

## RCSLT COMPETENCY FRAMEWORK

# Fibreoptic Endoscopic Evaluation of Swallowing (FEES): competency framework and training log

**First published in 2005, last published in 2015**

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Date for review: 2023

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**Review procedure:** An expert group working across sectors will be asked to review the document to determine whether an update is required. Members can submit their feedback on the document at any time by emailing: [info@rcslt.org](mailto:info@rcslt.org)

**Acknowledgements**

The Royal College of Speech and Language Therapists (RCSLT) has developed this final document with a working group of experienced speech and language therapists (SLTs) working within the field of FEES (see below). This competency framework has undergone consultation with experts, both within the UK and internationally, working in the field of FEES.

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**Reference this document as:**

Wallace S, McLaughlin C, Clayton J, Coffey M, Ellis J, Haag R, Howard A, Marks H, Zorko R. *Fibreoptic Endoscopic Evaluation of Swallowing (FEES): The role of speech and language therapy*. London: Royal College of Speech and Language Therapists, Competency framework and training log. 2020.

# Contents

1. <b>Aim and scope of the competency framework</b> .....	5
2. <b>Introduction</b> .....	5
2.1 Why a competency framework is needed.....	5
2.2 Aspects covered by the competencies .....	6
2.2.1 Roles of endoscopist and assessor .....	6
2.2.2 Levels of competence.....	6
2.2.3 Additional specific competencies.....	7
3. <b>Knowledge and skills</b> .....	7
3.1 SLTs Referring for FEES .....	7
3.2 SLTs undertaking FEES training.....	7
3.3 Knowledge required to perform FEES .....	8
3.4 Skills required to perform FEES.....	9
4. <b>RCSLT FEES competency training log</b> .....	10
A. Referrer knowledge and skills .....	11
B. Prerequisite knowledge and skills for level 1 .....	12
C. VFS Background.....	14
D. Endoscopist role.....	21
E. Assessing clinician role.....	23
F. Critical care FEES competencies .....	36
G. Head and neck FEES competencies.....	40
H. Laryngectomy FEES competencies.....	43
I. Laryngotracheal stenosis FEES competencies.....	45
5. <b>Training logs</b> .....	48
i. Assessing clinician (to be signed by supervisor) .....	48
ii. Endoscopist .....	55

## **1. Aim and scope of the competency framework**

This is a training and competency framework for speech and language therapists (SLTs) working with patients with dysphagia who are referring for a Fiberoptic Endoscopic Evaluation of Swallowing (FEES) assessment and/or performing FEES. All SLTs should have current and up-to-date clinical practice within dysphagia and have some experience of videofluoroscopy.

This is a UK-wide document and is an adjunct to the RCSLT FEES Position Paper and [RCSLT Dysphagia Competency Framework](#). All SLTs undertaking competencies to perform FEES should be practising confidently and competently at a highly specialist dysphagia practitioner level C, (RCSLT Dysphagia Competency Framework).

The competencies will help to ensure that at the point of delivery patients receive high-quality and safe care from appropriately trained personnel, regardless of location. The levels of FEES practice do not equate to SLT job titles but it is advised that performing FEES is stated within job descriptions.

## **2. Introduction**

FEES is an instrumental assessment of swallowing used by SLTs, in which a flexible nasendoscope (digital or fiberoptic) is inserted transnasally to directly visualise naso-/oro- and laryngopharyngeal structures, secretions, sensory response and pharyngeal swallow function. Saliva swallowing can be viewed in the absence of food and/or liquids, and swallowing of food and liquid trials are assessed with the scope in situ. FEES was first devised in 1988 by Professor Susan Langmore as a four-part procedure. FEES enables accurate, in-depth assessment of dysphagia and detection of aspiration, particularly when silent. Use of a standard protocol and rating scales are recommended.

FEES enables a clearer understanding of dysphagia aetiology, severity and prognosis, and facilitates management decisions, such as safety of oral feeding, or need for tube feeding. In addition, FEES can inform and evaluate dysphagia management through the use of therapeutic strategies and biofeedback. The benefits of FEES include portability to the bedside, repeatability and no exposure to radiation. The direct view of the larynx and upper airway means that FEES can inherently influence other multidisciplinary team (MDT) treatment decisions, such as tracheostomy weaning.

### **2.1 Why a competency framework is needed**

This framework has been developed to provide a structured approach to FEES competency acquisition, and sets out the knowledge and skills required by SLTs for FEES practice. The competency framework is intended for use throughout the SLT's career, from referrer to expert practitioner (level 3). Signed evidence of skill acquisition and maintenance should be provided on the competency log.

SLTs are encouraged to document reflections on learning and evidence of competence for verification by an appropriately skilled supervisor. The log should be used as a record of the status of ongoing learning and development, and is useful for appraisal.

## **2.2 Aspects covered by the competencies**

The competencies cover all of the key elements of FEES and should be used in conjunction with adherence to relevant local and national policies and clinical guidelines, eg dysphagia, infection control, stroke, NICE, Guidelines for the Provision of Intensive Care Services (GPICS). SLTs should also consider related issues, such as clinical supervision, MDT working, evidence-based practice, continued professional development (CPD) and transferrable skills. As with all professional practice, SLTs should ensure that they comply with the Health and Care Professions Council (HCPC) standards of proficiency for speech and language therapists (2014) and operate only within their scope of practice.

### **2.2.1 Roles of endoscopist and assessor**

The competencies required for performing the roles of endoscopist and assessor are described in detail separately. While many SLTs will require both skill sets, it is acknowledged that some services operate with another professional passing the nasendoscope. A minimum of two persons is required to safely and effectively carry out FEES: one to perform nasendoscopy and the other to perform the assessing/interpretation role. This usually means two FEES-competent SLTs, but can mean one FEES-competent SLT and a practitioner competent in nasendoscopy for FEES. For example an anaesthetist or ENT surgeon can scope under the direction of the SLT interpreting the FEES.

