

COMPETENCY FRAMEWORK

Eating, Drinking and Swallowing Competency Framework



Acknowledgements

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Methodology

This framework has been developed by an iterative process of consultation with experts from RCSLT, RCN, RCP, BDA, private and voluntary healthcare sector, the interdisciplinary team, and the wider profession. Any conflicts of interest were resolved with discussion with the working group. Evidence level 4: Expert opinion or consensus statement.

Resources

Health Education England resources to support the Eating, Drinking and Swallowing Competency Framework (EDSCF) <https://portal.e-lfh.org.uk/>

List of acronyms

Acronyms	
RCSLT	Royal College of Speech and Language Therapists
RCN	Royal College of Nursing
RCP	Royal College of Physicians
BDA	British Dietetic Association
SLT	Speech and language therapist
ENT	Ear, nose and throat
NGT	Nasogastric tube
IVI	Intravenous infusion
FEES	Fibreoptic endoscopic evaluation of swallowing
VFSS	Videofluoroscopic swallow study
EMG	Electromyography
pH	Figure stating the alkalinity or acidity of a solution
IDDSI	International Dysphagia Diet Standardisation Initiative

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1. Introduction and background

1.1. The *Eating, Drinking and Swallowing Competency Framework (EDSCF)* is an assessable competency framework, which informs strategies for developing the skills, knowledge, confidence and ability of individuals who form part of the care team to contribute more effectively in the identification of people with, and in the management of, eating, drinking and swallowing difficulties (dysphagia). It can be applied to all client and age groups in a variety of locations across the UK: primary and secondary healthcare, social care sector and education.

1.2. It has been developed to respond to a desire to produce a comprehensive framework using a common language for individuals working with people who have dysphagia. It provides an update to the Interprofessional Dysphagia Framework (IDF), first published in 2006. This update, funded by Health Education England, responds to the significant changes the healthcare system has undergone since its publication, in which Allied Health Professionals (AHPs), medical professionals and other healthcare staff operate:

- there is an increase in the number of referrals for dysphagia
- there is a greater recognition that dysphagia is a significant consequence of other medical conditions, eg head and neck cancer
- there is an increasing awareness that dysphagia has a significant impact at the end of life – the wider healthcare team needs to improve its expertise in the management of dysphagia, as an individual's difficulties may alter over a 24-hour period
- practice has changed, with speech and language therapists moving to a more consultative role within the healthcare team. This requires the wider healthcare team to have the knowledge and skills to support an individual clinically.

1.3. The eating, drinking and swallowing team

This framework identifies six levels of decision-making required by an individual supporting people with eating, drinking and swallowing difficulties. It identifies competencies that are requisite to members of the healthcare team who would advise the wider team on how to adapt its practice in order to optimise swallow function. The *Eating, Drinking and Swallowing Competency Framework* identifies additional competencies not specific to dysphagia, but are required to enhance dysphagia policy-making. This includes further training and research, that an individual may require in order to fulfil their role.

1.4. These are explained in '[Structure of the IDF](#)' and '[About the six Levels of Dysphagia Competence](#)'.

1.5. The role of the specialist carer

The framework acknowledges the role of the specialist carer who may have considerable knowledge regarding the individual with eating, drinking and swallowing difficulties. They would, however, only have knowledge relevant to an individual and would not be expected to apply skills to a whole client group.

1.6. Knowledge and skills development

Individual practitioners will, with time and exposure to a client group, begin to develop some skills at a higher level of expertise. It would be appropriate for the manager to decide within the role that the practitioner holds, whether it would be appropriate to train the individual in the competencies required at the more specialised level.

1.7. Training courses

This document does not specify, nor endorse, any particular training courses. The competencies, and the underpinning knowledge and skills, can be met by a variety of different training approaches. This framework offers direction to individual training establishments to identify what training would be appropriate for practitioners in order to complete each of the competencies and skills defined at each level. It is recommended that, where training courses for the assessment and management of dysphagia are being developed, the training should be informed by this competence framework.

1.8. Implementation

It is envisaged that managers/team leaders of dysphagia services, with knowledge of the local or departmental need within each client group area, will:

- identify the general level of dysphagia competence that is required for a person in their location
- agree the specific competencies with the person
- identify and offer pertinent training using a variety of training modules, including in-house and outsourcing
- ensure that the underpinning knowledge and observed competencies are verified by an appropriately trained dysphagia specialist
- identify the level of competence in the practitioner's job description.

1.9. Resources supporting implementation of the framework

The levels of decision-making include competencies specific to dysphagia that can be cross-referenced with those of the dysphagia competencies from Skills for Care and the Royal College of Speech and Language Therapists.

The elements within the six levels specifically relate to eating, drinking and swallowing. The individual should be familiar with and consider national policies, procedures and guidelines together with other resources, frameworks and approaches underpinning healthcare that provide further context to eating, drinking and swallowing. These include, for example, ethical and legal issues, communication, capacity and consent, anticipatory care planning, and the International Dysphagia Diet Standardisation Initiative (IDDSI).

2. Scope

2.1. In general, the updated framework seeks to:

- set out the knowledge and skills needed to screen, assess and support patients with eating, drinking and swallowing difficulties
- provide the flexibility that meets the needs of different working environments, eg community, hospitals, hospice and care homes
- enable the embedment of best practice into resources
- enable the wider healthcare workforce to improve early identification of dysphagia in patients with eating, drinking and swallowing difficulties
- define the levels of decision-making
- improve standards of care
- promote consistency in the approach to eating, drinking and swallowing management.

2.2. More specifically, the aim is that individuals involved in the care of people with eating, drinking and swallowing difficulties will be able to develop skills through accessing resources linked to the framework to:

- allow for better identification of swallowing difficulties at an early stage
- follow a clear pathway for screening
- clarify which patients with eating, drinking and swallowing difficulties need referral for speech and language therapy involvement
- enable them to apply guidance for managing stretched services
- improve the knowledge relating to possible interventions
- offer guidance to support eating and drinking
- update the healthcare professionals with good practice
- further develop skills in cascading training.

3. Structure

3.1. The framework identifies six levels that are not intended to be prescriptive but offer a broad definition of the role of an individual and the competencies required within their location. It allows specific roles to be further defined to meet the needs of both the acute and community settings across multiple client groups. It is envisaged that in order to provide a comprehensive dysphagia service, different levels of decision-making will be required at each location of the individual's journey through the service. The *Eating, Drinking and Swallowing Competency Framework* creates a common language that people can utilise within a dynamic and mobile workforce across the NHS, education, and social care, as well as in private and voluntary settings.

3.2. These levels of competence should be considered as part of a holistic approach to the identification, assessment and management of individuals with eating, drinking and swallowing difficulties.

3.3. The framework considers issues relating to:

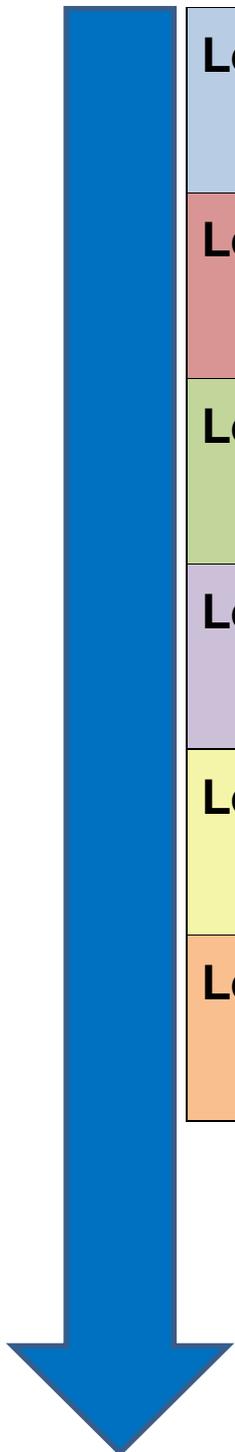
- individuals' need, and the support required
- environment
- levels of alertness
- altered cognition
- behavioural issues
- cultural issues
- psychological issues
- medical state
- neurological state inclusive of sensory integration
- normal swallowing
- disordered swallowing
- hydration and nutrition
- consistencies of oral intake, including medication
- teaching
- audit and research
- policy and service delivery.

3.4. The levels identified within this framework should be identified and included in role/job descriptions and individuals should receive training to achieve and maintain competence at that level.

3.5. An overview of each level is provided in 'About the Six Levels of Decision-making' and are described in more detail under the separate sections.

3.6. Each level stands alone. However, some competencies will be common to all levels, eg anatomy and physiology of the swallow, but the level of knowledge underpinning the competencies exponentially rises. Levels 2 – 6 are accompanied by frameworks in which the skills and knowledge to achieve the competency are set out. These can be printed off for completion or filled in electronically.

4. About the six levels of decision-making



Level 1	Public Health Messages, Awareness
Level 2	Care Plan Implementation
Level 3	Identification and Implementation of an interim eating and drinking plan
Level 4	Protocol-guided Assessment and Management
Level 5	Specialist Assessment and Management
Level 6	Consultant Assessment and Management

4.1. Level 1

This level describes the knowledge required to demonstrate an awareness of the presenting signs and symptoms of swallowing difficulty and of the associated health risks. This would be aligned to public health messages and would be appropriate as an awareness-raising campaign. Furthermore, for people at high risk of swallowing difficulties, individuals need to know how and to whom the observed difficulties should be highlighted.

4.1.1. Who is it for?

It is envisaged that awareness of signs and symptoms of swallowing difficulties and subsequent action would be part of healthcare information relevant to the general public.

