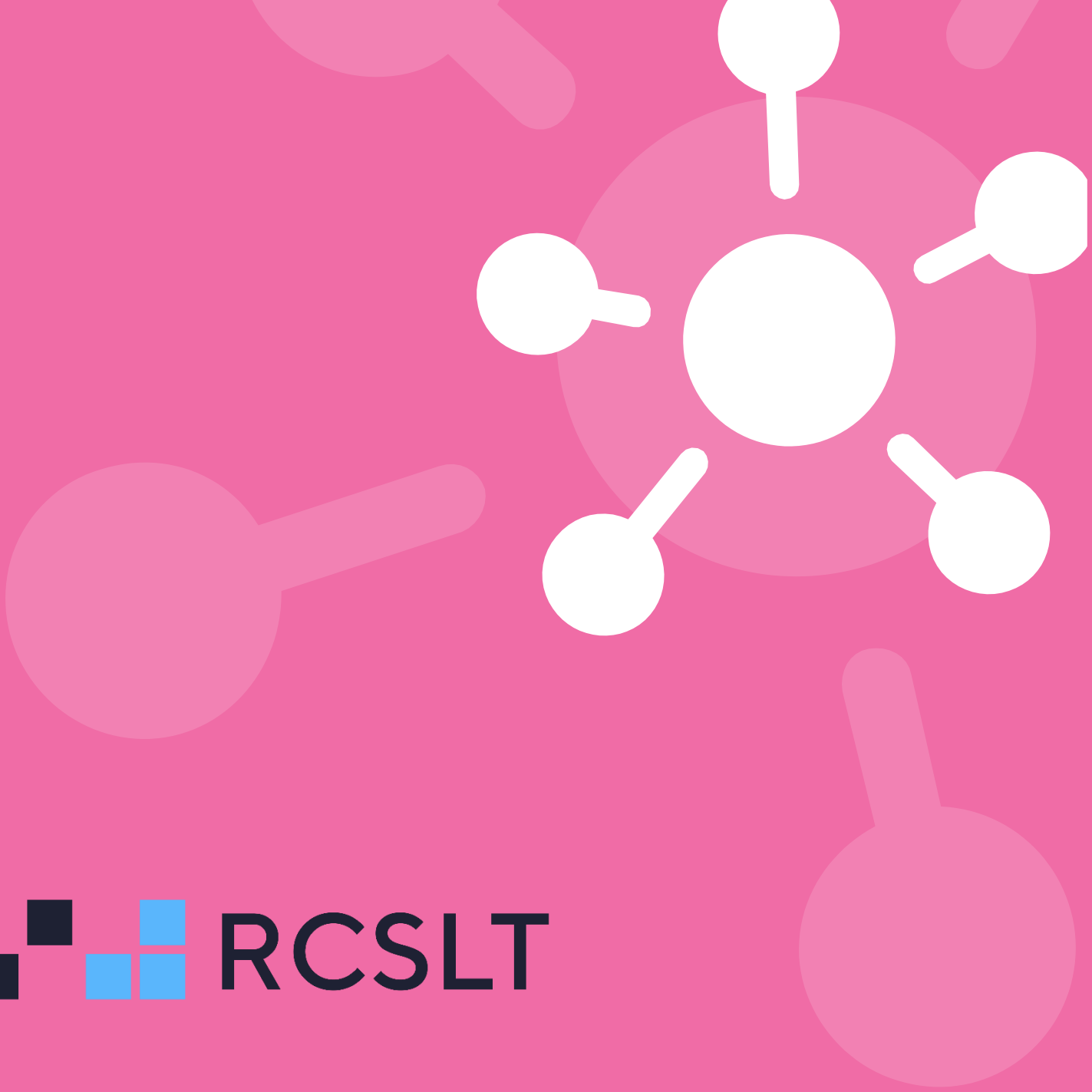

RCSLT

Laryngectomy Competency Framework

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by the Royal College of Speech and Language Therapists
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Date for review: 2027

Procedure for reviewing the document: A group of experts working across sectors will be identified and asked to review the document to determine whether an update is required. Members can submit their feedback on the document at any time by emailing: info@rcslt.org

Scope of the document

This competency framework is intended for qualified speech and language therapists specialising in working with people with a diagnosis of head and neck cancer, and SLTs wanting to develop their competencies working with people with laryngectomy. It is applicable UK-wide.

Acknowledgements

The original RCSLT Prosthetic Surgical Voice Restoration (SVR) Policy Statement, RCSLT Dysphagia Competency Framework, RCSLT Tracheostomy Competency Framework, Barts Health NHS Trust Head and Neck Competency Framework (Nicky Gilbody and Freya Sparks) and American Speech-Language-Hearing-Association 'Knowledge and Skills for Speech-Language Pathologists with Respect to Evaluation and Treatment for Tracheoesophageal Puncture and Prosthesis' were used as a basis for writing some of this competency framework with grateful acknowledgement to the authors of these documents.

The Imperial College London 'Laryngectomy: Rehabilitation and Surgical Voice Restoration Course (Advanced Level)' directed by Dr Margaret Coffey, Mrs Yvonne Edels and Mr Peter Clarke is also acknowledged as a source of information and recommended for development of laryngectomy competencies.

Reference this document as: Royal College of Speech and Language Therapists. Laryngectomy Competency Framework. London: RCSLT (2023).

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Contents

1. Introduction to the RCSLT Laryngectomy Competencies Framework

1.1 Purpose

The competencies within this document reflect guiding principles in laryngectomy care to ensure safe and best practice for speech and language therapists practising in the UK. The key objectives are:

- to provide a structured laryngectomy competency framework to promote national evidence-based, safe SLT practice
- to provide a framework for supervision and development of the specialist skills required for SLTs working with people with laryngectomy
- to support career development and continuing professional development
- to support workforce development and service planning.

1.2 Key audience

This laryngectomy competency framework is for practising SLTs. It has been commissioned and written by the RCSLT and is for the use of the SLT profession only. This document does not address training or competency requirements for non-SLT professionals. It is aimed at qualified SLTs adhering to the HCPC guidelines, working with people with laryngectomy within a head and neck cancer caseload and with access to suitable clinical supervision.

1.3 How should the competency framework be used?

This competency framework is intended to be used across the UK. It is to support SLTs in identifying training needs and to develop competencies in working with people with laryngectomy. It supports SLTs to continue to develop skills if they move to work for a different organisation. Banding, level of specialism or job titles have intentionally not been identified as linking to specific competencies. It is up to managers and supervisors to decide which competencies are required as part of an individual SLT's job plan.

Prerequisite skills for commencing the core laryngectomy competencies are:

- evidence of postgraduate education/CPD in head and neck cancer
- current and regularly updated skills and knowledge in head and neck cancer

Prerequisite skills for commencing the additional laryngectomy competencies are:

- completion of core laryngectomy competencies or equivalent experience, knowledge, and skills

- experience in working independently with people with laryngectomy
- advanced clinical knowledge of post laryngectomy anatomy and physiology for respiration, alaryngeal phonation, and swallowing during and following surgical and non-surgical treatment for cancer
- experience in all methods of voice restoration and communication post-laryngectomy including oesophageal speech and use of electrolarynx
- current and regularly updated skills in laryngectomy management and rehabilitation including safe management of the stoma and optimising voice
- independence in the SLT management of dysphagia (RCSLT dysphagia competencies) and communication in adults with a diagnosis of head and neck cancer
- knowledge of relevant local and national and international laryngectomy policies and guidelines
- knowledge of SLT and patient-reported outcome measures used for assessing voice quality and communication post-laryngectomy
- knowledge of SLT and patient-reported outcome measures used for assessing swallowing post-laryngectomy
- knowledge of head and neck cancer quality of life outcome measures.

Not all of the laryngectomy competencies are appropriate to all SLT roles working with laryngectomy. Therefore, after discussion with your supervisor, you need only select the competencies that apply to you within your role or development plan. Complete the table in appendix 1 to select your required core and additional competencies prior to completing the laryngectomy competency framework.

The Core Laryngectomy Competencies (Appendix 2) should be achieved before progression to any Additional Laryngectomy Competencies (Appendix 3). Additional laryngectomy competencies do not need to be achieved to sign off your core laryngectomy competencies: some roles may not require additional competencies.

Core and Additional Laryngectomy Competencies should be selected with your laryngectomy competencies supervisor. Tick which competencies you require in Appendix 1 and find the framework for these competencies in appendices 2 and 3.

Evidence should be provided on completion of laryngectomy core and additional competencies, and practice should be supervised and signed off by an appropriately skilled supervisor.

1.4 Supervision requirements

You will need a SLT laryngectomy competencies supervisor to guide you through the competency process. Depending on resources and service structure, this may need to be someone outside of your SLT clinical team. You may need to use local or national networks to identify a suitable SLT. You may require more than one mentor to acquire certain skills. For example, acquiring surgical voice restoration voice prosthesis competencies may be facilitated by another multidisciplinary team member with existing competencies in laryngectomy voice prosthesis care and changes e.g. a head and neck cancer clinical nurse specialist or ENT consultant. Other members of the MDT can support laryngectomy

competencies and contribute valuable understanding of MDT working which is essential to laryngectomy care. However, your main mentor and person responsible for signing off your competencies should be an SLT.

