

Artificial Intelligence principles for safe and ethical practice in speech and language therapy

DRAFT FOR CONSULTATION

16 February 2026

Information contained within this document is for consultation only and should not be shared outside of this.

The information in this document is currently in development and has been shared as part of a consultation. If you are seeking guidance or information on this topic, please ensure you refer to final published content which can be found on rslt.org.

We appreciate any comments provided to us during the consultation, all of which will be reviewed. We ask that, where possible and relevant, you accompany any counter arguments to statements made in the document with supporting evidence e.g. a research reference.

Thank you for your support with this project.

Introduction

Artificial intelligence (AI) is already appearing in many speech and language therapy workplaces. Speech and language therapists (SLTs) have asked for straightforward guidance about how to use AI safely, and how to judge whether something is clinically appropriate. RCSLT wants to help members understand both the opportunities and the risks, and to make sure that any use of AI is clinically appropriate, ethical and safe.

RCSLT has a growing set of resources to support members. These include:

- [Our AI information hub](#) with articles, updates and links to further learning
- We also have an [introductory e-learning course](#) that gives a clear overview of what AI is (and isn't)
- We've **hosted podcast episodes** on AI in SLT and in health more widely:
 - [Using Generative AI in speech and language therapy](#)
 - [How is AI being used to support people with aphasia](#)
 - [What is the role of Artificial Intelligence in AAC](#)
 - [What's happening at the juxtaposition of AI and speech and language therapy](#)
- We are working with a group of members exploring AI in real clinical settings. They have set up a Clinical Excellence Network (CEN) and are open to new members if this would support local discussions in your service
- [Agreed AI principles for AHPs in Education](#)

These principles are intended to complement university policies on the ethical use of generative artificial intelligence in education, including the Russell Group principles on the use of generative AI tools in education¹ and the AHPF Principles for AI and Education². They provide profession-specific guidance for speech and language therapy, with particular emphasis on clinical safety, equity, consent, accountability, and information governance.

Used well, AI has the potential to transform aspects of speech and language therapy practice. It may reduce administrative burden, improve access to information, enhance the development and adaptation of therapy resources, and improve consistency and quality in documentation and communication. AI may also support service planning, evaluation and professional learning, enabling clinicians to spend more time on the relational, responsive and skilled aspects of therapy that matter most to service users.

These principles are intended to help members use AI confidently, ethically and responsibly. They are designed to support innovation and learning across the profession, while ensuring that

¹ Russell Group (2023). Principles on the use of generative AI tools in education.

<https://www.russellgroup.ac.uk/sites/default/files/2025-01/Russell%20Group%20principles%20on%20generative%20AI%20in%20education.pdf>

² Allied Health Professions Federation (AHPF) (2025). *AHPF Principles for Artificial Intelligence and Education*. July 2025.

https://www.ahpf.org.uk/files/Final%20AHPf%20AI%20for%20Education%20Principles_July%202025.pdf

the use of AI remains clinically justified, safe and aligned with the values at the heart of speech and language therapy.

Speech and language therapy is fundamentally relational and centred on human communication, interaction and trust. While AI tools may support aspects of assessment, planning or service delivery, they cannot replace the human connection, responsiveness and professional judgement that sit at the heart of effective speech and language therapy. These principles are intended to ensure that the use of AI supports safe, effective and efficient practice, while protecting human oversight and responsive communication central to speech and language therapy.

Who are these principles for?

These principles are designed to help SLTs think through the safe and ethical use of AI in their everyday work. They are not a replacement for clinical judgement, local governance processes or HCPC and RCSLT professional standards. Instead, they offer a framework for asking the right questions when new tools or systems are introduced.

How might the principles be used?

They can be used by individual clinicians, teams and service leads when deciding whether an AI tool is clinically appropriate, how risks should be managed, and what support or training is needed. Services may also use them when reviewing digital systems, planning procurement or contributing to organisational policy.

The principles

1. Transparency

- SLTs must be clear with patients, families, staff, and partner services about when and how AI tools are being used.
- People should know what data the AI tool collects, how it is used, and whether any information leaves the organisation.
- AI-generated material used in reports, therapy resources, or assessments should be clearly identifiable, so clients and colleagues understand what has been produced by AI.
- Generative AI tools can increase the risk of plagiarism and academic misconduct if used inappropriately. Where AI tools are used by students in academic or clinical training contexts, their use must be transparent and appropriately acknowledged, in line with university policies on academic integrity, informed by the Russell Group principles on the use of generative AI in education and the AHPF Principles for AI and Education.

2. Need and Purpose

- AI tools should only be used in practice when they offer a real, demonstrable benefit, and not simply because they are available.

- SLT services should evaluate whether AI genuinely improves access, timeliness, efficiency, or outcomes for the needs of the people they serve.
- AI must not substitute SLT clinical reasoning especially when human relational judgement is required (such as sensitive conversations and safeguarding).
- AI may be particularly valuable where it helps address workforce pressures, improves access to support, or enables clinicians to focus more time on direct therapeutic work.