4.1.2. How can this level be achieved?

This level of awareness could be provided through information leaflets, sessions in induction programmes, during service mandatory updating, delivered as part of life-support training or part of a public health campaign.

People at this level should have an awareness of:

1. the normal swallow in order to identify whether observed symptoms are part of normal swallowing or indicative of swallowing difficulty (see [Appendix 1](#))
2. the signs and symptoms of swallowing difficulty
3. the potential implications of eating, drinking and swallowing difficulties on the individual's respiration and hydration and nutrition status
4. the physical, emotional and psychological impact of swallowing and eating difficulties on the individual and carers
5. information regarding the referral procedure and to whom the referral should be made.
6. individuals who are in contact with people at high risk of swallowing difficulty should be made aware of how and to whom a referral should be made, eg General Practitioner (GP), the Speech and Language Therapy Department, nurses, dietitians, health care assistants, teaching staff or local pathways for referral etc.

4.1.3. Demonstrable skill and competencies are not applicable to this role.

4.1.4. More information about this level can be found on [page 15](#).

4.2. Level 2

This level describes the knowledge and skills that contribute to the care and treatment of individuals presenting with eating, drinking and swallowing difficulties.

4.2.1. Who is it for?

People appropriate for Level 2 may:

- a. be involved in direct care
- b. prepare oral intake for individuals
- c. assist in eating and providing fluids for individuals
- d. be parents, carers and others who follow eating, drinking and swallowing care plans.

4.2.2. What is expected?

People with Level 2 competence:

1. undertake mouthcare
 2. undertake and implement dysphagia management plans prepared by others in the care team and report to those more experienced in dysphagia assessment and management
 3. may work under the supervision of more experienced/qualified dysphagia practitioners
 4. may prepare oral intake for individuals commensurate with the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework (see [Appendix 3](#))
 5. facilitate eating, drinking and swallowing identified in the care plan. Oral intake includes food or drink, and medication, that may be given to others according to their designation and location
 6. should receive appropriate training to demonstrate knowledge, skills and competence as assessed by a more experienced dysphagia practitioner
 7. should demonstrate knowledge of relevant policies, procedures and guidelines.
- 4.2.3. More information about this level can be found on [page 17](#).

4.3. Level 3

This level describes the knowledge and skills that assist people to take food and drinks to maintain nutrition and hydration.

4.3.1. Who is it for?

People appropriate for Level 3 may:

- a. be involved in direct care
- b. prepare oral intake for individuals
- c. assist in eating and providing fluids for individuals
- d. be expected to trial strategies as part of an eating and drinking routine to optimise eating and drinking activity as part of an interim care plan.

4.3.2. What is expected?

People with Level 3 competence:

1. contribute to the implementation of eating, drinking and swallowing management plans prepared by others in the care team and report to those more experienced in dysphagia assessment and management
2. may prepare oral intake for individuals commensurate with the IDDSI Framework (see [Appendix 3](#)) and facilitate eating, drinking and swallowing identified in the care plan. Oral intake includes food or drink, and medication, that may be given by carers according to their designation and location
3. would be expected to identify signs and symptoms of swallowing difficulty via observation whilst delivering food and drink and, if appropriate, follow the Anticipatory Care Plan (see [Appendix 2](#))
4. would trial strategies as part of an eating and drinking routine to optimise eating and drinking activity as part of an interim care plan prior to assessment by a more experienced dysphagia practitioner
5. undertake mouth care pre and post oral intake
6. should disseminate information to the individual, the carer and the team
7. would be expected to refer to more specialist dysphagia trained staff, the GP, Paediatrician, specialist nurse or the emergency on-call pharmacist
8. should receive appropriate training to demonstrate knowledge, skills and competence as assessed by a more experienced dysphagia practitioner
9. demonstrate knowledge of relevant policies, procedures and guidelines
10. document all actions and ensure the individual is monitored for any change in condition.

4.3.3. More information about this level can be found on [page 29](#).

4.4. Level 4

This level describes the knowledge and skills that enable a practitioner to have the general responsibility for providing care for individuals with dysphagia. It allows people to identify changes in swallow function and make short-term alterations to the eating and drinking plan within defined local protocols.

4.4.1. Who is it for?

People appropriate for Level 4 may:

- a. be involved in general care
- b. prepare oral intake for individuals
- c. assist in eating, providing fluids and giving medication
- d. be expected to trial strategies as part of an eating and drinking routine to optimise eating and drinking activity as part of an interim care plan
- e. offer modified food and fluids as part of their protocol-guided action plan commensurate with the IDDSI Framework.

4.4.2. What is expected?

People with Level 4 competence:

1. are competent to undertake a protocol-guided assessment of swallowing. This includes identifying presenting signs and symptoms of swallowing difficulty
2. will be working to pre-defined criteria, which should include the use of liquids, semi-solids and solids, as appropriate to the individual's age and needs
3. would be expected to trial strategies as part of an eating and drinking routine to optimise eating and drinking activity and make an interim care plan (commensurate, if appropriate, with the Anticipatory Care Plan)
4. are able to offer modified food and prescribe modified fluids as part of their protocol-guided action plan commensurate with the IDDSI Framework (see [Appendix 3](#))
5. undertake mouth care pre and post oral intake
6. document all actions and ensures the individual is monitored for any change in condition
7. should disseminate information to the individual, the carer and the team
8. would be expected to refer to more specialist dysphagia trained staff, the GP, Paediatrician, specialist nurse or the emergency on call pharmacist
9. should receive appropriate training to demonstrate knowledge, skills and competence as assessed by a more experienced dysphagia practitioner
10. demonstrate knowledge and understanding of relevant policies, procedures, and guidelines.

4.4.3. More information about this level can be found on [page 42](#).

4.5. Level 5

This level describes the knowledge and skills that enables a practitioner to provide specialist care for individuals with dysphagia, especially those who require intensive and/or structured dysphagia management plans.

4.5.1. Who is it for?

People appropriate for Level 5:

- a. have received specialist training in the assessment, diagnosis and management of swallowing difficulties
- b. are involved in an interdisciplinary team with specialist responsibility for the assessment and management of individuals who have eating, drinking and swallowing difficulties.

4.5.2. What is expected?

People with Level 5 competence:

1. demonstrate competent performance in the assessment and management of dysphagia, working autonomously with routine and non-complex cases
2. receive referrals from others in the care team, prioritise referrals in line with local risk assessment procedures
3. conduct a comprehensive assessment of eating, drinking and swallowing function:
 - a. They will utilise a range of assessment techniques based on current research/best practice and any relevant policies procedures and guidelines
 - b. They will generate a working hypothesis, analyse the emerging information and, taking a holistic view of the individual, will provide advice and guidance to other care team members
4. provide rehabilitation programmes and interventions to manage the ongoing difficulties with eating, drinking and swallowing
5. contribute to the development and delivery of a comprehensive management plan in order to optimise the health and wellbeing of the individual
6. consistently apply knowledge and understanding of any relevant policies, procedures and guidelines to the assessment and management of dysphagia
7. supervise, support and instruct others in implementing dysphagia management plans to manage the effects of dysphagia.

4.5.3. More information about this level can be found on [page 56](#).

4.6. Level 6

This level describes the knowledge and skills that enables the practitioner to provide expert assessment of people with dysphagia and to undertake specialist interventions.

4.6.1. Who is it for?

People appropriate for Level 6:

- a. have received specialist training and have experience in the assessment and management of complex swallowing difficulties
- b. are involved in an interdisciplinary team with specialist responsibility for the assessment and management of individuals who have eating, drinking and swallowing difficulties.

4.6.2. What is expected?

People with Level 6 competence:

1. demonstrate skilled activity with advanced theoretical knowledge and understanding, based on the current research/best practice and any relevant policies, procedures and guidelines
2. are able to determine the underlying cause of complex dysphagia problems, develop and test hypotheses, identify and trial interventions to rehabilitate or compensate for the presenting difficulties, and devise extensive dysphagia management plans
3. undertake specialist interventions and/or alternative examinations, particularly for those individuals who present with unusual, complicated or co-existing difficulties
4. identify further assessments that are needed and refer for specialist assessments, interpreting the results and modifying dysphagia management plans accordingly
5. are involved in teaching, training and supervising others in:
 - a. the identification of eating, drinking and swallowing difficulties
 - b. comprehensive dysphagia assessment and implementation of dysphagia management plans, acting as a resource for evidence-based practice
6. offer consultative second opinions regarding complex case management and will be responsible for taking the lead in audit and research, as well as developing dysphagia policy at strategic and departmental level.

4.6.3. More information about this level can be found on [page 74](#).

5. Level 1 Public Health Messages, Awareness

5.1. Level 1

This level identifies information that would be suited to a public health message. It signposts information that is useful for the general population regarding awareness of the signs and symptoms of eating, drinking and swallowing difficulties and associated health risks.

Individuals who are in contact with people at high risk of swallowing difficulty should be signposted to local pathways for referral, the GP and the Speech and Language Therapy Department.

The information required at this level could be provided through general literature, awareness sessions and induction programmes or during mandatory updating, delivered as part of life-support training etc. There would be no form of assessment required.

People at this level should have an awareness of:

1. the normal swallow in order to identify whether observed symptoms are part of normal swallowing or indicative of swallowing difficulty (see [Appendix 1](#))
2. the signs and symptoms of swallowing difficulty
3. the potential implications of eating, drinking and swallowing difficulties on the individual's respiration and nutrition and hydration status
4. the physical, emotional and psychological impact of swallowing and eating difficulties on the individual and carers
5. individuals who are in contact with people at high risk of swallowing difficulty should be signposted to GP, the speech and language therapy department or local pathways for referral.