### **2.2.2 Levels of competence**

The three levels of competency acquisition, which guide the process of learning, are as follows:

<b>Level 1</b>	<ul style="list-style-type: none"> <li>Referrer competencies, commenced FEES training</li> </ul>
<b>Level 2 A</b>	<ul style="list-style-type: none"> <li>Completed level 1, FEES on complex patients with supervision by a level 3</li> </ul>
<b>Level 2 B</b>	<ul style="list-style-type: none"> <li>Able to train level 1, has completed 50 examinations</li> </ul>
<b>Level 3 Expert</b>	<ul style="list-style-type: none"> <li>Can perform FEES nasendoscopy and interpretation simultaneously. However, FEES reliability is optimal with two FEES practitioners.</li> </ul>

It is probable that many SLTs operating at a specialist level of competence (level C, RCSLT Dysphagia Competency Framework) will also demonstrate consultant level competencies (level D) in some areas without working towards a consultant level overall.

### **2.2.3 Additional specific competencies**

In addition to the core FEES competencies, SLTs undertaking FEES with patients in the following clinical groups, of critical care, head and neck, laryngotracheal stenosis and laryngectomy, should acquire the additional competencies within this framework. This is because of the nature of their differences and potential for complexity.

## **3. Knowledge and skills**

### **3.1 SLTs Referring for FEES**

SLTs working in dysphagia who refer for FEES examinations, but are not undertaking FEES competency training, require knowledge of:

1. Purpose of FEES
2. Appropriate patient selection for FEES and VFS
3. Clinical indications and outcomes
4. Safety – high-risk and vulnerable patient populations
5. Adverse effects and complications
6. Local referral procedure and FEES service logistics.

### **3.2 SLTs undertaking FEES training**

Core competencies and expertise in dysphagia underpin the knowledge and skills required to perform FEES. SLTs are professionally responsible for achieving the appropriate level of training to perform FEES competently.

Core prerequisite knowledge and skills for the assessing clinician are:

1. Level C - Dysphagia 'Highly Specialist' Level (RCSLT Dysphagia Training and Competency Framework, 2014)
2. Experienced in working independently with dysphagic patients
3. Advanced, comprehensive clinical knowledge of normal and disordered anatomy, physiology and neurology of swallowing, including swallowing changes over the lifespan
4. In-depth understanding of interaction between respiration, airway protection and swallowing
5. Knowledge of the FEES evidence base
6. An expert level of dysphagia competence and skills in the relevant patient population undergoing FEES
7. 'FEES referrer' requirements met (see section 13.3.1)

8. Current and regularly updated dysphagia knowledge.

### **VFS background knowledge and skill requirements**

Ideally, SLTs undertaking FEES training should be competent in VFS in order to fully appreciate the indications, contraindications, benefits and limitations of both instrumental tools. This influences appropriate referral and safety, and drives patient access to instrumental assessment based on clinical factors. It also facilitates a comprehensive training and practice approach for SLTs.

If competence in VFS is not achieved prior to undertaking FEES training, ensure **one OR more** of the following are achieved as a minimum:

- Observation and joint rating of a minimum of **five** live VFS procedures carried out by an SLT competent in VFS. The majority of these examinations should be performed on patients within the trainee's clinical specialty
- Completion of MBSImP certification
- Independent accurate rating of **five** previously recorded VFS examinations agreed with an SLT competent in VFS.

### **3.3 Knowledge required to perform FEES**

1. Evidence base for FEES including within the SLT's specialist clinical population
2. Appropriate patient selection, considering safety, risks and benefits
3. Anatomical landmarks and abnormalities viewed endoscopically
4. Altered anatomy/physiology and possible impact on swallowing function
5. Elements of a comprehensive FEES examination and tailoring to the individual's needs
6. Rating scales, how to apply them and detailed reporting
7. Underpinning knowledge of the appropriate application of treatment interventions, ie postures, safe swallowing strategies, manoeuvres, bolus modification, environment and positioning, etc.
8. Dysphagia aetiology, symptoms and their significance and severity
9. Interpretation of FEES findings within the context of medical and dysphagia history, previous swallowing assessments, severity and prognostication
10. Sufficient knowledge to ensure appropriate dysphagia management recommendations
11. Appropriate referral for ENT opinion when anatomical variation is detected, including suspicion of pathology
12. Appropriate referral to another professional, eg neurology, other expert SLTs



13. Appropriate timing, rationale and nature of future FEES, VFS or clinical bedside review
14. Sufficient knowledge to enable clear, empathic explanations of FEES findings to patients, families and other professionals, for teaching and improved participation.

### **3.4 Skills required to perform FEES**

#### **The endoscopist (SLT)**

1. Operation, maintenance and disinfection of the FEES equipment
2. Insertion and manipulation of the nasendoscope in a manner that minimises discomfort and risk and optimises a successful view of the laryngopharynx
3. Insertion and manipulation of the nasendoscope around obstacles such as nasogastric tubes, nasal cannulae and non-invasive (NIV) nasal bungs
4. Effective communication with FEES colleague pre-, during and post-procedure
5. Monitoring patient comfort and safety throughout, minimising the duration of the procedure and discontinuing if indicated
6. Application of topical anaesthetic/decongestant, if necessary
7. Checking for and managing any infection risks.

#### **The assessing clinician (SLT)**

1. Effective communication with the patient and carer, supporting, guiding and coordinating the assessment
2. Effective communication with the endoscopist, directing them if needed to achieve the optimal view
3. Clear and effective review of the rationale and appropriateness for FEES, and any risks. Includes checking the case history, the environment, current patient status and consulting medical opinion as needed
4. Monitoring the patient's comfort and safety throughout, minimising the duration of the procedure and discontinuing if indicated
5. Accurate and detailed interpretation of findings with appropriate planning
6. Effective communication and clear documentation of recommendations and plan for the MDT, patient and carers.

#### 4. RCSLT FEES competency training log

The competencies include the clinical, procedural and technical aspects of FEES. Competencies are divided into those required for the roles of the endoscopist and those required for interpretation as an assessing clinician. Additional specific competencies have been outlined for critical care, head and neck, and laryngectomy populations. At the time of publication, specific competencies for working with a paediatric population are in the process of being developed.

**Name of trainee:**

**Name of supervisor:**

Date referrer competencies completed:

FEES clinical competencies:	Core	Critical care	Head and neck	Laryngotracheal stenosis
(please circle)	Laryngectomy			

Date level 1 competencies commenced (in training): .....

