Bulletin

RCSLT

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

ULTRASOUND IMAGING

Who is using it and how does it translate to SLT practice?

SPRING 2023

ISSUE 834

RCSLT.ORG

DLD in adults | Apprenticeships | **Cough reflex testing** | The experiences of a court appointed intermediary | **Communication passports** | Professional development | **Online outcomes tool** | Spiritual health | **Leadership skills** | The realities of a newly-qualified practitioner

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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

VIEW FROM RCSLT

Spring into April

Spring is in the air, there is a feeling that light, opportunity, and change is possible. And with the transition in season, comes a new era of leadership at RCSLT with our new CEO, Steve Jamieson. Read more from Steve on page 17. I am acutely aware that this winter has been another tough one, but there have also been opportunities to rethink the role of SLTs, in new clinical areas and revisit complex clinical topics afresh. The recently launched Professional Development Framework aims to support you and the wider profession, to consider diverse opportunities, not only in terms of mapping your training trajectory but also in considering career pathways. At the heart of this framework is the acknowledgement that the wellbeing of the clinician, is essential to ensure confidence, safety and ongoing development of staff and the profession. This aspect of the framework signals a fundamental shift in focus, delivering a strong message around valuing your skills, talents and knowledge, with a commitment to supporting you in your ongoing SLT journey. Read more on the framework on page 40.

Continuing the theme of change and evolution, the Health Education (HEE) workforce transformation Programme will start to deliver outputs over the next few months. The resources will support SLTs to ensure longevity, foster change where required and embed good practise where needed. Future editions will provide more detail, with a raft of resources becoming available over the next few months.

The value of all members of the profession are recognised in this edition, including support workers and apprentices. We are introducing a new development framework for support workers which aligns with the HEE Allied Health Professionals (AHP) Support Worker Framework and our new Professional Development Framework. We hope it will allow this amazing group of professionals to consider their future development.

We are only as good as the people we serve

Our cover feature focuses on ultrasound. Approaches to instrumental assessment with ultrasound has been an international collaboration, which is now bearing fruit and the article on page 26 is a fascinating read.

Bulletin is a snapshot of all the excellent, fascinating and often life changing work we do. Thank you for the commitment and energy you bring, often in challenging situations. Working within RCSLT, I appreciate we are only as good as the people we serve, so please stay connected and enjoy the blossom, sunshine (hopefully) and spring festivities.

Judith Broll

RCSLT Director of professional development

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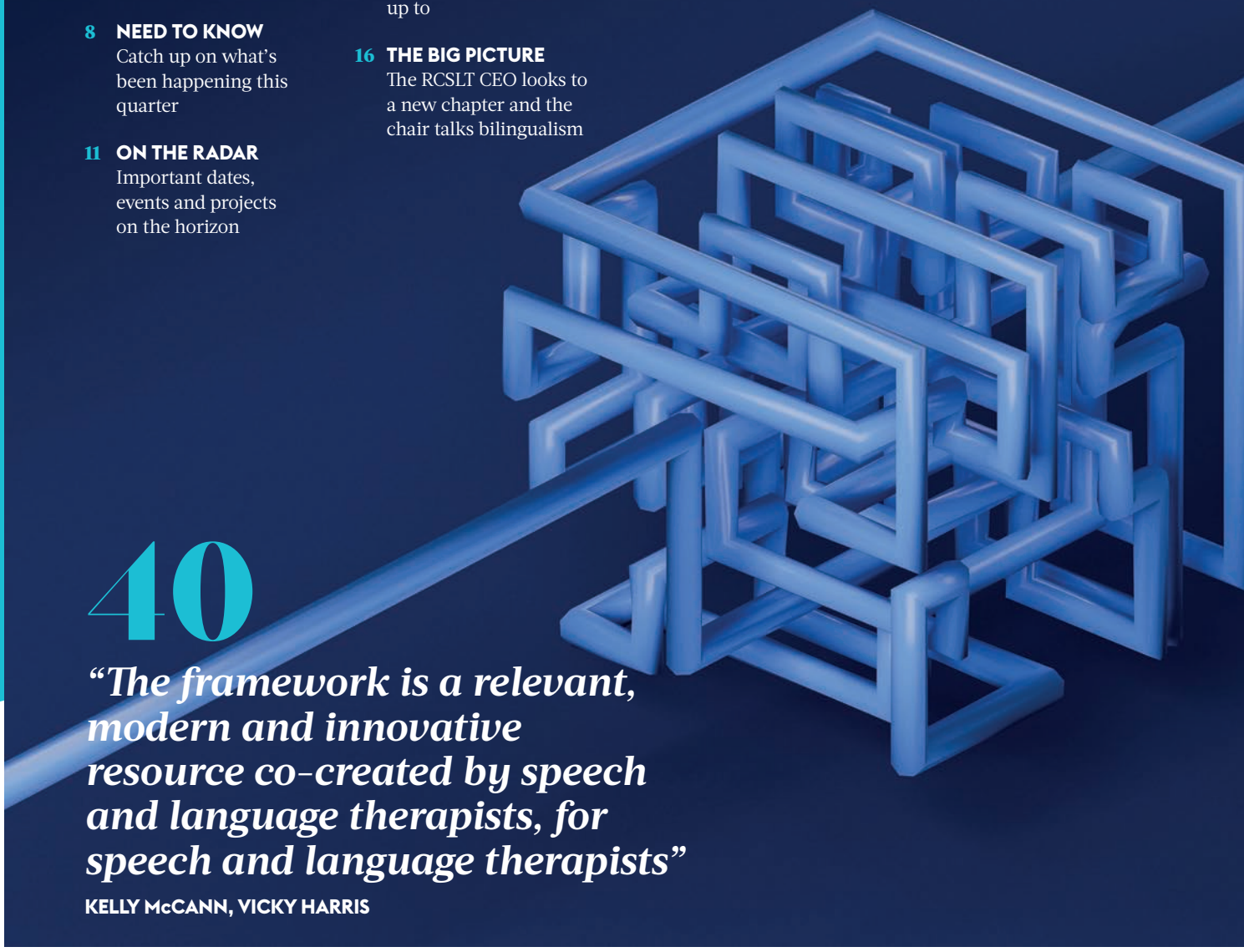
@BrollJudith

Content

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

REGULARS



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"The framework is a relevant, modern and innovative resource co-created by speech and language therapists, for speech and language therapists"

KELLY McCANN, VICKY HARRIS

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ISSUE 834

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Sections featuring this icon represent all clinical features

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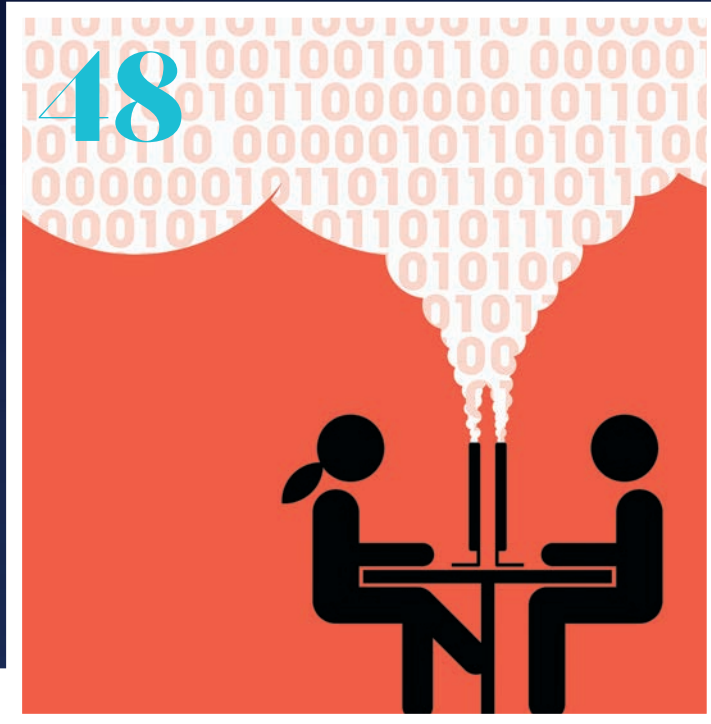


COMMUNITY & DEVELOPMENT

SHARE YOUR THOUGHTS ON TWITTER @RCSLT

Talking points

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

LETTER

Supporting the profession in challenging times

I'm writing an addendum to my article in the Winter 2023 *Bulletin*. To begin I'd like to thank everyone for their comments and feedback.

In January, I hosted a charity conference to address the UK cost of living crisis, alongside some inspiring SLTs. Proceeds went to the RCSLT welfare fund (though we are unaffiliated with RCSLT), and we raised £350, which will go towards helping those in our community who are finding it tough. I'm keen to hear from RCSLT members who would like to speak at future conferences.

NIAMH FOY, student SLT
niamhswriting@gmail.com
@mercurymorrigan

For more information on how to access the welfare fund visit
rcslt.info/welfare-fund

To donate to the fund, visit
rcslt.info/donate

HOT TOPIC

Unionisation

With all the recent industrial action, it has prompted some members to ask why RCSLT isn't a union. The background to professional bodies also being unions is steeped in history and complexity. Unlike some other professional bodies, we do not have a separate trade union arm.

Instead, we work closely with Unite, the union for speech and language therapists and encourage members to join as soon as they begin their SLT career.

You can find out more on our website:
rcslt.info/unions

STATEMENT

Thickened fluids

Thickened fluids position statement
Within the profession there has been growing interest in how thickened fluids are used in the management of clients who have difficulty swallowing liquids. We have established a working group with members to look at the use of thickened fluids in the management of clients with eating, drinking, and swallowing difficulties (EDS). This project is looking specifically at thickened fluids. The use of thickening products within food are out of scope at this stage.

A position statement has been developed and is available online:
rcslt.info/thickened-fluids

If you would like to know more about the project, please email **info@rcslt.org**

RCSLT NEWS

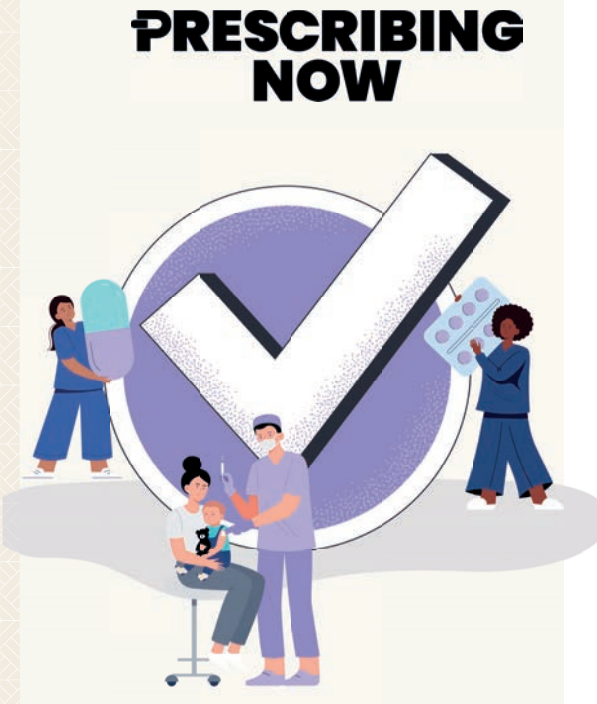
Prescribing now

Working with five other allied health professions, we have launched the **#PrescribingNow** campaign calling for prescribing rights to be extended to SLTs, dietitians, orthoptists, diagnostic radiographers, and occupational therapists.

Extending prescribing responsibilities to SLTs where it is safe and appropriate to do so within the scope of professional practice will:

- deliver better and more timely patient care.
- reduce pressure on other healthcare professionals, including GPs.
- support our professional developmental as healthcare professionals.

For more information, including how to support the campaign, visit **rcslt.info/prescribing-now**



QUOTE OF THE QUARTER

"Enabling more allied health professionals to prescribe medication will mean people receive prescriptions from the healthcare professional with the most relevant expertise and the greatest understanding of their situation. We urge the government to work with us and implement this necessary change to improve the efficiency of our healthcare system."

KAMINI GADHOK, MBE

Your membership goes digital!

In response to member feedback and to further meet our ambitions to be more sustainable, we have switched to digital membership cards. Like your physical membership cards, the digital cards display members' names, membership number and membership category, they also feature a QR code that can be scanned by mobile devices to verify your membership status. Your membership card will be stored on the RCSLT website and can be accessed on the member home page once you have logged in. **rcslt.org**.

Correction

Unfortunately, in the last issue of *Bulletin* in Kamini Gadhok's column, we inadvertently left out Maria Luscombe as one of the past RCSLT chairs that Kamini worked with. Kamini has of course apologised to Maria and confirmed we would be adding a correction in this issue.

WHAT'S NEW ON rcslt.org

RCSLT RESPONDS TO DRAFT MENTAL HEALTH BILL

The Joint Committee on the draft Mental Health Bill published its report on the pre-legislative scrutiny on the draft Mental Health Bill. We are pleased to see the report include references to speech and language therapists and speech, language and communication needs.

rcslt.info/mental-health-bill

TELEHEALTH GUIDANCE UPDATE

We have recently published an update to the RCSLT Telehealth guidance. Read the guidance of the latest recommendations for evidence-based practice.

rcslt.info/telehealth-guidance

SLT APPRENTICESHIPS

To celebrate National Apprenticeship Week, Daniel Underdown, lecturer and SLT apprenticeship lead at the University of Essex, told us about his experiences setting up one of the first SLT apprentice courses in the UK.

rcslt.info/slt-apprenticeships

INTEGRATED CARE SYSTEM (ICS) RECOMMENDATIONS

The RCSLT has made recommendations to the Hewitt Review of Integrated Care Systems in England. We are pleased that the call for evidence recognises the need to improve population health and healthcare outcomes and tackle inequalities and access.

rcslt.info/integrated-care-systems

Need to

Spreading the word on accessible communication

LAUREN FLANNERY AT THE NORWICH SCIENCE FESTIVAL

University of East Anglia (UEA) has become the first university to receive accreditation for being a communication accessible organisation through Communications Access UK (CAUK).

Championed by Lauren Flannery, SLT and UEA Lecturer in Health Sciences, Lauren has been tenacious in gaining support for the CAUK initiative and instrumental in driving the accreditation process forward.

The project is unique as it is cross-institutional and brings together a vast range of people and departments across UEA and beyond, recognising that communication is at the heart of everything UEA does.

Lauren presented at the Norwich Science Festival in February 2023, raising awareness of speech, language and communication needs and showcasing the work that is underway at the university. Lauren is passionate about supporting health equality and said, "The festival provided an ideal opportunity to engage with people of all ages, in the heart of the city, to promote the Communication Access initiative and invite our local community and business partners to complete the Communication Access training".

Lauren talked to young people and their families about the potential impacts of having speech, language and communication needs in her talk, aptly named, "Mind the Gap". On campus Lauren's work is raising awareness of communication needs in vulnerable groups, for example, highlighting students who fall within the category of widening participation who are at significantly increased risk of speech, language, and communication difficulties.

The next phase of the project is to roll out the Communication Access training package across all staff and student groups. We are also delighted that Oxleas NHS Foundation Trust has become one of the first of three NHS Trusts in England to gain CAUK accreditation. Sarah Hayward, speech therapy research champion at Oxleas NHS Foundation Trust, worked with colleagues, who deliver speech and language therapy services to both children and adults, by initially training 115 of the Trust's public-facing staff, such as receptionists, and administration staff.

Find out more about CAUK at **rcslt.info/cauk**

know

4,300 followers on LinkedIn

New insights on anti-racism

As part of our work to support speech and language therapy to become an anti-racist profession, we've published a deep dive on the related survey we took in 2021.

Chloe Nkomo

Researched and written by student SLT and EDI rep at Reading University, Chloe Nkomo, the newly published *Anti-racism survey report* is a result of a successful bid for joint funding between Reading University and the RCSLT.

The report sheds light on how our members felt about the position of the profession during 2021. We are pleased to have observed lots of positive progress since then, with many of our members and universities creating or taking part in initiatives to tackle some of these issues raised in the report.

This is only a step in this journey, and we ask members and other stakeholders to reflect on the progress made so far and consider what our individual and collective next steps should be – and share them with us.

Read the full report
rcslt.info/anti-racism-report

NEWS IN BRIEF

Celebrating one year of the HEE AHP research and innovation strategy

In early 2022 the RCSLT welcomed an important new strategy to drive forward research and innovation in allied health, which is now being implemented across England.

In January of this year, the RCSLT was invited to present at an event celebrating the strategy's 'first birthday', on our work on utilising real-world data from the RCSLT Online Outcome Tool (ROOT).

Our talk aimed to highlight the role that all clinicians can have in collating and analysing their clinical data and its role in evidence-based practice.

The event featured inspiring talks from key stakeholders including representatives from CAHPR, HEE and practitioners and academics, as well as a jam-packed poster exhibition.

Recordings of the talks, the poster presentations and other supporting resources and materials are freely accessible on the CAHPR website, where you can also read the full strategy.
rcslt.info/ahp-research-innovation

Supporting you with formal assessments

The first two examples of a new resource type, the RCSLT how-to: formal assessments, are now available. They provide an introduction and overview of specific formal SLT assessments. Each module focuses on a single assessment, and runs through what the assessment is, who it's for and what it can provide in terms of results to the SLT.

Although designed for student and NQPs, the modules can also be used by experienced SLTs looking at running a new assessment they've never used before.
rcsltcpd.org.uk

COVID-19 Inquiry

The COVID-19 Airborne Transmission Alliance, has been granted core participant status in Module 3 of the UK COVID-19 Inquiry. The RCSLT is an important partner, representing SLTs..
rcslt.info/cata

Children's communication difficulties increase since COVID

In a survey conducted by RCSLT Scotland and Early Years Scotland of 245 early years practitioners across all 32 local authorities, 89% (219) of those surveyed reported they had seen an "increase" or "significant increase" in the number of children with communication needs both within their setting and the complexity of needs.

Respondents reported that this had negatively impacted children when it came to their peer interaction, behaviour, participation, learning, friendships, and wellbeing.

Commenting on the findings Glenn Carter, head of RCSLT Scotland, said: "We're facing a spoken language crisis in Scotland. If no action is taken these issues will have a significant impact on children's mental health, learning, and future life chances"

Read the survey results:
rcslt.info/childrens-communication-survey

Listen up

Did you know we produce regular podcasts to keep you up to date with all the key issues effecting speech and language therapy and to support your CPD. As well as a monthly policy and public affairs podcast featuring RCSLT's director of policy, Derek Munn, we host podcasts on a range of other topics. We recently spoke to Kerry Davies, a registered general nurse living with long COVID; SLT Rachel Nashed; and Professor Louise Cummings, to learn more about long COVID, how it affects communication, and how SLTs support those living with the condition.

There are also special podcasts available as part of The International Communicator Podcast series. In the most recent episode, Jacques Strauss, freelance producer and host of the podcast for RCSLT, spoke with David Rochus, a SLT working in Western Kenya.

Jacques and David discuss the challenges David faced in his education and early career, his current role as a SLT working in Kenya, and the emerging role speech and language therapy plays in East Africa.

To access the podcasts, visit Soundcloud or subscribe to RCSLT from wherever you get your podcasts.

rcslt.info/podcast

Raising awareness of SLCN within the criminal justice system

In February RCSLT Wales hosted an event at the Senedd urging Senedd Members (MSs) to give a voice to young people who have offended or are at risk of offending.

For over a decade, the RCSLT, and stakeholders including charities and MPs, have repeatedly highlighted the fact that those who enter the youth justice system often do so from settings where there is a heightened risk of having communication needs which may not have been identified.

