



**RCSLT competencies in eating,
drinking, and swallowing
for the pre-registration education and
training of speech and language
therapists**



Health Education England

Overview of changes

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About the RCSLT

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs) in the UK. The role of the RCSLT is to promote excellence, provide support to SLTs, and to provide leadership and guidance for the speech and language therapy profession in the delivery of high-quality care. As a profession, we are committed to achieving better lives for people with speech, language and swallowing difficulties.

We have approximately 17,000 members and, through them, work to improve access and quality of services for people who have speech, language, communication, eating and drinking difficulties. We facilitate and promote research into the field of speech and language therapy, promote high-quality education and training of SLTs, and provide information for our members and the public about speech and language therapy.

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Explanation of terms

To ensure clarity, the RCSLT has provided an explanation of terms frequently used within this document:

Carer	Refers to paid carers, volunteer carers or family members.
Core capabilities	The five core areas that express the profession's vision for the current and future capabilities, which are essential to the practice of every SLT.
Competency	A professional competency can be described as an integration of knowledge, understanding, and subject-specific skills and abilities that are used by a person to function according to the demands that are put upon them in the specific speech and language therapy context.
Cultural humility	A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities.
Learner	This document uses the term 'student' minimally. The preferred term is 'learner', as this is used by the Health and Care Professions Council (HCPC). It allows for greater flexibility when describing learners in different entry routes into the profession (e.g. apprenticeships). The term 'learner' also fits with the concept of lifelong learning.
Mutual recognition agreement	An international agreement by which two or more countries agree to recognise one another's conformity assessments, such as equivalency of education and professional regulation standards, to enable easier transition for SLTs wishing to practise abroad.
Usually	This pertains to the RCSLT best practice or preferred position. It is appreciated that there may be factors beyond the programme provider's control that prevent the following of the guidance. If this were the case, the RCSLT would seek explanation regarding the alternative strategies implemented by the higher education institution (HEI) to meet the accreditation requirements.
Practice placement	The period(s) of study undertaken by learners as a formal element of their speech and language therapy pre-registration training, based within a working environment (including HEI-based clinics, as well as those outside the academic institution).
Practice educator	<p>A registered SLT with overall responsibility for facilitating the education of the learner SLT while they are on practice placement.</p> <p>The term 'practice educator' is applied in varying ways by each health</p>

and care profession. However, while its application may vary at local level, with regard to this document all parties recognise the following statement to be true:

A practice educator is a registered SLT who supports learners in the workplace. They facilitate practice-based learning alongside clinical and academic colleagues. In addition, the practice educator is likely to hold responsibility for signing off competency and assessment criteria, based upon the standards produced by the education provider and relevant professional body, although it is recognised that local models of delivery and assessment will apply.

Generally, it is the practice educator who holds responsibility for ensuring that the contributing elements of a practice placement cover all relevant learning outcomes necessary for the learner.

Services

Any relationship between clinician and service user that draws on the knowledge and skills of the registered SLT. It includes those working in independent practice, in academic roles and in management roles.

Service user

A broad term to refer to those who use the services of SLTs (directly or indirectly). This term may also include the family of the service user in some contexts. Different settings use different terms to indicate the service user, e.g. in schools, the service user is usually known as 'the child'; in hospitals, it is usually 'the patient'; and, in some settings, 'the client'.

Abbreviations and acronyms

CPD	Continuing professional development
EDS	Eating, drinking, and swallowing
HEE	Health Education England
HEI	Higher education institution
HCPC	Health and Care Professions Council
MDT	Multi-disciplinary team
NHS	National Health Service
RCSLT	Royal College of Speech and Language Therapists
SLT	Speech and language therapist
SoP(s)	HCPC Standard(s) of proficiency for speech and language therapists
UK	United Kingdom of Great Britain and Northern Ireland

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Executive summary

SLTs are internationally recognised as a core member of the multidisciplinary team (MDT) supporting people with eating, drinking and swallowing difficulties (EDS). SLTs need appropriate knowledge and skills in order to deliver high-quality, holistic, and person-centred services to meet service-user needs.

With an ageing population, increasing survival rates of newborn babies, and new clinical presentations of novel diseases such as COVID-19 requiring speech and language therapy input, there will be an increase in demand over the coming years for the identification, assessment and management of EDS. We have a professional responsibility to ensure that learners get the opportunity to acquire foundational knowledge and skills in as many clinical areas of speech and language therapy as possible, including EDS during their pre-registration education and training.

