Curriculum Guidance: Preparing pre-registration speech and language therapy learners for the professional workplace

DRAFT FOR CONSULTATION

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**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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# Acronyms and glossary terms

|  |  |
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| Accreditation   | The formal recognition that a pre-registration Speech and Language Therapy programme meets required standards, primarily governed by HCPC and supported by RCSLT   |
| Curriculum Guidance    |  The RCSLT document outlining requirements and recommendations for pre-registration Speech and language Therapy programmes, ensuring alignment with HCPC standards and professional competencies.   |
| Equity, Diversity, and Belonging (EDB)   | Principles that ensure fair access, representation, and opportunities for all individuals within speech and language therapy education and practice, addressing disparities and promoting inclusive service delivery   |
| Eating, Drinking and Swallowing (EDS) | Speech and language therapists assess and treat disorders related to eating, drinking, and swallowing |
| Health and Care Professions Council (HCPC)   | The regulatory body for Speech and Language Therapists (SLTs) in the UK, setting Standards of Proficiency (SOPs) and Standards of Education and Training (SETs).   |
| Higher Education (HE)  | Refers to the sector of post-secondary education, including universities and other institutions offering degree-level programmes   |
| Higher Education Institutions (HEIs)   | Universities and institutions that offer accredited pre-registration speech and language therapy programmes.   |
| Institute for Apprenticeships and Technical Education (IfATE)   | A government body responsible for developing, approving, reviewing, and revising apprenticeship standards and technical qualifications across various sectors, including speech and language therapy.   |
| International English Language Testing System (IELTS)   | A standardised test assessing English language proficiency. |
| Newly Qualified Practitioner (NQP) Framework   | The competency framework that supports the learning and development of SLTs in their early careers |
| Newly Qualified Practitioners (NQP)   | SLTs who are in their early career stage and also following the NQP Framework set by RCSLT.   |
| Pre-registration Speech and Language Therapy Learners     | Learners undertaking a degree programme that leads to eligibility to apply for professional registration with HCPC. |
| Programme Design   | The structure and content of pre-registration speech and language therapy programmes, incorporating curriculum guidance, regulatory requirements, and emerging best practices.   |
| Quality Assurance Agency for Higher Education (QAA)   | An independent body responsible for safeguarding and enhancing the quality of UK higher education, including setting and maintaining academic standards through the UK Quality Code for Higher Education.   |
| RCSLT Professional Development Framework   | A structured approach that supports SLTs at all levels of practice in the identification of existing knowledge and skills as well as areas for future learning and development.    |
| Royal College of Speech and Language Therapists (RCSLT)   | The professional body for SLTs in the UK, who support SLTs by providing leadership and guidance, facilitating research and promoting better education and training. |
| Speech and Language Therapists (SLTs)   | Allied Health Professionals who provide treatment, support and care for people of all ages who have difficulties with speech, language, communication, eating, drinking and swallowing.  |
| Standards of Education and Training (SETs)   | Standards set by the HCPC that all pre-registration programmes must meet to gain regulatory approval and therefore ensure that learners qualified to enter the profession are able to practise safely and effectively. |
| Standards of Proficiency (SOPs)   | Standards set by the HCPC that ascertain the knowledge, skills and understanding that are needed for safe and effective practice within a profession. |

# Section 1: Overview of the 2025 update



## Document revision background and rationale

This document was originally published in 2018, updated in March 2021, and further revised in 2025 by the current working group. The latest revision focuses on making the document more streamlined and adaptable for Higher Education Institutions (HEIs) while ensuring it reflects current practices in a continuously evolving workforce. The working group focused on aligning this document with important frameworks, such as the RCSLT Newly Qualified Practitioners (NQP) framework and the RCSLT Professional Development Framework (PDF). As a result, the curriculum guidance has been updated to support the integration of innovative teaching methods in Higher Education (HE) and to include the key concepts that were previously covered in a separate 'core capabilities' section. Feedback from the review process highlighted that the existing format was difficult to navigate and seemed to restrict Higher Education Institutions (HEIs) from delivering the curriculum in innovative ways or supporting wider participation to build a more inclusive and diverse workforce. Additionally, previous curriculum guidance categorised clinical areas based on a core set defined by HCPC and RCSLT. However, this approach was deemed not to reflect the evolving nature of the profession and its alignment with emerging populations and societal needs.