In England and Wales, 71% of children sentenced in the youth justice system had speech, language and communication needs (SLCN) which can include: difficulties with attention and listening particularly in stressful situations, explaining what has happened in a logical order, understanding what is said especially when the vocabulary is new or unusual, and following instructions.

SLTs working in justice settings across Wales were on hand during the **#VoiceForJustice** event to talk to MSs about the prevalence of SLCN amongst young people within the criminal justice system and the importance of their role.

LEFT-RIGHT: JAYNE BRYANT, KIM JENKINS, PIPPA COTTERILL

rcslt.info/raising-awareness-slcn

UP COMING

APRIL
Parkinson's Awareness Month
11-17 Oral Head and Neck Cancer Awareness Week

MAY
8-14 Dying Matters Week
16-22 Brain Injury Awareness Week

JUNE
Pride Month
National Aphasia Awareness Month

Workforce reform programme

The RCSLT has concluded a year-long programme of work, funded by Health Education England (HEE), to support the modernisation and development of a workforce fit for the 21st century. Alongside HEE and other AHP bodies, the RCSLT workforce reform programme team has worked with members to deliver 12 projects covering workstreams which included: professional development, placement expansion, preceptorships, return to practice, primary care, clinical academia and advanced practice.

We would like to thank you for your engagement and vital support in delivering this important work.

Find out more about the programme
rcslt.info/workforce-reform-programme

Don't take it for granted

The RCSLT offers minor grants of up to £800 to its members to either benefit the profession or enhance their own professional development. Here is how the grant can be used:

- Presentations and/or attendance at conferences and professional gatherings.
- Certain specialised training, particularly short courses.
- Research into speech and language therapy.
- The purchase of specified equipment and/or books (normally to a maximum of £100).

The grants are awarded three times a year by the Minor Grants Panel.

The next dates are 16 June 2023, 13 October 2023, and one due in February 2024 - date to be confirmed. In addition, the Catherine Renfrew Grant of £600 for overseas travel is awarded biennially, to one person. You can apply for this in 2023. The deadline is 13 October 2023.

rcslt.info/grants-and-funding

Getting ready for the HCPC CPD audit

The Health and Care Professions Council (HCPC) will begin its next registration renewal period and CPD audit of SLTs on 1 July 2023. If you are selected for audit, you will be notified at the beginning of July and will have until 30 September to submit your profile and evidence of your CPD activities. Here are some tips on being prepared.

Please make sure HCPC have the correct details for you and let them know as soon as possible if you move, or if you change your telephone number or email address. This information allows the HCPC to keep in touch with you about your registration. You can update your details online:
rcslt.info/hcpc-registration
or contact the HCPC:
0300 500 4472
registration@hcpc-uk.org

The HCPC no longer sends out paper letters to members, so if you have not had an email from the HCPC within the first week of July you should contact the HCPC to ensure they have your correct details.

Ensure your CPD record is up to date

Now is a great time to reflect on the CPD you've done since October 2021. Have you recorded everything? If audited, could you demonstrate how it has improved your practice as well as benefited your service users?

The HCPC has some advice about carrying out and recording your CPD in challenging times:
rcslt.info/cpd-advice

For member CPD opportunities please see our learning pages:
rcslt.info/cpd-opportunities

Find out more

The RCSLT is committed to supporting members with audit questions. If you have any concerns, please do get in touch via:
info@rcslt.org

UP COMING

JUNE
8 International Journal of Language & Communication Disorders (IJLCD) lecture
13 Scotland leadership event

OCTOBER
6 RCSLT Awards

NOVEMBER
1-2 RCSLT conference
8 RCSLT annual general meeting

Scotland leadership event

Join us on 13 June 2023 at the Stirling Court Hotel, Stirling, Scotland to learn about the importance of leadership at all levels within Scotland. This event will support you in understanding how you can lead the profession as well as explore opportunities and practical resources to develop your career. It will also be a great opportunity to network with other SLTs.

Book your place online: rcslt.org/events

SLT vacancy and recruitment survey

Thank you to everyone who completed our vacancy and recruitment survey in speech and language therapy. The aims of the survey were to tell us about vacancy rates and recruitment issues both in the NHS and independent sector across the UK. The results of the survey will be available on our website shortly.

Conference 2023 – Save the date!

The RCSLT conference will take place online 1-2 November 2023 with a wide range of sessions to support your learning and professional development. Abstract submissions are now open, and this is an excellent opportunity to share your work on an international stage.

To find out more, visit: **rcslt.org/events**

Support Worker Framework

The RCSLT will soon be launching a new online hub for speech and language therapy support workers, their supervisors and the services they work for. This hub aims to support equitable and consistent training, with clear progression routes and guidance on professional training and development in both workplace learning and formal settings.

The hub will include:

- A competency framework for speech and language therapy support workers
- A toolkit to support the implementation of the competency framework within services
- RCSLT position paper (supporting the training and development of speech and language therapy support workers) and joint position paper (optimising the contribution of the AHP support workforce)
- Information about the diverse support worker roles, training and development within the role and career information
- Resources and links
- Information about networks and support.

RCSLT members will be able to access this information on our website in the coming months.

Learning disabilities research update

In 2021 the RCSLT published a report listing the top 10 research priorities relating to communication and swallowing for people with learning disabilities across the life span from a UK-wide perspective, generated through a priority setting partnership.

We committed to undertake a second phase of the project to maximise the appeal and suitability of the research priorities to national and international research funding institutions and others wishing to carry out research. Later this month we will publish an update of the research priorities partnership report which looks at the methods used to consider the priority areas identified in phase one and shares the newly developed, answerable research questions generated in phase two. The research priorities will be available on our website.

rcslt.info/research-priorities

evidence & experience™

One study suggests significant improvements in pulmonary symptoms for patients with total laryngectomy when switching to Provox Life™

A randomised crossover study shows significant improvements in pulmonary symptoms for patients with total laryngectomy when switching to Provox Life™

Results from a clinical study* supported by Atos Medical, indicates that participants demonstrated a significant reduction in the impact of pulmonary complaints on daily life with their Provox Life™ HMEs compared with 'usual care'.

The study reported the following results with the patients using Provox® Life™:

- **Reduction in forced expectorations**
- **Fewer days with sleep medication**
- **Reduction in number of days the HME had to be removed to catch their breath**

"Seeing the impact of the new generation HME devices on patient outcomes is encouraging, and it shows that by improving devices and supporting patients to use them in the best possible way, we can further optimise their quality of life."

– Dr. Claudio Parrilla and Dr. Ylenia Longobardi, the main investigators on the study

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*Longobardi Y, Galli J, Di Cesare T, et al. Optimizing Pulmonary Outcomes After Total Laryngectomy: Crossover Study on New Heat and Moisture Exchangers. Otolaryngology–Head and Neck Surgery. March 2022. doi:10.1177/01945998221086200

Want your photo to be featured in the next issue of *Bulletin*? Post your pic on Twitter tagging **@rcslt** and using the hashtag **#GetMeInBulletin** and we'll publish a selection of the best

Got something to tweet about?

In this issue, we're showcasing members getting creative, exploring the wonderful outdoors and welcoming new beginnings.

1 Keeping buzzy... **@clairempillar** receives a little gift from a new colleague to celebrate joining the team.

2 A brilliant visual display made by Barnsley SLTA Jordan Clarke. Helping staff in a Barnsley language resource provision support children from sounds to sentences - one step at a time! #BarnsleySLT #GetTarnTalking #SLCN **@Jordan_SLTA**

3 **@JenRB79** shares this fully-posable dinosaur 'eats' small objects and makes an exciting alternative to a traditional posting activity.

4 SLT Jillian Craig shares a snap of her journey into London for a Laryngectomy event after finishing a day of head and neck cancer clinic #MySLTDay **@Jill_SLT70**

5 Students at Brantwood Specialist school got stuck into a therapy session at the school farm. Here is SLT Pippa Rivett, trying to keep her resources out of reach from the 'curious' and 'determined' goat **@ruskinmill**

6 **@standrewsSLT** planted a crabapple tree in the beautiful grounds of St Andrew's Healthcare, Northampton. This was part of the Queen's Green Canopy – together they **@KimFerrari_SLT**

7 **@LisaM_SLT** celebrated her 30th birthday in January and was spoiled with gifts and cake by her colleagues in the Aberdeen City Paediatric Speech and Language Therapy Team

8 Billy getting his daily reading in, is he aspiring to become the youngest member of RCSLT? **@Simone_SLT**

9 With the January exam period finally over, **@LomaxMarika** spends her time doing a foggy lakes walk! It's beautiful.

10 In their first ever music group with children recovering from brain injuries – mood-enhancing, functional and holistic. Everyone's days were brightened, including the children's parents! **@Sarah_Gubbin** (SLT), Louise Oliver (play team), Irene Sola (OT), Amelia Laidlaw (OT).

DR SEAN PERT

Now you're speaking my language

Dr Sean Pert writes on speech and language disorders in a bilingual context

We should involve and empower bilingual families to help design our services

Equity and diversity have been powerful themes both in my career and personal identity. In my clinical work, I have a specialist interest in speech and language disorders in a bilingual context (Pert, 2023). I have seen the negative effects when families choose to abandon home language in favour of English, in the mistaken belief that this will enhance children's educational success. This can have a corrosive effect on children and young people's ability to receive a good language model, and more importantly, to benefit from the language and culture of their family and community. We must do everything we can to avoid a situation where children cannot speak to their own grandparents, uncles and aunties, or even their own parents.

From September this year, the Health and Care Professions Council (HCPC) revised standards of proficiency come into effect. These focus on further centralising service users, and equality, diversity and inclusion:

2.13 understand the centrality of home language(s) to a service user's identity, family life and community (culture and/or religion), by working to maintain, develop or enhance a client's home language

7.6 understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter

8.1 work in partnership with service users, carers, colleagues and others

These standards reflect the long-standing clinical guidelines (RCSLT, 2019) and co-production as featured in the Five Year Strategic Vision (RCSLT, 2022). We must all do our part to ensure we meet these standards, not because they are set by our professional body and regulator, but because it leads to the best outcomes for our service users.

Bilingual families and families who speak a language other than English (LOTE) must be supported in their home language and the option of English-only therapy should be explored along with the dangers of home language loss highlighted. We must work alongside *professional* interpreters and gain informed parental consent in home language if we work with children in nurseries and schools. We should involve and empower bilingual families to help design our services. Adult service users may also prefer home language support and the evidence-base suggests that care is enhanced by the involvement of interpreters (Larkman, et al. 2022), not just because of the removal of language barriers, but also insight into cultural differences. Finally, when we encounter barriers such as the cost of interpreters, we must challenge commissioners and highlight that access to equality is protected by the law. (Equality Act, 2010), the NHS (NHS England, 2018), and our professional standards and standards of proficiency (HCPC, 2023). B

Dr SEAN PERT, RCSLT chair of trustees
sean.pert@rcslt.org
@SeanPert

STEVE JAMIESON

A new era for RCSLT

New CEO **Steve Jamieson**, looks forward to meeting you

This is my first *Bulletin* column as Chief Executive of RCSLT as I pick up the baton from Kamini Gadhok, who led the profession with such passion and commitment for over 20 years. They are big shoes to fill! It's an honour to have been appointed into this role and I hope my experiences both as a healthcare professional (I am a nurse by background) and my track record of managing professional bodies in the healthcare sector, will be of real benefit to the organisation.

I am also Trustee of Dementia UK and Chair of Dementia UK Admiral Nurses Clinical Committee and have seen first-hand some of the critical work SLTs do to support people with communication, eating, drinking and swallowing difficulties.

I'm only a few weeks into the role, but I have been made to feel very welcome and I'm excited for the challenges ahead. The RCSLT is now in its second year of an ambitious five year strategic vision, enabling us to work together towards unifying goals. Equality, diversity, and inclusion is a central theme of our vision, along with a commitment to embedding anti-racism, and an explicit recognition of the role of SLTs in tackling health inequalities. I am very much committed to these priorities and I look forward to engaging with you on them.

Over the next few months, I want to meet and hear from as many of you as possible. RCSLT is the members, therefore it's vital that I understand the challenges you are facing as well as celebrate your successes so that I can champion the profession at the highest levels. As well as visits and events, you can email me or contact me on social media to share your thoughts.

I know we are operating and living in difficult times. A key part of my role is to fight for better funding and resources for the profession as well as championing the value and impact of speech and language therapy.

The RCSLT is here to support you and working together with an excellent team of staff, I'm confident we can be an outstanding organisation that empowers members to lead. I will be making lots of visits to services up and down the country and I will be attending events both in person and virtually over the coming year. I very much look forward to working with you all.

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RCSLT *is* the members, therefore it's vital that I understand the challenges you are facing as well as celebrate your successes

ADVERTORIAL

The Importance Of Good Nutrition Following A Stroke: David Jones' Story

With around 50% of stroke survivors suffering from dysphagia, ensuring they receive nutritious meals they can safely swallow is crucial to support the recovery process.

Speech and Language Therapists (SLTs) play a vital role in this journey assessing an individual's swallow and ensuring they can swallow safely.

To raise awareness of the important role that nutrition, and appropriately textured meals play in rehabilitation for stroke survivors, Wiltshire Farm Foods and The Stroke Association joined forces to produce an inspiring video and tell the story of David Jones, a stroke survivor from Aberdeen.

David experienced two strokes simultaneously at the age of only 38. The strokes impacted on his speech, his swallowing, and some mobility, drastically impacting his everyday life and his relationship with food.

David explained:

"I couldn't eat, my face was distorted, and my fingers didn't really work. It was a really scary, unsettling experience and I found mealtimes to be one of the most difficult scenarios to overcome.

"Before my stroke, I was a very outgoing and confident individual. However, that all changed. Going out for meals was no longer a positive experience but a challenging one, trying to avoid getting food all over the table and down myself.

Eating a meal in the correct texture allows me to have everything I enjoy eating

"Eating a meal in the correct texture allows me to have everything I enjoy eating, without the worry of food going all over the place. They make what was once an unpleasant experience, pleasurable again."

Not only does David's experience highlight the importance of ensuring stroke survivors have access to a nourishing and safe meal, but how texture modified meals can greatly enhance quality of life.

For many, mealtimes are as much a social and emotional experience as they are a means to consuming a nourishing meal, and suddenly being unable to hold the same positive associations with eating can be devastating to navigate.

Specialist meal providers, such as Wiltshire Farm Foods, offer a wide range of meals developed in alignment with IDDSI (International Dysphagia Diet Standardisation Initiative) guidance, that aim to bring pleasure and dignity back to mealtimes.

With expert input from Registered Dietitians, meals are designed to meet the nutritional needs of those most vulnerable, providing a large selection of appetising options.

Wiltshire Farm Foods supplied David with a selection of its Level 4 Puréed dishes to try including Purée Petite Spaghetti Bolognaise, a meal that David has not been able to eat since his stroke.

The Purée Petite range offers a smaller portion size for those with reduced appetite but still contains a minimum of 15g of protein and at least 500 kcal per portion. The meals are specially moulded to resemble the food components they represent and hold their shape even after cooking.

Watch the full video on the Wiltshire Farm Foods YouTube channel here: **https://wff.link/DavidJones**

For more information on support and advice visit **www.stroke.org.uk**

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In Partnership With Stroke Association

Consider spirituality

Katharyn Mumby and **Sophie Mackenzie** argue that spiritual health is just as important as mental health

Brought to the fore by the pandemic, SLTs are increasingly aware of the importance of mental health, not only for those on their caseload, but also for themselves. Nevertheless, how much do they consider spiritual health, finding meaning and purpose in life? Surely that underpins every aspect of therapy. For example, when setting goals with patients or clients, how likely is their motivation to achieve those goals if there has been no consideration of their personal view of meaning and purpose in life – their spirituality?

Perhaps surprisingly there has been very little mention of spirituality and spiritual health in speech and language therapy circles (MacKenzie, 2015). Maybe there is an assumption that spiritual health does not fit within evidence-based practice? In some areas of health and care, such as psychiatry and palliative care, spirituality is given overt expression. A helpful consensus definition of spirituality emerged from within palliative care from Puchalski et al (2009, p887): "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred".

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

Adopting a 'biopsychosocial–spiritual model' (Sulmasy, 2002), there is a growing body of scientific evidence concerning spiritual health and wellbeing. Some people may be surprised that spiritual health may be measured at all and that it is distinct from quality of life (Baker, 2003; Sawatsky, Ratner and Chiu, 2005). Our understanding of the relationship between spiritual health and mental health is also expanding (Koenig 2012; Milner et al, 2020).

Spirituality and religion are distinct, but that distinction is not always recognised in health and care contexts, where the subjects may even be taboo (Mumby and Grace, 2019). In consequence, although the diversity agenda has gained widespread recognition, there has been limited dialogue about how SLTs might develop their practice in the important area of spirituality, including the development of accessible resources for supporting spiritual health: ongoing growth into a more meaningful and purposeful life.

Many of our service users have communication issues that make discussion of these deeper issues even more challenging, and perhaps out of reach, unless they are supported to do so. Some therapists have been incorporating spirituality in their work over the years in an ad hoc way. Others may be conscious that they lack the necessary competencies. The provision of training, sharing knowledge and skills will be an important component of addressing spirituality professionally.

Preliminary published work into spiritual health in aphasia includes interpretive approaches understanding client perspectives (Laures-Gore et al, 2018; Mumby, 2019; MacKenzie, 2020) and exploration of aphasia-friendly spiritual health assessment (Mumby and Roddam, 2021).

Given the context of the pandemic, where existential questions have been brought to the fore, perhaps there has never been a better time to address spiritual health? Important for our clients' wellbeing, spiritual health is also pivotal in professional wellbeing and resilience. What better opportunity will there be for SLTs to consider spirituality? If this topic has interested you then do feel free to make contact.

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ILLUSTRATION: JAMIE WIGNALL

Become a leader

Laura Pickering-Payne looks at a programme to develop students' leadership skills

During this academic year, I was lucky enough to take part in the Council of Deans of Health Student Leadership Programme, known as 150 Leaders. Co-funded by the Council of Deans of Health and Burdett Trust for Nursing, the programme aims to promote and develop leadership skills among the future allied health profession, nursing and midwifery workforce. It consists of two residential events that combine lectures and seminars from eminent leaders in health with a coaching scheme and a project task.

The focus of my project was to encourage learning about anti-racism in speech and language therapy at my university. I aimed to do this through an anti-racism conference and the creation of an anti-racism book collection. My coach, SLT Carrie Biddle, supported me with this project and with the development of my leadership skills.

When I started my speech and language therapy degree in September 2020, I learnt about the profession's work to address its lack of cultural diversity and systemic racism; as well as the many racial inequalities that exist throughout healthcare. Geography can further compound these issues. For example, in Plymouth, where I am based, the 2011 census recorded the area's population as 93% white British. Accordingly, I wanted to carry out a project that would increase awareness and have a continuing impact on the work of student SLTs at my university.

I worked with the Council of Deans of Health and Plymouth Marjon University to secure funding for my project. This involved writing a short business plan detailing my intention and explaining how I would use the funds. I then explored anti-racism book recommendations, including Jackee Holder's booklist 'Anti racist non-fiction for coaches', to curate a collection of anti-racism texts. The initial collection of 40 books was installed in the university's library in May 2022, with a pledge from them to continue annual funding of the collection. From my work with Carrie, I learnt about the importance of project sustainability, so making plans to support learners beyond my current project was a real success.