5.1.1. Demonstrable skill and competencies are not applicable to this role.

6. Level 2 Care Plan Implementation

6.1. Level 2: Description of competence

This role is designed for non-specialists who work with individuals with eating, drinking and swallowing difficulties (dysphagia). They demonstrate basic knowledge and skills that contribute to the care and treatment of individuals who present with dysphagia. They would be expected to undertake and implement dysphagia management plans and may work under the supervision of more experienced/qualified dysphagia specialists.

People operating at this level will be involved in direct care, preparing oral intake for individuals and may assist in eating and providing fluids. They should be able to identify eating, drinking and swallowing difficulties, recognise circumstances that facilitate optimum eating and drinking, support individuals participating in therapy programmes and be able to refer to more experienced/qualified dysphagia specialists.

Dysphagia training is required in order to demonstrate dysphagia competencies specific to their role and to implement individual dysphagia management programmes.

This may include parents, carers and others who implement eating, drinking and swallowing care plans.

6.2. Level 2: Skills required

Skill required (Level 2)	Evidence	Date completed Level 2 skill	Supervisor sign-off
1. Information			
1.1.	<p>Apply information not detailed in the dysphagia management plan may impact upon the individual's ability to participate in eating and drinking. This may include:</p> <ul style="list-style-type: none"> • medical diagnosis and state • physical state and potential for fluctuation/deterioration in condition • respiratory health • psychological state • mood • cognitive state • perceptual issues • sensory integration difficulties • posture • level of alertness • oral hygiene • hydration and nutrition status • communicative abilities • behavioural issues • ethical/legal issues 		
1.2.	<p>Obtain additional information from the individual, relatives or carers. This may include:</p>		

Skill required (Level 2)	Evidence	Date completed Level 2 skill	Supervisor sign-off
<ul style="list-style-type: none"> • history and onset of presenting difficulties • individual and carer perceptions, concerns and priorities • potential risk and difficulties for individual and/or carers • dietary preferences • history of eating, drinking and swallowing difficulties • cultural awareness • allergies • malnutrition risk e.g. using MUST or Patient Association tool 			
<p>1.3. Consider the individual's needs. This may include:</p> <ul style="list-style-type: none"> • general health • current diagnosis and prognosis • communication • environment • physical, emotional and psychological support • variability • cultural needs • functional capacity, ie perception, cognition and insight • behavioural issues • current levels of alertness • ability to co-operate • influence of endurance/fatigue 			

Skill required (Level 2)		Evidence	Date completed Level 2 skill	Supervisor sign-off
	<ul style="list-style-type: none"> individual's or carers' insight, perceptions, beliefs and compliance religious considerations awareness of resources/equipment available food and drink likes and dislikes 			
1.4.	Inform individual, carers and relevant professionals of the component parts of the dysphagia management plan, explaining the rationale for their use, timing and potential outcomes			
2. Environment				
2.1.	<p>Ensure the environment is conducive for oral intake with consideration for the individual's privacy and dignity. You should consider:</p> <ul style="list-style-type: none"> lighting heating environmental stimuli, eg distractions, odours position and behaviour of the person offering food and drink 			
2.2.	<p>Ensure the individual has the appropriate support. You should consider:</p> <ul style="list-style-type: none"> resources/equipment required/available posture and mechanical supports, eg pillows, standing frames, specialist seating familiarity of the person offering food and drink 			

Skill required (Level 2)	Evidence	Date completed Level 2 skill	Supervisor sign-off
<ul style="list-style-type: none"> • eating, drinking and swallowing routine • oral hygiene • food preferences • utensils, cutlery and equipment to assist eating, drinking and swallowing • sensory aids, ie glasses, dentures, hearing aids, orthodontics • size and rate of food or liquid representation • frequency, timing and size of meals • appearance, consistency, temperature, taste and amount of food and drink • verbal, physical and symbolic prompts • verbal and non-verbal cues from the individual and the person offering food and drink 			
3. <i>Implementation of the dysphagia management plan</i>			
3.1.	Allow time for food and hand hygiene for the individual and practitioner		
3.2.	Allow time for the individual to contribute and participate in eating and drinking using facilitative techniques and optimise their independence		
3.3.	Ensure optimum circumstances for eating, drinking and swallowing. This may include: <ul style="list-style-type: none"> • level of alertness 		

Skill required (Level 2)	Evidence	Date completed Level 2 skill	Supervisor sign-off
<ul style="list-style-type: none"> • effects of medication • agitation • appropriate environment • appropriate use of seating or postural aids • appropriate use of utensils, cutlery and equipment to assist eating, drinking and swallowing • adapted appearance, consistency, temperature, taste and amount of food and drinks • size and rate of food and liquid presentation • frequency, timing and size of meals • position of individual and person offering food and drink • verbal, physical and symbolic prompts • verbal and non-verbal communication from the individual and the person offering food and drink • facilitated eating, drinking and swallowing techniques, eg hand over hand support • implementing compensatory postures and techniques • oral hygiene and dentition • nutrition and hydration status 			
3.4.	Carry out the activities detailed in the dysphagia management plan using the methods as directed by a more experienced dysphagia practitioner		
3.5.	Give the individual sufficient time, opportunity and encouragement to practise existing or newly developed skills		

Skill required (Level 2)	Evidence	Date completed Level 2 skill	Supervisor sign-off
	in order to improve/maintain motivation and co-operation		

Skill required (Level 2)	Evidence	Date completed Level 2 skill	Supervisor sign-off
3.6. Terminate eating/drinking if you observe signs of choking or respiratory distress and implement procedures dictated by local policies. This may include: <ul style="list-style-type: none"> • secretion management • choking management appropriate to age, size and consciousness of individual • oxygen administration • oral/tracheal suction • basic life-support 			
3.7. Seek support if there is a change in the individual's presentation			
5. Documentation			
5.1. Work with the appropriate dysphagia practitioner, and the individual, to identify the effectiveness of the dysphagia management plan and to record areas of progress and specific difficulties arising in order to assist the review process			
5.2. Monitor and record amount of food and drink taken. This may include secretion loss			

6.3. Level 2: Knowledge required

Knowledge required (Level 2)		Date demonstrated Level 2 knowledge	Supervisor sign-off
1.	Information		
1.1.	a. Understand information not detailed in the dysphagia management plan that may impact upon the individual's ability to participate in eating and drinking		
	b. Understand how end of life/quality of life issues and the dying process can guide and influence the dysphagia management plan		
1.2.	Understand the impact of additional information on the dysphagia management plan and how to obtain this information in a sensitive manner		
1.3.	Understand how to accommodate the needs of the individual in order to maximise optimum swallow function, eg provide a specialist cup or eating utensils		
1.4.	Understand: <ul style="list-style-type: none"> the rationale for the component parts of the dysphagia management plan the timing potential outcome implications for the individual, carer and other professionals 		
2.	Environment		
2.1.	Understand how the environment affects the individual's posture, muscle tone, mood and ability to		

Knowledge required (Level 2)		Date demonstrated Level 2 knowledge	Supervisor sign-off
	<p>participate in eating and drinking. This may include:</p> <ul style="list-style-type: none"> • the individual's privacy and dignity • lighting • heating • environmental stimulus, eg distractions and odours • position and behaviour of the person offering food and drink 		
2.2.	Understand how the support required by the individual impacts upon swallow function and how to effect change in order to optimise the individual's eating and drinking efficiency and swallowing skills		
3. Implementation of dysphagia management plan			
3.1.	Understand the implications of infection control with regard to food hygiene, hand hygiene and use of repeat-use utensils for the individual and the person offering food and drinks		
3.2.	Understand how pacing and facilitative techniques required by the individual affects the assessment outcome		
3.3.	Understand how to optimise circumstances in order to maximise optimum swallow function, eg reduce agitation, position of individual and the person facilitating oral intake		
3.4.	Understand the component parts of the dysphagia management plan and the methods used to implement them		
3.5.	Understand the importance of giving the individual time, opportunity and encouragement to practice existing or newly developed swallowing skills		

Knowledge required (Level 2)		Date demonstrated Level 2 knowledge	Supervisor sign-off
3.6.	a. Knowledge of the anatomy and physiology of swallowing pertinent to your service area		
	b. Understand the signs of abnormal swallowing. This may include: <ul style="list-style-type: none"> • acute aspiration • chronic aspiration, eg compromised nutrition, hydration and respiration • silent aspiration • neurological signals that the individual is stressed by eating and drinking eg eye watering 		
	c. Understand and know what action to take if you observe signs of choking or respiratory distress and know how to implement procedures dictated by local policy		
3.7.	Know how to access immediate support if there is a change in the individual's presentation or the activities are beyond your level of competence or confidence		
4.	Documentation		
4.1.	Understand the importance of timely, accurate and clear feedback to the individual, carer and team to support effective planning of care		
4.2.	Understand the importance of monitoring quantities/loss of secretions and oral intake		
4.3.	a. Understand the importance of keeping accurate, legible and contemporaneous records in accordance with local guidelines, eg home-school diary		

Knowledge required (Level 2)		Date demonstrated Level 2 knowledge	Supervisor sign-off
	b. Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality		

7. Level 3 Identification and Implementation of an interim eating and drinking plan

7.1. Level 3: Description of competence

This role describes people who have a responsibility for providing care for individuals who may present with difficulties swallowing liquids and solids (dysphagia).

They may prepare oral intake for individuals commensurate with the IDDSI Framework (see [Appendix 3](#)) and facilitate eating, drinking and swallowing identified in the care plan prepared by others within the team.

