinical academic roles
- the importance of research networks to enable mentoring from others who are a step further along
- availability of supervisory teams is key to apply for funding and carry out research
- training in research methods is important for inspiring researchers across clinical teams
- research is exciting, but hard work and often involves less job security and financial implications such as. loss of NHS pensions
- we need to embed research time in job roles so that it doesn't move or end when a person moves on.

> This offers great potential for nurturing clinical academics

Feedback

Attendees reported a range of benefits from the day:

"Hearing that there is no one route, everyone has a different journey and all the steps on the journey are important."

"I found it most beneficial to hear about the research journey others had been on, particu-larly how they had accessed funding."

"I found it most helpful…. to think about how - as a community of researchers - we can complement each other's work through collaborative research."

Next steps

The new network started off so well in terms of bringing together a group of researchers with a common passion for improving clinical practice in AAC and EAT. Since holding the first day, we have set up regular online meetings to continue to support, discuss and share ideas and information such as the Council for Allied Health Professions Research Practitioners' framework (CAHPR, 2021).

The new network started off well in terms of bringing together a group of researchers with a common passion for improving clinical practice in AAC and EAT. Since holding the first day, we have set up regular online meetings and two further in-person meetings. There are now 43 members of the group at different stages of their research career from post-doctoral and PhD level through to research internships. Some have an area of interest that they'd like to research, or are interested in getting started in research. Members agree bi-monthly online meetings and contribute the agenda items which offer an opportunity to continue to support ideas and research. The sessions are varied, covering topics such as:

- finding the research question, presented by Professor Mark Hawley
- research governance
- Council for Allied Health Professions Research Practitioners' framework
- critical disability studies and AAC research, presented by Jonathon Toogood.

There is a FutureNHS platform for members to share information, articles and to document as well as plan future meetings. We have started to use the Action Learning Sets Approach (NHS England, 2015) within our meetings as a structure for collaborative working on research challenges and developing practical solutions.

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Find out more

For information about the Clinical Academic Support Collaboration please contact **Charlie Moran: charlie.moran@nhs.net**.

What's in a name?

There's a pressing need to ensure we use consistent terminology for the full range of swallowing and communication needs in diagnosis and NHS data. RCSLT's **Sarah Lambert** *provides an update*

SLTs have long grappled with challenges around consistent use of terminology. Not only is the language we use sometimes unfamiliar to other professionals, but even within our own profession, SLTs will often use different terms for the same thing.

Why does terminology matter?

Clear and consistent recording has always been important for individual patient care. And now electronic patient record systems have increased the sharing of information and collation of data, making this even more important.

To improve the accuracy of clinical recording and information sharing, healthcare systems across the UK have made commitments to adopt an international structured clinical vocabulary called SNOMED CT. This contains a huge range of clinical terms, including diagnoses, symptoms, procedures and medications, each of which has a computer-readable code. However, these do not always include appropriate terms for speech and language therapy. RCSLT is working with members to build a common terminology across the profession to link to this system. The aim is to ensure that swallowing and communication needs are represented appropriately across a range of levels.

Patient level

At the level of individual patient care, there are clear benefits to using terms which can be recognised by different professionals and flag required support, like our recent work with members on the code for 'eating and drinking with acknowledged risks'.

Adding EDAR to SNOMED CT

Lots of amazing work has been carried out in our acute hospital trust around 'eating and drinking with acknowledged risks' (EDAR), but we were worried about how an EDAR decision was visible to others in

the multidisciplinary team (MDT).

We were able to engage an influential GP within our trust to support us. We all agreed that the preferred solution was a specific SNOMED CT code which could appear on the patient record – a place that all members of the MDT access. However, there was no existing general term for EDAR, so this was requested by our GP colleague but was rejected. RCSLT helped us to make a successful submission and the term is now available on SNOMED CT, enabling us to move forward with our cross-profession communication plans.

Iona Williams and Melanie Davies, Advanced Clinical Specialist Community SLTs, Central Cheshire Integrated Care Partnership

Service level

At a service level, some SLTs are starting to explore the use of SNOMED CT to help them collate data about the people they work with to inform service planning, monitoring and commissioning.

Data and awareness raising

Our speech and language therapy service started using SNOMED CT codes to help us monitor data for different clinical groups and across localities. For example, how do outcomes for children with speech sound disorders (SSD) compare to children with developmental language disorder (DLD)? Do children who stammer in the east of the city wait longer for intervention than children in the southwest?

Another reason we decided to focus on SNOMED CT is to raise the profile of speech, language and communication needs (SLCN) within the MDT, allowing them to see terms like SSD and DLD on children's electronic patient records. We hope that as a result more services can provide reasonable adjustments to our service users and enable them to share their stories, thoughts and wishes.