> **I hope more SLT students realise they can be leaders too**

I couldn't accomplish my goal of facilitating a conference in the time available. However, I was pleased with the outcomes I achieved in setting up a lasting anti-racism resource. I also learnt a lot about myself as a leader and recognised the value of having leaders at every level. With this in mind, I hope more student SLTs realise they can be leaders too. Leadership and management are often confused; however, leadership can be achieved through advocacy, allyship, raising awareness and by following things through. Throughout their course, student SLTs develop many leadership skills, as well as learning about current evidence-based practice. I believe this places them in a fantastic position to be able to question the efficacy of historic learning, advocate for change and question the status quo.

Even though my time on the *150 Leaders Programme* has come to an end, I will continue to ask questions, raise awareness and act as an ally. Indeed, I encourage all student SLTs to become leaders by using their critical analysis and questioning skills, and by speaking up when things don't seem right.

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ILLUSTRATION: JAMIE WIGNALL

Turning stumbling blocks into stepping stones

Daniella Costa on the expectations and realities of newly-qualified practice

Being prepared for practice and having your expectations match the realities of practice – the antithesis being coined as 'reality shock' (Kramer, 1974) – can promote your professional confidence (Kaihlanen et al, 2018) and reduce the likelihood of experiencing symptoms of burnout (Schaufelli and Enzmann, 2020) at a time when you are already susceptive to emotional upheaval (Arrowsmith, 2016). My masters survey project compared the perspectives of 143 UK-based final year students and 145 newly-qualified practitioners (NQPs) on their preparedness to practise in four key areas. I analysed the results using descriptive statistics and thematic analysis.

Confidence in abilities to meet NQP goals: Encouragingly, students and NQPs felt confident about completing many of the NQP goals. However, they lacked confidence in some parts of (a) assessment, eg making a diagnosis, justifying decisions on complex care; (b) intervention, eg understanding discharge criteria; and (c) collaborating with other professionals. Interestingly in (c), 90% of students felt high confidence in working within a multidisciplinary team (MDT) compared to 77% of NQPs' reported experiences. This could be attributed to the fact that students could only draw on their shielded exposure to team working on placement.

Perceptions of how the speech and language therapy course influenced readiness to practice: Both groups felt they would benefit from having practice-based learning (PBL) sessions on their course directly before or during placement blocks, surrounding the aspects of practice they were least confident in. The NQPs also felt there should be early discussions on the course regarding the realities of large caseload sizes, and the fact that, "the gold standard of practice is not always available on the NHS".

Expectations of transition and supervision versus experiences: Students' expectations of practice matched the experiences of NQPs, with two exceptions. First, more than half of the students expected to have protected time set to work on their NQP competencies and CPD, which was the case for just under half of NQPs. Second, students felt supervision would be about troubleshooting, "avoiding mistakes", in contrast to NQPs' knowledge of supervision being a journey of experiential learning and "confidence-boosting".

Almost half of the students anticipated experiencing burnout, which NQPs confirmed because they felt "emotionally drained" by the autonomy instantly awarded to them. The NQPs were surprised at: (i) the complexity and size of their caseload "for a Band 5…being thrown in the deep end"; (ii) "that no one sat in on sessions"; (iii) that many of their administrative responsibilities, eg diary planning, "was all done by [their] practice educator on placements"; and (iv) by the lack of therapy resources. Their lack of agency on placement may have contributed to such stumbling blocks and feelings of "imposter syndrome".

Identifying essential practice-ready attributes: Students' prediction that employers would value personal traits more than theoretical knowledge, matched the experiences of the NQPs in practice. However, only 6% of students anticipated that employers consider general skills (eg organisational/administrative) as the most practice-ready attribute (preceded by personality traits), as observed by 19% of NQPs.

Recommendations

A suggested course of action would be to turn the aforementioned stumbling blocks into stepping stones to better prepare the future cohort of SLTs, by building on existing course content with:

- NQP-related content: on caseload management tips, the range of admin tasks, the nature of supervision and the value of general skills.
- PBL: simulated case studies to practise the steps required from receiving a referral to the end of episode care, with a particular focus on assessments and intervention; a seminar dedicated to creating therapy resources that students can share.
- Partnerships: how to facilitate access to speech and language therapy services through the use of interpreters; working in an MDT.
- A heuristic approach to learning: by encouraging students to manage a small caseload and plan their diary early on.

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

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FOCUS ON DIVERSITY

It's good to talk intersectionality

Rick Vakharia reflects on the SLTeaTime and UK SLT Pride Network podcast

This past pride month, SLTeaTime and the UK SLT Pride Network met for an online discussion on intersectionality within the UK speech and language therapy profession. Being in a room where another person shares your identity as an LGBTQIA+ person, or as a person of colour, is not a common sight in our field. When considering the necessity for more conversations of the kind, I was glad for the opportunity to chair this episode.

A service user's identity impacts the way they access healthcare

Jen discussed the burden of responsibility to have to make change alone in the workplace and this shared chance to discuss our experiences felt important. Challenging discriminatory behaviour, advocating for yourself as a student or educating colleagues can be an extra workload for individuals from our communities. When allies are vocal about speaking out and supporting us, these extra responsibilities are no longer shouldered alone.

Anne pointed out that our training as SLTs naturally gears us towards becoming strong listeners and listening is also one of the best things we can do as an ally. My experiences as a British Asian and an LGBTQIA+ person help me understand others with similar experiences, but I can never know it all. Not expecting a person from a marginalised group to do the work for us and instead doing our own research is key.

There can often be a fear of saying the wrong thing when we talk about a community that we're not familiar with, as Simon mentioned. We're never going to get everything right. Accepting this can help us to work towards a more inclusive work profession. We're trained to centre holistic care in practice but can miss how a service user's identity impacts the way they access healthcare. A simple gesture, such as learning a few phrases in the service user's language or taking the time to pronounce their name correctly, can indicate to them that they can trust us as a healthcare professional.

Our profession highlights the importance of reflecting on our experiences and we are taught about how unconscious bias presents. However, Kate brought up how the next step can be more difficult: reflecting on what bias we personally bring and working to change this in practice. Reflecting on how we are affected by bias towards us can be equally difficult. Do I feel safe talking about my same gender partner in casual workplace conversation; do I feel safe calling out transphobic language? If not, what support do I need to overcome this?

We concluded that one podcast episode wasn't enough to discuss all the topics concerning intersectionality and welcomed future talks of the kind with the aim of transforming the workspace in UK speech and language therapy practice. To hear the full conversation, visit the SLTeaTime channel on a podcast platform and on their YouTube page.

To join the UK SLT Pride Network as a member, or to enquire about joining our committee, please send an email to the team.

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Episode featuring: Simon Bedeau (he/him), Jen Chun (she/they), Anne Onwusiri (they/them), Kate Mordey (they/them), Rick Vakharia (he/him).

ILLUSTRATION: JAMIE WIGNALL

DLD in adults: a misunderstood condition

Angharad Agg asks: why is developmental language disorder being confused with autism?

Pioneering developmental language disorder (DLD) researcher Dorothy Bishop talks about her difficulty answering when people asked her what she did for a job. She found herself describing DLD as 'a bit like autism' because people understood what autism was. People would reply 'Oh my nephew has that'; whereas, if she tried to explain what she really did no one knew what DLD was.

I am a specialist SLT and I work in a diagnostic autism service for adults. We currently have up to 1,000 people on our waiting list each year. Approximately 30% of the people who have an assessment receive a diagnosis of autism. So, what about the other 70%? Many of these people have researched autism online, read books by people with autism and completed online screening tests. They are convinced they are autistic. Meanwhile, the press publish almost weekly articles about people with autism, reviewing films about autism and promoting autism awareness months. Celebrities, such as Greta Thunburg, Elon Musk, and more recently, Melanie Sykes, talk about their diagnosis of autism and describe their neurodiversity to the world.

However, much of the information gained from an online search of 'autism' does not encapsulate the pervasiveness and the intensity of being on the autistic spectrum. Many people will read news articles and social media posts and think 'this is me'. People who have always felt different, socially anxious or isolated find themselves identifying with the difficulties that prevail in autism. This has become even more prominent since the pandemic, when our whole approach to socialising and communication was turned upside down.

It is hugely encouraging that an awareness of autism has arrived at last and enormous progress has been made in understanding the condition since Kanner and Asperger's narrow definitions in the 1940s. They described autism's impact on the 'feeble minded'; observing an infantile condition only seen in boys that meant institutionalisation for life and no future prospects. Official recognition of this condition took almost 40 years and over the proceeding decades, we have learned that autism in fact has many positive aspects. People with autism can lead great lives and are often an asset to a workplace. We are now encouraged to see autism through the lens of neurodiversity rather than disability.

As SLTs we must continue to raise awareness of DLD

ILLUSTRATION: JAMIE WIGNALL

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

However, autism continues to affect just 1% of our population in the UK. It is a rare condition. With a wealth of misinformation on the internet, more people are finding themselves relating to this very relatable condition and are therefore pursuing a diagnosis when often this is not the most suitable explanation for someone's difficulties.

When Dorothy Bishop tried to explain DLD to those who did not work in her field, most people had never heard of the disorder. Although there has been a big push to raise awareness of DLD through campaigns such as Raising Awareness of DLD and the National Association of Professionals concerned with Language Impaired Children, there is still a lack of understanding around the disorder in adults. Like autism, DLD is a lifelong disorder that does not disappear when a child leaves school and enters the unpredictable world of work or higher education. So what happens to those children who were given now obsolete diagnoses such as specific language impairment, language delay, language difficulties, when they were in school? What happened to those children who were struggling with their language, but this wasn't recognised when they were at school?

Many of the people we meet have had difficulties at school. They were often bullied and they had problems with friendships and fitting in with their peers. In some cases, they were expelled from school and fell in with the 'wrong' crowd, potentially becoming involved with youth offending services and prison. Many individuals with DLD experience difficulties adapting socially and are at an increased risk for psychiatric disorders in adulthood. We know from research that this is often the depressing trajectory of an individual with DLD if not given the support and encouragement they need to succeed (Clegg et al, 2005).

We have observed that adults with DLD often access mental health services for conditions such as anxiety and depression, and there are links in the research between language impairment and mental health problems in adolescence. However, we know little about what happens as such individuals' progress into adulthood (Botting et al, 2016).

I have observed that it is with access to these mental health services that some individuals' communication difficulties are finally highlighted. An individual's lifelong struggles making and keeping friends are noted. Due to the lack of awareness about DLD in adults, mental health professionals or an individual's GP may refer those who exhibit these issues to an autism assessment service.

An important differentiator between autism and DLD is the presence of restricted routines, behaviours and interests and very rigid thinking (American Psychiatric Association, 2013). People with DLD alone will not show evidence of such pervasive, non-functional routines or the same high intensity of interests and hobbies that we see in autism.

As SLTs we must continue to raise awareness of DLD as well as the importance of differential diagnosis in communication difficulties. We need to build up the evidence through research that DLD persists in adults; evidence that can inform diagnosis, therapy and commissioning for speech and language therapy in adults. Without this, vulnerable people will continue to misunderstand themselves and their challenges, finding themselves in the frustrating position of falling through cracks in services and ultimately lacking the support and understanding that they need.

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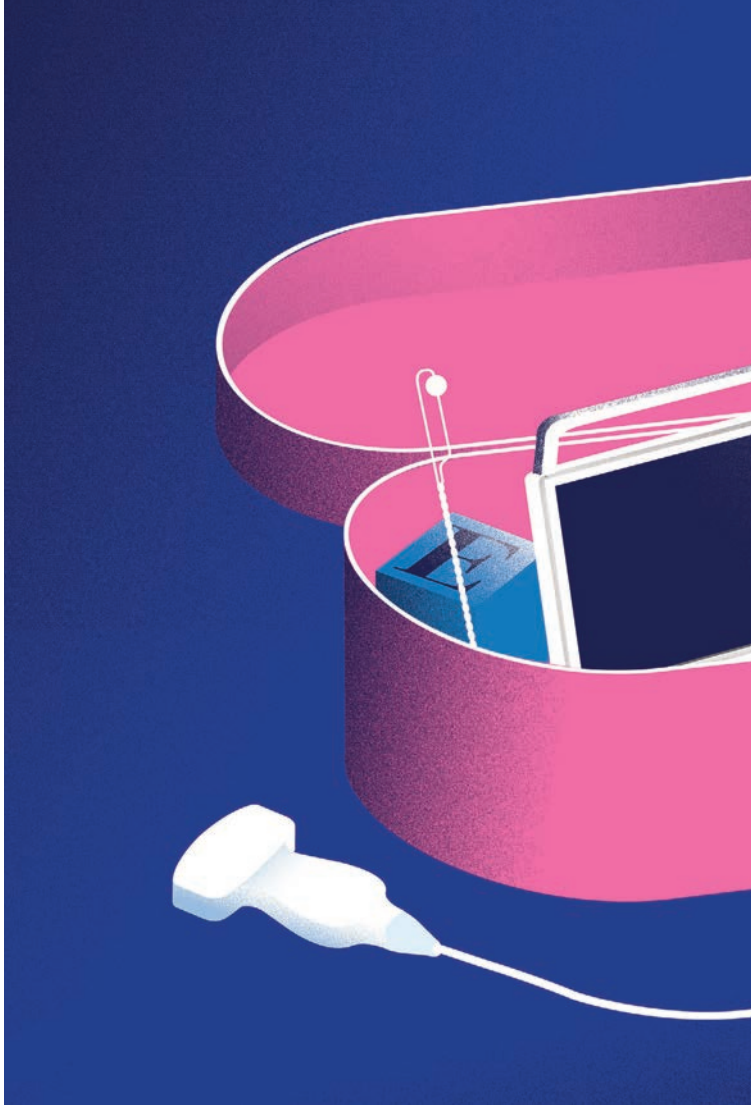
Ultrasound in clinical practice: What, how, why, when and where?

Joanne Cleland *and* **Jodi Allen** *explore the rapid growth in the use of ultrasound imaging in speech and language therapy*

ILLUSTRATIONS NEIL WEBB



ASK THE EXPERTS

The use of ultrasound imaging in speech and language therapy

The use of ultrasound imaging in speech and language therapy is an area of rapid growth. As evidence for its use increases across the profession, those wishing to explore integration into practice have raised important questions such as: Who is currently using ultrasound? Why might I use it in my practice? Where would I source the equipment? What are the training requirements?

Dr JOANNE CLELAND

JODI ALLEN

What is ultrasound?

Ultrasound is sound waves beyond the range of human hearing. In medical ultrasound, these waves are emitted from a probe into the body and the returning echo is converted to an image. Ultrasound is therefore a reflection (or echo), not a photographic image. This distinction is important as ultrasound images contain 'artefacts' which can make them challenging to analyse. Soft tissue structures absorb and reflect sound waves at different frequencies. This makes ultrasound ideal for imaging head and neck anatomy such as the tongue, floor of mouth muscles, vocal folds and salivary glands. Sound waves don't pass through bone, therefore anything beyond these structures will be in a dark shadow. For this reason, it is not possible to view structures such at the hard palate (Cleland, 2021), however shadows from structures such as the hyoid bone or mandible can be used as a landmark. Figure one shows an ultrasound image of the tongue between the shadow of the hyoid (left) and shadow of the mandible (right).

Who is using ultrasound and how does it translate to SLT practice?

Sonographers are allied health professionals (AHPs) specifically trained in imaging and use ultrasound as a diagnostic tool. Other AHPs such as physiotherapists, also use ultrasound to augment certain aspects of their practice (Strike et al, 2022). At the end of last year, we worked together with a physiotherapist, Mike Smith at Cardiff University, to outline an initial framework for use of ultrasound in SLT practice (Allen et al,

2022). To do this, we first summarised the range of clinical applications across speech, voice and swallowing. The framework and areas of application in SLT are shown in figure two.

Why would I use ultrasound in my practice?

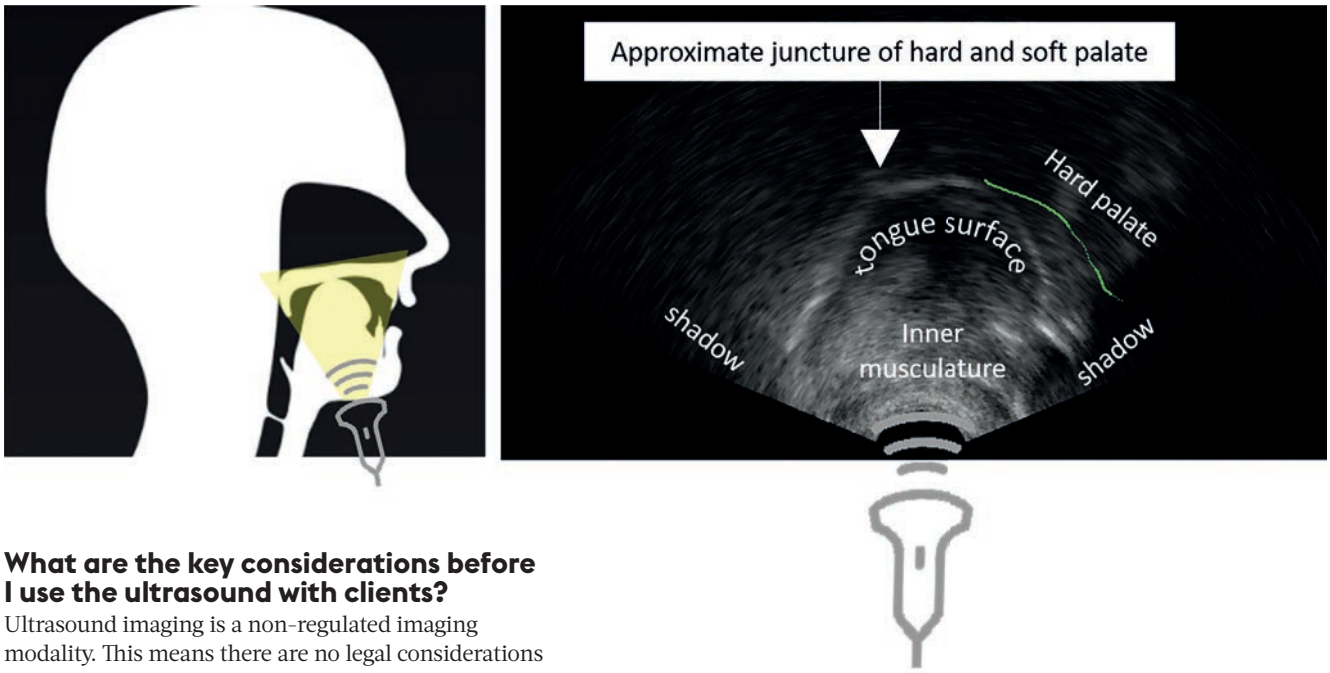
In some areas of practice, the evidence base is reasonably well established, but others remain in the research domain. For example, use of ultrasound for real-time biofeedback treatment of speech sound disorders has been possible since the 1980s (Sugden et al, 2019). Despite initial slow adoption due to technology and cost constraints, it is now used regularly in cleft lip and palate care in Glasgow and some other paediatric community services across Scotland. In this context, ultrasound has replaced more costly or invasive instrumental techniques and/or offers better intervention outcomes (Sugden et al, 2019). Use of ultrasound to guide Botulinum toxin injection for patients with sialorrhea is also well-established (Loens et al, 2020) and SLTs in some areas of the UK are now acquiring competence to do this. In contrast, use of ultrasound for the assessment and diagnosis of dysphagia, whilst showing promise in research, needs further research to ensure its validity and reliability (Allen, Clunie, & Winiker, 2021). Use of ultrasound for qualitative evaluation of vocal fold movement has shown good specificity and sensitivity in the post-surgical population (Allen, Clunie, Slinger, et al, 2021) and evaluating its utility in the neurological population is currently underway in a pilot study in London.

