# Pre-Registration Speech and Language Therapy Programmes

# Supplemental information for pre-registration Eating, Drinking & Swallowing (EDS) competencies (2021)

This supplemental information form is to be completed for:

* Accreditation of a new pre-registration programme
* First re-accreditation following development of pre-registration EDS competencies (2021) where students are expected to graduate from 2026 onwards

The column entitled “description” details the knowledge competency, practical competency, or the mandatory practice placement hours.

In the evidence column you should provide details of source documents or links to web pages as evidence of alignment with the specific section or paragraph. Any documents or web pages referred to in column 2 should be made available to the RCSLT named contact and Education Representative as part of your submission, either as attachments to this form, or as accessible links.

In the final column, you **have the option** of providing more detail or supporting information about some aspects of your programme to enable the Education Representative to make a thorough assessment of the programme’s alignment with the Curriculum Guidance. The more detail you provide, the less likely it is that you will be asked to submit additional evidence.

There is also an optional final box to reflect on implementation of the competencies and to share any examples of good practice. This may include challenges and/or developments that you are proud of.

**Notes**

* Please refer to the detail in the RCSLT competencies in EDS for the pre-registration education and training of SLTs (2021) when completing the form, to ensure that all areas and content within each section are covered.

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| **#** | **Description**  | **Evidence***Please list relevant source documents/links to webpages/policies and procedures* | **Brief supporting information (optional)***Please include:** *any additional information or detail to complement the source evidence*
* *brief description of change and how continued alignment with the relevant CG is ensured/enhanced*
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|  | **PART ONE: Entry-level EDS knowledge (p.19)** | **Evidence** | **Brief supporting information (optional)** |
| 1 | neuroanatomy and neurology involved in oropharyngeal function |  |  |
| 2 | the influence of EDS on health and general wellbeing |  |  |
| 3 | normal EDS anatomy and physiology of the upper gastro-intestinal tract over the life span |  |  |
| 4 | factors causing or associated with EDS disorders and the progress of conditions |  |  |
| 5 | basic principles underlying health and safety policies and procedures and application to professional working and service users at risk of EDS impairments |  |  |

|  | **PART ONE: Entry-level EDS knowledge (p.19)** | **Evidence** | **Brief supporting information (optional)** |
| --- | --- | --- | --- |
| 6 | the role and scope of practice of the SLT working in the area of EDS |  |  |
| 7 | the roles and scope of practice of members of multidisciplinary team members working in the area of EDS |  |  |
| 8 | appropriate terminology in EDS and impairment, assessment, and management |  |  |
| 9 | a range of evidence-based rehabilitation and compensatory techniques |  |  |
| 10 | the need and routes for appropriate referral to other multidisciplinary team members |  |  |
| 11 | the impact of local policies and procedures on case management |  |  |
| 12 | appropriate review timelines across different scenarios |  |  |
| 13 | factors to consider for discharge planning |  |  |
| 14 | indicators for appropriate instrumental assessment |  |  |
| 15 | broad issues relating to users with complex conditions including neonates, people with tracheostomies, those who are ventilator dependant and rare conditions and situations that require development *beyond entry level qualification* |  |  |
| 16 | service delivery and caseload management policies and strategies including escalation processes |  |  |
| 17 | ethical, legal, and service influences on decision making |  |  |
|  |  |  |  |
|  | **PART TWO: Entry-level EDS competencies (p.20)** | **Evidence** | **Brief supporting information (optional)** |
| 1 | discuss the importance of EDS and the service user’s goals with the service user / carer |  |  |
| 2 | apply health and safety procedures related to working with service users who are at risk of, or who present with EDS disorders |  |  |
| 3 | identify information required from case history and referral information, that will guide the service user / carer interviews |  |  |
| 4 | obtain detailed background information from case notes relevant to EDS |  |  |
| 5 | carry out oral facial (sensory and motor) examinations on population without EDS disorders |  |  |
| 6 | recognise the positive and negative impacts of modifying aspects of the EDS process |  |  |
| 7 | describe the indications for and against non-oral supplementation of nutrition and / or hydration |  |  |
| 8 | recognize the signs and symptoms of oropharyngeal and oesophageal dysphagia to inform diagnostic hypotheses |  |  |
| 9 | discuss service user / family perspective when taking detailed case histories relevant to EDS |  |  |
| 10 | evaluate oral, facial, and swallowing functioning of service users at risk of EDS impairment |  |  |
| 11 | formulate hypotheses and outline possible intervention options for discussion with the practice educator |  |  |
| 12 | apply knowledge of evidence-based rehabilitation and compensatory techniques to develop person centred intervention plans |  |  |
| 13 | explain management programmes to service users / carers and relevant team members |  |  |
| 14 | use appropriate assessments to observe, record and evaluate EDS patterns including trials of proposed intervention(s) |  |  |
| 15 | synthesize information on psychological, social, and biomechanical factors with assessment findings to formulate diagnoses |  |  |
| 16 | synthesize information on psychological, social, and biomechanical factors with assessment findings to develop person centred intervention plans |  |  |
| 17 | identify specific person-centred outcomes to support review scheduling |  |  |
| 18 | identify specific person-centred outcomes to identify appropriate discharge points  |  |  |
| 19 | discuss the ethical issues associated with EDS for service users / carers |  |  |
| 20 | identify situations associated with EDS issues that require the initiation of safeguarding discussions |  |  |

|  | **PART THREE: Mandatory practice placement hours (p23)** | **Evidence** | **Brief supporting information (optional)**  |
| --- | --- | --- | --- |
| 1 | A total 60 hours' experience across the range of aspects of EDS  |  |  |
| 2 | Of which at least 30 hours must be direct, SLT-supervised, adult patient-facing contact  |  |  |
| 3 | Of which at least 10 hours must be direct, SLT-supervised paediatric patient-facing contact. |  |  |

**Optional**

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| **Reflection on implementation of pre-registration EDS competencies and opportunity to share best practice** |
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**END OF FORM**