Charlie Ayling, Advanced Specialist SLT, Birmingham Community Healthcare NHS Foundation Trust

Systems level

As more systems adopt SNOMED CT, there is also potential for our profession to use combined data. For example, this could be use to demonstrate the role of speech and language therapy across different clinical areas, or to support the generation of 'real world evidence' to complement more traditional research. However, the power of this data can only be harnessed if we are able to take a consistent approach to recording. The RCSLT Online Outcome Tool (ROOT) is one place we are trying to do this.

> **There are clear benefits to using terms which can be recognised by different professionals**

ROOT data

The RCSLT Online Outcome Tool (ROOT) supports SLTs with collecting and collating Therapy Outcome Measures (TOMs) (Enderby and John 2019; 2025) and generating reports to inform clinical decision-making and drive quality improvement. We now have over 90 organisations using ROOT.

Currently, SLTs are required to input an ICD-10 code to describe the reason for speech and language therapy input, but these are limited and not always appropriate, which affects the quality of the data collected. We believe moving to using SNOMED CT terms will ultimately allow greater accuracy and flexibility for SLTs and align ROOT to other clinical systems.

Sarah Lambert, RCSLT

RCSLT's work with members

The initial focus of our work, based on member requests, is agreeing a list of terms for the reason the person is receiving speech and language therapy.

Survey responses

We were delighted to receive 363 member responses and over 85% of respondents broadly agreed it would provide the diagnosis terms they would need in day-to-day clinical practice. Some raised important points about the limitations of terms based on a medical model, but many respondents said how important they felt it was for RCSLT to engage in this work.

Changes and improvements

The survey results were compiled, themed and reviewed by a group of RCSLT employees and member representatives. There were some overarching themes, including:

- challenges of consistency (eg use of the 'dys-' and 'a-' prefixes)
- association with other medical diagnoses
- how we handle conditions which SLTs may diagnose as part of a multi-disciplinary team (MDT).

There was an overwhelming call for the inclusion of 'oropharyngeal dysphagia', which has been accepted. Some other changes will need further detailed consideration as well as investigations as to what is possible within the SNOMED CT system.

We are enormously grateful to all the members who have taken time to engage with this project and are keen to hear from more members using SNOMED CT in practice.

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Find out more

Visit our webpages on terminology for more information about this work **rcslt.info/clinical-terminology-guidance**

SIDSEL SORENSEN/ IKON IMAGES

Empower your practice

In our learning-themed issue, we get an overview of all the support RCSLT offers members for learning and professional development from **Victoria Harris**

Continuing professional development (CPD) and lifelong learning are essential for everyone who works in health and social care. They support you to be a competent, current and confident practitioner.

What counts as CPD?

CPD is any activity from which you learn or develop professionally, though you should ensure that these complement your practice and enhance the service you provide. Regulatory body the Health and Care Professions Council (HCPC) divides CPD into four categories:

- **Work-based learning.** For example, reflecting on experiences at work, considering feedback from service users or being a member of a committee.
- **Professional activity.** For example, being involved in a professional body or giving a presentation at a conference.
- **Formal education.** For example, going on formal courses or carrying out research.
- **Self-directed learning.** For example, reading articles or books.

Under these categories they provide 45 examples of what counts. Please do take a look at the HCPC examples. You may be doing more CPD than you think! **rcslt.info/hcpc-cpd-activities**.

HOW RCSLT CAN SUPPORT YOUR CPD

The RCSLT offers members a wide range of CPD opportunities. There's something for you whatever your role or career stage.

Courses and programmes

We offer elearning courses which are free to all members on our learning site **rcsltcpd.org.uk**. If you're interested in taking your career a step further you can think about our new Inspire leadership programme **rcslt.info/inspire**.

Events

There's always lots going on, from CEN or Hub events, to RCSLT workshops, to webinars and the big RCSLT conference in November 2025. Attend events to learn, or maybe even think about getting involved as a presenter **rcslt.org/events**.

Frameworks

The Professional Development Framework is the CPD handbook for the profession. Map yourself in to see your achievements and strengths, and where you'd like to develop. You can do this individually or with a colleagues. It's designed to be used with competency frameworks which provide more detailed basis for your clinical area or career **rcslt.info/professional-development-framework**.

Guidance

Keep up to date with our guidance on all areas of practice. To develop yourself further you can even get involved in writing or reviewing guidance. See our current projects page for details **rcslt.org/get-involved**.

JOIN THE RCSLT BOARD OR A COMMITTEE, OR BECOME AN ADVISER

There are regular opportunities for members to join the Board of Trustees or one of its committees. Keep an eye out on our news pages and in our fortnightly e-newsletter.