Date level 1 competencies completed (initial training complete): .....

Date level 2 A competencies completed: .....

Date level 2 B competencies completed (50 FEES examinations in addition to completion of level 2A):

.....

Date level 3 competencies completed (150 FEES examinations in addition to completion of level 1, 2A and 2B):

.....

Date returning to FEES 'competency check' completed: .....

**FEES Competency Framework**

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
<b>A. Referrer knowledge and skills</b>						
A1	Understands the purpose of FEES.	<ul style="list-style-type: none"> <li>Discusses with supervisor.</li> <li>Observes at least one FEES procedure or clip.</li> </ul>				
A2	Knowledge of clinical indicators, limitations and rationale for VFS and FEES. Selects patients appropriately.	<ul style="list-style-type: none"> <li>Reads RCSLT VFS and FEES Position Paper and literature.</li> <li>Discusses cases</li> <li>Refers for FEES appropriately forming a sound rationale, clinical questions and hypothesis for FEES.</li> </ul>				
A3	Knowledge of outcomes of FEES.	<ul style="list-style-type: none"> <li>Reads RCSLT VFS and FEES Position Paper.</li> <li>Discusses cases.</li> </ul>				

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
A4	Knowledge of safety, high-risk and vulnerable patient populations.	<ul style="list-style-type: none"> <li>• Discusses cases.</li> <li>• Reads FEES Position Paper.</li> <li>• Detects risks from case history, seeks medical advice whether to proceed and explains risks to patient/carer/MDT.</li> </ul>				
A5	Knowledge of adverse effects and complications.	<ul style="list-style-type: none"> <li>• Reads literature. Logs events. Understands and recognises adverse effects and complications on live FEES or clips.</li> </ul>				
A6	Understands local referral procedures and FEES service logistics.	<ul style="list-style-type: none"> <li>• Observes FEES clinic within or outside trust.</li> <li>• Completes five referrals correctly under supervision.</li> </ul>				
<b>B. Prerequisite knowledge and skills for level 1</b> (Please note this section aligns with the RCSLT Dysphagia Training and Competency Framework requirements).						
B1	FEES referrer requirements met (section 13.3.1).					

RCSLT FEES competency framework and training log

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
B2	Level C - Dysphagia 'Highly Specialist' (RCSLT Dysphagia Competency Framework).	<ul style="list-style-type: none"> <li>• Discusses cases.</li> <li>• Joint working with supervisor.</li> </ul>				
B3	Experienced in working independently with dysphagic patients.	<ul style="list-style-type: none"> <li>• Discusses cases.</li> <li>• Joint working with supervisor.</li> </ul>				
B4	Advanced, comprehensive clinical knowledge of normal and disordered anatomy, physiology and neurology of swallowing, including swallowing changes over the lifespan.	<ul style="list-style-type: none"> <li>• Discusses cases.</li> <li>• Joint working with supervisor.</li> </ul>				
B5	In-depth understanding of interaction between respiration, airway protection and swallowing.	<ul style="list-style-type: none"> <li>• Discusses cases.</li> <li>• Joint working with supervisor.</li> </ul>				
B6	Knowledge of the FEES evidence base.	<ul style="list-style-type: none"> <li>• Reads articles.</li> <li>• Discusses with supervisor.</li> </ul>				

RCSLT FEES competency framework and training log

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
B7	Expert level of dysphagia competence and skills in the relevant patient population undergoing FEES.					
B8	Current and regularly updated dysphagia knowledge.					
<b>C. VFS Background</b> (one or more of the following as a minimum)						
C1	Observation and joint rating of at least five live VFS procedures carried out by an SLT competent in VFS (majority within the trainee's clinical specialty).					
C2	Completion of Modified Barium Swallow Impairment Profile (MBSImP) certification.					
C3	Independent accurate rating of <b>five</b> previously recorded VFS examinations with an SLT competent in VFS.					

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
<b>KNOWLEDGE FOR LEVEL 1</b>						
C4	Evidence base for FEES including the SLT's specialist clinical population.	<ul style="list-style-type: none"> <li>Reads literature.</li> </ul>				
C5	Appropriate patient selection, considering safety, risks and benefits.	<ul style="list-style-type: none"> <li>Reads RCSLT FEES Position Paper (section 8).</li> </ul>				
C6	Anatomical landmarks viewed endoscopically.					
C7	Altered anatomy physiology and any possible impact on swallowing function.	<ul style="list-style-type: none"> <li>Views clips or live FEES.</li> </ul>				
C8	The elements of a comprehensive FEES examination and tailoring to individual's needs.	<ul style="list-style-type: none"> <li>Reading.</li> </ul>				

RCSLT FEES competency framework and training log

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
C9	Rating scales, how to apply them and detailed reporting.	<ul style="list-style-type: none"> <li>• Practises use.</li> <li>• Rates independently and discusses with supervisor.</li> </ul>				
C10	Treatment interventions, ie postures, safe swallowing strategies, manoeuvres, bolus modification, environment, positioning, etc.	<ul style="list-style-type: none"> <li>• Reading.</li> </ul>				
C11	Dysphagia aetiology, symptoms and their significance and severity.	<ul style="list-style-type: none"> <li>• Reviews cases.</li> </ul>				
C12	Interpretation of FEES findings within the context of medical and dysphagia history, previous swallowing assessments, severity and prognostication.	<ul style="list-style-type: none"> <li>• Discusses cases.</li> </ul>				
C13	Ensure appropriate dysphagia management recommendations.	<ul style="list-style-type: none"> <li>• Discusses cases.</li> </ul>				



RCSLT FEES competency framework and training log

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
C14	When to request ENT opinion when anatomical variation is suspected, including suspicion of pathology.					
C15	When onward referral to another professional is indicated, eg neurology, other expert SLTs.					
C16	Appropriate timing, rationale and nature of future FEES, VFS or clinical review.					
C17	Knowledge to enable clear, empathic explanations of FEES findings to patients, families and other professionals, for teaching and improved compliance.					