In 2014, the knowledge and skills required to support people with EDS were identified and developed into a framework to guide SLTs along their career path. This framework included the knowledge and skills recommended at the pre-registration level. This document was adopted by the profession in 2014: the RCSLT Dysphagia training and competency framework.

With the advent of the COVID-19 pandemic in March 2020 requiring an EDS-ready speech and language therapy workforce, as well as the Mutual Recognition Agreement (MRA) partners highlighting the dissonance of UK pre-registration education and training in EDS with other MRA partners, the need for EDS pre-registration education and training became imperative.

Health Education England (HEE) and the RCSLT identified that newly qualified practitioners (NQPs) must enter the workforce ready to undertake work in the area of EDS, as they do with all other areas in the scope of practice of SLTs. The RCSLT received funding from HEE to complete this UK-wide project. An initial scoping exercise was undertaken, including existing national and international EDS competency frameworks, to ensure that the final product reflected best practice not only across the UK, but also in line with our MRA partners. Many clinical settings and higher education institutions (HEIs) have already developed education and learning opportunities based on the 2014 framework, and thus the content of these competencies will be familiar to educators and practitioners.

As part of the scoping exercise, the Health and Care Professions Council (HCPC) was informed about these developments and it is anticipated that this will be formalised in their standards of proficiency for SLTs.

As delivering entry-level EDS competencies requires input from HEIs and clinicians across the UK, we appointed a working group, consisting of one academic representative and one clinical representative from each of the four nations, that supported the two lead authors (one academic and one clinical) in writing these entry-level competencies. We also established an advisory group that provided valuable feedback on key issues during the development process.

We recognise that not all subjects taught at pre-registration level will continue to be used by every practitioner, but they rightly sit in the pre-registration curriculum. This does not mean that all NQPs are going to be 'expert' clinicians across all the areas taught at pre-registration level. It does mean that NQPs will have achieved an entry level of competence across the scope of speech and language therapy practice, including those required to support people with EDS. Knowledge and skills of EDS will optimise holistic patient care.

Learners will start to graduate with these competencies in 2024. The expectation is that everyone graduating from a pre-registration speech and language therapy programme by 2026 will have acquired these EDS competencies. Competencies are ideally established across many practice settings and timepoints. Many competencies relating to EDS work can be practised and achieved in communication settings. In the implementation phase of these competencies, there are dedicated practice placement hours that need to include EDS elements. As these competencies become embedded in education and practice, it is predicted that EDS will be integrated into the pre-registration learning journey along with all other areas of the SLT scope of practice.

The entry-level dysphagia competencies in this document clarify how they can be achieved, building on previous RCSLT EDS frameworks. To ensure implementation is successful, we will continue to work collaboratively with health education bodies across the UK, HEIs and clinicians to develop implementation support packages. This includes simulation, for which HEE has provided additional funding.

EDS is a wide-ranging and evolving clinical area. Other EDS-related competency frameworks need to be reviewed in the context of this initiative and the wider clinical landscape. The RCSLT will continue to support the professional development of EDS clinicians.

Judith Broll, director of professional development, RCSLT

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1 Introduction

1.1 Aims and purpose of this guidance

This document offers guidance to educational instructors, collaborators and partners on creating innovative and personalised approaches to developing and delivering qualifying SLT experiences in the area of eating, drinking, and swallowing. The RCSLT recognises the diversity of different programme providers and their expertise in developing and delivering high-quality programmes. This document outlines the expected knowledge and competencies of the entry-level SLT and should be referred to alongside the RCSLT Curriculum guidance (forthcoming, 2021) and the [HCPC standards of proficiency for SLTs \(2014\)](#).

In line with the RCSLT Curriculum guidance (forthcoming, 2021) at the point of registration, a graduate in speech and language therapy will be able to work in therapeutic roles with individuals, with practice based on best available evidence. As with all areas of speech and language therapy practice, supervision and support would be expected for the NQP. NQPs will also be able to work in health promotion and in public health, with both individuals and groups in the area of EDS.

For speech and language therapy learners to graduate as highly employable professionals, they need to acquire a broad range of knowledge and transferable skills. The RCSLT understands that these skills will initially be developed in certain settings, and with particular disorders, based on the HEI practice-based learning opportunities. It is expected that these skills will be transferable across clinical settings, in line with the [RCSLT NQP goals \(2018\)](#).