If you are advanced in your career you may like to give something back by becoming an RCSLT clinical adviser. These are all fantastic opportunities for personal development.

Journals

As a member you have free access to a large collection of journals to help you keep up to date **rcslt.info/research-journals**.

Minor grants

We have a minor grants scheme for members, offering up to £800 in funding for you to take part in CPD activities or events **rcslt.info/minorgrants**.

Networks

There are all sorts of networks from Hubs to Clinical Excellence Networks (CENs). Some deal with career stages like the Support Worker Community and the Advancing practice network. Visit our website to find out more about CENs and our new Professional Networks online discussion forums **rcslt.info/professional-networks**.

Podcasts

Our lively and inspiring RCSLT podcasts are packed with relevant content perfect for listening on the go. There are three types: news, thematic episodes and ones based on the International Journal of Language and Communication Disorder papers. Pick up your ear buds and catch up on the latest episodes **rcslt.org/podcasts**.

UNDERSTANDING YOUR ROLE IN CPD AND LIFELONG LEARNING

The RCSLT is a signatory to the Principles of CPD and Lifelong Learning. These lay out the responsibilities for individuals, employers and the decision makers in access to CPD. This is a useful resource for considering and advocating for your CPD, whatever your role **rcslt.info/cpd-lifelong-learning**.

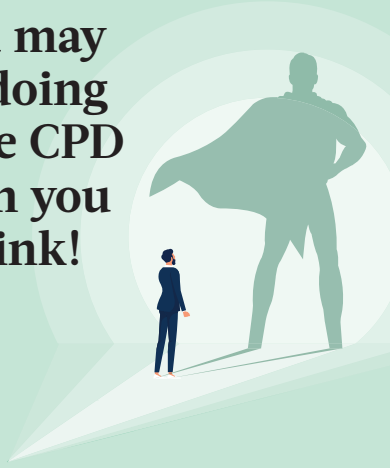
Reflective writing

Remember that once you have done some CPD it's important to record it and reflect on it. This is not just for the HCPC, but as a way for you to monitor how you're developing and to embed the learning. If you're not sure how to reflect on your learning why not try our free Reflective writing course **rcslt.info/cpd-reflective-writing**.

Lots of help with evidence-based practice

The RCSLT has a fantastic research and outcomes team and they are very keen for members to get involved. There is a network of research champions as well as lots of great resources **rcslt.info/research**.

You may be doing more CPD than you think!



ISTOCK

A few words on the HCPC CPD audit 2025

Around the time your copy of *Bulletin* arrives you will find out whether you have been picked for your CPD audit by the HCPC. If you have been selected, you'll be asked to submit a profile as proof of your activities and how they meet the standards for CPD. The HCPC provides an online how-to guide on completing your profile here: **rcslt.info/hcpc-cpd-profile**.

We recently recorded a joint webinar with the HCPC about the audit. We had a speaker from the HCPC and a member who has been through the audit. You can watch the recording, see the slides, and read member FAQs which came from the event **rcslt.info/hcpc-audit-renewals**.

It's not as scary as you might expect!

Members we've spoken to who have gone through the audit often tell us that it wasn't as scary as they had been expecting, and some even tell us that it was a positive experience because it gave them time to reflect on their CPD.

VICTORIA HARRIS, RCSLT Head of Learning
info@rcslt.org

Remember that we are here to help

The RCSLT is committed to supporting members with audit questions. If you have any concerns please do get in touch via **info@rcslt.org**. We can guide you through the process.

You can now find course listings online! Visit **rcslt.org/course-listings** to see the latest training and CPD opportunities

COURSE LISTINGS

Clinical Neuroscience Practice MSc/PgCert
September 2025 – August 2026,
St George's, University of London, Cranmer Terrace, London, SW17 0RE
Full-time MSc: £10,950
Part-time MSc (2 years): £5,850 per annum
Part-time PgCert (1 year): £3,950

Shape the future of neuroscience healthcare delivery with a postgraduate qualification at St George's, University of London.
We offer this course as a PgCert or MSc. For the PgCert, students only take the Foundations of Clinical Neuroscience module plus the Clinical Neuropsychology or the Health Services Delivery. This is a great option if you want to upskill but can't commit to the full course.

Unlike courses with similar titles, this course goes beyond theory. It's a course about neuroscience in clinical practice. You learn how breakthroughs in the lab can shape the future of care for people with a diverse range of neurological conditions. You'll learn alongside students from a range of backgrounds which reflects the multidisciplinary nature of modern neurosciences healthcare.