For the core laryngectomy competencies, your supervisor should:

- be a SLT working primarily with a head and neck cancer caseload including people with laryngectomy
- have at least 3 years experience of working with people with laryngectomy
- already have competencies, including specialist knowledge, skills and practical experience for the laryngectomy competencies you are working towards
- evidence of a post-graduate level specialist training qualification or portfolio demonstrating extensive clinical skills and experience within this caseload, including ability to manage complex patients (see section 1.7.3)
- be able to provide opportunities for learning such as shadowing and clinical supervision
- participate in their own clinical supervision.

For the additional competencies relating to videofluoroscopy and air insufflation, your supervisor must:

- be an SLT with RCSLT videofluoroscopy competencies at level 3 or above for people with head and neck cancer
- be an SLT who has undergone training in videofluoroscopic swallow and voice evaluation +/- air insufflation for people with laryngectomy
- be experienced in carrying out videofluoroscopic swallow and voice evaluation +/- air insufflation safely or people with laryngectomy safely.

1.5 Context for laryngectomy competency and training of the SLT workforce

Existing competencies for working with people with laryngectomy are based upon those outlined in Appendix B of the RCSLT Prosthetic Surgical Voice Restoration policy statement (2010). It is recognised that there will be many SLTs working with people with laryngectomy who have already obtained the competencies outlined within this document or whom may have already completed a competency framework at an organisational level. Therefore, SLTs who already have over three years' experience of working with people with laryngectomy, have the relevant core and advanced laryngectomy competencies and up-to-date continuing professional development and clinical supervision, will not need to complete this 2023 competency framework to supervise others completing it.

This RCSLT laryngectomy competency framework is intended as a useful document to support future supervision, mentoring, training, career and service development and encourage SLTs to develop skills in working with people with laryngectomy. In addition, all SLTs working with people with laryngectomy are encouraged to regularly access clinical supervision and continuing professional training and development opportunities relating to laryngectomy evidence-based practice.

1.6 Scope of practice

As with all professional practice, SLTs should ensure that they comply with the HCPC standards of proficiency (2023) and operate safely and effectively within their scope of practice:

- "Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself" (HCPC, 2023)"

- "SLTs should be able to use this knowledge, skills and experience, combined with information presented to them to make informed decisions and/ or to take action, including seeking help or support if required" (HCPC, 2023)."

- "SLTs must be able to identify the limits of their practice and when to seek advice or refer to another professional or service" (HCPC, 2023)."

Voice and swallow rehabilitation following laryngectomy is within the scope of practice for speech and language therapists with expertise and specialist training within this area (RCSLT, 2023).

Procedures already covered by existing RCSLT competencies e.g. dysphagia, FEES, videofluoroscopy and tracheostomy are not covered within the scope of this document. This framework focuses on laryngectomy; it is acknowledged that there are other SLT competencies required for working within a wider head and neck cancer caseload which are not included within this framework. There may also be emerging or highly specific areas of SLT laryngectomy practice not within the scope of this document.

1.7 Issues for consideration

1.7.1. Multidisciplinary team working

Competencies may be obtained through discussions with and observations of experienced MDT colleagues working with people with laryngectomy. Interdisciplinary care, communication and collaborative working is fundamental at all stages of the laryngectomy care continuum from pre-treatment to long-term care. The SLT obtaining laryngectomy competencies should seek opportunities to communicate with, observe and understand the other MDT member's roles. These MDT team members may include Head and Neck Clinical Nurse Specialists, Ear Nose and Throat (ENT) Head and Neck Surgeons, Dietitians, Physiotherapists, Clinical Psychologists, Radiologists and Radiographers.

1.7.2 Supervision

SLTs must understand the need for active and ongoing participation in training, supervision and mentoring to support high standards of practice and personal and professional conduct. They must also understand the importance of demonstrating this in practice (HCPC 2023).

Education and training in post-laryngectomy rehabilitation, including surgical voice restoration may be obtained through:

- reading relevant journal articles/ books/ literature
- online or face-to-face formal education courses or training programmes e.g. Imperial College London Healthcare NHS Trust's SVR course (Basic Level), 'Laryngectomy: rehabilitation and surgical voice restoration (Advanced Level)' or 'Understanding laryngectomy surgery to optimise voice and swallowing outcomes' courses
- repeated practice with simulation models
- e-learning modules, webinars, RCSLT clinical excellence network events e.g. RCSLT Head and Neck CENs
- scenario-based decision making
- case discussions of unfamiliar or complex presentations, shared sessions, shadowing and live coaching (Hancock et al, 2020)
- reading relevant local pathways, policies and procedures
- reflective learning log
- attending head and neck MDT meetings, clinics and ward rounds
- 1:1 supervision and tutorials with a suitably qualified and experienced SLT mentor
- shadowing and discussion with other members of the head and neck MDT.

1.7.3 Complexity of patients

Factors that may contribute to complexity of people with laryngectomy include:

- multiple co-morbidities and pre-morbid status
- surgical factors (e.g. type of laryngectomy surgery such as total or extended laryngectomy and type of flap if present)
- post-surgery complications (e.g. haematoma, fistula, leak or dehiscence)
- multiple modality head and neck cancer treatment
- sensory issues e.g. dexterity, vision or hearing loss
- language or communication issues in addition to having laryngectomy
- influence of emotional, social, cultural or psychological issues.

2. Skills and Competencies

2.1 Obtaining, maintaining and developing competencies

The SLT completing these competencies must have access to a clinical supervisor to assist in obtaining and developing competencies through discussion, observation, teaching, carrying out procedures under observation and directing to learning resources and opportunities.

"SLTs must keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career" (HCPC, 2023). SLTs are responsible for maintaining laryngectomy competencies once obtained.

2.2 Recording competencies consistently

Competencies should be recorded in the tables provided and with supplementary evidence such as of attendance at courses, clinical supervision or reflective learning logs. Competencies need to be signed off (see Appendix 1) by a suitably qualified supervisor.

2.3 Guidance for supervisors

As with all professional practice, supervisors should ensure that they comply with HCPC standards of proficiency and practice and supervise only within their scope of practice. Supervisors need to meet the criteria as outlined in section 1.4. It is advised that a supervisor have established specialist skills, knowledge, and experience for each laryngectomy competency that they are providing supervision for. It is recognised that laryngectomy supervisors and many experienced SLTs may have achieved their competence before this laryngectomy competency framework was implemented and in this case, they are not required to complete the framework before supervising others.

Roles and responsibilities of the laryngectomy clinical supervisor

- Supervisors are required to have significant knowledge, skills, and experience in the field of laryngectomy, including management of complex patients.
- Supervisors should be able to demonstrate ongoing practice and CPD regarding laryngectomy.
- Supervisors should be able to direct SLTs to the relevant resources to develop their laryngectomy knowledge and skills.
- Supervisors should have undertaken training in the supervision of others.
- Supervisors should be able to teach and demonstrate aspects of the knowledge and skills required or be able to identify courses that would provide this.
- Supervisors will be required to sign off the laryngectomy competency framework, checking the competencies of their supervisee.
- Supervisors should themselves be in receipt of formal, individual and peer supervision within

this clinical area.

The supervisor role and the signing-off of the competency framework are very important. It is emphasised that supervisors are signing knowledge, skills and/or competency in the context observed, but that ongoing support, supervision and CPD will be essential.

In signing the competency framework, the supervisor is signing that they are confidentthat the supervisee has the relevant knowledge, skills and/or practical competence at that point in time. It should be noted that the supervisor and supervisee may like to keep relevant competency framework documentation and evidence of why they were confident these had been achieved, in case there are any issues regarding the practice of the supervisee in the future, for example, within an HCPC investigation.

The competency framework may form part of the formal appraisal process with the employing organisation.

For more information on supervision, please see the RCSLT Supervision Guidelines for speech and language therapists.

2.4 Guidance for employers

The competency framework is designed for use in the practical acquisition of competence in laryngectomy. The employer is responsible for ensuring that the roles and responsibilities associated with working with people with laryngectomy are clearly detailed in the SLT's job description. Employers have a responsibility to ensure that the supervisor has adequate skills to provide supervision and teaching in this area and that this is clearly detailed in their job description. Employers should ensure that protected time is given for supervision for both supervisee and supervisor.

If there is no suitable supervisor within the employing organisation, employers may arrange for a supervisor from another organisation, but should ensure that this fits within a professional and clinical governance framework.

Employers should ensure there are appropriate policy and guidance documents regarding laryngectomy management within the employing organisation. These policies may include those for clinical procedures, health and safety (e.g. infection control, use of equipment) and information governance.

Appendix 1: RCSLT Laryngectomy Competency Framework Record

Name of trainee:
Job title of trainee:

Name of supervisor:
Job title of supervisor:

Core Laryngectomy Competencies	
Date core laryngectomy competencies commenced	
Date core laryngectomy competencies completed	
Signed by supervisee	
Signed by supervisor (confirming achievement of core competencies)	

Additional Laryngectomy Competencies	
Date additional laryngectomy competencies commenced:	
Additional laryngectomy competencies to be completed (tick as required): ☐ Surgical Voice Restoration: TEP sizing, Voice prosthesis insertion and removal ☐ Surgical Voice Restoration: Teaching people with laryngectomy to self-change the voice prosthesis ☐ Surgical Voice Restoration: Tracheostoma (Hands Free) Valve ☐ Tracheal Manometry ☐ Videofluoroscopy for Laryngectomy ☐ Air Insufflation Taub Test (*complete 'Videofluoroscopy for Laryngectomy' competency first)* ☐ Air Insufflation - Modified Taub Test	
Date additional laryngectomy competencies completed:	
Signed by supervisee:	
Signed by supervisor:	

Appendix 2: Core Laryngectomy Competencies

There is no assumption made about the total number of people with laryngectomy you must see to achieve these competencies; this should be decided with your laryngectomy mentor in accordance with your experience, development needs, job requirements and clinical setting. First, complete this table with your supervisor to select **only** the core laryngectomy competencies relevant to your role. You do not need to select all of them as not all skills will be required in all settings. Then, use the core competency framework for the selected competencies, ensuring you keep evidence of achievement of these.

