RCSLT

High-resolution manometry competency framework for Speech and Language Therapists (Draft for consultation)

April 2025

High-resolution manometry competency framework for Speech and Language Therapists

Draft for consultation

25th April 2025

The information in this document is currently in development and has been shared as part of a consultation. If you are seeking guidance or information on this topic, please ensure you refer to final published content which can be found on rcslt.org.

We appreciate any comments provided to us during the consultation, all of which will be reviewed by the working group within the context and scope of the project. We ask that, where possible and relevant, you accompany any counter arguments to statements made in the document with supporting evidence e.g. a research reference.

Members of the working group should not be contacted directly, and all feedback should be made through the assigned route e.g. via survey or project manager. Feedback made through unassigned routes or after the closing date will not be accepted or responded to.

Thank you for your support with this project.

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Experts by experience

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1.   Introduction

The competencies within this document reflect guiding principles to ensure safe and best practice for speech and language therapists (SLTs) involved in the provision of high-resolution manometry (HRM) in the UK.

The key objectives of this document are:

- To provide structured, evidence-based information on HRM to promote safe and expert use of this tool for evaluation and rehabilitation for people with swallowing difficulties.
- To provide a framework for supervision and the development of specialist skills required for use of HRM with people with swallowing difficulty
- To support career development and continuing professional development
- To support workforce development and service planning.

1.1 Key audience

This HRM 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, HCPC-registered SLTs, working with people with dysphagia and with access to suitable clinical supervision

1.2 How should the competency framework be used?

This competency framework is intended to be used across the UK. It should be read and implemented in conjunction with the RCSLT HRM position paper. HRM is an instrumental tool which can be used as one part of a swallow assessment

98 and/or used as a biofeedback tool in the treatment of eating, drinking and
99 swallowing difficulties. These competencies are, therefore, underpinned by the
100 wider RCSLT eating, drinking and swallowing (EDS) competency framework and
101 should be seen as an extension to those documents. Banding, level of specialism
102 or job titles have intentionally not been identified as linking to specific
103 competencies. It is up to managers and supervisors to decide which
104 competencies are required as part of an individual SLT's job plan.   The
105 competency document can support SLTs to continue to develop skills if they
106 move to work for a different organisation.

107

108 Prerequisite skills for commencing HRM competencies are:

109

110 • Completion of foundation level EDS competencies and evidence of
111 working at proficient/enhanced level.
112 • Knowledge of "The role of the SLT in managing swallowing difficulties in
113 the oesophagus" section of the RCSLT EDS guidance.
114 • Experience working independently in the management of with people with
115 EDS difficulties
116 • Evidenced competencies and experience in different methods of
117 instrumental evaluation tools including video fluoroscopy and/or FEES.
118 The level of competency will vary depending on the SLTs current role.
119 • Experience of how to participate effectively as multidisciplinary team
120 member to optimise service user outcomes and to facilitate onward
121 referral when required
122 • Knowledge of relevant local, national and international instrumental EDS
123 evaluation policies and evidence
124 • Knowledge of guidelines, protocols, recommendations and updates from
125 the international High-Resolution Pharyngeal Manometry Working Group
126 • Knowledge of local and national infection control policies
127 • Knowledge of clinician, patient reported, and quality of life outcome
128 measurement tools used for people with EDS difficulties
129 • Commitment to regular evidence review and remaining up to date with
130 the literature base around HRM and dysphagia.

131

132 Evidence should be provided on completion of HRM competencies, and practice
133 should be supervised and signed off by an appropriately skilled supervisor.

134

Note: competencies in blue/asterisked are only required for SLTs who are undertaking catheter placement. These are non-compulsory but all must be achieved prior to an SLT independently inserting an HRM catheter.