By the end of the course, you'll have what it takes to shape the future of neuroscience healthcare delivery, with practical experience on your CV and advanced expertise in the psychology of neurological conditions.
study@sgul.ac.uk
sgul.ac.uk/study/courses/clinical-neuroscience-practice

Gestalt Language Processors Conference 2025
9, 10, 13 and 14 October 2025, online
The Speech Den is hosting an online conference over 4 days to include Dr Barry Prizant, Marge Blanc, Alex Zachos, Ali Battye, Julie Holmes, Cathy Shilling, and many more to reflect on the progress of our GLPs. Different topics being covered include more practical supports, parent/carers voices, child led sessions, sensory integration, whole school approach, multilingualism, supporting older children and YP, AAC supports for our GLPs, live Q and As This is a build on knowledge from last year with new developments, with leading global experts. Ticket is for all 4 days and includes 6-month replay. 07876 537213
enquiries@thespeechden.com
registration.glpconference.co.uk/glp25

smiLE Therapy Training Day 1 and 2
6-7 and 10-11 November 2025, 9-12, online
Innovative 10-step therapy teaching functional communication and social skills in real settings for students who are deaf, have DLD, learning difficulties, Down Syndrome, and physical disability. Also teaching functional communication for some autistic students, where criteria apply, where therapy is delivered in a neurodiverse-affirming way. For ages 7 to 25.

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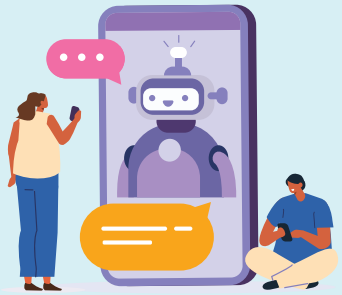
Being an RCSLT member

Everything we do at RCSLT is dedicated to serving our community. We are a member-led organisation aiming to support all SLTs, from students through to the most experienced. All our members are part of something amazing!

1 A vibrant inclusive community

- you can join a regional hub or get some training at a Clinical Excellence Network (CEN)
- stay up-to-date through our communications like e-news, podcast and *Bulletin* magazine
- meet others and learn at our biannual conference, and take part in webinars and events all year.

2 Advocacy at every level



- standing up for our profession
- championing service users' needs
- taking the lead in local and national policy.

3 driving your professional development

- strengthen your career with our CPD resources on leadership, advanced practice, assessments and more
- share your expertise in a clinical guidance consultation or become a Clinical Adviser
- explore careers in research.

PLUS our gold-standard practical support

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- the Professional Enquiries team ready to provide individual advice
- access to grants for CPD and research.

Find out more: rcslt/membership-info

Word on the street

A look at language innovation

Language is constantly evolving in response to the world around us, so much so that the Oxford English Dictionary add approximately 1000 new words a year (Bodle, 2016). These new words can be referred to as neologisms, helping us name emerging ideas and behaviours. There are 13 common ways we create neologisms in English and among these we'll be focusing on compounding, clipping and blending.

Compounding is combining two whole words together to create a completely new word. In the past five years, a few words have been coined using this method:

Doomscroll (doom + scroll): excessive time online scrolling through news or other content that makes one feel sad, anxious, angry, etc." (Merriam Webster, n.d.).

Bed rot (bed + rot), the practice of spending many hours in bed during the day, often with snacks or an electronic device, as a voluntary retreat from activity or stress (Dictionary.com, n.d.)

Clipping, or shortening, is the process of dropping one or more syllables from a polysyllabic word. Consider rizz (from charisma), ad (from advertisement) or diss (from disrespect).

When we combine clipping and compounding, we get another method called blending, also known as portmanteau. This is where two separate words are shortened and then combined together:

Nepo baby (nepotism + baby): a person who gains success or opportunities through familial connections, (Merriam Webster, n.d.).

Barbenheimer (Barbie + Oppenheimer): a playful term capturing the joint release of the two starkly contrasted films Barbie and Oppenheimer.

As our realities shift, so does the way we express ourselves. All these processes and words present such a small insight into the never-ending developments of language.

KEELY-ANN BROWN, RCSLT Assistant Content and Engagement Officer

Frah ABDULLAHI

A critical care SLT who overcame imposter syndrome with support from her team

In recent times, there's been a shift and focus on improving diversity within our profession, and fundamental to this is representation at all levels including leadership and management roles.

I am a Muslim, Somali woman and now a Band 7 Team Lead but as a Band 6, I would often pass over discussions regarding leadership or management with my supervisor. I was overwhelmed by this feeling of imposter syndrome which is more prevalent for women, ethnic minorities and those sharing protected characteristics (Nance-Nash, 2020; Reynolds, 2021). It's fuelled by the fact that we are often the minority in the room which adds a weight of pressure and expectation to set and maintain a high standard.

> **You can't be what you can't see**

Health Education England noted that under 10% of allied health professionals in Band 8a or higher positions are from a minority ethnic background (HEE, 2025). This lack of diversity in leadership or management created a sense of exclusion for me which bred self-doubt and knocked my confidence. Why else weren't there more people like me in these roles already?