Competency number	**Core Laryngectomy Competencies**	Required? (yes/no)
6.1	Advanced clinical knowledge of laryngectomy anatomy and physiology	
6.2	Ability to explain different methods of voice and communication restoration following laryngectomy	
6.3	Ability to assess the laryngectomy stoma and peristomal area	
6.4	Ability to train person with laryngectomy or carers in care of stoma and peristomal area	
6.5	Ability to select and manage appropriate laryngectomy products for stoma size	
6.6	Ability to select appropriate laryngectomy products and systems for pulmonary rehabilitation including HMEs and baseplates	
6.7	Ability to assess voice prosthesis appearance, position and location	
6.8	Ability to provide voice prosthesis care and provide education to people with laryngectomy regarding voice prosthesis	
6.9	Ability to demonstrate tracheoesophageal voicing techniques to people with laryngectomy	
6.10	Ability to teach people with laryngectomy oesophageal voicing techniques	
6.11	Ability to teach people with laryngectomy the use of electrolarynx	
6.12	Completion of local documentation and outcome measures relevant to laryngectomy	

The RCSLT Professional Development Framework

The RCSLT Professional Development Framework provides a structure by which existing skills and experience are recognised, and learning and professional development needs are identified, at all career levels, across all settings. It articulates the five core components (practitioner wellbeing, impact, inclusion and diversity, sustainability, co-production) and four domains of practice (professional practice; facilitation of learning; evidence, research and innovation; and leadership and management) for learning and professional development (see Figure 1). The Laryngectomy competency framework has been mapped against these four domains of practice (the icons for these appear in the competency framework tables). When you are working through the Laryngectomy competency framework you may also wish to consider your current professional development level (foundation, proficient, enhanced, advanced, expert levels) found in the Professional Development Framework.

Key	
Domain	**Icon**
Professional Practice	PP
Facilitation of Learning	FL
Leadership and Management	LM
Evidence, Research, and Innovation	ERI

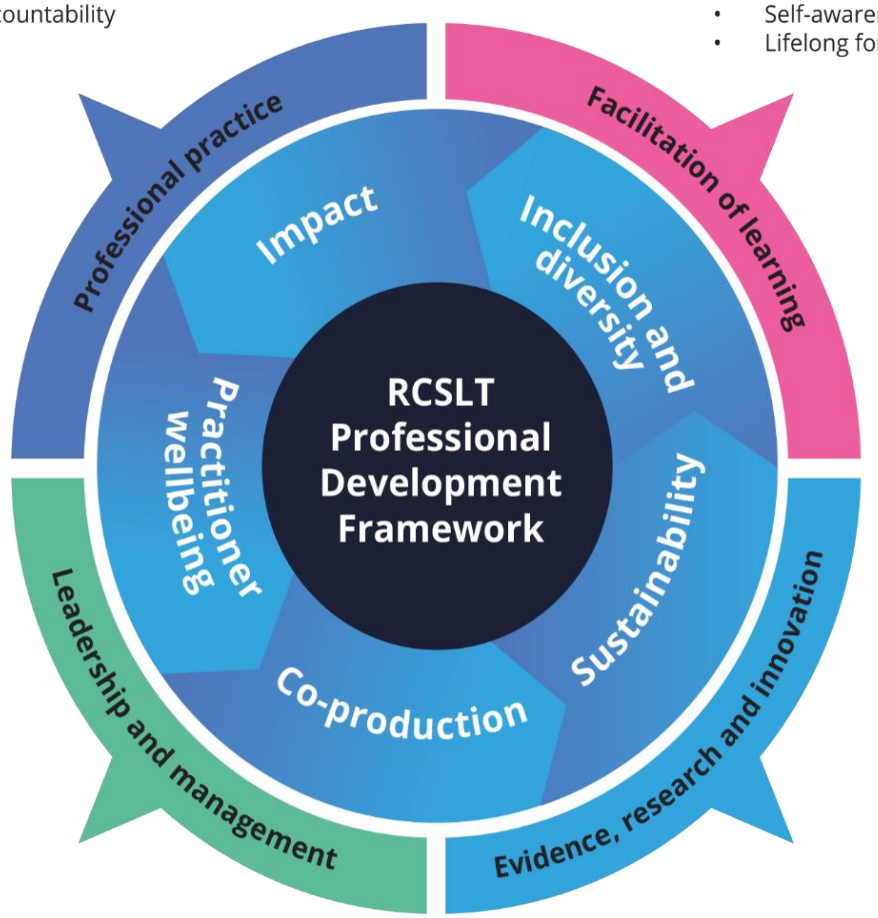
Figure 1: the RCSLT Professional Development Framework with subthemes

Professional practice

- Communication
- Eating, drinking and swallowing
- Safe, effective, high-quality practice
- Ethical and values-based practice
- Autonomy and accountability

Facilitation of learning

- Supervision and coaching
- Teaching and mentoring
- Creating learning resources, environments and opportunities
- Self-awareness and development
- Lifelong formal and informal learning



Leadership and management

- Effective teamwork
- Promote the profession
- Lead change
- Self-management
- Compassionate and inclusive leadership at all levels

Evidence, research and innovation

- Evidence-based practice
- Quality improvement and outcomes
- Research engagement
- Entrepreneurship and intrapreneurship

Core Laryngectomy Competencies Framework

Name:

Clinical caseload/client group:

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
6.1 Advanced clinical knowledge of laryngectomy anatomy and physiology				
PP FL 6.1.1 Able to explain changes pre to post laryngectomy in relation to appearance, communication, respiration and swallowing, including: • Stoma • Trachea • Tracheoesophageal puncture, position and mechanism of voice prosthesis function • Neck • Reconstruction of pharynx for both total and extended laryngectomy surgery • Reconstruction and position of vibratory segment • Atypical appearances		- Use of diagrams, textbooks, anatomical models, online videos, observing laryngectomy surgery if opportunity to do so - Attending face to face courses, webinars or e-learning courses e.g. 'Understanding laryngectomy surgery to optimise voice and swallow outcomes' - Shadowing supervisor - Reading laryngectomy operation notes +/- observing a laryngectomy		

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
• Respiration • Humidification/ filtration • Olfaction • Swallowing		surgery - Attending ENT clinic or laryngectomy support group e.g. to be more aware of different stoma appearances, voice prosthesis positions and humidification/filtration options - Observation of SLT procedures such as videofluoroscopy, FEES, tracheal manometry, air insufflation testing and voice prosthesis changes - Participating in training of other healthcare professionals regarding laryngectomy		
6.2 Ability to explain different methods of voice and communication restoration following laryngectomy				
PP FL ERI 6.2.1 Ability to explain different methods of post-laryngectomy communication to people with laryngectomy, including: • surgical voice restoration • oesophageal voice		-Discussion, teaching, observation with supervisor. -Attending courses/ webinars		

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
• electrolarynx use • use of alternative and augmentative communication and text-to-speech applications • pseudo-voice or silent articulation • non-verbal communication				
PP 6.2.2 Demonstrate communication skills in working with people who may be dysphonic/ aphonic and ability to facilitate communication		Practice lip reading and skills for encouraging clear articulation and facilitating communication.		
PP FL 6.2.3 Able to provide clear information on communication, swallowing, pulmonary rehabilitation, appearance and olfaction post-laryngectomy. Provide appropriate support and information to people undergoing laryngectomy surgery and their families/ carers.		Shadowing/ discussion/ teaching with supervisor. If voice banking is being offered as part of your service, understand the process and how to explain this to people with laryngectomy preoperatively.		
PP FL 6.2.4 Ability to answer patient, family and carer queries regarding laryngectomy. Ability to signpost to local and national supportive laryngectomy and/or head and neck		Understand local laryngectomy pathway, publications/ online information for people with laryngectomy and supportive organisations. Read RCSLT head and		

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
cancer organisations/ groups and relevant services to signpost or refer to.		neck cancer member guidelines for information on national support organisations e.g. NALC / charities e.g. The Swallows.		
PP FL ERI 6.2.5 Demonstrate awareness of relevant laryngectomy assessments and when referral for these assessments may be appropriate e.g. tracheal manometry, FEES, videofluoroscopy, Taub air insufflation and modified Taub testing		Discuss with supervisor to understand local pathways, criteria for referral and indications/ contraindications for these tests. Understand more about these procedures through observation of these assessments, attendance at courses or reading literature.		
6.3 Ability to assess the laryngectomy stoma and peristomal area				
PP 6.3.1 Able to accurately measure stoma size and describe the peristomal landscape		Practice use of stoma measurers and how to describe the shape of stoma and peristomal landscape. Discussion, teaching, observation with supervisor including local protocol if unusual appearance of stoma or peristomal area noted.		

