



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

October 2025

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# Acronyms and glossary terms

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
Evidence base	Refers to published research, clinical consensus and lived experience, in line with models of Evidence Based Healthcare. The term 'research evidence' and 'research evidence base' is used where we are referring to published research.
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: Introduction

## Document revision background and rationale - Overview of the 2025 update

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 Royal College of Speech and Language Therapists (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 Health and Care Professions Council (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.



## 1.1 Key Regulatory, Professional, and Educational Bodies for Pre-Registration SLTs

The oversight and guidance for pre-registration speech and language therapy programmes in the UK involve several key organisations:

1. **Health and Care Professions Council (HCPC):** As the regulatory authority, HCPC sets the standards for education and training, determines eligibility for practice, and maintains the register of Speech and Language Therapists (SLTs) in the UK
2. **Royal College of Speech and Language Therapists (RCSLT):** As the professional body for Speech and Language Therapists, RCSLT provides pre-registration curriculum guidance to ensure educational programmes meet the standards required for professional practice.
3. **The Institute for Apprenticeships and Technical Education (IfATE):** develops, approves, reviews, and revises apprenticeships and technical qualifications in collaboration with employers across England. Notably, in 2019, IfATE approved an apprenticeship standard for speech and language therapy in England, which has been updated to reflect the new HCPC Standards of Proficiency. In 2025 a process began to transfer information from IfATE to Skills England.
4. **Quality Assurance Agency for Higher Education (QAA):** The QAA continues to play a role in safeguarding standards and enhancing the quality of UK higher education.

The curriculum guidance that follows is fully aligned with the current policies and requirements mentioned at the time of writing.

Each HEI is responsible for the maintenance of its own quality assurance frameworks, complementing the frameworks provided by the bodies mentioned above.

## 1.2 The RCSLT role in Higher Education

The RCSLT plays a crucial role in shaping and supporting pre-registration speech and language therapy programmes across the UK. As the professional body for speech and language therapists (SLTs), the RCSLT provides leadership, guidance, and standards to ensure the delivery of high-quality education and training. It works collaboratively with Higher Education Institutions (HEIs) to promote excellence in curriculum design, ensuring that pre-registration programmes equip future SLTs with the necessary knowledge and skills to meet the needs of individuals with speech, language, eating, drinking and swallowing difficulties. Through its oversight and support, the RCSLT aims to uphold professional standards, foster innovation in education, and prepare graduates for sustainable, evidence-based practice.

### **1.2.1 Accreditation and approval of pre-registration Speech and Language Therapy Courses**

To gain RCSLT accreditation, both university-based and apprenticeship programmes must comply with the curriculum guidance outlined in this document. RCSLT expects Higher Education Institutions (HEIs) to obtain HCPC approval before the programme starts, in addition to receiving RCSLT accreditation.

The RCSLT accreditation process for pre-registration speech and language therapy programmes highlights the importance of RCSLT Curriculum Guidance in promoting environmental sustainability, equity, and workforce readiness. Additionally, RCSLT stresses the need for HEIs to integrate evidence-based education to meet accreditation standards and adequately prepare graduates for professional practice.

RCSLT accreditation is granted for up to five years and then will go through a re-accreditation process at the end of the period of accreditation.

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

## **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

### **2.1.1 Criminal convictions checks**

In line with the HCPC Standards of Education and Training (SETs), and due to learners' contact with children and vulnerable adults, all successful applicants must complete an enhanced criminal records check appropriate to their nation. These checks are required to ensure the protection of service users and to meet statutory safeguarding obligations.

### **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.

HEIs are responsible for implementing reasonable adjustments to assessments and learning activities to support learners with disabilities, in accordance with equality and disability legislation across the four nations. However, it is essential that such adjustments do not compromise the integrity of the assessment process or the overall learning experience.

All adjustments must ensure that learners are still able to meet the professional competencies set out by the HCPC, which are necessary for safe and effective practice. Graduates must demonstrate that they have achieved the standards of proficiency required to register as a speech and language therapist with the HCPC. While reasonable adjustments are vital to remove unnecessary barriers, they cannot alter the fundamental learning outcomes or professional requirements of the programme.