They demonstrate skills in the recognition and identification of signs and symptoms of swallowing difficulties whilst offering food and drinks. They are able to discern between someone having difficulty swallowing on a single occasion and someone experiencing consistent difficulty requiring referral to a specialist practitioner.

They would be expected to have the knowledge and skill to enable them to trial strategies as part of an eating and drinking routine to optimise eating and drinking activity. They would devise an interim care plan whilst waiting for an assessment. They would refer for a swallowing assessment and refer to more specialist dysphagia practitioners, the GP, paediatrician, specialist nurse (and the emergency on-call pharmacist if appropriate).

They would be expected to document all actions and observe the individual for any change in difficulties, in particular, an alteration in their medical, nutritional, hydration and respiratory state and notify more specialist practitioners.

7.2. Level 3: Skills required

Skill required (Level 3)	Evidence	Date completed Level 3 skill	Supervisor sign-off
1. Information			
1.1.	<p>Apply information detailed in the dysphagia management plan that may impact upon the individual's ability to participate in eating and drinking. This may include:</p> <ul style="list-style-type: none"> • medical diagnosis and state • physical state and potential for fluctuation/deterioration in condition • respiratory health • psychological state • mood • cognitive state • perceptual issues • sensory integration difficulties • posture • level of alertness • oral hygiene • hydration and nutrition status • communicative abilities • behavioural issues • ethical/legal issues 		

Skill required (Level 3)	Evidence	Date completed Level 3 skill	Supervisor sign-off
<p>1.2. Obtain additional information from the individual, relatives or carers. This may include:</p> <ul style="list-style-type: none"> • history and onset of presenting difficulties • individual and carer perceptions, concerns and priorities • potential risk and difficulties for individual and/or carers • dietary preferences • history of eating, drinking and swallowing difficulties • cultural awareness • allergies • malnutrition risk e.g. using MUST or Patient Association tool 			
<p>1.3. Consider the individual's needs. This may include:</p> <ul style="list-style-type: none"> • general health • current diagnosis and prognosis • communication • environment • physical, emotional and psychological support • variability • cultural needs • religious considerations • functional capacity, ie perception, cognition and insight • behavioural issues 			

Skill required (Level 3)		Evidence	Date completed Level 3 skill	Supervisor sign-off
	<ul style="list-style-type: none"> • current levels of alertness • ability to co-operate • influence of endurance/fatigue • individual's or carer's insight, perceptions, beliefs and compliance • awareness of resources/equipment available 			
1.4.	Inform individual, carers and relevant professionals of the component parts of the dysphagia management plan, explaining the rationale for their use, timing and potential outcomes			
2.	<i>Environment</i>			
2.1.	<p>Ensure the environment is conducive for oral intake with consideration of how the environment affects the individual's posture, muscle tone, mood and ability to participate in eating and drinking. You should consider:</p> <ul style="list-style-type: none"> • the individual's privacy and dignity • lighting • heating • environmental stimulus, eg distractions and odours • position and behaviour of the person offering food and drink 			
2.2.	<p>Ensure the individual has the appropriate support. You should consider:</p> <ul style="list-style-type: none"> • resources/equipment required/available 			

Skill required (Level 3)	Evidence	Date completed Level 3 skill	Supervisor sign-off
<ul style="list-style-type: none"> • posture and mechanical supports, eg pillows, standing frames, specialist seating • familiarity of the person offering food and drink • eating, drinking and swallowing routine • oral hygiene • food preferences • utensils, cutlery and equipment to assist eating, drinking and swallowing • sensory aids, ie glasses, dentures, hearing aids, oral orthodontics • size and rate of food or liquid representation • frequency, timing and size of meals • appearance, consistency, temperature, taste and amount of food and drink • verbal, physical and symbolic prompts • verbal and non-verbal cues from the individual and the person offering food and drink 			
3. Implementation of the dysphagia management plan			
3.1.	Allow time for food and hand hygiene for individual and practitioner		
3.2.	Allow time for the individual to contribute and participate in eating, drinking and swallowing using facilitative techniques and optimise their independence		
3.3.	Ensure optimum circumstances for eating, drinking and swallowing. Trial strategies to optimise swallowing function,		

Skill required (Level 3)	Evidence	Date completed Level 3 skill	Supervisor sign-off
<p>ie an eating, drinking routine as part of an interim care plan. This may include:</p> <ul style="list-style-type: none"> • checking the care plan for eating, drinking and swallowing guidelines • consulting with colleagues to establish if this is a consistent difficulty • checking conscious level • ensuring the person is sufficiently alert for oral intake • effects of medication • minimise distraction and agitation to facilitate concentration and awareness • adjust environmental impact, eg lighting, distractions • appropriate use of seating or postural aids to achieve upright positioning for oral intake and ensure they remain in upright posture for an hour post oral intake • ensure you are at eye level so that you may observe signs of aspiration and provide encouragement • ensure that the person has optimum sensory support, eg glasses, hearing aid • ensure dentures are correctly fitting (if appropriate) • allow sufficient time to support the person to eat and drink • ensure the mouth is clear from residue and is cleaned prior to and following oral intake • appropriate use of utensils, cutlery and equipment • adapt the sensory characteristics of oral intake, eg 			

Skill required (Level 3)	Evidence	Date completed Level 3 skill	Supervisor sign-off
<p>appearance, temperature, taste</p> <ul style="list-style-type: none"> • offering food textures that are more easily swallowed and align to the International Dysphagia Diet Standardisation Initiative (NB: thickened drinks should not be trialled unless advised by the GP, Paediatrician or SLT. Naturally thick drinks may be used, eg smoothies) • size and rate of food and liquid presentation • frequency and timing of meals • position of individual and person offering food and drink • verbal, physical and symbolic prompts • encourage independence with facilitated eating, drinking and swallowing techniques, eg hand over hand support • implement compensatory postures and techniques • nutrition and hydration • observe the individual for any change in difficulties, in particular, an alteration in their medical state and notify more specialist practitioners 			
3.4.	Carry out the activities detailed in the dysphagia management plan using the methods as directed by a more experienced dysphagia practitioner		
3.5.	Give the individual sufficient time, opportunity and encouragement to practise existing or newly-developed skills in order to improve/maintain motivation and co-operation		

Skill required (Level 3)	Evidence	Date completed Level 3 skill	Supervisor sign-off
3.6. Terminate eating/drinking if you observe signs of choking or respiratory distress and implement procedures dictated by local policies. This may include: <ul style="list-style-type: none"> • secretion management • choking management appropriate to age, size and consciousness of individual • oxygen administration • oral/tracheal suction • basic life support 			
3.7. If you observe ongoing signs of choking or signs of distress and/or there is a change in the individual's presentation: <ul style="list-style-type: none"> • act in accordance with the Anticipatory Care Plan (if available) • refer to the Speech and Language Therapy Department (and/or more experienced qualified staff) • contact the GP, Paediatrician, specialist nurse or emergency pharmacist with regard to the administration of medication 			
4. Documentation			
4.1. Work with the appropriate dysphagia practitioner, the individual and carers, to identify the effectiveness of the dysphagia management plan and to record areas of progress and specific difficulties arising in order to assist the review process			

Skill required (Level 3)		Evidence	Date completed Level 3 skill	Supervisor sign-off
4.2.	Monitor and record amount of food and drink taken. This may include secretion loss.			
4.3.	Document all actions and keep accurate, legible and contemporaneous records			

7.3. Level 3: Knowledge required

Knowledge required (Level 3)		Date demonstrated Level 3 knowledge	Supervisor sign-off
1.	Information		
1.1.	a. Understand information detailed in the dysphagia management plan that may impact upon the individual's ability to participate in eating and drinking		
	b. Understand how end of life/quality of life issues and the dying process can guide and influence the dysphagia management plan		
1.2.	Understand the impact of additional information on the dysphagia management plan and how to obtain this information in a sensitive manner		
1.3.	Understand how to accommodate the needs of the individual in order to maximise optimum swallow function, eg be aware of the impact of endurance and fatigue on swallow function		
1.4.	Understand: <ul style="list-style-type: none"> • the rationale for the component parts of the dysphagia management plan • the timing, potential outcome • the implications for the individual, carer and other professionals 		
2.	Environment		
2.1.	Understand how the environment affects the individual's posture, muscle tone, mood and ability to participate in eating and drinking. This may include: <ul style="list-style-type: none"> • the individual's privacy and dignity 		

Knowledge required (Level 3)		Date demonstrated Level 3 knowledge	Supervisor sign-off
	<ul style="list-style-type: none"> • lighting • heating • environmental stimulus, eg distractions and odours • position and behaviour of the person offering food and drink 		
2.2.	Understand how the support required by the individual impacts upon swallow function and how to effect change in order to optimise the individual's eating and drinking efficiency and swallowing skills		
3.	<i>Implementation of dysphagia management plan</i>		
3.1.	Understand the need for food and hand hygiene surrounding mealtimes		
3.2.	Understand how pacing and other swallowing techniques identified in the management plan maximises independence surrounding eating and drinking to improve swallow function		
3.3.	Understand how to modify the individual's environment, posture, utensils, sensory support, oral intake etc. to provide an eating, drinking routine as part of an interim care plan		
3.4.	Understand the component parts of the dysphagia management plan and the methods used to implement them		
3.5.	Understand the importance of giving the individual time, opportunity and encouragement to practise existing or newly-developed swallowing skills		

Knowledge required (Level 3)		Date demonstrated Level 3 knowledge	Supervisor sign-off
3.6.	a. Knowledge of the anatomy and physiology of swallowing pertinent to your service area		
	b. Understand the signs of abnormal swallowing. This may include: <ul style="list-style-type: none"> • acute aspiration • chronic aspiration, eg compromised nutrition, hydration and respiration • silent aspiration • non-verbal signals of stress whilst eating, drinking and swallowing 		
	c. Understand and know what action to take if the individual chokes when eating and drinking		
3.7.	Be familiar with how to access immediate support if: <ol style="list-style-type: none"> a. you identify ongoing signs and symptoms of swallowing difficulties whilst offering food and drinks b. there is an alteration in the individual's presentation c. the activities are beyond your level of competence or confidence. This may include: <ul style="list-style-type: none"> • being aware of where the Anticipatory Care Plan is stored and how to access it (if appropriate) • knowing who to refer to and how to initiate the referral in your locality if you observe ongoing signs of choking or signs of distress and/or there is a change in the individual's presentation • knowing how to contact the GP, Paediatrician specialist nurse or emergency pharmacist with regard to administration of medication. 		

