

Royal College of Speech and Language Therapists

Scope of practice

November 2025

1. Who are we?

Speech and language therapists (SLTs) are degree qualified, HCPC-registered clinicians who are the specialists in speech, language and communication, eating, drinking and swallowing disorders. They are one of the allied health professions.

Speech and language therapists lead on the assessment, differential diagnosis, intervention with and management of people with speech, language and communication, eating, drinking and swallowing disability, difficulty and difference (hereafter 'difficulty'), alongside their families and carers.

Where appropriate, and with the person's or their carer's informed consent, the speech and language therapist will liaise and work closely with other agencies and professionals in a multi-disciplinary team, for example health, education or social care.

The speech and language therapy non-registered support workforce are integral members of the speech and language therapy team, employed to act in a supporting role under the direction of a professionally qualified speech and language therapist.

The profession aspires to be a culturally responsive and diverse workforce which reflects the population of the whole United Kingdom and takes due account of equity, diversity and belonging.

This document should be read alongside the [HCPC standards on scope of practice](#) and the relevant section of the [RCSLT Professional Development Framework](#).

2. What roles do we undertake?

Speech and language therapy occupational roles may include many more than being a clinician. An SLT may be a manager, researcher, educator, leader, innovator, advocate or influencer.

Whilst an individual SLT may have a primary focus on one of these areas, each practitioner is likely to be involved in many of the following:

- health promotion work and public outreach focused on identified groups or populations, co-produced with people with lived experience
- prevention work focused on identified groups or populations, particularly underserved communities
- assessment and differential diagnosis of speech, language and communication, eating, drinking and swallowing difficulties
- intervention focused on the person with speech, language or communication, eating, drinking or swallowing difficulties.

More specifically:

- Provision population, universal, targeted or specialist level
- 1:1 therapy including telehealth and remote support
- Group therapy
- Advising carers
- Advocacy for rights, dignity and equitable access
- Consultancy (e.g. Expert medico-legal practitioner; second opinions)
- Professional Advice
- Learning and Education
- Training and assessment of SLT students and the SLT support workforce
- Training of volunteers and other members of the team
- Teaching
- Lecturing
- Peer review
- Peer support including formalised support of newly qualified practitioners
- Supervision, audit and performance management
- Service management
- Research
- Quality assurance and governance
- Working within a team
- System level contributions.

Speech and language therapists need to maintain a clear sense of their personal and ethical scope of practice and competence.

Speech and language therapists need to remain clear when it is appropriate to refer on, to seek further advice or to seek training to maintain and extend safe, evidence-based practice in line

with HCPC guidance.

Advanced, enhanced and consultant roles may formally broaden or add to an individual's scope of practice. This involves taking on additional roles in relation to identified client groups that might previously have been undertaken by other professional groups in line with the pillars of advance practice.

3. Who do we work with?

- Children, young people, adults and older adults with speech, language and communication, eating, drinking and swallowing difficulties associated with:
 - diagnosed genetic and medical conditions
 - physical trauma / acquired conditions
 - developmental conditions
 - mental health
 - learning disability
 - speech
 - voice
 - stammering and cluttering
 - language
 - psychologically based communication disorders
 - receptive communication, sensory losses associated with hearing loss and d/Deafness
 - social skills
 - problem solving
 - literacy
 - eating, drinking and swallowing difficulties
 - Alternative and Augmentative Communication (AAC)
- Parents and families, caregivers, communication partners, friends and colleagues of people with speech, language and communication, eating, drinking and swallowing disorders
- Employers
- The general public and the community
- Volunteers
- Other professionals including:
 - Allied Health professionals
 - doctors, medical and surgical consultants, GPs
 - social workers
 - early years workers

- teachers
 - the support workforce including bilingual co-workers
 - interpreters
 - nurses
 - psychologists
- Speech and language therapy students and apprentices

4. Where do we work?

Speech and language therapists may work in a wide variety of settings.

- Education
- Health and social care
- Legal system
- Voluntary, non-profit and charitable organisations, community interest companies, social enterprises
- Universities

Many speech and language therapists work wholly or partly in independent practice.

5. What difference can a speech and language therapist make?

Speech and language therapists have a duty to demonstrate the impact that they make. This may be preventative, palliative or supportive.

- Improvement in general health and well-being and quality of life
- Increased independence
- Improved participation in family, social, occupational and educational activities
- Improved social and family relationships and self-efficacy
- Reduction in the effects of communication difficulty and the harm or distress this may cause to the individual and others
- Reduced risk of surgical intervention and poor nutrition
- Reduced health risks and length of hospital stay through the prevention of respiratory problems
- Reduced risk of surgical intervention by maintaining healthy voice mechanisms
- Reduced effect on educational outcomes
- Reduced risk of social isolation

- Prevention or early identification of certain speech, language and communication, eating, drinking and swallowing difficulties
- Diagnosis of speech, language and communication, eating, drinking and swallowing difficulties
- Maintenance of optimal communication and/or swallowing abilities
- Improvement in people's speech, language, communication abilities
- Improved use of existing function
- Reduction of communication anxiety and avoidance through trauma informed and culturally sensitive approaches
- Provision and use of alternative or augmentative communication where oral communication is limited or precluded
- Improvement in interaction and effective social communication appropriate to a person's neurodiversity
- Increased awareness on the part of others regarding speech, language and communication, eating, drinking and swallowing difficulties, intervention and management
- Improved communication environments
- Greater opportunities for communication
- Improvement in a person's understanding of the nature and implications of a speech, language or communication, eating, drinking or swallowing difficulties.

6. How are speech and language therapy services provided?

All intervention is delivered based on ongoing assessment and review of progress with the individual (and/or carer as appropriate).

Various approaches or models of working have been developed to meet the needs of individuals and context.

The following are key principles guiding the provision of services:

- The rights, wishes and dignities of each individual and their carers are respected at all times.
- Effective intervention is based on a holistic understanding of the individual, including their social, cultural, economic, political and linguistic context and exercising cultural humility.
- The physical, psychological and emotional safety of the person is paramount.
- Speech and language therapy intervention aims to be efficient with the best results within given resources.
- Intervention is person-centred, co-designed and strives for equality.
- Intervention takes place in accessible and barrier free environments.

Speech and language therapy services may operate at three levels:

- The level of the person (working with individuals)
- The level of their environment (working with people, processes or settings)
- The level of the wider community (influencing attitude, culture, practice and dismantling systemic barriers)

The form of intervention will vary according to the changing needs of the individual and contexts. It should aim to be co-created, relevant, achievable and factor in the person's values, cultural norms and linguistic identity.

Speech and language therapy works to encourage individual autonomy and to discourage dependency on the therapist.

Intervention aims should be relevant, achievable, time-bound and likely to have the greatest impact on daily life.

Services should be provided in settings that will most readily facilitate the development of communicative function.

Speech and language therapy services should be planned and developed with reference to current evidence-based practice, research findings, user perspective and expert opinion.