As a black, Muslim woman living in an intersection of identities, I was also mindful that a key part of a team lead role is supporting and motivating the team. I felt that the responsibility of this while also delivering a service would feel additionally heavy when trying to manage my own emotional and mental wellbeing in this current world. What helped me was finding safe spaces with trusted leaders and colleagues, where I could share my thoughts and feel seen and heard. What I received in return was akin to the concept of 'radical candour' (Scott, 2019): having my hesitations challenged directly and personally to help me recognise my strengths and combat this feeling of not being good enough. I was supported to go on relevant courses and offered leadership opportunities that grew my confidence and encouraged me to apply and progress into a Band 7 role.

Accepting the role didn't mean all those feelings disappeared. Even now, I still have a little voice reminding me that I am a representative of my communities and that it's important for me to excel and pave a way for others.

I am now four years into my role and though it's taken time to settle in, I look back on the journey proudly. I hope that in sharing my reflections, it highlights the need for psychologically safe spaces and leaders to initiate open, honest conversations around career development for those under-represented groups. You can't be what you can't see, but as more people in leadership or management roles commit to redefining the norms and embody the allyship needed to enable greater diversity at all levels, I hope a stronger sense of belonging will follow.

FRAH ABDULLAHI, Team Lead SLT Acute and Critical Care, Lewisham and Greenwich NHS Trust
f.abdullahi@nhs.net

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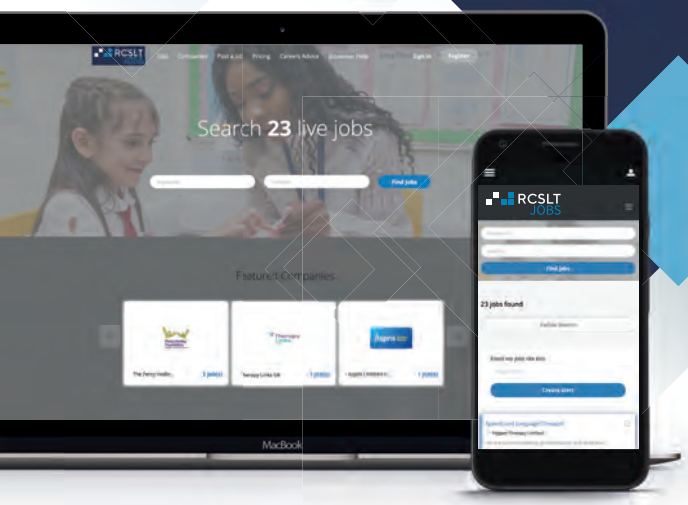

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BEATING THE DRUM FOR APHASIA

Graham Hall *is an orchestral musician educating medical students about aphasia*

In 2014 I suffered a life changing event, and I suffered a stroke. Reflecting on this time on the stroke unit, I recall a person asked me if I needed speech day-to-day as an orchestral percussionist at Opera North. Initially confused due to receptive aphasia, my initial response was muddled, struggling to convey my thoughts. I didn't know what they were talking about, they then asked again with a simplified question "Do you need speech for your job?"

My aphasic response was expressive and I attempted to articulate my daily routine. I said: "...err drive, I mean [pause] driven... sorry.... driving Leeds... err ...play drums - home - so no."

I can't remember how they responded but I can remember thinking (and still do) it was a bit silly to ask. Regardless of one's profession, communication is essential.

After discharge, the speech and language therapy team in Derbyshire totally understood that speech is the key to a smooth and enjoyable life. I asked my 'language mechanic' if there is a 'Hayes manual' on language? She introduced me to books on the neuroscience of language and little by little my Kindle got fuller with literature about how the brain works or not!

> **The therapy team totally understood that speech is the key to a smooth and enjoyable life**

In the past I have shared my experience with aphasia with SLT students, at the Sheffield University SLT course. More recently, I have become a volunteer patient at the Royal Derby Hospital, where I assist in teaching medical students, mainly the final years but more recently second students.

I share the moments of fear, frustration, and even stubborn defiance that I faced. My unwavering determination and my wife Janet's (pictured) support were a great combination to gradually overcome challenges and defend against aphasic assaults. My background as a musician played a significant role in this process. Just as I would approach music with persistence and dedication, I applied the same approach to my speech and used my prior skills to repurpose songs like 'Summer Nights' (Grease) into 'Neuro Fight' and 'Send in the Clowns' (Sondheim) into 'Send in the Nouns'.

