bulletin

THE OFFICIAL MAGAZINE OF THE ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

March 2017 | www.rcslt.org

Development of FEES in dysphagia assessment

Improving services for people with primary progressive aphasia

Remembering Sir Sigmund Sternberg

Making the switch from public to private practice: The joys and challenges of working independently

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CONTACTS

ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS
2 White Hart Yard, London SE1 1NX
Tel: 020 7378 1200
Email: bulletin@rcslt.org
Website: www.rcslt.org
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COVER ILLUSTRATION
Melanie Lambrick

PUBLISHERS
Redactive Publishing Ltd
17 Britton Street, London EC1M 5TP
020 7880 6200 www.redactive.co.uk

EDITORIAL
Editor: Clare Williams
Contributing editor: Dr Emma Pagnamenta
Senior lead designer: Carrie Bremner
Senior picture editor: Claire Echavarry

ADVERTISING
Sales manager: Ben Nelmes
Tel: 020 7880 6244
Email: ben.nelmes@redactive.co.uk
Recruitment Sales: Joe Moore
Tel: 020 7880 6215
Email: joe.moore@redactive.co.uk
Display Sales: Thomas Ainsworth
Tel: 020 7880 7668
Email: thomas.ainsworth@redactive.co.uk

PUBLISHER
Jason Grant
PRODUCTION
Aysha Miah-Edwards
PRINTING
Precision Colour Printing

Clare Williams

EDITORIAL

Spring is in the air

Welcome to my first issue as Bulletin editor. With this new editor comes a new season – spring has sprung! As the days get longer, the temperatures milder and colour starts to seep back into the world, spring often brings with it a feeling of renewal, optimism and motivation. So now is a perfect time to renew your membership, if you haven't already; ensure your online CPD diary is up to date, particularly in preparation for the HCPC audit; and start looking forward to the RCSLT Conference 'Speech and Language Therapy: Maximising Impact' on 27/28 September (see page 15 for how to submit an abstract).

If you're thinking of making a fresh start – maybe you're even considering setting up your own independent practice – this month's cover feature will provide some inspiration. On pages 12–14, Alex Kelly talks about her experiences of going it alone and offers some valuable guidance. There are also two exciting opportunities available here at the RCSLT, with the post of Research Manager and Publications Officer – see page 10.

Elsewhere in this month's issue, Laura Hibbert and colleagues explain how early training for fibreoptic endoscopic evaluation of swallowing (FEES) results in an improved dysphagia service (pages 16–17); while Anna Volkmer and colleagues discuss how building international networks is helping to develop speech and language therapy practice for people with primary progressive aphasia (pages 18–19). Also in this issue we share our fond memories of RCSLT Senior Life Vice President Sir Sigmund Sternberg, who passed away in October last year (pages 22–23).

Clare Williams
Bulletin editor
bulletin@rcslt.org
@rcslt_bulletin

Your RCSLT

Sharon Tucker

I am the Membership Services Manager, and some of you may already know me. As we are now approaching the renewal period, it seems like a good time to make contact. By now you should all have received your renewal notices. If you received it by post, we really need your latest email address so that you can receive all of your mailing quickly. Please be sure to re-join before 1 April to ensure that you have continued insurance cover. We have plenty of new plans in the pipeline for the membership team, and I am really looking forward to offering you an improved membership system and lots of ways for you to make contact and to get involved. Email: sharon.tucker@rcslt.org

Sharon Tucker, Membership Services Manager

LETTERS

Bulletin thrives on your letters and emails. Write to the editor, RCSLT, 2 White Hart Yard, London SE1 1NX email: bulletin@rcslt.org Please include your postal address and telephone number. Letters may be edited for publication (250 words maximum).

Thom in a lecture theatre for the first time

Starting out young

As a second-year mature student at the University of Sheffield studying BMedSci Speech and Language Therapy, it can be tricky to juggle being a student, being a mum and all the associated responsibilities those wonderful things bring. My 5-year-old, Thom, has been very supportive, helping with IPA pronunciations and colouring in my anatomy colouring book with me during my exams.

He asked if he could see where I study, and today I took him to a medical school lecture theatre. He looked amazed and said, "When I'm older I want to come here and learn about brains and being a speech and language therapist."

So proud of his lovely big ideas for a future in a wonderful career.

Jane Galletly, SLT student Email: Jgalletly1@sheffield.ac.uk

Thank you and farewell

I note that Steven Harulow has relinquished the role of Bulletin editor and I should like to acknowledge all his work in making our journal attractively set out, with interesting articles and issues, and one the profession can be proud of.

I have personally appreciated Steven's advice and practical assistance over the years, and would like to express appreciation and also wish him well in the future.

Barbara Hull, retired service manager, Oxon

Manchester Uni Speech Pathology and Therapy Class of 1987–1991

It only feels like a few months since our 10-year reunion in Manchester!

Last year, four of us got together for a virtual reunion in a Facebook group, 25 years since we graduated, but we failed to find anyone else on Facebook. We'd love to catch up with more people!

If you'd like to join us, please send me a friend request on Facebook and I can add you to the group, or you can email me if you're not on Facebook.

Leela Baksi, SLT Email: lbaksi@tiscali.co.uk

News

QUICK LOOK DATES »

06 MAR Swallowing Awareness Day

15 MAR RCSLT online conversation about children's services closes

07 APR Deadline for submissions for the RCSLT Conference 2017

Website transformation update

January was a busy month for the RCSLT's digital transformation project

Forty members from across the UK and Ireland joined us to take part in our digital design workshops, which were a first step in looking at ways of redesigning our website so that members and the public can find the information they need quickly and easily.

Run by our digital partners We Are Friday, the workshops were a huge success, thanks to the invaluable input from SLTs, whose experience varied from students who are just starting out, to SLTs with 30 years' practice under their belt. Many of the SLTs enjoyed the workshop so much that they volunteered to become members of the User Panel, to help test the new design, provide feedback and help us to ensure we create the very best in digital experience.

The next phase of the project will involve more workshops – this time to identify the technology requirements. By March we will have all the information needed to determine the digital landscape we need to create. Overall, the project is expected to take nine to 12 months before the new website goes live.

Mapping out the user journey

Quotes from participants:

"The Friday team were dynamic, intelligent, logical and seemed to grasp what we needed very quickly." **Bethan Mair**

"...was an excellent day and feel that RCSLT now has a robust partner on board to deliver on the digital strategy. I came away with a really positive feeling." **Ashleigh Denman**

Tweet:

Dominique Lowenthal @DomLowenthal
Another great digital workshop with our creative & passionate @RCSLT members! So inspiring, thank you

IJLCD special issue: the votes are in

In December, the team at the International Journal of Language and Communication Disorders (IJLCD) asked for your help to decide the topic for the next special issue of the journal. Thank you to those 306 readers who cast their vote, choosing their preferred option from a shortlist of five topics.

And the winner is... 'The use of digital technologies in speech and language therapy'.

As Editor in Chief Dr Steven Bloch explains, "The interest in digital technologies in SLT reflects growing engagement and confidence in how we can utilise rapidly developing technologies as an integral part of our SLT toolbox for work across the lifespan. What matters is how the technology is used and the strength of the evidence base."

Work will soon get under way to plan and gather content on this exciting topic for the special edition. Previous special issues have been extremely well received, with the last one – focusing on the 'SLI debate', published in July 2014 – greatly influencing the subsequent work on terminology and criteria for developmental language disorder (visit tinyurl.com/z85dh6k to read the online version). Watch this space!

◎ For more information, contact: ijlcd@rcslt.org

NEWS IN BRIEF

Have you joined the latest RCSLT conversation about children's services? Share your ideas about what SLTs should be doing to support the best outcomes for children and young people, and help to shape the strategy for children's services across the UK. The conversation is open until 15 March.
◎ Visit: www.rcslt.org/members/children/childrens_services

Swallowing Awareness Day is on 6 March this year. It's not too late to get involved in this great opportunity to inform the public about swallowing difficulties, how they can affect people's lives and how SLTs support them. For ideas of activities, posters and factsheets, download the toolkit from the website.
◎ Visit: bit.ly/2jPpSzV

The latest RCSLT Research Newsletter is now available online. Find out more about the latest opportunities to contribute to current research, useful evidence-based practice, audit and research resources, and a bumper collection of research funding opportunities.
◎ Visit: tinyurl.com/ah76awl

The HCPC audit begins in July 2017. Scheduled to take place alongside the registration renewal process, the HCPC will select a sample of SLTs to check they are continuing to meet its CPD standards by asking them to complete a profile of their CPD activities. You can use your RCSLT CPD dairy to complete your profile.
◎ Visit: www.hpc-uk.org/registrants/cpd

News

TWEET TALK »

Sam Burr @samleacooper28
18mo wide awake at 3am - of all books/toys on offer, she only wants to look through Bulletin magazines! #FutureSLT @RCSLT

Helen @HelenH_SLT
1st experience of attending a webinar, what a valuable tool for CPD! #RCSLTwebinar thanks @RCSLT @RCSLTVicky @janetwoodslt Julie & Janice!

The importance of standardised terminology

Whether in everyday conversations or in our clinical work, we're all very aware that there are different ways of saying the same thing. That's not always a problem, but if we use the same words to mean different things, or don't use synonymous terms accurately or consistently, confusion can arise and what we say can be misinterpreted.

That's why, in the world of healthcare, standardised clinical terminologies are so important. These sets of standardised vocabularies are integrated into electronic healthcare applications to facilitate the more accurate use of terminology. If you are using an electronic patient record system, the chances are that it will contain various drop-down selections of terms, which are taken from a clinical terminology.

Why is it so important?
Using a standardised vocabulary is important in facilitating the precise recording of clinical information, which has implications for improving the quality of healthcare.

For SLTs: Adoption of a single, common clinical terminology across the healthcare system has a number of potential benefits relating to improving the quality of patient care. The use of a 'common language' reduces the risk of different interpretations of terminology when communicating with colleagues in different care settings. This is especially important in multidisciplinary teams, allowing clinicians to communicate more accurately.

For managers interested in data analysis: Use of a single clinical terminology will be useful for analysing data collected by clinicians. This has the potential to enable them to more accurately evaluate different interventions and associated outcomes. In the long term, this level of data will be key in developing and improving the speech and language therapy service.

For parents/carers of service users: Consistent use of terminology makes things clearer for families. When receiving assessment reports and targets from healthcare professionals, it is helpful if the language is consistent so as not to overcomplicate things with lots of differing jargon that refers to the same thing.

For research purposes: Precise recording of clinical information reduces ambiguity and improves the quality of data recorded. In the long term, it is hoped that accurately coded clinical information will be of a standard that it can be used for research purposes, and contribute to the development of the evidence base; for example, identifying what works in practice and research priorities.

For policy purposes: With widespread adoption of a standardised terminology, it is hoped that it will be possible to aggregate data collected about individual service users for the purposes of gathering more accurate data and statistics relevant to speech and language therapy.

SNOMED CT
Within the NHS in England, standard clinical terminology called SNOMED CT (Systematized Nomenclature of Medicine Clinical Terms) has been selected for adoption across the health system by 2020, and is already embedded in electronic healthcare applications used across the UK.

If you'd like to find out more, visit www.rcslt.org/cq_live/resources_a_z/snomed_ct and look out for future Bulletin articles for more information about the work the RCSLT is doing in this area.

RCSLT Conference 2017: call for papers

Have you carried out research or audit/service evaluations that you think your fellow professionals might be interested in? Do you have examples of research being applied in practice? Why not present your findings at the RCSLT Conference – Speech and Language Therapy: Maximising Impact on 27/28 September 2017 at the Scottish Event Campus (SEC) in Glasgow, and share your work with the largest gathering of RCSLT members in the UK?

The RCSLT is inviting submissions for oral presentations, workshops and/or posters that address any of the following categories.

- Research (speech and language therapy research contributing new knowledge)
- Audit/service evaluation
- Brag and steal (showcasing how research evidence is being applied to practice)

The deadline for submissions is 7 April 2017. See www.rcslt.org/news/events/2017/rcslt_conference for more information.

ISTOCK

RCSLT @RCSLT
If you missed @ijlcd Winter Lecture by Dorothy Bishop, don't worry. You can view it via youtu.be/uBehC82whho

Jane Mullen Ltd @LtdJane
We are so excited to have 2 finalists in the @voicebox #joke competition for @RCSLT @Comm_nTrust well done @jhgodwinschool @TheAcornsSchool

Matters of professional practice and policy

There was a full agenda at the latest meeting of the Professional Practice and Policy Committee (PPPC), which was held on Thursday 26 January. A summary of the key issues discussed is outlined below.

Discussion points

- The expansion of selective education in England and the implications of these educational reforms for children with SLCN. For further information, contact Derek Munn, Director of Policy and Public Affairs – derek.munn@rcslt.org
- Developing an RCSLT policy position on apprenticeships – the developments to apprenticeship policy and their potential implications. For further information, contact Berenice Napier, Policy Adviser – berenice.napier@rcslt.org
- Curriculum Guidance and NQP Framework – generating greater availability of clinical placements across different settings and developing leadership, business skills and case load prioritisation strategies for students and NQPs. For further information, contact Louise Borjes, Project Co-ordinator – louise.borjes@rcslt.org
- Developments in working practice – consideration of seven-day services, advanced clinical practice, and sustainability and transformation plans. For further information, contact Berenice Napier, Policy Adviser – berenice.napier@rcslt.org
- CQ Live: development of risk-management guidance – what managing risk means, key topic areas of risk and what support and guidance the RCSLT could provide to its members. For further information, contact Paul O'Meara, Project Co-ordinator – Paul.OMeara@rcslt.org

The committee meets regularly to discuss and debate issues of significance to professional development, standards, policy and public affairs, and aims to ensure that the perspectives of all members and service users are taken into account. The PPPC includes a member from each RCSLT Hub; CREST and higher education institution representatives; the RCSLT trustee for research; and mixed representation from NHS/independent/third sectors, different care groups and expertise in service management.

IJLCD Winter Lecture

Each year the IJLCD editorial team hosts a lecture by a leader in the field of language and communication disorders, sponsored by Wiley publishers. This year's IJLCD Winter Lecture was delivered by Professor Dorothy Bishop, Oxford University, entitled "Why is it so hard to agree on definitions and terminology for children's language disorders?"

The lecture complements Dorothy's article on the use of the term development language disorder to replace specific language impairment, which was published in the February issue of the Bulletin.

If you weren't able to get tickets to see the lecture, the full presentation is now available to view on YouTube: youtu.be/uBehC82whh0

KAMINI GADHOK

CHILDREN'S SERVICES STRATEGY – OUR JOURNEY CONTINUES

If you are one of the 950 members who joined our conversation in October, sharing your views on how the profession contributes to the outcomes for children and young people with speech, language and communication and/or swallowing needs, I would like to thank you for your contributions. Since then we have held similar conversations with more than 400 parents and carers and 200 other professionals.

We have now analysed all of your contributions to identify a set of 12 outcomes that show the difference that SLTs can make to the lives of children and young people; you can find out more about these outcomes here: www.rcslt.org/members/children/childrens_services

The next stage of our journey is to identify the speech and language therapy activities that best support the achievement of these outcomes. This will help us to better understand how what we do impacts the lives of the children and young people we work with.