Importantly, SLTs are encouraged to remember that ultrasound is simply another tool in your toolbox

What equipment do I need and where can I get it?

One of the appeals of ultrasound is that once you have the equipment, you can use it for as many clients as appropriate without many ongoing costs. That said, the initial equipment outlay may be expensive. For SLTs working in acute settings it may be possible to borrow equipment from other departments, as long as they have suitable probes. High frequency linear probes tend to be used for viewing vocal fold movement and superficial structures like the floor of mouth, whereas lower frequency convex probes are used for viewing swallowing physiology such as tongue and hyoid movement. Similar considerations are needed for working with children's speech sound disorders, though a smaller (20mm) convex, or a microconvex probe will give the best image. Speech (and to some extent voice) work comes with the added complication that if you want to make an audio recording, useful for both monitoring progress and providing delayed feedback, then you need to synchronise the audio and ultrasound. In the clinics in Scotland, we use a commercial system which automatically records and synchronises the audio and ultrasound. It comes with software for setting up wordlists and providing biofeedback therapy. This system is portable and costs around £4,000. Hospital-based consoles are much larger and more expensive. Hand-held android-compatible systems are cheaper and portable but should not be used for diagnosis or assessment until research shows better reliability (Winiker et al, 2021).

FIGURE 1: Left: MRI diagram showing approximate positioning of ultrasound probe. Right: Typical ultrasound image of the tongue.



What are the key considerations before I use the ultrasound with clients?

Ultrasound imaging is a non-regulated imaging modality. This means there are no legal considerations for SLTs in using it, as long as it is used appropriately. Our scope of practice includes not just what you are imaging, but what you do with that information from the perspective of clinical decision making. As SLTs we image structures of the head and neck, but only those relevant to speech, voice and swallowing. It is essential that these aspects are already within our area of expertise before augmenting them with ultrasound imaging. For example, imaging for the purpose of identifying cysts and tumours would not be in our scope of practice, but imaging to identify the muscle size and structure(s) of the floor of mouth might be.

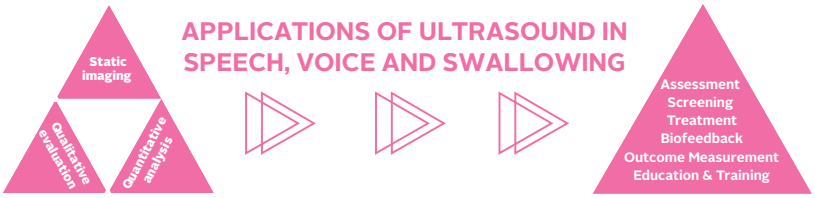
It is possible that when imaging a client you might see something that concerns you. For example, whilst analysing data at Strathclyde university, researchers spotted an unusual dark area in the floor of a five-year-old girl's mouth. As such, clear protocols for raising concerns such as this need to be in place. In this case, the child was under the care of the hospital cleft team who arranged a more specialised scan and later diagnosed a cyst and referred her for surgery. Cases like this highlight the benefits of working in a multidisciplinary team.

How much training do I need?

Ultrasound images are hard to acquire and interpret, especially when you are new to them. You will need to practice your skills in positioning the probe, using the equipment to optimise your image and interpret them. Currently, certified courses for SLTs are not available, although there is the potential should demand increase. Those currently skilled in ultrasound have either had research training and/or one-to-one mentorship from a sonographer working in this area. This type of training, plus access to supervision or support from colleagues is important to develop and maintain competence. For those wanting to explore aspects of speech and language therapy related ultrasound in more detail, some online materials are available via the references. An open access training manual is available for biofeedback speech treatment (Cleland et al, 2018), and a new website with ultrasound examples of disordered speech is due to be launched in Summer 2023. If you would like hands-on training then please do contact us to register your interest.

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

FIGURE 2: Framework for the use of ultrasound in SLT practice



CONCEPT BY DR MIKE SMITH (CARDIFF UNIVERSITY UK) CREATED BY DAN MOLLOY (FRESHWATER MEDIA)

What are the governance issues?

RCSLT considers ultrasound to be an extended scope of practice. This means that you are insured via your RCSLT membership, although each case is evaluated on its own merits. As with all aspects of SLT practice, clinicians need to work within their level of competence and have local governance arrangements in place, including support from your manager and a clear care pathway. Quality assurance is important. Peer-review of images and written reports will be important when ultrasound is used for assessment purposes. Importantly, SLTs are encouraged to remember that ultrasound is simply another tool in your toolbox. Your level of competency within your clinical area will determine your effectiveness with ultrasound imaging.

What is the future of ultrasound in SLT practice?

The UK is at the forefront of clinical research in ultrasound imaging for speech and language therapy. Ongoing work includes technological developments to enable more precise measures to be taken from ultrasound images, use of ultrasound to assess underlying muscle structure in clients with dysphagia, and a clinical trial of ultrasound biofeedback therapy for clients with cleft lip and palate. We hope that clinicians will feel empowered to try using ultrasound and to form a community of practice in this area.

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TOP TIPS

1 Connect with researchers and experienced clinicians who are already using ultrasound for advice, support and development of competence.

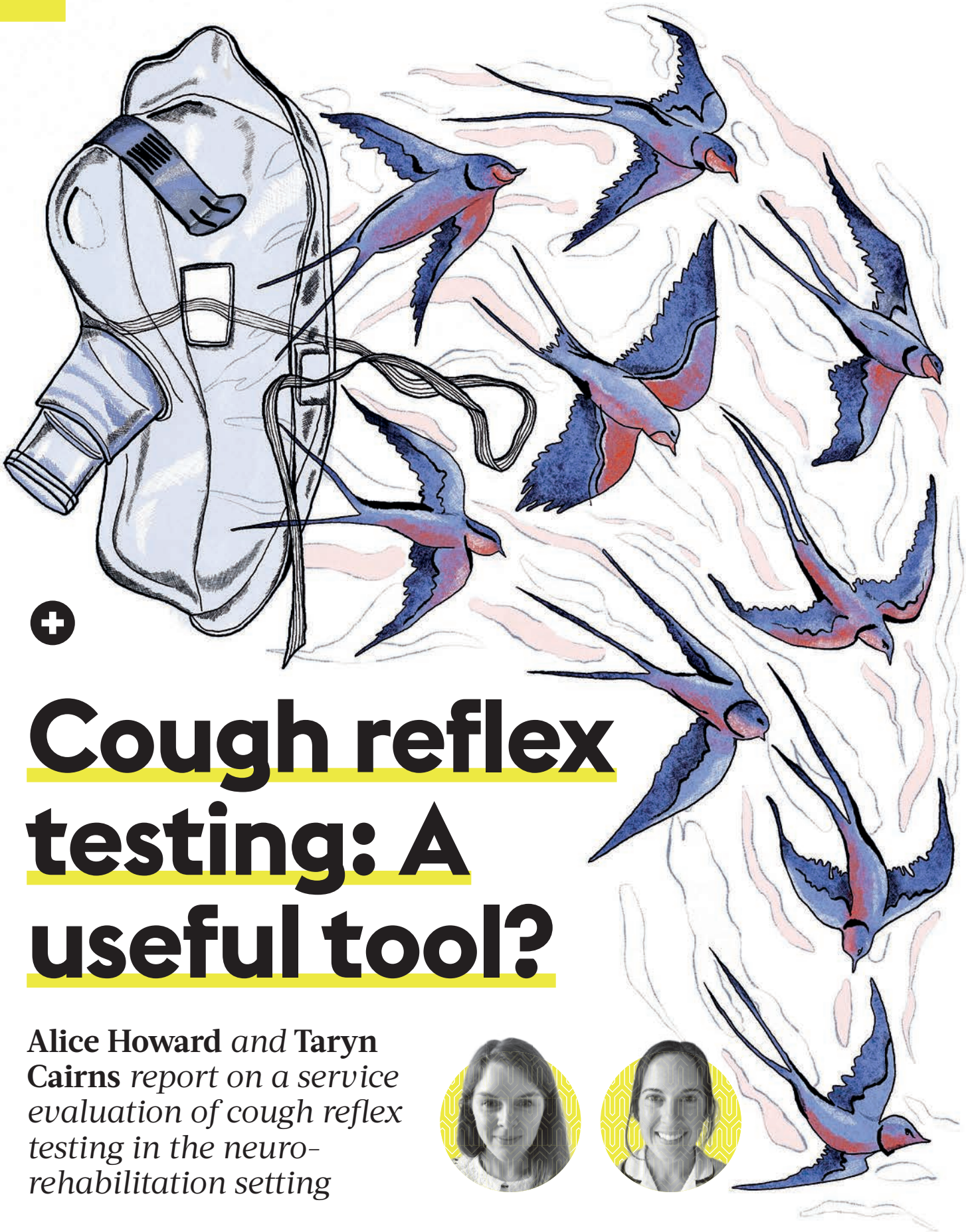
2 Practise imaging people who do not have speech, voice or swallowing disorders so you get to know the range of normal anatomy and gain some experience in using the equipment.

3 Keep up to date with the ever-evolving research literature in SLT ultrasound.

Suggested wording for ultrasound reports

Aligning with the scope of clinical and sonographic practise outlined for SLTs performing US (Allen et al, 2023) this scan is undertaken for the purposes of assessing/treating XXX as an adjunct to XXX as part of SLT management. The identification of other anatomical or pathological elements is explicitly beyond the scope of practise of the clinician.

Therefore, the scan cannot be relied upon to either confirm or exclude any such anatomical or pathological elements.



Cough reflex testing: A useful tool?

Alice Howard *and* **Taryn Cairns** *report on a service evaluation of cough reflex testing in the neuro-rehabilitation setting*

Cough reflex testing (CRT) is used to identify individuals at risk of silent aspiration. The individual inhales citric acid (or another tussigenic substance) via a nebuliser facemask and the healthcare professional observes their cough response. If the individual produces a strong cough in response to citric acid it suggests that they would protect their airway in the event of food or drink being aspirated. Conversely, a weak or absent response to the citric acid indicates impaired airway protection and a risk of silent aspiration (Miles et al, 2013).

Cough reflex testing has been used in the respiratory medicine field for many years and has been utilised by SLTs for swallow assessment since around 2011. It is used widely in New Zealand and increasingly in Australia. A survey of UK SLTs in 2020 indicated that only 8% of respondents (four NHS hospital trusts in total) were using CRT as part of their stroke pathway; however, 34% were considering its use (Trimble and Patterson, 2020).

The speech and language therapy team at the Royal Hospital for Neuro-disability (RHN) has been using CRT since 2015. The RHN provides post-acute rehabilitation and long-term care for people with severe and complex neuro-disability as a result of acute and progressive neurological conditions. The use of CRT in this population has not previously been reported. Therefore, we completed a service evaluation of the use of CRT in the RHN rehabilitation setting, to explore how it is being used and its implications.

TABLE 1: Results and analysis

112 patients were admitted or treated by speech and language therapy during 2020.
23 patients had CRT used as part of their swallowing management: nine passed, 10 failed and four passed with caution.
CRT was not indicated for 78 patients, or was contra-indicated for the following reasons: ● 24 were already stable on an established modified texture diet ● 21 had a tracheostomy tube in situ or an open stoma site ● 21 were not dysphagic ● Eight were in a prolonged disorder of consciousness and not showing awareness of food ● Four were unable to participate in CRT due to COVID-19
11 patients were eligible for CRT, but the SLT decided not to use it. Reasons for this included the patient having already had a recent instrumental assessment or the patient's challenging behaviour was perceived as a limit to tolerance of the test.
CRT was most commonly used to provide the SLT with more information on whether an instrumental swallow assessment was indicated or not. The second main objective was to gain more information on a patient's airway sensation and the risk of silent aspiration, due to acknowledgement that the bedside swallow evaluation is unreliable.
Of the 10 patients who failed CRT, eight went on to have instrumental swallow assessment. Six of these were high-risk of aspiration on fibreoptic endoscopic evaluation of swallowing (FEES), but two were not found to have any dysphagia, despite failing CRT.
Four patients who passed CRT still went on to have instrumental assessment, and two were observed to silently aspirate during FEES, despite showing sufficient laryngeal sensitivity in CRT.

The team found CRT beneficial in augmenting and supporting bedside swallow assessments

Methodology

We tracked all of the patients treated in the RHN rehabilitation service in 2020 and examined how CRT featured in their management. The SLT team were asked to request and administer CRT as they usually would, based on their clinical decision making. It is important to highlight that CRT is an aerosol generating procedure and was stopped for three months during 2020, due to the associated risks of spreading infection in the wake of COVID-19. Table 1 (above) shows the results and analysis.

Discussion

This service evaluation has demonstrated that over nine months in 2020, within the post-acute complex neuro-disability population treated by our service, a fifth of patients were considered eligible for CRT, and overall our team felt it was a useful tool to support dysphagia assessment.

ILLUSTRATIONS: LAUREL MOLLY

Given the high occurrence of silent aspiration within the brain injury population (Alhashemi, 2010: Daniels et al, 1998), the speech and language therapy team found CRT beneficial in augmenting and supporting their bedside swallow assessments. The team also reported that when fibreoptic endoscopic evaluation of swallowing (FEES) or videofluoroscopy were not viable options, CRT was a useful measure to add to their dysphagia assessment, providing more objective information than bedside assessment. Figure 1 indicates the reasons for CRT use.

The data suggests some benefit in identifying patients who required instrumental assessment. Whilst many patients who passed CRT still required instrumental assessment to fully evaluate their swallowing, in all of these incidences the CRT was completed earlier to guide initial management and instrumental assessment came later as rehabilitation progressed.

Our data reflects the wider literature on CRT in terms of sensitivity and specificity in comparison to instrumental assessment (Lee et al, 2014). There were some false negatives and some false positives. As with all tools, we would suggest that CRT should not be relied on in isolation for clinical decision making, but rather be used to contribute to information generated from patient history, observation and instrumental assessment.

Given that a large number of the patients sampled were already established on oral intake by the time they were admitted to our post-acute unit, it would appear that CRT is likely to be most commonly used in the early stages of an individual's dysphagia management. However, it was also notable that the speech and language therapy team found using CRT useful many months post injury, often for patients who would have been ineligible earlier in their journey, eg due to the presence of a tracheostomy that was subsequently weaned.

Overall, the RHN speech and language therapy team will continue to utilise CRT as one aspect of dysphagia management and will further evaluate its use, looking at outcomes and patient experience. B

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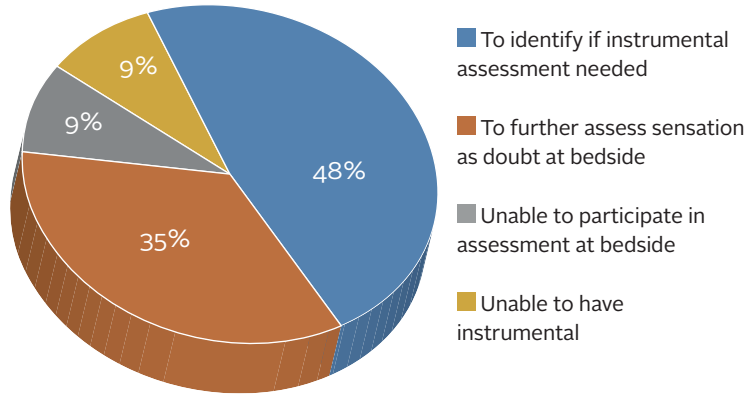
FIGURE 1: Reasons for use of CRT



Communication passports: an evaluation

Sian Wood *examines the use of communication passports and related approaches to capture and share information about a person's communication in Adult Learning Disability (ALD) services*

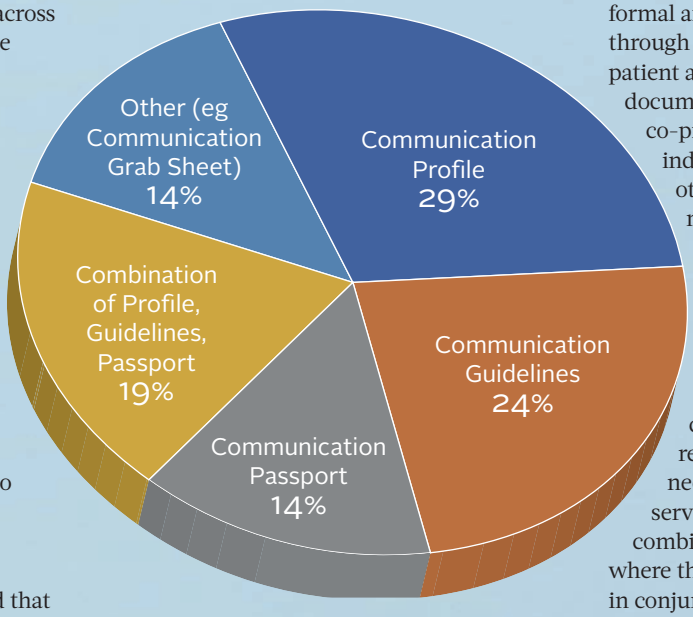
Communication passports, profiles and other related approaches, such as dictionaries and consensus tools, involve gathering, sharing and making explicit information about a person and their communication. They pull together complex information with the aim of improving communication and reducing the risks associated with communication difficulties.

SLTs working in adult learning disability (ALD) have used these types of approaches for many years (Thurman et al, 2005), but they have increased in popular usage following the publication of the Five Good Communication Standards (RCSLT, 2013). The first standard states: "There should be a detailed description of how best to communicate with individuals." Communication profiles/passports are often a

good way for service providers to demonstrate they are meeting this standard.

Despite their widespread use across ALD services, there remains large variability in how resources are developed, the accuracy of their content and how they are used. Resources can range from a one-page summary to in-depth consensus assets. There can be pressure on services to produce communication passports/profiles, leading to a risk of generic, tokenistic, one-page proformas being created en masse. Other documents, such as health and hospital passports, have also increased in popularity, adding to the confusion over terminology.

FIGURE 1: Names used to describe communication resources



Need for evaluation

Goldbart and Caton (2010) found that parents, researchers and practitioners support the use of these approaches and highlight the "urgent need for formal evaluation of their introduction and use". Evaluating the approach is challenging, because of the crossover in terminology used and the variability in how they are implemented across the UK. One of the few studies to have addressed these approaches in ALD found communication passports were generally of poor quality and that having a passport or an SLT assessment did not result in better agreement about communication skills (Bradshaw, 2020).

The SLT ALD Leads Network, an expert group comprising RCSLT clinical advisors and regional representatives, has been involved in two areas of work: a survey and a subsequent consensus meeting, to develop a greater understanding and consistency around use of these approaches.

Part 1: Survey

Group members designed an online survey, combining multiple choice and open-ended free text questions, to be completed by the lead SLT for trusts/providers delivering ALD services. Data were analysed using descriptive statistics and thematic analysis. Twenty-two services completed the survey across England, Northern Ireland and Scotland. Respondents included NHS/public sector (17), a social enterprise (1) and private providers (4) across community and inpatient services.

The survey shows that SLTs use communication profiles/passports widely, with all responding services reporting use of one or more of these approaches. All except one service reported using a written format for the end product, with 18 services having a proforma for these documents. Services also reported using video footage, story apps, object boxes and photo books where appropriate.

Despite their widespread use, a key finding of the survey was the lack of agreement on the terminology used for the approach/resource produced (figure 1). Some services used terms interchangeably, but in others they referred to distinct approaches.

