**Frequently asked questions about the updated eating, drinking and swallowing guidance and competency framework, 2025.**

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## **Updated guidance**

### What are the main changes since the last guidance was published? There are 3 main changes:

1. Avoidant/restrictive food intake disorder – inclusion of SLTs as a member of the MDT team working with service users.
2. Response times – due to member requests, a recommended time frame for responding to referrals has been included
3. Oesophageal difficulties – Explanation of the role of SLT in oesophageal difficulties

## **Competency frameworks**

### How long do you expect it will take to complete?

This will vary from person to person and their opportunities. Pre-registration and foundation levels are the only levels you have to complete to start working autonomously. Not everyone will want to achieve expert level, but we wanted to reflect the levels that some SLTs are achieving.

### Do you think it could be used to make a case for SLT dysphagia lead post within a trust where there is currently no oversight?

Yes, it could be useful to map your service and the knowledge and skills of current SLTs to see where the gaps are and who takes responsibility for risks, governance, research, learning etc.

### Which competency framework should support workers and non-SLTs use?

Support workers and non-SLTs should use the [eating, drinking and swallowing competency framework](https://www.rcslt.org/wp-content/uploads/media/docs/EDSCF_UPDATED_FINAL.pdf), formerly known as the interprofessional competency framework. Levels 1-4 will be suitable for support workers working at entry level, intermediate (senior support worker) and assistant practitioner level. For experienced assistant practitioners (advanced skillset) working in EDS we would advise you to contact RCSLT to discuss your role further. Support workers who previously completed levels A and B on the 2014 dysphagia competency framework should work with their supervisor to map their current skills across to the EDSCF and identify any potential gaps in practice or areas for further development.

All non-SLTs should follow the EDSCF and not the new SLT EDS competency framework. The EDSCF was never intended to be used by SLTs although there was significant crossover between levels 5 and 6 and levels C and D in the old 2014 dysphagia competency framework. For a non-SLT to work independently in EDS they must achieve level 5 or above and should have assurance from their professional body and regulator that it is within their scope of practice to work at this level.

### Is the competency framework suitable for children and adults?

Yes. The foundation level is divided into one for children and one for adults however all other levels are designed to be suitable across the lifespan. SLTs should also consider if there are other related competency frameworks they should be using to compliment this e.g. videofluoroscopy, FEES, neonates.

### Will there be an over/under 1s competency framework?

We took the approach of having a lifespan document with only foundation level being split into adult/children. Each SLT needs to look at the knowledge and skills in each pillar relevant to their learning and competency needs within their clinical area. SLTs need to ensure that they are aware of any related competency frameworks which may sit alongside this document e.g. neonatal competencies and how this might fit into their current practice.

### 

### How do competencies support NQPs? Particularly in first year

Foundation level is largely a repetition of pre-registration EDS competencies to ensure the NQP can work to this level within their chosen area. NQPs are likely to be working towards foundation level and NQP competencies at the same time but dependent on SLT, service etc. For those NQP’s who have not completed the pre-registration EDS competencies, we advise that they start at foundation level and understand that it will likely take them significantly longer to achieve sign off at this level than those who have completed the pre-registration competencies.

### If staff have not completed a competency framework, should they be independently practicing EDS?

RCSLT competency frameworks are not mandatory as the RCSLT is not the regulator for the profession (this is HCPC). People prove EDS competence in different ways depending on local requirements i.e. some localities will expect SLT’s to have completed a post graduate course in EDS rather than a competency framework, however if concerns were raised to HCPC about a therapist meeting the standards of proficiency and the SLT had not completed a competency framework or post graduate course etc. they would have concerns around practice and patient safety and the SLT would need to have extremely thorough documentation of how they are able to practice in this area.

### 

### Is there a competency framework available for carers/support workers who work with people with dysphagia that we are required to sign people off using?

For formal carers/support workers we would recommend using the [EDSCF](https://www.rcslt.org/wp-content/uploads/media/docs/EDSCF_UPDATED_FINAL.pdf) and determining which level is most appropriate for them.