HEIs also have a legal duty to support disabled learners, with the specific legislative requirements varying across the four nations.

### 2.1.3 English language proficiency

The admissions process for Speech and Language Therapy (SLT) undergraduate programmes must be satisfied that learners will be able to meet the demands of the course in light of the HCPC stipulation that registrants must be able to:

**“Communicate in English to the required standard for their profession (equivalent to level 8 of the International English Language Testing System (IELTS), with no element below 7.5). This requirement is stricter for speech and language therapists than for all other HCPC-registered professions, as communication in English is a core professional skill (see standard 13.18).”**

Higher Education Institutions (HEIs) must therefore evidence grounds to be satisfied that learners:

- already meet the HCPC English language proficiency requirements on entry; or
- have the means and opportunities to develop and necessarily achieve the required proficiency by the end of the programme.

HEIs should be aware that the higher HCPC English communication skills requirement for speech and language therapists is applicable to all learners, not just those for whom English is not their first language.

## 2.2 Equity, diversity and belonging (EDB)

HEIs must embed principles of **Equity, diversity, and belonging (EDB)** across all aspects of their programmes. This ensures fair access, meaningful representation, and equal opportunities for success for all applicants and learners.

Admissions processes should be transparent, inclusive, and proactively encourage applications from individuals of diverse backgrounds. This approach helps to build a cohort of learners which reflect the communities that speech and language therapists serve.

This guidance emphasises the need for EDB-led recruitment of both staff and learners, along with strong support systems, to build an equitable and representative workforce.

**RCSLT recommend the following programme delivery aims:**

- To ensure all teaching and support staff are trained in EDB principles, anti-racism, and inclusive teaching practices, and consistently embed these behaviours into everyday pedagogy to meet diverse learners needs.
- To foster critical thinking and create opportunities within the curriculum to explore complex societal issues, enabling learners to engage meaningfully with diversity and inclusion.
- To continually review and adapt curriculum content and delivery to enhance inclusivity, recognising this as an ongoing process.
- To establish safe, responsive mechanisms for learners to raise EDB-related concerns, particularly within clinical and placement environments.

**Examples of embedding EDB include:**

- developing clear, accessible admissions criteria and transparent processes that actively reduce bias
- implementing outreach and widening participation initiatives to attract applicants from underrepresented groups
- ensuring teaching content and clinical scenarios reflect diverse populations, avoiding stereotypes
- providing tailored support such as mentoring, peer networks, and resources to promote belonging and success
- creating safe learning environments, including on placements and in professional settings, with mechanisms to challenge discrimination and support inclusion
- involving people with diverse lived experiences in curriculum design and delivery.

By prioritising EDB at every stage—from recruitment through to graduation—HEIs contribute to shaping a diverse, culturally competent SLT workforce equipped to meet the needs of all communities.

## 2.3 Sustainability

As planetary and human health are intrinsically linked, environmental degradation is contributing to a rise in conditions affecting communication and swallowing, with long-term impacts across the lifespan. The **RCSLT Position Statement on Sustainability (2024)** sets out the profession's commitment to sustainable practice and the broader aim of protecting both population and planetary health.

Speech and language therapists have a key role in advancing sustainability by:

- understanding the impact of environmental degradation, extreme weather events and climate change on swallowing and communication across the lifespan
- supporting prevention, early intervention, and health promotion, which reduce the need for resource-intensive care
- empowering individuals, families, and communities to engage in self-care and self-management, fostering resilience and reducing reliance on services
- considering the environmental impact of professional decisions, including the use of resources, travel, and models of care, in line with sustainable healthcare principles

Embedding sustainability into SLT education ensures future practitioners are equipped to deliver services that promote health equity while minimising environmental harm, contributing to a more resilient health system and healthier society.

## 2.4 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: 3 or 4 academic years
- Postgraduate programmes: 2 academic years

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

- Undergraduate Apprenticeship: 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 learners 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 learners understand how attendance and participation affect academic and clinical progression.

