RCSLT

RCSLT competencies in eating, drinking, and swallowing for the pre-registration education and training of speech and language therapists

Version 4.0 – September 2025

Overview of changes

Version control		
Version	**Date**	**Changes**
1.0	February 2021	None – first published
2.0	June 2021	Amended document to encompass EDI.
3.0	August 2021	Amended document to address minor typos on page 28.
4.0	September 2025	Following consultation on proposed changes to document, it was amended to reflect changes to hours component, wording of how competencies are signed off and 2025 curriculum and practice-based learning update. Changes have made throughout the document.

Contents

Executive summary

SLTs are internationally recognised as a core member of the multidisciplinary team (MDT) supporting people with eating, drinking and swallowing difficulties (EDS). SLTs need appropriate knowledge and skills in order to deliver high-quality, holistic, and person-centred services to meet service-user needs.

With an ageing population, increasing survival rates of newborn babies, and new clinical presentations of novel diseases such as COVID-19 requiring speech and language therapy input, there will be an increase in demand over the coming years for the identification, assessment and management of EDS. We have a professional responsibility to ensure that learners get the opportunity to acquire foundational knowledge and skills in as many clinical areas of speech and language therapy as possible, including EDS during their pre-registration education and training.

In 2014, the knowledge and skills required to support people with EDS were identified and developed into a framework to guide SLTs along their career path. This framework included the knowledge and skills recommended at the pre-registration level. This document was adopted by the profession in 2014: the RCSLT Dysphagia training and competency framework.

With the advent of the COVID-19 pandemic in March 2020 requiring an EDS-ready speech and language therapy workforce, as well as the Mutual Recognition Agreement (MRA) partners highlighting the dissonance of UK pre-registration education and training in EDS with other MRA partners, the need for EDS pre-registration education and training became imperative.

Health Education England (HEE) and the RCSLT identified that newly qualified practitioners (NQPs) must enter the workforce ready to undertake work in the area of EDS, as they do with all other areas in the scope of practice of SLTs. The RCSLT received funding from HEE to complete this UK-wide project. An initial scoping exercise was undertaken, including existing national and international EDS competency frameworks, to ensure that the final product reflected best practice not only across the UK, but also in line with our MRA partners. Many clinical settings and higher education institutions (HEIs) have already developed education and learning opportunities based on the 2014 framework, and thus the content of these competencies will be familiar to educators and practitioners.

As part of the scoping exercise, the Health and Care Professions Council (HCPC) was informed about these developments. In 2023 the HCPC standards of proficiency were updated to reflect EDS where it is part of an SLTs role.

As delivering entry-level EDS competencies requires input from HEIs and clinicians across the UK, we appointed a working group, consisting of one academic representative and one clinical representative from each of the four nations, that supported the two lead authors (one academic and one clinical) in writing these entry-level competencies. We also established an advisory group that provided valuable feedback on key issues during the development process.

We recognise that not all subjects taught at pre-registration level will continue to be used by every practitioner, but they rightly sit in the pre-registration curriculum. This does not mean that all NQPs are going to be 'expert' clinicians across all the areas taught at pre-registration level. It does mean that NQPs will have achieved an entry level of competence across the scope of speech and language therapy practice, including those required to support people with EDS. Knowledge and skills of EDS will optimise holistic patient care.

Learners will start to graduate with these competencies in 2024. The expectation is that everyone graduating from a pre-registration speech and language therapy programme by 2026 will have acquired these EDS competencies. Competencies are ideally established across many practice settings and timepoints. Many competencies relating to EDS work can be practised and achieved in communication settings. In the implementation phase of these competencies, there are practice placement hours that RCSLT recommend include EDS elements. As these competencies become embedded in education and practice, it is predicted that EDS will be integrated into the pre-registration learning journey along with all other areas of the SLT scope of practice.

The entry-level EDS competencies in this document clarify how they can be achieved, building on previous RCSLT EDS frameworks. To ensure implementation is successful, we will continue to work collaboratively with health education bodies across the UK, HEIs and clinicians.

The 2014 Dysphagia framework was updated in 2025 and is now called the SLT EDS competency framework. It sets out a clear development framework for SLTs working within EDS from their first role onwards.