Knowledge required (Level 3)		Date demonstrated Level 3 knowledge	Supervisor sign-off
4.	<i>Documentation</i>		
4.1.	Provide timely, accurate and clear feedback to the individual, carer and team to support effective planning of care		
4.2.	Understand the importance of monitoring quantities/loss of oral intake		
4.3.	a. Understand the importance of keeping accurate, legible and contemporaneous records in accordance with local guidelines, eg home-school diary		
	b. Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality		

8. Level 4 Protocol-Guided Assessment and Management

8.1. Level 4: Description of competence

This role describes autonomous practitioners working in the team who are not specialists in dysphagia, but who have a responsibility for providing care for individuals who may present with difficulties swallowing (dysphagia).

They may demonstrate skills in: the recognition and identification of dysphagia, initial protocol-guided assessment, how to act as a telemedicine partner for a specialist assessment, and implementation of the protocol-guided actions. The practitioner will implement a review process according to local protocols.

People operating at this level should be able to recognise the potential health risks presented by the signs of dysphagia, acknowledge the urgency of the referral and, if appropriate, refer to a more experienced/qualified dysphagia specialist.

The practitioner should undertake a period of training and be assessed on their underpinning knowledge and clinical competence and should consult with more experienced dysphagia practitioners in order to ensure that their competence is commensurate with best practice.

They will be able to train other staff, relatives and carers to Level 1 and Level 2 practitioner levels.

Level 4 dysphagia practitioners will recognise the potential health risks presented by the signs of dysphagia, acknowledge the urgency of the referral and, if appropriate, refer to a more experienced/qualified dysphagia practitioner.

8.2. Level 4: Skills required

Skill required (Level 4)	Evidence	Date completed Level 4 skill	Supervisor sign-off
1. Information			
1.1.	Prioritise the requests for protocol-guided assessment. You should consider: <ul style="list-style-type: none"> • severity of the individual's needs • individual's risk of fatigue • hydration and nutrition status • potential for fluctuation or deterioration in condition • potential risks and difficulties for individual and/or carers 		
1.2.	Obtain relevant information, assessments and management decisions from other professionals. This may include: <ul style="list-style-type: none"> • physical state and potential for fluctuation/deterioration in condition • medical diagnosis and state • psychological state • cognition • perceptual deficit • chest status • mood • sensory integration difficulties • posture 		

Skill required (Level 4)	Evidence	Date completed Level 4 skill	Supervisor sign-off
	<ul style="list-style-type: none"> • level of alertness • oral hygiene • hydration and nutrition status • communicative abilities • behavioural issues • ethical/legal issues 		
1.3.	<p>Obtain additional information from the individual, relatives or carers in a sensitive manner. This may include:</p> <ul style="list-style-type: none"> • history and onset of presenting difficulties • individual and carer perceptions, concerns, priorities and compliance • potential risk and difficulties for individual and/or carers • dietary preferences • eating, drinking and swallowing history • cultural awareness • religious considerations • allergies • malnutrition risk e.g. using MUST or Patient Association tool 		
1.4.	<p>Inform individual, carers and relevant professionals of the assessment components, explaining the rationale for their use, timing and potential outcomes, paying due regard to end of life/quality of life issues and the dying process</p>		

Skill required (Level 4)	Evidence	Date completed Level 4 skill	Supervisor sign-off

Skill required (Level 4)	Evidence	Date completed Level 4 skill	Supervisor sign-off
2.	<i>Environment</i>		
2.1.	<p>Ensure the environment is conducive for oral intake with consideration for the individual's privacy and dignity. You should consider:</p> <ul style="list-style-type: none"> • lighting • heating • environmental stimuli, eg distractions • position and behaviour of the person offering food and drink. 		
2.2.	<p>Ensure optimum circumstances for eating, drinking and swallowing. Trial strategies to optimise swallowing function, ie an eating and drinking routine as part of an interim care plan. This may include:</p> <ul style="list-style-type: none"> • checking conscious level • checking the care plan for eating, drinking and swallowing guidelines • consulting with colleagues to establish if this is a consistent difficulty • ensuring the person is sufficiently alert for oral intake • effects of medication • minimising distraction and agitation to facilitate concentration and awareness • adjusting environmental impact, eg lighting, distractions • appropriate use of seating or postural aids to 		

Skill required (Level 4)	Evidence	Date completed Level 4 skill	Supervisor sign-off
<p>achieve upright positioning for oral intake</p> <ul style="list-style-type: none"> • ensuring you are at eye level so that you may observe signs of aspiration and provide encouragement • ensuring that the person has optimum sensory support, eg glasses, hearing aid • ensuring dentures are correctly fitting (if appropriate) • allowing sufficient time to support the person to eat and drink • ensuring the mouth is clear from residue and is cleaned prior to and following oral intake • appropriate use of utensils, cutlery and equipment • adapting the sensory characteristics of oral intake, eg appearance, temperature, taste • offering food textures that are more easily swallowed and align to the International Dysphagia Diet Standardisation Initiative (NB: thickened drinks should not be trialled unless advised by the GP, Paediatrician or SLT. Naturally thick drinks may be used, eg smoothies) • size and rate of food and liquid presentation • frequency and timing of meals • position of individual and person offering food and drink 			

Skill required (Level 4)	Evidence	Date completed Level 4 skill	Supervisor sign-off
<ul style="list-style-type: none"> • verbal, physical and symbolic prompts • encouraging independence with facilitated eating, drinking and swallowing techniques, eg hand over hand support • implementing compensatory postures and techniques • oral hygiene • nutrition and hydration • observe the individual for any change in difficulties, in particular, an alteration in their medical state, and notifying more specialist practitioners 			
3. Protocol-guided assessment			
3.1.	Allow time for food and hand hygiene for individual and practitioner		
3.2.	Allow time for the individual to contribute and participate in eating, drinking and swallowing using facilitative techniques to optimise their independence		
3.3.	Consider the individual's needs, which may be documented in the Anticipatory Care Plan. This may include: <ul style="list-style-type: none"> • physical, emotional and psychological support • diagnosis and prognosis • communication 		

Skill required (Level 4)	Evidence	Date completed Level 4 skill	Supervisor sign-off
<ul style="list-style-type: none"> • environment • medication • developmental stage • medical state • physical needs, eg aids • psychological status • behavioural issues • levels of alertness • ability to co-operate • functional capacity, ie perception, cognition and insight • individual's and carer's insight, beliefs and compliance • sensory state • cultural needs • religious considerations • medico-legal issues • awareness of resources/equipment available 			
3.4.	Implement local protocol-guided assessment including modified foods and drinks (or act as a telemedicine partner for a specialist assessment)		
3.5.	Terminate eating/drinking if you observe signs of choking or respiratory distress and implement procedures dictated by local policies. This may include: <ul style="list-style-type: none"> • secretion management • choking management appropriate to age, size 		

Skill required (Level 4)	Evidence	Date completed Level 4 skill	Supervisor sign-off
	and consciousness of individual <ul style="list-style-type: none"> • oxygen administration • oral/tracheal suction 		
4. Protocol-guided actions			
4.1.	Identify, undertake and inform others of protocol-guided actions required. This may include: <ul style="list-style-type: none"> • positioning • type of oral intake, which may include cessation or modification of consistencies, eg diet, fluids and medication • secretion management • choking management appropriate to age, size and consciousness of individual • oxygen administration • oral/tracheal suction • nutrition/hydration support, eg NGT/IVI • specialist equipment or resources, eg plate guard 		
4.2.	Ensure the protocol-guided action is agreed by both the individual and carers, if appropriate alert others if nutrition/hydration support is required, eg NGT/IVI		
4.3.	Seek immediate support if there is a change in the individual's presentation or the activities are beyond your level of competence or confidence		
4.4.	Provide timely, accurate and clear feedback to the individual, carer and team to support effective planning of care		

Skill required (Level 4)		Evidence	Date completed Level 4 skill	Supervisor sign-off
4.5.	Review individual in accordance with local protocols			
4.6.	Keep accurate, legible and contemporaneous records			
5.	<i>Onward referral</i>			
5.1.	Identify professionals who can provide more detailed assessment			
5.2.	Implement local referral procedures to relevant professionals			
6.	<i>Training</i>			
6.1.	Train and support individuals and others to implement dysphagia management plan			
7.	<i>Additional professional role</i>			
7.1.	Contribute to team discussions regarding delivery of dysphagia services specific to your locality			

8.3. Level 4: Knowledge required

Knowledge required (Level 4)		Date demonstrated Level 4 knowledge	Supervisor sign-off
1.	Information		
1.1.	Understand the nature, urgency and implications of dysphagia based upon the associated risk to health status and departmental policies		
1.2.	Understand pertinent information and how it informs your assessment and affects the individual		
1.3.	Understand the impact of additional information on the protocol-guided swallowing assessment and how to obtain this information in a sensitive manner		
1.4.	Understand the rationale for the component parts of the assessment, its timing, potential outcome and implications for the individual, carer and other professionals, including how end of life/quality of life issues and the dying process can impinge upon the dysphagia management plan		
2.	Environment		
2.1.	Understand how the environment impacts upon swallowing function and how to effect change in order to optimise the individual's eating and drinking efficiency and swallowing skills		
2.2.	Understand how to modify the individual's environment, posture, utensils, sensory support, oral intake etc. to provide an eating, drinking routine as part of an interim care plan.		