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
PP 6.3.2 Able to recognize unusual appearance of peristomal area and stoma (including signs of potential stomal recurrence, stoma stenosis, closure or suspected granuloma within tracheostoma) and when advice/ input from more experienced SLT, clinical nurse specialist or ENT team may be needed or need for urgent surgical/ oncological review				
6.4 Ability to train people with laryngectomy or their carers in care of stoma and peristomal area				
PP FL 6.4.1 Able to explain to people with laryngectomy or carers how to clean, maintain and care for the stoma and peristomal area including use of appropriate products, and equipment for avoidance and removal of mucous plugs e.g. use of nebulisers and forceps		- Discussion, teaching, observation with supervisor -Discussion of products and their use with company representatives. -Attending online and face-to-face training		
PP FL 6.4.2 Ability to train people with laryngectomy and carers to check for appearance of healthy stoma, trachea, TEP (if present) and neck, including the importance of regular checks		Awareness of local procedures if unusual appearance identified		

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
for any tissue changes and who to contact if these are identified				
PP FL 6.4.3 Ability to advise people with laryngectomy which laryngectomy equipment to carry with them at all times				
6.5 Ability to select and manage appropriate laryngectomy products for stoma size				
PP 6.5.1 Ability to select correct size and length of laryngectomy tube or stoma button based on stoma size and features required for individual e.g. fenestrated or non-fenestrated laryngectomy tubes, compatibility with HMEs		Discuss selection process for laryngectomy products and indications/ contraindications for their use with supervisor		
PP 6.5.2 Able to place and remove laryngectomy tube or stoma button safely including knowledge of: -signs and symptoms of respiratory problems relating to tube and when removal is needed		Observe supervisor/ other healthcare professionals		

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
-risks of insertion/ removal e.g. bleeding -insertion method in accordance with manufacturer instructions -ability to select laryngectomy tube holder or clips appropriately and train people with laryngectomy in how to use and remove these products safely				
PP FL 6.5.3 Ability to clean laryngectomy tube and ability to explain to people with laryngectomy how and when to clean tube				
PP 6.5.4 Knowledge of steps of laryngectomy tube wean		Discuss with supervisor/ MDT		
6.6 Ability to select appropriate laryngectomy products and systems and manage pulmonary rehabilitation including heat moisture exchange (HME) systems and baseplates				
PP 6.6.1 Knowledge of different methods of humidification/ filtration (e.g. open versus closed systems), compatible		-Discussion, teaching, supervision with supervisor, clinical nurse specialists, company representatives.		

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
products/ systems and ability to progress people with laryngectomy to different systems appropriately		-Attendance at webinars, courses where these are discussed.		
PP ERI 6.6.2 Knowledge of evidence for use of different products/ systems (e.g. impact on pulmonary rehabilitation), contraindications for use and ability to select appropriately for individual people with laryngectomy				
FL 6.6.3 Able to advise people with laryngectomy regarding humidification and filtration, and recommend appropriate laryngectomy products and systems to them, providing training to them in recommended use of these products as per manufacturer's instructions				
PP 6.6.4 Able to correctly fit HME into laryngectomy tube, stoma button or baseplate and remove it again.				
PP FL 6.6.5 Ability to recognise when HME is not appropriate and				

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
advise on how to use alternative system such as laryngectomy bib with knowledge of indications/ contraindications for this				
PP LM 6.6.6 Ability to support person with laryngectomy with nebuliser use in consultation with MDT members				
PP 6.6.7 Knowledge of range, features and functions of baseplates		Research range of baseplate products available		
PP FL 6.6.8 Ability to place laryngectomy baseplate correctly and educate person with laryngectomy on how to use this, including: - products to prepare peristomal area - how to assess tissue health and sensitivity of peristomal area and select suitable products accordingly, identifying reasons to discontinue baseplate use or precautions/ recommendations to improve tissue health - alignment of baseplate with stoma		-Discussion, teaching and observation with supervisor, look up products, discuss with reps. -Attend courses/ webinars/ training		

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
- use of adhesive solvents - troubleshooting a difficult peristomal landscape and ability to select most appropriate baseplate - troubleshooting maintaining the seal - frequency of changing baseplate, HME and cleaning peristomal area - safe removal of baseplate				
FL LM 6.6.9 Able to educate person with laryngectomy and liaise with MDT professionals regarding ways to improve secretion management and pulmonary rehabilitation		Observation with supervisor, discussion with MDT members		
PP LM 6.6.10 Knowledge of effects of radiotherapy on tracheostoma, peristomal area and secretions and, if within SLT job role, able to advise on stoma care, suitable laryngectomy products to use or avoid and secretion management/ pulmonary care, liaising with other healthcare professionals as required		Discussion/ shadowing with SLT working with people with laryngectomy undergoing radiotherapy		

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
6.7 Ability to assess voice prosthesis appearance, position and location				
PP 6.7.1 Ability to identify unusual appearance, position and location of voice prosthesis, or identify missing voice prosthesis, and awareness of local procedure to manage these situations		-Discuss possible voice prosthesis appearances and missing voice prosthesis procedure with supervisor or other MDT members. -Read local policies/ protocol regarding missing voice prosthesis -Attend online training/ webinars regarding voice prosthesis management.		
6. 8 Ability to provide voice prosthesis care and provide patient education regarding voice prosthesis				
PP 6.8.1 Ability to clean a voice prosthesis in situ in a person with laryngectomy including ability to: - set up equipment, lighting - use torch		-Practice cleaning voice prosthesis in a simulation laryngectomy model if available -Observe supervisor and person with laryngectomy cleaning voice prosthesis -Successfully clean person with		

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
- select brush compatible with voice prosthesis - angle brush to facilitate insertion (if required) - insert brush in relation to position and angle of voice prosthesis - clean and care for brush - recognise when voice prosthesis cleaning should not be attempted		laryngectomy's voice prosthesis under supervision of supervisor or competent healthcare professional		
PP FL 6.8.2 Ability to provide a person with laryngectomy with training in voice prosthesis cleaning, including: - instruction in frequency of cleaning - understanding of importance of cleaning - knowledge of the effects of candida growth on the prosthesis and methods for controlling its growth - procedure for cleaning including use of mirror, torch, correct brush - how to change position of tag in non-indwelling voice prosthesis and secure effectively - provision of appropriate size and type of brush/ flush		-Observation of supervisor or other healthcare professional giving person with laryngectomy training in voice prosthesis cleaning -Give training to person with laryngectomy in voice prosthesis cleaning under supervision		

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
with explanation of how to use and care for these products and procedures for their use as per manufacturer instructions - how to obtain replacement supplies - contraindications to cleaning and when to seek help regarding voice prosthesis position/ missing/ displaced voice prosthesis				
PP FL 6.8.3 Able to instruct a person with laryngectomy how to manage voice prosthesis in line with local policies and procedures. These may include SLT advising the person on: - procedure for checking for a leak through or around the prosthesis, remedial steps to take and risks associated with continuing to eat and drink despite leak - what to do if voice prosthesis leaks, shows signs of deterioration or looks too long or too short - what to do if a voice prosthesis becomes displaced/ dislodged or is missing in line with local policy e.g. provision of catheter and dilator and teaching the person with a laryngectomy when and how to use these		-Read local policies/ procedures/ pathways relating to voice prosthesis management and discuss with supervisor -Read manufacturers' instructions/ look at sample products and be familiar with items in laryngectomy kit -Discuss with supervisor what the healthy appearance of a stoma, trachea, TEP and neck area -Identify emergency situations, local pathway for dealing with this and contact details		

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
safely - items of laryngectomy kit to be carried at all times - appearance of healthy stoma, trachea, tracheoesophageal puncture and neck, importance of regular checks for any tissue changes and who to contact if these are identified - how to identify emergency situations and who to contact - provision of a plug (specific to their type of voice prosthesis) and training on how it should be used (in accordance with manufacturer's instructions) - provision of thickener (with instructions of how to use this including recommended IDDSI levels) if recommended by local service temporarily whilst awaiting voice prosthesis change		-Awareness of 999 text procedure or alternative plan with local ambulance service		
6.9 Ability to demonstrate tracheoesophageal voicing techniques to people with laryngectomy				
PP FL 6.9.1 Able to guide a person with laryngectomy through phonation using voice prosthesis including occlusion,		Attend lectures, courses or complete in-service training with your supervisor, covering the strategies		

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
coordination, breathing, articulation, tension and effort level.		relevant to tracheoesophageal voice		
PP FL 6.9.2 Able to identify behaviours which facilitate production of tracheoesophageal voice and those which are counterproductive or inhibit sound (e.g. excessive vocal effort +/- increased body muscle tension), and guide the person with laryngectomy to modify technique accordingly				
PP 6.9.3 Ability to resolve problems relating to stoma size e.g. use of adaptive devices when stoma is too large for manual occlusion				
PP 6.9.4 Ability to identify prosthesis involvement in person with laryngectomy's failure to produce tracheoesophageal sound				
PP LM 6.9.5 Makes appropriate referrals for problem solving procedures such as air insufflation, manometry, FEES or				

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
videofluoroscopy				
6.10 Ability to teach people with laryngectomy oesophageal voicing				
PP FL 6.10.1 Able to guide a person with laryngectomy through oesophageal voice techniques including different methods of air intake including injection and inhalation		-Read books from suggested reading list, attend training courses and clinical supervision -Attend a lecture, course or in-service training with your supervisor, covering the strategies relevant to oesophageal voice		
PP FL 6.10.2 Able to identify behaviours which facilitate production of oesophageal voice and those which are counterproductive or inhibit sound or communication (e.g. excessive vocal effort, stoma noise, audible clunk, double pumping, lip smacking, poor articulation, facial grimace, inconsistent voice), and guide the person with laryngectomy to modify technique accordingly				
PP LM 6.10.3 Ability to refer for problem solving to facilitate oesophageal voicing including when impedance of airflow through oesophagus is suspected				