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1. Introduction

1.1 Aims and purpose of this guidance

This document offers guidance to educational instructors, collaborators and partners on creating innovative and personalised approaches to developing and delivering qualifying SLT experiences in the area of eating, drinking, and swallowing. The RCSLT recognises the diversity of different programme providers and their expertise in developing and delivering high-quality programmes. This document outlines the expected knowledge and competencies of the entry-level SLT and should be referred to alongside the RCSLT Curriculum guidance (2025) and the HCPC standards of proficiency for SLTs (2023)

In line with the RCSLT Curriculum guidance (2025) at the point of registration, a graduate in speech and language therapy will be able to work in therapeutic roles with individuals, with practice based on best available evidence. As with all areas of speech and language therapy practice, supervision and support would be expected for the NQP. NQPs will also be able to work in health promotion and in public health, with both individuals and groups in the area of EDS. Foundation level of the SLT EDS competency framework (2025) provides a framework for the support and supervision of an NQP working with clients with EDS, and leads on to the level which will enable them to work autonomously with this client group.

For speech and language therapy learners to graduate as highly employable professionals, they need to acquire a broad range of knowledge and transferable skills. The RCSLT understands that these skills will initially be developed in certain settings, and with particular disorders, based on the HEI practice-based learning opportunities. It is expected that these skills will be transferable across clinical settings, in line with the RCSLT NQP goals (2018).

Speech and language therapy learners will develop values, attributes and behaviours that enable them to work confidently and effectively. The RCSLT is committed to supporting our members in becoming actively anti-racist, promoting diversity in the workforce, and meeting the needs of diverse populations of service users. The populations SLTs serve are increasingly diverse in terms of age, social system, culture, and health literacy, and they present with a variety of disorders across many settings. Speech and language therapy learners will be best prepared for practice through theoretical knowledge gained in the classroom and aligned with practice placements across a broad range of settings, and through meeting and working with individuals with EDS

difficulties.

It is not expected that speech and language therapy learners will graduate with a comprehensive knowledge of all EDS difficulties, but that their pre-registration experience will map onto the foundation level SLT EDS competencies and will act as a basis for them to develop further skills to work autonomously within their chosen clinical area. They will demonstrate professional problem-solving skills where there is considerable variation in the presentation and health needs of service users and the setting for care.

With respect to EDS difficulties, this document:

1. describes what is expected of a new graduate
2. describes the RCSLT's expectations for delivery and content of educational programmes
3. reflects the current and foreseeable demands of speech and language therapy practice.

In creating this document, the RCSLT has set out a vision for the education of the profession. It details the desired outcomes of pre-registration SLT education related to EDS on completion of the programme.

It is expected that this document will be used as a reference document by representatives of the HCPC, other professional statutory regulatory bodies, and HEIs involved in the accreditation, re-accreditation, quality assurance and review of programmes.

This document should be used in conjunction with:

1. the HCPC standards of proficiency (2023)
2. the HCPC standards of conduct, performance and ethics (2024)
3. the HCPC standards of education and training (2017)
4. the HCPC standards of continuing professional development (2018)
5. the RCSLT Curriculum guidance (2025)
6. the RCSLT practice-based learning guidance (2025)
7. guidance on the MRA (in relation to geographic mobility of learners to and from the UK).

2. Defining speech and language therapy: speech and language therapy clinical and professional capabilities

SLTs:

a) Are uniquely qualified as experts in EDS science and practice. This enables them to improve outcomes for people who have EDS difficulties. They are the lead professional in the assessment and management of conditions in these areas.

b) Provide assessment, identification, treatment, support and care for infants, children, young people, and adults who may have difficulties with EDS. SLTs work within a variety of contexts, including the NHS, research, higher education, the voluntary sector, the community and social enterprise sector (VCS), education, justice, and independent practice. SLTs work in many settings, from hospital wards and nursing homes, to schools, prisons, and service users' homes.

c) Usually work as part of a team alongside other health, education, and social care professionals, and paid and unpaid carers. SLTs provide person-centred care, recognising and valuing the key contribution of the service user and their carer(s) in developing appropriate intervention plans.

Effective and safe speech and language therapy practice requires the assimilation, integration and critical application of professional and practical capabilities derived from the core discipline of speech and language therapy, and from a range of contributing disciplines.