2. Gaining, maintaining and developing competencies

The SLT completing these competencies must have access to a clinical supervisor to assist in obtaining and developing competencies. Education and training in HRM for dysphagia evaluation and treatment/rehabilitation may be obtained through:

- reading relevant journal articles/ books/ literature
- online or face-to-face formal education courses or training programmes
- repeated practice with simulation models
- e-learning modules, webinars, RCSLT clinical excellence network events
- scenario-based decision making
- case discussions of unfamiliar or complex presentations, shared sessions, shadowing and live coaching (Hancock et al., 2020) (Horton et al., 2008)
- reading relevant local pathways, policies and procedures
- reflective learning log
- attending relevant 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 MDT involved in HRM.

SLTs must "keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career " (HealthandCareProfessionsCouncil, 2024) SLTs are responsible for maintaining HRM competencies once obtained.

2.1 Supervision

166

167 SLTs must understand the need for active and ongoing participation in training,
168 supervision and mentoring to support high standards of practice and personal
169 and professional conduct. They must also understand the importance of
170 demonstrating this in practice (HCPC 2023). An SLT HRM supervisor will be
171 required to guide you through the competency process. Depending on resources
172 and service structure, more than one mentor may be required to acquire certain
173 skills such as passing a HRM catheter and analysing HRM results. This may need
174 to be someone outside of the SLT clinical team such as a Gastroenterologist or
175 an Ear, Nose and Throat surgeon. Local or national networks may be used to
176 identify a suitable SLT or other appropriate multidisciplinary team member to
177 support attainment of competencies. Even if MDT members have contributed to
178 HRM competency development, the main mentor and person responsible for
179 signing off your competencies should be a SLT. In contrast with the EDS
180 competencies, sign off is required at all levels up to and including "enhanced"
181 before you can practice autonomously. This is due to the specific nature of the
182 skills developed at enhanced level HRM practice.

183

184 The main mentor SLT responsible for signing off your competencies should:

185

186 • ideally have competencies, including specialist knowledge, skills and
187 practical experience in HRM
188 **or**
189 • have sufficient competencies, specialist knowledge, skills and practical
190 experience in instrumental dysphagia evaluation and treatment to review
191 and endorse competencies signed off by an appropriate MDT member
192 • be a SLT working primarily with people with dysphagia with advanced skills
193 in evaluation and treatment of swallowing difficulty (RCSLT SLT eating
194 drinking and swallowing competencies)
195 • have evidence of a post-graduate level specialist training qualification or
196 portfolio demonstrating extensive clinical skills and experience within this
197 caseload, including ability to manage complex service users with
198 dysphagia
199 • be able to provide opportunities for learning such as shadowing and
200 clinical supervision
201 • participate in their own clinical supervision

202 • be able to support the individual developing competency to reflect on
203   their own knowledge, skills and scope of practice.
204

Who can sign off HRM competencies?		
SLT with specialist knowledge, skills and practise in HRM equivalent to enhanced level in the HRM framework	**OR**	SLT at advanced level on SLT EDS competency framework
		AND
		Specialist member of EDS MDT e.g. gastroenterologist, ENT

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2.2 Complexity of patients

208
209 Factors that may contribute to complexity of service users undergoing
210 HRM include:
211   • multiple co-morbidities and pre-morbid status
212   • age and cognitive abilities
213   • presence of tracheostomy and/or ventilatory supports
214   • sensory issues or differences e.g. dexterity, vision or hearing loss,
215   heightened or diminished sensory responses
216   • language and/or communication issues in addition to having swallowing
217   difficulty
218   • influence of emotional, social, cultural or psychological issues.
219

2.3 Recording competencies consistently

221
222 Competencies should be recorded in the tables provided and with
223 supplementary evidence such as attendance at courses, clinical supervision or
224 reflective learning logs. Competencies need to be signed off by a suitably
225 qualified supervisor.

2.4 Guidance for the SLT supervisor

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227

228 The **SLT supervisor who is responsible for signing off competencies** should
229 ensure that they comply with HCPC standards of proficiency and practice and
230 supervise only within their scope of practice. It is advised that a supervisor have
231 reached the advanced level within the SLT EDS competency framework and have
232 established specialist skills, knowledge, and experience for instrumental EDS
233 evaluation and treatment. It is acknowledged that in some situations, the SLT
234 supervisor may not have specific skills in HRM but has documented evidence
235 from a designated MDT member such as an ENT surgeon or gastroenterologist
236 supervisor, that the necessary competencies have been achieved to enable the
237 supervisee to perform HRM in an expert and safe manner.