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
	<b>Operation, disinfection, maintenance of equipment</b>					
C18	Knowledge of equipment, FEES system and set-up.	<ul style="list-style-type: none"> <li>• Reads manual.</li> <li>• Connects and operates equipment, white-balances, focuses and lubricates scope, records and archives recordings, troubleshoots technical problems.</li> </ul>				
C19	Decontamination	<ul style="list-style-type: none"> <li>• Reads local infection control policies.</li> <li>• Follows local infection control policies and practice regarding nasendoscopes and equipment cleaning, personal protection and infection precautions.</li> </ul>				
	<b>Communication</b>					
C20	Communicates effectively with FEES colleague pre-, during and post-FEES.	<ul style="list-style-type: none"> <li>• Discussion with colleagues.</li> <li>• Joint working.</li> </ul>				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
C21	Communicates effectively with patient and carers to reassure and explain nasendoscopy process.	<ul style="list-style-type: none"> <li>• Live FEES scoping.</li> </ul>				
<b>Topical anaesthesia</b>						
C22	Understands risks of anaesthesia to patient.	<ul style="list-style-type: none"> <li>• Reads literature.</li> <li>• Refer to section 8.6 of RCSLT FEES Position Paper.</li> <li>• Ensures current Patient Group Directive for use of anaesthesia if needed.</li> </ul>				
C23	Understands the pros and cons of topical anaesthesia for FEES for sensory response and discomfort.	<ul style="list-style-type: none"> <li>• Direct observation.</li> <li>• Correctly administers topical anaesthesia in exceptional circumstances.</li> </ul>				

RCSLT FEES competency framework and training log

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
	<b>Risks</b>					
C24	Checks for any nasendoscopy high-risk and vulnerable patients and seeks appropriate advice or presence of ENT.	<ul style="list-style-type: none"> <li>• Reads RCSLT FEES Position Paper section 8.</li> </ul>				
C25	Checks for and manages any infection risks.	<ul style="list-style-type: none"> <li>• Reads local and national infection control policies.</li> <li>• Checks medical history, documents risks.</li> <li>• Uses decontaminated equipment appropriately, schedules patients according to infection status and follows local scope tracking procedures.</li> <li>• Uses appropriate personal protective equipment (PPE).</li> </ul>				

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
<b>D. Endoscopist role</b>						
<b>Insertion and manipulation of the nasendoscope</b>						
D1	Understands nasendoscope insertion technique to minimise discomfort and optimises a successful view of the laryngopharynx.	<ul style="list-style-type: none"> <li>• Successfully inserts the scope first time, with minimal discomfort and without complications.</li> <li>• Manipulates scope around NG tubes, nasal cannulae. Applies gel correctly, manipulates scope to minimise coating with secretions or residue.</li> </ul>				
D2	Manages adverse events and complications of scoping (section 8.2 Position Paper), eg vasovagal, epistaxis and laryngospasm.	<ul style="list-style-type: none"> <li>• Live FEES. Logs adverse events.</li> <li>• Recognises adverse events or complications if they occur and responds appropriately, managing patient safety.</li> </ul>				
D3	Understands conditions for high vs mid vs low scope positioning.	<ul style="list-style-type: none"> <li>• Manipulates the scope rapidly, manoeuvring between high, mid and low scope positions, avoiding structures and optimising the view of swallowing events.</li> </ul>				

## RCSLT FEES competency framework and training log

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
	<b>Numbers of procedures</b>					
D4	Observation of a minimum of <b>two</b> nasendoscopy procedures performed on patients by a competent endoscopist.					
D5	Successful safe passage of the nasendoscope into the pharynx a minimum of <b>five</b> times on patients, under the direct supervision of a competent endoscopist.					
D6	Successfully performs nasendoscopy for the purposes of FEES <b>10</b> times, on patients, under the direct supervision of a competent endoscopist.					
D7	Successfully performs nasendoscopy <b>independently</b> for the purpose of FEES as judged by a competent endoscopist. In order to meet this, the number of FEES examinations judged as competent may vary between trainees.					

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
<b>E. Assessing clinician role</b>						
<b>Recognition of normal anatomy</b>						
E1	Normal nasal, pharyngeal and laryngeal structures viewed endoscopically.	<ul style="list-style-type: none"> <li>Labels structures on diagrams, clips or live FEES accurately, identifying key anatomical structures using correct terminology.</li> </ul>				
E2	Range of 'normal' structures viewed endoscopically.	<ul style="list-style-type: none"> <li>Accurately recognises the range of normal variation in anatomical structures.</li> </ul>				
<b>Recognition of altered anatomy and impact on swallowing</b>						
E3	Nasal anatomical abnormalities viewed endoscopically.	<ul style="list-style-type: none"> <li>Reads literature. Joint viewing of clips or live FEES. Documentation.</li> <li>Recognises and describes key abnormal features in the nasal passages.</li> </ul>				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
E4	Pharyngeal anatomical abnormalities viewed endoscopically.	<ul style="list-style-type: none"> <li>• Reads literature. Joint viewings of clips or live FEES. Documentation.</li> <li>• Recognises and describes key anatomical abnormalities in the naso-/oropharynx.</li> </ul>				
E5	Pharyngeal anatomical abnormalities viewed endoscopically.	<ul style="list-style-type: none"> <li>• Reads literature. Joint viewings of clips or live FEES. Documentation.</li> <li>• Recognises and describes key anatomical abnormalities in the naso-/oropharynx.</li> </ul>				
E6	Laryngeal anatomical abnormalities viewed endoscopically.	<ul style="list-style-type: none"> <li>• Reads literature. Joint viewings of clips or live FEES. Documentation.</li> <li>• Recognises and describes key anatomical abnormalities of the larynx.</li> </ul>				
E7	Impact of altered anatomy on swallow function and safety.	<ul style="list-style-type: none"> <li>• Reads literature. Joint viewing of clips or live FEES. Reviews cases with supervisor. Determines the impact of a range of abnormalities on swallow function and safety, recognises when anatomy is</li> </ul>				



