RCSLT POLICY STATEMENT

EDUCATION AND TRAINING FOR ASSISTANTS

RCSLT POLICY STATEMENT ON THE EDUCATION AND TRAINING FOR

ASSISTANT PRACTITIONERS

SECTION 1 – INTRODUCTION

1. A working group was set up by the RCSLT in April 2008 to draft a formal statement setting out the RCSLT position on education and training requirements and opportunities for Assistants. It was agreed that external drivers would be considered and that the existing documentation developed by RCSLT would be reviewed and included as references within the policy statement.

2. The RCSLT acknowledges the important role that Assistants have in the delivery of effective speech and language therapy services. Assistants are integral members of both speech and language therapy and multi-disciplinary teams, engaged in a wide range of clinical settings with diverse client groups, duties and responsibilities.

3. The publication of this policy statement is timely in light of the changing demands within the NHS and the increasing status, responsibility and accountability expected of Assistants.

4. The RCSLT has demonstrated the value that Assistants add to the delivery of speech and language therapy services through a range of media and services which are summarised in the table below and which will be referred to throughout this document.

5. The RCSLT is also aware that within the NHS the current banding position is a challenging issue for Assistants as there is diverse practice across the UK. Some managers have structured their service to include higher banding positions for Assistants and others are working with different models of service structure.

6. This diversity of practice has arisen due to several factors including the process of implementing Agenda for Change and the management of this locally, particularly where there have been Assistants with additional skills or experience (e.g. bilingualism or specialist IT skills). **It is paramount that when services are structured this is done in a way that is appropriate to the local demography and in order to meet the needs of the service users.**

7. Revising job descriptions and/or NHS banding falls under the 'terms and conditions' of employment and as such is an issue that must be addressed through a union or directly with an employer. RCSLT has set out its position on issues relating to pay and conditions of employment in Communicating Quality 3 (page 95) which states:

   > *The RCSLT does not deal directly with issues relating to individual pay and conditions of employment, as it is not a trade union. Trade union matters are dealt with by the union representing the profession, currently Amicus-Unite.*

8. The RCSLT is committed to providing CPD opportunities and support to Assistants and will seek the expertise of Assistants, serving as members of RCSLT boards, when these opportunities are planned. These opportunities will be designed and promoted in line with the RCSLT CPD Strategy and Principles of CPD, which have been agreed by the RCSLT Council for all of its members.

Historical Perspective

Table 1

Description	
Support Practitioner Competencies Framework (Document) Minor grants available to Support Workers to support with costs of CPD – these have been available continuously (financial support)	
Standards for Working with Speech and Language Therapy Support Practitioners (Document) Special Edition of Bulletin for Support Workers (Document)	
Joint Statement on Foundation Degrees for Support Workers (Document)	
RCSLT engagement in NVQ and SVQ initiatives for support worker training and in Skills for Health Foundation Degree and Career Competence steering groups Support workers are part of field testing group for CPD diary and Toolkit RCSLT awards Support Worker Achievement as part of diamond jubilee celebrations	
CPD Diary Launched (Product and service) CPD Toolkit including chapter on National Occupational Standards (Document)	
National Support Worker Study Day (Event) Support workers have indemnity insurance included as part of their RCSLT membership Two Support Workers take on governance roles on RCSLT Boards: Vanessa Owens: Professional Development Standards Board Sharon Hambley: Membership & Communications Board	
Penny Harrison bursary available to Assistants to attend the RCSLT Scientific Conference (financial support) Assistant Practitioner Conference to be held (Event - November 2008)	

STRATEGIC AIMS AND GOVERNANCE

9. The RCSLT has the following broad strategic aims and commitments, which relate to this policy statement:
    - For the profession to be able to respond to the needs of service users and carers
    - For the RCSLT to be able to respond to the needs of all its members.
    - To monitor, understand and respond to the changing external environment
    - To support the RCSLT members to be fit for future purpose

10. This policy statement was commissioned by the RCSLT Professional Development and Standards Board (PDSB) and, in accordance with RCSLT governance, Board and Council approval will be required in order for the Policy Statement to be publicised externally.

11. The Working Group for this policy statement was chaired by Vanessa Owens, Speech & Language Therapy Assistant, supported by RCSLT officers from the Professional Development team.

OBJECTIVES

12. There are **4 objectives** of this policy statement:
    1. to set out the RCSLT position on education and training for Assistants
    2. to support Assistants with their continuing professional development (CPD)
    3. to put in place a quality assurance process which would enable the RCSLT to accredit training for Assistants
    4. to consolidate existing documentation and to re-examine it in the light of external drivers and national developments.

13. This policy statement will comprise 4 sections:
    1. Section one will provide background and context
    2. Section two will cover initial training for Assistants
    3. Section three will cover CPD
    4. Section four will cover the quality assurance procedures by which RCSLT will accredit or register training and development opportunities for Assistants

CONTEXT

14. The qualified speech and language therapist holds the ethical and legal 'Duty of Care' for the patient/client and consequently for the standard of duties delegated to an assistant practitioner. All clinical decisions concerning the client are therefore the responsibility of the qualified speech and language therapist, including client selection for therapy, admission to the caseload and discharge from the service. A therapist must therefore always be responsible for the work undertaken by a speech and language therapy (SLT) assistant practitioner. The HPC Standards of Conduct, Performance & Ethics state:

    Standard 8. "You must effectively supervise tasks that you have asked other people to carry out."

    http://www.hpc-uk.org/assets/documents/10002367FINALcopyofSCPEJuly2008.pdf

15. CQ3 states Speech & Language Therapists must:
    "Ensure adequate support and supervision of speech and language therapy support staff, delegating to them only such duties as fall within their competence, and to accept responsibility for their actions"

16. The Working Group considered the general context in which Assistants are now working, including:
    - the current political drivers in the profession;
    - the nature and number of the speech and language therapy workforce;
    - professional standards and;
    - the development of expertise and knowledge throughout the career of Assistants.

17. Work by the RCSLT, in partnership with other organisations, had previously been completed on the routes to qualification and the nature of foundation degrees; how these articulated with professional undergraduate or post-graduate degrees in speech and language therapy; and how routes to qualification might be increased.

18. The Working Group considered a number of central issues, which were felt to have implications for the future training and education of Assistants. These have been categorised below to show issues that are operational or the remit of other bodies and/or strategic and therefore not the remit of this policy statement.

External Drivers

19. There have been a number of government initiatives and policies which impact upon the education and training of speech and language therapists and Assistants. The Working Group considered key areas to date along with the RCSLT position on these developments and any recommendations arising. These areas are highlighted below and include regulation of the profession and Skills for Health.

REGULATION OF HEALTHCARE PROFESSIONS

20. Regulation of the allied health professions has meant that there are generic baseline standards of conduct and ethics, and standards of education and training for all the allied health professions regulated by the Health Professions Council, and for other professions regulated by specific regulatory Council's such as the General Medical Council, and the Nursing and Midwifery Council. There is a move to include all healthcare professions under regulatory authorities.

21. It seems likely, at this time, that a regulatory framework will be established for support staff in the future, and that a baseline of standards which must be achieved in order to become a regulated support worker will be introduced.

22. Current reviews of regulation of the professions may lead to a rationalisation of the present regulatory bodies.

23. The Department of Health carried out a public consultation on behalf of England, Wales and Northern Ireland, with a parallel consultation by the Scottish Executive Health Department in 2004. The responses to the DH led consultation are attached in Appendix 1

RCSLT position

24. Whilst there are commonalities across the allied health professions in terms of professional practice and educational principles, there is also important and significant profession-specific knowledge and skills, which requires profession-specific educational input, monitoring and regulation.

DIVERSITY IN THE SLT WORKFORCE

25. It is government policy to increase the number of people in the age group 18-30 in higher education and to broaden access, by a variety of routes, to all degree courses.

RCSLT position

26. RCSLT has a policy that aims to increase the diversity of the profession. The policy addresses a range of diversity issues including gender and the socio-economic background and the extent to which the speech and language therapy profession reflects the ethnic mix of the client groups it serves.

27. RCSLT was actively involved in the 'New Generations' project which aimed to change perceptions and raise awareness of the allied health professions as career options among 7-19 year olds, particularly within demographic populations currently under-represented in the workforce. The project developed a range of teaching, careers and promotional materials with credible educational input that promotes their use by teachers within the national curriculum. The materials are available on an interactive website: www.newgenerations.org.uk which has now been taken on by NHS employers.