The working group focused on ensuring that pre-registration speech and language therapy learners are supported to develop the knowledge and skills needed to work within and advance the profession. The revised Curriculum Guidance integrates the updated Newly Qualified Practitioners (NQP) framework and the Professional Development Framework while emphasising the importance of relevant knowledge from related disciplines and key areas within speech and language therapy.

It is anticipated that the revised guidance encourages HEIs to adopt a flexible and adaptive approach to programme design, ensuring that learners develop the knowledge and skills necessary for continuing professional development and lifelong learning.

# Section 2: Guidance for development and delivery of pre-registration programmes

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## 2.1 Recruitment and admissions

The RCSLT requires that admissions procedures are sufficiently robust to recruit learners who have the potential to meet the capabilities required to practise as an SLT (see Section 4.2).

Programme providers are expected to establish a clear and well-defined rationale for their recruitment and admissions procedures, ensuring transparency, fairness, and accessibility in all promotional materials. They should actively encourage applications from individuals of diverse backgrounds to ensure widening participation and a profession that reflects the communities it supports.

Admission requirements are determined by individual HEIs. However, the RCSLT expects that applicants will possess academic qualifications that demonstrate the necessary level of ability to successfully meet the learning outcomes of the programme (QAA).

### 2.1.1 Disclosure and barring service checks

In line with HCPC Standards of Education and Training (SETs), and due to learners' contact with children and vulnerable adults, all applicants must complete an enhanced criminal records check appropriate to their nation.

### 2.1.2 Health and disability assessments

In accordance with HCPC SETs, applicants should be in sufficiently good health to meet programme requirements. Any health-related concerns will be considered on a case-by-case basis, ensuring a supportive and inclusive approach to meeting programme competencies while maintaining safe and ethical professional practice.

Higher Education Institutions (HEIs) offering pre-registration speech and language therapy programmes are committed to inclusivity and are encouraged to provide reasonable assessment adjustments for learners with disabilities.

HEIs are responsible for implementing reasonable assessment adjustments to support learners with disabilities. However, it is crucial that these adjustments do not compromise the integrity of the assessment process or learning experience.

HEIs have a legal duty to disabled students with the legislation differing depending on the territory within the Four Nations.

### 2.1.3 English language proficiency

The Health and Care Professions Council (HCPC) maintain the requirement for registrants to demonstrate proficiency in English, specifically:

* “Communicate in English to the required standard for their profession (equivalent to level 8 of the International English Language Testing System, with no element below 7.5)."

HEI’s must ensure applicants either meet HCPC English language proficiency requirements or provide a structured plan for those needing to reach the required level by HCPC registration.

### 2.1.4 Admissions criteria for undergraduate, postgraduate and apprenticeships

Admission requirements are determined by individual HEIs. However, the RCSLT expects that successful applicants will possess academic qualifications that demonstrate the necessary level of ability to successfully meet the learning outcomes of the programme.

## 2.2 Equity, diversity and belonging (EDB)

HEIs must embed Equity, Diversity, and Belonging (EDB) principles across all elements of a programme to ensure fair access, representation, and opportunities for success for all applicants. Admission processes should be transparent and actively encourage applications from diverse backgrounds, reflecting the communities which speech and language therapists serve (Advance HE).

The RCSLT Curriculum Guidance highlights the need for EDB-driven recruitment and support structures to build an equitable workforce, while Universities UK underscores the importance of inclusive strategies to remove systemic barriers to access and progression in higher education

## 2.3 Length and structure of programmes leading to SLT registration

All educational pathways leading to eligibility for registration as a Speech and Language Therapist (SLT) must be of sufficient overall duration to ensure learners can achieve the knowledge and skills outlined in Section 3.

HEIs must provide clear and detailed documentation of programme length. The standard durations are as follows:

* Undergraduate programmes: Typically 3 or 4 academic years
* Postgraduate programmes: Typically 2 academic years

The duration of a Speech and Language Therapy (SLT) apprenticeship varies based on the level of study:​

* Undergraduate Apprenticeship: Typically around four years in length. ​
* Master’s Level Apprenticeship: For individuals who already possess a relevant degree, the apprenticeship may be shorter, approximately three years, allowing them to undertake a master's level qualification

To ensure academic and clinical coherence and relevance, the maximum time from programme entry to registration eligibility should not usually exceed two years beyond the standard programme duration. Exceptions may be made for individual students in line with the HEI’s procedures for managing exceptional circumstances.