"We are keen to hear from as many members as possible"

To identify these activities, we have initiated another online conversation for all members, which was launched in February. The conversation will be open until 15 March, and we are keen to hear from as many of our members as possible.

You should have received a personal email with instructions about how to join this next stage in the conversation but, if not, you can still join in via the webpage above.

We would like to encourage members to use any opportunities before 15 March, such as CENs, peer or team meetings, to generate even more engagement. If you are interested, please email caroline.wright@rcslt.org and we will provide you with a special log-in to enter your group's feedback into the online conversation.

Thank you once again and I look forward to learning more from your views as our journey continues. ■

Kamini Gadhok, MBE, RCSLT Chief Executive
Email: kamini.gadhok@rcslt.org

News

FAST FACTS »

40 members took part in our digital design workshops

306 readers cast their vote to choose the topic of the special issue of the IJLCD

Changes to ALN legislation in Wales

RCSLT Wales scrutinises the Additional Learning Needs and Education Tribunal (Wales) Bill

On 12 December 2016, the Welsh Government published the Additional Learning Needs and Education Tribunal (Wales) Bill. Stakeholders and families have long called for a change to the special educational needs (SEN) system, and the Welsh Government describes the Bill as an 'ambitious law to create a bold new approach' and a 'complete overhaul' of the way children and young people's additional learning needs (ALN) in Wales are met.

The Bill proposes to replace the current SEN framework with a reformed system based on ALN. However, the ambitions of the Bill extend far beyond terminology.

The legislation has three main objectives:

- A single, unified legislative framework to support all children and young people in school or further education who have ALN (rather than two separate systems of SEN up to age 16 and learning disabilities and/or disabilities (LDD) for post-16, both of which are currently covered by separate legislation)
- An integrated, collaborative process of assessment, planning and monitoring, which facilitates early, timely and effective interventions (including duties on health boards and local authorities to collaborate with each other through a statutory Individual Development Plan for each learner with ALN)
- A fair and transparent system for providing information and advice, and for resolving concerns and appeals (including requiring local authorities to make arrangements for avoiding and resolving disagreements, and renaming the Special Educational Needs Tribunal for Wales as the Education Tribunal for Wales)

RCSLT Wales has been carefully scrutinising the legislation and we are currently speaking to Assembly Members and key stakeholders about our concerns. These primarily relate to resource considerations, the role of the designated education clinical liaison officer, the duties on local health boards and, crucially, how children and young people will be meaningfully involved in the planning process.

If you would like to become involved in our influencing work, please contact Alison Stroud, Head of Wales Office (email: alison.stroud@rcslt.org) or Caroline Walters, Policy Officer (email: caroline.walters@rcslt.org).

Informing the NI Mental Capacity Act

After many years of consideration, on 9 May 2016 the Mental Capacity Act was passed in Northern Ireland (NI). From the outset of the entire legislative process, which began in September 2009, RCSLT NI and members and users in NI have been significantly involved in all stages of the consultation. For example, RCSLT NI, accompanied by one of our My Journey My Voice participants, gave verbal evidence to the ad hoc committee during the final scrutiny proceedings.

As a result of all our work, we were delighted when the Minister for Health Mr Simon Hamilton MLA publicly acknowledged our contribution and announced two amendments to the primary legislation. These amendments mean that help and support must be given to enable the person to communicate his or her decision, as originally intended.

This is ground-breaking legislation, as Northern Ireland is the only place in the world to attempt such an approach. England and Wales passed the Mental Capacity Act in 2005, but it does not cover the treatment of mental illness and so they still have two distinct legislative frameworks. The closest that anywhere has come to contemplating a similar approach to the NI proposal was Victoria, Australia where, in 2012, it considered bringing together mental health law and mental capacity law, but decided not to proceed and concluded it was a matter for ongoing debate.

RCSLT NI is now sitting as an advisory member of the external reference group which is contributing to the development of the code of practice. We have been working with our members by responding to and scrutinising more than 20 chapters of the code of practice. After considerable discussion, our members agreed that SLTs should be included in the list of people who can make a formal assessment of capacity, and we now eagerly await the decision of the Department of Health regarding their decision.

For more information, please contact Alison McCullough MBE, Head of the Northern Ireland Office Email: alison.mccullough@rcslt.org

13,584
people follow the RCSLT on Facebook

72
researchable questions were generated from the dysphagia workshop

LuCiD about child language

The ESRC International Centre for Language and Communicative Development (LuCiD) is now half way through a five-year collaboration investigating how children learn to communicate in the preschool and early school years. LuCiD is also working to deliver the evidence base necessary to design effective interventions to support language development. Exciting findings are already emerging. One example is work from the Language 0–5 project, which has found that children who produce more gestures at 8 months learn words faster between 9 and 18 months (Rowland 2017).

The LuCiD team comprises more than 40 researchers across Lancaster University, the University of Liverpool and the University of Manchester. Research themes are focused on discovering successful environments for language learning, how knowledge of language develops, how complex language is used to communicate effectively, and how children learn different languages and in different cultures. A longitudinal study is following 80 typically developing, English-learning children from 0 to 5 years, building the most comprehensive picture yet of language development.

Professor Elena Lieven, Director, says: "Learning to use language to communicate is hugely important for society. Failure to develop language and communication skills at the right age is a major predictor of educational and social inequality in later life. Explanatory models of development are key to tackling the root cause of language and communication difficulties. LuCiD's research to understand how children learn language will make us better placed to influence the language development process."

There is already a wealth of LuCiD resources that can help SLTs answer questions about child language and interventions. Check out the evidence briefings on shared book reading, baby sign and other topics (tinyurl.com/j4zdxu3). There is also a dedicated online resource for SLTs, which includes webinars and assessment resources (tinyurl.com/zc2m4p4). Keep up to date by signing up for regular LuCiD newsletters (www.lucid.ac.uk/sign-up) and follow LuCiD on Twitter @LuCiD_Centre. Contact: helen.allwood@manchester.ac.uk

Reference
Rowland C. *What predicts how quickly children learn words?* Talk presented at the University of Essex Language and Linguistics Research Seminar, 19 January 2017.

Web resource of the month

Did you know that you can make use of your local RCSLT Hub to enhance your continuing professional development (CPD)? To help you plan your involvement with a Hub and how it contributes towards your CPD, the RCSLT has devised a useful guide, providing examples of the types of activity you can get involved in, as well as the corresponding HCPC CPD category. It even includes initial time and cost indicators.

Download the guide from tinyurl.com/hr2uh5l

SHUTTERSTOCK

Derek Munn

COLUMN

EXECUTIVE ACTION

As a government minister, you have three incarnations – your role as a minister (for which the contact is your department), as a constituency MP (for which the contact is the House of Commons or constituency office) and as a representative of your party (for which the contact is the party HQ.) Members of the public have no reason to make these distinctions, and will often write to the government about a party policy, or to parliament about a government matter, with delays in reply as a result.

As public affairs professionals, however, we have separate strategies for parliamentarians, ministers and officials – the latter two being known as the 'Executive'. And it is the Executive that has been our focus in the last month.

First we met with Caroline Dinenage, the Early Years Minister, to discuss the role of SLTs in the early years. We shared the findings of our new SEND report regarding 0–2s and reinforced that the Department for Education's (DfE's) upcoming early years workforce strategy and children's centres consultation should include a strong focus on supporting children's speech, language and communication skills.

"Having met the political side of the Executive, we also met with the official side"

Next we met with Dr Phillip Lee, the Parliamentary Under Secretary for Victims, Youth and Family Justice. We will help develop the evidence base to underpin the establishment of secure schools as recommended in the Charlie Taylor review.

Having met the political side of the Executive, we also met with the official side. We had conversations with the DfE about reductions in, and lack of funding for, early intervention and early years work at a local level. We also supported the Alliance for Children in Care and Care Leavers at a meeting at the DfE to discuss how the physical and mental health needs of looked-after children can be better assessed and supported.

Bercow Review – reminder

I wrote last month about the call for evidence for the review of Bercow – 10 Years On. A reminder that this closes on 16 March – take the quick survey or submit your views at www.ican.org.uk/What-we-do/Bercow ■

Derek Munn, RCSLT Director of Policy and Public Affairs
Email: derek.munn@rcslt.org

News

NEWS IN BRIEF

Job opportunities at the RCSLT

Research Manager

An exciting opportunity has arisen for an SLT to lead the Research and Development team at the RCSLT. The post-holder will:

- lead on the development, implementation and evaluation of the RCSLT's research and development work streams in line with RCSLT strategic objectives;
- lead on the development of partnerships and projects in relation to evidence-based practice and research including research capacity building;
- lead on the dissemination of evidence, best practice and research through a variety of communication channels including clinical and research content for the Bulletin magazine;
- oversee RCSLT publications, including the monthly member magazine and the International Journal of Language and Communication Disorders; and
- act as a point of reference for evidence-based practice and research for the RCSLT and RCSLT members.

Current innovative research and development projects include research priority setting in partnership with the National Institute of Health Research and development of RCSLT clinical guidelines.

You will be a qualified SLT with at least 3 years' post-registration experience within a relevant field (eg clinical practice in different sectors, research, learning and development, quality standards); proven project management skills; and a thorough understanding of evidence-based practice, audit and clinical research. The post will involve UK and possibly European travel.

Permanent
Part time (28 hours/4 days per week)
Salary: £44,958 (pro rata)
Closing date: 15 March 2017
Shortlisted candidates will be invited to take an online psychometric test
Interview date: 28/29/30 March 2017
Contact: jo.offen@rcslt.org
Application is by the official RCSLT application form only from: **www.rcslt.org/about/jobs/job_opportunities**

Publications Officer (fixed term)

A vacancy has arisen for a Publications Officer to support the editing, design and delivery of the RCSLT's print and digital publications, including factsheets and e-newsletters. The post-holder will also edit and support the production and delivery of our highly regarded monthly Bulletin magazine.

Fixed-term contract – 12 months
Full time (35 hours/5 days per week)
Salary: £33,596
Closing date: 6 March 2017 (9am)
Shortlisted candidates may be invited to take an online psychometric test
Interview date: 20 March 2017
Contact: jo.offen@rcslt.org
Application is by the official RCSLT application form only from: **www.rcslt.org/about/jobs/job_opportunities**

News from ASLTIP

The Association of Speech and Language Therapists in Independent Practice (ASLTIP) has announced the appointment of Sarah Lyons as their new chair. Sarah is excited to be part of empowering new and existing members as independent practitioners, and undertakes the role with seriousness, dedication and passion. Sarah will be at the ASLTIP conference on Saturday 25 March and is looking forward to meeting members there.

This year's conference offers an exciting mix of both clinical and business-focused speakers, workshops and displays. The keynote talk is being given by US-based SLT Tracey Delio from the PROMPT Institute. Tracey will outline the philosophy, evidence and main tenets of PROMPT and its application to children and adults. More information is available from: www.helpwithtalking.com. Non-members are welcome to attend.

SLTs interested in starting or developing their independent practice should also keep an eye open for ASLTIP's new online training package.

◎ Visit: www.helpwithtalking.com

Improving services for people with Parkinson's

Parkinson's UK would like to invite SLTs working with people with Parkinson's to participate in the 2017 UK Parkinson's audit. This is the recognised quality improvement tool for this condition.

This audit is listed in HQIP's Quality Accounts, and is open to speech and language therapy services that see at least 10 people with Parkinson's for assessment, review or intervention during the five-month data-collection period. The audit includes a service and patient audit and a Patient Reported Experience Measure (PREM). The questions and data collection tool has been refined to reflect feedback from the 2015 audit. The audit forms an integral part of the Parkinson's Excellence Network, the one-stop-shop for Parkinson's education, collaboration, evidence and resources to drive forward service improvement.

Hannah Reynolds, the audit's speech and language therapy lead, said: "Participating in the audit and PREM is a positive opportunity for speech and language therapy services to identify the strengths in their service delivery for people with PD and areas for service development."

◎ For details and to register online, visit www.parkinsons.org.uk/audit, or contact audit@parkinsons.org.uk. The deadline for registration is 31 March 2017, with data collection running from 1 May to 30 September.

SHUTTERSTOCK

Rhiannon Hunnisett

Opinion

Rhiannon Hunnisett reflects on life as an SLT student and how her perceptions about herself and the profession have changed

So much more than just a course

ILLUSTRATION **Sara Gelfgren**

When I started out on my postgraduate speech and language therapy course, I never realised how all-encompassing it was going to be. I had been working as a speech and language teaching assistant prior to the course, so I thought I knew what the role would involve. Now, as I embark on the final few weeks of my first year, I am able to step back and reflect on what a whirlwind a year in the life of a speech and language therapy student has been.

"Speech and language therapy is in my mind, bones and being"

Coming from a fine art degree, I was not optimistic for the outcome of my university interview; however, to my utter shock I was offered a 'gold dust' place on the course, which I enthusiastically accepted. During the past year, there have been a couple of occasions where I have questioned that decision.

I had a concept in my mind of what the course was going to be: a pathway to a career title, a role that was detached from myself, and facts for me to learn. I knew the importance of the title and felt compelled that this was what I needed to do – it sounds like a cliché, but it just felt right. I thought the course would give me the theoretical underpinning to what I was already doing. After all, I had delivered SLT programmes for almost two years – I was doing the job already; right? How wrong I was!

In the past year, I have been challenged in more ways than I could ever have imagined. The chaos of the experience has been liberating, insightful, all-encompassing and fulfilling. Friedrich Nietzsche once said, "One must still have chaos in oneself to be able to give birth to a dancing star." If this is true, then I am honoured to say I am currently witnessing the birth of stars around me in the shape of fellow students on the course.