Speech and language therapy learners will develop values, attributes and behaviours that enable them to work confidently and effectively. The RCSLT is committed to supporting our members in becoming actively anti-racist, promoting diversity in the workforce, and meeting the needs of diverse populations of service users. The populations SLTs serve are increasingly diverse in terms of age, social system, culture, and health literacy, and they present with a variety of disorders across many settings. Speech and language therapy learners will be best prepared for practice through theoretical knowledge gained in the classroom and aligned with practice placements across a broad range of settings, and through meeting and working with individuals with EDS difficulties.

It is not expected that speech and language therapy learners will graduate with a comprehensive knowledge of all EDS difficulties, but that they will have the aptitude to seek out supervision when appropriate. Newly qualified SLTs are expected to carry out the necessary research or continuing professional development (CPD) to fill any gaps in

knowledge. They will demonstrate professional problem-solving skills where there is considerable variation in the presentation and health needs of service users and the setting for care.

With respect to EDS difficulties, this document:

1. describes what is expected of a new graduate
2. describes the RCSLT's expectations for delivery and content of educational programmes
3. reflects the current and foreseeable demands of speech and language therapy practice.

In creating this document, the RCSLT has set out a vision for the education of the profession. It details the desired outcomes of pre-registration SLT education related to EDS on completion of the programme.

It is expected that this document will be used as a reference document by representatives of the HCPC, other professional statutory regulatory bodies, and HEIs involved in the accreditation, re-accreditation, quality assurance and review of programmes.

This document should be used in conjunction with:

1. the [HCPC standards of proficiency for speech and language therapists \(2014\)](#)
2. the [HCPC standards of conduct, performance and ethics \(2016\)](#)
3. the [HCPC standards of education and training \(2017\)](#)
4. the [HCPC standards of continuing professional development \(2018\)](#)
5. the RCSLT Curriculum guidance (forthcoming, 2021)
6. guidance on the [MRA](#) (in relation to geographic mobility of learners to and from the UK).

2 The RCSLT five core capabilities guiding the development of the speech and language therapy workforce

The five core capabilities of the speech and language therapy profession (see Figure 1) provide a focus for learning activities, the development of curricula and shared resources, and the delivery of the outcomes inherent in the vision for the workforce. These core capabilities are described in the RCSLT Curriculum guidance (forthcoming, 2021).

Each core capability represents a particular strength that SLTs bring to the services that they provide. These core capabilities act as a guide from the start of becoming a speech and language therapy learner through to the newly qualified period, and as an ongoing reference point for shaping the lifelong learning of the SLT as part of their CPD. The capabilities act as an adaptable tool from which to embrace the challenges of rapidly changing professional contexts. This guidance document will focus on the core capabilities as applied to EDS and related difficulties. See the RCSLT Curriculum guidance (forthcoming, 2021) for core capabilities across the whole scope of speech and language therapy.



Figure 1. The RCSLT five core capabilities

For this document, the competencies represent the knowledge and skills expected of an entry-level SLT in relation to EDS.

2.1 Defining speech and language therapy: speech and language therapy clinical and professional capabilities

SLTs:

- a) Are uniquely qualified as experts in EDS science and practice. This enables them to improve outcomes for people who have EDS difficulties. They are the lead professional in the assessment and management of conditions in these areas.
- b) Provide assessment, identification, treatment, support and care for infants, children, young people, and adults who may have difficulties with EDS. SLTs work within a variety of contexts, including the NHS, research, higher education, the voluntary sector, the community and social enterprise sector (VCS), education, justice, and independent practice. SLTs work in many settings, from hospital wards and nursing homes, to schools, prisons, and service users' homes.
- c) Usually work as part of a team alongside other health, education, and social care professionals, and paid and unpaid carers. SLTs provide person-centred care, recognising and valuing the key contribution of the service user and their carer(s) in developing appropriate intervention plans.

Effective and safe speech and language therapy practice requires the assimilation, integration and critical application of professional and practical capabilities derived from the core discipline of speech and language therapy, and from a range of contributing disciplines.

2.1.1 Communication

The essential capabilities for SLTs are threefold:

- 1. to support service users in developing their abilities
- 2. to support the abilities and methods that others use in their communication with service users
- 3. crucially, SLTs themselves demonstrate adaptability, self-awareness and sensitivity in their own interactions with service users and members of other agencies.