DEVELOPING A FLEXIBLE WORKFORCE AND SKILLS MIX

28. The future workforce is likely to include a higher ratio of Assistants posts (which may be both uni-professional or multi-professional) to speech and language therapist posts.

RCSLT Position

29. RCSLT recognises the necessity of developing a flexible workforce with shared competencies and lifelong learning opportunities which can respond to the challenges envisaged for the future of health and education services.

30. The best possible approach to intervention therefore requires a team around the client, consisting of a speech and language therapist taking a lead in the team providing the particular knowledge of communication breakdown and appropriate evidence-based interventions. The carers/parents, Assistants and other people already working with that individual in whatever capacity are all trained and have the appropriate knowledge to support that individual's communication functioning. -

31. RCSLT encourages the use of Assistants and has developed a set of auditable standards for working with them (see appendix 1). A competencies framework has also been developed. This defines support worker scope of practice and the boundaries of support work in relation to that of the registered practitioner while reflecting a sense of progression and increasing levels of Assistant working. (e.g., newly employed, established and advanced). The framework can therefore be used to identify training and development needs.

32. RCSLT has worked with Skills for Health to develop national occupational standards and workforce competences now available within the new health awards. As a result of this, support workers will have access to a level 3 (Health) N/SVQ in Allied Health Profession Support with a speech and language specific pathway.

33. Since 2005 Skills for Health has been building on its Foundation Degree Framework. This document gives employers and education programme developer's access to advice and guidance in areas such as entry requirements, progression opportunities. programme structure/content. employer involvement, work-based learning and links with professional bodies. http://www.skillsforhealth.org.uk/

RCSLT Position

34. RCSLT recommends that the best way of providing supervision and training to all members of a team working with clients with communication impairments should be identified.

35. RCSLT recommends that all courses and training programmes aimed at developing the skills of Assistants should include knowledge and skills about working with people with disability and in particular communication impairments.

36. A number of initiatives including Skills for Health[1], The Children's Workforce and Integrated Qualifications Framework (IQF) aim to identify the particular competencies and skills required for a particular client group. Please refer to *Appendix 1 - Standards for Working with Speech and Language Therapy Support Practitioners (RCSLT March 2003)*

37. RCSLT welcomes the work of Skills for Health and other initiatives which attempt to define common competencies and learning frameworks (e.g. The Northern Ireland document 'A Healthier Future' from the Department of Health, Social Services and

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[1] Skills for Health (SfH) was established in April 2002 and licenced by DCSF as the UK Sector Skills Council (SSC) for health in May of 2004. Skills for Health is part of the NHS, being hosted by a Trust, but with its own Board and management. SfH has a mandate from DH to develop and manage national workforce competences for the health sector. http://www.skillsforhealth.org.uk/page/about-us

Public Safety). However, there is concern that attempts to make generic statements about health workers fail to capture profession-specific knowledge and skills.

FOUNDATION DEGREES AND HIGHER NATIONAL CERTIFICATES

38. Foundation Degrees are two-year degrees, which are expected to be a qualification in their own right, or for some graduates will provide access to honours degrees either at entry level, or into a shortened vocational degree programme. In 2004 the RCSLT signed up, with other AHP professional bodies, to a joint statement on Foundation Degrees.

39. It is acknowledged that the development of foundation degrees is based on a partnership between employers and education providers across the health sector, and that a collaborative approach across AHP professional bodies is therefore appropriate. It is also acknowledged that the development of foundation degrees will assist Assistants in gaining accredited recognition for their level of expertise. This is likely to be increasingly relevant in light of the current consultation around assistant practitioner regulation.

40. A Higher National Certificate (HNC) is a vocational qualification. The course can be taken part-time or full time. All courses involve work-related experience. It usually takes two years, but may be shorter or longer depending on learning arrangements. HNCs are provided by both Colleges of Further Education and Higher Education, and by some universities.

41. Specifically, the HNC Allied Health Professions (speech and language therapy support) provides Scotland with a nationally recognised qualification for people whose work involves providing support for people receiving input from a speech and language therapist.

42. The qualification is 12 credits at level 7 on the Scottish Credit and Qualifications framework (SCQF) and the qualification is equivalent in study effort to year 1 of a Scottish degree course. It is a course that is essentially theoretical providing support staff with the theory that underpins the work they are doing in practice but also includes an additional 3 credits of work role effectiveness where candidates will demonstrate their practical skills. This means students will gain the 12 credit HNC as well as the 3 credit work role effectiveness certificate.
http://www.nes.scot.nhs.uk/allied/projects/ahp_supportworkers/SLTHNC.asp

43. The Scottish HNC is at Motherwell College and is taught via a combination of distance learning and block attendance.

44. Entry requirements are usually at least one A-level, or a vocational A-level or a BTEC National Certificate or Diploma or a Level 3 NVQ and some work experience. More mature applicants (people over 21) may be accepted onto an HNC with fewer qualifications but with relevant experience. Progression from an HNC to an HND (Higher National Diploma) or Degree is often possible, but it depends on the particular subject area and the provider.

RCSLT Position

45. In the interests of expanding entrance routes into speech and language therapy degree courses, RCSLT recommends that higher education institutions (HEIs) currently offering SLT qualifications consider the means by which Foundation degrees and other such education for support workers and Assistants may articulate (i.e. gain advanced entry) with existing speech and language therapy pre registration education programmes.

46. RCSLT would welcome the opportunity to work with academic staff in HEIs to identify potential content for Foundation Degrees that will enable students:

- to work, on graduation, as speech and language therapy Assistants/support workers;
- or to gain entry to an approved speech and language therapy qualification.

47. RCSLT recommends that local SLT services should research, with local workforce commissioners and HEIs, the possibilities of developing posts and Foundation Degrees courses which can be used as education for SLT Assistants.

48. RCSLT also recommends that SLT services consider the employment opportunities that could be available to individuals exiting from programmes with a named award (e.g. HNC, Foundation degree, N/SVQ) and the recruitment benefits of supporting support workers to pursue professional qualification (e.g. by liaising with SHA/commissioners regarding secondment and sponsorship opportunities).

Devolution

49. It is recognised that there are differences between the four member countries of the UK regarding:
   - commissioning of professional training places for undergraduates and funding for post graduate training;
   - rurality issues affecting workforce planning and service delivery;
   - recruitment and retention issues of 'home grown' graduates.

RCSLT position

50. RCSLT has appointed Country Policy Officers in Ireland, Scotland and Wales specifically to improve RCSLT's links with devolved governments and our ability to respond proactively to national initiatives, recognising the need for locally developed policies and models of delivery. RCSLT is nevertheless concerned to maintain parity in the profession on a UK-wide basis. This is in order to:

51.
   Ensure effective use of evidence-based practice
   - Maintain and develop quality standards that are equitable across the UK
   - Maintain and develop flexibility of movement of the workforce

SECTION 2 - TRAINING FOR ASSISTANTS

CONTEXT

52. The RCSLT acknowledges that Assistants enter employment through various routes and with a diverse range of experience and qualifications.

53. For the purpose of this policy statement educational opportunities for Assistants will be separated in two sections. This section will consider training which might be undertaken as a BTEC, a HNC or a Foundation Degree. Such training is likely to last for at least one year and will combine formal tuition and work-place learning. This training is recognised as being different from continuing professional development opportunities which are more likely to be short courses with a duration of between 1 and 10 days. Short courses will be referred to in the following section on CPD.

54. Increasingly, there is the recognition by RCSLT, employers and practitioners that education and social care training has both personal value for Assistants and professional importance for the service where they work.

QUALIFICATIONS FOR ASSISTANTS

55. The table below summarises the qualifications which people interested in working as Assistants might follow or which employers might expect their staff to undertake.

56. At present the RCSLT does not quality assure any of these qualifications, however it has developed standards for working with SLT Assistants. This standards framework is applicable to all areas of practice, which can be used to assist in the development of local policies around the training and employment of SLT Assistants. These policies should be in place to ensure the delivery of high quality services and standards of practice.

