Artificial intelligence (AI): principles for safe and ethical practice in speech and language therapy

Introduction

Artificial intelligence (AI) is already being used by speech and language therapists (SLTs), services and the people we support. 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.

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, support research and improve documentation and communication. AI may also support service planning, evaluation and professional learning. This can enable clinicians to spend more time on the relational and responsive aspects of the support they provide, that matter most to individuals, families and partners.

The use of AI also has wider implications that should be considered alongside clinical benefit and necessity. These include issues such as environmental impact, data privacy, bias and inclusion, and the potential impact on professional roles and decision-making. A balanced and proportionate approach is needed, recognising both the risks and the opportunities that AI presents.

SLTs also have an important role beyond using AI safely in their own practice. As a profession with specialist expertise in communication, we are well placed to influence how AI tools are designed, developed and implemented. This includes advocating for accessibility, ensuring that diverse communication needs are represented in datasets and systems, and contributing to the development of tools that are inclusive, effective and relevant for the people we support.

It is also important to recognise that people with communication and swallowing needs are increasingly using AI tools independently to support their communication, access and participation. As this becomes more common, SLTs have a role in helping individuals and families to understand how these tools can be used safely and appropriately, including their benefits, limitations and potential risks.

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

What do we mean by artificial intelligence?

Artificial intelligence (AI) is an umbrella term used to describe a range of technologies that can perform tasks typically requiring human intelligence, such as generating text, recognising patterns, analysing data or supporting decision-making.

In speech and language therapy, AI may take several different forms. These include:

- **General-purpose AI tools**
  Tools such as large language models (eg ChatGPT, Copilot or similar systems) that can generate text, summarise information or support administrative tasks. These are widely accessible and not designed specifically for clinical use.
- **Specialist clinical AI tools**
  Technologies developed for health or speech and language therapy contexts, such as tools that analyse speech and language data, support assessment, or generate therapy materials. These may be subject to additional clinical validation or regulation.
- **AI embedded within existing systems**
  AI features that are built into software already used in practice, such as electronic patient record systems, documentation tools, or communication aids (AAC). These may not always be visible as 'AI' but still require the same level of critical oversight.

Different types of AI present different levels of risk, reliability and clinical applicability. These principles are intended to support SLTs to apply professional judgement across all of these contexts, rather than treating AI as a single, uniform technology.

RCSLT resources and support

RCSLT has a growing set of resources to support members. Keep checking the AI information hub to find out the latest information.

- Our AI information hub with articles, updates and links to further learning
- An introductory e-learning course that gives a clear overview of what AI is (and isn't)
- Podcasts on AI in speech and language therapy 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
- RCSLT supported the development of AI principles in Education as part of the Allied Health Professions Federation: Agreed AI principles for AHPs in Education

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.

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 education[1] and the AHPF Principles for AI and Education[2]. They provide profession-specific guidance for speech and language therapy, with particular emphasis on clinical safety, equity, consent, accountability, and information governance.

These principles should be applied alongside local organisational policies, including those set by employers, NHS boards or partner organisations. SLTs remain responsible for ensuring that their use of AI aligns with relevant workplace guidance, information governance requirements and professional standards.

The principles

1. Transparency

- SLTs must be clear with the people they support, their families, colleagues, and partner services about when and how AI tools are being used, where this is relevant to care, decision making, clinical risk or the processing of personal data.
- The level of transparency should reflect how AI is being used, the level of risk involved, and whether it affects personal data, clinical decisions or individual care. This should always align with relevant legal, organisational and professional requirements.
- People should know what data the AI tool collects, how it is used, and whether any information leaves the organisation.

[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

- AI-generated material used in assessments and reports should be identifiable, where it meaningfully contributes to clinical context, 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. This should be 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 where they provide a clear and meaningful benefit.
- SLT services should evaluate whether AI genuinely improves access, timeliness, efficiency, or outcomes for the needs of the people they support.
- AI must support, not substitute, SLT clinical reasoning. SLTs remain responsible and accountable for all clinical decisions and must ensure that any use of AI aligns with their scope of practice, professional standards and local governance processes. This is particularly important where relational judgement is required (such as sensitive conversations and safeguarding).
- AI may add value in supporting efficiency, access to support or enabling clinicians to focus more time on the relational, responsive and skilled aspects of their work.
- Where people are using AI tools independently, SLTs should be aware of the potential use of these tools and, where relevant to their care, support understanding of their purpose, benefits and limitations.

3. Safety

- AI tools used in SLT should be selected and used in a way that reflects their level of risk, intended purpose and the context in which they are used. Not all AI tools carry the same level of clinical risk, and this should be considered when determining appropriate safeguards. For example, tools used to support administrative tasks or resource development may require different safeguards from those that use identifiable information, assessment, diagnosis or treatment.
- Any AI-enabled tool used to support diagnosis, assessment or treatment must meet appropriate clinical and medical-device standards before deployment and comply with applicable UK regulations (including CE or UKCA marking where required).

- SLTs and the people they support 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), SLTs and services should clearly explain known limitations, risks and appropriate use to the people they support and their families.