The sessions have a neurology focus. Within the sessions the students examine me and I then talk to the whole group raising awareness to the students on aphasia and the impact on patients and themselves when they have to translate aphasic words into English! Some final year students have never interacted with someone who has a communication issue. They were pleased when they saw my MRI scan and lists of books on aphasia and neurologic reading. I let them know aphasia presented a challenge, aphasia is there, but I'm trying.

'Till the day that I die, (helps to rhyme, hard to spell,) I chart my language consistently.

GRAHAM HALL

Hear Graham's 'repurposed' songs **graham.hall.bandcamp.com**

In the journals

This section highlights recent research articles in the International Journal of Language and Communication Disorders (IJLCD). All members get free access to IJLCD and a wide range of other journals at **rcslt.info/journals**. For tips on critically appraising evidence to inform your practice visit **rcslt.info/EBP**.

Defining severity in SSD

What this paper adds

SLTs often determine the severity of speech sound disorder (SSD) using a variety of factors, yet there is no standardised definition or measure. This study explores SLTs' perspectives on how they define and assess severity in SSD and how these views align with the International Classification of Functioning, Disability and Health (ICF). The finding from this research has helped inform the development of a multifactorial Speech Sound Disorder Severity Construct (SSDSC), incorporating both clinical insight and theoretical frameworks.

Why this matters

By emphasising the voices of SLTs, this study takes a step toward a clinically relevant, ICF-aligned framework for understanding SSD severity. The SSDSC could serve as a foundation for future work to develop a validated severity measure, supporting consistent assessment and intervention planning across services.

Roulstone, S. et al. (2024). Defining severity in SSD: Perspectives of UK-based SLTs. *IJLCD*, 59(6).

Student understanding of the role of SLTs

What this paper adds

Effective neurological rehabilitation relies on strong teamwork across different health professions. This study explored how final year student SLTs, physiotherapists and occupational therapist in Türkiye understand teamwork and the role of SLTs in neurological rehabilitation. While students recognised the value of interdisciplinary collaboration, many were only familiar with SLTs' roles in more well-known conditions like aphasia and swallowing disorders.

Why this matters

Understanding each team member's role is key to delivering high-quality rehabilitation. This study highlights the need for stronger interprofessional education during training. Developing students' collaboration, communication, and leadership skills could better prepare them for teamwork in real clinical settings, ultimately improving care for people with neurological conditions.

Çalışır, A. and Kahraman, A. (2024). Health profession students' perceptions of teamwork and the role of SLTs in neurological rehabilitation. *IJLCD*, 59(6).

Factors affecting quality of life

What this paper adds

Patient-level specific factors (e.g. race, income, education) can affect survival and quality of life outcomes in head and neck cancer patients. However, emerging research suggests there is an association between socioeconomic neighbourhood deprivation and patient outcomes.

This paper evaluates the association of socioeconomic neighbourhood deprivation with symptom burden, psychological distress and quality of life among head and neck cancer survivors. .

Why this matters

Patients in areas of higher deprivation are at higher risk of poor social-emotional quality of life (increased anxiety) and higher rates of neck disability compared to survivors in more affluent areas. Future considerations may include routine psychological screening, integrating social and clinical care and community engagement.

Balogun, Z. et al. (2024) Neighborhood deprivation and symptoms, psychological distress, and quality of life among head and neck cancer survivors,' *JAMA Otolaryngology Head & Neck Surgery*, 150(4), 295.

Lucy DANIELS

Sharing the energy and commitment that led her to becoming a support worker

My path to working in the field of speech and language therapy was a gradual one. My first real experience of it came when one of my own children needed support. The NHS therapist who looked after us was amazing: such a lovely and supportive professional who made things feel less daunting.

> I was supported by a fantastic SENCO

In 2011, I began working part-time in my children's primary school in a lunchtime role and gradually became a full-time teaching assistant. During this time, I became fascinated with speech and language, as there were many pupils at the school with needs in this area. I completed lots of courses to build my knowledge and skills.

My role in school eventually evolved into one where I worked with children with speech and language needs full time. I was supported by a fantastic SENCO, who embraced my interest and allowed me to make the role my own. As well as carrying out interventions, I was able to create a speech and language parent hub on the school website and regularly liaised with parents and other SLT professionals. During Covid, I utilised online resources and offered virtual intervention sessions to children and their parents.

It was during this time that I met both directors of West Midlands Speech and Language Therapy (WMSLT). Helen came to the school to carry out some assessments on pupils, and Michelle came to deliver Makaton training. I never imagined at the time that I would end up working for them!

After Covid, WMSLT was also involved in a local project to provide support in the local area. This project provided training, resources and support to schools to enable them to better support children with speech and language needs. This project proved invaluable and gave me the confidence to pursue my interest further.