57. RCSLT is not endorsing one particular route of study as it is recognised that learning styles and personal circumstances influence individuals' decision making process. When considering your options you may find it easier to ask yourself what it is *you need to know* rather than where you want to be.

Table 3

Award	BRIEF DESCRIPTION AND REFERENCE FOR FURTHER DETAILS
National Occupational Standards **(NOS)**	These are **statements of work-based competence**. Their emphasis is on describing what happens, or needs to happen, in the workplace. There are thousands of statements of competence, which fit together to form detailed descriptions of what needs to happen in particular jobs. In order to see how they operate in the NHS, it is useful to have some background on how they fit into the wider UK employment scene. NOS can be used in many different ways. • By **individuals** - to help them develop their own knowledge and skills, improve their performance and gain credit for their achievement • By **employers** - to look at the quality of the services they offer by assessing workers against a set of relevant competences • By **educational institutions** who offer courses and qualifications as a framework for teaching and learning (Skills for Health, 2005) For more information read Chapter 10, RCSLT CPD Toolkit and http://www.standards.dfes.gov.uk/learningmentors/nos/
National Vocational Qualifications **(NVQs)** and Scottish Vocational	In June 2005, Skills for Health launched a revised set of awards, the units of which are underpinned by NOS. In order to obtain an N/SVQ award, you need to have been assessed by a trained assessor against a specified number of units.

Award	BRIEF DESCRIPTION AND REFERENCE FOR FURTHER DETAILS
Qualifications **(SVQs)**	These awards are made by various UK wide bodies (the Qualifications and Curriculum Authority in England and Northern Ireland, the ACCAC in Wales and the Scottish Qualifications Authority). Training and assessment is provided locally, but the framework is the same wherever you work. http://www.qca.org.uk/14-19/qualifications/index_nvqs.htm http://www.sqa.org.uk/sqa/2.html
Skills for Health **(SfH)** career competencies	Skills for Health has developed Competences to describe what individuals need to do, what they need to know and which skills they need to carry out an activity. They can be used across the board - by all health professions, and all levels of staff, whether in the independent or voluntary sectors or in the NHS. Competences can be used to meet the demands of the NHS Knowledge and Skills Framework [KSF]. http://www.skillsforhealth.org.uk/page/competences/faq-s
Integrated Qualifications Framework **(IQF)**	The Integrated Qualifications Framework (IQF) will be a set of approved qualifications that allows progression, continuing professional development and mobility across the children and young people's workforce. The IQF project team are currently looking at the best ways to include Higher Education qualifications on the IQF. It is intended that the method for inclusion will be similar to the method for including vocational qualifications on the IQF, but the autonomy of HEIs and the role of professional and regulatory bodies in approving or accrediting courses and setting professional standards must be taken into account. A series of regional consultations will be run with HEIs from February to April 2008 with a final strategy for inclusion produced in **September 2008.** http://www.iqf.org.uk/
City and Guilds	City & Guilds qualifications offer clear pathways to progression, spanning from entry level to the equivalent of a postgraduate degree. City & Guilds qualifications are valued by employers because they're developed in conjunction with key industry bodies. http://www.cityandguilds.com/
Foundation Degrees	Foundation degrees are degree level qualifications designed with employers and combine academic study with workplace learning to equip people with the relevant knowledge, understanding and skills to improve performance and productivity. Integrating academic and work-based learning, Foundation degrees allow students already employed to undertake a programme of study in order to get ahead in their chosen career, whilst continuing to work. Some students may also undertake a Foundation degree when returning to work or changing their career. A full time Foundation degree course will usually take two years to complete; a part-time Foundation degree course may take longer. After completing their Foundation degree some students go on to study for an Honours Degree (which usually takes one further year). http://www.findfoundationdegree.co.uk/
BTEC	The BTEC Nationals are vocational qualifications to prepare students equally for direct entry into employment or for progression to higher education. The qualification has three sizes, all at National Qualifications Framework Level 3: BTEC National Award, BTEC National Certificate and BTEC National Diploma. : http://www.ucas.com/he_staff/curriculumandquals/btec/

Fig. 1 of 2
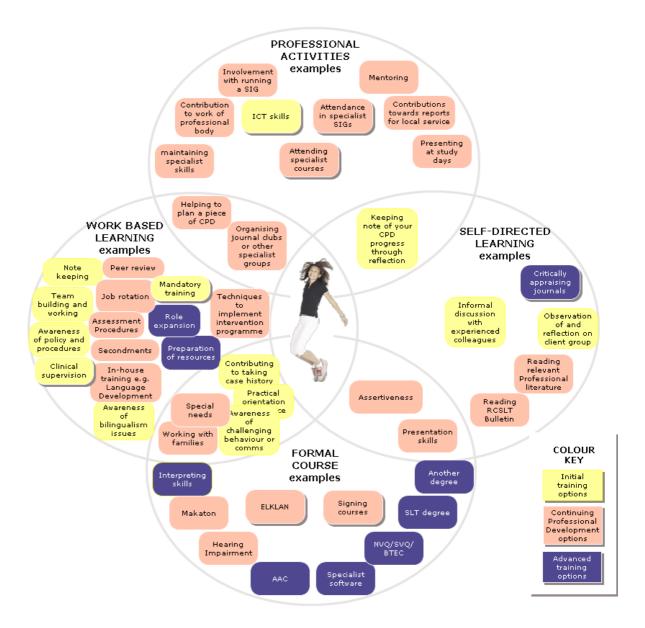***Example Learning Options***

This diagram demonstrates possible sources of learning opportunities and where they may overlap.
Please also note these are example activities and this diagram is not designed to include every possible activity.

Fig. 2 of 2

Example Learning Options –at different stages of an Assistant's Career

This diagram is the same as Fig. 1 above, now showing where these options may fit in an Assistant's career.

PROFESSIONAL ACTIVITIES examples

Involvement with running a SIG
Mentoring
Contribution to work of professional body
ICT skills
Attendance in specialist SIGs
Contributions towards reports for local service
maintaining specialist skills
Attending specialist courses
Presenting at study days

WORK BASED LEARNING examples

Helping to plan a piece of CPD
Organising journal clubs or other specialist groups
Keeping note of your CPD progress through reflection

SELF-DIRECTED LEARNING examples

Note keeping
Peer review
Team building and working
Mandatory training
Job rotation
Techniques to implement intervention programme
Assessment Procedures
Role expansion
Awareness of policy and procedures
Secondments
Preparation of resources
Clinical supervision
In-house training e.g. Language Development
Contributing to taking case history
Awareness of bilingualism issues
Special needs
Practical orientation
Awareness of challenging behaviour or comms
Working with families
Interpreting skills

Critically appraising journals
Informal discussion with experienced colleagues
Observation of and reflection on client group
Reading relevant Professional literature
Reading RCSLT Bulletin

Assertiveness
Presentation skills

FORMAL COURSE examples

Makaton
ELKLAN
Signing courses
Another degree
SLT degree
Hearing Impairment
NVQ/SVQ/ BTEC
AAC
Specialist software

COLOUR KEY
Initial training options
Continuing Professional Development options
Advanced training options

58. In doing this, Assistants may identify areas in which they need to develop and this may guide into particular learning pathways. Both the NHS and other employers have a system of appraisal, and it is usual for all staff to have an annual update appraisal. This is an opportunity for Assistants to have a discussion the best-identified learning pathway an Assistant can take.

59. RCSLT recognises that it can take time to settle in to a new role, especially if no formal training has previously been undertaken, which can be the case for some individuals taking up the role of an Assistant.

RCSLT Position

60. For Assistants who practice within core areas, to work in line with evidence-based healthcare. In order to achieve this, the RCSLT recommends that Assistants undertake formal training and CPD activities, to include both theoretical and work based components. RCSLT wishes to encourage best practice when it comes to responsible training and managing expectations of the Assistant as well as Employer.

61. For example, as a newly appointed Assistant, it is likely that the post holder will concentrate on individual induction plans and some in-house education. If working in the NHS with a view to developing roles or updating skills, Assistants may consider undertaking a formal qualification alongside in-service education and other informal learning activities.

62. Alternatively, if an Assistant chooses to remain or develop within their current position, they may choose to update their knowledge and skills through in-service education, discussion with colleagues or self-directed learning relating to their work.