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
6.11 Ability to teach people with laryngectomy use of electrolarynx				
FL 6.11.1 Able to guide a person with laryngectomy through placement of electrolarynx (including use of oral adaptors or hands-free electrolarynx kit if appropriate), and techniques for timing and changing pitch/ volume (if features of the electrolarynx)		Attend a lecture, course or in-service training with your supervisor, covering the strategies relevant to use of electrolarynx, watch online webinars/ videos		
PP FL 6.11.2 Able to identify behaviours which facilitate production of electrolarynx voice and those which are counterproductive or inhibit or distort sound (e.g. incomplete placement on neck or other area such as cheek) and guide the person with laryngectomy to modify technique accordingly				
PP 6.11.3 Able to identify potential anatomical limitations for electrolarynx use e.g. neck fibrosis, lymphoedema, and solutions such as placement on cheek or use of oral adaptor				

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
6.12 Completion of local documentation and outcome measures relevant to laryngectomy				
ERI 6.12.1 Awareness and ability to select and use patient- and clinician-rated outcome measures relevant to laryngectomy including voice (e.g. tonicity, maximum phonation time), communication, dysphagia and quality of life e.g. STOPS, SOAL, MDADI, UW QOL v4				
PP ERI 6.12.2 Documentation of any complications or unusual appearance of stoma/ voice prosthesis and local procedures followed				
PP 6.12.3 Completion of person with laryngectomy/ carer's laryngectomy competencies checklist in line with local procedures				
ERI 6.12.4 Completion of voice prosthesis database to record				

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
changes/ type of prosthesis (in accordance with local information governance)				

Appendix 3: Additional Laryngectomy Competencies Framework

Surgical Voice Restoration (SVR): TEP Sizing, Voice Prosthesis Insertion and Removal

Name:

Clinical caseload/client group:

Additional Laryngectomy Competency: Surgical Voice Restoration: TEP sizing, Voice prosthesis insertion and removal	**Date completed**	**Supervisor sign off**
7.1 Ability to identify physical, psychological, and social factors which may contraindicate or complicate having a voice prosthesis		
PP 7.1.1 Ability to identify suitable people with laryngectomy for surgical voice restoration, discuss their preferences regarding post-laryngectomy communication with them, and indications/ contraindications for the procedure		
PP LM 7.1.2 Ability to contribute to MDT discussion of whether a person with laryngectomy is suitable for consideration of surgical voice restoration and advocate for individual preferences, and of those close to them if appropriate, regarding post-laryngectomy communication		
PP 7.1.3 Ability to discuss surgical voice restoration indications and contraindications with person with laryngectomy and		

Additional Laryngectomy Competency: Surgical Voice Restoration: TEP sizing, Voice prosthesis insertion and removal	Date completed	Supervisor sign off
offer advice/ incorporate their opinions into decision-making		
7.2 Ability to select different types of voice prosthesis according to needs and expressed wishes of person with laryngectomy		
PP 7.2.1 Able to demonstrate knowledge of voice prosthesis features and their advantage/ disadvantages related to the person with laryngectomy's needs, including: - Diameter and length - Indwelling, and exdwelling (which can be placed by person with laryngectomy) - Fungal infection resistant prostheses - Standard vs modified prostheses - Insertion method - introducer versus gel cap e.g. for compromised party wall - Colour and visibility - Opening pressure Modified or special features could include: - -Increased resistance/weighted, extended flanges, special lengths and fungal infection resistant		
7.3 Ability to safely remove and insert voice prosthesis		

Additional Laryngectomy Competency: Surgical Voice Restoration: TEP sizing, Voice prosthesis insertion and removal	Date completed	Supervisor sign off
PP 7.3.1 Ability to identify risks associated with prosthesis insertion and removal including indications and contraindications		
PP 7.3.2 Ability to set up room for a prosthesis change including: - effective lighting - clinical height adjustable, reclinable chair - suction - equipment e.g. dilator, sizer/ gauge, gauze, gel caps/ sheath, voice prosthesis and inserter devices, tape, blue/ green or white food dye, cotton tipped applicators and drinking water - lubricants - suitable location for aerosol generating procedure - appropriate personal protective equipment		
PP 7.3.3 Ability to use gauges and sizers to measure TEP length		
PP 7.3.4 Knowledge of the different insertion methods for different prostheses in accordance with manufacturer guidelines. Awareness that most voice prostheses can be inserted using a gel cap system, but some may require a		

Additional Laryngectomy Competency: Surgical Voice Restoration: TEP sizing, Voice prosthesis insertion and removal	Date completed	Supervisor sign off
sheath		
PP 7.3.5 Ability to use safety measures to prevent aspiration of the prosthesis		
PP 7.3.6 Identification and use of appropriate insertion system		
PP 7.3.7 Ability to set up and use suction, including suction catheter for secretions in stoma or Yankauer suction tip for oral secretions		
PP ERI 7.3.8 Adherence to current local and national infection control guidance for aerosol generating procedures including appropriate environment and use of personal protective equipment		
7.4 Preparing puncture for prosthesis insertion		
PP ERI 7.4.1 Able to safely place tracheoesophageal dilators or stents		
PP		

Additional Laryngectomy Competency: Surgical Voice Restoration: TEP sizing, Voice prosthesis insertion and removal	Date completed	Supervisor sign off
7.4.2 Able to safely place and remove sizer		
PP 7.4.3 Able to accurately size tracheoesophageal puncture length		
PP 7.4.4 Knowledge of indications/ contraindications for use of topical anaesthetic, method of use and use only when the organisation in which it is being used has a Patient Group Direction regarding this		
PP 7.4.5 Knowledge of contraindications to use of sizers e.g atraumatic changes or granulation on the oesophageal aspect		
PP 7.4.6 Ability to assess appearance of TEP and recognise peripheral leak, enlarged TEP (atrophic versus infected or necrotic), fistula, compromised or split party wall and make decision/ seek second opinion on management of this.		
7.5 Voice prosthesis placement		
FL 7.5.1 Observation of placement of 3-5 prostheses by supervisor or other suitably qualified healthcare professional		
FL		

Additional Laryngectomy Competency: Surgical Voice Restoration: TEP sizing, Voice prosthesis insertion and removal	**Date completed**	**Supervisor sign off**
7.5.2 Able to explain procedure to person with laryngectomy, obtain consent and place them in optimum position for voice prosthesis removal/ placement		
PP FL 7.5.3 Able to select, size, insert (using appropriate insertion system e.g. gel cap or sheath), remove and replace voice prosthesis. Completion of 5 or more voice prosthesis changes under supervision until supervisor and supervisee agree they are ready to be signed off. Opportunities to change voice prostheses or gain experience of changing different types of voice prostheses will vary across services. The number of voice prosthesis changes under supervision needed to achieve competency may need to be more than 5 and should be agreed with your supervisor. Practising voice prosthesis changes on models, watching videos or attending training courses for insertion/ removal of different types of voice prosthesis may also help develop competencies prior to changing on people with laryngectomy.		
7.6 Testing the prosthesis		
PP 7.6.1 Ability to test prosthesis for correct fit, including checking the person is comfortable with prosthesis in place		
PP 7.6.2 Ability to test for and determine secure voice prosthesis testing including: - resistance to tug - 360° rotation of voice prosthesis - leak testing (including identifying peripheral or central leakage) - voice testing		

Additional Laryngectomy Competency: Surgical Voice Restoration: TEP sizing, Voice prosthesis insertion and removal	Date completed	Supervisor sign off
- use of nasendoscopy to check position if cannot be established by other checks n.b. The order of these tests may vary depending on individual presentation		
PP 7.6.3 Ability to identify factors which may interfere with voice prosthesis function, and further testing procedures if tracheoesophageal voice is not produced.		
7.7 Ability to safely manage prosthesis dislodgement, suspected closed tracheoesophageal puncture or missing prosthesis		
PP 7.7.1 Ability to stent TEP with appropriately sized catheter to reduce immediate aspiration risk		
PP 7.7.2 Demonstrate ability to follow protocols if prosthesis is dislodged, suspected closed TEP or location of prosthesis is not known		
PP 7.7.3 Ability to assess puncture for patency e.g. swallow leak test and voice assessment		
PP 7.7.4 Ability to identify potential causes of prosthesis dislodgement, missing prosthesis or suspected TEP closure		

Additional Laryngectomy Competency: Surgical Voice Restoration: TEP sizing, Voice prosthesis insertion and removal	Date completed	Supervisor sign off
7.8 Ability to identify process and potential risks of elective voice prosthesis removal		
PP 7.8.1 Demonstrate awareness of reasons for elective voice prosthesis removal e.g. position issues, peripheral leak, uncontrolled central leak, individual preference or lack of ability to manage voice prosthesis		
PP 7.8.2 Demonstrate awareness of management steps for elective voice prosthesis removal including need for admission versus outpatient setting		
PP 7.8.3 Awareness of indication for cuffed tracheostomy with subglottic port, and nasogastric feeding		
7.9 Ability to consider suitability for secondary puncture		
PP 7.9.1 Demonstrate ability to consider suitability for secondary puncture including appropriate referral for air insufflation, individual motivation and ability to self-manage voice prosthesis including cleaning		
7.10 Troubleshooting surgical voice restoration issues		
PP		

