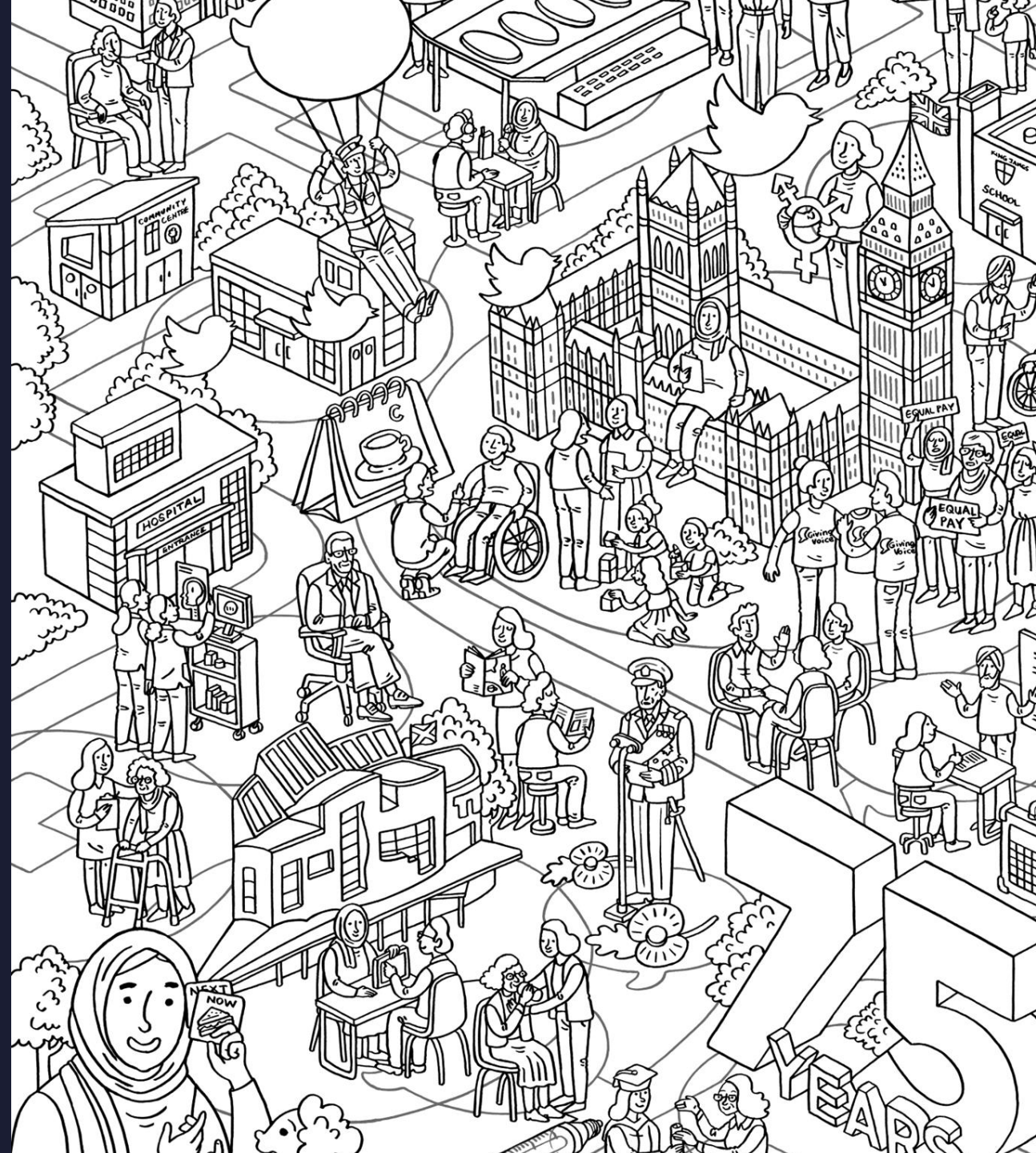# RCSLT

Signing off the practical competencies

Practice placements and the RCSLT pre-registration eating, drinking and swallowing competencies webinar series

1 July 2021

Chair

Judith Broll
Director of professional development,
RCSLT

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Housekeeping

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- RCSLT staff are on hand to help with any technical queries, you can get in touch with them via the chat button

- You can send in questions to our speakers today by using the Q&A button

- This event is being recorded and will be made available on the RCSLT website along with the presentation slides

- We would be very grateful if you would fill out the evaluation form that will pop up in a new window once the webinar window closes.