SKILLS FOR HEALTH: A COMPETENCE-BASED CAREER FRAMEWORK

63. The Skills for Health (SfH) framework is designed to maximise the contribution that an individual can make in transforming healthcare for the benefit of patients, by providing a patient-centred approach to:
   - Role and service development
   - Career development
   - Education planning, commissioning and delivery

64. The framework has been produced as a tool to support career planning and competence-based workforce planning, with the individual competences it contains describing work activities, their quality standards and the knowledge and skills needed to carry out those activities.

65. Using the online tools, Assistants can plan their career route on the basis of answering such questions as:
   - What kind of work do I want to do?
   - What can I do competently?
   - What does my organisation need?

66. Using the competence-based role description, Assistants can undertake a self-assessment to identify how well their skills and knowledge meet the requirements of their current job or any new potential job. For further information refer to this web site.
      http://www.skillsforhealth.org.uk/page/career-frameworks/allied-health-professions-ahp

SECTION 3 - CONTINUING PROFESSIONAL DEVELOPMENT

67. RCSLT is committed to the principles of lifelong learning, which are directed towards equalising opportunities for personal and professional development, with the goal of achieving safe, efficient and effective person-centred services.

68. Continuing Professional Development (CPD) is about maintaining your competence by continuing to learn and develop your knowledge and skills. Employers may have CPD requirements or schemes that Assistants need to follow and the RCSLT has a range of resource relating to CPD for all its members on its web pages.
http://www.rcslt.org/cpd/

69. This policy statement has endeavoured to map the range of learning opportunities available to Assistants when considering CPD. It includes mandatory and induction training, in-service education and various options of accredited courses and routes which may lead to entry to pre-registration SLT courses.

ESSENTIAL CPD PRINCIPLES

70. These are:

- Individuals are responsible for managing and undertaking their CPD activity and the effective learner knows best what he/she needs to learn.
- The learning process is continuous and comprises a systematic cycle of analysis, action and review.
- Expected learning outcomes should be clear, should serve organisational needs, patient/client needs and individual goals.
- The process is planned and based on identifiable outcomes of learning that the individual achieves.

Definition of Terms

71. Competencies are statements about what needs to be carried out within the workplace and therefore form part of how professional practice can be described. Underpinning these competencies is the knowledge, understanding and skills that individual practitioners have, together with the professional values and beliefs.

72. **Competence** is witnessed:
- within an individual's professional practice as defined by role and responsibilities and;
- within an individual's critical reflection on that practice.

73. Put at its simplest, it is about an individual's ability to effectively apply all their knowledge, understandings, skills, and values within their designated scope of professional practice.

74. Capability sits beyond competence. It relates to an individual's FULL range of potentials that may go beyond current role and responsibilities

75. When considering continuing professional development needs, individuals and services must consider both their immediate needs (related to current responsibilities and competence) and longer term needs (related to future responsibilities and capability).

References – external and internal

76. The knowledge and skills framework (KSF) will be relevant to Assistants working within the NHS.

RCSLT Position

77. CPD is not only about attending conferences and courses. There will be many CPD opportunities within the work place and which people can undertake as self-directed learning. The RCSLT recommends that all its members undertake a range of CPD from at least three of the broad categories shown in the tables below. Speech and language therapists working in full time employment are required to take at least 30 hours of CPD per year as part of their RCSLT membership requirement.

78. CPD needs careful thought and planning. The focus will vary at different stages of an Assistants career and there may be periods when individuals devote considerable commitment to their development and other times when they are undertaking CPD just to keep abreast.

79. Reflecting on the achievement of any form of learning/CPD is an individual responsibility. It may be helpful to decide which individual outcomes Assistants have already meet and what evidence has been provided in demonstrating those met outcomes. Assistants should consider seeking support from line managers, supervisors, CPD co-ordinators and/or mentors in looking at how the evidence gathered has demonstrated outcomes.

80. The RCSLT would recommend that for Assistants in full time employment between 18 and 24 hours of CPD per year would be appropriate, this would equate to 1.5 – 2 hours per month and might be achieved as set out in the tables below:

Table 4(i)

CPD opportunity	Category of CPD	Number of hours
Attending one day course or conference	Formal learning	6
Attending a SIG meeting	Professional activity/formal learning	3
Reading Bulletin/relevant books/journals during the year	Self directed learning	5
Undertaking electronic learning	Self-directed learning	2
Team meetings throughout the year	Work based learning	4
Peer observation and reflection	Work based learning	1
Discussion with colleagues and reflection	Work based learning	1
Significant event analysis	Work based learning	2
Total		**24**

Table 4(ii)

CPD opportunity	Category of CPD	Number of hours
Conflict Resolution Discussion with team	Work based learning	2
Supporting people with visual impairment course	Formal learning	5
Whole School approach to communication training	Work based learning	5
Safeguarding children course	Formal learning	5
Mentoring a seconded assistant	Professional activity/ Work based learning	3

Supervision of new assistant	Work based learning	2
Team building day	Work based learning	7
Reading Bulletin article on AAC	Self directed learning	1
Total		**30**

81. Whenever CPD is undertaken a reflective account should be written in order to demonstrate:

82. The learning that has been achieved:

- How the learning from the activity will be of benefit to the service/employer
- How the learning from the CPD activity will benefit the service users

83. The reflection could be done as part of a personal development plan or employers appraisal scheme or the RCSLT CPD Diary could be used.

WHERE NATIONAL OCCUPATIONAL STANDARDS (NOS) FIT WITH THE KSF

84. KSF is the **development tool** which determines the broad areas and levels of competence required for each **NHS post**. NOS have been cross-referenced to the KSF, so that the relationship between these broad areas (e.g., KSF Core dimension 2: Personal and people development) and more specific NOS competences relevant to a support worker role (e.g., Health and Social Care Level 3 HSC33) is made explicit.

85. The NOS competence describes the criteria you could use to measure your performance in this area, and the knowledge and skills you need to apply. NOS are sometimes described as another level of detail beyond the KSF dimensions, a way of 'drilling down' further into the components of competence so that specific strengths and learning needs can be identified.

86. During a review, an Assistant would typically start by looking at their KSF post outline (not to be confused with the job description, which contains additional information on conditions of service, etc.) with their reviewer. Assistants would be required to produce 'evidence' of activities they have undertaken during the preceding year that demonstrate progress within the dimensions. This evidence will be stored in their CPD **portfolio,** which includes all their CPD activities.

87. The principle behind NOS fitting with CPD is that it gives people doing similar work in different parts of the UK a **common reference point** for **describing** the work they do and for gaining **credit** for the work they do. It also gives them a common reference point for **identifying learning needs**. This is where the link to CPD comes into focus.

NOS COMPETENCES CAN BE USED AS FOLLOWS:

Mapping the CPD activity to the competence

88. When you undertake any CPD activity (going on a course, keeping a reflective diary, undertaking peer observation, taking part in an audit) you can 'map' this activity to the KSF dimensions in the online diary. Once you know which dimension the activity relates to, you can then log on to the Skills for Health website (visit www.skillsforhealth.org.uk) and look up the competency framework relevant to each KSF dimension. This is probably the quickest way to find the NOS competency framework relevant to your CPD.

Mapping the competence to the CPD activity

89. If you are already working within a KSF post outline underpinned by an NOS competency framework, the competence performance criteria and/or list of knowledge and understanding needed may help you to identify a learning need/CPD activity that would contribute to your development. Look at the list of criteria and knowledge and understanding and identify any gaps which might be addressed through a CPD activity. Record this in your PDP, and then when you undertake the CPD activity, you can record it in your RCSLT online diary, noting the relevant NOS in the diary.

90. There are additional examples of NOS and CPD provided in the RCSLT CPD Toolkit.

SECTION 4 - QUALIFICATION STANDARDS (QUALITY ASSURANCE)

91. For all learning opportunities the RCSLT will need to ensure that robust standards are being met as well as to encourage continuous improvement in the management of the quality of all courses and training being delivered to Assistants

92. All learning opportunities (e.g. formal courses, work based learning or electronic learning) needs to be considered in light of whether it achieves specific outcomes. From a quality assurance (QA) perspective the RCSLT would want to know:

- Does the learning opportunity deliver the intended learning outcomes?
- Does the institution have the knowledge/expertise in place to deliver this?
- What evidence do Education Providers have to support they are effective re the above?