Additional Laryngectomy Competency: Surgical Voice Restoration: TEP sizing, Voice prosthesis insertion and removal	Date completed	Supervisor sign off
7.10.1 Ability to identify potential causes of and solutions for central and peripheral leakage or changes in TEP size		
PP 7.10.2 Able to identify impedance of airflow through voice prosthesis, identify potential causes and solutions		
PP 7.10.3 Able to identify symptoms associated with impedance of airflow through the neopharynx e.g. strained/ inconsistent voice or absence of voice, aerophagia		
PP 7.10.4 Ability to introduce appropriate adaptive devices where stoma is too large for manual occlusion		
PP LM 7.10.5 Knowledge of when to refer for further assessments (e.g. videofluoroscopy, tracheal manometry, air insufflation testing or FEES) or when onward referral for specialist opinion e.g. (gastroenterology or ENT is required)		

Surgical Voice Restoration: Teaching People with Laryngectomy to Self-change Voice Prosthesis

Name:

Clinical caseload/client group:

Note: Complete 'Surgical Voice Restoration (SVR): TEP sizing, Voice Prosthesis Insertion and Removal' competencies prior to commencing this competency

Additional Laryngectomy Competency: Surgical Voice Restoration: Teaching People with Laryngectomy to Self-Change Voice Prosthesis	**Date completed**	**Supervisor sign off**
7.11 Ability to identify suitable people with laryngectomy for self-changing, and contraindications for this		
FL 7.11.1 Ability to teach people with laryngectomy proficiency in inserting the prosthesis including knowledge of: • effective lighting • insertion devices, lubricants and adhesives • using catheters or stents to facilitate insertion • insertion systems, safety features and techniques specific to type of prosthesis • risks associated with prosthesis insertion and withdrawal e.g. aspiration, bleeding • emergency procedures to follow		

Additional Laryngectomy Competency: Surgical Voice Restoration: Teaching People with Laryngectomy to Self-Change Voice Prosthesis	**Date completed**	**Supervisor sign off**
• safety measures to prevent aspiration of the prosthesis • safety checks to ensure correct positioning and functioning of prosthesis • unusual symptoms or appearance which may indicate the need for another SLT or ENT review		
FL 7.11.2 Ability to teach people with laryngectomy frequency of cleaning and procedures for cleaning the voice prosthesis when it has been removed		
PP 7.11.3 Awareness of local organisation policies and procedures regarding person with laryngectomy self-changing voice prosthesis		

Surgical Voice Restoration: Tracheostoma (Hands Free) Valve

Name:

Clinical caseload/client group:

Additional Laryngectomy Competency: Surgical Voice Restoration: Tracheostoma (Hands Free) Valve	Date completed	Supervisor sign off
7.12 Ability to select appropriate people with laryngectomy for tracheostoma (hands free) valve		
PP 7.12.1 Ability to describe tracheostoma valve components and functions, including for different types of products		
PP 7.12.2 Ability to identify contraindications for tracheostoma valve use, factors which may complicate or facilitate use and retention of tracheostomal valve e.g. peristomal configuration, excessive intratracheal pressure		
PP 7.12.3 Ability to identify suitable people with laryngectomy for tracheostoma valve use and describe function, application, use and care of tracheostoma valve to them		
PP		

Additional Laryngectomy Competency: Surgical Voice Restoration: Tracheostoma (Hands Free) Valve	Date completed	Supervisor sign off
7.12.4 Ability to identify excessive intratracheal pressure and potential causes of this		
PP 7.12.5 Ability to measure intratracheal pressure during speech e.g. use of tracheal manometry		
7.13 Ability to select appropriate tracheostoma (hands free) valve		
PP 7.13.1 Able to identify advantages and disadvantages and features of range of tracheostoma valves available including valve sensitivity, flow adjustments, features of integrated HMEs		
PP 7.13.2 Ability to select appropriate type of tracheostoma valve, resistance of valve or compatible HME and housing to suit the person with laryngectomy's requirements		
7.14 Ability to apply baseplate to peristomal area, place tracheostoma (hands free) valve and explain use to person with laryngectomy or carer		
PP 7.14.1 Ability to assess and prepare peristomal area, select and fix baseplate in alignment with stoma and peristomal landscape, facilitate adhesion of baseplate and place tracheostoma valve in accordance with manufacturer's instructions		

Additional Laryngectomy Competency: Surgical Voice Restoration: Tracheostoma (Hands Free) Valve	Date completed	Supervisor sign off
PP 7.14.2 Ability to place tracheostoma valve into laryngectomy tube in accordance with manufacturer's instructions if this is the preferable system for the person with laryngectomy (rather than use of a baseplate)		
FL 7.14.3 Ability to explain safe placement, removal and replacement of tracheostoma valve including: - removal of valve for coughing or clearing airway - removal of baseplate with adhesive removal wipes - cleaning and preparation of peristomal area - use of appropriate HMEs and frequency of changes - switching between hands free and digital occlusion		
FL 7.14.4 Ability to explain the relationship between intratracheal pressure, valve closure and retention of baseplate seal and optimum methods for voicing to person with laryngectomy/ carer/ supervisor		
FL 7.14.5 Ability to explain the limitations and safety precautions when using a tracheostoma valve		

Additional Laryngectomy Competency: Surgical Voice Restoration: Tracheostoma (Hands Free) Valve	Date completed	Supervisor sign off
FL 7.14.6 Ability to explain methods to prevent valve loss		
7.15 Maintaining the seal of the tracheostoma (hands free) valve baseplate		
PP FL 7.15.1 Ability to use and explain methods to reduce airflow resistance in the valve including adjusting airflow resistance or flow settings and selection of HME with appropriate resistance. Including explanation of different settings or HME depending on activity e.g. speaking versus physical activity.		
PP 7.15.2 Ability to use methods to reduce airflow resistance in the oesophagus and pharyngoesophageal segment e.g. relaxation and voice techniques such as breath support or easy onset, manipulation of the pharyngoesophageal segment, use of instrumental assessment to problem solve if required		
PP 7.15.3 Ability to increase the seal of the baseplate with use of adhesive solvents and methods of attachment		
PP 7.15.4 Ability to modify the baseplate including: - selecting the optimal shape of the baseplate		

Additional Laryngectomy Competency: Surgical Voice Restoration: Tracheostoma (Hands Free) Valve	**Date completed**	**Supervisor sign off**
- construction of a customised housing from a mould of the peristomal area - enlarging the housing surface with adhesive tape, moulds or discs - use of adhesive support devices to reduce stoma movement		
PP 7.15.5 Ability to problem solve hands free valve use e.g. identify if intratracheal pressure is an issue and help person with laryngectomy to modify technique		

Tracheal Manometry

Name:

Clinical caseload/client group:

Additional Laryngectomy Competency: Tracheal manometry	Date completed	Supervisor sign off
7.16 Ability to complete tracheal manometry test		
PP 7.16.1 Ability to identify suitable people with laryngectomy for tracheal manometry, and contraindications for procedure		
PP 7.16.2 Demonstrates ability to measure intratracheal pressure during voicing following manufacturer's instructions for manometer adaptor		
FL 7.16.3 Ability to explain speech tasks to person with laryngectomy, interpret pressure ranges and explain these to them		
FL 7.16.4 Ability to explain to people with laryngectomy how to observe pressure ranges on manometer to		

Additional Laryngectomy Competency: Tracheal manometry	**Date completed**	**Supervisor sign off**
modify expiratory effort when voicing and enable biofeedback		

Videofluoroscopy for Laryngectomy

Name:

Clinical caseload/client group:

Additional Laryngectomy Competency: Videofluoroscopy for Laryngectomy	Date completed	Supervisor sign off
7.17 Ability to complete videofluoroscopic analysis of laryngectomy swallow and voice		
PP FL 7.17.1 Completion of RCSLT level C Dysphagia 'Highly Specialist' competencies (RCSLT Dysphagia Training and Competency Framework, 2014)		
PP FL 7.17.2 Completion of RCSLT Videofluoroscopy (level 3) competencies, including experience of carrying out videofluoroscopy for people with head and neck cancer		
PP FL 7.17.3 Ability to identify when a person with laryngectomy may be suitable for videofluoroscopy, and knowledge of indications and contraindications and aims of procedure and ability to explain this to the person with laryngectomy		
PP 7.17.4 Ability to identify equipment needed for laryngectomy videofluoroscopy and ability to set up room for procedure		

Additional Laryngectomy Competency: Videofluoroscopy for Laryngectomy	Date completed	Supervisor sign off
with correct equipment including: - microphone - suitable contrast and consistencies of diet/ fluids (IDDSI levels), measuring jug, water, cups - tissues, stent, correct voice prosthesis brush, tape, spare voice prosthesis and equipment for insertion (if assessing for leakage), lubricant		
PP 7.17.5 Ability to prepare person with laryngectomy for videofluoroscopy procedure including: - explaining procedure to them - positioning in lateral oblique position - placing tape and stoma marker e.g. penny		
PP 7.17.6 Knowledge of laryngectomy anatomy, types of surgery and ability to identify anatomy on videofluoroscopy images, including ability to describe location of voice prosthesis (if in situ), ability to identify presence and type of flap, myotomy or more extensive laryngectomy surgery		
PP 7.17.7 Ability to follow videofluoroscopy protocol specific to people with laryngectomy		
PP ERI		