3. Safety

- AI tools used in SLT must meet appropriate clinical and medical-device standards before deployment.
- Any AI-enabled tool used to support diagnosis, assessment or treatment must comply with applicable UK medical-device regulations, including CE or UKCA marking where required.
- SLTs and service users should be involved in evaluating the safety, clinical suitability, and potential unintended consequences of AI tools used in speech and language therapy.
- Where AI tools operate outside SLT oversight (for example, commercial offers or AI therapy apps), services should clearly explain known limitations, risks and appropriate use to service users and families.

4. Effectiveness

- AI tools may produce outputs that appear fluent, confident or authoritative but are incorrect, incomplete or misleading. SLTs must be alert to risks such as hallucinations, over-generalisation, reduced accuracy for under-represented groups and false reassurance.
- When used critically and with professional oversight, AI outputs can support clinical reflection, resource development and service improvement, rather than acting as standalone sources of truth.
- AI tools should only be used where there is robust evidence, demonstrating improved or equivalent outcomes for the intended SLT population
- Effectiveness should be monitored over time to ensure AI supports, rather than undermines, communication participation, therapeutic relationships and functional outcomes.
- SLTs must understand the limitations of AI tools — including reduced accuracy in:
 - multilingual contexts

- atypical speech patterns
- speech that differs from the training data

5. Equity and Bias

- AI tools must be checked regularly for linguistic, cultural, or demographic bias, including bias against speakers of regional accents, bilingual children, AAC users, or those with atypical speech profiles.
- When an AI tool introduces unexpected unequal impact, SLT services must act promptly to identify, mitigate, and adjust practice.
- AI must not exacerbate inequalities in access to therapy for families affected by poverty, digital exclusion, or communication barriers.
- When selected and monitored carefully, AI tools may also offer opportunities to improve accessibility, consistency and inclusion across services, particularly where resources are limited.

6. Confidentiality

- AI tools can be used safely within speech and language therapy where robust information-governance arrangements are in place and data protection requirements are met.
- SLTs must ensure AI tools protect the confidentiality of sensitive data.
- No identifiable client information — including names, case details, speech samples, transcripts, audio recordings, video recordings, assessment data or personal details must be entered into AI tools unless the system has been formally approved for secure clinical use in line with organisational information-governance requirements.
- Confidentiality applies to all client-specific information gathered in SLT practice, regardless of format or medium.

7. Information Governance

- AI tools must comply with GDPR and local data protection policies, especially when processing audio, video, and transcribed language data.
- Clear organisational policies and guidance can support SLTs to use AI tools appropriately and with confidence, reducing uncertainty about acceptable use.
- SLTs must not upload identifiable or re-identifiable clinical content to public, consumer or unregulated AI tools, including large language models or speech and image

recognition tools, where data may be stored, reused for training or accessed outside organisational control.

- SLTs remain professionally accountable for any breach of confidentiality or data protection arising from the use of AI tools.
- Intellectual property must be respected when using AI tools to generate therapy materials or resources.

8. Sustainability

- SLT services should consider the environmental impact of digital systems, including server usage, device replacement and energy consumption and incorporate AI within wider sustainability strategies.
- Digital technologies used in SLT should form part of a wider organisational sustainability strategy.

9. Consent and Choice

- Service users and/or their representatives must provide informed consent for the use of AI tools in their care.
- Clear discussion about the use of AI can support shared decision-making and help service users feel informed and involved in how their support is delivered.
- Clients should have the option to receive support directly from a speech and language therapist and should not be required to use an AI-supported tool as a substitute for appropriate SLT input.
- Co-production with service users should be prioritised when designing, selecting or evaluating AI tools that influence their support, wherever possible.

10. Clinical Accountability

- SLTs remain accountable for all clinical decisions, even when AI tools contribute information, analysis, or recommendations.
- Service users should understand how their support can be escalated to a registered speech and language therapist if needed.
- Services should be transparent when AI is used without human oversight and clarify where accountability lies.
- AI must not replace human interaction, relational judgement or the responsive use of language that is central to speech and language therapy practice.

11. Scope of Practice and Training

- SLTs must only use AI tools within their competence and scope of practice, understanding how the tool works and its limitations.
- Employers should provide sufficient training and professional development so SLTs can use AI tools safely and interpret outputs appropriately.
- Use of AI tools must not replace professional SLT judgement or result in clinicians working beyond their training.
- This includes supporting students and newly qualified practitioners to develop AI literacy and critical understanding of AI tools as part of their professional education and transition into practice.
- Developing AI literacy is increasingly part of modern professional practice and can support SLTs to engage critically and confidently with emerging tools.

12. Organisational Governance

- Employers must involve SLTs and relevant stakeholders early when introducing AI into services.
- Introduction of AI must include:
 - risk assessments
 - equality impact assessments
 - pilot or evaluation activity
 - consultation with staff
 - clear incident reporting processes
- Organisations must ensure AI adoption aligns with legal duties, workforce safety, and clinical governance frameworks.

Conclusion

RCSLT recognises that many speech and language therapists are already using AI thoughtfully and responsibly, and these principles are intended to support and strengthen that professional judgement as practice continues to evolve. These principles are intended to support safe, ethical and clinically sound use of AI in speech and language therapy. As technologies develop, the RCSLT will continue to review the evidence and update this guidance. Members are encouraged to apply these principles alongside local governance processes, professional judgement and the needs of the people they support.