### **2.4.1 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.

### **2.4.2 Part-time university-based programmes: study duration**

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 an otherwise full-time programme. In either circumstance, a cohesive programme of study should be made available, with appropriately integrated academic and clinical components.

For programmes delivered as separately defined part-time pathways, the proposed part-time hours must be clearly mapped to demonstrate their equivalence to the full-time hours described above.

### **2.4.3 Apprenticeship programmes**

The RCSLT has provided guidance regarding the structure and duration of speech and language therapy apprenticeship provision. Completing pre-registration apprenticeship training is expected to take four years and includes at least 20% of off the job time during the apprentices' working hours. 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. Funding for SLT apprenticeships does not currently exist but it is the HEIs responsibility to check the most recent information available.

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 where delivery resource permits and should be collaboratively determined HEIs and employers, tailored to the specific needs and agreements of the apprenticeship arrangement.

The RCSLT emphasises that such pre-registration apprenticeship programmes and pathways must uphold the same high standards as all other 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.

## 2.5 Staffing, resources and quality assurance

The RCSLT stipulates the full-time-equivalent learner-to-staff ratio 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. In conjunction with the programme's External Contributors, staff expertise must guarantee sufficient coverage of pre-registration clinical knowledge and skills.
- **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.

## Quality Assurance

Institutions must demonstrate robust processes to assure learners' outcomes, covering assessment, marking, feedback, and moderation. HEI governance procedures should be followed for appointing external examiners. The number of external examiners should reflect the number of pre-registration programmes, the examiners' experience, and how recently the HEI began offering SLT programmes.

Each institution must include at least one registered SLT external examiner to oversee clinical modules. The RCSLT advises appointing two external examiners where possible, given the breadth and complexity of the curriculum, while recognising this may not always be feasible.

### 2.5.1 Professional development opportunities for HEI staff throughout their careers

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.

## 2.6 Inclusion of people with lived experience in programme development and delivery

Higher Education Institutions (HEIs) should actively and continuously involve those with lived experience — individuals with lived experience of speech, language, communication, eating, drinking, and swallowing difficulties — throughout various aspects of the programme. This may include engagement in admissions processes, curriculum development, teaching and learning activities, assessment design, and/or feedback mechanisms.

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.

## 2.7 Partnership in practice education provision

### 2.7.1 Purpose of practice-based learning

Practice-based learning is a fundamental and indispensable element of training to become an SLT. It is the application of knowledge and skills, with service users and carers, in clinical learning environments. Practice-based learning provides the opportunity for learners to:

- apply theoretical knowledge in client-centred contexts
- develop clinical awareness and understanding
- learn and practice interpersonal and therapeutic skills
- embed the critical skills of reflection and self-evaluation in their learning and future practice, to enable them to work effectively with both service users and colleagues.

### 2.7.2 Breadth of practice-based learning

Practice placements provide experience of related health, social and educational provision for people with communication and eating, drinking and swallowing difficulties, as well as consideration of wider organisational and management perspectives. The provision of a range of practice placement opportunities, during SLT training, is therefore a crucial element in the development of competent clinicians, who are prepared for the workplace.

### 2.7.3 Regulation of practice-based learning

The Health and Care Professions Council (HCPC) is the regulatory body which approves SLT pre-registration courses, and as part of this, assesses HEI systems and processes for acquiring and quality assuring practice-based learning opportunities. HCPC scrutinise the timing, length and assessment of practice-based learning, as well as the level of training and support for practice educators, against the HCPC [Standards of Education and Training](#) (2017) and the [HCPC Standards of Proficiency](#) (2023). Practice placement providers should adhere to these guidelines to meet the HCPC requirements.

### 2.7.4 Mandatory placement hours

#### Practice-based learning hours

Time on practice placements is counted in hours, rather than the previously used sessions, and will be operationalised in days (7.5 hours) / half days (3.75 hours) as fits with HEI timetables.

Learners need to complete a minimum of 562.5 hours (75 days) of practice placement opportunities across the duration of their pre-registration training.