SLTs are ideally placed to recognise and promote often-unheard perspectives, and to work collaboratively to address the key challenges faced by service users with EDS difficulties in whichever setting is most appropriate. The speech and language therapy professional skill set and influence goes beyond the individual: it influences the social, emotional, and cultural wellbeing of the communities in which service users live.

Speech and language therapy learners develop professional knowledge and skills related to EDS and difficulties through a combination of theoretical and practical education. This is

achieved through partnerships between education providers, practice educators and employers providing practice placements.

2.1.2 Partnerships

SLTs are uniquely placed to work collaboratively with service users, their families, and other agencies and professionals involved with their care. Knowledge of individual cultural, religious, and psychosocial beliefs is essential to consider in EDS assessments and care plans. SLTs' expertise in the science of EDS enables them to form and maintain strong collaborative partnerships directly with the people they support. These partnerships promote service-user outcomes that transform the lives of people with EDS difficulties.

Speech and language therapy learners develop skills and values through interprofessional learning opportunities during initial training, and while on practice placements undertaking partnership working with service users, their families, and other agencies and professionals.

2.1.3 Leadership and lifelong learning

SLTs lead the management of EDS difficulties to unlock the opportunities and potential for service users to achieve their goals. SLTs need to keep pace with the clinical and professional landscape, be proactive, and lead innovation within their area of practice.

Speech and language therapy learners are embarking on a lifelong learning journey, enhancing their unique skill set in EDS difficulties to enable them to become confident at engaging with new ideas, to build resilience even in challenging times, and to pave the way for others to do the same.

Embracing opportunities to learn and engage in professional networks, on practice placement and in education settings, is essential to the development of the leadership skills needed to innovate and drive improvements in EDS service delivery.

2.1.4 Research and evidence-based practice

The expertise that SLTs use to transform lives is rooted in the ability to search for, critically evaluate, and contribute to the body of professional EDS knowledge and best practice. SLTs deliver person-centred, evidenced-informed, and professionally reasoned practice by accessing, evaluating, applying, and informing the latest evidence in relation to EDS.

Speech and language therapy learners have roles in delivering and informing practice while on practice placement. Throughout their studies they develop their skills to deliver evidence-informed and professionally reasoned practice, supported by theory and practice

placement experience. Linking and reflecting on learning and practice are critical for the development of their professional knowledge and skills base relating to EDS difficulties.

2.1.5 Professional autonomy and accountability

As regulated health professionals, SLTs have a professional responsibility to be autonomous and accountable for their practice in the field of EDS. Speech and language therapy learners develop their professional autonomy and accountability from the outset of their careers in EDS, as with all other areas of speech and language therapy practice. They develop insight into the professional scope of practice in EDS by working with integrity and a commitment to continuous reflective practice. This learning is supported by practice educators on practice placement and with academic staff in the classroom.

2.2 Competency development

This guidance is based on the premise that speech and language therapy learners will gain **knowledge** about EDS, and **competencies** across a range of skills. Mastery of knowledge and skills is shared between HEIs and practice-based learning settings. Knowledge is assessed in line with how HEIs structure assessment grading, which may be on a continuum or pass/fail.

The competency profile in EDS covers the individual skills a qualified SLT needs to support people with EDS difficulties. Competencies are either *developing* or *achieved*, i.e. *fail* or *pass*. An individual speech and language therapy learner's competency profile may be different to that of their peers during their course of study, but by graduation they should all be equal.

At the start of their studies, speech and language therapy learners have a minimal knowledge base and limited experience in clinical practice. Speech and language therapy learners are expected to make structured observations of an individual's eating, drinking, and swallowing, including identification of EDS difficulties.

As speech and language therapy learners develop, they will demonstrate acceptable performance across an increasing range of competencies. Each individual speech and language therapy learner will achieve acceptable competency levels across the programme. Individual profiles may differ during the course of study. Time-points for mastery of knowledge and skills may be defined by the HEI and practice placement settings, in recognition of the variation in HEI delivery and local practice placement provision.

At the point of graduation, speech and language therapy learners (referred to in this document as 'entry-level speech and language therapy learners') will demonstrate competent performance in the assessment and management of EDS, working with service

users and MDTs across health, social care, and education. It is not expected that speech and language therapy learners will graduate with a comprehensive knowledge of all EDS difficulties, but that they have the aptitude to seek out and engage in supervision.

3 Guidance for development and delivery of pre-registration EDS competencies

Since September 2015, HEIs in the UK have been addressing content relating to EDS, to support speech and language therapy learners as they prepare for this part of the clinical caseload. Many parts of the curriculum already have relevant [HCPC standards of proficiency for SLTs \(2014\)](#) (SoPs) (see Table 1).