93. RCSLT does not wish to make the QA process unnecessarily onerous and would be willing to work with existing QA processes that are already in place.

94. QA proposals for the working group to consider:

Table 5

Option	Pros	Cons
1. RCSLT has a system for jointly accrediting training for APs with other bodies.	• Encourages interprofessional working • Cost effective as resources would be split with the other bodies • Less work/time as a QA process could already be in place and adapted • Could be paper based exercise or part visit Promotes commitment to partnership working by RCSLT	• Could be seen as too generic and not profession specific • Other bodies' may have their own 'political' agenda • This could take a long while to implement • Initial sorting time requested by RCSLT governance to ensure partners have processes which are in line with RCSLT standards
2. RCSLT has its own system for accrediting training for APs which is voluntary for education providers	• Education providers already have QA process so should not be any additional work for them • RCSLT could be seen as having a robust approach to QA. • Influencing opportunities • Partnership working	• Education providers may feel this is an additional task and that RCSLT should have more confidence in their QA process. • Limited response as it would be on a voluntary basis. • How would RCSLT manage this process. Would it be paper based or visits? • Visits would cost RCSLT additional resources Could be isolating for RCSLT
3. RCSLT has its own system for accrediting training for APs which is mandatory for education providers	Same as above	• Same as above but would demand a response as this would be compulsory • What could RCSLT do if Education Providers refuse to give QA information?

RCSLT Position

95. Where an established framework for quality assurance exists the RCSLT will endeavour to work with that system, and in partnership with the organisation overseeing the quality assurance, to give joint approval/accreditation to initial training courses for Assistants.

96. Examples of where the RCSLT would hope to be able to jointly validate or accredit would include, but are not restricted to:
    - NVQ/SVQ frameworks
    - Quality Assurance processes established by HEIs where pre-registration SLT courses already certified by the RCSLT are offered.
    - HNC/HND qualifications
    - Foundation degrees
    - BTEC diplomas
    - In house employer-led courses or training programmes

97. The draft curriculum map below is a first attempt by RCSLT to set out what it would consider the essential and desirable components of a course (e.g. HNC, HND, Foundation Degree) to be delivered to Assistants.

98. The information below has been adapted from existing programmes.

PRINCIPLES OF TRAINING OPPORTUNITIES FOR ASSISTANTS

99. In addition to a robust curriculum, that takes into account both local and national drivers for the SLT workforce, the RCSLT has set out the following principles to which it would expect education providers to adhere.

All training opportunities for Assistants will:

i. Encourage and support Assistants to undertake CPD that will seek to enhance service delivery and be of benefit to service users.
ii. Ensure that the establishment and maintenance of effective communication with others is part of the training
iii. Be in-line with and demonstrate evidence-based healthcare, national standards and changing demands
iv. Ensure that Assistants will be required to demonstrate and apply knowledge and understanding of issues around assistant practitioner roles
v. Support equality for all service providers and service users
vi. Support Assistants to manage their own work and to work with others in the best interests of the service users
vii. Have learning outcomes for all components of the course and details of how the teaching will be delivered (e.g. work based learning, electronic learning, lectures, seminars etc)
viii. Document contextual details about the course demonstrating how it has been developed in consultation and /or partnership with clinical and academic SLTs
ix. Ensure the integration of theoretical knowledge and clinical application of the theories
x. Include a commitment to staff development and an appropriate level of investment in resources to support learning

In addition to the general principles and specific curriculum content set out above, as part of the QA process the RCSLT would expect to have details of the following:

- Admissions criteria to include AP(E)L and equal opportunities monitoring
- Details of coursework and or examinations to be undertaken by course participants including reflective writing
- Internal quality assurance mechanisms to include student feedback and support mechanisms and the resources available to the course and its students
- Assessment criteria, to include retrieval opportunities, details of how assessments will be moderated and appeals procedures.

Further guidance on these requirements can be found below in paragraphs 104 - 109.

DRAFT CURRICULUM MAP FOR SLT ASSISTANT/ SUPPORT WORKER QUALIFICATIONS

NOTE: the curriculum map below would only be relevant to courses leading to an award such as a foundation degree or HNC. For short courses (i.e. 1 – 5 days) with an assessed component the RCSLT has an established process for registering such CPD opportunities and which would be applied to short courses that had been designed as CPD for Assistants.

Curriculum Content (Subject Area)	Essential Outcomes Candidates from the course must be able to:	Desirable Outcomes It is hoped that candidates from this course will be able to:
Health Care Policy	Identify the role of care professions in providing opportunities for health promotion and recognise the importance of networking between care professions.	
Psychology and Sociology in Health Care	Review psychological theories of individual development and explain how these can be used to understand the health of an individual. Review sociological theories and demonstrate the relationship between social factors and health. Be aware of the emotional needs of others and displays empathy with clients and carers during discussions.	Understand the relevance of bilingualism and diversity within the health care environment and how these will be supported and promoted within the provision of speech and language therapy.
Positive Health Care for individuals	Explain how Health Care values and principles influence practice. Investigate and explain the factors necessary to establish and maintain a positive care environment for the individual. Understand and apply the Health Care planning process	
Writing skills	Select, use and evaluate a range of literature resources Produce a piece of written communication in a work related issue Reflect on how the theoretical work they have undertaken has influenced their practice.	Critically appraise relevant literature to demonstrate a basic understanding of how an evidence base underpins clinical practice. A commitment by the course organisers to encourage participants to become members of the RCSLT so that they can access the CPD diary and electronic learning

Curriculum Content (Subject Area)	Essential Outcomes Candidates from the course must be able to:	Desirable Outcomes It is hoped that candidates from this course will be able to:
	Reflective writing with clear evaluation of learning objectives must be a key component of all training courses.	which will support them with their reflective writing.
Speech and Language Therapy: Principles and Practice	Describe the professional responsibilities of speech and language therapists and Assistants in relation to clients, carers, colleagues and employers Demonstrate a general understanding of the nature of impairment and disability and their potential implications for individuals and families. Demonstrate an understanding of the range of clients that the speech and language therapy workforce may work with.	Have increased their understanding of the nature of disability and impairment and to be able to describe the potential impact of disability or impairment on the individual, families and carers. Have a particular understanding of the potential impact of communication impairments. Define the professional responsibilities of the speech and language therapist and support worker.
Speech and Language Therapy: Anatomy, Physiology and Neurology for Human Communication	Identify and describe the structure and functions of the larynx, head, neck and thorax relevant to speech production and pathology. Identify and describe structures, organisation and functions of the nervous system Describe sensory and motor pathways in relation to speech and language disorders and dysphagia Describe the mechanisms involved in regulating, controlling and protecting the normal healthy human body. Identify how selected body systems provide the energy required to maintain a healthy body.	Work with people in need of speech and language therapy input. This may cover the range of clients a therapist may work with and provides more detailed information about speech and language therapy diagnoses such as apraxia/ dyspraxia, dysarthria and aphasia.

Curriculum Content (Subject Area)	Essential Outcomes Candidates from the course must be able to:	Desirable Outcomes It is hoped that candidates from this course will be able to:
Speech and Language Therapy: Language Development and Human Communication	Explain the processes of learning in children and adults. Describe child language development Explain how environment, age, impairment and disease impact on human communication Describe the functions of language and the factors influencing its effectiveness. Understand how different people learn and apply this knowledge specifically to how a child learns to communicate. The relevance of physical, biological, social and cultural influences on communication development will be explored as will the changes to communication through infancy, childhood, adulthood and old age. Understand the effects of disease and trauma on the ability to communicate.	Candidates may also learn about the uses of language e.g. asking questions, giving instructions, describing an event and the importance of context, effectiveness and the communication partner.
Speech and Language Therapy: Clinical Linguistics: an Introduction	*It is recognised by RCSLT that some elements e.g. clinical linguistics may not be part of all courses for Assistants. However, if a course had the aspiration for its participants to proceed to a speech therapy degree course, and would seek to have exemptions from part of that course as part of an accredited prior learning scheme (APL), then the RCSLT would expect that the subject areas for which exemptions were sought would have been fully covered or that there would be a bridging course developed to support participants reach the APL requirements.*	Identify and describe the components of clinical linguistics and their inter relationships. Understand the application of phonetics and phonology in speech and language therapy practice. Explain the role of semantics and syntax in speech and language therapy practice. Explain the role of pragmatics in speech and language therapy practice.