All programmes must:

* Clearly define attendance requirements
* Explicitly outline the consequences of not meeting attendance expectations
* Ensure students understand how attendance and participation affect academic and clinical progression

### 2.3.1 Full-time university-based programmes: study duration

When following the university-based route:

* Full-time undergraduate programmes must be no shorter than three academic years and not exceed four academic years.
* Full-time postgraduate programmes must be no shorter than two academic years

### 2.3.2 Part-time university-based programmes: study duration

Part-time study will constitute an extended version of a full-time programme that already exists or be a separately defined programme. In either circumstance, a cohesive programme of study should be made available, with appropriately integrated academic and clinical components.

For separately defined programmes of part-time study, the equivalence of the proposed part-time hours to the full-time hours outlined above must be clearly documented.

Where a programme is delivered on a part-time basis, within the programme documentation, the programme providers must distinguish between a part-time programme by design and a part-time route through a full-time programme.

### 2.3.3 Apprenticeship programmes

The RCSLT has provided guidance regarding the structure and duration of speech and language therapy apprenticeships. Typically, if an apprentice dedicates 20% of their working hours to academic learning, it is anticipated that completing the undergraduate pre-registration curriculum will take approximately four years. This estimation assumes a standard, full time employee working schedule, rather than a traditional academic calendar**.**

For postgraduate degree apprenticeships, the RCSLT expects a shorter duration compared to undergraduate apprenticeships, provided they follow a similar delivery model.

Adjustments to the balance between academic learning and workplace responsibilities can influence the overall length of the programme. The distribution of academic and practical training is flexible and should be collaboratively determined by Higher Education Institutions (HEIs) and employers, tailored to the specific needs and agreements of the apprenticeship arrangement.

The RCSLT emphasises that such apprenticeship programmes must uphold the same high standards as traditional university-based routes. The curriculum should be identical, ensuring apprentices receive an equivalent level of education and training as their university-based peers.

The End-Point Assessment (EPA) for the Speech and Language Therapist (Integrated Degree) apprenticeship is a core part of the apprenticeship programme. It is conducted by the Higher Education Institution (HEI) delivering the apprenticeship, provided they are an HCPC Approved Education Provider. The EPA evaluates whether apprentices have achieved the knowledge, skills, and behaviours outlined in the apprenticeship standard.

## 2.4 Staffing, resources and quality assurance

While both the RCSLT and HCPC emphasise the importance of adequate and qualified staffing for speech and language therapy programmes, they do not mandate the specifics of this. It is therefore expected that HEIs determine appropriate staffing structures that ensure the delivery of effective education and training, aligned with the standards and expectations set by these organisations.

The RCSLT does, however stipulate that the total full time learner- full time staff ratio should not exceed **15:1**, ensuring high-quality education and adequate support for learners. When determining staffing levels, the following factors must be considered:

* **Discipline-Specific Expertise:** The balance between speech and language therapy-qualified staff and other contributors must be sufficient for effective programme development and delivery.
* **Core HCPC-Registered SLT Staff:** A minimum of four full-time equivalent HCPC-registered speech and language therapists should be part of the core teaching team across the duration of the programme.
* **External Contributors:** Access to guest educators or specialists who bring expertise beyond the core teaching team should be utilised where appropriate.
* **Cohort Size and Composition:** Programme staffing should reflect the number and needs of enrolled learners.

In addition to the above, all Programme Leads must have a sufficient understanding of the speech and language therapy profession to effectively fulfil their role and actively engage with the professional body on national workforce matters. Furthermore, RCSLT strongly recommended that all SLTs teaching on pre-registration programmes hold RCSLT membership in addition to maintaining HCPC registration. This enables educators to ensure that they relate to both national and professional developments.

Regarding quality assurance, each institution must be able to evidence appropriate mechanisms to assure the robustness of their learners’ outcomes in terms of assessments, marking, feedback and moderation, HEI governance processes should be followed regarding the appointment of External examiners. The number of external examiners should take into account the number of pre-registration programmes at the institution, the experience of the examiners appointed and how recently the HEI has commenced delivering an SLT programme or programmes. The External examiners for any institution must include at least one registered SLT to provide professional oversight of clinical modules.

### 2.4.1 Professional development opportunities for HEI staff

 The HCPC requires all registered professionals, including those working in HEIs, to engage in continuing professional development (CPD) to maintain and enhance their knowledge and skills. HCPC emphasises the need for structured learning experiences that ensure staff remain up to date with evolving professional and clinical standards and approaches to teaching, learning and assessment

Similarly, the RCSLT supports the career development of HEI staff. The RCSLT Professional Development Framework encourages the active participation in diverse learning opportunities to enhance teaching, research, and clinical expertise.