Respondents used a combination of formal and informal assessment, gathered through direct and indirect contacts with patient and key carers, as the basis for the documents. 15 services reported co-producing profiles with the individual with LD, their carers or other members of the multidisciplinary team (MDT).

There was agreement on the content of the documents: comprehension and expression (22/22); social communication and how to communicate with me (21/22); non-verbal communication (17/22); SLT recommendations (14/22); sensory needs (14/22); and risks (9/22). Most services (19/22) reported using a combined implementation approach where the profile/passport was introduced in conjunction with meetings, training or modelling, depending on the needs of the individual.

All respondents listed an increase in awareness of the communication partner as an intended outcome. The intended outcomes were weighted towards change in communication of the communication partner/carer (21/22) rather than the individual themselves (10/22).

Respondents listed encouraging the use of a specific tool/communication approach (19/22) and consideration of communication by the MDT (18/22) as important. Outcomes relating to having a record of the individual's communication on file (16/22) and meeting policy demands, such as the accessible information standard (7/22) also featured. Therapy outcome measures (Enderby et al, 2013) were the most common outcome measure reported (9/22), although there was recognition that this was not an easy tool to use for a communication profile approach. Although several services (5/22) gathered informal feedback from carers or used forms developed in-service, (6/22) did not routinely capture outcomes.

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TABLE 1: SLT consensus descriptors of communication profile/passport/dictionary approaches

Approach	SLT consensus descriptors	Similar approaches
Communication Passports Example of published description: communication passports provide "a practical and person-centred approach to passing on key information about people with complex communication difficulties who cannot easily speak for themselves" (Communication Matters website).	They are: ● The voice of the person ● A consensus resource developed with people who know them well ● A reference guide supporting partners to 'be'/ communicate with the individual ● A tool to support opportunities for positive communication They should be: ● Co-produced ● Accessible and portable ● Available to the person and owned by them ● 'Live' documents	Communication passports may be similar in nature to 'All About Me' resources. However, communication passports are "not just a list of likes and dislikes, or a photo album of people and activities. They should include more powerful information about communication, eg How to TELL when I'm showing you what I like and dislike" (Millar and Aitken, 2009). They are different to hospital passports, which describe a person's communication specifically in relation to health information.
Communication profiles Example of published description: communication profiles are a "summary of information for communication partners about a person's communication skills and abilities" (Scope, 2016).	They are: ● Based on communication assessment/observations ● A resource containing key information about an individual's communication ● A resource containing recommendations for supporting optimal communication They should be: ● Developed by SLTs working alongside others ● Available to anyone communicating with the person ● A concise summary of a person's communication strengths and support needs ● Named and dated so that is clear who has written the information and how current it is	Communication profiles may also be called communication guidelines or one-page profiles.
Communication dictionaries Example of published description: communication dictionaries are particularly useful "if there is a high turn-over of staff ...new staff [can] refer to the dictionary if they do not understand the individual's attempts at communication" (iCommunicate website).	They are a: ● Resource containing information primarily about an individual's expressive communication ● Resource to ensure communication partners recognise an individual's communication attempts and respond in a predictable manner ● 'Live' document They should... ● Be developed through observation and consensus by people who know the individual ● Describe in detail any idiosyncratic communication	Communication dictionaries have also previously been used to refer to an approach developed by Alison Matthews (totalcommunication.org). This involves creating a detailed and specific communication document developed through consensus with staff and incorporates aspects of communication training. This approach is now referred to as communication consensus framework.

Note: The format of the end resource (paper or multimedia) may vary across all approaches and should be tailored to the individual's needs. Some services will have proformas for the resources to prevent important information from being missed. Due to the individualised nature, the SLT ALD Network sees no one format as the 'gold standard'.
Potential for vulnerability in SCED studies. However, null findings for an approach or individual often reported in the context of a comparison between approaches/individuals.

Key survey themes

There is a difference between the purpose of a communication passport and profile: "Profiles and passports used in different circumstances... passports used less frequently and usually at more severe end of LD rather than full spectrum as profile used for."

Communication profiles are increasingly seen as minimum standard for all speech and language therapy input:

"Tend to use as minimum standard when asked to assess someone then progress supports from there if necessary."

"Considered good practice to produce profile for any communication referral even if referral for very specific purpose."

Communication profiles/passports are not useful as a stand-alone document – they need speech and language therapy support to implement them:

"My feeling is the passports and profiles can at times feel formulaic; staff request them but I wonder how actively they are used. Including some communication support [is] helpful in addressing this."

"[Important to] model some strategies/signing/symbols/choice making in context, making use of assistants to help with this."

Implementation of support varies depending on individual and carers needs, recommendation type and SLT preference:

"Families tend to be offered more support than staff in residential care homes."

"Despite consistency in the look and content of the guidelines there is a very mixed approach to implementation... some SLTs always co-produce and review in meetings then provide ongoing support for implementation, whereas others would routinely complete assessment and send out the guidelines as a part of the discharge process without a clear implementation plan."

"If the recommendations only require the conversation partner to make a reasonable adjustment in their approach/language etc, then no or limited follow up is given."

> There is no agreement on what a communication profile intervention means

Discussion

Communication profiles/passports are frequently used within ALD services and when developed by SLTs are predominantly part of wider intervention, rather than as a standalone resource. However, there is currently no agreement on what a 'communication profile intervention' means or what components influence their effectiveness. The terminology used also remains variable, with different services using overlapping terms to mean slightly different things. The lack of a shared definition is a challenge given that, as highlighted in Money et al's inclusive communication position paper (2016), using one term for a communication approach with a clear definition creates greater consistency and understanding within and beyond the profession.

Part 2: Consensus development

Following the survey results, the group initiated a second project to develop professional consensus descriptions of the most frequently used communication approaches falling under the umbrella term 'communication profiles'. This was intended to support SLTs to have greater confidence in using these approaches and achieve clearer referencing within evaluation, audit, research, policies and strategy.

An ALD SLT Leads Network meeting, including SLT representation from the UK nations, focused on this work. Participants used an approach similar to the nominal group technique, involving scene setting, group discussion and sharing of ideas at an individual then group level. Instead of voting, participants themed ideas and reached final agreement through discussion when each member found the proposals acceptable (Norris, 2014). A theory of change model framed the discussion around, 'what are we trying to achieve with these approaches?' The final descriptors were circulated across the wider network and no significant changes were requested.

Table 1 (left) provides a summary of the consensus descriptors for three of the main approaches. The descriptors provide a consensus speech and language therapy perspective on the purpose of each approach and how they are developed and used. Thematic analysis of the group's responses to questions addressing why SLTs use these approaches indicated the main aims are to: reduce risk; develop more effective communication; gain consensus around individuals' speech, language and communication needs; positively influence carers' knowledge, skills and attitudes; improve quality of life through empowerment and inclusion; and provide a reference for others about individuals' communication.

The consensus descriptors present a collective view as a professional group of the main features of these commonly used approaches, as well as key aims. Further work is required to define how these approaches are used by SLTs as an intervention followed by evaluations to establish effectiveness. This work is the first step to support further formal evaluation work. The ALD SLT Leads Network will continue to look at ways of taking this work forward. If you work in ALD and would like to contribute but are not connected with the network, please get in touch.

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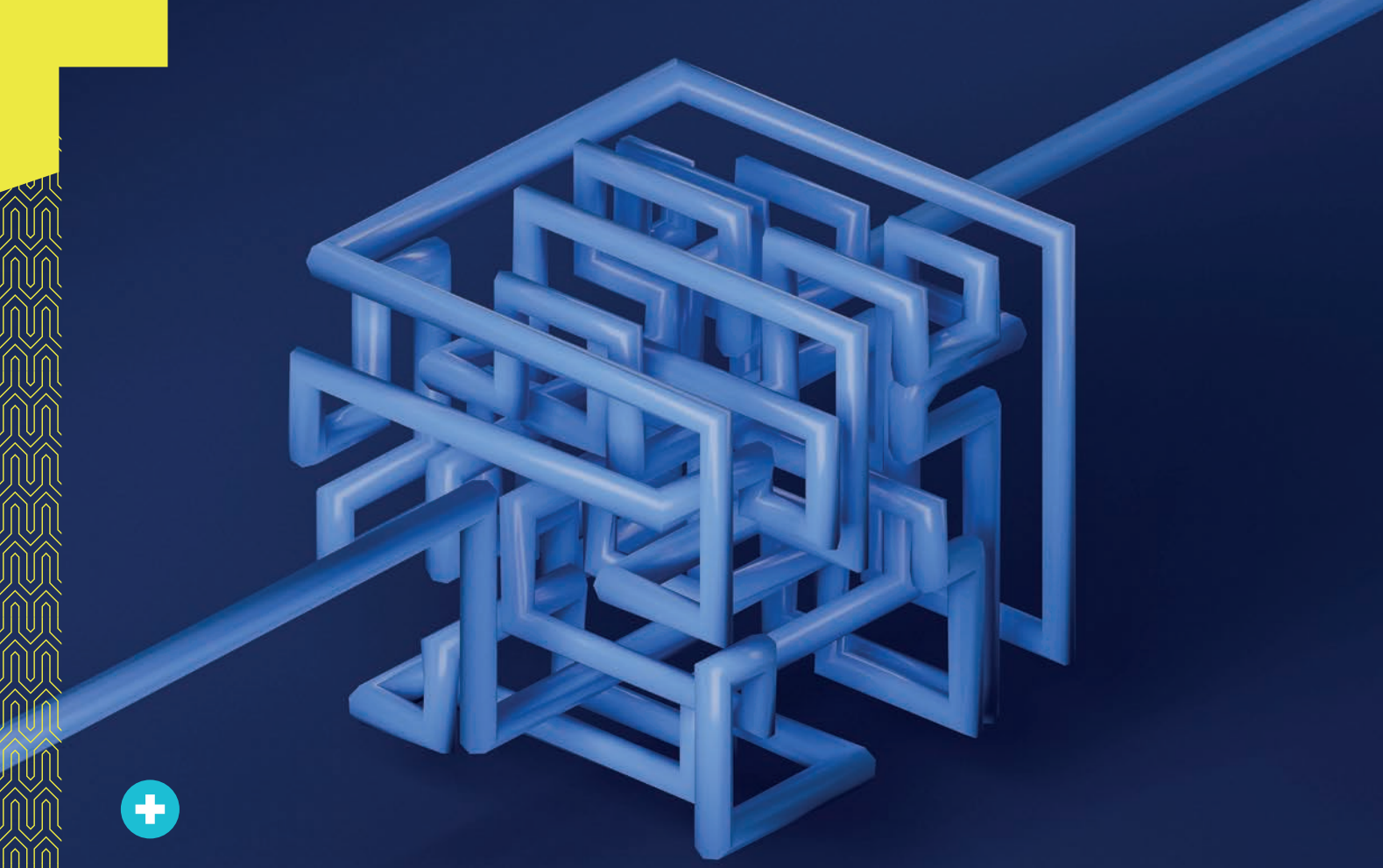


RCSLT Professional Development Framework

Kelly McCann *and* **Vicky Harris** *talk through the new RCSLT framework to support learning and career development*

The RCSLT Professional Development Framework is one of the principal outputs from the Workforce Reform Programme funded by Health Education England (HEE) to support the modernisation and development of a workforce fit for the 21st century.

The overarching objective for the framework is to enable RCSLT members to articulate, promote and support learning and career development for everyone in the profession.

Framework development

The framework evolved through three key phases of development:

1. Online discussion events attended by over 120 members
2. A virtual development group comprising 82 members
3. An open-access consultation with wider membership and interested parties outside of the profession including service users, AHPs and Higher Education Institutions.

We received a high volume of in-depth, creative and constructive feedback from members throughout the framework's development.

The result is a relevant, modern and innovative resource co-created by speech and language therapists, for speech and language therapists.

Framework structure

The framework is an adaptable and flexible tool to support individuals, managers and organisations to identify learning and professional development needs across all career levels, in all settings.

The key elements of the framework are:

Five core components, each supported by reflective questions:

1. Practitioner wellbeing
2. Impact
3. Inclusion and diversity
4. Sustainability
5. Co-production

Four domains of practice, accompanied by sub-topics to enable evaluation:

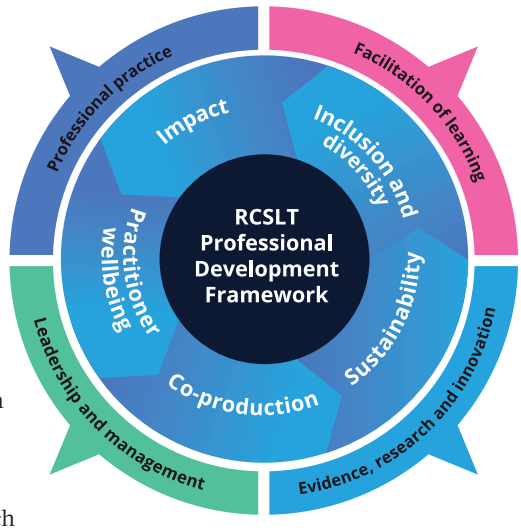
1. Professional practice
2. Facilitation of learning
3. Evidence, research and innovation
4. Leadership and management

Professional development levels:

- Foundation
- Proficient
- Enhanced
- Advanced
- Expert

We have also added a 'Not applicable now' option so you can capture ideas for future learning and development, appreciating that we can't achieve everything at once.

One of the most innovative aspects of the framework is its focus on practitioner wellbeing which is positioned front and centre as one of the core components. It's important to recognise that investing in wellbeing requires an integrated approach across all levels of an organisation (CIPD, 2022) – this is a new approach in relation to professional development.



GETTY IMAGES

> **The result is a relevant, modern and innovative resource co-created by speech and language therapists, for speech and language therapists**

How to use the framework

The framework is designed to:

- Be used flexibly to guide practitioners, teams and organisations.
- Be used as a whole or in parts, returning to it at different times within your career.
- Identify existing knowledge and skills with individuals and teams.
- Inspire future learning for knowledge and skills development.
- Provide a structure to support the CPD Diary (where appropriate).

The framework contains guidance on how to use it and how it can be aligned with other frameworks within and beyond the profession.

With thanks

We would like to thank members and stakeholders who contributed their time to the development of this framework.

We would also like to pay particular thanks to learning and development consultant and occupational therapist, Stephanie Tempest, who was contracted to guide us through the development process and write the document. She worked through large quantities of comments provided by stakeholders from the three development phases with care and precision, making sure all points were properly considered and discussed. Stephanie previously held the role of Professional Development Manager at RCOT, where she was project lead for the RCOT Career Development Framework.

What's next?

Keep an eye out for upcoming engagement activities where we look forward to introducing the framework in more depth. We'd love to hear how you are using the framework. Get in touch via **cpd@rcslt.org** or join in the conversation on social media using hashtag **#RCSLTProfDev**.

Access the RCSLT Professional Development Framework **https://rcslt.info/professional-development-framework** B

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A new route into the profession

We take a look at the new SLT apprenticeships from the perspective of a university, employer and some of the first SLT apprentices in the UK

The first national apprenticeship system of training was introduced in 1563 by the Statute of Artificers, where skilled craftsmen could take on three apprentices for seven years. While conditions and the range of jobs available to apprentices have changed significantly, it is still the case that an apprentice is an employee who learns on the job. In recent years the government have standardised the way in which apprenticeships are delivered in England ensuring every apprenticeship contains an element of off-the-job training.

RCSLT has been clear from the beginning that an apprenticeship must be of the same standard and quality as the traditional university route. It must provide at least a degree level qualification and align with both HCPC standards and RCSLT curriculum guidance. SLT apprentices must study the same curriculum as students on the traditional route. It is not an easier option, combining work with the rigorous requirements of an SLT degree requires both resilience and determination.

Why the profession needs apprenticeships

RCSLT sees the apprenticeship as a really important new route into the profession. One that provides a more flexible pathway, for example for our many talented SLT assistants who are not always able to take a break from employment to study full time.

It provides a route through which apprentices from local communities can train and study without moving away. We know that recruitment and vacancies are a major concern for the sector. Apprentices are a potential way to address these issues in the medium term, helping to solve local recruitment problems.

We hope it will contribute to raising awareness of the profession, bringing it to the notice of people who were not aware of speech and language therapy, helping improve the diversity of the profession. Apprenticeships provide a route for people who find the profession later in life bringing with them valuable and varied experiences.

We are delighted that the first SLT apprenticeships have now started at two universities in England. We hope that employers continue to come forward and work with their local Higher Education Institutions to build a range of locations for SLT apprenticeships.

THE UNIVERSITY PERSPECTIVE

Victoria Lundie, course lead, BSc Speech and Language Therapy Degree Apprenticeship, Birmingham City University (BCU)

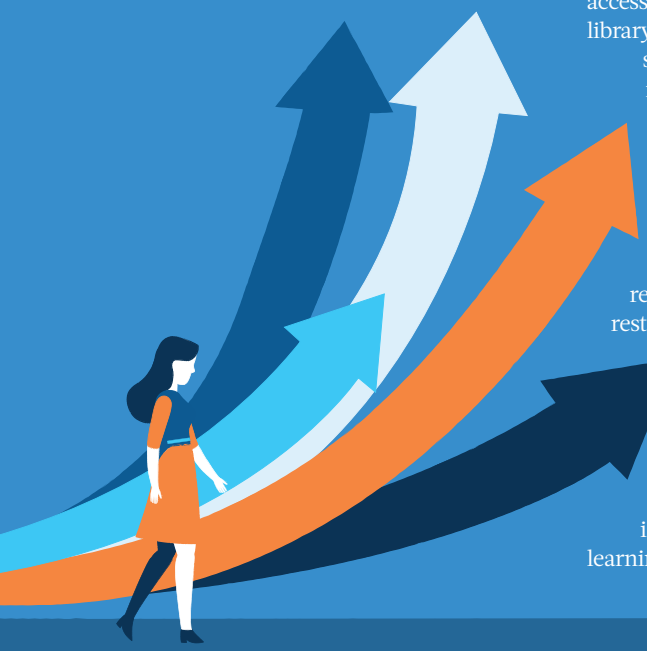
BCU has played an integral role in the development of the SLT degree apprenticeship from its inception in 2017. Along with other HEIs, BCU represented the Higher Education Institute (HEI) perspective, as part of the apprenticeship trailblazer group; contributed to the national RCSLT webinar in 2019; and organised a number of local, regional and national stakeholder events to establish employer engagement and share information about plans for development of the apprenticeship at BCU.

BCU and employer partners have collaborated closely throughout the development and implementation of all aspects of the apprenticeship for example, to ensure the development of a model of delivery that works for all parties involved and that reflects the needs of the services it will be delivered within. A robust admissions process was co-created so that potential candidates experienced an equitable and accessible recruitment process for example carrying out joint interviews and creating a portfolio as an alternative entry route.

Employers and BCU have structured the course in a way that will effectively enable the apprentice to progress towards the achievement of the knowledge, skills and behaviours (KSBs) outlined within the apprenticeship standard. Throughout the course, clear and direct links between teaching, learning and assessments are made within all aspects of the apprentice's role ie, within clinical placement, at BCU and within the workplace.

In late 2022 the BCU apprenticeship received internal academic approval and external approval from our professional and regulatory bodies. In January 2023 we were delighted to welcome our first cohort of 19 learners who started their 48-month journey with us.

Apprentices attend university one day a week for face-to-face campus-based teaching, which provides direct access to staff and resources as well as opportunities to work with their peers in the classroom and become part of the wider student community. The apprentices are also able to access university services such as the library and academic/pastoral support services. One day of their week is ringfenced for either placement or guided learning, there is a placement within all four years of the course, which ensures that learners experience working in different settings and sectors and have the range of clinical knowledge and skills required by RCSLT. The rest of their working week is spent in their workplace gaining further experience and working towards the achievement of the competencies outlined in their work-based learning portfolio.