Aims and objectives

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- **Context setting**

- **Historical challenges of signing of competencies**

- **Evolution of competencies**

- **Developing vs achieved competencies sign off**

- **Face to face vs non-face to face competencies**

- **End point expectations**

How we got to where we are now

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Followed established RCSLT project processes:
- Recruited working group to write the competency framework, October/November 2020
- Consulted with all members, January 2021
- Published competency framework, February 2021

Implementation of competency framework:
- Ongoing conversations with members generating additional support materials

Working group

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PAULA LESLIE
Consultant scholar
Lead author (academic)

HANNAH CRAWFORD
Lead for allied health professions and social work
Tees, Esk and Wear Valleys NHS Foundation Trust
Lead author (clinician)

KIRSTY HARRISON
Senior lecturer
University of East Anglia
England representative (academic)

CAROLYN ANDREWS
Teaching fellow
University of Strathclyde
Scotland representative (academic)

NICHOLAS DE MORA-MIESZKOWSKI
Associate lecturer and practice education facilitator
Cardiff Metropolitan University
Wales representative (academic)

SÍOFRA MULKERRIN
Clinical lead SLT (Adult Acute Team)
Addenbrooke's Hospital, Cambridge University Hospitals Trust
England representative (clinician)

KATE TOFT
Highly specialist speech and language therapist
NHS Lothian
Scotland representative (clinician)

NERYS WILLIAMS
Clinical lead for dysphagia and videofluoroscopy
Cardiff and Vale University Health Board
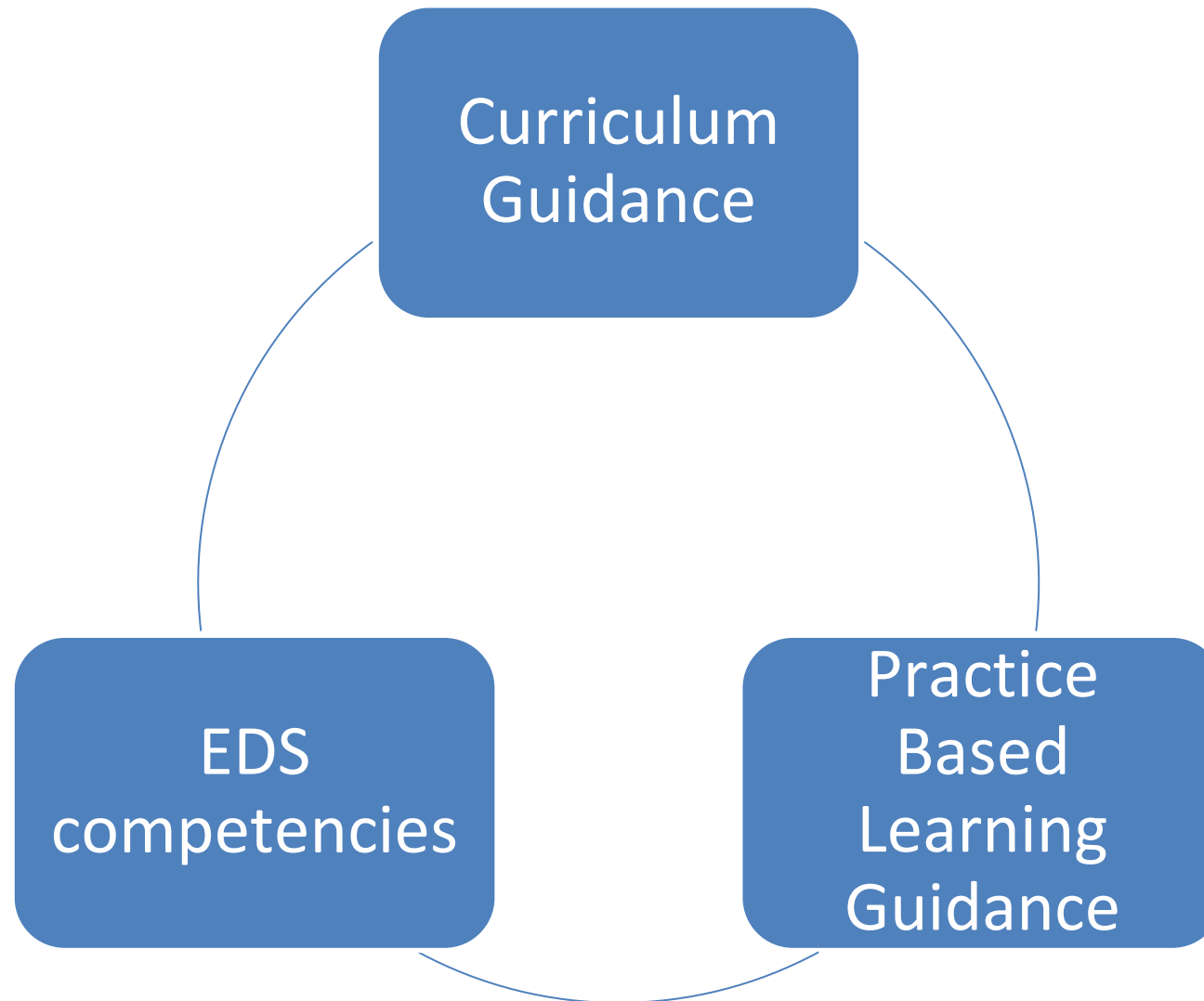*Wales representative (clinician)*