238

239 The SLT supervisor and the signing-off of the competency framework are very
240 important. It is emphasised that supervisors are signing knowledge, skills and/or
241 competency in the context observed, but that ongoing support, supervision and
242 CPD will be essential to maintain and develop practice.

243

244 In signing the competency framework, the supervisor is signing that they are
245 confident that the supervisee has the relevant knowledge, skills and/or practical
246 competence at that point in time. It should be noted that the supervisor and
247 supervisee may like to keep relevant competency framework documentation and
248 evidence of why they were confident these had been achieved, in case there are
249 any issues regarding the practice of the supervisee in the future.

250

251 The competency framework may form part of the formal appraisal process with
252 the employing organisation and is a useful tool to support goal setting.

253

254 For more information on supervision, please see the RCSLT supervision guidance
255 for speech and language therapists.

256

2.5 Guidance for employers

The competency framework is designed for use in the practical acquisition of competence in HRM. The employer is responsible for ensuring that the roles and responsibilities associated with working with people with complex EDS difficulties are clearly detailed in the SLTs 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 EDS management within the employing organisation. It is advisable that organisations have a HRM policy which includes details about the clinical procedure, health and safety (e.g. infection control, use of equipment) information governance and care pathways. As HRM is commonplace for the assessment of oesophageal stage difficulties within an ENT or gastroenterology department, it is essential that any policies are co-produced with members of the relevant MDTs.

3.   Further considerations

3.1 Scope of practice

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

288 • 'Your scope of practice is the area or areas of your profession in which
289   you have the knowledge, skills and experience to practise lawfully,
290   safely and effectively, in a way that meets our standards and does not
291   pose any danger to the public or to yourself'
292   (HealthandCareProfessionsCouncil, 2023)
293 • 'SLTs should be able to use this knowledge, skills and experience,
294   combined with:
295   • information presented to them to make informed decisions and/
296   or to take action, including seeking help or support if required
297   (HealthandCareProfessionsCouncil, 2023)
298   • SLTs must be able to identify the limits of their practice and when
299   to seek advice or refer to another professional or service.'
300   (HealthandCareProfessionsCouncil, 2023)
301

302 EDS rehabilitation and rehabilitation including the use of biofeedback for people
303 with swallowing difficulty is within the scope of practice for speech and language
304 therapists with expertise and specialist training within this area (RCSLT,
305 2025. Procedures already covered by existing RCSLT competencies e.g.
306 dysphagia, FEES, videofluoroscopy and tracheostomy are not covered within the
307 scope of this document. This framework focuses on HRM. There may also be
308 emerging or highly specific areas of SLT HRM practice not within the scope of this
309 document
310

3.2 Multidisciplinary team working

312
313 Competencies may be obtained through discussions with and observations of
314 experienced MDT colleagues working with people with dysphagia.
315 Interdisciplinary care, communication and collaborative working is fundamental
316 when undertaking HRM with people with EDS difficulties. The SLT obtaining HRM
317 competencies should seek opportunities to communicate with, observe and
318 understand other MDT members roles including Gastroenterologists and ENT
319 surgeons. Decision-making following HRM assessment should include the service
320 user and family (where appropriate) and the wider MDT.
321

4. The frameworks

4.1 Foundation

Professional practice	Suggested learning tasks	Date and supervisor signature
Knowledge of normal anatomy of nose, pharynx and oesophagus	• Reads & reviews evidence • Discusses with supervisors • Joint working with supervisor including shadowing	
Able to highlight anatomical anomalies precluding catheter placement such as nasal spurs, septal deviations, strictures and bars	• Reads & reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing	
Identifies service users who are appropriate candidates for dysphagia evaluation using HRM including consideration of indications and contraindications	• Reads and reviews evidence, guidelines & recommendations • Completes HRM for both dysphagia evaluation and treatment including biofeedback • Discusses with supervisor • Joint working with supervisor including shadowing	
Awareness of the organisation's policy and practices with regard to manometry	• Reads policy and local procedures/protocols • Discusses with supervisor	