The hours are split into the following components (please see infographic below):

- 375 hours (50 days) of clinically based practice placement with competencies supported and assessed by SLTs as part of a formal placement period; the SLT does not need to be present with the learner at all times.
- 187.5 hours (25 days) of non-clinically based practice placement with competencies which can be supported and assessed by SLTs and / or by other professionals. These may be as observation days as part of a formal placement period in settings where an SLT is not present, or may be part of HEI based learning, not in a formal placement period.
- Of the 375 hours (50 days) of clinically based training:
  - A minimum of 112.5 hours (15 days) should be with children
  - A minimum of 112.5 hours (15 days) should be with adults
  - The remaining 150 hours (20 days) can reflect local service delivery needs

Comprehensive information relating to placements can be found in the RCSLT's Practice-based learning guidance. This includes expectations of practice placement supervision, clinically based and non-clinically based practice based learning and independent sector guidance.

Competencies should be gathered across the duration of the pre-registration education and from practice placements. There is no expectation that specific EDS practice placements must be provided.

RCSLT recommend a total of 60 EDS exposure hours across the duration of the pre-registration programme, with at least 30 hours from clinical practice with adults and at least 10 hours from clinical practice with children.

In comparison to version 3 of the pre-registration EDS competencies, the hours component has been changed to 'recommended' as opposed to mandatory. This is in response to practice placement availability. This recommendation applies to all programmes, regardless of duration, mode of delivery or structure. The change from mandatory to recommended hours aligns with the removal of the hour's component from the post registration SLT EDS competency framework.

Opportunities should be organised to reflect local service-delivery practice and needs. They should include opportunities to work with a range of service users in a variety of settings, as appropriate. It is expected that all practice placements are able to offer some aspect of EDS experience to learners. For example, if a learner is on practice placement in a school for children focusing on AAC use, they may have the opportunity to participate in the lunchtime environment and discuss with their practice educator afterwards and they can then evidence the relevant EDS competencies and hours following this. Formal simulation opportunities (clinically or non-clinically based) can be recorded as EDS exposure hours.

Detailed guidance on practice placement provision can be found in the RCSLT practice-based learning guidance (2025).

## 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 scope of clinical practice**.

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.

### 3.1 Essential learner outcomes

Higher Education Institutions (HEIs) are responsible for ensuring that their curriculum content 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 occupation/vocation 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 people with lived experience within appropriate care pathways and underpinned by principles of safe practice.
5. Evaluate and utilise the current evidence base and lived-experience perspectives to 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.

## 3.2 Scope of clinical practice

The scope of speech and language therapy practice is outlined in **Figures 3.2a, 3.2b and 3.2c**.

Figure 3.2a focuses on the unique role of speech and language therapists. It shows the types of needs we are trained to support, where those needs come from (such as developmental or acquired conditions), and how they can affect people across different stages of life. The diagram highlights how speech, language, communication, and swallowing needs can start early in life or appear later, and how they may change over time. For context the two concentric circles do not denote importance of subject or learning.