### Competencies for non-qualified B4s - any potential to move them to higher levels on the EDSF framework (or across to this framework) to support protocol-led dysphagia assessments? Is this when we need to link with RCSLT to understand the constraints of the work that can be undertaken and the issues relating professional license to undertake this work?

Band 4 support workers can train up to and including level 4 on the EDSCF. This level permits protocol guided assessments. If a support worker was working autonomously in EDS we would advise the service to contact RCSLT to discuss this further [info@rcslt.org](mailto:info@rcslt.org).

### Is there a requirement to re-visit these competencies across your career to confirm you remain competent, irrespective of whether there is a career break etc?

It is not a formal requirement, however we hope the framework can be used as a tool to support continuous growth of the individual across their career.

### At present, we have some clients who are on paediatric recs from being of small stature, and some that are young adults e.g. sized as adults - within LD setting - would we be able to do both the paeds and adult within the competencies doc - likewise If someone has worked in adults transitioning to paeds or paeds to adults - would we then do both? I work with 16-25 year olds so there is huge variation as to whether we use paeds or adult with them depending on their presentation (I think we are a typical 'outlier')

The competency framework states that you can choose which framework is most appropriate to you service users and setting. If it is most appropriate to use both then it is fine to do so. There will be many areas and skills with significant overlap.

## 

## **Transitioning to the new framework**

### How will NQP’s transition from the pre-registration EDS competencies to the new SLT EDS competencies?

NQP’s who have completed the pre-registration EDS competencies will only need to transition to the SLT EDS competency framework if it is within the remit of their role. For some NQPs their first role will not include EDS therefore they will not need to use this framework. If they later change their role to include EDS, they will need to work through the foundation level competencies.

For those who have an EDS NQP role they will move to the foundation level of the SLT EDS competencies. This level has a large amount of repetition of the pre-reg EDS competencies and serves as a check in to ensure that the NQP and their supervisor are in agreement they are competent to work at this entry level within their specific clinical area. This will ensure that even if the NQP didn’t have a lot of experience with this particular client group, they will be supported to achieve these competencies.

If EDS is within the NQP role they are likely to be completing the foundation level EDS competencies at the same time as their NQP competencies however achieving the SLT EDS competencies at foundation level would not stop them from signing off their NQP competencies. The [NQP EDS expectations document](https://www.rcslt.org/nqp-pre-reg-eds-expectations-document/) details what is expected of the NQP, supervisor and organisation during this process.

### Is the 2014 document still valid and is there a time limit on transitioning?

Yes, the 2014 dysphagia competency document is still valid, but we want to encourage people to move across to the new framework. If you are mid-way through completing a level within the 2014 it is your choice as to whether you finish it or move to the new framework however we would advise not to start a new level in the 2014 document. There is no time limit, but all RCSLT competency frameworks will be moving to this format.

### How to transition from 2014 framework to new one?

Any SLT who has achieved level C on the 2014 dysphagia competency framework does not need to complete the foundation level of the SLT EDS competency framework. They should map themselves across from proficient level and above. This is best done either with your supervisor or in a peer support setting although it can also be done alone. Competencies can change over time, depending on the availability of opportunities and an individual’s job specification, so it is good to regularly revisit the framework to identify which areas you would like to focus on to develop within a competency level. It is also useful for the SLT to look at the next level up to determine what areas they need to prioritise for development if they would like to move to this level. Not every competency from proficient level and above can be signed off in every setting or role. The SLT and their supervisor/manager should look at what is appropriate for them.

### For clarity for SLTs who have completed a paediatric post-reg dysphagia course, presumably, it is achieving the foundation level competencies that determines whether they can practice autonomously rather than passing the course, but does 'autonomously' in this case mean not seeing clients on their own, or seeing clients alone in a role where supervision is available?

There will be a transition period whereby the post-registration courses will still be running against the 2014 document. Level C on the 2014 framework was mapped to foundation level in the SLT EDS framework so there should be universal similarities. Autonomously means seeing service users on their own at a level of complexity that is appropriate to their role. It also means that they are responsible for their own actions when working with a service user with EDS difficulties or differences and should understand and work within their abilities.