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Able to discuss the pros and cons of manometry with service user to consent for referral	• Reads & reviews evidence • Discusses with supervisors • Joint working with supervisor including shadowing	
Leadership and management		
Knowledge of the role and scope of practice of SLTs working within manometry	• Reads & reviews evidence • Discusses with supervisors • Joint working with supervisor including shadowing	
Knowledge of routes to make appropriate referrals	• Reads & reviews evidence • Discusses with supervisors • Joint working with supervisor including shadowing	
Evidence, research and innovation		
Broad awareness of evidence base for use of manometry	• Reads & reviews evidence • Discusses with supervisors • Joint working with supervisor including shadowing	

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4.2 Proficient

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Professional practice knowledge	Suggested learning tasks	Date and supervisor signature
*Able to describe techniques to facilitate catheter placement such as lubrication, angling catheter downwards at velopharynx, encouraging service user to drop chin and take sips of water	• Discusses with supervisor • Joint working with supervisor including shadowing • Formal training course	
*Able to identify potential risks and mitigations during catheter placement such as epistaxis, vasovagal response and laryngospasm	• Reads & reviews evidence • Discussion with supervisor • Formal training course	
*Able to describe indications for topical anaesthesia use and risks	• Reads & reviews evidence • Discussion with supervisor • Formal training course	
Describes indications and contraindications for HRM for dysphagia evaluation	• Reads & reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing	
Describes indications and contraindication for therapeutic use of HRM, including use of biofeedback	• Reads & reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing	
Demonstrates knowledge of the swallow metrics derived from HRM assessment.	• Reads and reviews equipment manual • Discusses with supervisor	

	• Joint working with supervisor including shadowing • Formal training course	
Professional practice - skills		
*Successful completion of nasogastric tube (NGT) placement training	• Completes relevant training course • Passes catheter NGT successfully using simulation model	
*Successful HRM catheter placement using insertion technique which minimises discomfort and results in catheter placement in pharynx or oesophagus as confirmed on HRM visuospatial plot	• Passes catheter successfully using simulation model • Reads & reviews evidence • Discusses with supervisors • Joint working with supervisor including shadowing • Formal training course	
*Manages adverse events and complications of scoping (section x clinical), e.g. vasovagal, epistaxis and laryngospasm.	• Logs adverse events • Recognises adverse events or complications if they occur and responds appropriately, managing patient safety. • Discusses with supervisor	
*Operates, maintains, and decontaminates HRM catheter appropriately. Ensures catheter is stored appropriately,	• Reads and reviews local and national infection control and protection policies	

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	• Completes process for decontamination accurately and according to local and national infection and protection control policies	
Consent service user for manometry assessment including discussing possible side effect and risks	• Discusses with supervisor • Joint working with supervisor including shadowing	
Selects swallows/regions of interest and applies landmarks on HRM plots to obtain software derived swallow metrics.	• Reads and reviews equipment manual • Discusses with supervisor • Joint working with supervisor including shadowing • Formal training course	
Identifies normal and abnormal manometric findings in terms of swallowing anatomy and physiology	• Reads and reviews equipment manual • Discusses with supervisor • Joint working with supervisor including shadowing • Formal training course	
Identifies signs of appropriate and inappropriate functioning of manometric and recording equipment	• Discusses with supervisor • Joint working with supervisor including shadowing • Troubleshooting equipment malfunction effectively	