Curriculum Content (Subject Area)	Essential Outcomes Candidates from the course must be able to:	Desirable Outcomes It is hoped that candidates from this course will be able to:
	Additional details on Opportunities for AP(E)L onto a Qualifying Programme are set out below	
Speech and Language Therapy: Clinical Decision Making and Therapeutic Strategies	Describe the process of clinical decision making by speech and language therapists. Describe the range of models and approaches used in speech and language therapy services. Explain the principles, advantages and challenges of collaborative working. Elicit key information related to a client's communicative status through a range of appropriate formal and informal methods. Make a sound clinical judgement about the nature, extent and impact of the client's communications strengths and difficulties	

RCSLT Position

100. The RCSLT would like to support Education Providers to add value to existing quality assurance processes. The RCSLT would not want to create any measures that could potentially alienate any relationship with education providers.

101. By undertaking a RCSLT recognised qualification and/or short course Assistants may be able to take advantage of APL opportunities as listed below. The emerging agenda for higher education (HE) in the United Kingdom (UK) promotes lifelong learning, social inclusion, wider participation, employability and partnership working with business, community organisations and among HE providers nationally and internationally.

102. Higher education institutions (HEIs) are increasingly recognising the significant knowledge, skills and understanding which can be developed as a result of learning opportunities found at work, both paid and unpaid, and through individual activities and interests.

103. The accreditation of prior learning and achievement (APEL) is one of the central functions of HE. In exercising this function, HE providers are increasingly considering how learning that has taken place in a range of contexts may be assessed and formally recognised through accreditation and best practice. Accreditation of prior learning is discussed in more detail below.

Opportunities for AP(E)L onto a Qualifying Programme

104. When considering issues around progression onto programmes leading to qualification as a healthcare professional there is an expectation that:
   - Foundation degree/HNC graduates will normally have the opportunity to use APL as a means of claiming advanced standing for admission to a qualifying programme if appropriate;
   - Education providers will make explicit to students, from the outset, the possibilities for APL onto specific qualifying programmes and outline other possible routes for progression;
   - Education providers will explore the opportunity for foundation degree/NHC students to APEL clinical practice placement experience when progressing and make it clear to applicants whether these opportunities exist and the processes that will allow AP(E)L.
   - The overarching integrity of the programme leading to qualification as a healthcare professional will be maintained;
   - Structures and resources will be in place to support foundation degree/HNC graduates on entering a qualifying programme.

FIT FOR PURPOSE, FIT FOR PRACTICE

105. The RCSLT expects all courses will be robust in their quality assurance processes and that curriculum content and assessment covers the appropriate depth and breadth of education for Assistants:

   - Quality assurance processes must be rigorous to ensure competency in practice upon receiving the award;
   - Learning outcomes of a foundation degree/HNC must be able to demonstrate compliance with education and conduct standards issued by the governing, regulatory bodies and professional bodies;
   - Foundation degree/HNC programmes should be enhanced by reference to relevant occupational standards, professional body standards and the Knowledge and Skills Framework;
   - Individual programmes may want to address local need but this should not be at the expense of transferability.

ENTRY REQUIREMENTS

106. The RCSLT expects that application to all formal courses of study will be open to all. Education providers are expected to:

- Ensure that their programme can be accessed by students from a wide variety of ethnic, social and academic backgrounds;
- Develop innovative ways of ensuring that experiential learning is a significant factor for admission onto a foundation degree programme;
- Encourage the submission of well-written reflective portfolios to demonstrate experience, knowledge and skills in support of entry onto the programme;
- Ensure that potential students are aware of all the benefits associated with achieving a foundation degree and where the award sits within educational and career frameworks.

WORK-BASED LEARNING

107. The RCSLT recognises that work-based learning is an essential component of foundation degrees/HNCs. It is therefore expected that there will be in place:

- Strong and flexible mechanisms for supporting students in the workplace;
- Appropriate resources to ensure that the programme can be delivered effectively and to the required educational standard including in-built study skills support;
- A structured, well-devised and appropriately resourced programme to involve practitioners in the education of students;
- An opportunity for practice based educators to gain development opportunities from, and formal recognition for, their role within the programme.

108. A further aspect of practice relates to PROCESS (i.e. how the tasks are being carried out). This part of professional practice often gets overlooked unless done badly. However, the least visible aspect, and one that lies at the heart of practice relates to professional JUDGEMENT & DECISION-MAKING. This is based on the constant process of clinical reasoning that enables an individual to decide on the best course of action at any one time.

ENGAGEMENT WITH FURTHER AND HIGHER EDUCATION AND EMPLOYERS

109. The RCSLT would expect that Foundation degrees and HNCs would be developed as three-way partnerships between Higher Education Institutions, Further Education Colleges, and employers. In addition it is expected that:

- Foundation degrees and HNCs will be developed in line with RCSLT guidance;
- There will be clarity within the partnership, from the outset, on the potential for students to move from the foundation degree through to a programme leading to qualification as a healthcare professional where appropriate;
- Employers will make a commitment to support employees through the foundation degree programme where it is identified that the foundation degree programme is appropriate for the employee and of value to the service. It will be a local decision to determine the type and level of support.

CORPORATE MEMBERSHIP OF RCSLT

110. The education providers currently offering pre-registration speech and language therapy qualifications which have been certified by the RCSLT have corporate membership of the Professional Body for which they pay an annual fee. This fee includes the following benefits:

- RCSLT approval will be a kite mark of quality and therefore useful in promoting your course and enhancing its reputation.

- RCSLT will provide feedback to education providers on their course, which may be used for marketing purposes or as part of the evidence submitted to external organisations undertaking teaching quality audits.
- Approved courses will be able to use RCSLT communication channels to promote their programmes.
- An approval process allows the RCSLT to share knowledge and identify new trends in education and practice for Assistants
- RCSLT has an excellent reputation with external bodies such as the Department of Health, and the DCSF. Approval by the professional organisation will give credibility to courses.
- Students and staff will have access to the RCSLT and its resources for profession-specific advice.
- Students and staff can link into the professional networks and "learned society" that the professional body embraces.

111. It is proposed that for education providers offering training and development opportunities for Assistants that a similar scheme would be established and that an appropriate annual fee for corporate membership of RCSLT, by the education provider, would be levied.

SUMMARY

112. This policy statement has set out to represent the areas and opportunities in which Assistants can develop knowledge and skills. It is hoped that for Assistants this document has been, and will continue to be, useful in the achievement of goals and career aspirations.

113. The RCSLT believes that through access to learning and development opportunities, which have been approved by the professional body, Assistants will continue to enhance their skills and knowledge in order to provide the best possible service to people with speech, language, communication and swallowing disorders.

114. It is hoped that this policy statement will support Assistants in accessing a wide range of learning and development opportunities that will be relevant to them personally and within their working environment.

115. The RCSLT would like to extend its sincere thanks to all those who have contributed to the work on this document through the working group, the consultation process and the RCSLT governance structures.

REFERENCES

NHS Employers
http://www.nhsemployers.org/pay-conditions/pay-conditions-1988.cfm

Skills for Health
http://www.skillsforhealth.org.uk/

Children's Workforce
http://www.cwdcouncil.org.uk/

Integrated Qualifications Framework
http://www.iqf.org.uk/

Department of Health
http://www.dh.gov.uk/en/index.htm

RCSLT
http://www.rcslt.org/

QAA
http://www.qaa.ac.uk/

APPENDIX 1: STANDARDS FOR WORKING WITH SPEECH AND LANGUAGE THERAPY SUPPORT PRACTITIONERS (RCSLT MARCH 2003)

Standards Framework

This document sets out a standards framework, applicable to all areas of practice, which can be used to assist in the development of local policies around the training and employment of SLT support practitioners. These policies should be in place to ensure the delivery of high quality services and standards of practice.

The standards framework is based on the professional accreditation scheme *Signed up to Quality* (RCSLT, 2001).

Clinical Governance

The clinical governance agenda requires all health care organisations to provide evidence of effective and efficient services delivered by staff with the right skills. The standards for working with SLT support practitioners are therefore structured on the clinical governance model and designed to be auditable. It is recommended that the standards be audited by services on an annual basis as part of the individual performance review (IPR) process.