2.1 Communication

The essential capabilities for SLTs are threefold:

3. to support service users in developing their abilities
4. to support the abilities and methods that others use in their communication with service

users

5. crucially, SLTs themselves demonstrate adaptability, self-awareness and sensitivity in their own interactions with service users and members of other agencies.

SLTs are ideally placed to recognise and promote often-unheard perspectives, and to work collaboratively to address the key challenges faced by service users with EDS difficulties in whichever setting is most appropriate. The speech and language therapy professional skill set and influence goes beyond the individual: it influences the social, emotional, and cultural wellbeing of the communities in which service users live.

Speech and language therapy learners develop professional knowledge and skills related to

EDS difficulties through a combination of theoretical and practical education. This is achieved through partnerships between education providers, practice educators and employers providing practice placements.

2.2 Partnerships

SLTs are uniquely placed to work collaboratively with service users, their families, and other agencies and professionals involved with their care. Knowledge of individual cultural, religious, and psychosocial beliefs is essential to consider in EDS assessments and care plans. SLTs' expertise in the science of EDS enables them to form and maintain strong collaborative partnerships directly with the people they support. These partnerships promote service user outcomes that transform the lives of people with EDS difficulties.

Speech and language therapy learners develop skills and values through interprofessional learning opportunities during initial training, and while on practice placements undertaking partnership working with service users, their families, and other agencies and professionals.

2.3 Leadership and lifelong learning

SLTs lead the management of EDS difficulties to unlock the opportunities and potential for service users to achieve their goals. SLTs need to keep pace with the clinical and professional landscape, be proactive, and lead innovation within their area of practice.

Speech and language therapy learners are embarking on a lifelong learning journey, enhancing their unique skill set in EDS difficulties to enable them to become confident at engaging with new ideas, to build resilience even in challenging times, and to pave the way for others to do the

same.

Embracing opportunities to learn and engage in professional networks, on practice placement and in education settings, is essential to the development of the leadership skills needed to innovate and drive improvements in EDS service delivery.

2.4 Research and evidence-based practice

The expertise that SLTs use to transform lives is rooted in the ability to search for, critically evaluate, and contribute to the body of professional EDS knowledge and best practice. SLTs deliver person-centred, evidenced-informed, and professionally reasoned practice by accessing, evaluating, applying, and informing the latest evidence in relation to EDS.

Speech and language therapy learners have roles in delivering and informing practice while on practice placement. Throughout their studies they develop their skills to deliver evidence-informed and professionally reasoned practice, supported by theory and practice placement experience. Linking and reflecting on learning and practice are critical for the development of SLTs professional knowledge and skills base relating to EDS difficulties.

2.5 Professional autonomy and accountability

As regulated health professionals, SLTs have a professional responsibility to be autonomous and accountable for their practice in the field of EDS. Speech and language therapy learners develop their professional autonomy and accountability from the outset of their careers in EDS, as with all other areas of speech and language therapy practice. They develop insight into the professional scope of practice in EDS by working with integrity and a commitment to continuous reflective practice. This learning is supported by practice educators on practice placement and with academic staff in the university-based teaching.

2.6 Competency development

This guidance is based on the premise that speech and language therapy learners will gain ***knowledge*** about EDS, and ***competencies*** across a range of skills. Mastery of knowledge and skills is shared between HEIs and practice-based learning settings. Knowledge is assessed in line with how HEIs structure assessment grading, which may be on a continuum or pass/fail.

The competency profile in EDS covers the individual skills a qualified SLT needs to support people with EDS difficulties. An individual speech and language therapy learner's competency profile may be different to that of their peers during their course of study, but by completion of the pre-registration programme, they should all be at an equivalent level.

At the start of their studies, speech and language therapy learners have a minimal knowledge base and limited experience in clinical practice. Speech and language therapy learners are expected to make structured observations of an individual's eating, drinking, and swallowing, including identification of EDS difficulties.

As speech and language therapy learners develop, they will experience and be able to evidence their skills and knowledge across an increasing range of competencies. Each individual speech and language therapy learner will achieve the required competency levels across the pre-registration programme. Individual profiles may differ during the course of study. Time-points for mastery of knowledge and skills may be defined by the HEI and practice placement settings, in recognition of the variation in HEI delivery and local practice placement provision.