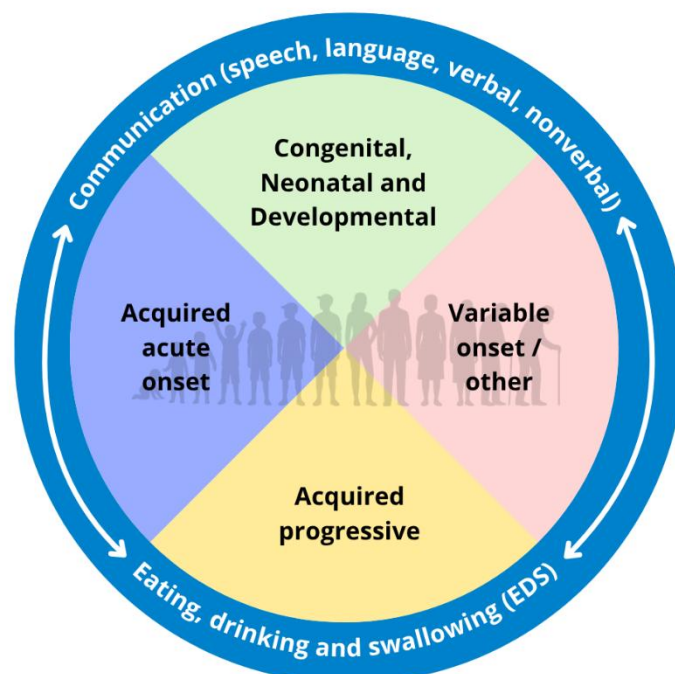
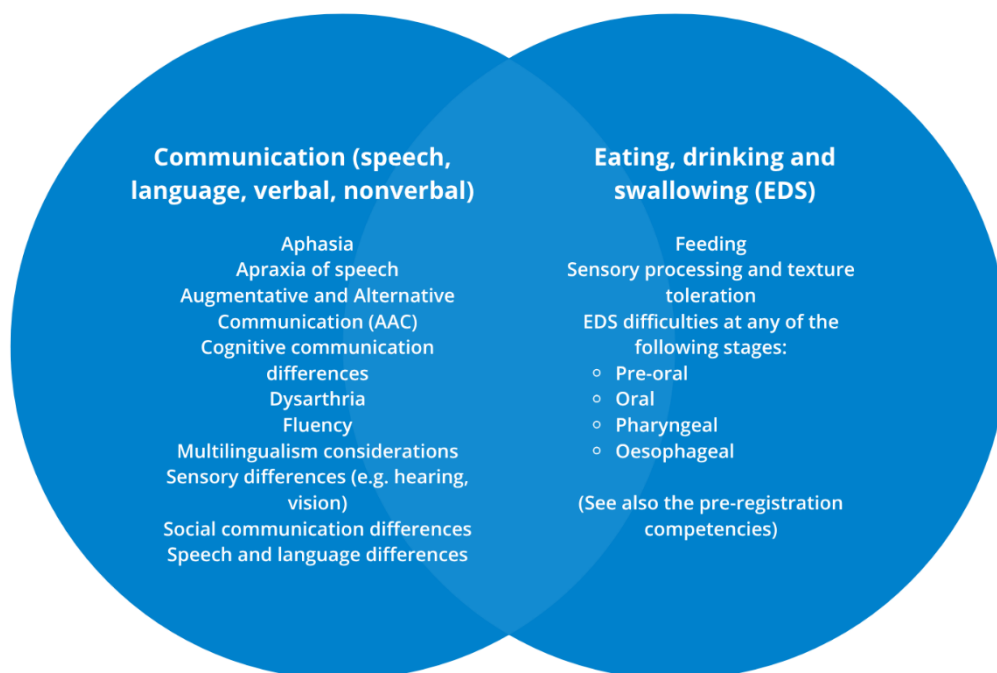


Figure 3.2a. The unique role of Speech & Language Therapists

**Figure 3.2b** gives more detail about the **kinds of needs** speech and language therapists support. These include difficulties with speech, language, and communication, as well as eating, drinking, and swallowing (EDS). No matter what causes these difficulties or how they present, they are all considered part of speech and language therapy practice. This means they should be included in pre-registration SLT (speech and language therapy) training programmes.



*Figure 3.2b. Scope of Speech & Language Therapy Practice highlighting Communication & EDS needs*

Learners must be introduced to a diverse range of clinical presentations and underlying factors across the domains of communication and EDS. However, it is neither appropriate nor feasible for all areas to be covered in equal depth. HEIs are encouraged to be innovative and flexible in how they structure and deliver content, and the RCSLT does not prescribe specific grouping or sequencing of these needs.

Figure 3.2c shows examples of where communication and eating, drinking, and swallowing needs can come from, and the types of conditions they may be linked to. These examples build on what is shown in Figures 3.2a and 3.2b. The list in Figure 3.2c includes a wide range of areas, conditions, and diagnoses that may be relevant to SLT practice. It is not a complete list, and some topics may only need brief coverage, while others might need to be explored in more depth. This will depend on factors such as:

- Local/regional needs
- Staff expertise
- New or emerging areas of clinical practice
- Current research and national policy

These factors are likely to change over time, so the curriculum should stay flexible and responsive.