ROSALIND ROGERS
Course director: Speech and Language Therapy
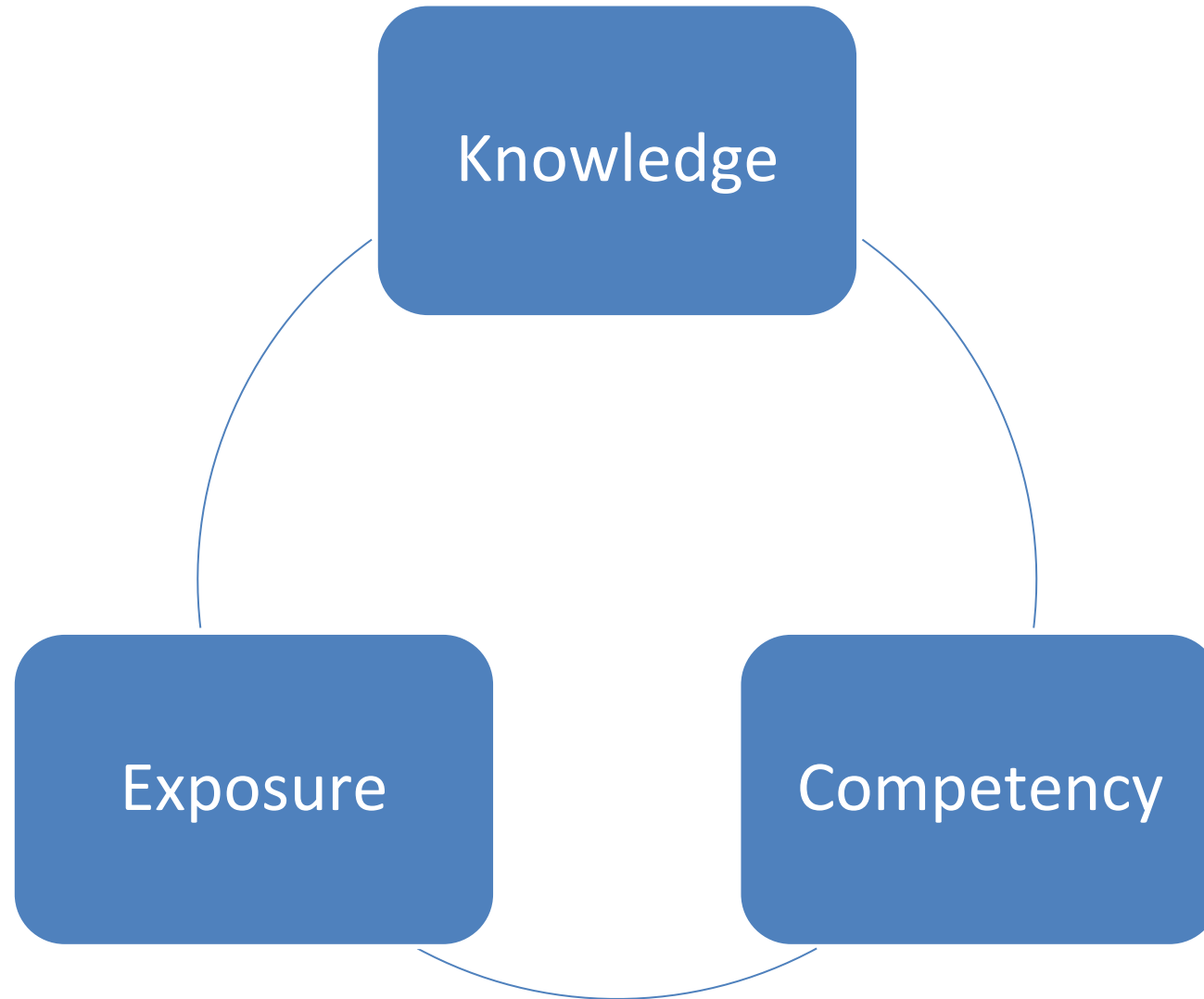Ulster University
Northern Ireland representative (academic)