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Our apprentices travel from a wide geographical area to access the course at BCU and they are employed within a range of clinical areas including learning disability, forensics, adult community services, paediatric preschool services, in both independent and NHS settings. Prior to applying for the apprenticeship role, the majority of learners were employed in a related role and so bring a wealth of experience to the course and to share with each other enhancing their overall learning experience.

To support employers, mentors and placement providers, BCU created an online resource site as a means of sharing training materials and resources. Regular online drop-in sessions are set up for partners which provide the opportunity to ask questions and gain mutual support in, sharing experiences and best practice.

The apprenticeship will be demanding and at times a challenging role. Regular support is provided by their workplace mentor and by their BCU personal tutor and all three parties meet for regular tri-partite meetings. These meetings are an opportunity to discuss progress, identify learning opportunities, develop, and implement action plans and consider any other requirements the apprentice may have. When on placement, the apprentice is supported by a practice educator and BCU placement tutor, to help them meet the placement learning outcomes. The apprentice also has access to other typical workplace and university support services such as a wellbeing team, academic support services, a line manager and occupational health.

BCU feels incredibly proud to be one of the first universities to launch the degree apprenticeship for speech and language therapy, it has provided a great opportunity for innovation and collaboration as well as increasing the diversity of the profession. We are excited to be working with the apprentices, employers, and practice educators to ensure that our apprentices achieve their potential via this new route into the profession.

RESOURCES
To find out more about apprenticeships visit: **rcslt.org/apprenticships**

THE EMPLOYER PERSPECTIVE

Lisa Salton, SLT, general manager for SLT and Stroke-Neuro Services, Derbyshire Community Health Services NHS Foundation Trust

I was keen to be involved in the development of a route into the speech and language therapy profession via an apprenticeship pathway, seeing it as an opportunity to broaden the range of people who consider becoming an SLT, who might not otherwise do so via the traditional routes. Expanding the diversity of the profession is such an essential aspect of developing the reach and impact of SLTs for the people we seek to support.

Recognising the practical and financial limitations of the traditional routes and the need from a recruitment perspective to support entry into the profession was key. We have all known those amazing assistants who are able to develop and give so much more or the more mature person with applicable life and work experience but for whom the implications of full-time study are just not feasible, as well as those young people who just don't want the traditional university experience.

I joined the RCSLT Apprenticeship Trailblazer group at the start of the process in 2018 as an SLT Service Manager. The group worked with the support of the Skills for Health (SfH) facilitator to develop the apprenticeship standard and achieve approval from the Institute for Apprenticeships.

There was plenty of lively discussion, and I admired the skills of the SfH lead in controlling a bunch of vocal SLT managers, clinicians, and reps from HEIs who produced drafts for consultation and approval. Once the initial concerns regarding the parity of the qualification via this route were addressed, I became increasingly passionate that this could be an effective way of training clinicians to join the workforce; individuals who would be equipped with plenty of vocational experience of real world service delivery alongside an academic programme meeting RCSLT and HCPC standards.

I alerted my organisation and discussed with the apprenticeship leads the developments underway and my interest in supporting this. I needed to understand the levy and funding aspects, which weren't always easy to grasp. It felt like the right thing to do, and I became increasingly determined that we needed to find a way to support this.

The standard was approved and the funding level for the HEI aspect signed off, so the next step was to ensure we had HEIs who were able to deliver the academic programme. This was a leap of faith for them too, in terms of knowing there would be repeated viable cohorts to support the case for developing a new programme within their HEI.

So, COVID-19 did its thing, and everything was on hold for a while. But last year, following workshops supported by HEE and with enthusiasm and drive from colleagues at BCU the momentum picked up again. I became involved in the Midlands Employer group working with BCU and we continued to progress through the various stages needed to be ready to make the apprenticeship a reality.

In 2021 I re-engaged with the supportive apprenticeship lead in my organisation and wrote a proposal for having SLT apprenticeship roles in my service, referencing data from band five recruitment patterns over the previous five years. This included: workforce planning requirements reflecting the decreasing numbers of band five applicants for roles, the commitment of service leads and managers to support the programme for a future workforce, the potential of a large service like ours to be well equipped to support apprenticeship roles, and the links with BCU as an HEI provider.

I liaised with other speech and language therapy providers in Derbyshire who were also keen to consider the route and we discussed the potential for reciprocal placements. My proposal included a plan to have two apprenticeship roles, to enable them to have mutual support, and that we recruit internally for this first cohort, based on known high levels of interest from non-registered colleagues. I also proposed that the posts were funded as over establishment roles and not taken from the existing staffing resource. This was intended to help protect the service from further pressures and backlogs that had been exacerbated by COVID-19, whilst giving an undertaking to achieve a balanced overall budget. Agreement was achieved and we advertised the roles within our service via expressions of interest.

I was delighted when we were able to offer two positions to two SLT assistants in the service, who have taken their places at BCU since January 2023. They are working in assistant roles for three days a week and have two days allocated for study, placements, and professional development.

It still feels like we will have lots to learn and develop together as we go through the process in an iterative way. We are all excited to be supporting this new approach to enabling a future SLT workforce equipped and committed to making a difference to people with communication and swallowing difficulties. B

lisa.salton@nhs.net

THE APPRENTICE PERSPECTIVE

Why did you choose to become an apprentice?

"I wanted to be an apprentice so I could further my career while still working. I was not in a financial position to just give up work to pursue further training. I had kept my ear to the ground, eagerly awaiting the arrival of the speech & language apprentice pathway. Once I completed my foundations skills, also with the help of NELFT, I was able to start at Essex University in October 2022. It has been an amazing opportunity, which I could never have done alone and would recommend to anyone looking to further their career within NELFT."

LISA GLEED, speech and language therapy associate practitioner – NELFT North East London Foundation Trust

What is it like to be an apprentice?

"I'm Marjana. I work as a speech therapy assistant at Speech Therapy Interactive. I have been working as an apprentice for almost four months now. Being an apprentice challenges you in many ways such as the ability to balance work and studies. It has enabled me to develop my time management skills. I really appreciate the opportunity to combine the theories and learning from my degree and the training I receive through my practice. I can draw parallels between them both and apply it to my role in speech therapy."

MARJANA AKTHAR, apprentice, Speech Therapy Interactive

SHUTTERSTOCK

Reading the room: The practice educator, the student and the client

Three perspectives on a specialist reading and writing clinic for people with aphasia.
Esther Pettit, **Tom Williams** and **David Burton**



In 2016, Esther started a specialist university-based clinic, offering a free service for people with aphasia who want to work on their literacy difficulties. The Reading and Writing Clinic usually runs for one day a week for one semester, providing clinical placement experience for final year student SLTs. Intervention is personally tailored to each client's personal goals and may consist of impairment-based work, strategy-based approaches or a combination of the two. David first came to the clinic in October 2021 and participated in Multiple Oral Re-reading treatment (MOR), first developed by Moyer (1979) for a client with pure alexia (also known as letter by letter readers) but now known to be effective with a wider range of acquired reading disorders (Kim and Russo, 2010). David attended the clinic over eight weeks and on each occasion, was given a new passage of around 300 words to practise reading aloud.

A 'control' text was also generated, which was not practised, but both were timed on the following week. David's reading speed improved not just for the texts he practised, but also for the control texts demonstrating that his gains were generalised to his everyday reading.

Esther's perspective (the Practice Educator)

When I first made contact with David, it had been more than a year since he had last seen an SLT. He had been referred before the pandemic and was now desperate to get some help with his reading. Tom, a final year student SLT, sat in for the initial session with the intention of working with David in future weeks. David is a charismatic person who is able to share his insights and experiences of living with acquired difficulties in reading and word finding. His aphasia appeared to be mild, and when we started to assess his reading, it was evident that a lot of the building blocks for literacy were still intact. We gave him a paragraph to read and observed that frequent pauses and hesitations whilst decoding particular words meant that, by the time he got to the end of a sentence, the momentum and meaning were lost. The reading was too slow to be functional and, at the end, he said that he hadn't understood what he had just read. My immediate thoughts were that David's case would be a good one for Tom to take the lead on and that MOR might work well as the chosen intervention.

CASE STUDIES WANTED

We're looking for case study contributions for this section of *Bulletin*. Email: **bulletin@rcslt.org** with your submissions. More information at: **rcslt.info/writing-guidelines**

Tom's perspective (the SLT student)

I had the pleasure of meeting David on the first day of my placement. He described his pre-stroke self as being intelligent and eloquent, and expressed his frustration at his

perceived loss of these characteristics. However, I found David to exude intelligence as he spoke with eloquence and insight about his aphasia. He wanted to be able to read again and understand the content. I found a systematic review for discourse level reading interventions (Watter, Copley and Finch, 2017) which I hoped would give me some ideas. I thought PICS therapy (Proposition Identification and Constrained Summarisation; Webster et al, 2013), which directly targets comprehension, might be suitable. My practice educator (PE) agreed, but also wanted me to try MOR, so we agreed to pilot both.

MOR involved timing David reading a passage aloud, sending him home to practise this passage every day before timing it again in the following session. A control passage, which did not go home with David, was also timed to see if any improvements generalised to other texts. David's first baseline reading rates were 61 and 64 syllables per minute for the training and control passages respectively. Our next session was three weeks later. David's rate on the training passage jumped to 145 syllables per minute, an increase of 138%. Even more exciting was the 78% increase to 114 syllables per minute on the untrained control passage. These results were a real thrill for this student SLT. I felt like I'd worked some magic! Over the next five weeks we focused on MOR and as David progressed, I enjoyed finding articles which I thought would interest him including some famous speeches which worked well, as they are designed to be read aloud.

Progress

David's reading rates remained within the 100-120 syllables per minute range for the control passages, depending on the complexity of the language used. Additional gains were identified in David's attitudes and feelings towards reading as recorded using the Reading Confidence and Emotions Rating Scale (Cocks et al, 2010) during the initial and final assessment. Notable improvements were associated with his confidence in reading aloud in front of friends and family, alongside a reduction in anxiety and frustration around reading.

David's perspective (the client)

How did it feel coming into the clinic on the first day?

I had no confidence. I didn't really know what to expect. When I first started this course, I had real doubts that anything is going to improve... anything that was spoken, I looked at my wife to confirm, I needed her, I really did, when I came here.

How did you find the therapy and doing the home practice?

You guys have said to me, "let's see about reading it. Say it, a few times." And the more I read, that pattern becomes first confident, that was the first feeling before I even get all the words around, it's the sense of knowing, "I know most of this." That's what it feels like. I know those words, yeah I can miss some of them, but most of the time I know all the words. And each time I practise I remember words and sometimes the word you forgot or said it wrong or something, you guys point it out to me. In my here [touches head], it's almost like I said something that didn't feel right there. It doesn't feel right. And it's taking several times of doing it. Several times over several days doing it a few times. The process of doing this and reading like, a book, or anything, newspapers whatever it is, it's the process of steadily chewing it through, getting it into the mind, almost like learning it, relearning it. You are relearning it. You know you knew it and by coming up with it several times and repeating it several times it, a lot of it, clicks in. And you learn the words and you become more fluent, because I was not fluent a few weeks ago. So, the fluency came out of working into it. Some things I felt really good about saying, the content and what it meant... you throw more of yourself into it... even the emotions come out of saying it... Even if I say a wrong word, it isn't the end of the world. It isn't the loss of the story.

What has been the impact of attending the clinic?

For me, this has been more than just a little... this has been a big thing for me, because now I feel like I can actually give back to the world something.

David plans to continue to practise by reading lyrics as he sings along to his favourite reggae music and to get involved with some voluntary work in the near future.

What was learnt through hearing the other perspectives (Esther, the PE)

Perception of others vs perception of self

Mine and Tom's perceptions of David as confident and articulate, did not match how he saw himself – a reminder of the impact of aphasia on identity and self-esteem.

Presence of partner at first meeting

David's comment, 'I needed her, I really did, when I came here' made me reflect on how frequently people with aphasia (PwA) make sure their spouse is present for a 'first meeting'. PwA often experience anxiety around meeting someone – a reminder of the importance of relationship building in the first session.

Expert vs novice decision-making

I was able to pinpoint the deficit in the reading process, appreciate David's areas of strength and identify a therapy option I felt confident about from the first meeting. For a student or early career SLT, the process is longer. Researching the literature and pursuing a range of options is all part of the learning process. Learning through experience, in addition to academic knowledge build up to expertise, which make these shortcuts possible.

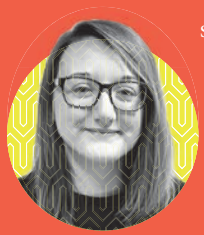
Magic – There are few 'quick fixes' in speech and language therapy, but when intervention yields observable improvements week on week, it is gratifying for everyone involved.

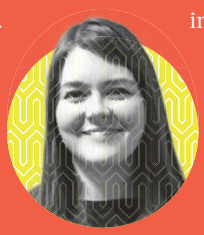
ESTHER PETTIT, senior lecturer in speech and language therapy, Plymouth Marjon University,
@aphasiateacher

COVID-19 – back into ROOTine?

Katie Chadd, **Kathryn Moyse** *and* **Pam Enderby** *use ROOT data to consider how the speech and language therapy profession has changed over the last three years since COVID-19*

We have previously written about the value of collecting routine data to inform your service development, and how the RCSLT Online Outcome Tool (ROOT) can support you to do this. As a reminder, the ROOT can aggregate your service user and Therapy Outcome Measure (TOM; Enderby and John, 2015, 2019) data from your local service, and from services across the UK, providing unique insights into the profession. The ROOT enables users to see whether service users' outcomes improve, decline or have stayed the same, across time.





The ROOT database now contains over 70,000 episodes of speech and language therapy. We can use this 'real-world data' to understand wider-scale changes in the profession across time. 'Big data', such as this, is increasingly used to understand healthcare services and a valuable source of intelligence. In this article, we take a step back to consider how the speech and language therapy profession has changed over the last three years since COVID-19 and the restrictions on our professional and personal lives. We did a deep dive into this at a more acute stage of the pandemic (Chadd et al, 2021), but as things change so rapidly, it is important to continue monitoring change.

This time, we compare therapy outcomes for those who received speech and language therapy before the onset of the pandemic under 'normal' circumstances and those who have received it in more recent times.

In accordance with all information governance and data processing procedures, the ROOT collects data on service users receiving speech and language therapy from numerous services, including their age, gender and medical diagnoses, alongside TOM scores from the start and end of their therapy.

To examine any variation, we extracted all datasets from service users who finished their therapy in 2019 (before COVID-19) and those who ended their therapy in 2022 (after the initial lockdown and closure of services – but largely considered a 'post-COVID era').

We carried out some basic descriptive statistics on the gender and age profile of both cohorts of service users to explore any differences. We then compared the proportion of service users who had improved in at least one or more domains

of the TOM across their episode of care in 2019, with those who finished their therapy in 2022. We also looked at the most frequently recorded TOM scales for both of those years, to see whether there was any difference in the kinds of needs that service users were presenting to services with. We selected one of these areas to explore more specifically.

Findings

There were more episodes of care recorded in the ROOT in 2022 than 2019, which was not unexpected given that more services have registered to use the ROOT over time. In 2019, 7,878 episodes of care were recorded. In 2022 there were 11,276.

The groups looked similar in terms of the average age (48.6 years in the 2019 cohort, and 46.1 years in the 2022 cohort), and gender ratio. The average TOM impairment score at the start of the episode of care was also the same in 2019 and 2022 (2.9). This is, perhaps, surprising, in that we might expect service users receiving intervention in 2022 to have more severe levels of need. Dysphagia was the most frequently used TOM scale at both time points, comprising 55.7% of cases in 2019 and 49.2% in 2022. We selected dysphonia as an interesting case to explore further, since it was in the top five most common TOM scales in 2019 but not 2022. As dysphonia is implicated in COVID-19 and long COVID, we anticipated an increase in the number of episodes, but the reduction is possibly explained by the fact that some of the service users referred to speech and language therapy in 2022 with needs associated with COVID-19 may have been referred to MDT long COVID services, which may not be using ROOT as yet.

Using real-world data, we have shown that speech and language therapy services and the service users which therapists support, are dynamic and ever evolving

TABLE 1: Comparison of the ROOT data in 2019 and 2022

	Dysphonia TOM scale 2019	Dysphonia TOM scale 2022	All TOM scales 2019	All TOM scales 2022
Total number of episodes of care	450	348	7878	11276
Average age	57.3 years	62.7 years	48.6 years	46.1 years
Gender Male Female Not specified	33.3% 55.8% 10.9%	40.5% 59.5% 0.0%	39.0% 29.0% 32.0%	39.8% 39.9% 45.2%
Average initial Impairment TOM score* - primary scale	2.7%	3.1%	2.9%	2.9%
Proportion improved in one or more domains – either primary or secondary scales	74.4%	79.9%	69.5%	75.2%
Average change in Impairment TOM (primary scale)*	1.05	0.79	0.60	0.62
Average change in Impairment TOM (secondary scale)*	0.72	0.78	0.81	0.80
Average change in Activity TOM	1.03	0.85	0.75	0.67
Average change in Participation TOM	0.84	0.53	0.53	0.53
Average change in Wellbeing TOM	0.93	0.70	0.55	0.52
Average change in Carer wellbeing TOM	1.02	0.94	0.60	0.75

*excludes AAC TOM scale (as this scale has a different structure)

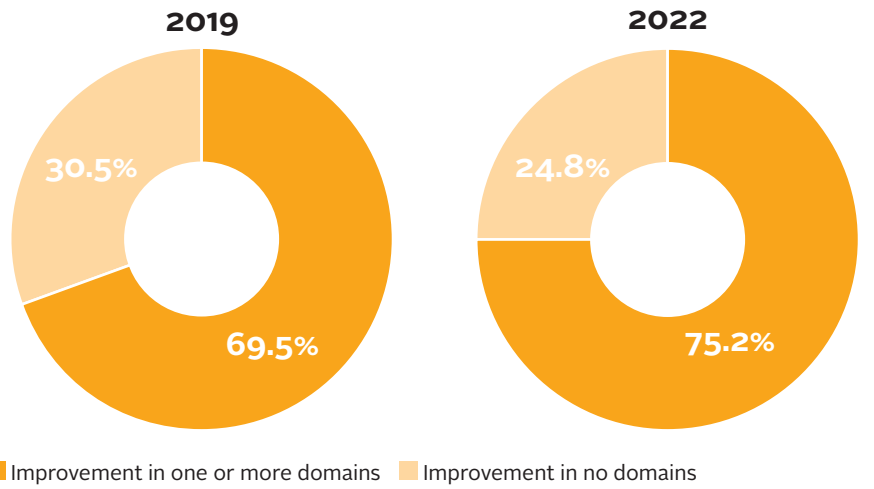
PATRICK GEORGE / IKON IMAGES

Analysis of the two cohorts of service users with dysphonia showed a difference in the severity of the TOM 'impairment' domain at the start of their therapy– with an average rating of 2.7 in 2019 and 3.1 in 2022. This is not, however, a clinically significant difference (defined as a difference of 0.5 or more; Enderby and John, 2019) but indicates that this could be a pattern to explore further. A reduction in more severely affected service users entering speech and language therapy services may question whether appropriate referral processes are in place and could signify a degree of unmet need.