Knowledge required (Level 4)		Date demonstrated Level 4 knowledge	Supervisor sign-off
3.	<i>Protocol-guided assessment</i>		
3.1.	Understand the need for food and hand hygiene surrounding mealtimes		
3.2.	Understand how pacing and other swallowing techniques identified in the management plan maximise independence surrounding eating and drinking to improve swallow function		
3.3.	Understand how to accommodate the needs of the individual, which may be documented in the Anticipatory Care Plan, in order to maximise optimum swallow function and how to access available resources/equipment, eg provide specialist cup or eating utensils		
3.4.	a. Knowledge of the anatomy and physiology of swallowing pertinent to your service area		
	b. Knowledge of the underlying causes of abnormal swallowing pertinent to your service area. This includes: <ul style="list-style-type: none"> • underlying congenital, developmental, neurological and acquired disorders that may predispose dysphagia • longstanding but functional abnormal eating and swallowing patterns, eg adapted and compensatory swallow physiology • medical condition • medication • physical condition, ie sensory and postural state • cognitive functioning • psychological state • behavioural issues • environmental issues 		

Knowledge required (Level 4)		Date demonstrated Level 4 knowledge	Supervisor sign-off
	c. Understand the protocol-guided assessment, including the use of modified foods and drinks (or understand how to act as a telemedicine partner for a specialist assessment via telemedicine)		
	d. Understand the signs of abnormal swallowing. This may include: <ul style="list-style-type: none"> • acute aspiration • chronic aspiration, eg compromised nutrition, hydration and respiration • silent aspiration • non-verbal signals of stress whilst eating, drinking and swallowing 		
3.5.	Understand the agreed protocol for termination of an assessment should signs of choking or respiratory distress occur		
4.	<i>Protocol-guided action</i>		
4.1.	Understand the impact of protocol-guided actions on the swallow function, eg modification of consistencies		
4.2.	Understand the importance of agreeing protocol-guided actions with relevant others to ensure compliance by both the individual, carers and others		
4.3.	Understand where to access immediate support if there is a change in the individual's presentation or the activities are beyond your scope of practice and level of competence		
4.4.	Understand what information needs to be conveyed to the team in order for the team to implement effective management strategies		

Knowledge required (Level 4)		Date demonstrated Level 4 knowledge	Supervisor sign-off
4.5.	Understand the review mechanism		
4.6.	a. Understand the importance of keeping accurate, legible and contemporaneous records		
	b. Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality		
5.	<i>Onward referral</i>		
5.1.	Understand the role of others in the assessment, management and care of the individual		
5.2.	Understand the referral procedure		
6.	<i>Training</i>		
6.1.	Understand what information is required in order to train and support individuals and others to implement protocol-guided actions		
7.	<i>Additional professional role</i>		
7.1.	Understand your contribution to team discussions regarding delivery of dysphagia services specific to your locality		

9. Level 5 Specialist Assessment and Management

9.1. Level 5: Description of competence

This role describes the comprehensive assessment of individuals who present with eating, drinking and swallowing difficulties (dysphagia), particularly those who require intensive and/or structured dysphagia management plans.

Level 5 dysphagia practitioners will receive referrals from others in the care team, prioritise referrals in line with local risk assessment procedures and conduct a comprehensive assessment, either face-to-face or a remote assessment via telemedicine. This comprehensive assessment will include assessment of eating, drinking and swallowing function utilising a range of assessment techniques that are based on current research/best practice and any relevant policies procedures and guidelines.

They may identify that further expert assessments are needed and refer appropriately.

They will generate a working hypothesis, analyse the emerging information and take a holistic view of the individual, provide advice and guidance to other care team members, provide rehabilitation programmes and advise others on the implementation of the dysphagia management plan.

Practitioners functioning at this level will contribute to the development and delivery of a comprehensive management plan in order to optimise the health and well-being of the individual and act in an advisory capacity to the interdisciplinary team.

Level 5 dysphagia practitioners will have undertaken specialist training and may hold a designated dysphagia caseload within a specific service area.

They would be involved in teaching, training and supporting others in the identification of eating, drinking and swallowing difficulties and implementation of the dysphagia management plans.

9.2 Level 5: Skills required

Skill required (Level 5)	Evidence	Date completed Level 5 skill	Supervisor sign-off
1. Information			
1.1.	Prioritise the requests for assessment. You should consider: <ul style="list-style-type: none"> • severity of the individual's needs • individual's risk of fatigue • hydration and nutrition status • potential for fluctuation or deterioration in condition • potential risks and difficulties for individual and/or carers 		
1.2.	Obtain, review and interpret relevant information, eg assessments and management decisions from other professionals. This may include: <ul style="list-style-type: none"> • biographical information • social and cultural information • religious considerations • birth history • medical history, diagnosis and current medical state • previous pertinent interventions • previous therapeutic, compensatory strategies • current nutrition (ie method of eating, drinking and swallowing, whether malnourished/failing to thrive/dehydrated etc.) • concomitant aetiologies 		

Skill required (Level 5)	Evidence	Date completed Level 5 skill	Supervisor sign-off
<ul style="list-style-type: none"> • respiratory status • medico-legal issues • cognitive function • psychological state • gastro-oesophageal difficulties 			
<p>1.3. Obtain additional information from the individual, relatives or carers in a sensitive manner. This may include:</p> <ul style="list-style-type: none"> • history and onset of presenting difficulties • individual and carer perceptions, concerns, priorities and compliance • dietary preferences • eating, drinking and swallowing history • malnutrition risk e.g. using MUST or Patient Association tool 			
<p>1.4. Inform individual, carers and relevant professionals of the assessment components, explaining the rationale for their use, timing and potential outcomes, paying due regard to end of life/quality of life issues and the dying process</p>			
<p>2. Environment</p>			
<p>2.1. Ensure the environment is conducive for oral intake with consideration for the individual's privacy and dignity. You should consider:</p> <ul style="list-style-type: none"> • lighting • heating 			

Skill required (Level 5)		Evidence	Date completed Level 5 skill	Supervisor sign-off
	<ul style="list-style-type: none"> • environmental stimuli, eg distractions • position and behaviour of the person offering food and drink 			
2.2.	<p>Ensure the individual has the appropriate support. You should consider:</p> <ul style="list-style-type: none"> • resources/equipment required/available • posture and mechanical supports, eg pillows, standing frames, specialist seating • familiarity of the person offering food and drink • eating, drinking and swallowing routine • oral hygiene • food preferences • utensils, cutlery and equipment to assist eating, drinking and swallowing • sensory aids, ie glasses, dentures, hearing aids, orthodontics • size and rate of food or drink presentation • frequency, timing and size of meals • appearance, consistency, temperature, taste and amount of food and drink • verbal, physical and symbolic prompts • verbal and non-verbal cues from the individual and the person offering food and drink 			
3.	Assessment			
3.1.	Allow time for food and hand hygiene for the individual and			

Skill required (Level 5)	Evidence	Date completed Level 5 skill	Supervisor sign-off
	practitioner		
3.2.	Allow time for the individual to contribute and participate in the eating, drinking assessment through the use of facilitative techniques and optimise their independence		
3.3.	<p>Consider the individual's needs, which may be documented in the Anticipatory Care Plan. This may include:</p> <ul style="list-style-type: none"> • physical, emotional and psychological support • diagnosis and prognosis • communication • environment • medication • developmental stage • medical state • physical needs, eg aids • psychological status • behavioural issues • levels of alertness • ability to co-operate • functional capacity, ie perception, cognition and insight • individual's and carer's insight beliefs and compliance • sensory state • cultural needs • religious considerations • medico-legal issues 		

Skill required (Level 5)	Evidence	Date completed Level 5 skill	Supervisor sign-off
<p>3.4. Conduct a specialist assessment (face-to-face or via telemedicine). This may include:</p> <ul style="list-style-type: none"> • medical state • levels of alertness • ability to co-operate • sensory state • oro-motor skills • management of secretions • oral suction • utensils, cutlery and equipment to assist eating, drinking and swallowing • bolus size, characteristics and placement • oral preparation • oral hygiene • oral desensitisation • identification of risk of aspiration • identification of overt signs of aspiration • the underlying cause/s • developing and testing a hypothesis • identifying and trialling interventions • hydration screen • nutrition screen • food preference 			
<p>3.5. Utilise (or refer for and act upon reports) augmentative assessment to compliment your assessment. This may include:</p> <ul style="list-style-type: none"> • cervical auscultation 			