HEI staff should be encouraged to pursue CPD relating to higher education practice early in their academic careers.

## 2.5 Inclusion of service users in programme development and delivery

Higher Education Institutions (HEIs) should actively and continually engage service users, including individuals with lived experience of speech, language, communication, eating, drinking and/or swallowing difficulties, throughout its curriculum design, teaching, assessment, and feedback processes.

By embedding service user involvement into programme structures, HEIs ensure that learners develop the knowledge, skills, and empathy needed to deliver effective, person-centred care. This approach also strengthens the connection between education, practice, and the evolving needs of the communities that SLTs serve.

## 2.6 Partnership in practice education provision

This section will be updated when the work is completed outside this working group

# Section 3: Guidance on curriculum content

This section presents an overview of the core areas and domains of practice that constitute the speech and language curriculum, followed by a summary of the contributory disciplines that underpin and inform academic and professional learning in this field. Together, these elements form a cohesive and comprehensive curriculum framework for pre-registration speech and language learners.

It is recommended that Section 3 be reviewed in its entirety, as no element is intended to be addressed in isolation. This integrated approach supports curriculum developers in designing robust programmes and provides accrediting bodies with a clear framework for evaluating academic coherence, clinical relevance, and lifelong applicability.

The curriculum must embed the essential knowledge and competencies required for professional speech and language therapy practice—referred to as **the core areas**.

Curriculum design should make explicit how these core areas are taught, practiced, and assessed across the programme, ensuring alignment with professional expectations and readiness for clinical practice. The design should reflect the continuum of human development and need, encompassing the full lifespan—from neonatal care through to end-of-life support. This holistic perspective ensures that learners are equipped with the knowledge and skills to work effectively across diverse populations and settings.

Higher Education Institutions (HEIs) are responsible for ensuring that their curriculum content addressing these core areas enables learners to:

1. Recognise and describe typical characteristics and presenting features of speech, language, communication, and, where relevant, eating, drinking, and swallowing (EDS) differences and difficulties including their development, presence and impact across the lifespan.
2. Identify and describe underlying causes (aetiology), prevalence (epidemiology), co-occurrence/co-morbidity, and factors that may influence an individual’s outcomes (prognosis).
3. Understand the interactions between speech, language, communication and EDS differences/difficulties and social interaction/belonging, health, psychosocial wellbeing, education and employment across the lifespan recognising the impact of environmental and systemic factors.
4. Lead or contribute to strengths-based, holistic, and culturally responsive assessments, differential diagnosis, intervention/support, and management of service users within appropriate care pathways and underpinned by principles of safe practice.
5. Evaluate and utilise the current evidence base and lived-experience perspectivesto inform clinical decisions and evaluate service provision.
6. Embody the role of the SLT in interprofessional teams and social networks in the management of speech, language and swallowing differences/difficulties.
7. Further current speech and language therapy practice by contributing to the collective understanding and models as appropriate and advocating for appropriate resourcing.

## 3.1 Core areas

Each core area in the table should be considered alongside the general principles outlined above. This list is not exhaustive, as the RCSLT recognises that individual programmes may adapt or emphasise different aspects of the curriculum based on local service needs, staff expertise, emerging clinical practice, and developments in research and policy. These adaptations will naturally evolve over time as the profession advances.

However, the RCSLT acknowledges the importance of ensuring that learners become familiar with a broad range of diagnoses and clinical terms, regardless of how the curriculum is structured or categorised. To support this, an alphabetised list is provided below. This list reflects concepts commonly found across all RCSLT-accredited programmes. It is not intended to be comprehensive or suggest equal emphasis on each item.

The core areas are structured around the domains of professional practice outlined in the RCSLT Professional Development Framework and learning objectives set out in the RCSLT NQP Framework. This ensures a progressive transition from learner and graduate to SLT. It is also to be recognised by programmes that this content will be similarly needed by SLTs working in all manner of clinical environments, for example NHS, social care, private practice, education, justice system and others.

|  |  |  |
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| Aphasia  | Dysarthria  | Neoplasm  |
| Apraxia of Speech  | Eating, Drinking and Swallowing Needs  | Parkinson’s Disease  |
| Autism  | Gender-Related Voice Change and Modification  | Social Communication Differences  |
| Cerebral Palsy  | Head and Neck Cancers and/or Traumas  | Speech Sound Disorders  |
| Cleft Lip and Palate  | Hearing Difference  | Stroke  |
| Cluttering  | Learning Disability / Intellectual Disability  | Stuttering/Stammering  |
| Cognitive Communication Disorder  | Mental Health diagnoses  | Tracheostomy  |
| Dementia  | Motor Neurone Disease  | Traumatic Brain Injury  |
| Developmental Language Disorder  | Multiple Sclerosis  | Voice Disorder  |

## 3.2 Domains of clinical practice

 The domains of clinical and professional practice form a vital component of the pre-registration speech and language therapy curriculum. These domains provide the essential foundation for learners to develop the capabilities required for safe, effective, and person-centred practice upon graduation.