Table 1: Knowledge of EDS and associated disorders mapped to RCSLT Curriculum guidance (forthcoming, 2021) and HCPC SoPs for SLTs (2014)

Knowledge and competency	RCSLT Curriculum guidance (forthcoming, 2021) section	HEI module code/section	HCPC SoPs for SLTs (2014)
Knowledge of psychological and social impact of EDS and associated disorders on the individual and families/carers	4.2.2 B 4.2.2 B f/g 4.3.1		SoP 2.3 & 9.7 - - SoP 5.2 SoP 14.19
Cultural adaptations to EDS required in assessment and management planning to meet the needs of diverse populations			SoP 5.1
Anatomy and physiology of the head and neck			SoP 13.9
Neurology and neurophysiology, including the neurology of swallowing and the coordination of respiration, swallowing and phonation	4.4.3		- SoP 13.9
Oral motor functioning in relation to speech and EDS skills	4.4.3		
The normal swallow throughout the lifespan	4.3.2 6 e		SoP 2.8 SoP 13.13
Atypical and disordered EDS patterns	4.3.2 4.3.2 Area 6 e/f		- - SoP 13.13
Professional terminology specific to the area of EDS and associated disorders	4.3.2 Area 6 b (TBC)		
Role and scope of practice of SLT working with EDS and associated disorders	4.2.5 C e (TBC)		
Roles and scope of practice of MDT members			SoP 9.5
Risk-management policies and procedures	4.2.5 A 4.2.5 A d/e/f 4.3.2 4.4.3		SoP 2
Ethical, legal, and service influences on decision making	4.2.5 A		SoP 2 SoP 2.8?
Referral processes and typical clinical pathways	4.2.1 C c 4.3.1 f (TBC)		
Aetiology of EDS difficulties and implications for management	4.3.2 Area 6 a/b		- SoP 13.13
Key factors to be identified from case notes and history prior to and during assessment			SoP 14.16
Commonly used assessments in EDS and associated disorders	4.3.2 Area 6 a/b		- SoP 14.16

Knowledge and competency	RCSLT Curriculum guidance (forthcoming, 2021) section	HEI module code/section	HCPC SoPs for SLTs (2014)
Recognise indicators for instrumental assessment e.g. videofluoroscopy, endoscopy			SoP 14.16
Differential diagnosis and management intervention processes for service users with EDS difficulties	4.3.2 Area 6 a/b		- SoP 14.16
Awareness of needs of service users with complex conditions including neonates, people with tracheostomies, those who are ventilator dependant, or have rare conditions	4.2.5 C c/d/e (TBC)		
Signs and symptoms of oesophageal dysphagia to assist in differential diagnosis with oropharyngeal dysphagia			SoP 14.16
Prognostic indicators in common case presentation	4.3.2 Area 6 a/b		- SoP 14.16
Caseload management and service delivery practices	4.2.5 C (TBC)		
Carer and service-user roles in management plans/intervention programmes	4.2.2 B 4.2.2 B f/g 4.3.1		SoP 2.3 & 9.7 - - SoP 14.21
Up-to-date, evidence-based management/intervention strategies			SoP 14.21
Non-oral feeding options			SoP 14.21 SoP 2.8

Programme learning outcomes are summarised below. It is up to each HEI to determine where and how the knowledge is delivered across the curriculum. Clear tracking of this to evidence the learning is important for the reasons outlined in Section 1.2. Much of the content is already specified in the RCSLT Curriculum guidance (forthcoming, 2021), and it is expected that any remaining components may already be covered in curricula. To make evidencing easier, it is recommended that a table as shown above is completed by each HEI for their programme(s).

3.1 Learning outcomes

3.1.1 Entry-level EDS knowledge

At the end of their pre-registration education and training, speech and language therapy learners will demonstrate knowledge of:

1. neuroanatomy and neurology involved in oropharyngeal function
2. the influence of EDS on health and general wellbeing
3. normal EDS anatomy, and physiology of the upper gastro-intestinal tract over the life span
4. factors causing or associated with EDS difficulties and the progress of conditions
5. basic principles underlying health and safety policies and procedures, and application to professional working and to service users at risk of EDS difficulties

6. the role and scope of practice of the SLT working in the area of EDS
7. the roles and scope of practice of MDT members working in the area of EDS
8. appropriate terminology in EDS and impairment, assessment, and management
9. a range of evidence-based rehabilitation and compensatory techniques
10. the need and routes for appropriate referral to other MDT members
11. the impact of local policies and procedures on case management
12. appropriate review timelines across different scenarios
13. factors to consider for discharge planning
14. indicators for appropriate instrumental assessment
15. broad issues relating to users with complex conditions including neonates, people with tracheostomies, those who are ventilator-dependant, and rare conditions and situations that require development *beyond entry-level qualification*
16. service delivery and caseload management policies and strategies, including escalation processes
17. ethical, legal, cultural and service influences on decision-making.