### For the old level A where would that fall on the 2020 guidance for an SLTA/support worker?

Level A and B have not been mapped to the 2020 guidance. The SLTA or support worker should work with their supervising SLT to establish where they currently fit within these competencies.

### Is the previous 2020 EDSF framework now superseded and what about the HEE ELFHS online training that refers to the EDSF levels 1 - 3 etc.?

The 2020 EDSCF was only ever designed for non-SLTs therefore it is still relevant and so is the online training. We are aware that some SLTs mistakenly completed the EDSCF in error. We have agreed that any SLT who completed level 5 of the EDSCF would map themselves across to the SLT EDS framework from proficient level and above.

## **Signing off the competencies**

### How do I evidence my competencies, achieve sign off and log them?

Sign off of competencies within this framework is only required at the foundation level. Following this the framework is a tool that SLTs can use to map their current level and look at ways to balance out this level or progress to the next one. The reason these are not to be ‘signed off’ is to recognise that not all the competencies will be achievable in every area. SLTs should be empowered to take responsibility for their progression. Each SLT should discuss with their supervisor what evidence looks like for each competency and how this may differ depending on the specific of the competency e.g. discussing a client for appropriacy of referral to videofluoroscopy, attending a CEN event, peer support groups, reading and evaluating research.

### Are there a minimum number of times we should observe a skill to be able to sign it off?

No, not within the SLT EDS competency framework. Please note that the only level of sign off is at pre-registration and foundation levels. The supervisor needs to determine when they feel the person is competent for that specific competency. As there are multiple competencies within one level of the competency framework it serves as assurance that each aspect of EDS is covered. It is also important to remember that the learner needs to take responsibility for their level of competence both during and after achieving the required level. Those who have signed off learners as competent have done so at a specific point in time. The SLT needs to be able to reflect on their level of competency over time and in different settings. For example, an SLT working with adults on a stroke unit may choose to change the client group they work with and move into paediatrics. They would need to review the document and any related competency frameworks to establish which areas they need to work on given the differences of both areas.

### What is needed to prove a competency has been achieved? Can we record historical competencies achieved?

If you are already working within EDS and have previously completed level C or above in the 2014 dysphagia competencies or relevant competencies preceding the 2014 competencies, then you can map yourself across from proficient level and above. Historical competencies can be recorded but need to reflect this in documentation and the SLT needs to consider which areas they are currently competent in. We are planning to add examples of completed frameworks over time, please consider submitting these to [Kathleen.graham@rcslt.org](mailto:Kathleen.graham@rcslt.org)

### Does the SLT signing off competencies need to be at a particular level?

Yes. Those working at proficient levels will be able to “train pre-registration SLTs, SLT support workers and non SLTs up to and including level 4 of the EDSCF to solve problems and clinical issues within their scope of practice and to identify when to seek advice”. Those working at enhanced level or above will be able to “supervise SLTs training at a Foundation or Proficient level of this framework and/or non SLTs training at level 5 or below within EDSCF. This may include supporting them to problem solve at an appropriate level”.

### Would you expect clinicians working with young people with ARFID to be signed off at foundations level. e.g. therapist working in a neurodevelopmental service

Organisations need to determine which competency frameworks are appropriate for the services they provide. There may be an advantage to the SLT being EDS trained at foundation level as they will directly be able to input into the MDT in terms of diagnosis. However, if the SLT within the team is not EDS trained to a minimum of foundation level there should be a clear pathway of assessment and intervention for service users from an SLT who can work autonomously in this area. This may be an agreement with a local NHS trust. In both scenarios it is imperative that the EDS trained SLT is able to work effectively in the MDT context.

### How do I physically have foundation level signed off? Is it just a case of keeping a copy on one's own computer and recording the signatures? Does it have to be submitted anywhere?

Signatures can be done on paper or digitally. It is the responsibility of the learner to keep a record of this. This could be as a document on your computer. It does not need to be submitted to any formal body e.g. RCSLT but future employers may ask to see sign off of foundation level.