At the point of completion of the pre-registration programme, speech and language therapy learners (referred to in this document as 'entry-level speech and language therapy learners') will evidence foundational skills and knowledge in the assessment and management of EDS, working with service users and MDTs across health, social care, and education. It is not expected that speech and language therapy learners will enter the workforce with a comprehensive knowledge of all EDS difficulties, but that they will engage in and follow the SLT EDS competency framework (2025) with appropriate supervision.

3. Guidance for development and delivery of pre-registration EDS competencies

Since September 2015, HEIs in the UK have been addressing content relating to EDS, to support speech and language therapy learners as they prepare for this part of the clinical caseload. Many parts of the curriculum already have relevant HCPC standards of proficiency for SLTs (2023) (SoPs) (see Table 1). For examples of how the practical competencies meet HCPC standards of proficiency please see Pre-registration eating, drinking, and swallowing competencies: Practice-based learning examples (2023).

Table 1: Knowledge of EDS and associated disorders mapped to HCPC SoPs for SLTs (2023)

Knowledge and competency	**HCPC Standards of Proficiency for SLTs (2023)**
Knowledge of psychological and social impact of EDS and associated disorders on the individual and families/carers	12.1, 12.9, 12.10, 13.17, 15.2
Cultural adaptations to EDS required in assessment and management planning to meet the needs of diverse populations	12.5, 12.10, 12.13 5.1, 5.2, 5.3, 5.5, 5.6, 13.20
Anatomy and physiology of the head and neck	12.1, 12.8
Neurology and neurophysiology, including the neurology of swallowing and the coordination of respiration, swallowing and phonation	12.1, 12.8
Oral motor functioning in relation to speech and EDS skills	12.1, 12.8
The normal swallow throughout the lifespan	12.1, 12.8
Atypical and disordered EDS patterns	12.8, 12.9, 12,12
Professional terminology specific to the area of EDS and	7.7

associated disorders	
Role and scope of practice of SLT working with EDS and associated disorders	1.1
Roles and scope of practice of MDT members	8.1, 8.4, 8.13, 8.14
Risk-management policies and procedures	1.2, 2.10
Ethical, legal, and service influences on decision making	5.1,5.2, 5.3, 5.5, 5.6, 2.12, 2.10
Referral processes and typical clinical pathways	13.2, 4.4
Aetiology of EDS difficulties and implications for management	12.1, 12.5, 12.8, 12.9, 12.12
Key factors to be identified from case notes and history prior to and during assessment	13.2, 13.3,
Commonly used assessments in EDS and associated disorders	13.4
Knowledge and competency	**HCPC Standards of Proficiency for SLTs**
Recognise indicators for instrumental assessment e.g. videofluoroscopy, endoscopy	13.6 13.12
Differential diagnosis and management intervention processes for service users with EDS difficulties	13.19, 13.20 13.14,
Awareness of needs of service users with complex conditions including neonates, people with tracheostomies, those who are ventilator dependant, or have rare conditions	12.12, 13.19
Signs and symptoms of oesophageal dysphagia to assist in differential diagnosis with oropharyngeal dysphagia	13.14, 13.19, 13.20
Prognostic indicators in common case presentation	13.19, 13.20
Caseload management and service delivery practices	1.2
Carer and service-user roles in management plans/intervention programmes	11.2, 7.4, 8.1,

Up-to-date, evidence-based management/intervention strategies	1.3, 4.7, 4.8,
Non-oral feeding options	8.13, 2.12

Programme learning outcomes are summarised below. It is up to each HEI to determine where and how the knowledge is delivered across the curriculum. Clear tracking of this to evidence the learning is important for the reasons outlined in Section 1.2.