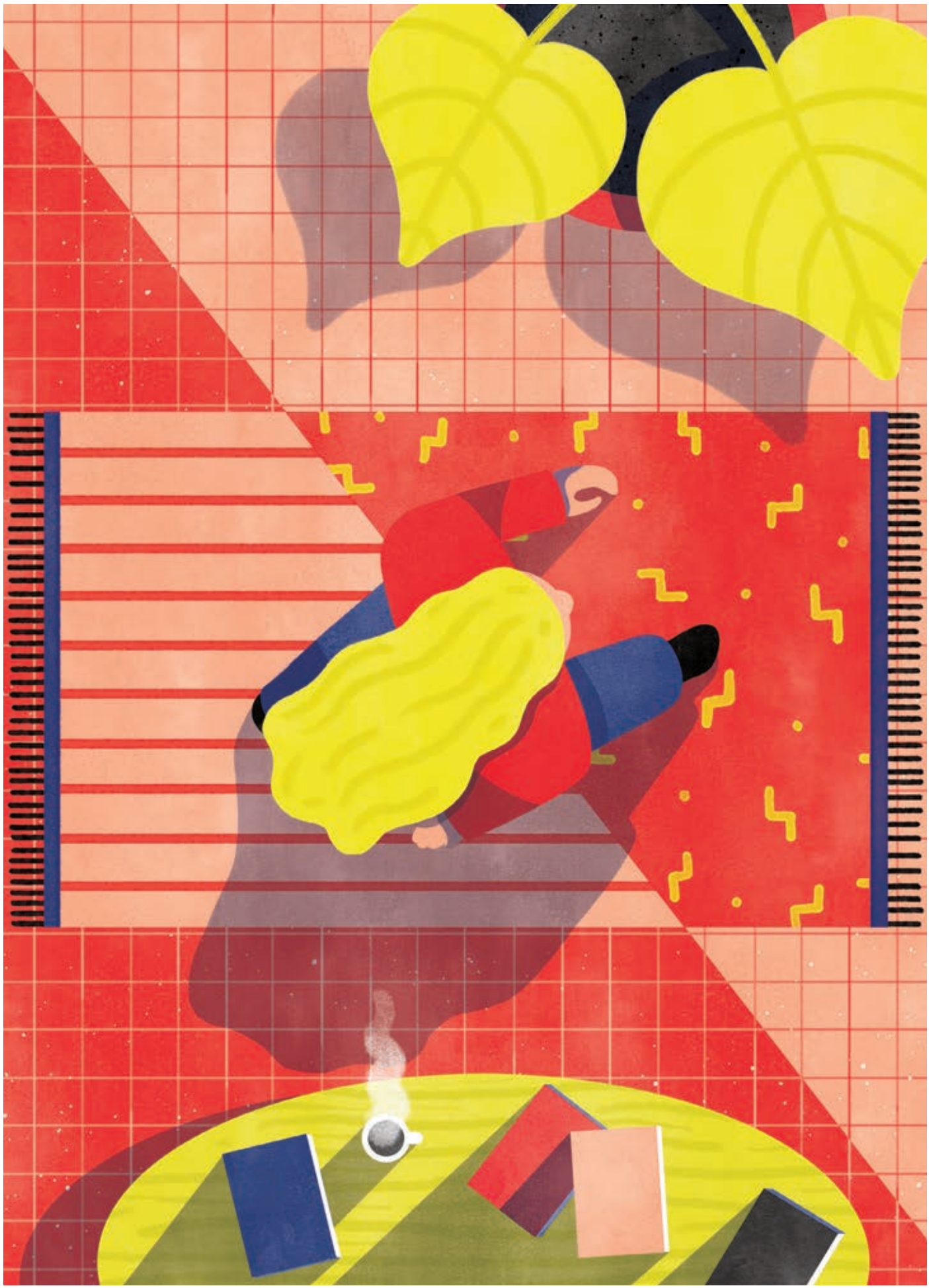
When I look back on the year, my mind has been crammed full of theoretical knowledge, ranging from linguistics and phonetics, to biology, dysphagia and developmental communication disorders – the list is never-ending. Each topic has provided its own challenges and food for thought. In addition, as a cohort we experienced our first placement, where we were able to not only contextualise our learning, but also engage with current therapists practising in the 'real world'. One concern I had as an SLT student was that I had been living in a 'university bubble', where books are a learning tool and peers are the communication partners. How would I survive out in the real world when faced by service users? I did, though! I survived. We all did.

As previously acknowledged, the learning in terms of theoretical knowledge has been extensive, but the most challenging experience of the year has been learning who I am as a therapist – a journey that is by no means finished. It is a journey that has made me want, at times, to leap with joy, but also run in the opposite direction.

Being a student SLT is, without a doubt, the most rewarding and challenging thing I have done to date. It has made me aware of my core values and taught me how to respond when they are challenged. Needless to say, the initial concept I had about speech and language therapy being a job that is separate from 'who I am' is most certainly history. It is in my mind, bones and being, and that is something I say with utter joy and pride.

So why am I writing this? I felt compelled to communicate to other SLT students that it is ok to be doubtful, joyful, scared and ecstatic all at the same time, because the journey is immense; but, no matter how chaotic, it also provides moments of clarity and silence. It is in these moments my perspectives on communication and myself have been shaped and altered.

When I asked my peers to sum up their first year, they used the following words: stimulating, exposing, absorbing and motivating. ■



Making the switch from public to private

Alex Kelly talks about the joys and challenges of working independently, and shares her tips for going it alone

ILLUSTRATION BY **Melanie Lambrick**

Over the past 10 years we have witnessed a shift in our professional culture, with independent speech and language therapy practices increasing. This can provide an exciting opportunity for therapists, but the reality is that 'going it alone' is both daunting and arduous. It is not for everyone, but the opportunities are there and the rewards plentiful.

I started my business eight years ago and now employ 23 people (including 12 SLTs). In this time I have accumulated a lot of experience that I hope those of you considering independent practice will find useful.

A new challenge

Everyone has their own reason for choosing to work independently. Working for the NHS offers us security, a pension, sick and maternity leave, not to mention the pride most feel for working in the public sector. For me, I experienced a realisation that I was half-way through my working life and I wanted a new challenge. So, after 23 years of working in the NHS, I left to set up on my own.

Smooth transition

Most people will start the move from NHS to independent working with a transition period. I started using annual leave to work on my business (mainly training) and then left after two years when I was confident I could make it work. However, I was still lacking what they refer to on *The Apprentice* as 'business acumen'. With that in mind, here are some points to consider:

- Do you have something to sell? What is your speciality? Will you have a 'unique selling point' (USP)? For example, we specialise in learning disability and social skills, and offer training, speech and language therapy and a day service.
- Will people want to buy what you want to provide?
- Build contacts with potential customers, other independent health providers and the Association of Speech and Language Therapists in Independent Practice (ASLTIP).
- Build a 'presence' – choose a name, get a website, use social media.
- Be aware of and manage conflicts of interest between your NHS role and your independent practice.
- Save and/or raise capital as a cushion for your first year of trading.
- Develop a business plan, pricing structure, break-even point and terms and conditions.
- Get a good accountant...

Accounting essentials

The first advice I was given was also the best: get a good accountant. Don't select one from the internet. Interview them, seek recommendations and choose one you like and who understands the needs of a small fledgling business.

As well as helping you with your transition activities, a good accountant should be able to help with: →

"I have not met many SLTs who like to talk money, but it's a necessary aspect of becoming an independent practitioner"

- setting up systems – book keeping, invoicing;
- choosing a suitable business bank account;
- developing a cash-flow forecast;
- working with HMRC; and
- pricing.

Money matters

I have not met many SLTs who like to talk money, but it's a necessary aspect of becoming an independent practitioner, and pivotal to your success. Here are some things to consider:

- Investigate the competition – what are people in your area charging?
- Consider your worth – are you offering a service that is specialist?
- When deciding your hourly rate, consider how many hours you are likely to work in a week and then translate this into an annual salary. Can you live on this?
- Consider a more attractive daily rate for schools, etc.

It is also essential to be clear about what your costs include. For example, does this cover administration, report writing, resource making and planning? What will you charge for travel and attending meetings? Your terms and conditions are essential here, and must be communicated clearly and agreed prior to any engagement.

Another important consideration is VAT. Speech and language therapy is VAT exempt, but if your turnover rises above £60k you may need to become VAT registered if you provide VATable services such as training.

Additional considerations

Other essential items to cross off your list are to take out professional and public liability insurance and to register with the Information Commissioner's Office to comply with the Data Protection Act. As part of this, you will need to consider how you will store client notes securely.

You will also need to consider how to maintain professional standards within a business context. This is where connections with other independent practitioners can be very useful. For example, supervision can be purchased (or provided by you) or organised through 'peer supervision' groups.

Employment opportunities

As your practice begins to grow, you may consider expanding your workforce. Your main options are to subcontract work to another independent SLT or employ someone. To me, your choice depends on how much control you would like and whether you want to grow and reap the benefits.

There are many benefits to employing people, but it has its hassles – you need to set up payroll, pay National Insurance, provide a pension scheme and write policies (we use a virtual personnel company to help with this). You will also need to support your staff and ensure they feel valued, as they will be out there representing your company. Also, consider the issue of supervision and management. Personally, I think there is a conflict between employing and supervising staff, so I have always employed someone to provide clinical supervision which is then separate to my role as employer.

You will want to look after your employees, but equally make sure that you don't put your business at risk by trying to match the benefits they would receive in the NHS.

As you expand, you might consider moving from being a sole trader to becoming a limited company. You can still employ staff as a sole trader, but there are benefits to being a limited company: you are more likely to pay less personal tax; the company becomes its own entity with the added protection from 'limited liability' status; it projects a more professional status; you are able to introduce capital through selling shares; and there are tax advantages for setting up director pensions.

Is it worth it?

I realise that I may have put some people off, but I genuinely love what we are doing. We choose our direction and our staff, and we take our profession seriously. We keep up to date with RCSLT initiatives, we hold journal clubs, we are involved in research and writing, we provide CPD opportunities for our staff and local NHS colleagues, and we have regular SLT students. And I find I have fallen in love with the business world! ■

Alex Kelly, Managing Director of Alex Kelly Ltd and Speaking Space, www.alexkelly.biz
Email: alex@alexkelly.biz

Top tips for running your own speech and language therapy business

Quality, quality, quality! People are paying for our work and I want them to always feel they have got the best. You also never know what will come out of it.

Understand your business. Learn to understand your overheads, profit margins and employment law, and then you are much more likely to be successful at earning a wage from the service you provide.

Opportunities are out there. Sometimes my staff groan when I start the sentence, "I've got an idea...", but I think it is good to grow organically and respond to opportunities and demand. Don't be frightened to take opportunities as they appear, and it certainly helps to have more than one income stream.

Finally, employ lovely people. Make sure you surround yourself with people who others like and want to work with, and who also share your beliefs and values. Your customers will not like it when you have to change their therapist, but they'll soon forgive you as you replace one lovely therapist with another! And when you have to do it the next time, they trust you to do the same.

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- Work with decision makers and budget holders to understand how speech and language therapy supports delivery of key priorities at national, service, population and individual levels;
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ILLUSTRATION BY **Megan Reddi**

The benefits of early FEES training

Laura Hibbert and colleagues look at the development of FEES in dysphagia assessment in an acute setting

Fibreoptic endoscopic evaluation of swallowing (FEES) is an instrumental assessment tool used to assess swallow function using a nasendoscope (Langmore, 1988). Studies show it is a valid method for detecting penetration and aspiration when compared with videofluoroscopy (Langmore et al, 1991) and is used with a wide range of client groups. With research highlighting the unreliability of bedside assessment of swallow function in detection of aspiration (Ramsey et al, 2003), it provides a valuable alternative tool in the assessment and management of dysphagia.

In the UK, FEES is generally conducted by an SLT. The RCSLT (2015) recommends therapists using FEES should have at least three years of dysphagia experience and an advanced clinical knowledge of normal and disordered anatomy and physiology in relation to swallowing. It also advises that SLTs are competent in using videofluoroscopy.

Nationally, FEES services are still developing. The National Confidential Enquiry into Patient Outcome and Death Tracheostomy Audit (2014) showed that FEES was available in 48% of the 219 hospitals audited. A snapshot survey of UK FEES use presented at the Coventry Dysphagia Conference in November 2015 compared data with a survey completed in 2008, following policy revision. Of the 48 responses, 33 services reported they have access to FEES; 13 that they have no access; and three said that their service was evolving with ENT. The main issues cited with FEES services were staff capacity and training issues.

Northwick Park model

Over the past two years, the FEES service at Northwick Park has changed significantly, with a focus on increasing access (in response to the introduction of cough reflex testing) and expanding therapist training. We encourage all dysphagia-trained therapists to begin their FEES competencies regardless of years of experience or videofluoroscopy competencies, with the view that it supports their clinical learning in addition to improving patient care.

The FEES competencies are based on RCSLT guidelines and local policy, and therapists work towards the following:

- Level 1: Undergoing training in FEES; must observe at least five FEES and perform with at least a Level 2 advanced therapist
- Level 2 Basic: Working towards completing 50 FEES examinations (as both endoscopist and assessor); must perform FEES with at least a Level 2 advanced therapist
- Level 2 Advanced: 50 FEES examinations completed and competencies signed off by Level 3; can train and supervise Level 1 and Level 2 basic therapists
- Level 3: 150 FEES examinations completed and able to manage complex cases

Two SLTs complete the assessments, with at least one Level 2 advanced clinician present for non-complex cases. We expect SLTs to complete a log of FEES performed and to work through their learning objectives with more experienced therapists. Clinicians attend both in-house and external training programmes to ensure their skills are up to date. The service accepts verbal referrals for inpatient FEES assessments and we prioritise patients daily, depending on their level of need or risk.

Service review

We completed an audit evaluating the FEES service on the acute and stroke wards over a period of six months and compared it to the same period in 2012. This was a retrospective evaluation of the service looking at numbers of FEES completed, waiting times, failure rates, types of patients referred and competency levels of FEES assessors. We gathered the information from an electronic log of FEES assessments within the department. We also completed a semi-structured questionnaire for the acute and stroke team members working with FEES to gain their perspectives on the service.

There are currently 11 FEES-trained clinicians across the acute and stroke caseload ranging from Band 6 to Band 8a. In the six-month timeframe selected from 2015–2016, Level 2 clinicians (mainly Band 6 SLTs) completed 79 of the 160 FEES. In comparison, only 20 FEES assessments were completed across the same wards in the whole of 2012, despite having access to the same equipment, and there were only three appropriately trained therapists on the inpatient acute/stroke teams, all Band 7 or above. In addition, FEES were often completed with senior members of staff from other specialities such as ENT or the Regional Rehabilitation Unit.

The time from referral to assessment was similar between both years, despite the significantly larger numbers of patients in the second audit period. In 2015–2016, we completed 122 of the FEES within one day of referral (37 on the same day). In 2012, 15 were completed within one day and four on the same day.

The failure rate in 2015–2016 was 7% and was always due to patient discomfort. There were no serious incidences or occurrences of epistaxis, laryngospasm or vasovagal response. This figure is higher than that reported by Langmore (2001), who reported a 3.7% failure rate for similar issues. Failure rates were not associated with the level of assessors and were approximately the same across all levels. There was an increased failure rate (15%) in 2012 when only senior staff were scoping. These figures are likely to be high due to the small numbers audited in comparison with Langmore's research. Other suggested reasons for this may be due to our patient group (often those with cognitive difficulties/delirium/dementia) or because we do not use topical anaesthetic.

When looking at whether recommendations were changed following FEES, between 2015–2016 recommendations were changed in 108 cases: 90 of these were upgraded; 18 were downgraded. This indicates that we are using FEES prior to giving recommendations and utilising it early rather than once there are concerns about a patient's chest status.

Questionnaire responses

The team questionnaire, of which 12 were sent out and 10 people responded, indicated people felt the biggest cause for delay was availability of equipment (eight responses) followed by caseload pressures (two responses), rather than availability of trained staff. This is not surprising given we use the same equipment across the whole department (inpatient wards/ENT/community/regional rehab unit).

Nine members of the team felt there was no increased waiting time due to availability of trained staff, and all respondents felt there were enough Level 2 advanced and Level 3 trained SLTs within the department.

The majority of the team (six) had two to three years' dysphagia experience before starting FEES training; although most were not videofluoroscopy-trained prior to commencing FEES training (eight out of nine FEES-trained staff members). Anecdotally, team members often report that training in FEES and videofluoroscopy simultaneously makes it easier to solidify their knowledge in both areas.

Both the audit and questionnaire have allowed us to reflect on and improve our FEES service. Some of the limitations in gathering data have prompted us to think about the data we need to record in order to evaluate our service more effectively. We are organising inter-rater reliability sessions across the department to ensure we have consistency between FEES practitioners. We have also changed some of the logistical aspects of the service involving the equipment we use to review images.