In autumn 2023, I took the scary decision to leave my school role as I felt ready for a new challenge. After taking some time off, I was overjoyed to secure a role with WMSLT as a therapy assistant and I haven't looked back. I work in various schools around Birmingham doing lots of different interventions, including a secondary school- which has been both daunting and interesting. My specific area of interest is speech sound disorders and I love the feeling when one of my pupils masters a sound they've been struggling with.

WMSLT is a fantastic company to work for. I have received lots of continuing professional development, and have talented, supportive colleagues. Achievements are celebrated and we frequently share our therapy ideas on social media. All in all my journey to working in the field of speech and language therapy has been a long one, but I wouldn't change a thing. I'm looking forward to seeing what the future holds.

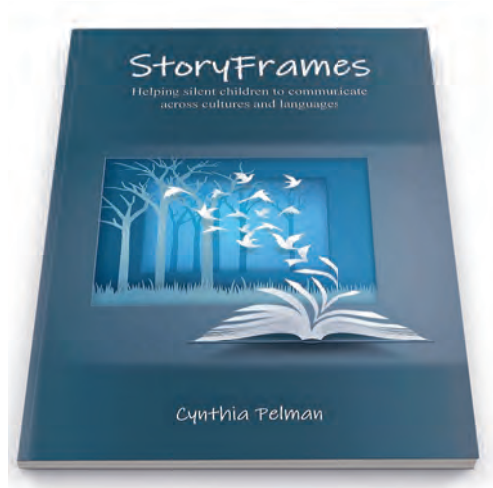
LUCY DANIELS, Senior Therapy Assistant at West Midlands Speech and Language Therapy
lucydaniels@wmspeechtherapy.co.uk

Book reviews

Books and resources reviewed and rated by *Bulletin* readers

✪✪✪✪✪

Story Frames: helping silent children to communicate across cultures and languages



AUTHOR: Cynthia Pelman
PUBLISHER: Grosvenor House Publishing Limited, 2023
PRICE: £14.99

This fascinating book is a resource for staff supporting children who are in the 'silent period', socially isolated from their peers in nursery or school. By contrast, they speak their first language fluently at home. This book explores the experiences of two children who successfully followed the 'Story Frames' programme; a low-cost intervention which can be run by unqualified staff, following this manual. I particularly appreciated the new perspective of a 'spectrum of silence.' It considers silence as less about difficulties with the acquisition of English, and that these children have been silenced by the losses and extreme changes in their lives.

SONIA SIVYER, Acting Therapy Manager, SLT, East Kent Hospitals NHS Foundation Trust and Associate Lecturer, University of Greenwich and Canterbury Christchurch University

✪✪☾

The Speech and Language Protocol: An Assessment Tool for Early Years

AUTHOR: Stephanie LoPresti
PUBLISHER: Routledge, 2024
PRICE: £32.99

LoPresti's Speech and Language Protocol is ambitious in scope, bringing together a range of developmental frameworks into a single assessment tool, including Piaget's stages, Parten's play stages, CDC cognitive milestones, Bowen's expressive and receptive milestones, Brown's stages, and phonological norms and social communication benchmarks from ASHA. The choice of frameworks is good, despite the American slant, and there is certainly value in compiling insights from different disciplines in this manner. However, the book leans heavily on anecdote and lacks the structure to bridge these frameworks meaningfully, or to anchor the practitioner to a coherent theoretical stance.

NEIL BARRETT, Specialist SLT, Purple House Clinic Nottingham and Kedleston Group

✪✪✪✪✪

Adventures of Mindy and Mo: Stories to Promote Speech Sound Development

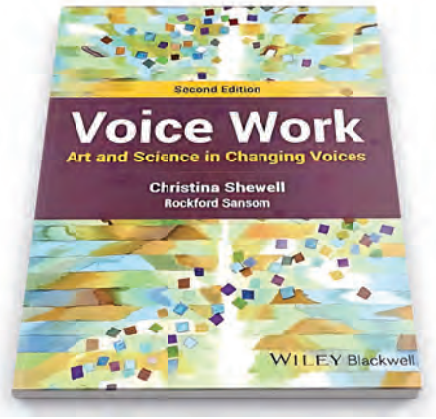
AUTHORS: Emily Kempster, Lucy Cannon and Rebecca Skinner
PUBLISHER: Routledge, 2025
PRICE: £9.99

This set of books is aimed at primary aged children and younger, with the idea of supporting their speech sound development through the bombardment of different sounds. The books all have a different story, with lots of choice to suit many story adventures. Additional downloadable content is available online, as well as helpful and practical advice at the beginning of the books for the reader, supporting them to use the book to its fullest capacity. I really loved reading through the books. They are very convenient for using in therapy sessions, with fun characters in every story.