Grounded in the Newly Qualified Practitioner (NQP) competencies, these domains should be embedded throughout the programme. Higher Education Institutions (HEIs) are expected to integrate them in a way that enables learners to acquire the knowledge, behaviours, and professional judgement necessary to enter the workforce as confident, competent practitioners.

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| **Domains of clinical practice**  | **Curriculum Guidance** ***Through classroom-based training and/or collaboration with practice partners in the development and delivery placement experiences, HEIs will facilitate learners’ opportunities to:***  |
| **Reasoning and decision-making**   | * Develop and apply professional judgement, critical thinking, and reasoning skills throughout their studies and practice placements.
* Learn how to make informed decisions that prioritise safe, effective, high-quality, and evidence-based care in the planning, implementation, and evaluation of holistic speech and language therapy assessments and interventions.
* Recognise the importance of seeking guidance and support from supervisors or colleagues when faced with challenging decisions, understanding when and how to ask for help.
* Evidence the ability to engage with contribute to shared decision-making with service users and other professionals.
 |
| **Communication with service users, families, carers and colleagues**    | * Communicate in ways which promote inclusion and access, utilising supportive communication strategies and alternative and augmentative communication (AAC) systems as appropriate.
* Demonstrate respect and sensitivity towards the backgrounds and needs of all individuals that SLTs engage with - particularly those from diverse, marginalised, or disadvantaged backgrounds.
* Discuss assessment findings, collaborate on potential management plans and reflect on progress with service users, their families, or carers in a manner that aligns with their level of understanding, culture, and preferred communication style, considerate of any differences, limitations, or restrictions.
 |
| **Autonomy and accountability**   | * Evidence working within the professional boundaries of the SLT role in the context of each setting, taking responsibility for their decisions, actions, and well-being.
* Seek support from supervisors or colleagues (both within speech and language therapy and wider interprofessional teams/networks) when needed.
* Make referrals to other professionals.
* Manage professional boundaries.
* Take ownership in supporting the well-being of themselves and others to ensure safe and effective practice.
* Evidence familiarity with key resources, including regulatory, legal, and ethical frameworks, as well as professional body guidance, particularly in relation to informed consent, mental capacity, and ‘at risk’ EDS and communication decisions.
* Engage with examples of responsibilities such as making safeguarding decisions, maintaining confidentiality, and producing timely, consistent documentation.
* Begin to assess the clinical risk associated with any speech and language therapy input and, with support, consider appropriate mitigating actions.
* Evidence ability to manage and prioritise own caseload.
* Understand how to raise concerns about others' practice appropriately.
 |
| **Promoting the profession**  | * Demonstrate awareness of how speech and language therapy positively affect lives and well-being across different settings, including healthcare, education, and community environments, and at various career levels.
* Learn how to effectively communicate the profession's value to a wide range of audiences, including service users, families, carers, and interprofessionals.
* Contribute to health promotion and the prevention, re-ablement and self-management of speech, language, communication, eating, drinking and swallowing difficulties.
* Develop a comprehensive understanding of how to promote speech and language therapy, highlighting its impact and significance in supporting the profession’s growth and sustainability.
 |
| **Work readiness knowledge and skills**   | * Self-management: Take responsibility for their learning, actions, and personal development.
* Problem-solving: Apply critical thinking to overcome challenges effectively.
* Adaptability: Adjust to new situations, roles, and environments during studies and placements.
* Time management: Prioritise tasks and meet deadlines effectively.
* Resilience: Manage challenges, setbacks, and pressures constructively.
* Digital literacy: Develop confidence in using digital tools and technologies relevant to speech and language therapy.
* Interpersonal skills: Build strong, professional relationships with service users, carers, and colleagues both within SLT and interprofessional.
* Teamwork: Demonstrate understanding and value of the contributions of different roles, including speech and language therapy assistants and professionals from other disciplines.
* Strategic awareness: Evidence understanding of the broader context of speech and language therapy, including its role in healthcare and education systems.
 |
| **Specialist knowledge and skills**   | * Develop an awareness of a range of areas related to the practice of SLTs.
* Demonstrate an ability to work alongside a service user and relevant interprofessionals to identify needs and set collaborative plans.
* Recognise scope of practice and take responsibility for identifying their own learning needs and reflect on areas for further development.
* Develop essential research skills to support evidence-based practice, including the knowledge and tools to critically evaluate, interpret, and apply research findings in their clinical work.
* Evidence engagement with current research and demonstrate the ability to integrate evidence into clinical decision-making and ongoing professional development.
* Critically apply evidence in practice.
 |
| **Managing and recording complexity**   | * Develop the ability to manage and record information effectively, including how to approach multifaceted cases with a structured and analytical mindset, ensuring clarity and accuracy in the decision-making processes.
* Recognise the importance of ensuring documentation is timely, professional, and compliant with relevant legal, ethical, and organisational guidelines.
 |
| **Continuous learning and development of yourself and others**   | * Develop the skills and attitudes required for ongoing professional development, including evidencing awareness of the importance of continuous learning and self-reflection.
* Evidence managing well-being, both for themselves and others, to maintain safe and effective practice.
* Apply new knowledge and evidence-based practices to their clinical work, ensuring they stay up to date with developments in the profession.
* Engage in supervision, peer learning, and reflective practice to foster personal and professional growth.
* Develop the ability to guide and support the learning and development of others as part of their professional development.
 |
| **Working in partnership with service users to improve service delivery**   | * Evidence understanding of the importance of actively engaging service users in developing services and contributing to the evidence base.
* Support service user involvement in research conducted within their service, department, or organisation, fostering a collaborative approach to improving service delivery.
* Begin to use evidence-based outcome measures, demonstrating training in how to apply these tools in practice.
* Demonstrate awareness of how to identify research opportunities for service users within their local area, encouraging active participation in service development and evaluation.
 |
| **Contributing to changes at work**   | * Contribute to meaningful change in service delivery through evidence-based practice and active involvement in service and/or workforce development innovations.
* Evidence understanding of the political, social, economic, and institutional factors that impact making changes at work.
 |