In terms of TOM scores, we observed that there was an increase in the proportion of service users who were improving in one or more domains in those finishing therapy in 2022 compared with 2019, increasing from 69.5% to 75.2% (Figure 1).

We also see this pattern emerge in the dysphonia cases, where there is an additional 5.5% in the cases who improve in one or more domains, from 74.4% in 2019 to 79.9% in 2022. However, interestingly there is a general pattern that the average change in scores within individual domains is larger in 2019. This suggests that, whilst *more* people have improved in 2022, the gains made by the (fewer) service users who did in 2019 were, on average, *larger*. This is interesting considering the current debates around discharging service users from rehabilitation earlier in order to manage the increasing caseloads and backlogs.

FIGURE 1:



Reflections and considerations

Using real-world data, we have shown that speech and language therapy services and the service users which therapists support are dynamic and ever evolving. Exploration of the ROOT data shows that the profession has shifted over recent years, though it is difficult to ascertain the total impact COVID-19 may have had.

The overall profile of speech and language therapy service users appear largely similar at the two time points, and it is pleasing to see that, despite the pressures on services in 2022, service users are, on average, making a clinically significant improvement in all domains of the TOM in association with intervention. In fact, it appears that there is a trend in which more service users – and specifically service users with dysphonia - have been improving in at least one domain in the TOM more recently. However, in the context of dysphonia, it is also important to recall that in 2022, generally, service users' dysphonia was less severe to begin with. This could indicate that a more selective (ie, less severely impaired) subgroup of service users were being referred to therapy as a result of greater awareness associated with the impact of COVID-19 or possibly associated with improved access due to increased telehealth sessions, for example.

Whilst this analysis has pointed to some interesting findings, and we have considered potential reasons underlying the trends observed, we must be careful not to overinterpret the data or over-generalise. Nevertheless, it also indicates the value of year-on-year data collection and analysis. Last year, we introduced a new feature on the ROOT which enables SLTs to record the way in which intervention is delivered, for example whether it is face-to-face or virtual, or a hybrid. This data will generate interesting insights into changes in the delivery of services and whether there are any differences in who may or may not benefit from the different modes of treatment.

What we hope this article has demonstrated is that systematically collecting large sets of data over time enables the professional body, in this case RCSLT, as well as individual services to understand the bigger picture in the profession and observe changes beyond the direct control of speech and language therapists. In future, this could be used, for example, to explore changes in referral patterns, the transition to Integrated Care Systems in England, or further 'recovery' reforms from COVID-19, to name but a few of our constantly changing health, education and social care systems which may benefit some but could disadvantage others. In this way we are better equipped to advocate for service users.

If you or your team would like to start contributing data to the ROOT, please register your interest via our website (**www.rcslt-root.org**) or email **root@rcslt.org** with any questions.

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RCSLT tools and resources *for your CPD*

Victoria Harris talks thorough a host of resources available to support your learning and development

Safe and effective practice is dependent on us continuing to learn and develop throughout our professional careers.

As a member of the RCSLT you benefit from a range of resources and tools on the website to help with your Continuing Professional Development (CPD). In this Learn From piece we'll walk you through some of those.

Note, this is just a snapshot. If you haven't had a look around our website recently you might be surprised just how much useful learning material there is waiting for you there, including clinical guidance, competency frameworks, links to Clinical Excellence Networks (CENs), professional networks, webinars and research skills advice.

1 Planning your CPD

The Professional development framework has just been launched after nearly a year of co-production with members. It provides a structure to guide you towards areas of learning and professional development for your career. It can also be used by managers (including AHP managers) to help them to support you. It encompasses the learning and professional development needs of speech and language therapy practitioners across the whole career span, in all sectors, and all UK countries. You can also read more about this resource on p40.

2 Getting support for your CPD or that of your team

RCSLT is a member of a group comprising organisations from across a range of 21 health and social care sectors which has developed The Five Principles of CPD and lifelong learning.

The principles are designed to guide individuals, employers and wider systems to create a culture of continuous improvement, workforce development and improve outcomes for service users. As a practitioner you can use the principles to help you strengthen employer support for CPD. If you are a service lead, or part of the wider system you can refer to the principles for guidance on your role in supporting development of the workforce.

Access the principles online:
rcslt.info/cpd-principles

THE FIVE PRINCIPLES

The five principles, CPD and lifelong learning should:

1. be each person's responsibility and be made possible and supported by your employer;
2. benefit service users;
3. improve the quality of service delivery;
4. be balanced and relevant to each person's area of practice or employment; and
5. be recorded and show the effect on each person's area of practice.

3 Help with funding your CPD

RCSLT minor grants of up to £800 are awarded, according to merit, to applicants seeking to benefit the profession of speech and language therapy and to enhance their own professional development. One of the award winners in 2022 found the grant to be very useful, saying:

"We can easily feel that we don't have the time or mental energy to take on such new learning and to shift our perspective in such a major way. I would encourage anyone to dip their toe in the water, the outcomes have been so positive for me and I believe that we as a profession need to be open to change and to be willing to accept that we are always on a journey of learning."

Beverley McClintock
Minor grants applicant (2022)

Find out more about minor grants:
rcslt.info/minor-grants

4 Recording and reflecting on your CPD

The RCSLT CPD Diary is a dedicated CPD diary which you can use to record your CPD and reflect on it. The HCPC requires you to record and reflect on your CPD as one of its CPD standards.

As this is a HCPC audit year, now is a good time to check your CPD records are up-to-date and balanced.

You can also use your CPD diary to set future learning goals to work towards. Goals are not an obligatory part of the CPD diary, but we've provided them to help you keep track of your CPD. They represent your overarching CPD aims - ie, what you're ultimately developing towards through each of your individual CPD activities. For example, you could have an overall goal of developing your presentation skills, and then lots of separate CPD activities that support that overall aim - for example watching YouTube videos of famous presenters and speakers, attending a voice projection course, or getting tips from someone you work with who is great at face-to-face presentations.

If you are an NQP you will find all your NQP competencies pre-populated in the diary.

To access the CPD diary login to the main site **rcslt.org** and select CPD diary from the drop-down options.

If you haven't had a look around our website recently you might be surprised just how much useful learning material there is

5 Online learning resources RCSLT CPD site

We offer a range of elearning courses on our dedicated RCSLT CPD site including leadership, research skills, reflective writing and more. The site is linked with our main site which means if you are logged into one, you are automatically logged into the other. You can see at a glance which ones you've completed and which ones are in progress.

rcsltcpd.org.uk

Leadership guidance

Leadership is one of the four pillars of practice and as such should run through your career. We have collated resources to support leadership development at all levels, and in all forms, based on the recommendations of RCSLT members. Each section pulls together a selection of materials that offer starting points, reflective pieces and key resources, on different aspects of leadership.

rcslt.org/learning/leadership-resources

Podcasts

Did you know that RCSLT produces podcasts? You can listen to them wherever you are, and they are a great way of keeping up to date with key issues in speech and language therapy. There are three main types:

- A monthly news catch up covering key issues in politics and public affairs which impact on the profession and people with SLCN or EDS needs.
- Bi-monthly topical pieces on anything from leadership to long COVID.
- Bi-monthly interviews with authors of papers published in the International Journal of Language and Communication Disorders (The IJLCD).

Listen via your favourite podcast app, such as Spotify or Google Podcasts, or head to our podcast site:

soundcloud.com/rcslt

VICTORIA HARRIS, RCSLT head of learning
victoria.harris@rcslt.org

RCSLT WEBSITE / SHUTTERSTOCK

Writing for *Bulletin*

As the professional membership magazine of the RCSLT, *Bulletin* relies on articles written by members, for members. So why not submit an article yourself?

We accept articles for the following sections:

- **Feature articles** (500-2000 words)
- **Perspectives** (500 words)
- **My working life** (500 words)
- **Service user voice** (500 words)
- **Focus on diversity** (500 words)
- **In the journals** (220 words)
- **Letters to the editor** (100 words)
- **In pictures** (submit a photograph you'd like to share with the community)

Feature articles showcase members' valuable experience and expertise in areas of professional practice and cover the following categories:

- **Service evaluation**
- **Audit**
- **Quality improvement**
- **Research**
- **Case study**
- **Clinical idea**

For further information about our submission process, including new guidelines for writing feature articles, please visit rcslt.info/write-for-bulletin or email bulletin@rcslt.org

Integrating IQoro into practice

– Insights from SLTs in both adult and paediatric settings

IQoro is increasingly being adopted by SLTs across the NHS and in independent practice. Natalie Morris and Sandra Robinson, share some of their clinical experiences.

Using IQoro to facilitate saliva control in children and young people with Cerebral Palsy

Natalie Morris, SLT and director of The Feeding Trust CIC, used a practice-based evidence approach to measuring the outcomes that her CP children had achieved, and has integrated IQoro training into her clinical practice.

"I wanted to see if IQoro could be successful in improving saliva control with my client group. I developed a practice-based study and an assessment-based protocol that defined each child's starting point. Using this protocol and standardised GAS goals together I was able to monitor the improvements that each child made. Saliva control started to improve in all cases within four weeks, and other outcomes by the end of the study including: lip closure, tongue retraction, breath control for speech, nasal breathing and spontaneous swallow function. In the CP population I have found clients have to continue their IQoro training to maintain function. In our MDT, our Physios have also evidenced improved balance and head control.

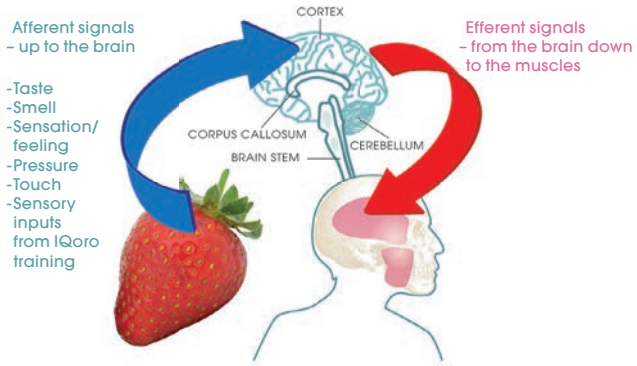
IQoro is now an important part of my therapy toolkit. I use it alongside other therapy interventions to promote desensitisation, oral skills and hygiene, and with IQoro my clients are now achieving outcomes not seen before. IQoro has provided me with a therapeutic tool which I believe activates the facial cranial sensory nerves in children and young people with brain damage and neuro-developmental disabilities, as my evaluation demonstrates observable improvements in function."

IQoro facilitates swallow recovery with my clients in adult neuro rehab

Sandra Robinson, independent SLT and director of Speech Therapy Works Ltd reports that she started to use IQoro after hearing about Natalie's work.

"My first patient had problems with dysarthria and drooling that had not changed with other treatments, but improvement was evident with IQoro within two weeks.

Another patient had two neurological injuries resulting in dysphagia, facial weakness and at one point, trismus. After eight months' traditional treatment he was still reliant on a PEG except for a few spoons of yogurt per day. He self-trained with IQoro every day, and immediately prior to an oral trial of fluids then food and fluids, I used IQoro to prime swallow function-related neural plasticity instead of solely using the Masako technique.



At once you could see the coordination of his breathing and swallowing improve. Within two weeks his lip shape and speech had improved, his drooling reduced, his jaw opening increased, and he was eating a whole tub of yogurt. By discharge, he'd been referred for a PEG removal whilst enjoying normal diet and fluids safely."

IQoro is available on NHS prescription in the UK.

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COURSE LISTINGS

The current evidence for interventions for school age children with DLD with Dr Susan Ebbels
25 and 26 April,
live via Zoom
Day 1: Appraising the reliability of research. Evidence for different methods of delivery of intervention including: Tiers 1, 2 and 3, the role of SLTs and evidence-based pathways to intervention.
Day 2: Interventions at sentence, narrative and word levels.
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SOFFI®: Supporting Oral Feeding in Fragile Infants
8, 9 June
Glasgow (+8.5 hours online pre-learning)
Therapy Links UK is proud to host Dr Erin Ross, of Feeding Fundamentals, live in the UK in 2023. This integrated approach to supporting oral feeding in preterm and medically complex infants is relevant for SLT's, doctors, nurses and other therapists working with babies with dysphagia in the NICU and community settings. It will cover evidence-based information, assessment and intervention strategies and has been highly praised by previous delegates.
Early bird discount available.
therapy-links.co.uk/training

Gestalt Language Processors Conference
12-13 June,
Cheltenham, Leonardo Hotel, GL51 0TS
15-16 June,
Marylebone Theatre, Rudolf Steiner House, London NW1 6XT
The Speech Den is hosting Alex Zachos, Director of Meaningful Speech, to teach on Gestalt Language Processing. Topics being covered include how to identify Gestalt Language Processors, Gestalt vs Analytic Language Processors, understanding Natural Language Acquisition Framework and GLPs using AAC. If you've done this course before, we have brand new material, case studies individual Q&A.
07876 537213
enquiries@thespeechden.com
thespeechden.com/speech-and-language-therapy-services/training

Elklan Total Training Packages – to deliver Speech and Language Support courses
ASD: *22 and 23 June*
Complex Needs: *22 and 23 June*
9.30-5pm (day one)
9-4.30pm (day two)
The Studio, The Hive, Manchester, Greater Manchester, M1 1FN
3-5s: *3-9 November*
5-11s: *3-9 November*
11-16: *3-9 November*
Post 16s: *10-16 November*
SLD: *19-25 May and 16-22 February 2024*
ASD: *3-9 November*
Complex Needs: *10-16 November*
Online via Zoom, 2-5pm each day.
Cost: £510pp excluding VAT
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smiLE Therapy Training Day 1 and 2
12, 13, 16 and 17 October,
9am-12pm, live online
Innovative 10-step therapy teaching functional communication and social skills in real settings for clients with deafness, autism, DLD, learning difficulties, Down syndrome and physical disability. For ages 7 to 25. Outcome measures, empowering parents and generalisation integral. For SLTs and teachers. Loved by students, parents, practitioners. Now named on EHCPs. Email for bespoke training and to arrange a free one hour online Taster session for your NHS Trust, CEN, Special School or College, Independent Practice.
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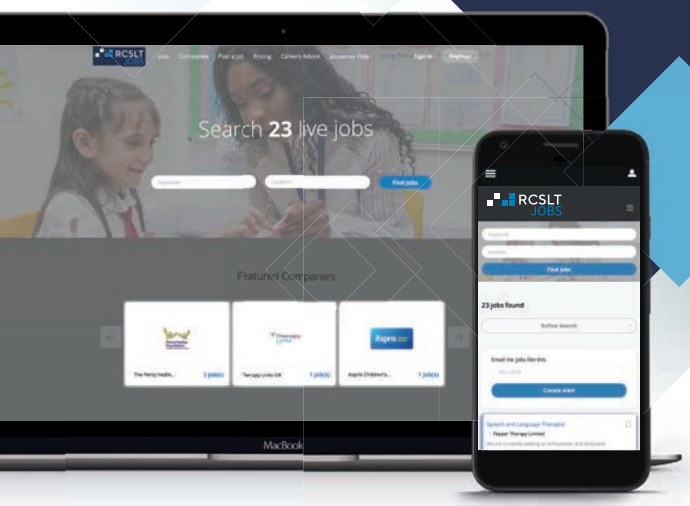

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Rachel COHEN

SLT, court appointed intermediary and registered intermediary

During my career as an SLT, I spent a good deal of my clinical time with adolescents and young people on the fringes of society, including those not engaging in education and getting involved in criminal activity.

After 14 years in the NHS, a colleague put a copy of *Bulletin* on my desk with an advert for the role of registered intermediary, a job I had been interested in for a number of years. I was successful in my application and passed the training and assessment with City, University of London soon after. A whole new world opened for me at that point. One where I had the opportunity to use my clinical skills in the criminal justice system, which was a fascinating and thoroughly challenging new setting.

The role of a registered intermediary is to assist witnesses to communicate their evidence to the police, or during a trial. I spent the next three years gaining as much experience as I could, working with witnesses all over the country. I have had the chance to work with children as young as three years old, helping them to communicate what has happened to them. Many cases involve difficult and upsetting content, however, many of the young people I have worked with would not have been able to express themselves without the assistance of a registered intermediary.

> **There have been very few things in my career more exciting than this work**

I had always wanted to work with young people who found themselves on the other side of the law. In 2017, I trained to assist suspects and defendants throughout their trials. I now work with a colleague to provide that training to new intermediaries. There have been very few things in my career more exciting than this work. To be involved with a very vulnerable defendant and help them to understand the evidence against them in a complex criminal trial demands clinical skills, confidence, and resourcefulness. I absolutely thrive on this work. No two days are the same and I can't ever see myself losing my enthusiasm for assisting the very people I worked with as an SLT.

I combine independent work with my role as a registered intermediary and a court appointed intermediary. Being self-employed allows me to take the work that I feel is best suited for my skills.

Over the last 18 months, I have been involved with setting up a new not-for-profit organisation to source, train and match intermediaries to cases in criminal and family courts. It's a very exciting time in the world of intermediaries. The skills I gained as an SLT have given me the opportunity for a really exciting and rewarding career.

rt@ticintermediary.co.uk
www.theintermediarycooperative.co.uk

In Memory

***Bulletin** remembers those who have dedicated their careers to speech and language therapy*

Marie Bennett
1982 – 2022

Marie graduated from Queen Margaret University in Edinburgh in 2009 and began working in the Scottish Borders supporting autistic children. In 2013 she moved to Sussex. Initially she worked with adults who have a learning disability and then she was promoted into a new team supporting autistic adults to leave hospital. Her unique set of skills were invaluable in shaping the development of this team. We are so grateful for this legacy. In every team she worked in, Marie was hugely valued and respected.
Her gentle strength, sense of humour, kindness and compassion combined with her clinical skills enabled her to make a huge difference to people's lives.

Marie's last months were spent creating lasting memories with her friends and family and especially with her young daughter Ruby. We miss her and our thoughts are with Marie's whole family.

ANNE WALKER and **LIZA MCMILLAN**, Sussex Partnership NHS Foundation Trust

Louise Cummings
1977 – 2022

Louise's first speech and language therapy post was in North Lincolnshire after graduating from Manchester Metropolitan University in 1999. She specialised in paediatrics in Doncaster for most of her career and the speech and language therapy profession massively benefitted from her dedication. Louise always put her colleagues, patients and their families first. She had a huge impact, particularly for those with Autism Spectrum Disorder (ASD) and feeding difficulties. She shared her knowledge and expertise, supervising many colleagues and student SLTs. She hosted work socials, showing her kindness, generosity and team spirit. Louise leaves an enormous hole in the department.

Her SLT friends are hugely saddened to lose her so soon. Beautiful inside and out, Louise was a very loving and much-loved friend, wife and mother.

REBECCA PALMER, **NICOLA MIMMS**, **HARRIET HEFFRON** and **ANGELA WALKER**

General David John Ramsbotham, GCB, CBE
1934 – 2022

Just before Christmas we were very sad to hear that Lord Ramsbotham, our Honorary Life Vice-President, had died.

We had worked very closely with Lord Ramsbotham since he entered the House of Lords back in 2005. But his involvement with the speech and language therapy profession had started earlier than that, during his time as Her Majesty's Chief Inspector of Prisons.

Lord Ramsbotham tells the story best himself.

"This journey began in Scotland when I went to the young offender establishment at Polmont. I was walking with the governor, who told me that if, by some mischance, he had to get rid of all his staff, the last one out of the gate would be his speech and language therapist."

This conversation was followed by one with Professor Karen Bryan – and the rest is history.