Additional Laryngectomy Competency: Videofluoroscopy for Laryngectomy	**Date completed**	**Supervisor sign off**
7.17.8 Ability to complete swallow evaluation and analyse features of laryngectomy swallow, including ability to describe features specific to laryngectomy (see Coffey et al, 2015)		
PP 7.17.9 Ability to identify and describe unusual features on videofluoroscopy specific to laryngectomy swallow function		
PP FL 7.17.10 Ability to guide person with laryngectomy through eliciting voicing during videofluoroscopy and analyse images including: - tasks to elicit voicing - knowledge of techniques to optimise voice - location of vibratory segment - ability to identify features of spasm - ability to describe features of prosthesis including positioning and length		
PP FL 7.17.11 Observation of 5 videofluoroscopy procedures for people with laryngectomy		
PP FL 7.17.12 Completion of interpretation of 5 videofluoroscopy procedures for people with laryngectomy under supervision		

Additional Laryngectomy Competency: Videofluoroscopy for Laryngectomy	Date completed	Supervisor sign off
PP LM 7.17.13 Awareness of importance of MDT in videofluoroscopy evaluation in people with laryngectomy including collaboration with ENT and radiography colleagues for evaluation and interpretation of images		

Air Insufflation Taub Test

Name:

Clinical caseload/client group:

Notes: Complete Laryngectomy Videofluoroscopy Competencies prior to commencing Air Insufflation Competency. It is recommended that an Air Insufflation Test should normally follow on from a videofluoroscopic evaluation of voice and swallow rather than being a stand-alone assessment. However, if a Modified Taub test is being carried out in a clinic setting, this will not require videofluoroscopy competencies and may be carried out in a clinic setting.

Additional Laryngectomy Competency: Air Insufflation Taub Test	**Date completed**	**Supervisor sign off**
7.18 Ability to complete Air Insufflation Taub Test		
PP 7.18.1 Ability to identify suitable people with laryngectomy for air insufflation testing, and knowledge of indications and contraindications for procedure e.g. history of epistaxis, vasovagal episodes, nasopharyngeal mass etc		
PP FL 7.18.2 Completion of additional RCSLT laryngectomy videofluoroscopy competencies including knowledge of appropriate contrast solution to use and UK guidelines on radiation exposure		
PP		

Additional Laryngectomy Competency: Air Insufflation Taub Test	**Date completed**	**Supervisor sign off**
7.18.3 Ability to set up equipment needed for air insufflation test		
PP LM 7.18.4 In discussion with the multi-disciplinary team and through taking case history information, able to identify contraindications for passing the catheter including (as per Wallace et al, 2020): - skull base/ facial surgery or fracture within previous 6 weeks - major or life-threatening epistaxis within the previous 6 weeks - sino-nasal and anterior skull base tumours/ surgery - nasopharyngeal stenosis - craniofacial abnormalities - hereditary haemorrhagic telangiectasia - laryngectomy within the past 2 weeks		
PP FL 7.18.5 Ability to safely pass catheter via nose or TEP into the oesophagus, check positioning and secure the catheter - to undertake this at least 3 times under supervision of SLT or ENT colleague		
PP 7.18.6 Ability to position catheter for air insufflation with voice prosthesis in situ		

Additional Laryngectomy Competency: Air Insufflation Taub Test	Date completed	Supervisor sign off
PP 7.18.7 Knowledge of when to discontinue assessment e.g complete stricture, identification of leak/fistula or obstructive anatomy/ suspected recurrence, air trapping/pouching during insufflation, pain, discomfort or distress.		
PP LM 7.18.8 Ability to facilitate and direct use of self-insufflation kit safely		
PP 7.18.9 Ability to work airflow meter safely including when and how to turn on and off, adjusting and measuring airflow and appropriate flow rates		
FL 7.18.10 Ability to direct person with laryngectomy in swallowing contrast solution and direct in appropriate mouthing tasks		
PP 7.18.11 Ability to analyse, describe and record tonicity of voice		
PP 7.18.12 Ability to modify air flow promptly based on analysis of tonicity, appearance and movement of vibratory segment and air reservoir, and decide on appropriate techniques to trial e.g. digital pressure on outside of neck for hypotonic voice		

Additional Laryngectomy Competency: Air Insufflation Taub Test	Date completed	Supervisor sign off
PP 7.18.13 Ability to identify location of vibratory segment and air reservoir below		
PP 7.18.14 Ability to identify features such as pharyngoesophageal spasm or stricture		
PP 7.18.15 Ability to make recommendations for voice prosthesis insertion, recommend type of prosthesis, reasons for not inserting voice prosthesis or further procedures which may facilitate this in the future based on outcome of air insufflation test		
PP LM 7.18.16 Ability to manage adverse event or unexpected findings that could occur, including documentation and knowledge of when to refer to other MDT members for advice/ second opinion e.g. radiologist, ENT consultant in line with local policy		

Air Insufflation Modified Taub Test

Name:

Clinical caseload/client group:

Additional Laryngectomy Competency: Air Insufflation Modified Taub Test	Date completed	Supervisor sign off
7.19 Ability to complete Air Insufflation Modified Taub Test		
PP 7.19.1 Ability to identify suitable people with laryngectomy for modified Taub testing, and knowledge of indications and contraindications for procedure e.g. history of epistaxis, vasovagal episodes, nasopharyngeal mass etc		
PP 7.19.2 Ability to set up equipment needed for air insufflation modified Taub test, including plugging of voice prosthesis if in situ		
PP 7.19.3 Able to identify contraindications for passing the catheter including (as per Wallace et al, 2020):		

Additional Laryngectomy Competency: Air Insufflation Modified Taub Test	Date completed	Supervisor sign off
- skull base/ facial surgery or fracture within previous 6 weeks - major or life-threatening epistaxis within the previous 6 weeks - sino-nasal and anterior skull base tumours/ surgery - nasopharyngeal stenosis - craniofacial abnormalities - hereditary haemorrhagic telangiectasia - laryngectomy within the past 2 weeks		
PP FL 7.19.4 Ability to safely pass catheter via nose or TEP into the oesophagus and attach free end to adaptor, to undertake this 3 times under supervision of SLT or ENT colleague		
PP 7.19.5 Knowledge of when to discontinue assessment e.g. pain, discomfort or distress		
FL 7.19.6 Ability to direct person with laryngectomy in assessment tasks		
PP 7.19.7 Ability to analyse, describe and record tonicity of voice		

Additional Laryngectomy Competency: Air Insufflation Modified Taub Test	Date completed	Supervisor sign off
PP 7.19.8 Ability to make recommendations for voice prosthesis insertion, recommend type of prosthesis, reasons for not inserting voice prosthesis or further procedures which may facilitate this in the future based on outcome of modified air insufflation test		
PP LM 7.19.9 Ability to manage adverse event or unexpected findings that could occur, including documentation and knowledge of when to refer to other MDT members for advice/ second opinion e.g. radiologist, ENT consultant in line with local policy		

Appendix 4: Methodology

4.1 Working group

The working group were SLTs writing the RCSLT Head and Neck Cancer Members' Guidance and Laryngectomy Position Paper updates 2022-2023. This included representation of members from across the UK.

4.2 Review of existing guidelines and competencies

This document follows on from the competency document in appendix B of the RCSLT 'Prosthetic Surgical Voice Restoration (SVR): The role of the speech and language therapist' Policy Statement (Evans et al, 2010) The RCSLT Head and Neck Guidance update working party identified the need for this laryngectomy competency framework, and it was undertaken within the scope of the RCSLT Head and Neck Guidance update project.

4.3 Writing the document

The working group met to develop the content for the document and review the drafts by meetings and by email, with comments incorporated until the group were content that the draft was ready for wider consultation.

4.4 Consultation with the profession

This document was developed through consultation with the RCSLT working party for the head and neck cancer guidance update, and RCSLT Clinical Advisers for head and neck cancer. Members of the Head and Neck Clinical Excellence Networks (CENs) and National Institute for Health and Care Research (NIHR) clinical research network ENT SLT group were consulted.

4.5 Wider stakeholder consultation

The amended draft was then circulated for wider consultation with stakeholders outside of the profession including head and neck cancer charities, other

professional bodies and other professionals e.g. Nicola Stobbs, Consultant ENT Surgeon, Sheffield Teaching Hospitals NHS Foundation Trust

5. References/reading list

Acton, L.M., Ross, D.A., Sasaki, C.T. and Leder, S.B. (2008). Investigation of tracheoesophageal voice prosthesis leakage patterns: Patient's self-report versus clinician's confirmation. Head and Neck, 30(5), 618-21

Arenaz, B., Pendleton, H., Westin, U. and Rydell, R. (2018). Voice and swallowing after total laryngectomy. Acta Oto-Laryngologica, 138 (2), 170-174

American Speech-Language Hearing Association (2004). Knowledge and Skills for Speech-Language Pathologists with Respect to Evaluation and Treatment for Tracheoesophageal Puncture and Prosthesis [Knowledge and Skills]. ASHA Special Interest Division 3: Working Group on Voice and Voice Disorders. [Online]. Available at: https://www.asha.org/policy/ks2004-00070/

Baijens, L., Walshe, M., Aalonen, L., Arens, C., Cordier, R., Cras, P., Crevier Buchman, L., Curtis, C., Golusinski, W., Govender R.... Clave P. (2020). European White Paper: Oropharyngeal dysphagia in head and neck cancer. European Archives of Oto-Rhino-Laryngology, 278, 577-616.