Explains and uses HRM in biofeedback and education of service users, family, and caregivers	• Reads and reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing	
Uses results of HRM to make appropriate onward referral	• Reads and reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing	
Identifies appropriate management plan including timing for re-evaluation	• Completes relevant training • Reads and reviews evidence • Discusses with supervisor • Joint working with supervisor	
Identifies appropriately whether service user requires an adjunct dysphagia evaluation tool	• Completes relevant training • Reads and reviews evidence • Discusses with supervisor • Joint working with supervisor	
Generates report and completes documentation appropriately	• Completes relevant training • Reads and reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing	
Take appropriate steps to mitigate and minimise any potential risks to service user, carer and organisation	• Completes relevant training • Reads and reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing	

Prioritize/triage referrals for HRM	• Completes relevant training • Reads and reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing	
Facilitation of learning		
Communicates findings of HRM evaluation and treatment with service user, family and caregivers	• Completes relevant training • Reads and reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing	
Supervise SLTs to foundation level of manometry framework		
Evidence, research and innovation		
Conducts audit/service evaluation/quality improvement project related to HRM.	• Completes relevant training • Reads and reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing	
Leadership- and management		
Communicates findings of HRM evaluation and treatment with multidisciplinary team members	• Completes relevant training • Reads and reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing	

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4.3 Enhanced

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Professional practice knowledge	Suggested learning tasks	Date and supervisor signature
Can explain rationale for landmark placement in complex cases, such as absent contractility or sphincter pressures.	• Reads and reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing • Formal training course	
Conducts oesophageal HRM		
In depth understanding of use and maintenance of equipment with reference to local infection control/decontamination policies	• Completes relevant training • Reads and reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing	
Supervise SLTs to foundation and proficient level of manometry framework	• Completes relevant training • Reads and reviews evidence • Discusses with supervisor • Joint working with supervisor including shadowing	
Leadership and management		
Review appropriacy of referrals made for manometry		
Seek feedback from service users to optimise service delivery		

Participate in activities related to quality assurance e.g. service improvement, reviewing incidents		
Participate in discussions about strategic planning of HRM services		
Participate in the development and review of HRM policy within your locality		
Evidence, research and innovation		
Able to synthesise complex information to ensure continuation of EBP		
Participates in any QI or research projects within organisation		

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331 ## 4.4 Advanced

Professional practice	Suggested learning tasks
Comprehensive knowledge and critical appraisal of the evidence base and indication for use of HRM with management of extensive risk within organisation	
Lead on the delivery of HRM within an organisation	
Assess, diagnose and manage highly complex EDS cases which may include working in extended practice roles	
Use in-depth knowledge of legislation, professional regulation and code of practice to lead on management of health and safety of HRM across an organisation	
Provide HRM assessment and subsequent management/treatment of dysphagia in situations with a high level of complexity	
Facilitation of learning	
Develop training plans and initiatives within SLT manometry services to provide training to those at enhanced level, demonstrating critical evaluation of evidence to be presented	
Support, promote and contribute to professional accountability, within planned evaluation of HRM services, generating effective reporting mechanisms	

and feedback structures impacting local and regional clinical governance, disseminating results to local, regional and national forums where appropriate.	
Create opportunities to actively share best practice, knowledge skills and learning outcomes with a wide variety of organisations, local and regional networks, higher educational institutions and through a variety of methods	
Mentor, coach and support the development of individuals from own and other professional backgrounds within clinical area, advocating and developing multi-professional opportunities, interprofessional learning and the application of learning to practice. This may include supporting the development of enhanced level SLT and level 6 on the EDSCF	
Deliver national or international teaching/training courses in use of HRM.	
Leadership and management	
Have a critical understanding of professional standards and codes of practice for manometry and use these in addition to evidence-based practice to take a lead role in the development, evaluation and dissemination of departmental policies related to manometry	