3.1 Learning outcomes

3.1.1 Entry-level EDS knowledge

At the end of their pre-registration education and training, speech and language therapy learners will demonstrate knowledge of:

1. neuroanatomy and neurology involved in oropharyngeal function
2. the influence of EDS on health and general wellbeing
3. normal EDS anatomy, and physiology of the upper gastro-intestinal tract over the life span
4. factors causing or associated with EDS difficulties and the progress of conditions
5. basic principles underlying health and safety policies and procedures, and application to professional working and to service users at risk of EDS difficulties
6. the role and scope of practice of the SLT working in the area of EDS
7. the roles and scope of practice of MDT members working in the area of EDS
8. appropriate terminology in EDS and impairment, assessment, and management
9. a range of evidence-based rehabilitation and compensatory techniques
10. the need and routes for appropriate referral to other MDT members
11. the impact of local policies and procedures on case management
12. appropriate review timelines across different scenarios
13. factors to consider for discharge planning
14. indicators for appropriate instrumental assessment

15. broad issues relating to users with complex conditions including neonates, people with tracheostomies, those who are ventilator-dependant, and rare conditions and situations that require development *beyond entry-level qualification*
16. service delivery and caseload management policies and strategies, including escalation processes
17. ethical, legal, cultural and service influences on decision-making.

3.1.2 Entry-level EDS competencies

In line with all aspects of pre-registration education, there is no requirement to achieve 100 per cent mastery to "pass" the curriculum. In practice placement generally, there are items that must always be satisfied such as professionalism and safety.

At the point of completion of the pre-registration programme, speech and language therapy entry learners will evidence their knowledge and/or skills (as appropriate) on two occasions, in at least 16 out of 20 of the following competencies.

Competencies 1, 2, 9, 10 and 13 require at least one occasion to be evidenced from clinically based practice with either children or adults.

They will be able to:

1. discuss the importance of EDS and the service user's goals with the service user/family/carer
2. apply health and safety procedures related to working with service users who are at risk of, or who present with, EDS difficulties
3. identify information required from case history and referral information that will guide the service user/family/carer interviews
4. obtain detailed background information from case notes relevant to EDS
5. carry out oral facial (sensory and motor) examinations on population without EDS difficulties
6. recognise the positive and negative impacts of modifying aspects of the EDS process
7. describe the indications for and against non-oral supplementation of nutrition and/or hydration
8. recognise the signs and symptoms of oropharyngeal and oesophageal dysphagia to inform diagnostic hypotheses

9. discuss service user/family/carer perspective when taking detailed case histories relevant to EDS
10. evaluate oral, facial, and swallowing functioning of service users at risk of EDS difficulties
11. formulate hypotheses and outline possible intervention options for discussion with the practice educator
12. apply knowledge of evidence-based rehabilitation and compensatory techniques to develop person-centred intervention plans
13. explain management programmes to service users/families/carers and relevant team members
14. use appropriate assessments to observe, record and evaluate EDS patterns, including trials of proposed intervention(s)
15. synthesise information on psychological, social, and biomechanical factors with assessment findings to formulate diagnoses
16. synthesise information on psychological, social, and biomechanical factors with assessment findings to develop person-centred intervention plans
17. identify specific person-centred outcomes to support review scheduling
18. identify specific person-centred outcomes to identify appropriate discharge points
19. discuss the ethical issues associated with EDS for service users/family/carers
20. identify situations associated with EDS issues that require the initiation of safeguarding discussions.

4. Partnership in practice-based learning provision

Improving the health and wellbeing of individuals with EDS needs depends on speech and language therapy learners, academic tutors and practice educators working together effectively at the pre-registration stage, with the shared vision of enabling the future profession to meet the evolving needs of the people who use speech and language therapy services. The programme curriculum must provide a range of adequate, practical, tutored learning opportunities to enable the speech and language therapy learner to acquire, develop and refine the complex skills needed to support people with EDS difficulties.

Practice educators contribute directly to pre-registration education and training by grounding learners in the reality of the workplace, providing a range of clinical and interdisciplinary learning opportunities, making transparent the often-challenging translation of knowledge into clinical practice, and empowering learners within a framework of clearly defined learning objectives. The RCSLT expects practice educators to instil and support the reflective professional development of an SLT.

All SLTs should support practice placements on an annual basis, two years after they have qualified or after one year, provided that appropriate ongoing support is available from their own service and/or the HEI. This applies whether SLTs are employed in the NHS or elsewhere, including independent practice.

All settings providing practice placements may have service users with EDS difficulties. Programme and practice placement providers should endeavour to consider all speech and language therapy services as potential practice placement opportunities and offer SLTs the support they need to become practice educators and work with learners in their services. Engagement in activities, from observation to clinical assessment and intervention, all support the learner in considering the whole person with a communication and/or an EDS difficulty or difference.