Skill required (Level 5)		Evidence	Date completed Level 5 skill	Supervisor sign-off
	<ul style="list-style-type: none"> • pulse oximetry • Fiberoptic Endoscopic Evaluation of Swallowing (FEES) • Videofluoroscopic Swallow Study (VFSS) 			
3.6.	<p>Terminate the session if you observe signs of choking or respiratory distress and implement procedures dictated by local policies. This may include:</p> <ul style="list-style-type: none"> • secretion management • choking management appropriate to age, size and consciousness of individual • oxygen administration • oral/tracheal suction • basic life support 			
3.7.	Assimilate, evaluate and interpret the assessment outcomes with the individual, carers and team			
3.8.	Inform and discuss implications of dysphagia assessment outcome for overall management with relevant team members, sharing implications/information with individuals, carers and teams having taken the individual's wishes into consideration			
4.	<i>Dysphagia management plan</i>			
4.1.	Devise a detailed dysphagia management plan that identifies risk to the individual's nutrition, hydration and respiratory state. This may consider:			

Skill required (Level 5)	Evidence	Date completed Level 5 skill	Supervisor sign-off
<ul style="list-style-type: none"> • diagnosis and prognosis • environment • positioning • oral hygiene • utensils, cutlery and equipment to assist eating, drinking and swallowing • nutrition/hydration support as required, eg NGT/IVI/gastrostomy • modification of consistencies, both diet and medication • food preferences • bolus size and placement • pacing and modification of oral presentation • frequency, timing and size of meals • sensory integration programmes • desensitisation programmes • oro-aversion programmes • techniques for interaction with the person offering food and drink (verbal, tactile, written and symbolic prompts) • oro-motor therapy exercises • compensatory techniques • treatment techniques • medication • discussion of the medical/legal/ethical issues impinging on the management plan • issues regarding compliance, ie training individual and carers/guardians 			
4.2.	Provide timely, accurate and clear feedback to the individual's team to support their effective planning of care		

Skill required (Level 5)	Evidence	Date completed Level 5 skill	Supervisor sign-off

Skill required (Level 5)		Evidence	Date completed Level 5 skill	Supervisor sign-off
4.3.	Ensure the dysphagia management plan is evidence-based, specific, measurable, achievable, time-framed and agreed by the individuals, carers and team			
4.4.	Ensure review criteria and review mechanism exist			
4.5.	Keep accurate, legible and contemporaneous records of the assessments, dysphagia management plan and subsequent reviews			
4.6.	Seek immediate support if there is a change in the individual's presentation or the activities are beyond your level of competence or confidence			
5.	<i>Onward referral</i>			
5.1.	Identify rationale for onward referral to professionals who can provide more detailed or further assessments, eg dietitian, occupational therapist, physiotherapist, psychologist, psychiatrist, ENT			
5.2.	Implement local referral procedures for consultative second opinion and/or specialist investigations, eg SLT, FEES, VFSS			
6.	<i>Training</i>			
6.1.	Train and support individuals and others to implement dysphagia management plan			

Skill required (Level 5)		Evidence	Date completed Level 5 skill	Supervisor sign-off
6.2.	Train and supervise others in the identification and management of swallowing difficulties			
6.3.	Train others to solve problems and clinical issues within their scope of practice and to identify when to seek advice			
7.	<i>Additional professional role</i>			
7.1.	Contribute to the strategic planning of the service within your organisation			
7.2.	Contribute to team discussions regarding the ethical implications/issues with regard to assessment/eating, drinking and swallowing/withdrawal of eating, drinking and swallowing in individuals with swallowing difficulties and poor prognosis			

9.3. Level 5: Knowledge required

Knowledge required (Level 5)		Date demonstrated Level 5 knowledge	Supervisor sign-off
1.	Information		
1.1.	Understand the nature, urgency and implications of dysphagia based upon the associated risk to their health status, based upon departmental policies		
1.2.	Understand pertinent information and how it informs your assessment, working hypothesis and dysphagia management plan and their effects upon the individual		
1.3.	Understand the impact of associated factors and information from individuals and carers upon the assessment and dysphagia management plan and how to obtain this information in a sensitive manner		
1.4.	Understand the rationale for the component parts of the assessment, its timing, potential outcome and implications for the individual, carer and other professionals, including how end of life/quality of life issues and the dying process can impinge upon the dysphagia management plan		
2.	Environment		
2.1.	Understand how the environment impacts upon swallowing function and how to effect change in order to optimise the individual's eating and drinking efficiency and swallowing skills		
2.2.	Understand how the support required by the individual impacts upon swallow function and how to effect change in order to optimise the individual's swallowing skills		

Knowledge required (Level 5)		Date demonstrated Level 5 knowledge	Supervisor sign-off
3.	Assessment		
3.1.	Understand the implications of infection control with regard to food hygiene, hand hygiene and use of utensils for the individual and the person offering food and drink		
3.2.	Understand how pacing and facilitative techniques required by the individual affects the assessment outcome		
3.3.	Understand how to modify the assessment in order to accommodate the needs of the individual, which may be documented in the Anticipatory Care Plan and maximise optimum swallow function		
3.4.	<p>a. Comprehensive knowledge of normal anatomy, physiology and neurology of swallowing pertinent to your service area. This includes:</p> <ul style="list-style-type: none"> • anatomical structures involved in the swallowing process • physiology of swallowing • neurology of swallowing • development of swallowing function • effects of ageing on swallowing 		
	<p>b. Understand and identify the underlying causes and resulting pathological physiology of abnormal swallowing pertinent to your service area, via face-to-face or telemedicine assessment. This includes:</p> <ul style="list-style-type: none"> • underlying congenital, developmental, neurological and acquired disorders that may predispose dysphagia • longstanding but functional abnormal eating, drinking and swallowing patterns, eg adapted and compensatory swallow physiology 		

Knowledge required (Level 5)		Date demonstrated Level 5 knowledge	Supervisor sign-off
	<ul style="list-style-type: none"> • medical condition • medication • physical condition, ie sensory and postural state • cognitive functioning • psychological state • behavioural issues • environmental issues • nutrition • hydration 		
	<p>c. Understand the signs of abnormal swallowing and how these impact upon the generation of the hypothesis and subsequent dysphagia management plan. This may include:</p> <ul style="list-style-type: none"> • acute aspiration • chronic aspiration, eg compromised nutrition, hydration and respiration • silent aspiration • non-verbal signals of stress whilst eating, drinking and swallowing 		
	<p>d. Understand the risks of swallowing difficulties and how this impacts upon the individual, carer and organisation</p>		
	<p>e. Understand the rationale for trialling remedial techniques and equipment during the assessment in order to confirm or deny your hypothesis</p>		
3.5.	<p>a. Understand the range and efficacy of augmentative examinations that contribute to the assessment process</p>		

Knowledge required (Level 5)		Date demonstrated Level 5 knowledge	Supervisor sign-off
	b. Understand how to use and maintain the equipment and undertake the investigation with due reference to cross-contamination		
3.6.	Understand the protocol for terminating an assessment if you observe signs of choking or respiratory distress: <ul style="list-style-type: none"> • termination of the session • the action required by you within your scope of practice 		
3.7.	a. Understand the interpretation and application of assessment findings: <ul style="list-style-type: none"> • observational, informal tests • formal assessments • bedside assessments • augmentative examinations, eg FEES 		
	b. Understand the range of factors you need to consider in order to develop a working hypothesis and deliver a satisfactory diagnosis		
3.8	Understand how to adapt your language to sensitively convey pertinent assessment results for consideration by the individuals, carers and team		

Knowledge required (Level 5)		Date demonstrated Level 5 knowledge	Supervisor sign-off
4.	<i>Dysphagia management plan</i>		
4.1.	a. Recognise the need for a detailed dysphagia management plan based upon consideration of the information and results obtained during the assessment process		
	b. Understand the component parts of the dysphagia management plan and how these affect the individual		
	c. Understand how end of life/quality of life issues and the dying process can impinge on the dysphagia management plan		
4.2.	Understand the importance of providing accurate and prompt feedback to care team to ensure effective management consistent with the individual's wishes		
4.3.	a. Understand the importance of a systematic approach to documentation		
	b. Understand how to gain agreement from the individual, carer and team in order to gain compliance and meet legal obligations to individual and organisation		
4.4.	Understand the review process in order to optimise management		
4.5.	a. Understand the importance of keeping accurate, legible and contemporaneous records		

Knowledge required (Level 5)		Date demonstrated Level 5 knowledge	Supervisor sign-off
	b. Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality		
4.6.	Be aware of your scope of practice and level of competence		
5.	Onward referral		
5.1.	a. Understand the role of other professionals and specialist investigations and how they can contribute to the assessment, treatment and management of the individual, eg endoscopy		
	b. Have a knowledge of local services, agencies and community resources that may be relevant to the individual and how to access these, eg breastfeeding counsellors, stroke services		
5.2.	Understand the referral procedure for consultative second opinion or relevant specialist investigations		
6.	Training		
6.1.	Understand what information is required and how to adapt your language and communication style in order to train and support individuals and others to implement dysphagia management plans in order to acquire, develop or relearn swallowing skills		
6.2.	a. Understand what knowledge and competencies are appropriate to practitioners in their service area		

Knowledge required (Level 5)		Date demonstrated Level 5 knowledge	Supervisor sign-off
	b. Devise/adapt training packages to meet those needs		
	c. Identify different learning styles and how these impact on the training you offer to practitioners to identify and/or manage eating, drinking and/or swallowing difficulties		
6.3.	Understand the types of clinical issues that will occur within the practitioner's scope of practice and devise training according to need		
7.	<i>Additional professional role</i>		
7.1.	Be aware of the dysphagia policy within your locality and how you can contribute to improvements/modifications that may be introduced within your organisation		
7.2.	Be aware of the principles of ethical decision-making in order to contribute to the decision-making process for individuals with a poor prognosis		

10. Level 6 Consultant Assessment and Management

10.1. Level 6: Description of competence

This level is about the expert assessment of individuals who present with eating, drinking and swallowing difficulties (dysphagia).