Understand responsibilities under the current international, national and local legislation as an HRM specialist	
Understand your responsibilities under national and local legislation acting in your consultative role to inform and take an active role in strategic HRM planning within the trust/organisation	
Facilitate the effectiveness and efficacy of service provision, through regular critical review of local and regional clinical guidelines, adapting, integrating and proposing modifications where necessary	
Facilitate patient safety across manometry pathway, services and systems, policy development, service improvement and related quality activities by leading review of incidents, determining actions or learning, sharing lessons learned and evaluating outcomes of learning	
Create collaborations to develop novel clinical pathways and services through influence and innovation at strategic level, in line with local, regional, and national strategies	
Facilitate collaborative working with an appropriate range of multi-agency and multi-professional teams, developing, maintaining, and evaluating links to manage risk and issues across organisations and settings	

Act as a consultative second opinion to colleges with regard to highly complex cases	
Develop and lead a HRM service	
Develop strategic relationships with service commissioners to influence ongoing capacity and capability for HRM service provision and systems	
Actively seek feedback, involvement and inclusion of patients, families, carers, community groups and colleagues in the person-centred co-production of local and regional service development and improvement	
Evidence, research and innovation	
Understanding of key drivers and policies which influence HRM strategy and service development and analyse how these can be used to improve service delivery, new practice and service redesign, working across boundaries and broadening sphere of influence	
Understand risk assessment and safeguarding processes and use this knowledge to take a lead in undertaking departmental risk assessment in relation to HRM service provision	
Collaborate with other researchers in multi-centre or large-scale research, collating and sharing data across organisations in compliance with local protocols, legal and professional requirements	

Design and implement own research activity, applying knowledge of the legal requirements pertaining to healthcare research so that evidence-based strategies are developed and applied to enhance quality, safety, productivity and value for money	
Take a lead role in developing, evaluating and disseminating departmental policies in line with evidence-based practice	
Contribute to national policy and guidance development	

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4.5 Expert

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Professional practice	
Act as an expert clinician within scope of practice, providing reports to staffing tribunals, coroners court and other relevant agencies, aligning with national and local policies, procedures and frameworks	
Negotiate an individual scope of expert HRM practice and job plan. This will include consideration of: • legal, ethical, professional and organisational policies • governance and procedures • accountability • autonomous decision making • managing risk • upholding safety	
Facilitation of learning	
Negotiate their own post-graduate learning opportunities within the field of manometry relevant relevant to the scope of their role, acknowledging existing role nuance and purpose. This may include doctorate level qualification, including traditional, professional, portfolio and publication routes	
Lead and contribute to local and national education forums including conferences and seminars, developing a wide breadth of personal clinical and	

non-clinical knowledge, transferable from other clinical areas and professions	
Supervision of advanced level SLT	
Influence and implement system wide learning and development strategies in partnership with key stakeholders	
Leadership and management	
Ensure effective multi-professional working as an expert team member, promoting effective team dynamics across service, departmental and organisational boundaries.	
Lead, facilitate and network across system wide boundaries to peer review, analyse and evaluate service delivery, safety, quality, and health outcomes from pathway to system level, determining the need for change or improvement, disseminating results to relevant internal and external stakeholders, national and international forums	
Lead the development of, and ensure adherence to, organisational policies, protocols, procedures, and standards	
Create and maintain sustainable partnerships across the system, nationally and internationally, drawing on standards and best practice evidence to guide decision-making	

Act as a role model and be recognised as an expert in manometry and spokesperson for manometry, nationally and internationally	
Evidence, research and innovation	
To demonstrate a most-up-to date knowledge of evidence and professional guidelines from a range of professional bodies, nationally and internationally	
Synthesise knowledge, evidence and experience of national and international developments in the field of EDS to influence how future health and care services are developed across disciplines and beyond institutions	
Lead on key drivers and policies which influence national and international HRM development and strategies	
Develop and contribute to national and international guidelines in area of HRM, critically appraising existing guidance and identifying best practice through review of manometry literature	
Lead a portfolio of research studies and research teams primarily focused on manometry-related contexts but may also support wider clinical areas or the multi-professional agenda. This should include involvement of public, service users and carers	
Actively seek grant-funded or other opportunities for the completion of HRM research at either pre-	

| doctorate or post-doctorate level depending on experience. This could include entrepreneurship activity/innovation with commercial partners | |

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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
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