4.1 Recommended practice placement hours

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.** Hours devoted to EDS experience form part of the existing requirement for practice-based learning in the RCSLT Curriculum guidance (2025). 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).

4.2 Practice placement-specific activities

This section includes activities that speech and language therapy learners may undertake to meet the specified competencies. SLTs work with service users who present with EDS difficulties across a wide range of conditions and service settings. Learners need to evidence learning about and have the opportunity to develop skills in working with service users who are born with, develop, or acquire EDS difficulties across the lifespan, and in a broad range of settings, where possible.

The degree of supervision required by speech and language therapy learners at any point of the clinical education programme will vary according to the service user, the service provider and the level of competency of the learner. The type of experience gained will vary according to the

setting. Where possible, opportunities such as observing instrumental assessments, and videofluoroscopic and endoscopic swallow studies, are beneficial for learners.

Speech and language therapy learners are required to keep detailed records of their EDS experiences and skill development and make these available to practice educators to sign and indicate that the learner has accurately evidenced their learning. This will also support progression of learning across the duration of the pre-registration SLT programme and provide appropriate evidence that entry-level knowledge and skills have been acquired.

The HEIs are responsible for ensuring that learner knowledge and skill development is evidenced to the level required to complete the pre-registration SLT programme, and to meet the requirements for professional audit.

This document assumes that entry-level competency equates to the knowledge and skills of an NQP. Entry-level learners will require the same level of support with respect to EDS as they do in all other areas of practice, although will need to evidence sign off of all of the Foundation level competencies (link to RCSLT EDS Competency framework 2025) and be starting to achieve some of the competencies at the Proficient level, before they can work autonomously with service users.

4.3 Practice placement-specific activities across speech and language therapy learner competency development

Activities should be matched to the competency levels of the speech and language therapy learners as they progress through each practice placement. Learners must inform practice educators of their competency levels in EDS and associated disorders as part of their practice placement preparation. Speech and language therapy learners should identify areas of learning for focused/further development to discuss with each practice educator.

4.3.1 Early competency development

At the start of their studies, speech and language therapy learners have a minimal knowledge base and limited experience in clinical practice. The speech and language therapy learner is expected to make structured observations of an individual's eating and drinking, including identification of EDS difficulties. Observations are recommended in all areas of clinical activity

and in all settings.

Suggested practice-placement activities for learners at this level can include evidence of:

1. Observation of people, including those with EDS difficulties, to develop awareness of the impact of difficulties in this area on daily living, and understanding of:
    a. the interplay of social interaction and communication with EDS difficulties
    b. the effects of environment, posture, and cognitive and behavioural function on EDS
    c. eating/feeding techniques/adaptations.

2. Observation of the practice educator/experienced clinician when they:
    a. obtain relevant information from medical and nursing notes and/or referral letters
    b. take case histories from service users/families/carers
    c. carry out structured clinical EDS assessments
    d. carry out EDS-associated interventions
    e. provide feedback to service users and/or families/carers
    f. provide feedback to other professionals
    g. document findings of assessment and management sessions.

3. Observation of other team members working with service users/families/carers on areas related to EDS management, such as positioning, diet, etc.

Speech and language therapy learners should carry out tasks to prepare them for active involvement in the assessment and management of service users with EDS difficulties, e.g. developing familiarity with utensils and materials used in swallowing assessment/feeding sessions, assisting SLTs in preparing for assessments, and practising techniques observed with peers.

4.3.2 Competency progression

As speech and language therapy learners progress, they will acquire the knowledge and skills to participate in a range of contexts. Speech and language therapy learners will need guidance and supervision to ensure that their competencies develop, transfer, and stabilise across a range of service user needs and contexts. Speech and language therapy learners may need direction and guidance to link assessment findings to management plans.

Learners should actively research to link theory to practice prior to, and during the practice placement experience. As they develop their competencies, they will benefit from the inclusion of the following:

1. outline of service user groups with EDS difficulties likely to be encountered on the practice placement
2. service provider-specific assessment procedures/protocols/support materials and recommended readings.