To summarise

A large body of evidence shows clinical swallowing examination is unreliable in detecting silent aspiration (Splaingard et al, 1988). At Northwick Park, training SLTs in FEES earlier contributes to improved dysphagia skills, better access to instrumental assessments and a better dysphagia service to patients. Our FEES service allows us to utilise instrumental assessment more easily and increase all staff's knowledge and understanding of dysphagia. Having SLTs begin their FEES training earlier, as well as having the ability to complete increased numbers of FEES, means the entire department is able to increase its skills in this area. ■

Laura Hibbert and Ruth Verity, Specialist SLTs, and Becky Potter, Highly Specialist SLT, Adult Speech and Language Therapy, Northwick Park Hospital

References & resources

Langmore SE, Schatz K, Olsen N. Fiberoptic endoscopic examination of swallowing safety: a new procedure. *Dysphagia* 1988; 2(4): 216-9.

Langmore SE, Schatz K, Olsen N. Endoscopic and videofluoroscopic evaluations of swallowing and aspiration. *Annals of Otology, Rhinology and Laryngology* 1991; 100: 678-681.

Langmore SE. *Endoscopic evaluation and treatment of swallowing disorders*. Thieme Publishers, NY, 2001.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD). *Tracheostomy Care: On the Right Trach?* 2014. www.ncepod.org.uk/2014tc.html

Northwick Park Hospital. Speech and language therapy FEES policy.

Ramsey DJC, Smithard DG, Kalra L. Early assessments of dysphagia and aspiration risk in acute stroke patients. *Stroke* 2003; 34: 1252-1257.

Royal College of Speech and Language Therapists. *Fibreoptic endoscopic evaluation of swallowing (FEES): The role of speech and language therapy.* 2015. tinyurl.com/gruvqx5

Splaingard M, et al. Aspiration in rehabilitation patients: Videofluoroscopy vs bedside clinical assessment. *Archives of Physical Medicine and rehabilitation* 1988; 68:8, 678-681.

Collaborating across seas and continents

Anna Volkmer and colleagues report on the development of speech and language therapy practice for people with primary progressive aphasia

ILLUSTRATION BY **Eva Bee**

Since Mesulam (1982) first identified primary progressive aphasia (PPA), research criteria for three subtypes of PPA have been proposed: semantic, non-fluent agrammatic and, most recently, logopenic PPA. It is important to consider that these subtypes were created for research purposes; they are still being refined and not all people will fall neatly into one 'subtype bin'. Some individuals may display symptoms that would be considered a 'mixed subtype' or may have progressed beyond the isolated language symptoms into what is called 'PPA+' (Rogalski et al, 2009). For clinicians, it may be helpful to pay specific attention to each individual's communication strengths and weaknesses, rather than worrying about their specific subtyping bin.

Expanding caseloads

People with dementia remain one of the biggest expanding caseloads for SLTs for more than a decade after it was first suggested by Mahendra and Arkin (2003). Practitioners in the UK and Australia also report growing numbers of referrals for the language variant of dementia: PPA (Taylor, 2009; Volkmer, 2015). Unfortunately, it is not unusual for people with PPA to be turned away from speech and language therapy services. This may be for a number of reasons, including a lack of appropriate services and narrow referral criteria in the UK (Volkmer, Spector and Beeke, 2016). Perhaps more concerningly, SLTs may lack the knowledge and confidence to treat these people (Volkmer, 2015; Taylor et al, 2009).

The limited research literature on therapy interventions for PPA is dominated by the effectiveness of naming therapies, often focused on semantic or phonological drilling of a standardised set of single words (Carthrey-Goulart, 2013; Jokel et al, 2014), and often neglecting the educational and functional needs of the individual and their family members.

Evidence-based interventions already established for the stroke aphasia population can be helpful. It is important to be mindful of the neurodegenerative nature of PPA so that appropriate expectations are set and interventions adapt to the individual's changing needs.

Improving services for people with PPA

At present, university degrees for SLTs focus teaching on the assessment and management of stroke-related aphasia. They cover communication difficulties related to traumatic brain injury, dementia and mental health conditions in a lot less time.

Bourgeois et al (2016) advocate that courses for SLTs should provide more teaching on the assessment and management of dementia. Including information on the breadth of the SLT role and discussing evidence-based intervention options for people with all different variants of dementia, including PPA, is a key aspect of developing the future skills of the SLT workforce (see table).

The other important aspect in educating future SLTs includes developing their research skills (Bourgeois et al, 2016). This has a two-pronged effect:

- **Analysing the literature:** People with PPA report their local SLTs often do not know what to do with them (PPA support group, 2015). Clinicians who are articulate in accessing the research literature are better able to provide an up-to-date evidence-based service.
- **Developing research:** Clinician researchers can combine their clinical knowledge and experience to develop clinically relevant research projects in this area.

Building research

The issues described above plague speech and language therapy discipline across America and the UK. As researchers in the area of PPA and communication in these countries, we are fairly isolated. Building international networks with like-minded researchers and therapists using similar therapeutic approaches is reassuring and inspiring. Regular conversations, sharing experiences and providing advice to one another is useful in pushing this area forward, preventing duplication and enhancing our ideas.

In the UK, at University College London, we are developing conversation training interventions for people with PPA, beginning with a recent UK-wide survey

of current SLT practice in the area of PPA. A systematic review of the literature on functional communication interventions for PPA is under way. We are also in the process of refining a conversation training intervention called 'Better Conversations with PPA' (BCPPA) for a pilot study commencing in 2017.

In America, at the Cognitive Neurology and Alzheimer's Disease Center, we are piloting an internet-based delivery (telepractice) of speech and language therapy interventions. The intervention is supported by a personalised web application with tailored home exercises and videos to reinforce the strategies learned during their clinical speech and language therapy sessions. So far, the programme seems feasible, with over 50 participants enrolled. Initial results show maintenance and/or improvement six months post enrolment on measures of communication confidence and functional communication (Rogalski, 2016).

We will endeavour to spread the word across the clinical communities we work in and empower future clinical researchers in this exciting and important area of clinical research. ■

Anna Volkmer, SLT, NIHR Doctoral Research Fellow, PhD student, Division of Psychology and Language Sciences, University College London. Email: a.volkmer.15@ucl.ac.uk, Twitter: @volkmer_anna, Blog: annavolkmersbigphdadventure.wordpress.com. Emily Rogalski, PhD, Associate Professor, Northwestern University Feinberg School of Medicine. Email: erogalski@gmail.com. Becky Khayum, MS, CCC-SLP, MemoryCare Corporation, Aurora, IL. Email: becky.khayum@memorycarecorp.com

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Table: Examples of treatment options for people with PPA

	Intervention examples
Impairment-based approaches	● Rehearsing lexical retrieval of personally relevant words ● Training use of semantic and phonemic self-cueing for personally relevant words ● Semantic feature analysis tasks ● Motor speech production tasks for personally relevant words, such as syllable segmentation, orthographic phonetic cues, chorus production, intonation/rhythmic strategies ● Personal picture description tasks ● Oral reading tasks, targeting functional content
Activity/ participation-based approaches	● Script training for daily conversations/telephone calls ● Auditory comprehension strategies: environmental modifications and care partner training ● Writing strategies: use of technology (eg, spellcheck, voice recognition technology); written aids ● Reading strategies: modified reading materials; audio books; use of technology to increase word recognition ● Developing personalised communication aids ● Communication aids: low-tech versus high-tech, word-based versus picture-based ● Conversation training for care partners (eg, whether they should help fill in the word, cueing "Tell me about it...") ● Counselling: how to educate others about their condition; coping strategies ● Planning daily activities and routine ● Future planning (providing advice or information on power of attorney/advance directive) ● Supporting people to access the community (eg, support groups, caregiver agencies, adult day programmes)

References & resources

Bourgeois M, et al. Will you still need me when I'm 64, or 84, or 104? The importance of speech-language pathologists in promoting the quality of life of aging adults in the United States into the future. *Seminars in Speech and Language* 2016; 37:03, 185-200.

Carthery-Goulart MT, et al. Nonpharmacological interventions for cognitive impairments following primary progressive aphasia. *Dementia and Neuropsychologia* 2013; 7:1, 121-131.

Jokel R, et al. Word retrieval therapies in primary progressive aphasia. *Aphasiology* 2014; 28:8-9, 1038-1068.

Mahendra N, Arkin S. Effects of four years of exercise, language, and social interventions on Alzheimer discourse. *Journal of Communication Disorders* 2003; 36:5, 395-422.

Mesulam M. Slowly progressive aphasia without generalized dementia. *Annals of Neurology* 1982; 11:6, 592-598.

Office for National Statistics. *Ageing and mortality in the UK. National statistician's annual article on the population*. 2008.

Primary Progressive Aphasia Support Group Meeting, June 2015, London.

Rogalski EJ, Mesulam MM. Clinical trajectories and biological features of primary progressive aphasia (PPA). *Current Alzheimer Research* 2009; 6: 331-336.

Rogalski EJ, et al. Communication Bridge: A pilot feasibility study of internet-based speech–language therapy for individuals with progressive aphasia. *Alzheimer's and Dementia: Translational Research and Clinical Interventions* 2016; 2: 213-221.

Taylor C, et al. Speech pathology services for primary progressive aphasia: Exploring an emerging area of practice. *Aphasiology* 2009; 23:2, 161-174.

Volkmer A, Spector A, Beeke S. Communication based interventions in primary progressive aphasia (PPA): Initial results from a nationwide survey of speech and language therapy practice. Making Mental Health Matter: Innovative speech and language therapy in practice Conference, 20 April 2016. St Andrew's, Northampton, UK (Verbal Presentation).

Our monthly look at the latest in published research

In the journals

Send articles or publications to consider for future issues. Email: lauren.longhurst@rcslt.org

Positive impact of mother's voice

During pregnancy, the developing foetus has been shown to be responsive to voice, particularly the maternal voice. Listening becomes more developed at 26 to 28 weeks gestation, with active listening occurring at 30 weeks. Premature infants, however, are deprived of the intrauterine environment, and instead are exposed to potentially adverse sensory stimulation in the neonatal environment.

Researchers in this study acknowledge the current literature on foetal and premature maternal attunement, which highlights the positive impact of a mother's voice on weight gain, feeding tolerance, improved sleep and physiological stability. They studied 20 premature infants born between 30 and 34 weeks' gestation. Premature infants with additional difficulties and low weight for gestational age were excluded. Infants were exposed to recordings of their mother's voice three times a day when alert for three consecutive days. Physiological stability was noted in relation to heart rate and respiration when listening to their mother's voice.

The authors state: 'Exposure to low intensity recorded maternal voice has positive effects on the preterm infants' physiologic responses.'

Reviewed by Dr Celia Harding, Senior Lecturer, City, University of London

Reference

Sajjadian N, Mohammadzadeh M, Taheri PA, & Shariat M. Positive effects of low intensity recorded maternal voice on physiologic reactions in premature infants. *Infant Behavior and Development* 2017; 46: 59-66. tinyurl.com/hferg4q

Psychological adjustment after laryngectomy

The objective of this study was to assess whether social support and the ability to use alternative communication improve psychological adjustment post laryngectomy, and, if so, which specific elements of the adjustment process are influenced. The authors note that 'psychological factors related to loss of speech are an important issue which healthcare professionals should pay attention to'.

A total of 679 people with laryngectomy completed a modified Nottingham Adjustment Scale questionnaire, incorporating self-rating of anxiety, depression, self-esteem and acceptance. They also completed two questionnaires regarding their social support network, which were analysed alongside demographic information and method of communication.

The authors propose a cumulative three-phase model of psychological adjustment in which the initial phase is described as the individual's ability to recognise their locus of control and self-efficacy in relation to their disability.

The study found that social support and successful acquisition of alternative communication support this phase of psychological adjustment to life after laryngectomy. Oesophageal or tracheoesophageal speech was shown to have greater positive influence than writing, electrolarynx or gesture-based communication.

Reviewed by Freya Hickey, Clinical Lead SLT, Head and Neck/ENT, Barts Health NHS Trust

Reference

Kotake K, Suzukamo Y, Kai I, et al. Social support and substitute voice acquisition on psychological adjustment among patients after laryngectomy. *European Archives of Otorhinolaryngology* 2016 [published online 29.09.2016] doi:10.1007/s00405-016-4310-0. Open access: tinyurl.com/hfu2qr2

Therapeutic alliances in stroke rehabilitation

This meta-ethnographic review found four overarching themes when synthesising the perspectives and experiences of stroke patients and professionals during rehabilitation in the development and maintenance of therapeutic alliance (TA) – the quality of relationship between patient and therapist. These were: 1) the professional-patient relationship: connectedness; 2) asymmetrical contributions; 3) the process of collaboration: finding the middle ground; and 4) system drivers.

The methodology consisted of a systematic search, critical appraisal and meta-ethnographic synthesis. A total of 5,787 titles were identified, with 17 included after applying inclusion criteria of: qualitative data in a peer-reviewed journal; experiences and/or perspectives of the rehabilitation specialist and/or patient; TA or an aspect of the TA being discussed as the conceptual focus; and findings relating to adult stroke rehabilitation. The stroke patients had a range of deficits, including aphasia, and the professionals included physiotherapists, SLTs, doctors, nurses and OTs.

The authors found an inherent power imbalance, weighted towards professionals, underlying the development and maintenance of TA. Lawton et al suggest it is the 'inadvertent perpetuation of this imbalance ... by both dyadic agents' that needs to be redressed, as failing to do so 'may mean that patients fail to reach their full potential'.

This section aims to highlight recent research articles that are relevant to the profession. Inclusion does not reflect strength of evidence or offer a critical appraisal. If you find any of these interesting follow them up and apply your own critical appraisal.

Reviewed by Jen Thomson, Senior Stroke SLT, Leeds General Infirmary

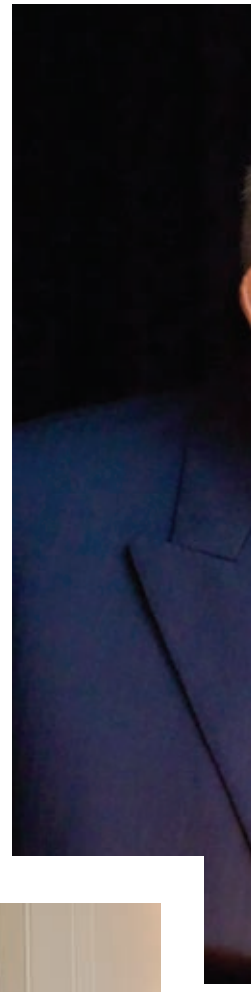
Reference

Lawton M, Haddock G, Conroy P and Sage K. Therapeutic Alliances in Stroke Rehabilitation: A Meta-Ethnography. *Archives of Physical Medicine and Rehabilitation* 2016; 97: 1979-93. tinyurl.com/jxqkecs

SHUTTERSTOCK

Entrepreneur, philanthropist and loyal friend to the RCSLT

We share a fond appreciation of Sir Sigmund Sternberg, RCSLT Senior Life Vice President, who passed away in October 2016, aged 95



Sir Sigmund Sternberg, KCSG, GCFO, JP, was a man of remarkable achievements. As well as being a highly successful entrepreneur and passionate campaigner for inter-faith relations, he also had a keen interest in matters relating to health. Having been introduced to the RCSLT by neuropsychologist Edna Butfield in the 1970s, he took a particular interest in the work of SLTs and became a strong advocate of the profession. Ever since that first introduction, Sir Sigmund's support of the RCSLT and the profession has been invaluable.