ÓRLAITH MCNULTY
Clinical specialist speech and language therapist
Western Health and Social Care Trust
Northern Ireland representative (clinician)
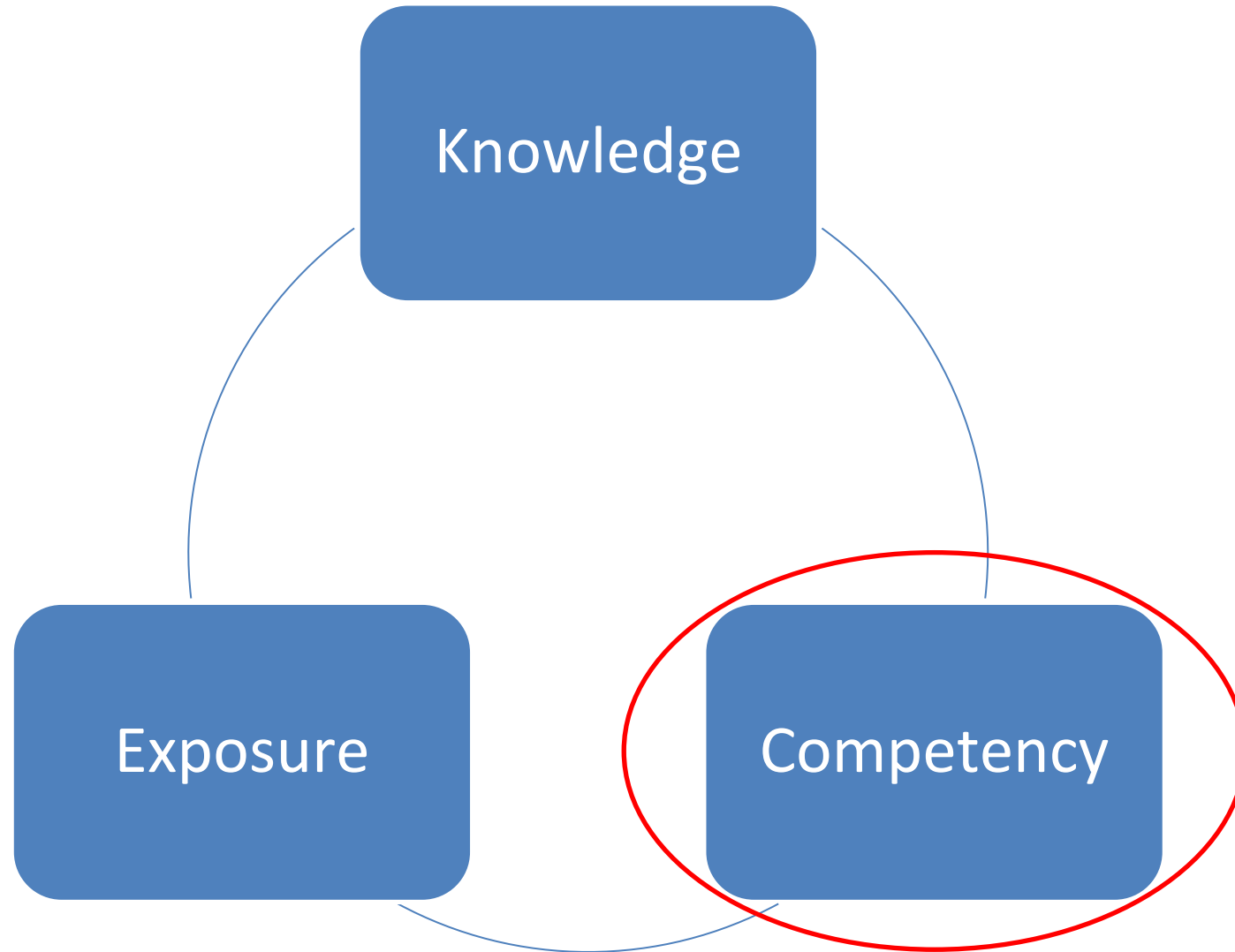
Aligning relevant documents