### Is one supervisor able to sign off all competencies or multiple supervisors / signatures required? I am thinking about situations where multiple "assessors" might give a clearer view of the person's competence. Is this down to a local level or is there guidance on this from RCSLT?

RCSLT do not specify whether a single or multiple supervisors are required. This is to ensure a flexible approach can be taken that is as least restrictive as possible whilst still maintaining a high standard. It is worthwhile discussing at a local level what your organisations preference is.

## **Supervision**

### I'd like to know if supervision and support is provided. Is it standardised nationally and recognised internationally?

Supervision is not a regulatory requirement from HCPC however it is highly recommended by RCSLT and is essential when signing off specific competency frameworks e.g. NQP. The competency frameworks for pre-registration EDS and the SLT EDS competency framework have both been presented to members of the mutual recognition agreement countries who are happy with their content.

### In a community setting, at a foundation level, to be considered as working under supervision... what would this entail? E.g., independent visits but pre and post debrief with supervisor? The need for a supervisor to be present at the visit? No clinical decision made (e.g. writing of report) without it being checked prior to sending? Responsible for a locality area?

The level of supervision needed will depend upon your current skills and knowledge. For most SLTs they will undergo a period of direct supervision where their supervisor is present for sessions with a service user. This can then progress to more long arm supervision including the pre and post debriefing, report writing etc. The leaner and supervisor need to discuss when they both feel confident to change from direct to long arm supervision and how risk will be managed e.g. if the leaner sees a service user and the situation becomes more complicated than initially anticipated how can the supervisor be contacted and how will the service user access input. Moving towards less direct supervision is an important step in gaining independence. During the period of supervision, it remains the overall service user’s care remains the responsibility of the supervisor, however this does not negate the responsibility of the learner to act within their current level of ability. If the learner were to work beyond their current level of ability without prior agreement with the supervisor, then the leaner would become responsible for any outcomes, but the supervisor should work to rectify any errors immediately. Once the competencies are signed off, the supervisor no longer holds responsibility for the actions of their previous supervisee however if there were concerns that a supervisor was signing off a learner’s competencies when they were not competent this should be escalated within the team to the appropriate person.

### Is it assumed that everyone currently working independently is above foundation level? I only graduated last year and was signed off to work independently on straightforward patients in the community but have officially only done level B on the old framework. So, does this mean I'm no longer able to practice independently and have to go back to being supervised until I can show I meet foundation level?

To work autonomously with service users with EDS difficulties the 2014 dysphagia competency framework stated that you must have completed level C. Level B relates to working under protocol guidance and “the foundation dysphagia practitioner is able to identify the signs of aspiration and undertake structured mealtime observation, she/he is able to observe patients/clients who are already eating and drinking and then report back to senior practitioners”. Anyone working at level B should still have supervision and be reporting back the outcome of their input to their supervisors. This supervision can be long arm. I would recommend that you start on the foundation level with your supervisor and have appropriate supervision until you are signed off. This supervision may take different forms e.g. it may be direct initially and move to long arm supervision as you become more confident and skilled.

## **Learning and pre-registration EDS framework**

### I am currently completing the RCSLT Degree Apprenticeship. I just wanted to confirm where the Pre-Reg EDS Competencies lie in the framework structure? I’m assuming they will lie in the first level (“I am informed”)?

The pre-registration EDS competencies are the precursor to the SLT EDS competency framework. They are the foundation to the leaner moving towards autonomy. When the learner has achieved the pre-reg EDS competencies they can then start on the foundation level competencies in the role they work in as a qualified SLT.

### I started the pre-registration competencies but qualified in January so did not complete. Will I be able to start on the post reg comp and can any of it be transferred over?

The competencies cannot be transferred over. It is recommended that you start at foundation level with your supervisor (if you are working within an EDS role). It is likely that because you did not complete your pre-registration competencies it may take you longer to complete foundation level. It will be important to discuss your learning needs and previous EDS experience with your supervisor.

### If you've completed the adult foundation competency section but then you want to transfer onto paediatrics do we need to complete the foundation level again?