While this guidance focuses on the needs speech and language therapists support (rather than specific settings), it is important that students also learn how to meet these needs in a wide range of practice environments. These may include the NHS, education, social care, justice settings, private and independent practice, and others. The emphasis on different settings will vary depending on local and professional contexts.

More examples of clinical areas and related competencies are available on the [RCSLT website](https://www.rcslt.org/). However, this guidance is written for higher education institutions (HEIs) and should be used alongside the wider professional and educational framework provided by RCSLT.

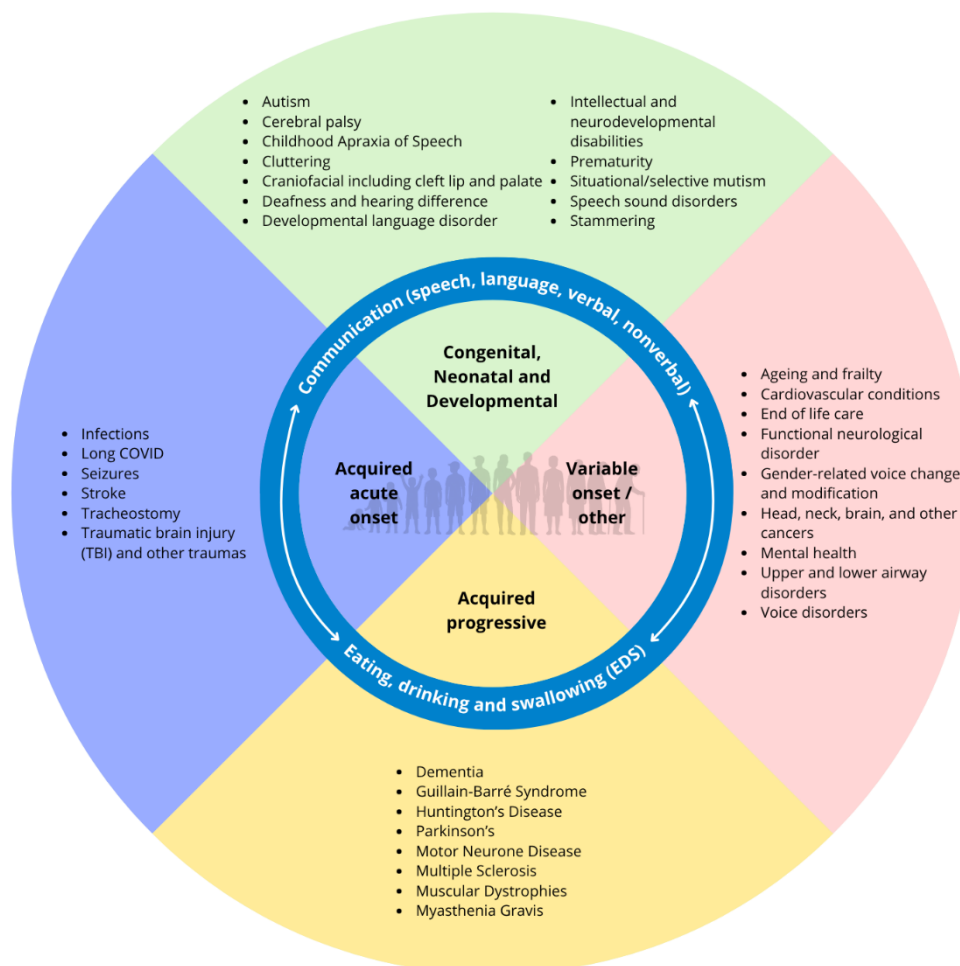


Figure 3.2c. Scope of Speech & Language Therapy Practice highlighting indicative origins and natures to be considered within pre-registration programmes