	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
		beneficial vs detrimental to swallow function.				
E8	Understands collaborative role of ENT in FEES for diagnosis.	<ul style="list-style-type: none"> <li>Discusses with ENT. Aware of and uses direct referral pathway.</li> <li>Seeks ENT diagnostic opinion on nasal, pharyngeal and laryngeal abnormalities appropriately.</li> </ul>				
<b>FEES protocol</b>						
E9	Langmore protocol and local FEES protocol.	<ul style="list-style-type: none"> <li>Reads literature. Demonstrates knowledge of the Langmore protocol and task rationale in discussion and live FEES.</li> <li>Can perform protocol tasks.</li> </ul>				
E10	Understands how to adapt the FEES protocol to each individual's cognitive or communication needs.	<ul style="list-style-type: none"> <li>Direct observation.</li> <li>Sequences the elements of the FEES examination making appropriate decisions concerning oral trials and strategies.</li> </ul>				

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
		<ul style="list-style-type: none"> <li>Adapts the protocol to individual patient needs and cognitive communication impairments.</li> </ul>				
<b>Communication</b>						
E11	Directs the endoscopist to achieve optimal view while minimising discomfort.	<ul style="list-style-type: none"> <li>Clear communication during live FEES.</li> </ul>				
E12	Guides patient and carer through the examination.	<ul style="list-style-type: none"> <li>Clear instructions and explanations to patients, carers and other staff.</li> </ul>				
<b>Interpretation of FEES findings</b>						
E13	Abnormal anatomy and physiology.	<ul style="list-style-type: none"> <li>Accurately rates clips and documents live FEES.</li> <li>Recognises and describes abnormalities of anatomy and physiology and their impact on swallowing.</li> </ul>				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
E14	Significance and severity of secretions and secretion rating scale.	<ul style="list-style-type: none"> <li>• Reads literature.</li> <li>• Assesses and describes secretion status including type, origin, location and severity of secretions and predictive significance for swallowing function.</li> <li>• Accurately uses a secretion rating scale (eg NZSS).</li> </ul>				
E15	Uses other rating scales accurately such as Airway Protection, Penetration Aspiration scale (PAS), Yale residue scale and others (Reflux Finding Score) as needed.	<ul style="list-style-type: none"> <li>• Reads literature.</li> <li>• Accurately uses rating scales.</li> <li>• Residue scale on clips and live FEES.</li> <li>• Able to interpret findings in the context of medical history and clinical assessment and makes appropriate management decisions.</li> </ul>				
E16	Performs oral trials.	<ul style="list-style-type: none"> <li>• Makes timely and appropriate decisions regarding proceeding with, the order of and ceasing of oral trials during the examination on live FEES.</li> </ul>				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
E17	Understands the purpose and benefits of high/low scope positions in detecting and evaluating abnormal swallow features.	<ul style="list-style-type: none"> <li>• Can explain when to use each position to supervisor.</li> <li>• Communicates clear instructions to endoscopist optimising the view, minimising discomfort and exploring abnormal findings on live FEES.</li> </ul>				
<b>Interpretation of swallow events</b>						
E18	Cause, severity and implications of impaired laryngopharyngeal sensation.	<ul style="list-style-type: none"> <li>• Reads literature.</li> <li>• Detects and describes the aetiology, severity and effect of impaired sensation from patient response to scope, secretions, residue, penetration and aspiration on clips and live FEES. Makes appropriate decisions.</li> </ul>				
E19	Cause, severity and implications of residue.	<ul style="list-style-type: none"> <li>• Reads literature.</li> <li>• Detects and describes the cause, location and severity of laryngopharyngeal residue on clips and live FEES. Makes appropriate treatment decisions.</li> </ul>				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
E20	Knowledge of the causes, severity and implications of penetration and aspiration.	<ul style="list-style-type: none"> <li>• Reads literature.</li> <li>• Detects and describes the cause and severity of penetration and aspiration, uses PAS correctly and makes appropriate treatment decisions on live FEES and clips.</li> </ul>				
E21	Interprets other findings accurately, eg regurgitation, low tone, nasal reflux.	<ul style="list-style-type: none"> <li>• Detects, describes findings and makes appropriate management decisions on live FEES and clips.</li> </ul>				
<b>Effect of therapeutic interventions and strategies</b>						
E22	The effects of therapeutic interventions and strategies on swallow function, eg bolus modification, head turn, effortful swallow, supraglottic swallow, and texture modification.	<ul style="list-style-type: none"> <li>• Selects the appropriate strategy during FEES, instructs patient clearly and evaluates the effect of the strategy on reducing secretions, residue, aspiration, airway protection.</li> </ul>				
E23	Knowledge of the limitations of certain swallow strategies viewed endoscopically, eg Chin tuck, Mendelsohn manoeuvre.	<ul style="list-style-type: none"> <li>• Discussion with supervisor.</li> <li>• Determines if VFS indicated.</li> </ul>				