3.1.2 Entry-level EDS competencies

In line with all aspects of pre-registration education, there is no requirement to achieve 100 per cent mastery to “pass” the curriculum. In practice placement generally, there are items that must always be satisfied such as professionalism and safety.

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 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 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.

4 Partnership in practice-based learning provision

Improving the health and wellbeing of individuals with EDS needs depends on speech and language therapy learners, academic tutors and practice educators working together effectively at the pre-registration stage, with the shared vision of enabling the future profession to meet the evolving needs of the people who use speech and language therapy services. The programme curriculum must provide a range of adequate, practical, tutored learning opportunities to enable the speech and language therapy learner to acquire, develop and refine the complex skills needed to support people with EDS difficulties.

Practice educators contribute directly to pre-registration education and training by grounding learners in the reality of the workplace, providing a range of clinical and interdisciplinary learning opportunities, making transparent the often-challenging translation of knowledge into clinical practice, and empowering learners within a framework of clearly defined learning objectives. The RCSLT expects practice educators to instil and support the reflective professional development of an SLT.

All SLTs should support practice placements on an annual basis, two years after they have qualified or after one year, provided that appropriate ongoing support is available from their own service and/or the HEI. This applies whether SLTs are employed in the NHS or elsewhere, including independent practice.

All settings that a learner is placed within may have service users with EDS difficulties. Programme and practice placement providers should endeavour to consider all speech and language therapy services as potential practice placement opportunities, and offer SLTs the support they need to become practice educators and work with learners in their services. Engagement in activities, from observation to clinical assessment and intervention, all support the learner in considering the whole person with a communication and/or an EDS difficulty.

4.1 Mandatory practice placement hours

Each speech and language therapy graduate recommended as eligible to apply to the HCPC for registration must be able to provide evidence of completion of the minimum number of practice placement hours relevant to EDS difficulties, as specified by the RCSLT. Competencies should be gathered across the duration of the pre-registration education and training in several practice placements. There is no expectation that specific EDS practice placements must be provided. A total of **60 hours' experience across the range of aspects of EDS is required:**

1. at least 30 hours must be direct, SLT-supervised, adult patient-facing contact
2. at least 10 hours must be direct, SLT-supervised paediatric patient-facing contact.

The hours devoted to EDS difficulties form part of the existing requirement for practice-based learning in the RCSLT Curriculum guidance (forthcoming, 2021). As the profession implements these competency standards, specific hours should be ring-fenced, both for adult and paediatric work. The expectation is that such a specification will not continue to be necessary as EDS is acknowledged as part of the overall scope of practice of the SLT. This minimum standard applies to all programmes, regardless of duration, mode of delivery or structure. The total hours are in line with current requirements for post-basic dysphagia training.

Opportunities should be organised to reflect local service-delivery practice and needs. They should include opportunities to work directly with a range of service users in a variety of settings, in addition to indirect work, as appropriate. It is expected that all practice placements are able to offer some aspect of EDS experience to learners. For example, a learner is on practice placement in a school for children focusing on AAC use, and the learner can get three hours of relevant experience across the week when they participate in the lunchtime environment.

Detailed guidance on practice placement provision can be found in the [RCSLT practice-based learning guidance \(2021\)](#).

4.2 Practice placement-specific activities

This section includes activities that speech and language therapy learners may undertake to meet the competencies specified. SLTs work with service users who present with EDS difficulties across a wide range of conditions and service settings. Learners need to have experience of working with service users who are born with, develop, or acquire EDS difficulties across the lifespan, and in a broad range of settings.

The degree of supervision required by speech and language therapy learners at any point of the clinical education programme will vary according to the service user, the service provider and the level of competency attained by the learners in previous practice placements. The type of experience gained will vary according to the setting. Where possible, opportunities such as observing instrumental assessments, and videofluoroscopic and endoscopic swallow studies, are beneficial for learners.