## 3.3 Contributory disciplines to speech and language therapy

In addition to the core areas of speech and language therapy, the curriculum must incorporate content from key contributory disciplines, assessed appropriately. These are subject areas that support and enhance a comprehensive understanding of speech, language, communication, eating, drinking and swallowing (EDS), and the wider role of the speech and language therapist.

These disciplines are integral to meeting both academic and professional standards, ensuring that learners develop a well-rounded, interdisciplinary foundation for practice.

The core subject areas within the contributory disciplines include:

* **Phonetics and Linguistics** – fundamental principles of speech sounds, language structure, and their application to communication.
* **Biological and Medical Sciences** – Understanding of anatomy, physiology, and neurology related to speech, language, and swallowing mechanisms.
* **Psychology, Sociology, and Education** – The study of cognitive, social, and developmental factors influencing communication and learning and the way the SLT service is delivered
* **Research Skills** – Principles of evidence-based inquiry, critical analysis, and methodological approaches to research in speech and language sciences

Pre-registration speech and language therapy should integrate **phonetics and linguistics, biological and medical sciences, psychology, sociology, education, and research skills** to provide a comprehensive foundation for clinical practice. Each programme must have a clinically justified framework for the coverage of core subject areas, ensuring a balanced approach to theoretical foundations, skill acquisition, and clinical application where relevant. Learning will adopt a lifespan perspective, enabling students to understand the development and progression of communication and swallowing needs across different stages of life.