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
<b>Use of biofeedback</b>						
E24	Purpose and benefits of biofeedback.	<ul style="list-style-type: none"> <li>• Reads literature.</li> <li>• Effectively uses biofeedback to positively impact patient, carer, professional insight and compliance with FEES recommendations on live FEES.</li> <li>• Gives clear and empathic explanations of FEES findings.</li> </ul>				
<b>Ending the examination</b>						
E25	Makes appropriate decisions to conclude the examination having reached a definitive conclusion.	<ul style="list-style-type: none"> <li>• Discussion with supervisor.</li> <li>• Determines when sufficient information has been gleaned to make clear, accurate recommendations concerning dysphagia aetiology, severity and management plan on live FEES.</li> </ul>				
E26	Understands the importance of collaborative decision-making.	<ul style="list-style-type: none"> <li>• Discusses with endoscopist and reaches agreement when to stop the procedure.</li> </ul>				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
	<b>Appropriate dysphagia management recommendations and onward referral</b>					
E27	Understands the limitations of FEES as a 'snapshot' assessment of the pharyngeal phase and makes appropriate dysphagia recommendations.	<ul style="list-style-type: none"> <li>Joint viewing of clips or live FEES. Discussion with supervisor.</li> <li>Evaluates FEES findings in the context of previous clinical assessment, medical history, prognosis.</li> </ul>				
E28	Explains decisions to patient	<ul style="list-style-type: none"> <li>Discussion with supervisor.</li> <li>Effective communication with patient, carer, MDT.</li> </ul>				
E29	Knows the indications for FEES vs VFS, repeat FEES and timing of further intervention.	<ul style="list-style-type: none"> <li>Joint viewing of clips or live FEES. Discussion with supervisor.</li> <li>Recommends further FEES or bedside review appropriately.</li> </ul>				
E30	Understands when further investigation is required by other professionals, eg neurologist, GI, ENT.	<ul style="list-style-type: none"> <li>Joint viewing of clips or live FEES. Discussion with supervisor.</li> <li>Recognises dysphagia aetiology and symptoms which require further referral and refers on appropriately.</li> </ul>				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
E31	Makes appropriate outcome decisions, eg safety of oral feeding, therapy, secretion management, swallow strategies (section 6 FEES Position Paper).	<ul style="list-style-type: none"> <li>• View clips and discuss cases with supervisor.</li> <li>• Live FEES decisions.</li> </ul>				
E32	Makes appropriate FEES-based risk feeding decisions	<ul style="list-style-type: none"> <li>• Joint viewing clips or live FEES. Discussion with supervisor.</li> <li>• Considers FEES findings alongside ethical issues, patient wishes and best interest feeding decisions.</li> </ul>				
<b>Safe practice, clinical governance and risk management</b>						
E33	Knowledge of the risks of carrying out FEES as a minimally invasive procedure (see section 8 Position Paper).	<ul style="list-style-type: none"> <li>• Reads RCSLT FEES Position paper.</li> <li>• Conducts FEES in a safe clinical environment</li> </ul>				
E34	Knowledge of the FEES protocol and RCSLT FEES Position Paper.	<ul style="list-style-type: none"> <li>• Safe set-up of equipment, materials, infection prevention, medical back-up.</li> <li>• Performs FEES optimising patient safety, follows RCSLT FEES Position Paper.</li> </ul>				



RCSLT FEES competency framework and training log

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
E35	Audits FEES outcomes and safety.	<ul style="list-style-type: none"> <li>Follows local governance guidance and carries out FEES audit.</li> </ul>				
E36	Knowledge of national and local consent policies.	<ul style="list-style-type: none"> <li>Case discussion with supervisor.</li> <li>Uses local consent procedure/forms and performs consent considering if FEES is in the patient's best interest.</li> </ul>				
E37	Understands the impact of patient anxiety, confusion and cognition on patient safety during the procedure.	<ul style="list-style-type: none"> <li>Explains procedure to patient carefully, reassures patient, uses pictorial information, manages patient distress and abandons procedure if patient intolerant.</li> </ul>				
E38	Knowledge of adverse effects and complications. (See section 8 FEES Position Paper.)	<ul style="list-style-type: none"> <li>Logs and documents complications.</li> <li>Recognises adverse effects and complications and makes appropriate decisions to abort procedure on clips and live FEES.</li> </ul>				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
E39	Understands discomfort associated with FEES.	<ul style="list-style-type: none"> <li>Manages patient anxiety and discomfort and recognises when to stop assessment on live FEES.</li> </ul>				
<b>Record, save, playback and archive recordings</b>						
E40	Understands the benefits of playback and slow motion for accurate interpretation.	<ul style="list-style-type: none"> <li>Reviews recordings and interprets accurately.</li> </ul>				
E41	Understands the importance and procedure for saving recordings for training, governance and confidential archiving.	<ul style="list-style-type: none"> <li>Follows Trust policy on patient confidentiality and data protection.</li> <li>Saves, archives and retrieves recordings for review.</li> </ul>				
<b>Document and communicate findings</b>						

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
E42	Key FEES reporting parameters.	<ul style="list-style-type: none"> <li>Communicates clearly and concisely the FEES findings verbally, in case notes and in FEES reports.</li> <li>Writes accurate FEES reports contemporaneously.</li> </ul>				
E43	Understands the importance of sensitive patient interaction in delivering FEES findings.	<ul style="list-style-type: none"> <li>Communicates FEES findings honestly, clearly, empathically, maintaining patient dignity.</li> </ul>				
<b>Numbers of procedures</b>						
E44	Observation of <b>five</b> FEES examinations carried out on patients by a FEES-competent SLT.					
E45	Independent accurate rating of <b>five</b> previously recorded FEES examinations on patients with a FEES-competent SLT.					
E46 	Performs interpretation of a <b>minimum of 10</b> FEES procedures on patients under the direct supervision of a FEES-competent SLT.					