Speech and language therapy learners are required to keep detailed records of their experiences and competency levels and make these available to practice educators to ensure learning progression. They are required to complete and retain evidence items in

order to facilitate practice placement planning and learner evaluation, and to provide appropriate evidence that entry-level knowledge and skills have been acquired.

The HEIs are responsible for ensuring that this evidence is documented to support learner development, as evidence for professional audit.

This document assumes that entry-level competency equates to the knowledge and skills of an NQP. Entry-level learners will require the same level of support with respect to EDS as they do in all other areas of practice.

4.3 Practice placement-specific activities across speech and language therapy learner competency development

Activities should be matched to the competency levels of the speech and language therapy learners as they progress through each practice placement. Learners must inform practice educators of their competency levels in EDS and associated disorders as part of their practice placement preparation. Speech and language therapy learners should identify areas of learning for focused/further development to discuss with each practice educator.

4.3.1 Early competency development

At the start of their studies, speech and language therapy learners have a minimal knowledge base and limited experience in clinical practice. The speech and language therapy learner is expected to make structured observations of an individual's eating and drinking, including identification of EDS difficulties. Observations are recommended in all areas of clinical activity and in all settings.

Suggested practice-placement activities for learners at this level include:

1. Observation of people, including those with EDS difficulties, to develop awareness of the impact of difficulties in this area on daily living, and to produce reports that address:
 - a. the interplay of social interaction and communication with EDS difficulties
 - b. the effects of environment, posture, and cognitive and behavioural function on EDS
 - c. eating/feeding techniques/adaptations.
2. Observation of the practice educator/experienced clinician when they:
 - a. obtain relevant information from medical and nursing notes and/or referral letters
 - b. take case histories from service users/families/carers

- c. carry out structured clinical EDS assessments
 - d. carry out EDS-associated interventions
 - e. provide feedback to service users and/or families/carers
 - f. provide feedback to other professionals
 - g. document findings of assessment and management sessions.
3. Observation of other team members working with service users/families/carers on areas related to EDS management, such as positioning, diet, etc.

Speech and language therapy learners should carry out tasks to prepare them for active involvement in the assessment and management of service users with EDS difficulties, e.g. developing familiarity with utensils, materials, etc. used in swallowing assessment/feeding sessions, assisting SLTs in preparing for assessments, and practising techniques observed with peers.

4.3.2 Competency progression

As speech and language therapy learners progress, they will acquire the knowledge and skills to participate in a range of contexts. Speech and language therapy learners will need guidance and supervision to ensure that their competencies develop, transfer, and stabilise across a range of service user needs and contexts. Speech and language therapy learners may need direction and guidance to link assessment findings to management plans.

Learners should actively research to link theory to practice prior to the practice placement experience. As they develop their competencies, they will benefit from the inclusion of the following:

1. outline of service user groups with EDS difficulties likely to be encountered on the practice placement
2. service provider-specific assessment procedures/protocols/support materials and recommended readings.

While on practice placement, speech and language therapy learners should (with supervision as required):

1. participate in informed discussion with practice educators on the importance of cultural humility around EDS considerations for each individual service user
2. identify information required to guide assessment planning
3. obtain relevant information from case notes
4. expand on background information through case histories from service users and families/carers and discussion with relevant professionals
5. identify and implement appropriate EDS examinations

6. share information on findings with service users/families/carers and relevant others
7. write draft case notes and draft evaluation reports and recommendations for management of service users' EDS
8. carry out EDS therapy programmes initiated by the practice educator
9. participate in informed discussion with the practice educator on medical, legal, and ethical considerations, including the concepts of autonomy, consent, and capacity
10. write guidelines for nursing and other professional staff/families/carers
11. share information at MDT meeting/ward round regarding assessment findings.

4.3.3 Entry level

At the point of graduation, entry-level speech and language therapy learners will demonstrate competent performance in the assessment and management of EDS, working with service users and MDT across a range of settings including health, social care, and education. Entry-level learners will require the same level of support with respect to EDS as they do in all other areas of practice.

They should demonstrate the ability to:

1. carry out comprehensive EDS assessments of service users, reflecting current research and best practice
2. evaluate assessment findings and make recommendations for management
3. formulate management plans in partnership (where possible) with service users/families/carers
4. formulate carer training (training objectives, plan, content, and evaluation)
5. implement EDS therapy programmes
6. discuss assessment and recommendations with service user/families/carers and MDT members, including legal and ethical issues
7. discuss risk-management approaches with service users/families/carers and members of the MDT
8. provide appropriate oral and written reports to team members on an informal and formal basis
9. refer on to a range of appropriate MDT professionals.

