

**Expectations for newly qualified practitioners (NQP), employers and clinical supervisors for NQPs who have completed pre-registration eating, drinking, and swallowing (EDS) difficulties**

**Introduction**

This document is for newly qualified SLTs who have achieved pre-registration EDS competency and their employers and clinical supervisors. It is only relevant to NQPs whose role requires them to work with clients with EDS difficulties and is not applicable to NQPs employed in a role that does not require them to see clients with EDS difficulties. From this point forward NQP will refer to NQPs whose role requires them to work with clients with EDS difficulties.

NQPs should be supported to develop their EDS skills during their NQP period and throughout their careers. To aid transition from these competencies into more autonomous working, RCSLT have developed the following information to support those involved.

[Further information on pre-registration EDS competencies can be found here.](https://www.rcslt.org/learning/pre-registration-eds-competencies/)

If you have any questions, please email:

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| **Expectation** | **Responsibility** |
| **Employer** | **Clinical supervisor** | **NQP** |
| Be mentored/supervised in a Band 5 (or equivalent) post for EDS by an EDS trained clinician within a shared clinical specialism. | **✔** | **✔** | **✔** |
| Supervisors should be working at an enhanced level of practice on the [SLT EDS competency framework](https://www.rcslt.org/wp-content/uploads/2025/03/SLT-eating-drinking-and-swallowing_competency-framework_March25.docx). If supervisors have not transitioned to this framework they should have completed a minimum of Level C in [2014 RCSLT dysphagia competency framework.](https://www.rcslt.org/wp-content/uploads/media/dysphagia-training-and-competency-framework-2014-pdf.pdf) | **✔** | **✔** |  |
| Supervision should follow the following [guidance produced by RCSLT.](https://www.rcslt.org/wp-content/uploads/media/docs/delivering-quality-services/infomation-on-supervision.pdf)  | **✔** | **✔** | **✔** |
| Supervision should consist of a minimum of 1 hour of managerial supervision and 1 hour professional supervision every week for all NQPs for the first 3 months. EDS supervision should be included within this. The level of supervision required should meet the needs of the NQP with the above recommendation of 2 hours per week as an absolute minimum. NQPs are likely to need significantly more supervision during this phase. Organisations, supervisors and NQPs should ensure they are competent in their EDS skills before they see clients autonomously within their scope of practice. | **✔** | **✔** | **✔** |
| Supervision should include shadowing of relevant SLT and members of the MDT with the progression towards more distant supervision. The following [article](https://doi.org/10.1044/aas25.1.31) may be useful in this progression: Solomon-Rice, P. and Robinson, N. (2015) “Clinical supervision and the use of a three-tiered hierarchical approach to evaluate student clinician performance”, *Perspectives on Administration and Supervision*, 25(1), pp. 31–41.  |  | **✔** | **✔** |
| The supervisor and supervisee should jointly determine when they feel the NQP is competent to see clients autonomously. It is recommended that this is a gradual process which starts with direct supervision of the NQP with this client group and independence is achieved at a pace determined by the supervisor and supervisee jointly. The supervisee will be able to work autonomously with clients that are a level of complexity suitable to their role, when they have signed off all of foundation stage. |  | **✔** | **✔** |
| NQPs should specifically ask during interviews what supervision is in place to support their EDS development. |  |  | **✔** |
| Go into the workplace carrying an audit-type document which demonstrates their competencies at the point of graduation. This will be their own unique profile in respect of EDS competencies which will be the starting point for the EDS mentoring. This profile should include the ability to:* 1. discuss the importance of EDS and the service user’s goals with the service user/family/carer
	2. identify information required from case history and referral information, and obtain detailed background information from case notes relevant to EDS, including the service user/family/carer perspective
	3. apply health and safety procedures related to EDS difficulties
	4. use appropriate assessments to observe, record and evaluate EDS patterns, including trials of proposed intervention(s)
	5. evaluate oral, facial, and swallowing functioning of service users at risk of EDS difficulty
	6. recognise the signs and symptoms oropharyngeal and oesophageal dysphagia to inform diagnostic hypotheses
	7. synthesise information on psychological, social, and biomechanical factors with assessment findings and apply knowledge of evidence-based rehabilitation and compensatory techniques to formulate diagnoses and develop person-centred intervention plans
	8. explain management programmes to service users/family/carers and relevant team members
	9. identify specific person-centred outcomes to support review scheduling and identification of appropriate discharge points
	10. identify situations that require the initiation of safeguarding discussions
 |  |  | **✔** |
| Employees should use the portfolio document as a starting point for supervision to identify areas of strengths and for development. |  | **✔** | **✔** |
| NQPs should work within their skill set with appropriate EDS cases as determined by their EDS supervisor and recognise when a case is too complex for their scope of practice, agreeing a plan of action with their supervisor. |  | **✔** | **✔** |
| The NQP is not expected to carry out VF or FEES but can make appropriate referrals in line with local guidance.  | **✔** | **✔** | **✔** |
| Complete their NQP competencies and the foundation level of adult and/or paediatric SLT EDS competencies - completion timeframe should be determined at a local level.  |  | **✔** | **✔** |
| Should highlight the need for any setting specific additional training that may be required depending on service user population and previous experience.  |  | **✔** | **✔** |
| RCSLT strongly recommends that NQP’s **do not** undertake a role within locum agencies or as a sole therapist and/or sole independent trader during their NQP period.  | **✔** | **✔** | **✔** |
| NQPs will not be expected to complete post graduate basic dysphagia/EDS training - however individual employers may decide to offer this to NQPs in certain circumstances. | **✔** | **✔** | **✔** |