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
E47	Successful and consistent interpretation of FEES examinations <b>independently</b> , as judged by a FEES-competent SLT. In order to meet this, the number of FEES examinations judged as competent may vary between trainees.					
<b>F. Critical care FEES competencies</b>						
F1	Understands the clinical utility and benefits of FEES in critical care patients, post-extubation dysphagia and tracheostomy ventilator weaning decisions.	<ul style="list-style-type: none"> <li>• Reads literature. Case discussion.</li> <li>• Delivers teaching session to other staff.</li> <li>• National Tracheostomy Safety Project film:  <a href="http://www.tracheostomy.org.uk/healthcare-staff/vocalisation/fees-swallowing-assessments-and-how-they-help">http://www.tracheostomy.org.uk/healthcare-staff/vocalisation/fees-swallowing-assessments-and-how-they-help</a> </li> <li>• Performs FEES in a timely manner and sequential FEES at specific clinical time points.</li> <li>• Ensures expertise in dysphagia in tracheostomy and critical care patients.</li> </ul>				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
F2	Understands the importance of timing of initial and repeat FEES according to medical instability, medical plans, tracheostomy or ventilator weaning.	<ul style="list-style-type: none"> <li>• Case discussion.</li> <li>• Refers appropriately and timely considering patient progress, prognosis, and stability. Discusses with MDT.</li> </ul>				
F3.	Understands management of secretion issues in tracheostomised critical care patients.	<ul style="list-style-type: none"> <li>• Interprets secretion status in terms of tracheostomy status, cuff status and comorbidities.</li> <li>• Makes appropriate secretion management, swallowing, and tracheostomy weaning recommendations.</li> </ul>				
F4	Understands the potential impact of intubation, critical illness neuromyopathy, tracheostomy, invasive/non-invasive and prolonged ventilation on swallowing and airway patency.  (In burns ICU patients, include inhalation injury.)	<ul style="list-style-type: none"> <li>• Reads literature. Case discussion.</li> <li>• Recognises laryngeal abnormalities associated with intubation, tracheostomy and ventilation, eg oedema, granuloma, vocal fold palsy, critical care acquired weakness of swallowing, respiratory-swallow incoordination.</li> <li>• Makes appropriate recommendations with the MDT</li> </ul>				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
		on airway patency and swallowing safety. • Seeks medical, ENT, MDT opinion appropriately				
F5	Understands the steps to include in FEES to observe the effects of ventilatory support, ACV, cuff deflation, one-way valve, capping off.	• Adapts the Langmore FEES protocol to the individual.				
F6	Understands the benefits of FEES in critical care, slow-wean and cuff-inflated patients.	• Reads literature. • Performs teaching session for medics/nurses. • Performs FEES appropriately and safely in slow wean cuff-inflated patients and monitors outcomes closely.				
F7	Understands when FEES is unsafe in critical care patients in liaison with MDT staff.	• Case discussion. • Monitors patient's medical progress, discusses with MDT and makes appropriate decisions on whether to proceed with or abandon FEES plan or procedure.				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
F8	Understands the need for and how to monitor and interpret vital signs in medically fragile and unstable, neuro, cardiothoracic, burns critical care patients during FEES.	<ul style="list-style-type: none"> <li>• Discusses with MDT.</li> <li>• Monitors respiratory, cardiac signs, ensures nursing or medical staff presence and suction availability during FEES.</li> </ul>				
F9	Takes precautions in patients with increased risk of complications, eg post-cardiac surgery, fragile respiratory status, post-ECMO, anticoagulants, and lung surgery or neurodegenerative patients.	<ul style="list-style-type: none"> <li>• Checks medical notes.</li> <li>• Discusses with intensivist, surgeon.</li> <li>• Monitors for increased risk of epistaxis, laryngospasm.</li> </ul>				
F10	Mitigates for increased infection risks.	<ul style="list-style-type: none"> <li>• Checks medical notes.</li> <li>• Uses appropriate personal PPE and equipment decontamination.</li> </ul>				
F11	Management of dysphagia and weaning.	<ul style="list-style-type: none"> <li>• Makes appropriate dysphagia and weaning recommendations based on FEES with the MDT.</li> </ul>				
F12	Interpretation of complex	<ul style="list-style-type: none"> <li>• Reads literature.</li> </ul>				

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
	aetiology and severity of dysphagia and aspiration in critical care patients and the potential impact on outcomes and weaning.	<ul style="list-style-type: none"> <li>Recognises the risks of fluctuating swallow function, medical instability, the need for prescriptive dysphagia recommendations, and for repeat FEES at critical points, eg off ventilation, post-decannulation.</li> </ul>				
F13	Targeted dysphagia therapy based on FEES in critical care patients.	<ul style="list-style-type: none"> <li>Selects and carries out correct therapy techniques with optimal timing.</li> </ul>				
<b>G. Head and neck FEES competencies</b>						
G1	Understands head and neck anatomy and altered anatomy resulting from tumours, surgical procedures and chemo-/radiotherapy effects.	<ul style="list-style-type: none"> <li>Reads literature. Observes surgery.</li> <li>Observes nasendoscopy in clinics and FEES.</li> <li>Recognises and describes key abnormal features and causes and refers onto ENT appropriately.</li> </ul>				



	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
G2	Understands the impact of altered head and neck anatomy on swallowing physiology and function.	<ul style="list-style-type: none"> <li>• Tailors FEES examination in light of altered anatomy and physiology to optimise swallow.</li> </ul>				
G3	Understands indications for FEES pre-treatment to record baseline function and manage swallowing disorders prior to treatment.	<ul style="list-style-type: none"> <li>• Case discussion.</li> <li>• Ensures patient has access to pre-treatment FEES where appropriate.</li> </ul>				
G4	Understands need to liaise closely with surgical and oncology team re timing of FEES and risk factors, eg neutropenia, suture lines, planned general anaesthetic.	<ul style="list-style-type: none"> <li>• Case discussion.</li> <li>• Communicates effectively with head and neck MDT; gains information from medical notes and directly from surgical/oncology teams.</li> </ul>				
G5	Understands the potential impact of tracheostomy on swallowing in head and neck cancer caseload.	<ul style="list-style-type: none"> <li>• Case discussion.</li> <li>• Adapts the FEES protocol to include cuff deflation, speaking valve trials with scope in situ.</li> </ul>				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
G6	Understands the benefits of FEES in managing fluctuating swallowing function during oncology treatment.	<ul style="list-style-type: none"> <li>• Case discussion.</li> <li>• Plans repeated/staged FEES exams at critical points throughout treatment pathway.</li> </ul>				
G7	Understands secretion, saliva, oedema and xerostomia issues in head and neck patients.	<ul style="list-style-type: none"> <li>• Reads literature.</li> <li>• Selects appropriate food consistencies for patients with xerostomia; applies mouth care to ensure lubricated and clean oral cavity before commencing FEES; has suction available.</li> </ul>				
G8	Understands the impact of chemo-/radiotherapy on swallowing function and the role of FEES throughout chemo-/radiotherapy treatment.	<ul style="list-style-type: none"> <li>• Reads literature.</li> <li>• Demonstrates accurate clinical reasoning in using FEES at appropriate time points during treatment; balances risk management of oral feeding with need for non-oral feeding.</li> </ul>				