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Curriculum Guidance

Practice Based Learning Guidance

EDS competencies

Professional learning

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Knowledge

Exposure

Competency

Professional learning

Knowledge

Exposure

Competency

Whole person care

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Creating better lives for people with communication and swallowing needs

Who benefits from speech and language therapy?

Speech and language therapy benefits people of all ages, for example:

- **Infants:** SLTs support premature babies and infants with conditions such as cerebral palsy, cleft palate and Down syndrome from very early in life who have difficulties with drinking, swallowing and early play and communication skills.
- **Children:** SLTs support children with primary speech, language and communication difficulties, such as stammering, as well as speech, language and communication difficulties that are secondary to other conditions such as learning difficulties and hearing problems.
- **Adults with learning difficulties:** SLTs support adults who have developmental conditions such as learning disabilities, autism and Down syndrome.
- **Adults:** SLTs support adults with communication and/or swallowing difficulties as a result of medical conditions, such as stroke, head and neck cancer, Parkinson's disease and dementia.

Hannah Crawford
Professional head of speech and language therapy, Tees, Esk and Wear Valley NHS Foundation Trust, and lead author of the competency framework

Less ambiguity

- How to: binary, developing and achieved –rationale and examples
  - Signing of ONE component – not the whole thing
  - Challenge of sign off in the old system
- No need to be EDS competent to sign off all the competencies
- All settings where people eat and drink. All placements can be EDS appropriate – eg justice , mainstream schools, ALD day centres , mental health
- Challenging settings

Overview of the competencies

- 20 competencies
- Designed to be as binary as possible to support sign-off
- Learners **will not** be graduating with specialist knowledge and skills – bringing it in line with communication!
- There will still be a role for post-registration training and NQPs will still require the same support and supervision

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Competency document

EDS competency: speech and language therapy learner is able to	Developing	Achieved
1. discuss the importance of EDS and the service user's goals with the service user/family/carer		
2. apply health and safety procedures related to working with service users who are at risk of, or who present with, EDS difficulties		
3. identify information required from case history and referral information, that will guide the service user/family/carer interviews		
4. obtain detailed background information from case notes relevant to EDS		
5. carry out oral facial (sensory and motor) examinations on population without EDS difficulties		

Face to face vs other

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Which of the pre-registration eating, drinking and swallowing (EDS) competencies need to be face-to-face?