Yes. This is to ensure that the SLT has the appropriate skills and knowledge for the client group. There will be a lot of skills that are transferrable between clinical specialisms but by reviewing the foundation level this will ensure there are no gaps in knowledge of skills.

### If someone if "proficient" in paediatrics but then takes on a new role with under 1s, would we expect them to go back to / start from a foundation level for this caseload?

This needs to be decided at a local level and with consideration of the profile of the SLT. Any SLT moving between clinical areas or different service user groups or settings should review if they need support to develop within this area. The RCSLT will be releasing guidance on transitions within the coming months.

### 

### Can you discuss the implications for SLTs who trained outside of the UK but had dysphagia training built into the undergraduate.

RCSLT has a mutual recognition agreement (MRA) with 5 other countries whereby each country considers its pre-registration to be on an equal power. These countries are USA, Canada, Republic of Ireland, and Australia. Those SLTs who trained within an MRA country will be considered to be working at proficient level and above and will be able to map themselves on. For those coming from non-MRA countries it is recommended as a minimum they have a competency check at foundation level to ensure they are competent in all these areas.

### Are you making it clear to universities the difference between pre - reg and foundation as currently many students will say they have completed dysphagia competencies and are ready to work independently?

The aim of the pre-registration EDS competencies was to ensure EDS was delivered in the curriculum to the same level as communication. HEI’s were involved in the process, and it was made clear that they would need supervision after graduation. This [document](https://www.rcslt.org/wp-content/uploads/2023/05/NQP-pre-reg-EDS-expectations-document.docx) was developed as reference and will be updated to reflect new SLT EDS competencies.

### 

### Are RCSLT going to require the remaining post-basic dysphagia training providers to use this framework?

By 2026, all students graduating will have gained their pre-registration EDS competencies. This is likely to significantly reduce the need for post-basic EDS training. However, over the coming years there will still be a demand from SLTs who graduated prior to 2026 or those who are returning to the profession. These SLTs will need to complete the foundation level of the competencies to work autonomously. RCSLT recommend that post-basic training course providers review their existing course content against foundation level. In the longer term, these courses could look to develop other modules in line with enhanced and advanced frameworks to support the development of SLTs at more advanced level. RCSLT are working with HEI’s to advocate for SLT specific modules and Masters. Further information is available on enhanced and advanced level practice on our [website](https://www.rcslt.org/members/your-career/advancing-practice/).

## **Accessibility**

### Is the public information available in alternative formats? Will there be a bilingual version?

The RCSLT is moving towards increasing the accessibility of its information. As part of this, functionality of the website has improved, and people can select the “accessibility” button to change the appearance of webpages to make them more accessible. We have also opened up the sections of the website which were previously only open to members. This shows our commitment to co-production and gives service users access to the same information as SLTs so they can be fully informed about their options. There is not an easy read version of the public information, and it is not available in other languages. If you feel there should be, please email [info@rcslt.org](mailto:info@rcslt.org) where we can evaluate if this is possible within current financial constraints and organisational priorities.

### How can we support learners with disabilities to achieve the competencies?

Competencies are written in a way that does not dictate how they are achieved. This gives more flexibility to ensure the learners needs are met. The RCSLT has developed resources to support members with a disability e.g. [support for neurodivergent SLTs](https://www.rcslt.org/learning/equity-diversity-and-belonging/neurodivergence-in-the-workplace/). If you feel the competencies cannot be achieved because of your disability, please contact RCSLT [info@rcslt.org](mailto:info@rcslt.org)

### What format will the framework be in and will RCSLT be providing any training modules on the website on it?

The framework is currently in a Word version. RCSLT are planning to update its CPD diary and include the framework within it, however this will be a lengthy process. The framework can be printed or completed digitally. It is up to the individual to keep a log of what evidence they have for each area (similar to HCPC SoPs). There are no plans at present for training modules on website.

### How can we make supervision/guidance easier to access for completing EDS in private sectors or more rural areas where supervision is not easily accessible?