Bradley, P., Counter,P., Hurren, A. et al (2013). The service provision of surgical voice restoration in England: a questionnaire survey of speech and language therapists' Journal of Laryngology and Otology, 127 (8), 760-767

Casper, J and Colton, R. (1998). Clinical Manual for Laryngectomy and Head and Neck Cancer Rehabilitation. (2nd ed). California, Singular Publishing

Clarke,P., Radford, K., Coffey, M. and Stewart, M. (2016). Speech and swallow rehabilitation in head and neck cancer: United Kingdom National Multidisciplinary Guidelines. Journal of Laryngology and Otology, 130 (52), 176-180

Chakravarty, P., McMurran,A., Banigo, A, Shakeel,M and Ah-See,K. (2018). Primary versus secondary tracheoesophageal puncture: systematic review and meta-analysis. Journal of Laryngology and Otology, 132, 14-21

Coffey, M. and Tolley, N. (2015). Swallowing after laryngectomy. Curr Opin Otolaryngol Head Neck Surg, 23 (3), 202-208

Coffey, M., Tolley, N., Howard, D. and Hickson, M. (2018). Double blind study investigating the effect of different voice prostheses on ease of swallowing and tissue residue post laryngectomy. Dysphagia, 33 (5), 616-626

Coffey, M., Tolley, N., Howard, D., Drinnan, M. and Hickson, M. (2018). An investigation of the post laryngectomy swallow using videofluoroscopy and fibreoptic endoscopic evaluation of swallowing (FEES). Dysphagia, 33 (3), 369-379

Edels, Y. (1983). Laryngectomy: Diagnosis to Rehabilitation. Croom Helm: Kent

Evans, E. (1990). Working with Laryngectomees. Chesterfield: Winslow Press

Evans, E., Hurren, A., Govender, R., Radford, K., Robinson, H., Batch, A., Samuel, P. (2010). Prosthetic Surgical Voice Restoration (SVR): The role of the speech and language therapist.

Gitomer, S., Hutcheson,K., Christianson, B., Samuelson, M., Barringer, D., Roberts, D., Hessel, A., Weber, R., Lewin, J. and Zafereo, M. (2016). Influence of timing, radiation and reconstruction on complications and speech outcomes with tracheoesophageal puncture. Head Neck, 38 (12), 1765-1771

Goff, D., Coffey, M., Govender, R., Thornton, J., Roe, J., Brady, G., Clunie, G., Watson, L-J. and Patterson,J. (awaiting publication). Speech, Voice and Swallowing Rehabilitation for Head and Neck Cancer, ENT UK guidelines

Govender, R., Lee, M., Davies, T., Twinn, C., Katsoulis, K., Payten, C., Stephens, R. and Drinnan, M. (2012). Development and preliminary validation of a patient-reported outcome measure for swallowing after total laryngectomy (SOAL questionnaire). Clinical Otolaryngology, 37(6), 452-9.

Govender, R., Lee, M., Drinnan, M., Davies, T., Twinn, C. and Hilari, K. (2016). Psychometric evaluation of the Swallowing Outcomes After Laryngectomy (SOAL) patient-reported outcome measure. Head Neck, 38 Suppl 1, E1639-45.

Hancock, K., Ward, E. and Hill, A. (2020). Factors contributing to clinician training and development in the clinical area of laryngectomy and tracheoesophageal voice. Int J Lang Comm Disord, 55 (5), 690-701

Health and Care Professions Council (2023). Standard of care, performance and ethics. [Online]. Available at: Standards of proficiency | (hcpc-uk.org)

Hurren, A., Hildreth,A. and Carding,P. (2006). Can we perceptually rate alaryngeal voice? Developing the Sunderland Tracheoesophageal Voice Perceptual Scale. Clinical Otolaryngology, 34, 533-538

Hurren, A., Miller, N. and Carding, P. (2019) 'Perceptual Assessment of Tracheoesophageal Voice Quality with the SToPS: The Development of a Reliable and Valid Tool' Journal of Voice, 33(4), 465-472

Hutcheson, K., Lewin, J., Sturgis, E. and Risser, J. (2011). Outcomes and adverse events of enlarged tracheoesophageal puncture after total laryngectomy. Head and Neck, 122 (7), 1455-1461

Hutcheson, K. Lewin, J. Sturgis, E., Kapadia, A. and Risser, J. (2011). Enlarged tracheoesophageal

puncture after total laryngectomy: A systematic review and meta-analysis. Head and Neck, 33 (1), 20-30

Hutcheson, K., Sturgis, E. and Lewin, J. (2012). Early Risk Factors for Enlargement of the Tracheoesophageal Puncture After Total Laryngectomy. Archives Otolaryngol Head Neck Surg, 138 (9),833-839

Jansen, F., Eerenstein, S., Cnossen, I., Lissenberg-Witte, B., de Bree, R., Doonaert, P., Halmos, G., Hardillo, J., van Hinte, G., Honings, J., van Uden-Kraan, C., Leemans, C and Verdonck-de Leeuw, I. (2020). Effectiveness of a guided self-help exercise program tailored to patients treated with total laryngectomy: Results of a multi-center randomized controlled trial. Oral Oncology, 103, 104586
Leonhard M, Zatorska B, Yulong T, Moser D, Schnieder-Stickler B. (2018). In vitro biofilm growth on modern voice prostheses. Head and Neck, 480, 763-769

Lewin, J., Hutcheson, K., Barringer, D. Croegaert, L. Lisec, A. and Chambers, M. (2012) Customisation of the voice prosthesis to prevent leakage from the enlarged tracheoesophageal puncture after total laryngectomy: Results of a Prospective Trial. Laryngoscope, 122 (8), 1767-1772

Lewin, J., Leah, M., Baumgart, B., Barrow, M. and Hutcheson K. (2017). Device life of the tracheoesophageal voice prosthesis revisited. JAMA Otolaryngol Head Neck Surg, 143(1), 65-71

Lorenz, K. (2013). Pulmonary Rehabilitation after Laryngectomy. Boston: UNI-MED

Lorenz, KJ (2015). The development and treatment of periprosthetic leakage after prosthetic voice restoration. A literature review and personal experience part I: the development of periprosthetic leakage. Eur Arch Otorhinolaryngol, 272, 641-659

Lorenz, KJ (2015). The development and treatment of periprosthetic leakage after prosthetic voice restoration: a literature review and personal experience. Part II: conservative and surgical management. Eur Arch Otorhinolaryngol, 272, 661-672

McLachlan, K., Hurren, A., Owen,S. and Miller, N. (2021). Informing patient choice and service planning in surgical voice restoration: valve usage over three years in a UK head and neck cancer unit. Journal of Laryngology and Otology, 136, 158-166

Naunheim, M., Remenschneider, A., Scangas, G., Bunting, G. and Deschler, D. (2016) The Effect of Initial Tracheoesophageal Voice Prosthesis Size on Postoperative Complications and Voice Outcomes. Annals of Otology, Rhinology & Laryngology, 125(6), 478-484.

Owen, S. and Paleri, V. (2013). Laryngectomy rehabilitation in the United Kingdom. Current Opinion in Otolaryngology and Head and Neck Surgery, 21, 181-191

Pentland, D., Stevens, S., Williams, L., Baker, M., McCall, C., Makarovaite, V., Balfour, A., Muhlschlegel, F. and Gourlay, C. (2020). Precision antifungal treatment significantly extends voice

prosthesis lifespan in patients following total laryngectomy. Frontiers in Microbiology 11, 975 1-15

Robertson, S. Yeo, J., Dunnet, C., Young, D. and MacKenzie, K. (2010). Voice, Swallowing and Quality of Life after Total Laryngectomy – Results of the West of Scotland Laryngectomy Audit. Head and Neck, 34, 59-65

RCSLT (2023) Surgical Voice Restoration Position Paper [to be published]

RCSLT (2023) Head and Neck Cancer Member's Guidance [to be published]

Singh, R., Karantanis, W., Fadhil, M., Dow, C., Fuzi, J., Robinson, R and Jacobson, I. (2021). Meta-analysis on the rate of pharyngocutaneous fistula in early oral feeding in laryngectomy patients. American Journal of Otolaryngology, 42 (1), 102748

Stephenson, K. and Fagan, J. (2013). Effect of perioperative proton pump inhibitors on the incidence of pharyngocutaneous fistula after total laryngectomy: A prospective randomized controlled trial. Head and Neck, 37 (2), 255-259

Terlingen, L., Pilz, W., Kuijer, M., Kremer, B. and Baijens, L. (2018). Diagnosis and treatment of oropharyngeal dysphagia after total laryngectomy with or without pharyngoesophageal reconstruction: Systematic review. Head Neck, 40(12), 2733-2748.

Wallace, S., McLaughlin, C., Clayton, J., Coffey, M., Ellis, J., Haag, R., Howard, A., Marks, H. and Zorko, R. (2020). Fibreoptic Endoscopic Evaluation of Swallowing (FEES): The role of speech and language therapy. London: Royal College of Speech and Language Therapists Position Paper

Ward, E. and van As Brooks, C. eds. (2014). Head and Neck Cancer. Treatment, Rehabilitation and Outcomes. (2nd ed.). California: Plural Publishing

Wilson, G., Nistor, M. and Beasley, N. (2022). The formulation of an enhanced recovery programme for patients undergoing laryngectomy. Journal of Laryngology and Otology, 136, 848-860

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

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