From humble beginnings

Born in Hungary in 1921, Sir Sigmund escaped being transported to a death camp by coming to England as a Jewish refugee at the beginning of the Second World War. Aged 18, and with his dream of attending university no longer viable, he gained work in a metal firm; but it wasn't long before he set up his own scrap-metal dealership – the first of many fruitful business ventures to come.

Sir Sigmund's success as an entrepreneur enabled him to establish himself as a prominent philanthropist, and by the mid-1960s he had begun to devote much of his time to charitable interests, including the Sternberg Foundation and the Three Faiths Forum, which he founded to encourage dialogue between Jews, Muslims and Christians. His ability to reach out the hand of friendship and understanding to other religions enabled him to build contacts at the highest levels, and his accomplishments in promoting inter-faith relations have been recognised by an array of honours across the world. One of particular note was bestowed upon him in 1985, when he became the second Jewish person to be granted a papal knighthood by Pope John Paul II. This close relationship with the Vatican also led him to arrange the first visit by a pope to a synagogue in 1986. There is even a portrait of Sir Sigmund in the National Portrait Gallery, painted by Valerie Wiffen (b. 1943), which depicts him wearing a tie covered with hats to represent the many positions he held.

In honour of the profession

Having received a significant number of awards over his lifetime, Sir Sigmund was a great believer in their ability to incentivise people: "You motivate people through giving prizes," he said. With this in mind, he offered to support members of the RCSLT through the Sternberg Award for Clinical Innovation, set up in 1996 in recognition of the outstanding innovative clinical work carried out by SLTs. Designed to reward initiatives that demonstrate a considerable benefit to the service, the clients and the profession, the award includes a generous financial reward of £1,000, funded by Sir Sigmund himself – although it is said that he believed it is not the monetary aspect of the prize that is important, but the recognition.

Debt of gratitude

Sir Sigmund's commitment to the RCSLT didn't stop at presenting awards. As vice-president, senior vice-president and then life vice-president, he was also highly instrumental in providing advice and support, in particular with promotion and publicity, obtaining premises that were more in keeping for a Royal College and its membership, and helping to navigate the RCSLT through the occasional rough waters. To express the immense gratitude the RCSLT has for Sir Sigmund's support, he was presented with an honorary fellowship in 1989 for his services as vice-president, and, in 2009, was presented with a special award for 'long service and unstinting commitment to the Royal College'.

Fond memories

Kamini Gadhok MBE, CEO RCSLT

Sir Sigmund will continue to remain in our hearts and minds not only for his generosity with the Clinical Innovation Awards, but also for his continuing interest in the progress of the RCSLT and the SLT profession. Sir Sigmund attended RCSLT award ceremonies with his wife Hazel whenever he could. His presence and enthusiasm were a real bonus to the award winners and to the Trustees of the RCSLT, who were able to meet and discuss our broader objectives and achievements.

I had the privilege of having meetings with Sir Sigmund where he asked to be briefed about the progress of award winners and advised on other areas as appropriate. One example where he was very helpful was in supporting the RCSLT to identify our current president Sir George Cox, who has provided a considerable amount of expertise and advice to the RCSLT.

Given the incredible number of initiatives

Below: HRH The Countess of Wessex GCVO, Patron, RCSLT; Sir Sigmund Sternberg KCSG, GCFO, JP (1921–2016); John Bercow MP, Honorary Vice President, RCSLT

PHOTO CREDIT: GEOFF WILSON

"We owe a great debt to Sir Siggy for his help in the development of our profession"

Sir Sigmund was involved in, we were very grateful for his generosity of time, advice and financial support to the RCSLT. We will truly miss him.

Joyce Cook, Retirement Network
Our profession has grown and gathered status remarkably quickly. Sir Sigmund played a large role in this. We had always had friends and contacts in allied professions but never had anybody who championed loudly for us. He thought highly of us and cared about us and the profession. This of course helped us in our confidence in ourselves and the profession.

Sir Sigmund became involved with us and served on various committees. He put considerable emphasis on the benefits of having a social side to College life, so giving us publicity and PR. These had not been considered to be of importance. The events he promoted/organised gave us new contacts and friends, and widened our horizons.

He helped us on various financial matters, but it was his advice regarding premises that was so crucial and invaluable. He felt we should own property, not to continue renting. He influenced his friends and contacts on our behalf and so we were able to purchase our first property. We moved from three rooms in rented shared accommodation to a house of 11 rooms plus a building at the rear, which was let and brought in rent.

It was a base giving us security, better working conditions and space for more meetings and social events. At last we could invite visitors to events. We had our own front door. The fact for the first time we could be proud of our premises boosted our confidence and feeling of status. The income from the rented space also helped; it was a steady income.

Over the years Sir Sigmund introduced us to many of his friends and contacts and widened our views as well as increasing our contacts.

I have found it difficult writing 'Sir Sigmund' as, after a number of years, he became 'Sir Siggy' – it was, like most nicknames, a term of affection and high regard.

We owe our great debt to Sir Siggy for all his help in the development of our profession.

Anne Christopherson, former Bulletin editor
When I first met Sigmund I was hon. press officer for the College (we were all hon., meaning amateur), having been editor of the Bulletin for 12 years in its then modest form.

As press officer, S3 took me to many events and receptions viz. Downing St, Buck House, talks to Rotarians, celebrity charity dinners. This was how to learn networking and explain our role. Sigmund showed us how to present ourselves, raise money, deal with the press and media, and make friends in politics and finance.

Sigmund was so paternal and so amused by our commercial innocence. With Sigmund's contacts and guidance we acquired our own property – a negotiable asset.

Look at us today, a fully professional team in our own admirable premises.

Sigmund showed us how. ■

Reference
Klein E. *A Knight with Many Hats*. Valentine Mitchell, Middlesex. 2012.

Rebecca Palmer

Rebecca Palmer celebrates the growth of research capacity in recent years and discusses its importance in driving development within the profession

Working together to maximise research impact

I graduated as an SLT from the University of Reading 17 years ago – how time flies when you're having fun! From the outset of my career, I had a keen interest in the evidence base behind what we do and in finding out how to optimise the care we provide for our clients. Having observed the growing enthusiasm for research in our profession over the past few years, I was privileged to be appointed as the RCSLT Trustee for Research and Development in October 2016. I'd like to thank my predecessor Professor Vicky Joffe for her drive and passion, inspiring us all to increase research activity. Vicky will be a hard act to follow!

Research at the RCSLT

During my first months as Trustee, it has been a pleasure to get to know the hard-working team at the RCSLT. There's such a lot going on, with a number of substantial projects to support the work of members. Many of these projects are related to research to grow the evidence base and support the delivery of evidence-based practice.

The RCSLT's commitment to research and development is demonstrated through the dedicated roles of Dr Emma Pagnamenta (Research Manager) and Lauren Longhurst (Research and Development Officer), who support research activity throughout the profession. I'm grateful to them both for their warm welcome and for familiarising me with the many exciting ongoing projects.

What's next for R&D?

Over the past few years the profession has seen a growth in research capacity, with increasing numbers of SLTs inspired to evaluate the services they provide, test new innovations that respond to client needs, find and apply evidence to practice, and seek out research training and collaboration with researchers in universities. This has been made possible by clinicians and service managers juggling day-to-day service needs with commitment to improving client provision, as well as a growing confidence in applying for research funding.

While continuing to grow research capacity, we now need to think creatively about sustaining the capacity our profession has for research. To maximise impact, we need to focus and shape our joint research endeavour. An example is the RCSLT's Research Priorities project, which aims to identify priorities for different client groups with members, service users and other stakeholders. High-quality research, like clinical practice, often requires a team approach, and we can broaden the reach of research impact by collaborating with medical and AHP colleagues, and with colleagues nationally and internationally.

Putting research into practice

There are many ways to get involved in research; however, it is conducted in vain unless clinicians know about it and are enabled to consider it as part of their evidence-based practice. Application of evidence in practice could be deemed the most important research activity of all, and one everyone should be able to get involved in. But let's 'get real' for a moment: not all clinicians are able to find time to update themselves with the latest evidence. How do they know what the key components of evidence-based interventions are? How can they translate all this into their practice? I was discussing these issues with an experienced, dedicated SLT recently. Like many, she wants to

About Rebecca Palmer

Background

After graduating, and my first mixed clinical post in North Lincolnshire, I studied for a PhD in computerised dysarthria therapy at the University of Sheffield. From there, I combined clinical and research work with Sheffield Teaching Hospitals NHS Trust for several years before gaining experience in clinical trials through a role as the rehabilitation and community trials manager for the National Institute of Health Research (NIHR) Trent Stroke Research Network. I now hold an NIHR senior clinical lectureship within the Health Services Research section of the School of Health and Related Research at the University of Sheffield, and an honorary speech and language therapy contract with Sheffield Teaching Hospitals Foundation Trust.

Areas of expertise

My areas of clinical and research expertise are in communication disorders post-stroke and engaging people with communication disorders in research studies, both as research participants and through patient, carer and public involvement (PCPI). I am currently chief investigator of the NIHR HTA-funded randomised controlled trial, Big CACTUS, evaluating the cost-effectiveness of computerised aphasia therapy post-stroke across the UK.

Illustration by **Tiago Galo**

use the latest evidence in her practice but meets many barriers.

Providing support

Emma is working hard to update the RCSLT webpages with links to key evidence in each area, and RCSLT members have access to a growing number of journals. I hope we can further support members in the future by increasing accessibility of evidence through signposting to information on the delivery of evidence-based interventions and providing tangible examples of how others have integrated evidence into their practice.

In fact, why not submit an abstract and come along to the RCSLT Conference in September to hear about the latest research and innovations and how others have put them into practice? I hope to meet many of you there! ■

Dr Rebecca Palmer, RCSLT Trustee for Research and Development. Email: r.l.palmer@sheffield.ac.uk

Find out more: RCSLT Conference 2017 – www.rcslt.org/news/events/forthcoming_events
RCSLT Research Priorities project – www.rcslt.org/members/research_centre/research_priorities/RCSLT

Emma Pagnamenta and Lauren Longhurst reflect on their experience of co-producing questions for new research with patients and health professionals

United in driving forward research

It is now March and excitement is building as many of you continue to join us in our ground-breaking project to set priorities for speech and language therapy research.

For the first time, we are working with members, patients, service users and carers, other health and education professionals, charities and wider stakeholders to identify what research really needs to happen. This is carried out in partnership with the National Institute of Health Research (NIHR) – the major UK public health funder of health research.

Working with the NIHR is a big deal. Not only can we be guided by their experience and best practice in how to set research questions, but the NIHR team can also quickly identify any research questions suitable for NIHR funding.

Dysphagia workshop

In January, we kicked off by focusing on dysphagia, inviting people with first-hand experience of dysphagia, SLTs working across all areas of practice, AHPs, nurses and physicians to a workshop to develop a list of questions based on areas of uncertainty for speech and language therapy. Seventy-two researchable questions were generated (see the box below for examples).

Insights from people who are living with dysphagia were extremely valuable. One attendee said she felt "pride in participating and representing a patient's point of view". Being able to share and combine these perspectives with those who provide care for people with dysphagia was truly inspirational.

Have your say

Now we would like to ask for your help. We will be launching an online questionnaire to help us prioritise the most important dysphagia questions from our long list. We need you and the people you work with and provide care for to have a say, and would be grateful if you could help disseminate our questionnaire (tinyurl.com/zggpbp8).

Join us

Our next workshop, which will focus on learning disabilities, takes place later this month. Workshops on developmental language disorder and aphasia will follow later in the year, with other areas of practice planned for 2018. Now, like never before, is your chance to bring about change in our evidence base; to ensure that it is rooted in practice with the potential for improving lives for people with speech, language, communication and swallowing needs. Please join us. ■

Dr Emma Pagnamenta, RCSLT Research Manager. Email: emma.pagnamenta@rcslt.org; @EmmaPagnamenta
@RCSLTResearch, Email: Lauren Longhurst, RCSLT Research and Development Officer lauren.longhurst@rcslt.org; @SLTLaurenL

Dysphagia questions

Questions generated from the workshop:

- What is the clinical and cost-effectiveness of existing tools for assessment of dysphagia?
- What is caregiver awareness around risks and identification of eating/drinking difficulties and the consequences of dysphagia?
- Can modifying sensory properties (eg texture, flavour) of food improve swallowing and patient experience?
- Is oral motor treatment effective in improving eating and drinking in children with neurological non-progressive conditions?
- What are the early indicators for changes in swallowing ability in the elderly?

This is only a small selection of the questions that were generated. To see the full list and add your comments, visit **www.rcslt.org/members/research_centre/research_priorities/dysphagia**

Send your CEN notice by email: bulletin@rcslt.org by 6 March for April, by 6 April for May, and by 6 May for June. To find out more about RCSLT CENs, visit: tinyurl.com/rcsltcens

Venue hire at the RCSLT – special rates for CENs. For further details or to arrange to view our refurbished rooms, email: venuehire@rcslt.org

South West Brain Injury CEN

9 March, 10.30am – 4pm

Decision-making in slow-stream neurorehabilitation and with low-level brain injured patients. Agenda will be advertised on Basecamp. £5 (pay on day). The Dean Neurological Centre, Gloucester GL2 9EE. For information and to reserve a place, email: sarah.gibbin@nbt.nhs.uk

Practical Approaches to Working with Children Who Have Social, Emotional and Mental Health Needs CEN

14 March, 9.30am – 4pm

AM: Young Minds: Bullying and Mental Health. PM: An opportunity to share resources and ideas for developing resilience and self-esteem. Annual membership: £30 (includes this and two future meetings). Tea and coffee: £2 (bring mug). All Souls Clubhouse, 141 Cleveland Street, London W1T 6QG. Contact: melaniecarte@emslt.co.uk to reserve.