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
<b>H. Laryngectomy FEES competencies</b>						
H1	Understands the indications for FEES after laryngectomy and the need to closely liaise with surgical and oncology colleagues and patient regarding timing, appropriateness and expectations of FEES	<ul style="list-style-type: none"> <li>• Case discussion with MDT</li> <li>• Discussion with patient</li> </ul>				
H2	Understands the changes that occur in anatomy after total laryngectomy surgery	<ul style="list-style-type: none"> <li>• Reads literature, case discussion</li> <li>• Observes surgery/completes relevant e-module e.g. <a href="https://www.imperial.ac.uk/continuing-professional-development/short-courses/medicine/therapies/intro-laryngectomy-online/">https://www.imperial.ac.uk/continuing-professional-development/short-courses/medicine/therapies/intro-laryngectomy-online/</a></li> </ul>				
H3	Understands the changes in anatomy and the use of flaps after extended laryngectomy surgery, eg surgery that involves partial or full pharyngectomy and/or partial or full oesophagectomy in	<ul style="list-style-type: none"> <li>• Reads literature, case discussion.</li> <li>• Observes surgery.</li> <li>• Completes advanced training on swallowing function post-laryngectomy through attendance at recognised</li> </ul>				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
	addition to removal of the larynx.	<p>courses.</p> <ul style="list-style-type: none"> <li>• Familiar with evaluation and interpretation of total and extended laryngectomy swallow on videofluoroscopy</li> </ul>				
H4	Understands the impact of both total laryngectomy and extended laryngectomy surgery on swallow function	<ul style="list-style-type: none"> <li>• Reads literature, case discussion.</li> <li>• Observes FEES.</li> <li>• Ensures patient has access to FEES where appropriate and expertise to perform and interpret FEES.</li> <li>• Demonstrates good clinical reasoning in using FEES.</li> <li>• Communicates effectively with head and neck MDT; gains information from patient, medical notes and directly from surgical/oncology teams.</li> <li>• Tailors FEES examination in light of altered anatomy and physiology to optimise swallow.</li> <li>• Demonstrates competency in advancing scope to upper oesophageal region.</li> <li>• Demonstrates awareness of the benefits of both</li> </ul>				

	Knowledge and skills	Detail of acquisition method and learning <i>(some examples are given but include anything else relevant)</i>	Evidence	Date	Trainee to sign	Supervisor to sign
		videofluoroscopy and FEES as dysphagia evaluation tool after laryngectomy.				
H5	Understands how voice prosthesis selection can impact on swallow function.	<ul style="list-style-type: none"> <li>• Demonstrates awareness of different voice prosthesis types.</li> <li>• Demonstrates ability to identify voice prosthesis on FEES and monitor prosthesis behaviour during swallow.</li> </ul>				
<b>I. Laryngotracheal stenosis FEES competencies</b>						
I1	Understands head and neck anatomy and altered anatomy resulting from laryngopharyngeal stenosis or other airway disorders.	<ul style="list-style-type: none"> <li>• Reads literature, case discussion.</li> <li>• Observes surgery.</li> <li>• Observes FEES.</li> </ul>				

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
I2	Understands surgical alterations that have occurred as a consequence of airway surgery and difference between open and closed stents.	<ul style="list-style-type: none"> <li>• Reads literature, case discussion.</li> <li>• Observes surgery.</li> <li>• Observes FEES.</li> </ul>				
I3	Understands the indications for FEES in patients with laryngotracheal stenosis or other airway complications.	<ul style="list-style-type: none"> <li>• Case discussion.</li> <li>• Recognises and describes key abnormal features and causes and liaises with ENT appropriately.</li> <li>• Tailors FEES examination in light of altered anatomy and physiology to optimise swallow and liaises with ENT appropriately.</li> <li>• Ensures patient has access to FEES where appropriate and expertise to perform and interpret FEES.</li> <li>• Demonstrates accurate clinical reasoning in using FEES.</li> </ul>				

RCSLT FEES competency framework and training log

	<b>Knowledge and skills</b>	<b>Detail of acquisition method and learning</b> <i>(some examples are given but include anything else relevant)</i>	<b>Evidence</b>	<b>Date</b>	<b>Trainee to sign</b>	<b>Supervisor to sign</b>
I4	Liaises closely with surgical and MDT colleagues and patient regarding timing of FEES pre- and post-surgery and at other appropriate times within the patient pathway	<ul style="list-style-type: none"> <li>Plans repeated/staged FEES exams at critical points throughout treatment pathway as appropriate.</li> <li>Communicates effectively with Airway MDT; gains information from patient, medical notes and directly from ENT teams.</li> </ul>				

## 5. Training logs

### i. Assessing clinician (to be signed by supervisor)

#### 1. Observation of five FEES

Patient details	Comments	Learning outcome	Date	Agreed and signed
1.				
2.				
3.				



RCSLT FEES competency framework and training log

4.				
5.				

**2. Joint rating of five previously recorded FEES**

<b>Patient details</b>	<b>Comments</b>	<b>Learning outcome</b>	<b>Date</b>	<b>Agreed and signed</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				

5.				
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**3. Full FEES protocol performed competently on minimum of 10 dysphagic patients**

<b>Patient details</b>	<b>Comments</b>	<b>Learning outcome</b>	<b>Date</b>	<b>Agreed and signed by supervisor</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				
<b>5.</b>				

RCSLT FEES competency framework and training log

6.				
7.				
8.				
9.				
10.				
11.				
12.				

RCSLT FEES competency framework and training log

<b>13.</b>				
<b>14.</b>				
<b>15.</b>				

**4. Successful and consistent interpretation of FEES examinations independently**

**Date** \_\_\_\_\_

**Signed trainee and supervisor** \_\_\_\_\_

## ii. Endoscopist

### 1. Observe two nasendoscopies

Patient details	Comments	Learning outcome	Date	Agreed and signed by supervisor
1.				
2.				

### 2. Successfully pass nasendoscope five times

Patient details	Comments	Learning outcome	Date	Agreed and signed by supervisor

RCSLT FEES competency framework and training log

1.				
2.				
3.				
4.				
5.				



**3. Successfully pass nasendoscope for the purpose of FEES on a minimum of 10 dysphagic patients under supervision**

<b>Patient details</b>	<b>Comments</b>	<b>Learning outcome</b>	<b>Date</b>	<b>Agreed and signed by supervisor</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				

RCSLT FEES competency framework and training log

5.				
6.				
7.				
8.				
9.				
10.				
11.				

RCSLT FEES competency framework and training log

<b>12.</b>				
<b>13.</b>				
<b>14.</b>				
<b>15.</b>				

**4. Successful, safe and consistent nasendoscopy for FEES examinations independently**

**Date** \_\_\_\_\_

**Signed trainee and supervisor** \_\_\_\_\_