The pre-registration EDS competencies should mean that SLTs are graduating with the knowledge and skills in EDS that are equitable to their knowledge and skills in communication. This should enable a workforce that is better equipped to work with service users with both EDS and communication difficulties and differences. Various models of supervision can be considered to support competency sign off. For example, pairing up with neighbouring organisations, both NHS and independent/third sector; accessing remote supervision where appropriate, long arm support and supervision. Often in developing competencies, the learner will need direct supervision to begin with but then can move to more long arm support and supervision as their skills increase. Some organisation may be able to apply for funding for a dedicated EDS training lead who support development of both SLT and non-SLT staff. Other organisations may be able to support buying in supervision from other organisations. Supervision needs to be considered in line with the organisations policy including how they are covered by insurance. The RCSLT is continuing to look at how supervision can be made more accessible.

### Has any easy read information been co-produced with people with LD?

An easy read version of this information is not currently available. If you would like this, please consider emailing [info@rcslt.org](mailto:info@rcslt.org) and we will evaluate if this is possible within current priorities and funding.

## **Terminology**

### How did the working group reach consensus on what terminology to use i.e. EDS versus dysphagia?

The group wanted to reflect the holistic role of the SLT in the management of eating, drinking and swallowing difficulties and felt EDS was more representative of the broad spectrum of input that SLTs provided. The guidance was co-produced with people with lived experience of EDS difficulties, and they preferred the term EDS.

### Is the term "dysphagia" at least mentioned and the need for a knowledge of appropriate medical terminology described in the competencies e.g. anatomy, neurology?

Yes. The guidance states “difficulties in EDS may also be called dysphagia (adults) or feeding difficulties in children”. The competency framework states, “knowledge of appropriate terminology in EDS and impairment, assessment, and management”.

## **Other**

### I noticed that Biozoon is mentioned on the guidance, and wondered whether the team are aware of the Biozoon Safety Alert from last year which advised that use is stopped?

The working group were very aware of the safety alert as this was happening as the guidance was being developed. Following the alert this [guidance](https://www.biozoon.uk/wp-content/uploads/2024/09/Biozoon_NHS_Guidelines_08-2024.pdf) was released which the group felt addressed all the questions initially raised in the alert.

### Is there a reason college has not included discussion around use of Cough Reflex Testing (given the lack of other ways of screening for airway sensitivity)?

During the scoping phase of the project this was not identified as a topic for inclusion. However, information on cough reflex testing was published in the following bulletin [article.](https://www.rcslt.org/wp-content/uploads/media/Project/Bulletins/bulletin-april-2015.pdf)

### How do we diagnose Paediatric Feeding Disorder (PFD)? Who qualifies for this specific label?

It is within the scope of practice for the SLT to diagnose this, however it should be done within an MDT context to ensure there are no other difficulties or differences which could explain the individuals’ difficulties. Further information is available [here](https://www.rcslt.org/wp-content/uploads/2023/08/Paediatric-dysphagia-report-Aug-2023.pdf) or from [the feeding trust](https://www.feedingtrust.org/).

### What are the SLT role when you have completed an EDS assessment, and they are not dysphagic however are at high risk of choking due to the factors such as cramming - should the SLT be putting in care plans similar to a dysphagia care plan?

If you consider the EDS process holistically then often service users with these characteristics do have difficulties at the pre-oral or oral stages of swallowing. This can be related to an underlying diagnosis which may cause e.g. impulsive behaviours or could be related to impaired oral sensory feedback, meaning they are not aware they are overfilling. Therefore, they still have an EDS difficulty or difference and need support to manage this. The role of the SLT in non-food cramming is more complex. For example, service users with a diagnosis of pica may not initially have EDS difficulties but the prolonged eating and/or cramming of non-food items can have an effect on EDS.

### How will you bring ‘extended practice' concept into the enhanced, advanced, consultant levels of practice?

Within advanced level the SLT EDS framework states “Assess, diagnose and manage highly complex EDS cases which may include working in extended practice roles”. Within expert level it states, “Negotiate an individual scope of expert EDS practice and job plan”. This wording allows the SLT to show their competency and extended scope within practice.