East Midlands SLI CEN

14 March, 9.45 reg, 10am – 3pm

AM: Courtenay Norbury: 'Whatever happened to SLI?' Presentation of current research and discussion (SCALES and Catalise studies). PM: Billie Lowe: Words are the key to your future: Vocabulary intervention in adolescents with language disorder – update. Kairos Centre, Wilks Walk, Grange Park, Northampton NN4 5DW. £6. Bring lunch. Refreshments provided. Booking essential: eastmidsdldcen@gmail.com; Twitter: @eastmidsdldcen1

AAC London CEN

15 March, 9am – 4.30pm

Presentations on Adult CP and Eye Gaze; Research Project on Symbol Communication; Transitioning from school to adult life and more. Refreshments provided. UCL Lecture Centre, Whittington Hospital N19. All with an AAC interest welcome. Membership £20. More information: webcollect.org.uk/aaclondon or email aaclondoncen@gmail.com

Central Neuro-Rehab CEN

15 March, 9.30am – 4pm

Insight Following Brain Injury, with Kit Malia. Walsall Manor Hospital, Walsall. Student/SLTA member: £20; Student/SLTA non-member: £25; SLT member: £45; SLT non-member/other professional: £75. This event is heavily subsidised for members, so we cannot offer membership specifically for this event. Payable with booking by cheque or BACS. Email: centralneurorehabcen@gmail.com

National CEN in Disorders of Fluency

16 March, 10am – 4pm

The use of tele-medicine in stammering therapy. International and UK speakers. The Michael Palin Centre, London. Members: free; non-members: £25, includes membership for 2016/17. To book, email: lucy.kassell1@nhs.net

Yorkshire Dysfluency CEN

22 March, 9.30am – 12.30pm

The next meeting will be held at the Stammering Support Centre, The Reginald Centre, 263 Chapeltown Road, Chapeltown, Leeds, LS7 3EX. Tel: 0113 8434331

West Midlands AAC CEN

22 March, 9.30am – 3.30pm

Equipment Only Requests. Presentations to include NHSE commissioning and equipment only requests, an introduction to history and issues, and ACE Centre on their experiences of EOR. Group discussions around how would it work, processes, pros and cons, mounting, exclusions, documentation etc. Inclusive Technology will present on Insight. The Brian Oliver Centre, The Main Hall, Brooklands Hospital, Coleshill Rd, Marston Green, Birmingham, B37 7HL. Membership £5 for 1 year (3 meetings); meetings free for members. To book, email: terri.kelly@bhamcommunity.nhs.uk

South-West CEN in Autism

27 March, 9.30 – 4pm

Short sessions from members to include PECS SoSAFE!, lego therapy, yoga and ASD, theraplay + AGM. The Vassall Centre, Fishponds, Bristol BS16 2QQ. £20 membership for year, £15 for day. Cash and cheques on day; no invoices. Email: sarahlequesne@hotmail.com

London and SE ASD CEN

28 March, 9am – 4pm

Personal perspectives from Lucy Sanctuary and Dean Beadle. Special afternoon with Alex Kelly regarding supporting the development of social skills. For more details and to book your place, visit groupspaces.com/ASDSIG

AAC sig CEN

31 March, 9.30am – 3.30pm

Are you sitting comfortably? Please tell your OT. A day focusing on seating, mounting and access for communication-aid users to optimise their communication and comfort – including ideas for low-tech solutions. The AGM will also be held. Nuffield Orthopaedic Centre, Windmill Road, Oxford, OX3 7HE. To book, email: julie.atkinson@bhamcommunity.nhs.uk

South West and Wales Dementia CEN

3 April, 9am – 4.30pm

End of life care in dementia. Full agenda tbc. Cardiff Metropolitan University, Llandaff Campus, CF5 2YB. £10 pay on the day (includes annual membership). To register: sue.jones78@nhs.net

East Midlands Progressive Neurology CEN (EMProN)

3 April, 9am – 2pm

Multiple sclerosis study morning. Cognition in MS: What can we learn from psychology? Also, advances in medical treatment for MS. Speakers: Roshan das Nair, Professor of Clinical Psychology and Neuropsychology; Dr Patrick Vesey, Consultant Neuropsychologist; and Nicola Daykin, MS Specialist Nurse. Nottingham University, Jubilee Campus. Cost £10. Lunch provided. Places limited. Email: Grace.Rowley@nottinghamcitycare.nhs.uk or Lyley.Wheeler@nottinghamcitycare.nhs.uk

Yorkshire ASD CEN

5 April, 9.30am – 12.30pm

Pathological Demand Avoidance – a talk by Lizzie Scott, SLT, working in Youth Justice. AGM. £5 (includes annual membership) payable on day. Flockton House, Union Road, Sheffield, S11 9EF. Places limited. To attend, email: amy.webb1@nhs.net or laura.rose7@nhs.net

Midlands Counselling and Therapeutic Skills CEN

7 April, 9.30am – 4pm

The cycle of change: a discussion on a model of behaviour change applicable to a wide variety of client groups where intervention is indicated. Speaker: Kate Jones, Senior Psychological Therapist, Wye Valley NHS Trust. Venue tbc. Cost: £25 clinicians/non-students; £10 students. For information and to reserve: Rachel.M.Lewis@bcu.ac.uk

National CEN in Selective Mutism

27 April, 9.45am – 4pm

Supporting success with older children and teens with selective mutism. Short talks and interactive sessions. Speakers: Libby Hill and one of the SMIRA team. St James Hall, St James Terrace, Leicester LE2 1NA. Cost with lunch: members £25; non-members £45; students £15. Contact: Angela.May@northumbria-healthcare.nhs.uk

MSI/VI CEN

27 April, 10am – 4pm

Communication: Everyone's business, multi-professional approaches. Presentations: SENSE Play Toolkits; the listening group: a joint project with OT and music therapy; music therapy and communication – building a profile of communicative behaviours; habilitation, sensory room sessions and communication; review of RCSLT MSI guidelines; AGM and election of committee. Venue: RCSLT, White Hart Yard, London SE1 1NX. Members and students: £15 annual membership plus £5. Non-members: £15. To book, email: sshah@thechildrenstrust.org.uk or julia.hampson@rnib.org.uk

Scottish Adult Acquired Communication Disorders CEN

28 April

Brain tumours, with presentations looking at the brain tumour diagnosis and treatment pathway. Speakers: Occupational Therapy, Speech and Language Therapy, and Clinical Nurse Specialist. Conference Room, Pentland House, Edinburgh. Contact: Helen.Maclean@lanarkshire.scot.nhs.uk. Register: www.eventbrite.co.uk/e/adult-acquired-communication-disorders-cen-tickets-30586934344

SLT through Storytelling CEN

28 April, 10am (reg/coffee) – 3pm

Biographical narrative of a young woman recovering from a stroke. Showing the award-winning film: 'My Beautiful Broken Brain', followed by Q&A with the filmmaker, Lotje Sodderland. RCSLT, London. More info at: mybeautifulbrokenbrain.com or Louise at: lfc@lisntell.co.uk. Members £5; non-members £10. To book: jill.goulding@gmail.com

North West Voice CEN

3 May, 9am – 4.30pm

Laryngeal Dysfunction: The Role of SLT. Consultant SLTs Jemma Haines (NW Lung Centre) and Claire Slinger (Royal Preston Hospital) discuss the evidence and the role of SLT in Clinical and Service Delivery. Birchwood Park, Warrington. Lunch and refreshments included. Members: £25; non-members: £50. For information and to reserve a place by 24 April, email: sally.dennis2@nhs.net

TRACHE CEN

3 May, 9am – 4pm

Communication at all costs: exploring options for patients with tracheostomy. Queen Square, London. £21.83. Register: www.eventbrite.co.uk/e/communication-at-all-costs-exploring-the-options-for-patients-with-trachestomy-tickets-31533888710

Adult neurology CEN (Northern & Yorkshire)

4 May, 9.30am – 4.30pm

Neuro-oncology: Presentations on the management of patients with brain tumours. Talks to be confirmed but likely to include: the relevance and role of SLT, treatment and side effects, and talks from Neuro-oncology MDT members. An opportunity for therapists to share experiences and resources, and discuss clinical issues. Woodside, Rotherham, S60 2UA. £10. To book, email: rebecca.humphries@rothgen.nhs.uk

Dementia and Mental Health of Older Adults CEN – (formerly Psychiatry of Old Age (Southern) CEN)

16 May, 9.30am – 4.30pm

Study day at RCSLT offices, London. Programme to include: Dr Michael Dilley 'Functional Disorders'; Professor Jason Warren 'Update on PPA and current research'; Anna Volkmer 'Better Conversation with PPA usability workshop'; and Rachel Daly 'Shared decision making in dementia care'. Members and students: £15; non-members: £25. Email dmhcen@gmail.com for information and to book, or contact us at www.dementiamentalhealthcen.com

London and South East Region CEN in Selective Mutism

17 May, 10am – 4pm

Day to explore and share effective practice in working with young children with selective mutism. RCSLT. Contact: roberta.mendes@nhs.net

Computers in Therapy CEN (CITCEN)

18 May, 9.30 – 4pm

CommuniCATE research project presentation: use of mainstream technologies in aphasia therapy including Dragon Dictate, Amazon Fire e-readers, Skype, WriteOnline, plus Aphasia Scripts therapy software; Megan Sutton of TACTUS Therapy to discuss Tactus apps and research behind them; join in with our CITCEN Toolkit development – a resource to help SLTs overcome barriers to technology use in clinical practice; plus app development with Jon Hunt, app share and more. Claremont School, Bristol. Bring lunch; refreshments provided. £20. For info and to book, visit tinyurl.com/citcenmay17

Bulletin remembers those who have dedicated their careers to speech and language therapy

REMEMBERING

Obituary

Louise Hitchmough (née Sawyer)

1967–2016

It is with great sadness that we say goodbye to our wonderful friend and colleague Louise, who passed away on 20 September 2016.

Louise was born in the seaside town of Southport, but raised in Wilmslow, Cheshire. In 1986 she commenced her degree at Leicester Polytechnic. Following a short break for the birth of her son Joe, she resumed her studies at Manchester Polytechnic, where she graduated with her speech and language therapy qualification.

Louise worked initially in a generalist paediatric post for the NHS in Trafford before moving on to the charity Together Trust, where she was to spend the majority of her working life. Louise was drawn to some of our profession's most challenging client groups, specialising particularly in older children with complex learning difficulties and autism. She quickly became a popular and well-regarded member of the team at a number of the charity's provisions, such as Bridge College in Offerton, Bethesda and Inscape House Schools in Cheadle, as well as working in an outreach capacity for the Inscape Centre.

It was from here that Louise returned to the NHS for the latter part of her career, where she was able to share her extensive knowledge and skills with both speech and language therapy and education colleagues in Tameside. She worked with children on the autistic spectrum both in mainstream schools and resource base provisions.

Louise was an incredibly skilled therapist, who gave so much of herself to support the children and families in her care. She was consistently so kind, thoughtful and generous, always making time to offer support to colleagues who looked up to her as a role model. She was a stand-out professional with a calm resourcefulness and warm humanity. Creative and innovative, Louise was particularly instrumental in developing the use of IT in therapy, and her work will live on for many years in the continued use of resources that she created and shared with colleagues.

Louise led a full and active life with her husband Steve, particularly enjoying outdoor pursuits from their home on the edge of the Peak District, and regular holidays in Turkey and the Lake District. It came as a great shock when Louise was diagnosed as having cancer early in 2015. Characteristically, she tackled the disease head-on, and showed incredible strength and dignity in spite of the pessimistic prognosis. She underwent taxing courses of chemotherapy and radiotherapy, but sadly lost her battle just short of her 49th birthday. She passed away at home surrounded by her family.

Louise will be greatly missed by so many, and our thoughts and deepest sympathies are with her husband Steve, son Joe, brother Rob and mother Joan.

"Louise was an incredibly skilled therapist, who gave so much of herself to support the children and families in her care"

Faye Rawlinson, Independent SLT; Cathy Burgess, Tameside and Glossop Integrated Care NHS Foundation Trust; Chris Hoyle, Together Trust

NHS
Royal Free London
NHS Foundation Trust

Royal Free Neurological Rehabilitation Centre (NRC), Edgware Community Hospital

Highly Specialist Speech & Language Therapist

Job Ref: 391-5565-U-HD
Salary: Band 7 £31,383 - £41,373 pa + HCAS (Outer London)

The NRC provides interdisciplinary neuro-rehabilitation across a range of settings including a level 2 inpatient unit, outpatient and community services. This is an excellent opportunity to join an innovative and specialist multidisciplinary team. The post holder will take a lead role in the management of adults presenting with communication problems and Dysphagia as a result of a range of neurological conditions including progressive and other acquired neurological conditions.

We are looking for an experienced SLT with established skills and with substantial post qualification experience and training within neurological conditions and neuro-rehabilitation.

For further details and informal visits contact Nadia Jeffries, Clinical Lead Rehabilitation/SLT on 0203 758 2465 email: nadia.jeffries@nhs.net. To apply please go to: http://jobs.royalfree.nhs.uk/job and click on 'Allied Health Professionals'. Closing date: 19 March 2017

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KATE MEADS

SPEECH AND LANGUAGE THERAPIST VACANCIES

B5 and B6 equivalent speech and language therapist required to work at Meadow High School, in Uxbridge, for Kate Meads Associates Ltd.

- Hours: 37.5 hours per week (44 weeks per year)
- Salary: £22775 - £34800 pro rata
- Start Date: ASAP

This special needs school provides education to secondary aged students aged 11-19 years with a wide variety of conditions and pathologies.

The role is within KMA multi-disciplinary team (MDT), which is responsible for integrating clinical intervention across the curriculum, ensuring pupils readily access and engage in learning. This excellent opportunity will consolidate and expand knowledge and skills in an effective and high quality service.

Candidates will be enthusiastic, dynamic individuals and excellent team players. Experience of working with children and adolescents with special educational needs required.

Meadow High School and KMA are committed to safeguarding and promoting the welfare of children and young people and ensuring that they are protected from harm. These posts are subject to an enhanced DBS check.

For further information or to apply (covering letter and CV required) contact :- Janet Walker, Systems and Business Support Manager
Email: jan@katemeadsassociates.com
www.katemeadsassociates.com

CLOSING DATE: 17 March 2017 | INTERVIEWS: To be confirmed

caudwell children

Clinical Lead

Location: Stoke on Trent, Staffordshire
37.5hrs per week | Circa £60K dependent on experience

This is a once-in-a-lifetime opportunity for an experienced and driven autism clinician to really make a difference to the lives of autistic children and their families.

Established in 2000, Caudwell Children is a national charity with 17 years' experience of providing practical and emotional support for thousands of disabled children each year.

Autism affects over half of the children we support and we have anecdotal evidence on the successful approach to supporting autistic children and their families. However, it is our firm belief that through further research, a more robust and effective means of supportive intervention can be identified to improve the quality of life for autistic children and their families.

Now is the time to put our experience to good use and contribute to the global conversation regarding autism through the development of our iconic purpose-built therapy and research centre within the grounds of Keele University, and the introduction of a ground-breaking multidisciplinary clinical service and family support programme.

We are seeking an experienced autism clinician with a postgraduate qualification in either Psychology (Clinical, Educational or Counselling), Speech and Language Therapy or Occupational Therapy to support our Director of Clinical Services and Research, Dr Juli Crocombe, and lead a growing team of passionate autism professionals who share our vision.

For further information please contact Dr Juli Crocombe, Director of Clinical Services on: 07747 568411.
To apply please send your CV to: recruitment@caudwellchildren.com

St Dominic's School

Hambledon, Godalming, Surrey GU8 4DX
Tel: 01428 684693 • Fax: 01428 685018

Speech and Language Therapist

£24,893 – £34,758 per annum, depending on experience
Full time, term time only

St Dominic's School is an Autism Accredited school, rated "Good" by Ofsted, a weekly residential and day school catering for up to 110 students between the age of 7 – 19 who have a range of academic abilities but with complex special needs. We offer a truly multi-disciplinary approach, teachers work with therapy and care staff to enhance the learning process and provide an exciting waking day curriculum. Staff work together to provide a blended approach to therapeutic and educational support, both within individual lessons and across the school as a whole.

We are looking for an enthusiastic and strongly motivated individual to join our experienced team providing intensive specialist support for pupils and students. We seek a therapist who wants to develop their career, skills and knowledge in a specialist educational setting from Key Stage 2 to 5. Experience of working with children and young people with a range of needs including SpLD and Autism is desirable.