While on practice placement, speech and language therapy learners should (with supervision as required) be able to provide evidence that they can:

1. participate in informed discussion with practice educators on the importance of cultural humility around EDS considerations for each individual service user
2. identify information required to guide assessment planning
3. obtain relevant information from case notes
4. expand on background information through case histories from service users and families/carers and discussion with relevant professionals
5. identify and implement appropriate EDS examinations
6. share information on findings with service users/families/carers and relevant others
7. write draft case notes and draft evaluation reports and recommendations for management of service users' EDS
8. carry out EDS therapy programmes initiated by the practice educator
9. participate in informed discussion with the practice educator on medical, legal, and ethical considerations, including the concepts of autonomy, consent, and capacity
10. write guidelines for nursing and other professional staff/families/carers
11. share information at MDT meeting/ward round regarding assessment findings.

4.3.3 Entry level

At the point of completion of the pre-registration programme, entry-level speech and language therapy learners will present evidence of knowledge and skill development in the assessment and management of EDS, working with service users and MDT across a range of settings including health, social care, and education. Entry-level learners will require the same level of support with respect to EDS as they do in all other areas of practice. They should complete the foundation level of the SLT EDS competencies before working autonomously.

4.4 Assessment of learner competency levels

Learning is evaluated through a range of formats, as designed by individual HEIs. This evaluation follows the acquisition of knowledge and skills developed through a range of formats, including lectures, case-based exercises, video learning, preclinical skills workshops and practice-based learning. Learners should evidence their knowledge and skill development against a minimum of 16 out of the 20 pre-registration EDS competencies.

The certifying practice educator for each item may be a member of the HEI staff or a clinical partner, as appropriate. Each competence needs to be verified twice. The practice educator will confirm that the learner has appropriately evidenced the competence in their setting on one occasion with a non-complex case (where relevant). If seen on another occasion within the same setting the competency can be evidenced twice. The level of support provided by the educator should reflect the student's stage on the course. As these skills all need to be formally evidenced in relation to the Foundation level of the RCSLT EDS competencies, there is no specific level of competence expected at the pre-registration level. Levels of knowledge and skill development will vary with each learner. The evidence that the learner provides should accurately describe their exposure and experience against the specific competence.

At the point of completion of the pre-registration programme, speech and language therapy entry-level learners will have achieved at least 16 out of 20 of the EDS competencies as certified by the HEI and/or associated practice educators.

Speech and language therapy learners must retain their own documents that evidence their learning, i.e. a detailed hours log, the competency framework (These are to be included in their professional portfolio for the duration of the clinical education programme (see section 4.2).

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Appendix 1: Sources consulted during the development of the EDS guidance

Description of source (in alphabetical order)
Other professional bodies
American Speech-Language-Hearing Association (ASHA)
Irish Association of Speech and Language Therapists (IASLT)
New Zealand Speech-language Therapists' Association (NZSTA)
Speech-Language and Audiology Canada (SAC)
Speech Pathology Australia (SPA)
Other sources
All Wales speech and language therapy dysphagia training and competency programme (2019)
IASLT standards of practice for speech and language therapists on the management of feeding, eating, drinking and swallowing disorders (dysphagia) (2012)
IASLT the management of feeding, eating, drinking and swallowing disorders/dysphagia – outline of pre-entry clinical education 2010-2014 (2010)
RCSLT dysphagia training and competency framework (2014)
University of Ulster dysphagia curriculum guidance (2020)

Appendix 2: EDS competencies profile evidence

To show the development of the competency profile, speech and language therapy learners take responsibility for ensuring that a relevant member of HEI staff or practice educator(s) signs and dates their evidence of each competence. Signatories should be relevant HEI staff or speech and language practice educators (i.e. not from other disciplines). Examples of EDS activities for each competency can be found here.