The role of, and indications for, instrumental techniques in swallowing assessment and management are covered as part of the academic programme. Learners at entry level will not be deemed competent to carry out and analyse instrumental assessments, but they would benefit from observation of such assessments of swallowing, and from opportunities to discuss the following:

1. the role of and indications for endoscopic and/or videofluoroscopic examination in assessment and intervention
2. the role of SLTs and other team members in carrying out and evaluating instrumental assessments
3. speech and language therapy analysis of videofluoroscopic/endoscopic recordings of swallow assessments
4. indicators for management plans from findings.

4.4 Assessment of learner competency levels

Learning is evaluated through a range of formats, as designed by individual HEIs. This evaluation follows the acquisition of knowledge and skills developed through a range of formats, including lectures, case-based exercises, video learning, preclinical skills workshops and practice-based learning. Competencies are assessed as achieved (pass) or developing (fail). The certifying practice educator for each item may be a member of the HEI staff or a clinical partner, as appropriate.

At the point of graduation, speech and language therapy entry-level learners will have achieved at least 16 out of 20 of the EDS competencies as certified by the HEI and/or associated practice educators.

Speech and language therapy learners must retain their own documents that evidence their learning, i.e. a detailed hours log, the competency framework (showing developing and achieved skills), and a reflective element. These are to be included in their professional portfolio for the duration of the clinical education programme (see section 4.2).

5 References

GIG Cymru/NHS Wales (2019). All Wales speech and language therapy dysphagia training and competency programme.

HCPC (2014). Standards of proficiency – speech and language therapists. [Online]. Available at: <https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-speech-and-language-therapists/>

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RCSLT, IASLT, ASHA, SAC, SPA, NZSTA (2018). Mutual recognition agreement. [Online]. Available at: <https://www.rcslt.org/members/your-career/overseas-and-international/>

University of Ulster (2020). Dysphagia curriculum guidance.

Yeager, K. A., & Bauer-Wu, S. (2013). Cultural humility: Essential foundation for clinical researchers. *Applied Nursing Research*, 26(4), 251-256.

Appendix 1: Sources consulted during the development of the EDS guidance

Description of source (in alphabetical order)
Other professional bodies
American Speech-Language-Hearing Association (ASHA)
Irish Association of Speech and Language Therapists (IASLT)
New Zealand Speech-language Therapists' Association (NZSTA)
Speech-Language and Audiology Canada (SAC)
Speech Pathology Australia (SPA)
Other sources
All Wales speech and language therapy dysphagia training and competency programme (2019)
IASLT standards of practice for speech and language therapists on the management of feeding, eating, drinking and swallowing disorders (dysphagia) (2012)
IASLT the management of feeding, eating, drinking and swallowing disorders/dysphagia – outline of pre-entry clinical education 2010-2014 (2010)
RCSLT dysphagia training and competency framework (2014)
University of Ulster dysphagia curriculum guidance (2020)

Appendix 2: EDS competencies profile evidence

To show the development of the competency profile, speech and language therapy learners take responsibility for ensuring that a relevant member of HEI staff or practice educator(s) signs and dates as competencies are:

1. established to be ***developing***
2. and ***achieved***.

Signatories should be relevant HEI staff or speech and language practice educators (i.e. not from other disciplines).

In order for ***achievement*** of a competency to be recognised, it must be demonstrated on at least two different occasions, and formalised by two signatures which maybe from the same person.

The use of the ***developing*** column allows progress towards the achievement of a competence to be recognised. The same person may sign developing and achieved boxes. The learner is encouraged to consider EDS difficulties across the scope of practice and range of settings that SLTs work in.

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, including cultural, social and psychological factors, relevant to EDS		
5. carry out oral facial (sensory and motor) examinations on population without EDS difficulties		

EDS competency: speech and language therapy learner is able to	Developing	Achieved
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 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 difficulty		

EDS competency: speech and language therapy learner is able to	Developing	Achieved
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/family/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 psychological, social, and biomechanical factors with assessment findings to formulate diagnoses		

EDS competency: speech and language therapy learner is able to	Developing	Achieved
16. synthesise information on cultural, 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 difficulties that require the initiation of safeguarding discussions		