This is a unique opportunity to develop clinical skills within an educational environment, offering the chance to work collaboratively with a range of professionals and to use therapeutic skills creatively to meet the needs of pupils and students. In return, we offer excellent support from colleagues and staff, commitment to CPD, and access to internal and external training.

If you believe you can help our learners to fulfill their potential at school, at home and in their communities and are looking for a fresh challenge, then this role may be just what you are looking for.

For an informal discussion about the role please contact Emily Rackstraw, Clinical Lead SaLT at erackstraw@stdominicsschool.org.uk

An application pack is available from our website **www.stdominicsschool.org.uk**
Please email the completed application to **office@stdominicsschool.org.uk**

Closing date: Thursday 23 March 2017.

RADIUS Special Education Trust

We are committed to safeguarding and promoting the welfare of children and all staff will be DBS checked.

St Dominic's is part of Radius Special Education Trust.

Speech and Language Therapists

We have a number of job opportunities arising in 2017:

Band 5/6 Equivalent
Roles are flexible: Full-time, Part-time or Term-time
Start dates: April 2017 and September 2017
Salary: Dependent on experience

Sarah Buckley Therapies Ltd. is a thriving paediatric speech and language therapy practice in South East London. We are committed to providing a high quality and effective service that is tailor made for our clients. We provide speech and language therapy to primary and secondary schools.

We are looking for speech and language therapists wanting to begin or develop their speech and language therapy career as part of our supportive and sociable team.

- We believe in ethical and responsible business with transparent and fair treatment for all our clients.
- We provide a robust programme of regular and ongoing individual and group supervision.
- We have a commitment to lifelong clinical development, investing in our therapists to ensure they receive the training and support they need to continue developing as professionals throughout their careers.
- This employment offers excellent employee benefits, including a pension scheme, private health insurance, laptops, mobile phones, access to training budget.

Our offices are located in Bromley and are fully equipped and accessible.

For further information on how to apply, please contact Sarah Buckley or Rebecca Kemsley:
e: jobs@sarahbuckleytherapies.co.uk t: 020 8313 1939

WOODCROFT SCHOOL

Developing/Specialist Speech & Language Therapist

Woodcroft School, Loughton, Essex

Maternity cover from 15 May 2017– Feb 2018

- On-site MDT and small caseload
- Part-time (full-time considered), term time only
- Salary £27,617 to £36,890 pro rata dependent on relevant experience

Woodcroft is an independent primary day school for children with complex special needs. The school is set in beautiful surroundings on the edge of Epping Forest and within daily reach of London. We have an experienced, committed and approachable team of teachers, therapists and support staff. The National Autistic Society accredits our provision and we meet the Investors in People standards for staff development.

Closing date for applications is 22 March 2017
Interviews on 27 March (1st) and 29 March (2nd)

For full details on how to apply please phone 020 8508 1369 or visit **www.woodcroftschool.net**

Speech and Language Therapists

Salary: £22,706 - £34,290 dep on experience (band 5/6 equivalent)
Hours: Full and part time hours considered
Type: Permanent, 52 weeks and term time considered

Seashell Trust runs an Outstanding (Ofsted) special School and Specialist College with 17 on-site residential homes for children and young people with complex learning disabilities, physical disabilities and multisensory impairments.

We are recruiting for 2 Speech and Language Therapists to provide a service for children and young people. The roles will support staff to ensure a high level of proficiency in issues related to communication, and deliver services as part of a multidisciplinary team.

Requirements:

- Previous experience of assessment and delivery of therapy for communication skills with this client group
- Post Basic Dysphagia Qualification preferred
- Understanding of AAC
- Recognised Speech and Language Therapy qualification
- Registered member of Royal College of Speech and Language Therapists (RCSLT)
- Registration with the Health Professions Council

Closing date: 31st March
To apply please visit **www.seashelltrustcareers.org.uk**
or for more information please email recruitment@seashelltrust.org.uk

At Seashell Trust we strive to deliver excellence by enhancing the communication skills, social skills, and overall independence and quality of life for our children and young people.

We value diversity and are committed to equal opportunities. Disabled candidates who meet the minimum criteria on the person specification will be guaranteed an interview.
This charity is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.

Specialist Speech and Language Therapist Band 6

Midlands Psychology is a well-established, not-for-profit Social Enterprise commissioned by the NHS to provide autism services in South Staffordshire.

An exciting opportunity has arisen for a highly motivated and experienced Speech and Language Therapist to work within the Autism Team.
The post holder will have 3-5 years experience and be able to demonstrate knowledge and skills of working with children and young people ages 0-18 years whose communicative presentation is associated with an Autism Spectrum Condition (ASC). We are looking for a good team player who is keen to develop their skills further working with children who have an ASC.

The post holder will work within the multi-disciplinary team of professionals delivering assessment and intervention supports within the South Staffordshire area.

Due to the nature of this role it is essential that applicants are able to travel independently and have access to a vehicle for this purpose.

Membership of the RCSLT and HCPC registration is essential.

For further information about this post please contact Abbey Boss via email at **abbey.boss@midlandspsychology.co.uk.**

The closing date for this post is 24th March 2017

Bòrd SSN nan Eilean Siar

NHS Eileanan Siar Western Isles

Speech and Language Therapy Department, 25 Winfield Way, Balivanich, Benbecula HS7 5LH

Speech & Language Therapist (Band 6/5)

Band 6 £26,565 - £35,577, Band 5 £22,218 - £28,746 plus Distant Islands Allowance £975
37.5 hours per week – Permanent post – Ref: SW999/AHP/WI1770b/SH

Are you interested in working and living in an area of natural beauty with clean air, no traffic jams and the opportunity to explore a variety of outdoor leisure activities, cultural activities, as well as a wealth of traditional craft and music related pursuits? Would you like to be able to see a patient's care through from start to finish? Would you like to work in a pleasant and supportive department?

We are looking for a dynamic therapist to join our friendly and enthusiastic team of 12 [Speech and Language Therapists and Assistants] in providing a comprehensive service to the population of the beautiful Western Isles of Scotland. The post holder will take clinical responsibility for a mixed caseload of paediatric clients, including those with additional support needs. You will benefit from being able to build rapport with clients and their families while delivering person-centred care. This post is based in Benbecula and provides services in a variety of health, education and community locations across the islands of North Uist, Benbecula, and South Uist (collectively known as the Uists) and Barra.

A new graduate, who could start at Band 5 and develop their skills to fulfil the duties of this position, may be considered (per Annex T of NHS Terms and Conditions of Service Handbook Scotland). Support from our senior Speech and Language Therapists is available.

The post holder will:

- Have access to training on and off the island or via video conference.
- Have access to study facilities available within the University of Stirling Campus, which is housed in the Western Isles Hospital, and departmental access to the internet.

The Western Isles offer a safe and pleasant environment to live and work in. Housing costs and crime rates are relatively low. There are daily travel connections to the mainland via air and ferry. For more information on living and working in the Western Isles visit these websites: www.wihb.scot.nhs.uk/wihrr.pdf and www.visitouterhebrides.co.uk.

As a resident of the Western Isles, the successful candidate will be eligible to hold an Air Discount Scheme (ADS) card [this is a Scottish Government initiative aimed to make air travel more affordable for remote communities in the islands by providing a discount of 50% on the core air fare on certain eligible routes].

A car driver is required for this post due to the spread of locations across the islands. The successful applicant will be required to register with the PVG (Protecting Vulnerable Adults) Scheme.

Return fare and subsistence for period of the interview will be provided.

For further information please contact Christine Lapsley, Speech and Language Therapy Manager, tel: 01870 603 241 or 07769 932 180.

All NHS Western Isles vacancies appear on the SHOW website: www.jobs.scot.nhs.uk along with a job description and an application form. This post is not eligible for relocation expenses.

Return completed application form in Word Format to wi-hb.recruit@nhs.net or mail to: Human Resources Department, Western Isles Hospital, Macaulay Road, Stornoway, Isle of Lewis HS1 2AF. Tel: 01851 762005 or 762027.

Closing date: 3 April 2017.

Misneachail mu chiorramaich

www.jobs.scot.nhs.uk

Young Epilepsy

Better futures for young lives with epilepsy and associated conditions

Speech & Language Therapist

Band 6-7 Based in Lingfield, Surrey

Permanent, part-time, 22.5-26 hours per week

Come and join a young, enthusiastic, multi-disciplinary therapy team delivering residential and day services for children and young people. Working initially with our special school students aged 5-19, you will have opportunities to gain experience in three other settings: services for young adults aged 19-25, outreach to teenagers attending local FE colleges, or intensive inpatient paediatric neurorehabilitation.

To discuss this post or arrange an informal visit, please contact Linda Edwards, Therapy Manager, on 01342 831270 or email: ledwards@youngepilepsy.org.uk

For further details of this and other vacancies, please visit our website www.youngepilepsy.org.uk/jobs

Closing date: 17 March 2017.

Young Epilepsy strives to employ people that reflect the community it serves; therefore applications from minority groups and disabled people are particularly welcomed.

We are a Two Ticks (Positive about Disability) organisation.

Young Epilepsy is the operating name of the National Centre for Young People with Epilepsy. Registered Charity No: 311877 (England and Wales).

NHS
Sheffield Teaching Hospitals
NHS Foundation Trust

Speech and Language Therapy Service

Specialist Speech & Language Therapists

Job Ref: 190-3971-COM
Salary: Band 6 £26,302 - £35,225 pa pro rata
Hours: f/t 37.5 pw until 1/09/17 and p/t 22.5pw

Both posts are part of the Community Older Adult Team, which provides a domiciliary service to older adults with mixed pathology, including dementia. The post holders will specialise in the assessment and management of acquired communication disorders and dysphagia.

Support will be available from a range of specialist therapists including stroke, communication disorders and dysphagia.

For more information contact Sarah Minshall, OACT Team Leader on 07779 424839 or 0114 3053188. To apply, visit www.jobs.nhs.uk Alternatively, call 0114 305 2503 (office hours). Closing date: 31 March 2017 Interviews: 20 April 2017

PROUD TO MAKE A DIFFERENCE

Communicourt
communication matters in the courts

Want to be part of an exciting and pioneering team with fantastic opportunities for progression?

Communicourt is the leading provider of intermediaries to the criminal and family courts across England and Wales. We carry out detailed communication assessments and give practical advice to the courts about how a person's communication difficulties will impact on their ability to understand and participate in the justice system. We then suggest strategies that will assist and provide practical support for vulnerable people through the process. Founded in 2011, Communicourt now employs over 30 people, and continues to grow.

The people we work with may have learning disability, a mental health condition, Autistic Spectrum Condition, an acquired communication disability, ADHD, or ABI, and may be any age from 10 upwards. The oldest person we have worked with is 101!

Full Time Permanent

Intermediary in the Criminal and Family Courts

37.5 hours a week

Salary £21k-£24k according to skills and experience (increasing with training and experience. London Weighting available)

Communicourt are looking for Speech and Language Therapy graduates with a passion for justice and fairness for individuals with communication difficulties. You will need to have knowledge of mental health conditions and learning disabilities, excellent oral and written communication, and be eager to develop your professional skills.
You will learn to:

- Accurately assess, monitor and appraise an individual's communication difficulties
- Advise on a client's difficulties and make recommendations for managing these at court
- Work with law practitioners to enable the defendant to participate in the court process.
- Where necessary actively facilitate communication between the client and other parties during the trial

For full details including how to apply visit www.speech-language-therapy-jobs.org

Newly Qualified Practitioners welcome to apply, with opportunity to complete and sign off competencies

Full time Permanent

Practitioner Manager

£32-£38k (depending on experience)

Communicourt are looking for a dynamic and inspirational Speech and Language Therapist with a proven track record in people management to lead our enthusiastic team of intermediaries working with people with communication disability in the family and criminal courts.

Due to further growth of Communicourt's services we need a Speech & Language Therapist Manager to work alongside our Operations Manager to deliver a quality service to our clients.

If you think you have what it takes to lead our vibrant team of professionals, get in touch. We would love to hear from you.

For an application pack for either position please email Ashleigh.gibbs@communicourt.co.uk for an information pack
Location - anywhere in England provided you can access a major railway station.

Isle of Wight NHS
NHS Trust

Children's Speech and Language Therapy Support Service

Speech and Language Therapists

We are looking for two enthusiastic Therapists who have a positive attitude and are committed to supporting children and families with communication difficulties ensuring a well-co-ordinated and effective speech and language provision. This is a needs-led service functioning within a framework of universal, targeted and specialist provision.

Band 5 - You will need to have a qualification in Speech and Language Therapy and appropriate professional registration. You'll provide services to children with a range of speech, language and communication needs.

Band 7 - As an experienced SLT, you'll assess, diagnose, plan, deliver and implement appropriate support in order to meet the identified clinical needs of the child within all their contexts. You will also work collaboratively with and provide training, mentoring and coaching to parents, carers, education colleagues as well as other professionals.

Both posts will be based within a friendly and supportive team at St Mary's Hospital. These posts require travelling to pre-schools/schools, children's centres and other community settings, so a car driver is essential. We are an organisation with a commitment to personal development via supervision and in-service training.

Please contact Becca Burr, Professional Lead for Children's Speech and Language Therapy on 01983 521948 or 01983 822099 ext. 6152, email: becca.burr@iow.nhs.uk

To apply, visit www.jobs.nhs.uk and search under relevant Job Ref number: Band 5: 470-16-483-CJF Band 7: 470-16-181-TS

Closing Date: 26 March 2017

NEW JOB?

The official recruitment site for the **RCSLT,** the professional body for speech and language therapists in the UK, and the best place for speech and language specialists to find jobs.

You can search for vacancies for SLTs, including full-time speech and language therapy vacancies and part-time roles, or view lists of vacancies matching popular searches, such as speech and language therapy jobs in London and lecturer vacancies.

Start your search today and visit
www.speech-language-therapy-jobs.org

RCSLTjobs bulletin ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

MY WORKING LIFE

Nikki Freeman

OCCUPATION: NEWLY QUALIFIED, INDEPENDENT SLT

"If you are reading this as a student and are worrying about future employment, consider all the options"

Twelve months ago, I was still to achieve my dream of working as an SLT. I had worked as a primary school teacher for several years and became interested in speech and language therapy as I noticed an increasing number of children starting school with communication needs. I felt limited as to how to help these children achieve their potential, so decided to take the plunge and retrain for a new career.

The only way possible was to do a part-time course over six years, graduating from Birmingham City University (BCU) in September 2015. Family issues necessitated deferring my final assignment, which meant that I was hitting the job market later than my cohort. That, coupled with the scarcity of relatively local jobs for which I could apply, meant that I found myself back 'at school'. Although immensely grateful for having a teaching job, my aim was to secure a post as a therapist, knowing that a further trial period, working towards my competencies, was still ahead of me.

In February 2016 I received an email from the clinical placement co-ordination team at BCU, circulating the offer for a newly qualified therapist to work through the competency framework with an independent speech and language therapy company in the West Midlands. It almost seemed like fate!

I went to an informal meeting with the directors and found myself alongside others also due to graduate that summer. This initial meeting outlined what it's like to work independently and how it differs from the traditional NHS route. "Independent practice is not for everyone," we were told, and the case for and against was fairly put.

Three of us applied for the opportunity and attended a more formal interview. I approached the interview with trepidation. I had had little involvement with speech and language therapy for almost a year. I felt rusty; all my knowledge seemed distant. Would I remember enough? I felt disadvantaged by being out of the loop and up against younger, fresher faces who would surely have the edge.

