

The RCSLT five core capabilities guiding the development of the speech and language therapy workforce

Guidance for newly qualified practitioners (NQPs)

The five core capabilities of the speech and language therapy profession (see Fig.1) provide a focus for learning activities; the development of curricula and shared resources; and delivery of the outcomes inherent in the vision for the workforce.

Each core capability represents a particular strength that SLTs bring to the services that they provide. These core capabilities act as a guide from the start of becoming an SLT, through to the newly qualified period and as an ongoing reference point for shaping the lifelong learning of the speech and language therapy practitioner as part of their CPD. The capabilities act as an adaptable professional tool from which to embrace the challenges of rapidly changing professional contexts.

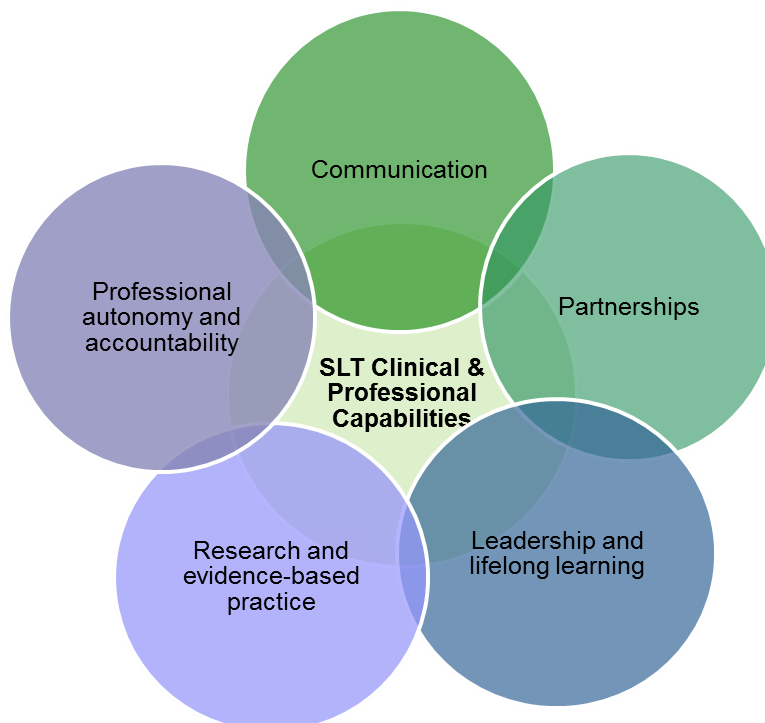


Figure 1. The RCSLT five core capabilities

The five core capabilities support SLTs as they develop and work in any specific clinical or professional area and reflect their unique professional knowledge, which is underpinned by further RCSLT guidance.

Defining speech and language therapy: SLT clinical and professional capabilities

Speech and language therapists:

- are uniquely qualified as experts in communication and dysphagia science and practice; this enables them to improve outcomes for people who have speech, language, communication and/or eating and drinking difficulties. They are the lead professional in the assessment and management of conditions in these areas.
- provide assessment, identification, treatment, support and care for infants, children, young people and adults who may have a wide range of speech, language and communication needs, or difficulties with eating, drinking and swallowing. SLTs work within a variety of contexts, such as the NHS; voluntary, community and social enterprise sector (VCS); education; justice and within independent practice. They also work in many settings, from hospital wards and nursing homes, to schools, prisons and clients' homes.
- usually work as part of a team alongside other health, education and social care professionals, including nurses, occupational therapists, doctors, teachers and teaching assistants, educational and clinical psychologists, and paid and unpaid carers. They provide client-centred care, recognising and valuing the key contribution of the service user and their carer(s) in developing appropriate intervention plans.

Effective and safe practice in speech and language therapy requires the assimilation, integration and critical application of professional and practical capabilities derived from the core discipline of speech and language therapy and from a range of contributing disciplines.

SLTs are the only professionals that apply their knowledge and skills to transform the communication, eating, drinking and swallowing abilities of individuals, groups and communities. They do this by contributing to the prevention and self-management of speech, language and swallowing difficulties and, where appropriate, by assessing, treating and managing the needs of service users.



