RCSLT

Clinical Guidance Development Manual

August 2026

Contents

Introduction

What is RCSLT clinical guidance?

RCSLT clinical guidance is found on the RCSLT website and can be accessed via an A-Z list of clinical topics.

It aims to provide good practice recommendations and practical professional advice for RCSLT members.

The guidance is based on clinical and professional expertise, together with expert opinion overview of the evidence base at the time of development. Where there is a lack of later-stage research, guidance will be based upon the best evidence available. In some cases, this may be the professional consensus of the working group.

Why do we develop clinical guidance?

The RCSLT develops guidance to promote good clinical and professional practice in line with HCPC standards.

It is not a mandatory or legal requirement for practising speech and language therapists to follow RCSLT guidance. However, our guidance aims to support members in their practice by providing information, resources, and examples of best practice.

Speech and language therapists should be aware and take into account the guidance and then exercise their own professional judgement and carry out research of the latest evidence base when making clinical decisions (eg providing a diagnosis). Any guidance published by the RCSLT is not intended to be used as evidence of minimum professional standards in a regulatory or legal setting.

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Who is it designed to be used by

The guidance is primarily aimed at speech and language therapists.

It may also be of interest to other professionals, the general public, and those with lived experience.

All clinical guidance published after 2023 is open access and does not sit behind the member paywall.

How do we develop guidance?

Guidance is developed by a working group of experts, representing a range of skills and experience in the relevant area, usually consisting of speech and language therapists, experts by experience (service users), and/or other relevant stakeholders. Stakeholder consultations are held during the scoping and development phases.

This manual outlines the development process in more detail.

What other products are developed?

Although the primary output of this process is to create web-based clinical guidance for members, the working groups will also produce the following outputs which are all published together:

- Web-based resources list for members
- Web-based public facing information aimed at the general public, service users and their families and carers.

RCSLT may also agree to develop the following products as part of the same or a separate project:

- Competency framework
- Position statement
- Position paper
- Information sheet for professionals
- Information sheet for those with lived experience, their families, carers and friends
- Easy-read versions
- Other supporting resources.

Guidance development process

The key steps of our clinical guidance development process are shown below. The whole process usually takes around 18 months.

1. Prioritisation of proposals and the discovery phase
2. Establish the guidance development group
3. Develop the scope
4. Research and draft the guidance
5. Consultation
6. Review, approve and publish
7. Promote and implement
8. Evaluation

1. Prioritisation of proposals and the discovery phase

a) Identification of need

The need for new or updated guidance is identified via different channels:

- Existing content requiring review and update
- Internal identification of external drivers by RCSLT staff, Executive Team, Professional Practice and Policy Committee or RCSLT Board
- Member or member group contacts RCSLT
- Another stakeholder organisation proposes a new piece of work

Members wishing to **submit a proposal** to recommend either an update or a new area of guidance should contact the Professional Development Team to arrange an **initial phone call** and complete a **project proposal form.**

b) Seek further information

We undertake information gathering and conversations with other members of staff, relevant members, member groups and relevant stakeholder organisations.

c) Consideration of proposal and decision

We use a prioritisation framework to score proposed pieces of work to determine its level of priority for us as an organisation and for the wider speech and language therapy profession.

We consider a range of factors, including:

- alignment with RCSLTs strategic priorities
- external drivers such as legislative or practice changes
- risk if work does not go ahead
- impact
- resources
- effort, time and cost
- skills, capacity, funding.

2. Establish the guidance development group

a) Recruitment

A standardised recruitment form and process is followed, which includes voluntary completion of an equal opportunities monitoring form.

b) Establish the group

A typical guidance development group is formed of:

- lead author (usually 1)
- 8–15 supporting authors
- people with lived experience
- representatives from relevant stakeholder organisations, such as those that represent people with lived experience or other multi-disciplinary professionals.

We strive to ensure that the group has appropriate breadth of knowledge and experience – for example client group, settings, employment type and geographical area. This also includes ensuring there is research experience within the group.

A wider project reference group(s) may also be established.

c) Conflict of interest

Members of the group are required to complete a conflict of interest declaration form and to update us if their situation changes.

3. Develop the scope

a) Scope survey

We use scoping surveys to collect views from members, those with lived experience, and relevant stakeholders.

The member survey is distributed via the member enewsletter and other usual communication channels. The survey for those with lived experience is distributed via partner organisations or via members and member groups.

b) Scoping workshop

An in-person scoping workshop is held with the lead and supporting authors, including those with lived experience, as well as representatives from any partner organisations.