KATE LEWIS, Senior SLT, Magic Words Therapy

✪✪✪✪✪

Voice Work



AUTHORS: Christina Shewell, Rockford Sansom
PUBLISHER: John Wiley & Sonss
PRICE: £34.99

This is a beautifully written, comprehensive and holistic approach to the field of voice work. As voice work is not only about the anatomical and physiological aspects, but also the impact that the body, emotions, lifestyle and individuality have on the function or dysfunction of voice, this book acknowledges and delves into these areas. It includes eclectic and evidence-based assessment and treatment approaches. There are excellent case studies and resources for treatment and reference. This book is targeted for anyone involved in voice work: from SLTs to voice trainers and anyone who has a special interest in voice work.

LAUREN CROSSLEY, Lead SLT, Merton Community Neuro Rehab Team, MA(AAC), BSc (SLP), Level 3 Counselling Skills Certificate

✪✪✪✪

Ultimate Speech Sounds

AUTHOR: Kate Beckett
PUBLISHER: Routledge
PRICE: £42.99

In this book, the author provides a range of useful ideas for helping families and others to support children with speech sound formation, as well as various elicitation strategies.

If you are working in an English-speaking country outside the UK there are also suggestions for how to approach some other accents e.g. Irish, Australian.

To support the suggested strategies there are free downloadable resources from the author's website, as well as demonstration videos for each sound available on an accompanying app.

This will be a handy resource for students and newly-qualified therapists, as well as speech and language therapy assistants.

ALEX WORMALL, Highly Specialist SLT, Integrated Service for Children with Additional Needs/ISCAN, Tameside

A PROBLEM SHARED...

Having work or career issues? Tom from the RCSLT Professional Enquiries Team is here to help

Hi, I am currently working in an in-patient adult speech and language therapy setting but I'm thinking about moving into paediatrics. Is it too late for me to change? If not, how can I go about it?

First of all, congratulations: planning a career move might feel scary but it can also be exciting and rewarding when you finally take the plunge! And don't worry, it is absolutely possible to transition between settings within speech and language therapy, especially from working with adults to working with children. There have been many clinicians that have made this shift successfully.

Your core clinical skills as a SLT such as assessment, goal setting, communication and multidisciplinary working are highly transferrable and will serve you well in a paediatric environment.

That said, moving into paediatrics does require some preparation. A good starting point is to build on your understanding of typical speech, language and communication development in children. There is lots of guidance on these clinical areas on the RCSLT website, and you can look for things like online CPD courses, webinars, CEN events and textbooks to help you build your knowledge base.

You could download some job descriptions and person specifications for paediatric roles from the NHS jobs website, and use these to benchmark where you feel you need to brush up your knowledge and skills.

A great way to begin the transition and build confidence might be to try shadowing a paediatric SLT or volunteering in a child-focused setting either in your own workplace or in a nursery, school, or child development centre. Peer mentorship or shadowing can provide insight into clinical decision-making, documentation styles and parent communication. Make sure to connect with other paediatric therapists through local professional networks, CENs, online forums, or local groups. They can offer valuable advice, mentorship, and support as you make the switch.

Lastly, be patient with the process: transitioning between settings takes time. You may feel like a beginner again, but with time and ongoing learning you'll gain confidence in working with younger clients and their families.

It's definitely a big change, but with the right preparation and mindset it's entirely achievable. Best of luck as you explore your new path!

TOM GRIFFIN,
RCSLT Professional Enquiries Manager
Contact the team
info@rcslt.org
020 7378 3012

Useful links

- RCSLT working in different settings guidance **rcslt.info/settings**
- RCSLT clinical guidance **rcslt.info/clinical-guidance**
- RCSLT CEN directory **rcslt.info/cen-directory**

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Questions are anonymised or fictitious examples, representing a range of professional issues affecting our members.

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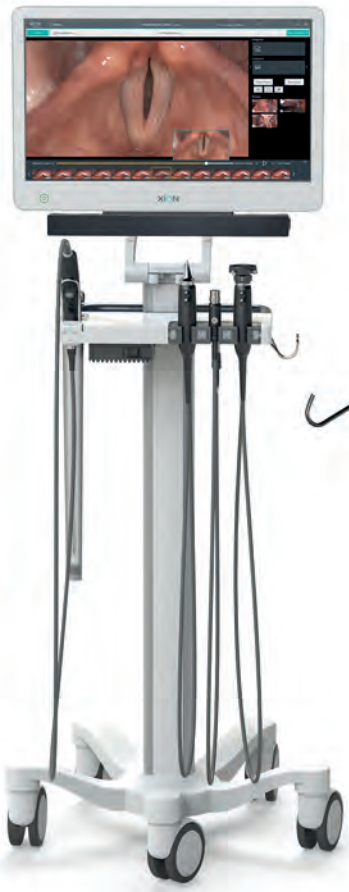

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