= required face-to-face in the clinical setting
= suggested face-to-face in the clinical setting

In developing these competencies, it is expected that learners will be exposed to all of the competency behaviours many times across their programmes. Specific practice-based experiences vary across services and time thus the requirement of what *must* be signed off in the clinical setting has been kept to a minimum to allow maximum flexibility for HEIs.

At the point of graduation, speech and language therapy entry learners will demonstrate competency in **at least 16 out of 20** of the following. They will be able to:

1. discuss the importance of EDS and the service user's goals with the service user/family/carer
2. apply health and safety procedures related to working with service users who are at risk of, or who present with, EDS difficulties
3. identify information required from case history and referral information that will guide the service user/family/carer interviews
4. obtain detailed background information from case notes, including cultural, social and psychological factors, relevant to EDS
5. carry out oral facial (sensory and motor) examinations on population without EDS difficulties
6. recognise the positive and negative impacts of modifying aspects of the EDS process
7. describe the indications for and against non-oral supplementation of nutrition and/or hydration
8. recognise the signs and symptoms of oropharyngeal and oesophageal dysphagia to inform diagnostic hypotheses
9. discuss service user/family/carer perspective when taking detailed case histories relevant to EDS
10. evaluate oral, facial, and swallowing functioning of service users at risk of EDS difficulties
11. formulate hypotheses and outline possible intervention options for discussion with the practice educator
12. apply knowledge of evidence-based rehabilitation and compensatory techniques to develop person-centred intervention plans
13. explain management programmes to service users/families/carers and relevant team members
14. use appropriate assessments to observe, record and evaluate EDS patterns, including trials of proposed intervention(s)
15. synthesise information on cultural, psychological, social, and biomechanical factors with assessment findings to formulate diagnoses
16. synthesise information on psychological, social, and biomechanical factors with assessment findings to develop person-centred intervention plans

17. identify specific person-centred outcomes to support review scheduling
18. identify specific person-centred outcomes to identify appropriate discharge points
19. discuss the ethical issues associated with EDS for service users/family/carers
20. identify situations associated with EDS issues that require the initiation of safeguarding discussions.

Judith Broll
Director of professional development, RCSLT

End-point expectations

- Supporting guidance in development
- NQPs will still require supervision and support
- Employers grow NQPs to support individual service needs
- Continuum of learning

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What happens next?

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- Supporting guidance available
  - Definition of what counts as an hour of EDS exposure
  - Which competencies need to be delivered face-to-face
  - End-point expectations – to be finalised shortly
- Investigating how, at a national level, to track and log EDS exposure
- Recruiting project co-ordinator to support next implementation phase

Longer term

- Review the whole career pathway for SLTs
  - ➤ Including those working with people with EDS issues
    - ➤ Review and update RCSLT Dysphagia Training and Competency Framework

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Learn more about the competencies

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- Read the competency document
  https://www.rcslt.org/members/clinical-guidance/dysphagia/dysphagia-learning/#section-2
- Watch YouTube videos
  - https://www.youtube.com/watch?v=w4mYzDMMXbA&t=1s
  - https://youtu.be/73ir6JT8VTU
- Register for the final webinar https://www.rcslt.org/events/
  - All webinars in the series will be available on the RCSLT website
- Read the FAQs https://www.rcslt.org/members/get-involved/current-rcslt-projects/dysphagia/pre-registration-competencies/

Join us for the next webinar

- **Opportunities for paediatric practice placements:**
  8 July, 1pm – 2pm

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Any questions

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