Format

The format of each standard enables you to indicate whether it has been achieved, not achieved or if the service is working towards achieving the standard. Most are followed by some examples of evidence that could be used to demonstrate that the standard is being met. Space is also provided to record actions to be taken forward and/or to note additional evidence.

Department of Health:

> The Department of Health carried out a public consultation on behalf of England, Wales and Northern Ireland, with a parallel consultation by the Scottish Executive Health Department in 2004. The responses to the DH led consultation to indicate that:

- The majority of respondents were in favour of statutory regulation for some, but not necessarily all, support staff, but a minority felt this was unnecessary.

- There was a general feeling that there is a need for more debate and a fuller consideration of the implications and options.

- There was thought to be a need for more work on collaborative regulation. Professional bodies and staff wish to share development of standards for their support staff with input from the staff involved. There was no clear consensus on who should be involved in setting standards and who should own them.

- Suggestions for regulating new groups included a wide range of support workers at different levels on the career framework and very different stages of readiness in terms of nationally-recognised competences and training:

  o Assistants
  o HCAs/care Assistants

- o therapy Assistants
- o scientific support staff
- o ambulance technicians

- Others suggested that statutory regulation was not the answer for support staff since it could be burdensome and reduce recruitment if registration dependent on qualification was a pre-requisite for employment.

IQF

A number of initiatives including Skills for Health[2], The Children's Workforce and Integrated Qualifications Framework (IQF) aim to identify the particular competencies and skills required for a particular client group. For example, in England, the Department for Education and Skills is currently looking at pre-registration education and training for professionals and early years staff working with children. They have indicated that they are keen to look at different entry routes. This would include all people who want to work with children to come into core education and training modules to learn key competencies to work with children. These individuals would then have an option of moving into profession specific education and training to work with children. In England 'The Children's Workforce Strategy ' proposes that with this approach new employers would only have to invest "in training in additional specialist skills where an individual moves from one service area to another".

The Integrated Qualifications Framework (IQF) has been published alongside the Children's Workforce Strategy response document and is aimed at two key audiences:

- Sector Skills Councils and employers, awarding bodies, regulatory bodies and training providers to clarify our expectations of the lead role they will play in developing the framework.

- Professional bodies, leaders, managers and practitioners in organisations working with children and young people to provide information on these developments and encourage them to get involved with stakeholders. Additional information can be found at this website: http://www.everychildmatters.gov.uk/_files/750C90CC37C8E9A863E537AC63E9FA6E.pdf

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[2] Skills for Health (SfH) was established in April 2002 and licenced by DCSF as the UK Sector Skills Council (SSC) for health in May of 2004. Skills for Health is part of the NHS, being hosted by a Trust, but with its own Board and management. SfH has a mandate from DH to develop and manage national workforce competences for the health sector. http://www.skillsforhealth.org.uk/page/about-us

STANDARDS FOR WORKING WITH SLT SUPPORT PRACTITIONERS

1. Clinical Effectiveness / Evidence Based Practice

1.1 SLT support practitioners adhere to local, departmental and organisational policies

achieved / not achieved / working towards

- ❑ SLT support practitioners are aware of local, departmental and organisation policies and have indicated that they have read and understood them
- ❑ A copy of the current RCSLT Code of Ethics and Professional Conduct is available in the department and followed as appropriate by SLT support practitioners

Evidence/actions:

1.2 SLT support practitioners are encouraged to function as full members of the team with opportunities to input into the planning and formulating of policies that affect service delivery

achieved / not achieved / working towards

- ❑ Involvement may occur for example through staff meetings, membership of working groups, individual responsibilities

Evidence/actions:

1.3 There are agreed mechanisms in place with other agencies to support staff working in non-NHS settings

achieved / not achieved / working towards

- ❑ For example, this might include NHS-employed SLT support practitioners working in education or social services settings
- ❑ Mechanisms might include –
  - Service Level Agreements
  - Induction for support practitioners in non-NHS settings
  - Supervision

Evidence/actions:

1.4 A speech and language therapist registered with the Health Professions Council holds professional responsibility for the clinical services provided by SLT support practitioners

achieved / not achieved / working towards

- ❑ Staff are familiar with RCSLT's guidance in the code of ethics
- ❑ There is a specific service policy in place concerning working with and supervising Assistants and support staff
- ❑ The therapist's and other's responsibilities are clearly identified
- ❑ A named therapist with responsibility for each support practitioner is identified, who is suitably qualified and experienced (it is not recommended that a newly qualified therapist or returner is given sole responsibility for an SLT support practitioner)
- ❑ The role of speech and language therapists as supervisors, assessors, and trainers of support practitioners is reflected in job descriptions

Evidence/actions:

1.5 **The amount and type of supervision and clinical advice required is based on the recorded knowledge and competence of the SLT support practitioner, the needs of the client, the service setting and the tasks assigned**

achieved / not achieved / working towards

- ❑ All therapists working with support practitioners have clear expectations about the roles and responsibilities of individual Assistants and bilingual co-workers within the service
- ❑ Training is provided to ensure competency in carrying out tasks
- ❑ Following initial in-service training, a written summary of the SLT support practitioner's skills, knowledge and competence is circulated to the therapists in the team (this will be updated as part of the IPR process and may include suggestions for the support practitioner's continued development)

Evidence/actions:

1.6 There is a system for SLT support practitioners to access supervision and clinical advice from a speech and language therapist

achieved / not achieved / working towards

- ❑ The supervising therapist is responsible for designing a supervision system that protects client care and maintains the highest possible standards of care
- ❑ Regular supervision time is agreed between the therapist and SLT support practitioner, and a record is made of this time
- ❑ SLT support practitioners are able to access support as required
- ❑ The support practitioner shares responsibility for raising issues in supervision and may initiate or request additional material

- ❑ If for any reason an SLT support practitioner's designated supervisor is not able to provide the agreed level of supervision (e.g. maternity leave, long-term sickness), another state-registered speech and language therapist is assigned to supervise as soon as possible
- ❑ When the supervising therapist is absent from a setting where the SLT support practitioner is working, there is an identified contact in case of query or emergency

Evidence/actions:

1.7 The SLT support practitioner only provides services which are within his/her delegated responsibilities and competence

achieved / not achieved / working towards

- ❑ The SLT support practitioner's delegated responsibilities and level of competence are agreed by the therapist and support practitioner, and documented

Evidence/actions:

1.8 The work programme carried out by the SLT support practitioner is in line with the therapist's assessment and management plan, and is documented in the client's record

achieved / not achieved / working towards

Evidence/actions:

1.9 Intervention plans are modified and updated in consultation with the speech and language therapist

achieved / not achieved / working towards

- ❑ The SLT support practitioner takes responsibility for reporting to the therapist any changes in the client's response to the programme

Evidence/actions:

1.10 SLT support practitioners function as part of the multidisciplinary team where it is recognised good practice

achieved / not achieved / working towards

- ❑ The boundaries of the role of the SLT support practitioner in a multidisciplinary team are agreed and documented with all the stakeholders
- ❑ The SLT support practitioner can only be delegated tasks by staff from other professions where there is provision for this in department policies and procedures, and in the postholder's job description
- ❑ The SLT support practitioner's contribution to the multidisciplinary therapy goals is clear
- ❑ Appropriate induction and training are given for working in a multidisciplinary setting, including awareness of NHS and non-NHS policies, and procedures relating to off-site working

Evidence/actions:

1.11 The recruitment of bilingual co-workers is targeted to meet the needs of local community

achieved / not achieved / working towards

- ❑ Bilingual co-workers are members of the local community and reflect its demography
- ❑ Bilingual co-workers assist in the development of appropriate and acceptable materials and service delivery
- ❑ Support mechanisms are in place to ensure that the co-worker can feedback on all aspects of his/her work to the supervising therapist
- ❑ Both the speech and language therapist and co-worker are trained to ensure effective three-way communication between the client/carers and therapist
- ❑ Speech and language therapists working with bilingual personnel have received appropriate training

Evidence/actions:

2. Risk Management

2.1 There is an up-to-date organisational chart and service profile which includes SLT support practitioners

achieved / not achieved / working towards

- ❑ Organisational chart clearly shows lines of accountability within the organisation
- ❑ SLT support practitioners are clear about their lines of accountability
- ❑ Lines of accountability are clearly defined for support practitioners working outside of the SLT department (e.g. in schools)

2.2 SLT support practitioners comply with, and are aware of their duty of confidentiality and its implications

achieved / not achieved / working towards

- ❑ There is a clear local policy on the confidentiality, use, security and disclosure of health information
- ❑ There is guidance for staff

Evidence/actions:

2.3 The requirements of all relevant legislation pertaining to children and child protection are understood and complied with by all SLT support practitioners with responsibility for children.

achieved / not achieved / working towards

- ❑ There is a clear child protection policy and procedure known to and understood by SLT support practitioners with responsibility for children
- ❑ There is evidence of a system of police-checking of all SLT support practitioners with responsibility for children
- ❑ All SLT support practitioners working with children should receive training in child protection procedures on a regular basis as part of the departmental training requirement in this area
- ❑ SLT support practitioners working within other agencies are aware of procedures for child protection and are clear about their responsibility and lines of action.