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| **Phonetics and linguistics***Each programme will have a clinically justified plan for coverage of the following areas, in theoretical underpinning, acquisition/development, and clinical application where appropriate.* |
| **Phonetics*** Foundations (including relevant anatomical and physiological maturational changes and reference to instrumental and/or experimental approaches where appropriate)
	+ Articulatory phonetics
	+ Acoustic phonetics
	+ Auditory and perceptual phonetics
	+ Prosodic features: stress, intonation, voice quality
	+ Fluency (articulatory and prosodic)
	+ Interface between phonetics and phonology
* Phonetic transcription
	+ Typical and disordered (aspects of IPA and extIPA as appropriate)
	+ Segmental (consonant and vowel) and suprasegmental aspects, including connected speech
* Phonetics in Use
	+ Sociophonetic variation
	+ Multilingualism
 |
| **Linguistics** * Core Fields
	+ Phonology
	+ Morphology
	+ Syntax
	+ Semantics
* Language and the Mind (as relevant to the Core Fields)
	+ Neurolinguistics
	+ Psycholinguistics (including comprehension and expression, speech perception and production)
	+ First Language Acquisition
* Language in Use
	+ Pragmatics
	+ Conversation and discourse analysis
	+ Sociolinguistic variation
	+ Multilingualism
	+ Second Language Acquisition
	+ Implications for literacy
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| **Biological and medical sciences** Programmes will draw on the principles, the evidence base, and/or expertise from fields biological and medical sciences where appropriate in addressing the following:  |
| Anatomy (structure) and physiology (function) of the following systems relevant to speech, language, communication, and eating/drinking/swallowing: * Cells and Tissues
* Genetics and Embryology
* The Cardiovascular System
* The Digestive System
* The Respiratory System
* The Endocrine System
* The Musculoskeletal System
* The Nervous System
 |
| Anatomy (structure) and physiology (function), including typical lifespan changes, of the following structures and organs relevant to speech, language, communication, and eating/drinking/swallowing: * The Head, Neck, and Chest
* The Face, Jaw, Tongue and Oral Cavity
* The Larynx
* The Ear
* The Brain
 |
| Programmes will draw on the principles, the evidence base, and/or expertise from related medical fields where appropriate (indicatively but not necessarily nor exhaustively: neurology, audiology, Ear Nose and Throat (ENT), paediatrics, gerontology, psychiatry, orthodontics, oncology).  |

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| **Psychology, sociology and education**  |
| **Psychology and psychological considerations** * Programmes will draw on the principles, the evidence base, and/or expertise from fields of psychology where appropriate (indicatively but not exhaustively: health, educational, clinical, forensic) in addressing the following:
* Models of cognition and neuropsychology
* Typical and atypical psychological processes:
	+ motivation
	+ perception
	+ attention
	+ memory
* Learning theories
* Psychological development and change:
	+ Psychological development across the lifespan, including social and cultural influences
	+ Individual differences
	+ Psychological issues in key life transitions
	+ Factors influencing health beliefs, decisions and behaviours; behaviour change/modification theories and techniques; resilience
* Psychological dimensions to communication, including (but not limited to) implications for counselling skills and knowledge of supportive interaction
 |
| **Sociology and sociological considerations** * Socialisation and roles, including gender identity
* Cultural diversity
* Social determinants of health
* Social and cultural constructs/models of impairment, disability and participation
* Health inequalities
* Health care systems
* Cultural understandings of professionalism
 |
| **Education and educational considerations** * Overview of the roles and remits of education professionals
* Overview of UK educational levels, including Early Years Foundation Stage, Primary Education, and Secondary Education
* Literacy: development of literacy, relationship between language and literacy, and relationship between spoken and written language abilities
* Approaches to Special Educational Needs and Disabilities provision
* Educational environment factors and their impact for communication (e.g. family support, classroom dynamics, social-emotional development factors)
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| **Research skills**  Programmes will draw on the principles, the evidence base, and/or expertise from fields of research skills where appropriate in addressing the following:  |
| **Accessing and appraising evidence** * Models of evidence-based practice health care
* Sources of research evidence and resources for finding research evidence in SLT
* Critical appraisal tools for a range of qualitative and quantitative methodologies
* Guidelines / specific frameworks for appraising evidence
* Critical appraisal of published research in SLT
* Examples of reporting guidelines that published research should follow
* Grading of evidence for qualitative and quantitative methods
* Systematic literature searching methods
* Interpreting systematic reviews, meta-analyses, economic evaluations and the evidence base for clinical guidelines.
* Clinical versus statistical significance
* Efficacy, effectiveness and cost-effectiveness
 |
| **Research design and process** * **Patient and public involvement in research**
* Importance and levels of involvement
* Making involvement accessible and equitable for those with speech, language and communication needs
* **Ethical considerations in research**
* Informed consent procedures, adaptations when working with speech, language and communication needs
* Research governance
* **Qualitative and quantitative research methodologies**
* Research aims and questions
* Hypotheses for quantitative methods
* Study design
* Data collection
* Data management
* **Data analysis for qualitative and quantitative methods**
* Analysis methods and tools
* Interpretation of data and results of common statistical tests
* Reporting and presentation of data
* **Clinical and professional applications of research skills**
* **Implementing research evidence in clinical practice**
* **Quality Improvement**
* **Outcome measures for a range of purposes**
* Collecting, analysing and interpreting outcome measures
* Patient-reported outcome measures (PROMS)
* **Service evaluation**
* National and local audit and implications for speech and language therapy practice
* National and local quality standards relevant to speech and language therapy practice
* Patient and public involvement in service evaluation and development
 |