The workshop covers:

- key drivers and need
- review of feedback from scoping surveys
- aims and objectives
- outputs and scope
- involving those with lived experience
- involvement of other stakeholders
- roles and responsibilities
- next steps.

c) Early discussions with the RCSLT Communications team

The project manager has early meetings with the content team to discuss outputs, communications and resourcing.

d) Scope form

The lead author drafts the scope form, which includes the following sections:

- Aims and objectives

- Background – key drivers, national strategies/documents, relevant existing guidance/content
- Evidence base and strengths and limitations
- Risks/challenges and mitigation
- Lived experience participation
- Equity, diversity and belonging
- Stakeholder involvement

The draft scope form is reviewed by relevant RCSLT staff (communications and content, policy and public affairs, professional development) and supporting authors, including those with lived experience.

The project manager is responsible for consideration of views and updating the scope form.

e) Approval of scope form

Approval is given by the Head of Professional Development Programme for the project to go ahead.

4. Research and draft guidance and resources

a) Review evidence

The lead author undertakes literature search and evidence review.

b) Prepare first draft

The lead author prepares the first draft with specialist input from the supporting authors, where required. The RCSLT provides content templates, standardised headings (from 2026 onwards), and a writing and style guide.

c) Meeting to review first draft

The lead and supporting authors meet to review the first draft and agree changes. Following this meeting, the lead author updates the draft and the supporting authors check that the revised draft reflects discussions.

d) Preparation

The content is then finalised and prepared for the stakeholder consultation.

5. Consultation

a) Survey

Key stakeholders, including speech and language therapists, those with lived experience, and relevant organisations are invited to comment on the guidance and resources using an online survey. Feedback is also sought from relevant RCSLT staff and teams, as appropriate.

Those with lived experience related to the guidance topic and their carers and families are consulted via a separate survey and additional focus groups.

b) Analysis

Following the consultation, we undertake internal synthesis and analysis of the results.

The lead and supporting authors then meet to review the feedback and agree any appropriate amendments. All consultation feedback, decisions and their rationale are recorded in a standardised document.

c) Content update

An updated version is produced by the lead author.

6. Review, approve and publish

a) Final feedback and update

- Final review and feedback from relevant RCSLT staff/teams.
- Review or endorsements by stakeholder partners, where appropriate.
- Final changes made by project manager.
- Approval from Head of Professional Development Programmes that appropriate process has been followed.

b) Editing

The RCSLT content team edit and proofread the content.

c) Publish

Publication on the RCSLT website.

7. Promote and implement

A project communications plan is produced during the scoping stage and then updated at appropriate points during the project.

The newly published content will be disseminated as set out in the communications plan and may utilise the following communications channels:

- Member enewsletter, NI newsletter, Scotland newsletter, Wales newsletter
- Enews story on website
- Bulletin magazine
- Podcasts
- Webinars
- Social media
- Presentations at events and meetings
- Clinical Excellence Networks and Professional Networks, CREST and other HEI groups
- Managers networks, where known
- Research networks
- RCSLT Hubs, where active
- RCSLT advisers and experts by email
- Project working groups, reference groups and contacts lists
- ASLTIP and other relevant stakeholder organisations

The lead and supporting authors may also recommend additional activities to support the implementation of the guidance or resource, which will be recorded in the scoping form or the evaluation and project close documentation. Some of these actions may be more relevant for other RCSLT teams and these recommendations will be passed on for separate consideration.

8. Evaluation

a) Evaluation and analysis

The guidance development group and wider project team are asked to complete an evaluation form to support our cycle of continual improvement.

The following steps are then taken internally:

- Analysis of data
- Discussion of lessons learned at team meetings
- Recording in central lessons learned log
- Production of short project close report
- Learning shared with relevant staff

b) Recognition of contributions

The guidance development group are sent certificates and thank you letters to recognise their contribution to the work.

c) One year on survey

We undertake member surveys one to two years after publication to get a sense of whether members are aware of our guidance, how they are using it, whether it has informed/improved their practice/service, and what suggestions they may have for improvements/next steps.

Review and update

Existing guidance is kept under review as part of the prioritisation process referred to in section one. Members can contact the Professional Development team to propose that an existing area of guidance is updated.

In addition to full guidance updates, we also have the flexibility to make smaller updates, amendments and clarifications to our web content as required and members are welcome to get in touch with any suggestions and feedback.

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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