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High resolution manometry competency framework for speech and language therapists

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**Expert by experience:**

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# 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. They have been developed using the [RCSLT Professional Development Framework](https://www.rcslt.org/wp-content/uploads/2023/03/RCSLT-Professional-Development-Framework-2023.pdf). The RCSLT Professional Development Framework provides a structured format to support individuals, managers, and organisations to identify the learning and professional development needs of speech and language therapy practitioners across the whole career span, in all sectors, and all UK countries.

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
* provide a framework for supervision and the development of specialist skills required for use of HRM with people with swallowing difficulty
* support career development and continuing professional development
* 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 and/or used as a biofeedback tool in the treatment of eating, drinking and swallowing difficulties. These competencies are, therefore, underpinned by the wider RCSLT eating, drinking and swallowing (EDS) competency framework and should be seen as an extension to those documents. Banding, level of specialism or job titles have intentionally not been identified as linking to specific competencies. It is up to managers and supervisors to decide which competencies are required as part of an individual SLT’s job plan. The competency document can support SLTs to continue to develop skills if they change roles or work for a different organisation.

Prerequisite skills for commencing HRM competencies are:

* completion of foundation level EDS competencies and evidence of working at proficient/enhanced level
* knowledge of “The role of the SLT in managing swallowing difficulties in the oesophagus” section of the [RCSLT EDS guidance](https://www.rcslt.org/members/clinical-guidance/eating-drinking-and-swallowing/eating-drinking-and-swallowing-guidance/#section-3).
* experience working independently in the management of with people with EDS difficulties
* evidenced competencies and experience in different methods of instrumental evaluation tools including video fluoroscopy and/or FEES (the level of competency will vary depending on the SLTs current role).
* experience of how to participate effectively as a multidisciplinary team member, optimise service user outcomes and to facilitate onward referral when required
* knowledge of relevant local, national and international instrumental EDS evaluation policies and evidence
* knowledge of guidelines, protocols, recommendations and updates from the international [High Resolution Pharyngeal Manometry Working Group](https://onlinelibrary.wiley.com/doi/10.1111/nmo.70042?af=R)
* knowledge of local and national infection control policies
* knowledge of clinician, patient reported, and quality of life outcome measurement tools used for people with EDS difficulties
* commitment to regular evidence review and remaining up to date with the literature base around HRM and dysphagia.

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

**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 a HRM catheter. While achievement of RCSLT FEES Endoscopist competencies may provide a helpful skill base for learning to independently pass a HRM catheter, achievement of FEES endoscopist competencies is not a pre-requisite for developing competencies to independently insert a HRM catheter.**

# 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.

## Supervision

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

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

* ideally have competencies, including specialist knowledge, skills and practical experience in HRM

**or**

* have sufficient competencies, specialist knowledge, skills and practical experience in instrumental dysphagia evaluation and treatment to review and endorse competencies signed off by an appropriate MDT member
* be a SLT working primarily with people with dysphagia with advanced skills in evaluation and treatment of swallowing difficulty (RCSLT SLT eating drinking and swallowing competencies)
* evidence of a post-graduate level specialist training qualification or portfolio demonstrating extensive clinical skills and experience within this caseload, including ability to manage complex service users with dysphagia
* be able to provide opportunities for learning such as shadowing and clinical supervision
* participate in their own clinical supervision
* be able to support the individual developing competency to reflect on their own knowledge, skills and scope of practice.

|  |  |  |
| --- | --- | --- |
| **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 |

If the individual completing the HRM competencies is the only advanced level SLT in the trust, they may need to seek support from a peer in another organisation.

## Complexity of patients

Factors that may contribute to complexity of service users undergoing HRM include:

* multiple co-morbidities and pre-morbid status
* age and cognitive abilities
* presence of tracheostomy and/or ventilatory supports
* sensory issues or differences e.g. dexterity, vision or hearing loss, heightened or diminished sensory responses
* language and/or communication issues in addition to having swallowing difficulty
* influence of emotional, social, cultural or psychological issues

## 2.3 Recording competencies consistently

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

## 2.4 Guidance for the SLT supervisor

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

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

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

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

For more information on supervision, please see the [RCSLT supervision guidance](https://www.rcslt.org/members/delivering-quality-services/supervision/supervision-guidance/) for speech and language therapists.

## 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. SLT-led HRM is recognised as within SLT scope of practice by the RCSLT and is therefore covered by RCSLT indemnity insurance.

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.

# Further considerations

## Scope of practice

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

* “Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself” (Health and Care Professions Council, 2023)
* “SLTs should be able to use this knowledge, skills and experience, combined with information presented to them to make informed decisions and/ or to take action, including seeking help or support if required” (Health and Care Professions Council, 2023)
* “SLTs must be able to identify the limits of their practice and when to seek advice or refer to another professional or service” (Health and Care Professions Council, 2023)

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

## 3.2 Multidisciplinary team working

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

# 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 |  |
| 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 |  |

## 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 * 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 |  |

## 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 |  |  |

## 4.4 Advanced

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| **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 an 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 |  |

## 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 own post-graduate learning opportunities relevant to the scope of role within manometry, acknowledging existing role nuance and purpose, which 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 |  |

# References

Hancock, K. L., Ward, E. C. and Hill, A. E. 2020. Factors contributing to clinician training and development in the clinical area of laryngectomy and tracheoesophageal voice. *International journal of language and communication disorders,* 55**,** pp690-701. https://doi.org/10.1111/1460-6984.12553

Health and care professions council. 2023. The standards of proficiency for speech and language therapists. Available at: https://www.hcpc-uk.org/standards/standards-of-proficiency/speech-and-language-therapists/ (Accessed 4th April 2025)

Health and care professions council. 2024. Standards of conduct, performance and ethics. Available at: https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/ (Accessed 4th April 2025)

Horton, S., De Lourdes Drachler, M., Fuller, A. and De Carvalho Leite, J. C. 2008. Development and preliminary validation of a measure for assessing staff perspectives on the quality of clinical group supervision. *International journal of language and communication disorders,* 43**,** pp126-34. https://doi.org/10.1080/13682820701380031

Royal College of Speech and Language Therapists (2025) Eating, drinking and swallowing clinical guidance. Available from: <https://www.rcslt.org/members/clinical-guidance/eating-drinking-and-swallowing/eating-drinking-and-swallowing-guidance/> (Accessed 3rd April 2025)

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

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