# Suggested reading

* Advance HE. (2021). *Equality, diversity, and inclusion in higher education: Progress and practice.* Retrieved from [Advance HE](https://www.advance-he.ac.uk/guidance/equality-diversity-and-inclusion)
* Barr, H. (2019). *Interprofessional education in health and social care: Lessons learned and future directions.* Routledge.
* Healthcare Apprenticeship Standards Online (HASO). (2024). *Speech and language therapist apprenticeship guidance.* Retrieved from [HASO](https://haso.skillsforhealth.org.uk/)
* Health and Care Professions Council (HCPC). (2022). *Standards of proficiency – Speech and Language Therapists.* Retrieved from [HCPC](https://www.hcpc-uk.org/standards/standards-of-proficiency/speech-and-language-therapists/)
* Health and Care Professions Council (HCPC). (2023). *English language proficiency requirements for registrants.* Retrieved from [HCPC](https://www.hcpc-uk.org/registration/getting-on-the-register/international-applicants/english-language-requirements/)
* Health and Care Professions Council (HCPC). (2023b). *Guidance on assessment in healthcare education.* Retrieved from [HCPC](https://www.hcpc-uk.org/)
* Higher Education Academy (HEA). (2020). *Innovative curriculum design in higher education: Best practices and strategies.* London, UK: HEA Publications.
* Institute for Apprenticeships and Technical Education (IfATE). (2019). *Speech and language therapist (integrated degree) apprenticeship standard.* Retrieved from [IfATE](https://www.instituteforapprenticeships.org/apprenticeship-standards/speech-and-language-therapist-integrated-degree-v1-0)
* Quality Assurance Agency for Higher Education (QAA). (2019). *Subject benchmark statement: Speech and language therapy.* Retrieved from [QAA](https://www.qaa.ac.uk/docs/qaa/subject-benchmark-statements/subject-benchmark-statement-speech-and-language-therapy.pdf)
* Quality Assurance Agency for Higher Education (QAA). (2024). *UK Quality Code for Higher Education.* London, UK: QAA. Retrieved from [QAA](https://www.qaa.ac.uk/quality-code)
* Royal College of Speech and Language Therapists (RCSLT). (2018). *Curriculum guidance for pre-registration speech and language therapy programmes.* [Updated March 2021, revised 2025]. Retrieved from [RCSLT](https://www.rcslt.org/wp-content/uploads/2021/03/RCSLT-Curriculum-Guidance-2021.pdf)
* Royal College of Speech and Language Therapists (RCSLT). (2021). *Newly Qualified Practitioners framework.* Retrieved from [RCSLT](https://www.rcslt.org/members/professional-development/newly-qualified-practitioners-framework/)
* Royal College of Speech and Language Therapists (RCSLT). (n.d.). *Higher Education Institutions (HEI) List 2023-24.* Retrieved from [RCSLT](https://www.rcslt.org/speech-and-language-therapy/uk-speech-and-language-therapy-education/higher-education-institutions/)
* Royal College of Speech and Language Therapists (RCSLT). (n.d.). *Mutual Recognition Agreement (MRA) Guidance for Speech and Language Therapists.* Retrieved from [RCSLT](https://www.rcslt.org/news/the-mutual-recognition-agreement/)
* Royal College of Speech and Language Therapists (RCSLT). (n.d.). *RCSLT Approved Programmes.* Retrieved from [RCSLT](https://www.rcslt.org/learning/rcslt-accreditation/)
* UK Government. (2024). *EU Settlement Scheme: Information for EU citizens in the UK.* Retrieved from [UK Government](https://www.gov.uk/settled-status-eu-citizens-families)
* World Health Organization (WHO). (2019). *Framework for action on interprofessional education and collaborative practice.* Geneva, Switzerland: WHO Press. Retrieved from [WHO](https://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf)
* World Health Organization (WHO). (2020). *Global strategy on human resources for health: Workforce 2030.* Geneva: WHO Press. Retrieved from [WHO](https://www.who.int/publications/i/item/9789241511131)