1. Communication

The essential capabilities for SLTs are threefold:

- To support service users in developing their abilities;
- To support the abilities and methods that others use in their communication with service users;
- Crucially, SLTs themselves demonstrate adaptability, self-awareness and sensitivity in their own interactions with service users and with members of their teams and other agencies.

The evidence that communication changes lives is at the heart of what drives the profession. As experts in communication, SLTs are ideally placed to recognise and promote often unheard perspectives, and to work collaboratively to address the key challenges faced by service users in whichever setting is most appropriate. The speech and language therapy professional skillset and influence goes beyond the individual: it influences the social, emotional and cultural wellbeing of the communities in which service users live.

Speech and language therapy NQPs are required to complete the following goals in relation to **Communication** as part of the RCSLT's NQP Framework:

1. Communicates with people in a manner which is consistent with their level of understanding, culture, background and preferred ways of communicating in order to sustain positive relationships and enable constructive outcomes to be achieved
2. Acts in ways that are non-discriminatory and respectful of others' beliefs and perspectives



2. Partnerships

SLTs are uniquely placed to advocate collaboratively with service users, their families and other agencies and professionals involved with their care.

SLTs' expertise in communication science and eating and drinking enables them to form and maintain strong collaborative partnerships directly with the people they support. These partnerships promote service-user outcomes which transform the lives of people with speech, language and communication needs and eating, drinking and swallowing difficulties.

Speech and language therapy NQPs are required to complete the following goals in relation to **Partnerships** as part of the RCSLT's NQP Framework:

1. Works as part of a multidisciplinary team and understands the roles of other members of the team
2. Makes referrals to other professionals in a timely and appropriate way
3. Collaborates with relevant others and implements an appropriate therapy management plan based on functional outcomes and clearly defined goals, including an understanding and use of preventative strategies
4. Discharges service user appropriately, agreeing a point of closure with the client/carer and informing other professionals and highlights routes for referral if appropriate
5. Identifies and collects relevant information through appropriate formal and informal assessment, including discussion with the service user/carer



3. Leadership and lifelong learning

As leaders in communication science and the management of eating, drinking and swallowing difficulties, SLTs unlock the opportunities and potential for service users to achieve their goals. In order to do that, they need to keep pace with the clinical and professional landscape and respond proactively, leading innovation within their area of practice.

Speech and language therapy NQPs are required to complete the following goals in relation to **Leadership and lifelong learning** as part of the RCSLT's NQP Framework:

1. Identifies development needs and engages in continuous self-directed learning to promote professional development and quality of practice
2. Is involved in training other professionals, raising awareness of communication problems
3. Continuously evaluates the efficacy of the therapy management plan, and modifies it as appropriate



4. Research and evidence-based practice

The expertise that SLTs use to transform lives is rooted in the ability to search for, critically evaluate and contribute to the body of professional knowledge and best practice.

SLTs are able to deliver service-user-focused, evidenced-informed and professionally reasoned practice by accessing, evaluating, applying and informing the latest evidence.

Speech and language therapy NQPs are required to complete the following goals in relation to **Research and evidence-based practice** as part of the RCSLT's NQP Framework:

1. Is aware of current clinical audit findings and incorporates these into practice
2. Interprets the assessment information and produces an appropriate therapy management plan using evidence-based practice
3. Is able to use current critically appraised research to inform practice



5. Professional autonomy and accountability

As regulated health professionals, SLTs have a professional responsibility to be autonomous and accountable for their practice.

Speech and language therapy NQPs are required to complete the following goals in relation to **Professional autonomy and accountability** as part of the RCSLT's NQP Framework:

1. Keeps accurate and contemporaneous records
2. Provides safe care within the scope of practice, adhering to health and safety procedures and clinical guidance and seeking support from supervisor when appropriate
3. Maintains all aspects of patient/client confidentiality
4. Understands and follows the clinical administration processes
5. Manages and prioritises demands involved in meeting the needs of the caseload
6. Manages time effectively to balance clinical and nonclinical responsibilities
7. Is aware of and adheres to current legislation, incorporating this into practice
8. Uses appropriate clinical and professional guidance within practice (e.g. RCSLT or NICE guidance)
9. Makes and justifies independent decisions on less complex patient/client care
10. Makes a clinical judgement/diagnosis in relation to the nature and extent of less complex speech and language therapy difficulties
11. Accesses support from mentors/specialists for complex cases