EDS competence: speech and language therapy learner is able to	Learner Evidence	SLT Signature and date
1. discuss the importance of EDS and the service user's goals with the service user/family/carer		
2. apply health and safety procedures related to working with service users who are at risk of, or who present with, EDS difficulties		
3. identify information required from case history and referral information, that will guide the service user/family/carer interviews		

4. obtain detailed background information from case notes, including cultural, social and psychological factors, relevant to EDS		
5. carry out oral facial (sensory and motor) examinations on population without EDS difficulties		
6. recognise the positive and negative impacts of modifying aspects of the EDS process		
7. describe the indications for and against non-oral supplementation of nutrition and/or hydration		
8. recognise the signs and symptoms oropharyngeal and oesophageal dysphagia to inform diagnostic hypotheses		
9. discuss service user/family/carer perspective when taking detailed case histories relevant to EDS		
10. evaluate oral, facial, and swallowing functioning of service users at risk of EDS difficulty		

11. formulate hypotheses and outline possible intervention options for discussion with the practice educator		
12. apply knowledge of evidence-based rehabilitation and compensatory techniques to develop person-centred intervention plans		
13. explain management programmes to service users/family/carers and relevant team members		
14. use appropriate assessments to observe, record and evaluate EDS patterns, including trials of proposed intervention(s)		
15. synthesise information on psychological, social, and biomechanical factors with assessment findings to formulate diagnoses		
16. synthesise information on cultural, psychological, social, and biomechanical factors with assessment findings to develop person-centred intervention plans		

17. identify specific person-centred outcomes to support review scheduling		
18. identify specific person-centred outcomes to identify appropriate discharge points		
19. discuss the ethical issues associated with EDS for service users/family/carers		
20. identify situations associated with EDS difficulties that require the initiation of safeguarding discussions		

Explanation of terms

To ensure clarity, the RCSLT has provided an explanation of terms frequently used within this document:

Carer	Refers to paid carers, volunteer carers or family members.
Core capabilities	The five core areas that express the profession's vision for the current and future capabilities, which are essential to the practice of every SLT.
Competency	A professional competency can be described as an integration of knowledge, understanding, and subject-specific skills and abilities that are used by a person to function according to the demands that are put upon them in the specific speech and language therapy context.
Cultural humility	A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities.
Learner	This document uses the term 'student' minimally. The preferred term is 'learner', as this is used by the Health and Care Professions Council (HCPC). It allows for greater flexibility when describing learners in different entry routes into the profession (e.g. apprenticeships). The term 'learner' also fits with the concept of lifelong learning.
Mutual recognition agreement	An international agreement by which two or more countries agree to recognise one another's conformity assessments, such as equivalency of education and professional regulation standards, to enable easier transition for SLTs wishing to practise abroad.
Usually	This pertains to the RCSLT best practice or preferred position. It is appreciated that there may be factors beyond the programme provider's control that prevent the following of the guidance. If this were the case, the RCSLT would seek explanation regarding the alternative strategies implemented by the higher education institution (HEI) to meet the accreditation requirements.
Practice placement	The period(s) of study undertaken by learners as a formal element of their speech and language therapy pre-registration training, based within a working environment (including HEI-based clinics, as well as those outside the academic institution).

Practice educator	A registered SLT with overall responsibility for facilitating the education of the learner SLT while they are on practice placement. The term 'practice educator' is applied in varying ways by each health and care profession. However, while its application may vary at local level, with regard to this document all parties recognise the following statement to be true: A practice educator is a registered SLT who supports learners in the workplace. They facilitate practice-based learning alongside clinical and academic colleagues. In addition, the practice educator is likely to hold responsibility for signing off competency and assessment criteria, based upon the standards produced by the education provider and relevant professional body, although it is recognised that local models of delivery and assessment will apply. Generally, it is the practice educator who holds responsibility for ensuring that the contributing elements of a practice placement cover all relevant learning outcomes necessary for the learner.
Services	Any relationship between clinician and service user that draws on the knowledge and skills of the registered SLT. It includes those working in independent practice, in academic roles and in management roles.
Service user	A broad term to refer to those who use the services of SLTs (directly or indirectly). This term may also include the family of the service user in some contexts. Different settings use different terms to indicate the service user, e.g. in schools, the service user is usually known as 'the child'; in hospitals, it is usually 'the patient'; and, in some settings, 'the client'.

Abbreviations and acronyms

CPD	Continuing professional development

EDS	Eating, drinking, and swallowing
HEE	Health Education England
HEI	Higher education institution
HCPC	Health and Care Professions Council
MDT	Multi-disciplinary team
NHS	National Health Service
RCSLT	Royal College of Speech and Language Therapists
SLT	Speech and language therapist
SoP(s)	HCPC Standard(s) of proficiency for speech and language therapists
UK	United Kingdom of Great Britain and Northern Ireland

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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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