### 3.3 Domains of professional 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.

Domains of professional practice	Curriculum Guidance <i>Through classroom-based training and/or collaboration with practice partners in the development and delivery placement experiences, HEIs will facilitate learners' opportunities to:</i>
<b>Reasoning and decision-making</b>	<ul style="list-style-type: none"> <li>• Develop and apply professional judgement, critical thinking, and reasoning skills throughout their studies and practice placements.</li> <li>• 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.</li> <li>• 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.</li> <li>• Evidence the ability to engage with contribute to shared decision-making with those with lived experience and other professionals.</li> </ul>
<b>Communication with those with lived experience, families, carers and colleagues</b>	<ul style="list-style-type: none"> <li>• Communicate in ways which promote inclusion and access, utilising supportive communication strategies and alternative and augmentative communication (AAC) systems as appropriate.</li> </ul>

	<ul style="list-style-type: none"> <li>• Demonstrate respect and sensitivity towards the backgrounds and needs of all individuals that SLTs engage with - particularly those from diverse, marginalised, or disadvantaged backgrounds.</li> <li>• Discuss assessment findings, collaborate on potential management plans and reflect on progress with those with lived experience, 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.</li> </ul>
<b>Autonomy and accountability</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Seek support from supervisors or colleagues (both within speech and language therapy and wider interprofessional teams/networks) when needed.</li> <li>• Make referrals to other professionals.</li> <li>• Manage professional boundaries.</li> <li>• Take ownership in supporting the well-being of themselves and others to ensure safe and effective practice.</li> <li>• 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 speech, language and communication decisions.</li> <li>• Engage with examples of responsibilities such as making safeguarding decisions, maintaining confidentiality, and producing timely, consistent documentation.</li> </ul>

	<ul style="list-style-type: none"> <li>• Begin to assess the clinical risk associated with any speech and language therapy input and, with support, consider appropriate mitigating actions.</li> <li>• Evidence ability to manage and prioritise own caseload.</li> <li>• Understand how to raise concerns about others' practice appropriately.</li> </ul>
<b>Promoting the profession</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Learn how to effectively communicate the profession's value to a wide range of audiences, including those people with lived experience, families, carers, and interprofessional.</li> <li>• Contribute to public health and health promotion activities aimed at the prevention and early identification of speech, language, communication, eating, drinking, and swallowing difficulties. This includes engagement in pre-SLT referral, pre-diagnosis interventions, universal services, and initiatives that support re-ablement and self-management.</li> <li>• 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.</li> </ul>
<b>Work readiness knowledge and skills</b>	<ul style="list-style-type: none"> <li>• Self-management: Take responsibility for their learning, actions, and personal development.</li> <li>• Problem-solving: Apply critical thinking to overcome challenges effectively.</li> <li>• Adaptability: Adjust to new situations, roles, and environments during studies and placements.</li> </ul>

	<ul style="list-style-type: none"> <li>• Time management: Prioritise tasks and meet deadlines effectively.</li> <li>• Resilience: Manage challenges, setbacks, and pressures constructively.</li> <li>• Digital literacy is essential for speech and language therapists to navigate modern healthcare environments and deliver effective client care. SLTs must be confident using electronic patient record systems, managing digital caseload tools, and participating in virtual team meetings. Equally important is the ability to integrate digital technologies into therapy, such as conducting telehealth sessions, using appropriate artificial intelligence (AI), employing tablet-based assessments, and supporting clients with AAC devices or therapy apps. Developing these skills ensures SLTs are well-prepared to meet the demands of contemporary practice and enhance outcomes for clients.</li> <li>• Build strong, professional relationships with those with lived experience, carers, and colleagues, both within SLT and interprofessional contexts, while maintaining clear professional boundaries appropriate to the scope and responsibilities of a speech and language therapist.</li> <li>• Teamwork: Demonstrate understanding and value of the contributions of different roles, including speech and language therapy assistants and professionals from other disciplines.</li> <li>• Strategic awareness: Evidence understanding of the broader context of speech and language therapy, including its role in healthcare and education systems.</li> </ul>
<b>Specialist knowledge and skills</b>	<ul style="list-style-type: none"> <li>• Develop an awareness of a range of areas related to the practice of SLTs.</li> </ul>