The interview was as relaxing as was possible without compromising rigour and fairness. I was faced with questions about information-carrying words and working as part of a multidisciplinary team, plus a practical exercise involving management plans for a sample client. By the end of that day I had the offer of a chance to work towards my competencies, with the potential for work as a self-employed SLT at the end of it.

The directors adapted the RCSLT competency framework to reflect the priorities for working in an independent environment. Dimensions 1 to 8 remained virtually untouched, but with additional, more-pertinent evidence examples. Dimension 9 (locally driven competencies) included statements that reach into the world of independent working and self-employment.

I have a lead supervisor but am also well supported by three of the company associates. I have gradually been given more autonomy and, now on the brink of being signed off, I feel not only competent but also confident to move forward. I have seen a huge range of speech, language and communication needs involving a continuum of disability within mainstream education, and have been given the opportunity to work alongside school staff to deliver and evaluate therapy. I have also taken part in the Speechlink research project in Birmingham.

Sign-off day is imminent. The learning curve has been steep, but I accepted this when starting this journey. I feel energized, and the job satisfaction element is enormous. I know there will be continuing challenges ahead, but today endorses the decision I took more than seven years ago.

By writing about my working life, I hope to encourage others. If you are a student and are worrying about future employment, consider all the options – it certainly worked for me! ■

6-7 March, Holiday Inn, Media City, Salford; 22-23 May, RCSLT, London;

Elklan total training package for 11-16s

Equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £495 pp. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

6-7 March, Salford Quays; 24-25 May, RCSLT, London,

Elklan total training package for 3-5s

Equips SLTs and teaching advisors to provide practical, accredited evidence-informed training to staff working in Early Years settings from 3-5 years. There is an optional TTP for 0-3s on 8 March. Additional day provides information for those working with 0-3s. Teacher/therapist teams welcome. Also running on 24-25 May, RCSLT, London, with optional TTP for 0-3s on 26 May.£495 for 3-5s two days. £745 for all three days. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

7 March, Salford Quays

Elklan Let's talk with 5-9s tutor training pack

Designed for SLTAs, HLTAs, TAs, SENCOs, teachers and parents to equip you to provide accredited, practical, evidence-informed training to parents/carers of 5-9 year olds. Participants must have successfully completed the Elklan Level 3 award, 'Speech and language support for 5-11s'. £235 pp. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

8 March, Salford Quays

Elklan Let's talk with under 5s tutor training pack

Designed for SLTAs, EY practitioners and parents to equip you to provide accredited, practical, evidence-informed training to parents/carers of 2-5 year olds. Participants must have successfully completed the Elklan Level 3 award, 'Speech and language support for under 5s/0-3s'. £235 pp. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

8 March, Holiday Inn, Media City, Salford; 26 May, RCSLT, London

Elklan total training package (TTP) for 0-3s

Equips SLTs and teaching advisors to provide practical, accredited evidence-informed training for staff working in Early Years settings to enable them to develop the communication skills of babies and very young children. One-day course for existing Elklan tutors who have trained on total training packages for 3-5s or under 5s. Teacher/Therapist teams welcome. £250 pp. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

9-10 March, Salford

Elklan total training package for children with complex needs

Equips SLTs and teaching advisors to provide practical, accredited evidence-informed training to support communication in children with more complex needs. It covers pre-intentional to early intentional communication skills. £495 pp. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

9-10 March, Holiday Inn, Media City, Salford Quays; 24-25 May, RCSLT, London

Elklan Total Training Package for 5-11s

Equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to education staff and SLTAs. £495 pp. Tel: 01208 841450, email: henrietta@elklan.co.uk, vsit: www.elklan.co.uk

24 March, Birmingham

CPD Masterclass: Autism: knowledge and implication. What do we really know about ASD and what should we be doing about it?

Dr Dougal Hare, Reader in Clinical Psychology at Cardiff University. Looking at ASD beyond DSM; exploring the emerging landscape of traits, 'autisms'. The end of ASD as we know it? £195 pp. Email: info@coursebeetle.co.uk, visit: http://coursebeetle.co.uk/cpd-masterclasses/

27 March, Manchester

Assistant dysphagia practitioner training

For people who support children or adults with eating, drinking and swallowing difficulties. Learning outcomes: understand swallowing process and associated risk. Learn texture modification and preparing suitable food and drink. Visit: www.eg-training.co.uk

28-29 March, RCSLT, London

Elklan total training package (TTP) for pupils with SLD

Equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to develop communication in children and young people with severe learning difficulties in all settings including mainstream schools. £495 pp. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

29 March, UCL

Developing research ideas

Helps clinicians develop their research ideas into concrete plans. Learn how to formulate research questions, prepare a research plan, and explore next steps. Free. Visit: https://tinyurl.com/ARHCD

7-8 April, Gatwick Hilton Hotel

Insight workshop

Interactive workshop suitable for professionals working with adults who have insight problems following brain injury. £175 pp. Tel: 01276 472 369, email: enquiries@braintreetraining.co.uk, visit: http://www.braintreetraining.co.uk/i_spf.php?id=63

27 April, Leeds

British Aphasiology Society Research Update Meeting

CPD event, presenting ongoing aphasia research studies. £5 for BAS members. Email: l.thiel@leedsbeckett.ac.uk

5 May

LEGO Therapy

By providing a joint interest and goal, LEGO building can become a medium for social development such as sharing, turn-taking, communication, listening, making eye-contact, and following social rules. £100 pp. Email: The Ear Foundation at susanna@earfoundation.org.uk

6 May, Aston University, Birmingham

NAPLIC conference & AGM

The impact of language on behaviour, mental health and wellbeing in children and young people. Keynotes: Pamela Snow and Judy Clegg. Practitioner presentations. Exhibition. Members: £95 to 6 March/£155 after. Non-members welcome. Tel: 01273 381009, email: carol.lingwood@btopenworld.com, visit: www.naplic.org.uk/conferences

8 May, Birmingham

Quest Training Cervical Asculation course

A practical skills-based course. £142.50 pp. Tel: Jo Frost on 07904 981 462, email: Jofrost29@gmail.com, visit: www.quest-training.com

9 May, RCSLT, London

The East Kent Outcome System (EKOS) in practice

Maggie Johnson leads study day: Are you or your team interested in a multidisciplinary approach to improving clinical effectiveness and commissioning for outcomes? £150 pp including lunch and EKOS user-manual. Email: pip.hardy@nhs.net

12 May, Gatwick Hilton Hotel

Active relaxation training workshop

Practical, one-day interactive workshop suitable for professionals working with individuals who have health problems made worse by stress and/or fatigue issues. £85 pp. Tel: 01276 472 369, email: enquiries@braintreetraining.co.uk, visit: http://www.braintreetraining.co.uk/relaxation_spf.php?id=64

W/C 15 May

Intensive training week: Early intervention

Often, auditory learning is confused with auditory training and the link between cognition and language is missed. Enables you to plan sessions with greater impact. £500 pp. Email: The Ear Foundation at: susanna@earfoundation.org.uk

18 and 19 May, Northwick Park Hospital

Adult apraxia of speech

Professor Nick Miller leads practical workshop reviewing evidence-based assessment and therapy for apraxia of speech with case studies. £230. Tel: 020 8869 2808, email: Merry.Wright@nhs.net

19 May

Assessments, Better Targets, Better Teaching & Therapy

Benefits and challenges of assessing children from birth to 16. For teachers of the deaf and SLTs. £100 pp. Email: The Ear Foundation at susanna@earfoundation.org.uk

22-23 May, RCSLT, London

Elklan total training package for verbal children with ASD.

Equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to those supporting verbal children with ASD. Covers a range of practical strategies and approaches. £495 pp. Tel: 01208 841450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

22-26 May and 15 January, City Lit, London

Working with adults who stammer

Interactive workshop covering assessment and selection, block modification, interiorised stammering, art therapy and acceptance and commitment therapy, plus opportunity to practise teaching strategies to clients. £549 pp. Tel: 020 7492 2579, email: rachel.everard@citylit.ac.uk

27-31 March, The Bobath Children's Therapy Centre, Wales

Breathing in children who have cerebral palsy

Deepen your understanding of the effects of cerebral palsy on breathing in children who have different presentations and explore how treatment can be adapted to improve aspects of the child's activity. For paediatric SLTs and physiotherapists who are working with children with cerebral palsy. £795 pp. Email: training@bobath.org.uk, visit: www.bobath.org.uk

11-12 May, City Lit, London

Mindfulness for SLTs

Experiential introduction to key elements of mindfulness with reference to mindfulness-based stress reduction and mindfulness-based cognitive therapy. Relevant to wide range of adult/paediatric client groups and has personal stress management/well-being benefits for therapists. £189 pp. Tel: 020 7492 2578, email: carolyn.cheasman@citylit.ac.uk

26 May, Hartlepool

CPD Masterclass: Whole school approaches for SLCN (Primary)

Led by Wendy Lee, former Communication Trust professional director and lead on 'What Works' and Claire Vuckovic, senior lecturer (SEND and Inclusion), University of Cumbria. Ideal for joint SALT/Teacher/SENDCO attendance. £195 pp. Email: info@coursebeetle.co.uk, visit: http://coursebeetle.co.uk/cpd-masterclasses/

8 June, Central London

The Therapy Outcome Measure (TOM)

Training workshop with Professor Pam Enderby. £175 pp. (Check the event listing in the CTN website for discounts for RCSLT members.) Visit: www.communitytherapy.org.uk

8 June, Royal Hospital for Neuro-disability, London

An interdisciplinary team approach to the management of patients in prolonged disorders of consciousness

Includes an introduction to terminology, current research and RCP guidelines, assessment, management and the family perspective. With workshops on interaction and ethical issues.£75 pp.
Email: institute@rhn.org.uk, visit: www.rhn.org.uk/docstudyday

9 June, Hartlepool

CPD Masterclass: The current evidence base for school-aged children with language impairment

Focus on the evidence for different approaches to improve sentence production and comprehension, narrative, vocab and word finding. Led by Dr Susan Ebbels. £195 pp.
Email: info@coursebeetle.co.uk, visit: http://coursebeetle.co.uk/cpd-masterclasses/contact

W/C 12 June

Complex Needs Week

Individual day courses covering ANSD, CMV, prematurity, ASD, Deafblindness, Sensory Processing Disorder. £100 pp/day. Email: The Ear Foundation at susanna@earfoundation.org.uk

12 -14 June, City Lit, London

Effective counselling skills for SLTs

Includes developing therapeutic relationship, boundaries, hearing the story, confronting, immediacy, self-disclosure and loss. Highly relevant to work with any client group; practical and experiential. £349 pp.
Tel: 020 7492 2579,
email: rachel.everard@citylit.ac.uk

12-16 June, UCL, London

Working with deaf people

Part 1: An introduction to all aspects of assessment and therapy with deaf children and adults. £460 pp.
Tel: 01227 262141,
email: ruthmerritt@csdconsultants.com, visit: www.csdconsultants.com

14-16 June, Weston-super-Mare, England

It Takes Two to Talk certification workshop

Learn how to facilitate parents' involvement in their child's early language intervention through teaching, coaching and scaffolding so that they can effectively apply the learning to everyday interactions with their child.

19-23 June, Wyboston Conference Centre, Bedfordshire

Makaton regional tutor training

Develop your knowledge and understanding of the Makaton language programme and learn about delivering Makaton workshops. Regional tutors can deliver all of the standardised Makaton workshops to parents and professionals. Delegates must have attended both the foundation and enhancement workshops. Email: training@makaton.org, visit: Makaton.org

23 June, London

Success and confidence in your independent practice

For therapists who want to start or develop an independent practice. Practical course with lectures and small group mentoring from experienced IP managers.
Visit: www.eg-training.co.uk

23-24 June, Gatwick Hilton Hotel

Cognitive rehabilitation workshop

Suitable for professionals working with adults who have cognitive problems following brain injury. £175 pp. Tel: 01276 472 369, email: enquiries@braintreetraining.co.uk, visit: http://www.braintreetraining.co.uk/crwp_spf.php?id=65

23-24 June, National Hospital for Neurology and Neurosurgery, London

LSVT LOUD training and certification course

Learn the evidenced-based voice treatment for Parkinson disease with application to adults and children with other neurological conditions. Professional: £525 pp, student: £300 pp. Email: info@lsvtglobal.com, visit: www.lsvtglobal.com

27 June, City Lit, London

SLT-facilitated aphasia groups

Explore creative approaches to running aphasia groups. Aimed at qualified SLTs. Speakers include specialist SLTs as well as service users and volunteers from City Lit Communication Groups. £79 pp.
Tel: 0207 492 2569. Email: Cathinka.Guldberg@citylit.ac.uk

27 and 28 June, Cardiff Metropolitan University

Introduction to Neuro Linguistic Programming (NLP) for SLTs

Provides participants with advanced communication techniques and is suitable for SLTs and managers working in all settings. Covers practical tools to enhance effectiveness and get better results, professionally and personally. Includes tools to set motivating goals; deal with limiting beliefs; get into the right emotional state; and manage challenging issues. Course tutor: Francesca Cooper, senior lecturer in SLT, NLP master practitioner and trainer.
£260 pp. Tel: 029 2020 1546, email: cshsconferences@cardiffmet.ac.uk

27-29 June, Wirral, Liverpool

Learning Language and Loving It certification workshop

Learn how to provide outstanding in-service education that gives Early Years practitioners the skills to facilitate children's social, language and literacy development.
Email: info@hanen.org

29-30 June, RCSLT, London

smiLE Therapy practitioner training package

Teaches functional communication and social skills in real everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, SLI, learning difficulties, physical disability, from age 7 to 25. For specialist teachers and SLTs. Email: info@smiletherapytraining.com;
visit: www.smiletherapytraining.com

17-18 July, Wilmslow, Cheshire

Paediatric Dysphagia Neonatal Feeding

Promotes understanding of the assessment, management and impact of neonatal feeding and swallowing disorders. Taught theory sessions and video observation. Introductory course for SALTs working with neonates and premature babies. Tutors: Gillian Kennedy and Liz Clarke, UCLH. £300 pp. Email: ecn-tr.pavilionhousepaedstherapies@nhs.net

20-22 September, Derby

More Than Words certification workshop

Learn how to involve parents of children with autism to facilitate their child's social and communication skills in everyday contexts, fulfilling the key criteria for effective early intervention for these children.
Email: info@hanen.org

Verbatim patient quote,
Fresenius Kabi data on file
– Thick & Easy™ Clear
Acceptability Study Report Sept 2014

Simply restoring confidence

THICK & EASY™ CLEAR

Thick & Easy™ Clear is a gum-based drinks thickener that retains the natural appearance, taste and texture of fluids,[1] and also ensures a consistent thickness over time.

What's more, Thick & Easy™ Clear:

- Encourages fluid intake, meaning that patients can hydrate effectively while consuming drinks in their own time
- Facilitates confidence to drink by reducing the fear of swallowing

Contact us today on **01928 533516** or visit **www.fresenius-kabi.co.uk** and find out how we can help your patients rediscover a sense of normality.

References: 1.Fresenius Kabi data on file – Thick & Easy™ Clear – Acceptability Study Report Sept 2014.

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