Evidence/actions:

2.4 The regular monitoring of staff workloads includes those of SLT support practitioners

achieved / not achieved / working towards

The mechanism for monitoring might include –
- ❑ Sickness / absence review
- ❑ Use of occupational health / counselling services
- ❑ Inclusion in IPR process
- ❑ Supervision

Evidence/actions:

2.5 All SLT support practitioners have an up-to-date job description

achieved / not achieved / working towards

- ❑ Reviewed, signed and dated regularly (at least once per year) as part of the IPR process
- ❑ Job descriptions are kept in personal files
- ❑ Staff are familiar with the content

Evidence/actions:

2.6 SLT support practitioners maintain and contribute accurately to the client   record

achieved / not achieved / working towards

- ❑ SLT support practitioners are appropriately trained in record keeping procedures and standards
- ❑ SLT support practitioners adhere to the department's record keeping procedures
- ❑ SLT support practitioners are aware of the boundaries of their role in reporting and recording activities

Evidence/actions:

2.7 SLT support practitioners are aware of service and organisational policies relating to the health and safety of clients and staff, and have access to the appropriate mandatory training

achieved / not achieved / working towards

- ❑ SLT support practitioners have completed the appropriate mandatory health and safety training required to comply with local policies

❑   There is a named safety representative known to staff with clear lines of contact

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Evidence/actions:

2.8   SLT support practitioners are aware of the policy for dealing with complaints

achieved / not achieved / working towards

❑   Frontline staff are trained in dealing with complaints and comply with local policies

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Evidence/actions:

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3. Professional User and Client / Carer Involvement

3.1 Clients are informed when they will be receiving care from an SLT support practitioner
achieved / not achieved / working towards

- ❑ The service has a clear policy relating to consent
- ❑ There is clear guidance for staff

Evidence/actions:

3.2   Discussions with the client/carer are recorded in the case notes by the SLT support practitioner
achieved / not achieved / working towards

Evidence/actions:

3.3   Where employed, bilingual co-workers have a key role within the service in offering relevant training on cultural and linguistic issues, and acting as an information resource for materials and cultural issues

achieved / not achieved / working towards

Evidence/actions:

4. Education and Lifelong Learning

4.1 There is a planned orientation, induction and support programme for newly employed SLT support practitioners

achieved / not achieved / working towards

- There is a policy in place relating to the induction of SLT support practitioners in relation to the service, employing organisation and the setting within which they are working
- The content may includes –
  - preparation for roles and responsibilities
  - familiarisation with policies and procedures
  - explanation re: emergency procedures
  - information re: health and safety, including risk
  - supervision / support mechanisms
  - flexibility around individual needs – including identification of personal development needs
- Records of the induction process are kept – signed by staff member, dated and reviewed

Evidence/actions:

4.2 There is a system of monitoring SLT support practitioner ability through performance review, appraisal and personal development planning

achieved / not achieved / working towards

- This process may include evaluation of –
  - compliance with job description
  - compliance with policies and procedures
  - interaction with clients and colleagues
  - accomplishment of pre-determined objectives
- The process includes discussion of personal development needs
- An annual personal development plan (PDP) is agreed which includes identification of competencies and agreement of responsibilities carried out by the SLT support practitioner (signed by the SLT support practitioner and therapist)

Evidence/actions:

4.3 There is a systematic approach to the training and development of SLT support practitioners

achieved / not achieved / working towards

- SLT support practitioners have a structured training programme to enable them to develop the ability to transfer skills to a variety of situations, and to be able to produce creative therapeutic responses to a range of disorders
- SLT support practitioners have access to continuing development opportunities (e.g. S/NVQ, BTEC, local in-service training programmes and other training relevant to the job)
- Information about educational / training opportunities is available to staff

- There is a system for the application for training
- Records are maintained for all training undertaken, and benefits are evaluated
- Opportunities and funds for training are equitably managed

Evidence/actions:

4.4 Where specialist skills are required by an SLT support practitioner, training is provided and updated

achieved / not achieved / working towards

- There is a system for reviewing the requirements of a post
- Where specialised training needs are identified, are they met?

Evidence/actions:

4.4 The service can demonstrate that SLT support practitioners keep clinically up-to-date

achieved / not achieved / working towards

- Participation in personal development planning and monitoring
- Membership of SIGs etc.
- Clinical supervision

Evidence/actions:

4.5 SLT support practitioners are involved in forums for the sharing of good practice

achieved / not achieved / working towards

- Peer review
- SIG membership, local groups, assistant support groups
- In larger services there maybe examples within the service
- Contributions to quality activities and clinical audit

Evidence/actions:

4.6 There is a system of training and support available to supervising therapists

achieved / not achieved / working towards

- ❑ Therapists with responsibility for SLT support practitioners will have received training in supervisory skills
- ❑ Newly qualified therapists are introduced to working with support practitioners as part of their induction
- ❑ Students are exposed to the work of Assistants and bilingual co-workers when undergoing clinical placements wherever possible

Evidence/actions:

References:

- *Communicating Quality 2: Professional Standards for Speech & Language Therapists* (RCSLT, 1996).

- *The Association of Speech & Language Therapy Managers, Supporting Speech & Language Therapy: Training Modules for Assistants* (STASS Publications, 1996) [out of print].

- The following documents can be downloaded (free of charge) by members from the RCSLT website [www.rcslt.org]:

- *Signed up to Quality* (RCSLT, 2001) - RCSLT professional accreditation scheme standards.

- Williamson, K (2001) *Model of Professional Practice*. RCSLT.

- Williamson, K (2002) *Competencies Project: Support Practitioner Framework*. RCSLT.

APPENDIX 2: RECOGNITION OF LEARNING ACHIEVED AND OPPORTUNITIES FOR APL ONTO A FOUNDATION DEGREE OR HNC

- The award of '**credit'** is a means of formally recognising and measuring learning achievement. This will require a form of assessment, to ensure the achievement of designated learning outcomes and is awarded by an accredited body, which adheres to the guidelines of a quality assured national framework.

- Credits are set at a specific level which indicated the demands of learning required. The levels are hierarchical. Therefore, Level 3 will be more demanding than Levels 2 or 1. Advanced is higher than intermediate or foundation levels.

- The credit systems used by HE and FE differ and Scotland has a different framework to the rest of the UK. Confusion can arise as both systems refer to credits at different levels but the levels are not equivalent between FE and HE.

- If Assistants have completed a programme of education and are considering applying for another course, it is worth looking in to whether they can gain recognition of the learning they have already achieved. Accreditation of Prior Learning (APL) is the general term used for the award of credit on the basis of demonstrated learning that has occurred at some time in the past. Decisions on APL are made on a case-by-case basis and Assistants should make their education provider aware of any interest in APL as early as possible in your dealings with them so that the possibility can be investigated.

- When considering issues around AP(E)L for entry onto a foundation degree or HNC programmes the RCSLT expects education providers to:

- Assess individuals on their skills and knowledge for entry onto a foundation degree;
- Develop innovative ways of ensuring that experiential learning is a significant factor for admission onto a foundation degree programme, in line with Quality Assurance Agency (QAA) guidelines;
- Recognise all appropriate vocational qualifications at a minimum of Level 3 (e.g. N/SVQ, BTEC, NOCN) for the purposes of APL onto a foundation degree.

In this way it is hoped to widen access to and participation in foundation degree programmes.