- SLTs remain responsible for the safe use of AI in their practice and should ensure that any tool is used within professional, organisational and regulatory requirements.

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 (where AI generates false or fabricated information), 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. All outputs should be reviewed and verified by the SLT before use.

- AI tools should be used where there is appropriate evidence or a clear rationale for their use, taking into account the level of risk and the context in which they are applied.

- 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

  (This is not an exhaustive list)

5. Equity and bias

- AI tools should be selected and used with an awareness that they may reflect linguistic, cultural, or demographic bias. This may affect speakers of different accents and dialects, bilingual people, AAC users, or those with atypical speech profiles.

- SLTs should remain alert to the potential for unequal impact (ie when they are less accessible or accurate for some groups, particularly where communication may not be

well represented in training data) and take action to identify, mitigate, and adjust practice accordingly.

- AI must not exacerbate inequalities in access to therapy for families affected by poverty, digital exclusion, or communication barriers.

- When selected and used 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 that their use of AI tools aligns with organisational information governance and data protection requirements and protects the confidentiality of sensitive data.

- Identifiable client information — including names, case details, speech samples, transcripts, audio recordings, video recordings, assessment data or personal details, must not be entered into AI tools unless the system has been formally approved for secure clinical use in line with organisational information-governance requirements.

- This is particularly important when using publicly available or consumer AI tools (such as general purpose AI systems), which may process or store data in ways that are not suitable for confidential clinical information.

- Confidentiality applies to all client-specific information gathered in SLT practice, regardless of format or medium.

7. Information governance

- AI tools must be used in line with GDPR and local data protection policies, information governance and digital security requirements, particularly 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 (ie information that could directly identify a person or could be combined with other details to identify them) to publicly available or unregulated AI tools. This includes 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 their use of AI and any breach of confidentiality or data protection arising from the use of AI tools.

- Intellectual property and copyright must be respected when using AI tools to generate therapy materials or resources.

8. Sustainability

- SLT services and clinicians should be aware that digital technologies, including AI, have an environmental impact, including significant energy and resource use, through data storage, water consumption and device production and disposal.

- The environmental impact of AI varies depending on how it is used. SLTs should consider whether the benefit of using AI is proportionate to the task and avoid unnecessary or low-value use.

- When used appropriately, AI may support efficient ways of working, reduce unnecessary resource use and contribute to wider sustainability goals.

- Digital technologies used in SLT should form part of a wider organisational sustainability strategy.

9. Consent and choice

- SLTs should seek informed consent where the use of AI directly influences assessment, clinical decision making, therapeutic interaction, or the use of personal data.

- Clear discussion about the use of AI can support shared decision-making and help the people SLTs support to feel informed and involved in how that support is delivered. This should take account of communication needs and be accessible and meaningful.

- Clients should have the option to receive support directly from an SLT and must not be required to use an AI-supported tool as a substitute for appropriate SLT input.

- Cultural, personal and individual preferences regarding the use of AI should be respected.

- Co-production with the people SLTs support 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. AI may support clinical thinking but must not replace SLT clinical judgement, diagnostic interpretation or therapeutic decision making. Responsibility for clinical decisions remains with the SLT and cannot be delegated to AI tools.

- AI should be used with appropriate human oversight. The people SLTs support should understand how AI is used in their care and that a registered SLT remains responsible for all clinical decisions.

- AI must not replace human interaction, relational judgement or the responsive use of language that is central to speech and language therapy practice.

- SLTs should use AI in a way that maintains their professional knowledge, critical thinking and clinical skills, and be aware that over-reliance on AI tools that may lead to skill erosion over time.

11. Scope of practice and training

- Developing AI literacy is an essential part of modern professional practice and supports the safe and effective use of AI in speech and language therapy.

- SLTs must only use AI tools within their competence and scope of practice and understand how tools work, their limitations, and the context in which they can be used safely.

- Employers should provide sufficient training and professional development to support a baseline level of AI literacy, enabling SLTs to 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 or competence.

- This is a rapidly evolving area. SLTs at all stages of their career should engage in ongoing learning and critical reflection as AI tools and their use in practice continue to develop.

12. Organisational governance

- Employers must involve SLTs and relevant stakeholders early when introducing AI into services.

- Introduction of AI must include:
    - appropriate risk assessments
    - equality impact assessments
    - pilot or evaluation activity
    - consultation with staff
    - sustainability assessment
    - clear incident reporting processes.

- Organisations must ensure that AI adoption aligns with legal duties and existing clinical, organisational and workforce governance frameworks, including appropriate clinical safety and digital governance processes.

Conclusion

RCSLT recognises that many speech and language therapists are already using AI thoughtfully and responsibly. These principles are intended to support and strengthen that professional judgement as practice continues to evolve.

They are designed to support safe, ethical and clinically sound use of AI in speech and language therapy.

Members are encouraged to apply these principles alongside local governance processes, professional standards (including HCPC requirements), the best available evidence, professional judgement and the needs of the people they support.

The RCSLT will continue to review the emerging evidence and update this guidance to reflect developments in technology and practice.

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