	<ul style="list-style-type: none"> <li>• Demonstrate an ability to work alongside a service user and other relevant professionals to identify needs and set collaborative plans.</li> <li>• Recognise scope of practice and take responsibility for identifying their own learning needs and reflect on areas for further development.</li> <li>• Develop essential research skills to support evidence-based practice, including the knowledge and tools to find, critically evaluate, interpret, and apply research findings in their clinical work.</li> <li>• Evidence awareness of engagement with current research in practice and demonstrate the ability to support service evaluation, audit, quality improvement or other practice-based research.</li> <li>• Integrate evidence into clinical decision-making and ongoing professional development.</li> </ul>
<b>Managing and recording complexity</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Recognise the importance of ensuring documentation is timely, professional, and compliant with relevant legal, ethical, and organisational guidelines.</li> </ul>
<b>Continuous learning and development of yourself and others</b>	<ul style="list-style-type: none"> <li>• Develop the skills and attitudes required for ongoing professional development, including evidencing awareness of the importance of continuous learning and self-reflection.</li> <li>• Evidence managing well-being, both for themselves and others, to maintain safe and effective practice.</li> </ul>

	<ul style="list-style-type: none"> <li>• Apply new knowledge and evidence-based practices to their clinical work, ensuring they stay up to date with developments in the profession.</li> <li>• Engage in supervision, peer learning, and reflective practice to foster personal and professional growth.</li> <li>• Develop the ability to guide and support the learning and development of others as part of their professional development.</li> </ul>
<b>Working in partnership with those people with lived experience to improve service delivery</b>	<ul style="list-style-type: none"> <li>• Evidence understanding of the importance of actively engaging those people with lived experience in developing services and contributing to the evidence base.</li> <li>• Support the involvement of individuals with lived experience, and of SLTs and other professionals in research conducted within their service, department, or organisation, fostering a collaborative approach to improving service delivery.</li> <li>• Begin to use outcome measures that are evidence based, demonstrating training in how to apply these tools in practice.</li> <li>• Demonstrate awareness of how to identify research opportunities for those with lived experience within their local area, encouraging active participation in service development and evaluation.</li> </ul>
<b>Contributing to changes at work</b>	<ul style="list-style-type: none"> <li>• Contribute to meaningful change in service delivery through evidence-based practice and active involvement in service and/or workforce development innovations.</li> <li>• Evidence understanding of the political, social, economic, and institutional factors that impact making changes at work.</li> </ul>

## 3.4 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 speech and language therapy 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 learners to understand the development and progression of communication and swallowing needs across different stages of life.

## Phonetics and linguistics

Programmes will draw on the principles, the research evidence base, and/or expertise from fields of phonetics and linguistics (including theoretical underpinnings, acquisition and development, and clinical application) where appropriate in addressing the following:

### 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



## **Biological and medical sciences**

Programmes will draw on the principles, the research evidence base, and/or expertise from fields of 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).

## Psychology, sociology and education

### Psychology and psychological considerations

Programmes will draw on the principles, the research 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)

## Research skills

Programmes will draw from the field of evidence-based healthcare and from principles of research methodologies in Speech and Language Therapy and related disciplines to address the following:

### Accessing and appraising evidence

- Models of evidence-based health care
- Sources of research evidence and resources for finding research evidence in SLT
- Systematic literature searching methods
- Critical appraisal of published qualitative, quantitative and mixed methods research in SLT
- Guidelines and specific frameworks for appraising the quality of research evidence
- Interpreting systematic reviews, meta-analyses, economic evaluations and the evidence base for clinical guidelines.
- 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 people with speech, language and communication needs
- Research governance

#### Practice based research

- Collecting, analysing and interpreting data from a range of outcome measures
- Quality improvement, service evaluation, and audit
- 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 service development

#### Qualitative, quantitative and mixed research methodologies

- Understanding the importance of research aims, questions and hypotheses
- Theoretical underpinnings of research methodologies
- Identifying different research methodologies to address different research questions

- Rigour in the research process to produce ethical, valid and reliable findings.
- Principles of Study design
- Methods of data collection
- Practical application of analysis methods and tools
- Interpretation of data from different research methodologies
- Presenting and communicating research findings

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.