Throughout his time working with us, two intertwined threads ran through Lord Ramsbotham's parliamentary contributions: concern for society's most vulnerable and championing of the speech and language therapy profession.

For many years he was Chair of the All-Party Parliamentary Group on Speech and Language Difficulties and latterly Co-Chair.

In that capacity, he worked to influence legislation, ranging from the Children and Families Act (2014) to the Children and Social Work Act (2017) and from the Medicines and Medical Devices Act (2021) to the Domestic Abuse Act (2021).

In recognition of his contribution, Lord Ramsbotham was appointed an Honorary Fellow in 2012, our first Honorary Life Vice President in 2019, and won a Giving Voice Award in 2021 for his influencing of the Domestic Abuse Act.

We will miss Lord Ramsbotham very much and will remain forever grateful for all he did for us. We will be publishing a full appreciation of his life and work later this year.

PETER JUST

Sue Swan (nee Edsor)
1930 – 2022

Sue and I both enrolled in a diploma course in 1948, when the profession was in its infancy, theory was limited, and there was a paucity of textbooks. That was when our friendship began. Sue qualified in 1951 and she married Robert Swan in 1952 and they had two children. She began practising in and around London. She worked in Kent under Joan Pollit who ran the county service working both part time and full time varying her roles with family needs. The profession was developing and changing constantly, women's lives were also altering; we were rapidly moving to careers almost unheard of in 1948. Sue entered a management role involving hospitals with a broad case range. This continued for some time before she was appointed advisor to the Department of Health and Social Security.

On retirement she was asked to help the RCSLT part time as a phone information officer. This voluntary work expanded when college wanted some documentary papers sorted and a filing system was created for them. Sue was joined by Shirley Davis and myself, we enjoyed our work in the office and had convivial lunches, friendship grew. Also, at this time, the retirement network was growing and we three became involved in the southern region network. We could see how this contact with other retired speech therapists could help in the early days of retirement and the changes to life after work. It was fascinating to see how contacts were kept, the caring side of our work continued, lifts were arranged for members to attend meetings and visits took place for those housebound, and help was given in downsizing, and help was put in place when needed.

Sue's interest remained in the profession after the end of the retirement network we were in frequent contact. Sue worked hard as an SLT, and she gave much help and support to our profession through her work for RCSLT. I feel privileged to have known her and worked with her.

JOYCE COOK, RCSLT fellow

In the journals

Above cuff vocalisation

This systematic review of 13 research articles explores the effectiveness, safety, and acceptability of above cuff vocalisation (ACV) in 143 adult inpatients, primarily on critical care wards. ACV involves applying airflow via the subglottic port of a tracheostomy tube to support vocalisation in tracheostomised patients.

Some studies reported positive outcomes for communication, swallowing, cough response, and quality of life, but this data should be interpreted with caution, as the studies used widely varying outcome measures to support this data with a high degree of bias.

Studies suggested that ACV should be SLT-led to reduce risk of adverse events or complications (e.g. granulation, air trapping, discomfort, aerophagia, etc.), which occurred in 9 out of 13 studies. Though results varied, it was generally agreed that ACV should be commenced more than 48 hours post-tracheostomy with a flow rate of 5-15 litres per minute for optimal voice intensity and speech intelligibility.

The authors suggest, however, that "the evidence is insufficient to provide recommendations regarding optimal intervention delivery" and advocate for future research to provide detailed recording of ACV delivery with consistent use outcome measures.

CHRISTIE MCLAREN, specialist SLT, The Royal London Hospital

Mills C.S, et al. (2021) Evidence for Above Cuff Vocalization in Patients With a Tracheostomy: A Systematic Review. *Laryngoscope*. 132(3):600-611

Responsiveness in the 'Snoezelen' room

This comparative cohort study investigated the effects of sensory stimulation in a Snoezelen multisensory room on individuals in a prolonged disorder of consciousness.

Ten participants with unresponsive wakefulness syndrome (UWS) and twenty-five in minimally conscious state (MCS) were consecutively exposed to three sets of stimuli, which targeted vision, hearing, touch, taste and smell in a consistent order.

Measures of communication (Loewenstein Communication Scale), cerebral blood flow velocity, and heart rate were taken before, during and after sensory stimulation to indicate responsiveness.

Significant changes in both Loewenstein Communication Scale scores and heart rate were noted from the intervention for participants with MCS, and results suggest a potential cumulative effect of stimulation on responsiveness. Minor effects of the intervention on cerebral blood flow velocity were recorded for participants with UWS. Brain injury aetiology and the presence of hydrocephalus generally did not impact findings, but at times the significance of these variables depended on group size.

The authors conclude: "If additional studies support these findings, it would be reasonable to suggest that Snoezelen stimulation can affect arousal... and may improve the responsiveness of patients with MCS, and possibly their functioning."

ALYSSA BROWNE, MSc student SLT, Birmingham City University

Lehrer, H. et al. (2022) Responses to stimuli in the 'Snoezelen' room in unresponsive wakefulness or in minimally responsive state. *Brain Injury*, 36(9), 1167–1175.

Goals in aphasia therapy

This research examined naturally occurring interactions between healthcare professionals (HCPs) and people living with dementia (PLWD). Video recordings were made in a ward setting, then transcribed and analysed using conversation analysis (CA).

When conversation breaks down, CA research has evidenced a general interactional preference for self-repair. The authors present examples from their data illustrating that PLWD are less likely to initiate this, probably due to their particular communication and cognitive challenges. The authors discuss instances of 'difficult to interpret' speech from PLWD and note a variety of strategies that are used by HCPs to avoid communication breakdown.

These include non-committal responses, repetition, response to

This section highlights recent research articles that are relevant to the profession. Inclusion does not reflect strength of evidence or offer a critical appraisal. Your own critical appraisal is advised when following them up.

We're always looking for contributions to these pages. See our website for more information or email **sarah.lambert@rcslt.org**

You can find accessible commentaries on recent research and systematic reviews in Evidence-Based Communication Assessment and Intervention (EBCAI), included in the RCSLT Journals Collection.

A framework for unconventional language

This paper presents a taxonomic framework for describing 'unconventional' features of language, including non-generative (echolalia or self-repetition), transitional (mitigated echolalia or formulaic language) and generative language (pedantic or idiosyncratic language). Each part of the framework is defined, with examples from literature, linguistic structure and measurement of language - in recognition that few formal assessment tools exist to explore these forms.

The authors argue that use of gestalts, or echoed language, is a process in autistic language development, rather than evidence of a 'disordered' style of learning language. They suggest the framework will support discourse around 'unconventional' forms of language, including better understanding of how autistic and non-autistic individuals use them, and improving clinical practice.

The authors highlight the need for recognition of the communicative value of different forms of language where they may otherwise have been misunderstood, ignored or attempts made to extinguish them. They conclude: "There are still important fundamental questions to be asked and answered, including how best to support the spoken language skills of individuals on the autism spectrum across the lifespan. This proposed taxonomy offers a method by which these questions can be framed".

ANNA WESTAWAY, clinical lead I SLT (Autism Support), Sheffield Children's NHS Foundation Trust

Luyster, R.J., Zane, E. and Wisman Weil, L. (2022) Conventions for unconventional language: Revisiting a framework for spoken language features in autism. *Autism & Developmental Language Impairments, 7*

emotional tone rather than content, shifting topic and treating the talk as related to the task.

The authors conclude: "Our paper provides an empirical demonstration of the high level of interactional skill involved in dementia care work. It also illustrates how these skills can be described and specified, and hence incorporated into the recommendations and tips that are produced for communication with PLWD."

JADE SUSMAN, SLT, West Hertfordshire

Doogan, C et al. (2022) What do people with aphasia want from the Queen Square Intensive Comprehensive Aphasia Programme and do they achieve it? A quantitative and qualitative analysis of their short, medium, long-term and economic goals. *Aphasiology*, 1-18

Phonetic Transcription

SLTs' views about phonetic transcription and information about working practices were investigated in this qualitative study.

A total of 19 UK SLTs were recruited through social media and local networks to participate in online focus groups and themes were identified using reflexive thematic analysis.

SLTs were proud of phonetic transcription ability and viewed this as a unique skill. Many felt under-confident in their skills, but considered them to be usually adequate. SLTs made an early judgement about possible therapy targets, influencing the level of detail used in their phonetic transcription. Challenges were identified around electronic patient records that don't support phonetic transcription, and assessment via telehealth.

The authors of this study suggest: "Investing in transcription has the potential not only to promote the profession by placing value on SLTs' unique skill, but also to inform accurate analysis of speech. This, in turn, supports appropriate management including the use of evidence-based interventions and, ultimately, improved outcomes for clients." They identify a need for further research into actual rather than reported practices, the impact of phonetic transcription on intervention and the need for CPD.

SALLY MORDI, SLT, Enfield Community Services, BEHMH

White, S. et al. (2022) 'I think that's what I heard? I'm not sure': Speech and language therapists' views of, and practices in, phonetic transcription. *International Journal of Language & Communication Disorders*, 57, 1071– 1084.

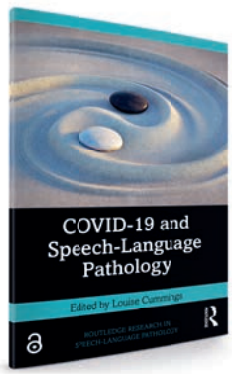
Book reviews

Books and resources reviewed and rated by *Bulletin* readers

✪✪✪✪✪

COVID-19 and Speech-Language Pathology

AUTHOR: Louise Cummings
PUBLISHER: Routledge
PRICE: £34.99



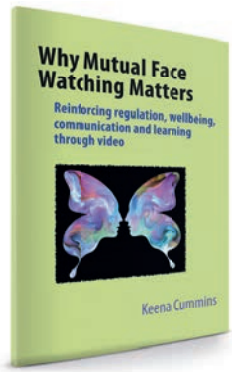
This handbook for SLTs covers management from critical care to those with long COVID. It also considers the wider psychosocial impact and impact on communication of the COVID-19 pandemic, and the effect on service delivery and the profession. The book includes comprehensive, clinically relevant references, brand new evidence and case studies. This is an essential handbook for those regularly working with patients with COVID-19 or long COVID, and also extremely relevant to all SLT services to learn more about the wider impact of the pandemic on service provision and the communication and quality of life of service users.

PHILIPPA CLAY, research assistant, University College London

✪✪✪✪

Why Mutual Face Watching Matters

AUTHOR: Keena Cummins
PUBLISHER: J&R Press Ltd
PRICE: £19.99



Video Mutual Face Watching Therapy (VMFWT or VERVE Child Interaction), has video central to therapy. Parents notice their child's signals and try out new skills. VMFWT aims to help parents and children enjoy their interactions. The focus is on regulation and MFW to develop emotional wellbeing and communication. It differs from approaches focused on a diagnosis or specific goals. A range of communication difficulties can benefit, eg talking off-topic or unintelligible speech. The therapy process is explained, including encouraging parents to use silence to help their child feel calm. This approach may feel counter-intuitive to parents/professionals who are used to asking questions. Case examples usefully illustrate VMFWT. This book seems written for SLTs.

ABIGAIL MANCE, SLT, Great Ormond Street Hospital NHS Foundation Trust.

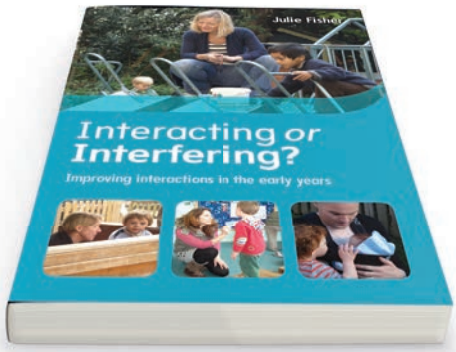
✪✪✪✪

Education Untapped: Bringing Young People Together Through and Beyond Sport

HOSTS: Ashlea Stephens and Emma Perridge **PUBLISHER:** Cognus
WHERE TO LISTEN: **ALL PODCAST STREAMING CHANNELS**

This interview was very interesting and it would be a good listen for young people with disabilities and their families. The special guest, Dan Levey, was open about struggles he experienced at a mainstream school but it was great to hear how sport helped him. He spoke with a lot of enthusiasm and was easy to follow. The interviewers asked excellent questions which helped him talk freely about his experiences, explaining about the Change Foundation and the diverse support it gives. Dan clearly cares about what he does and the young people he works with. This came across very well in the interview.

MARY WILKINS, business support officer, London Borough of Sutton, parent of young person with SEND.



✪✪✪✪✪

Interacting or Interfering? Improving Interactions in the Early Years

AUTHOR: Julie Fisher
PUBLISHER: Open University Press (2016
PRICE: £21.99

Julie Fisher explores the important question of what it means to be an effective practitioner in Early Years. It is clear that the child is at the heart of this research. The author's fascination with young children and what makes them tick shines through.

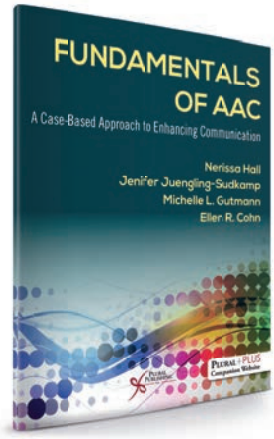
This book is well-researched and referenced, written in an easy-to-read style, and is illuminated by many transcripts of positive and not-so-positive interactions. It highlights the importance of communication friendly environments, getting to know children and families well, listening, observing and valuing silence. It discusses in-depth how adults can respond wisely to build positive relationships and support learning.

As a SLT, I have found it a useful read as it will inform my discussions with other professionals. I have taken away some tips regarding observing young children (ie, lose the clipboard!). Overall – well worth a read.

BETHAN DAVIES, SLT (Community Early Years) Cardiff and Vale NHS

✪✪✪✪✪

Fundamentals of AAC: A case-based approach to enhancing communication



AUTHORS: Nerissa Hall; Jenifer Juengling-Sudkamp; Michelle L. Gutmann; Ellen R. Cohn
PUBLISHER: Plural Publishing, 2023
PRICE: £14.99

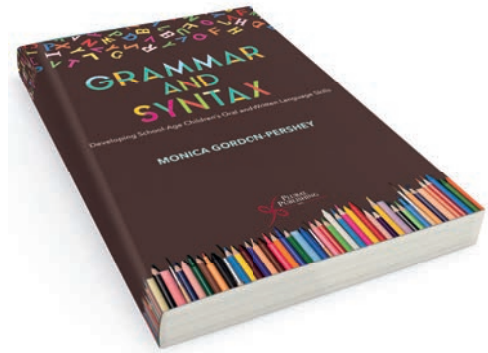
This book is an accessible and relevant resource for any clinician that encounters people who could benefit from augmentative and alternative communication (AAC). The content is exhaustive; it covers the basics about the various types of AAC, specific details about working with different client groups, and considers wider stakeholders in AAC, for example working with conversation partners. It is truly person-focused, embedding case studies in every chapter, and including first person insights from clinicians and academics in the form of essays on clinical and ethical considerations concerning topics relating to AAC. A valuable resource for any SLT departmental bookshelf.

KATHERINE BROOMFIELD, SLT, Gloucestershire Health and Care NHS Foundation Trust, NIHR/HEE Clinical Doctoral Research Fellow

✪✪✪✪

Grammar and Syntax – Developing School-Age Children's Oral and Written Language Skills

AUTHOR: Monica Gordon-Pershey
PUBLISHER: Plural Publishing Inc
PRICE: £57



This book takes an in-depth look at the role that oral grammar and syntax development plays in academic achievement for English speakers. It covers theoretical knowledge on how these features impact upon discourse, pragmatic skills, reading and comprehension. I particularly liked the 'reading rope' illustration of just how much skill is required to be a successful reader, the 'readability' calculator to help review texts and their linguistic complexity and the discussion on how conversation develops into narration as language skills increase. I would say that it's not light reading but does provide those SLT's working with KS2+ children, particularly with DLD, a comprehensive insight into supporting oral and written language development.

JULIA HENLY, senior SLT, Children's Speech and Language Therapy, Coventry and Warwickshire Partnership NHS Trust

Where next?

Want to delve further into the topics explored in this issue? We've compiled a list of related RCSLT guidance and resources to help you deepen your understanding

Training

- Get Communications Access UK certified to support inclusive communication for all.

communication-access.co.uk

Get involved

No matter your role, area of expertise or time commitments, there are plenty of ways to get involved with the RCSLT's work:

- RCSLT long COVID group: we would like to connect with members who have worked with children with long COVID to support our work in this area: **rcslt.info/long-covid-group**
- View all current opportunities to get involved with our work at **rcslt.org/get-involved**

Read

APPRENTICSHIPS
- Information and resources: **rcslt.org/apprenticeships**

DYSPHASIA
- Information and resources: **rcslt.info/dysphagia**

DEVELOPMENTAL LANGUAGE DISORDER (DLD)
- Information and resources: **rcslt.info/dld**

SPECIAL EDUCATIONAL NEEDS
- SEND Review: **rcslt.info/send-review**

PROFESSIONAL DEVELOPMENT FRAMEWORK
- Information and resources: **rcslt.info/professional-development-framework**

RCSLT ONLINE OUTCOMES TOOL (ROOTS)
- Tools: **rcslt-root.org**

Listen

RCSLT PODCASTS
- **IJLCD - Family caregivers' experiences of artificial nutrition and hydration at home.**
  In this podcast hear from Dr Dominika Lisiecka and Dr Áine Kearns about their systematic review of family caregivers' experiences of artificial nutrition and hydration at home.

To listen to more episodes, visit **soundcloud.com/rcslt** or search 'RCSLT' on your favourite podcast app.

Watch

RCSLT WEBINAR RECORDINGS

Many of our webinars are recorded with subtitles and made available after the event, so you can catch up on any you've missed. Recent webinars include:

- **Student day 2022.** Aimed at final year students to help with job applications, interviews and getting to grips with what's expected as an NQP. **rcslt.info/student-day-2022**

View upcoming webinars at **rcslt.org/events**

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Whether you're a long-time member or are new to the RCSLT community, here's how you can make the most of your membership beyond *Bulletin*

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instagram.com/RCSLT

Your online CPD diary

Log and organise evidence of your CPD activity in this specially designed online diary.
bit.ly/cpddiary

Access to journals

Members can access more than 1,700 journal titles for free in the RCSLT journals collection, including the International Journal of Language and Communication Disorders.
bit.ly/AccessTheJournals

Clinical Excellence Networks

CENs are essential and accessible networks for CPD, covering a wide range of clinical areas.
bit.ly/JoinCENs

Your local RCSLT Hub

RCSLT Hubs are a great way to connect with peers in your local area for regional updates and professional support.
bit.ly/RCSLThubs

Get involved in research

Find out more about RCSLT research champions and how to join the network.
bit.ly/RCSLTResearchChampions

Chat with peers in professional networks

Get involved in up-to-date discussions on key topics like COVID-19, anti-racism, redeployment and telehealth on the RCSLT's online forum, professional networks.
bit.ly/RCSLTnetworks

Insurance and legal support

Find out more about the professional indemnity insurance and medical malpractice cover included as a benefit of your membership.
bit.ly/RCSLTlegal

Professional enquiries service

The RCSLT enquiries team is here to respond to all your professional enquiries. They can put you in touch with expert clinical advisers or provide the most up-to-date guidance to address your query.
Get in touch with them by emailing **info@rcslt.org** or phoning **020 7378 3012.**

Questions about your membership?

To change your name, address, membership category, or if you have any questions about payments, get in touch with the membership team – call **020 7378 3010 / 3011**.
membership@rcslt.org
bit.ly/MemberQs

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