Level 6 dysphagia practitioners will determine the underlying cause of complex swallowing problems, develop and test hypotheses, identify and trial interventions to rehabilitate or compensate for the presenting difficulties, and devise extensive dysphagia management plans. They may undertake expert assessments (via face-to-face or telemedicine) and/or alternative examinations, particularly with those who have complicated or co-existing difficulties, or they may identify that further expert assessments are needed and refer appropriately.

It would be expected that persons operating at this level would be involved in teaching, training and supervising others in the identification of eating, drinking and swallowing difficulties, comprehensive dysphagia assessments and implementation of the dysphagia management plans, acting as a resource for evidence-based practice and offer consultative second opinions.

They will be responsible for taking the lead in audit and research and will develop dysphagia policy within the locality setting. They may also have responsibility for service delivery and budget control. Level 6 dysphagia practitioners will have undertaken specialist training and may hold a specialist, complex dysphagia caseload.

10.2. Level 6: Skills required

Skill required (Level 6)	Evidence	Date completed Level 6 skill	Supervisor sign-off
1. Information			
1.1.	Prioritise the requests for assessment. You should consider: <ul style="list-style-type: none"> • severity of the individual's needs • individual's risk of fatigue • hydration and nutrition status • potential for fluctuation or deterioration in condition • potential risks and difficulties for individual and/or carers 		
1.2.	Obtain, review and interpret relevant information, eg assessments and management decisions from other professionals. This may include: <ul style="list-style-type: none"> • biographical information • social and cultural information • religious considerations • birth history • medical history, diagnosis and current medical state • previous pertinent interventions • previous therapeutic, compensatory strategies • current nutrition status (ie method of eating, drinking and swallowing, whether malnourished/failing to thrive/dehydrated etc) • concomitant aetiologies 		

Skill required (Level 6)	Evidence	Date completed Level 6 skill	Supervisor sign-off
<ul style="list-style-type: none"> • respiratory status • medico-legal issues • cognitive function • psychological state • gastro-oesophageal difficulties 			
<p>1.3. Obtain additional information from the individual, relatives or carers in a sensitive manner. This may include:</p> <ul style="list-style-type: none"> • history and onset of presenting difficulties • individual and carer perceptions, concerns, priorities and compliance • dietary preferences • eating, drinking and swallowing history • malnutrition risk e.g. using MUST or Patient Association tool 			
<p>1.4. Inform individual, carers and relevant professionals of the assessment components, explaining the rationale for their use, timing and potential outcomes, paying due regard to end of life/quality of life issues and the dying process</p>			
<p>2. Environment</p>			
<p>2.1. Ensure the environment is conducive for oral intake with consideration for the individual's privacy and dignity. You should consider:</p> <ul style="list-style-type: none"> • lighting • heating 			

Skill required (Level 6)	Evidence	Date completed Level 6 skill	Supervisor sign-off
<ul style="list-style-type: none"> • environmental stimuli, eg distractions • position and behaviour of the person offering food and drink. 			
<p>2.2. Ensure the individual has the appropriate support. You should consider:</p> <ul style="list-style-type: none"> • resources/equipment required/available • posture and mechanical supports, eg pillows, standing frames, specialist seating • familiarity of the person offering food and drink • eating, drinking and swallowing routine • oral hygiene • food preferences • utensils, cutlery and equipment to assist eating, drinking and swallowing • sensory aids, ie glasses, dentures, hearing aids, orthodontics • size and rate of food or liquid representation • frequency, timing and size of meals • appearance, consistency, temperature, taste and amount of food and drink • verbal, physical and symbolic prompts • verbal and non-verbal cues from the individual and the person offering food and drink 			
<p>3. Assessment</p>			
<p>3.1. Allow time for food and hand hygiene for individual and</p>			

Skill required (Level 6)	Evidence	Date completed Level 6 skill	Supervisor sign-off
	practitioner		
3.2.	Allow time for the individual to contribute and participate in eating, drinking through the use of facilitative techniques and optimise their independence		
3.3.	<p>Consider the individual's needs which may be documented in the Anticipatory Care Plan. This may include:</p> <ul style="list-style-type: none"> • physical, emotional and psychological support • diagnosis and prognosis • communication • environment • medication • developmental stage • medical state • physical needs, eg aids • psychological status • behavioural issues • levels of alertness • ability to co-operate • functional capacity, ie perception, cognition and insight • individual's and carer's insight beliefs and compliance • sensory state • cultural needs • religious considerations • medico-legal issues 		
3.4.	Conduct a specialist assessment (face-to-face or via		

Skill required (Level 6)	Evidence	Date completed Level 6 skill	Supervisor sign-off
<p>telemedicine). This may include:</p> <ul style="list-style-type: none"> • medical state • levels of alertness • ability to co-operate • oro-motor skills • management of secretions • oral suction • utensils, cutlery and equipment to assist eating, drinking and swallowing • bolus size, characteristics and placement • oral preparation • oral hygiene • oral desensitisation • identification of risk of aspiration • identification of overt signs of aspiration • the underlying cause/s • developing and testing a hypothesis • identify and trial interventions • hydration screen • nutrition screen • food preference 			
<p>3.5. Utilise augmentative assessment (or refer for and act upon reports) to compliment your assessment. This may include:</p> <ul style="list-style-type: none"> • cervical auscultation • pulse oximetry • Fiberoptic Endoscopic Evaluation of Swallowing (FEES) • Videofluoroscopic Swallow Study (VFSS) 			

Skill required (Level 6)		Evidence	Date completed Level 6 skill	Supervisor sign-off
	<ul style="list-style-type: none"> • Ultrasound • Scintigraphy • Manometry • Electromyography (EMG) 			
3.6.	<p>Terminate the session if you observe signs of choking or respiratory distress and implement procedures dictated by local policies. This may include:</p> <ul style="list-style-type: none"> • secretion management • choking management appropriate to age, size and consciousness of individual • oxygen administration • oral/tracheal suction • basic life support 			
3.7.	Assimilate, evaluate and interpret the assessment outcomes with the individual, carers and team			
3.8.	Inform and discuss implications of dysphagia assessment outcome for overall management with relevant team members, sharing implications/information with individuals, carers and teams having taken the individual's wishes into consideration			
4.	<i>Dysphagia management plan</i>			
4.1.	Devise a detailed dysphagia management plan that identifies risk to the individual's nutrition, hydration and respiratory state. This may consider:			

Skill required (Level 6)	Evidence	Date completed Level 6 skill	Supervisor sign-off
<ul style="list-style-type: none"> • diagnosis and prognosis • environment • positioning • oral hygiene • utensils, cutlery and equipment to assist eating, drinking and swallowing • nutrition/hydration support as required, eg dietitian, NGT/IVI/gastrostomy • modification of consistencies, both diet and medication • food preferences • bolus size and placement • pacing and modification of oral presentation • frequency, timing and size of meals • sensory integration programmes • desensitisation programmes • oro-aversion programmes • techniques for interaction with the person offering food and drink (verbal, tactile, written and symbolic prompts) • oro-motor therapy exercises • compensatory techniques • treatment techniques • medication • facilitated discussion of the medical/legal/ethical issues impinging on the management plan • issues regarding compliance, ie training individual and carers/guardians 			
4.2.	Provide timely, accurate and clear feedback to the individual's team to support their effective planning of care		

Skill required (Level 6)	Evidence	Date completed Level 6 skill	Supervisor sign-off
4.3.	Ensure the dysphagia management plan is evidence-based, specific, measurable, achievable, time-framed and agreed by the individuals, carers and team		
4.4.	Ensure review criteria and review mechanism exist		
4.5.	Keep accurate, legible and contemporaneous records of the assessments, dysphagia management plan and subsequent reviews		
4.6.	Seek immediate support if there is a change in the individual's presentation or the activities are beyond your level of competence or confidence		
5. Onward referral			
5.1.	Identify rationale for onward referral to professionals who can provide more detailed or further assessments		
5.2.	Implement local referral procedures for consultative second opinion and/or specialist investigations		
6. Training			
6.1.	Train and support individuals and others to implement dysphagia management plan		

Skill required (Level 6)	Evidence	Date completed Level 6 skill	Supervisor sign-off

Skill required (Level 6)		Evidence	Date completed Level 6 skill	Supervisor sign-off
6.2.	Train and supervise others in the identification and management of swallowing difficulties			
6.3.	Train others to solve problems and clinical issues within their scope of practice and to identify when to seek advice			
7.	<i>Consultative role</i>			
7.1.	Act as a consultative second opinion to colleagues for individuals with complex swallowing difficulties			
7.2.	Act as a consultative second opinion to colleagues regarding the ethical implications/issues with regard to assessment/eating, drinking and swallowing/withdrawal of food and fluid in individuals with swallowing difficulties and poor prognosis			
7.3.	Undertake audit and/or research to develop and extend the level of professional knowledge and clinical expertise			
7.4.	Take a lead role in developing, evaluating and disseminating departmental policies in line with evidence-based practice			
7.5.	Undertake risk assessment at a departmental level with regard to service provision			

Skill required (Level 6)		Evidence	Date completed Level 6 skill	Supervisor sign-off
7.6.	Take an active role in strategic planning on behalf of the trust/organisation			

10.3. Level 6: Knowledge required

Knowledge required (Level 6)		Date demonstrated Level 6 knowledge	Supervisor sign-off
1.	Information		
1.1.	Understand the nature, urgency and implications of dysphagia based upon the associated risk to the individual's health status, based upon departmental policies		
1.2.	Understand pertinent information and how it informs your assessment, working hypothesis and dysphagia management plan and the effect upon the individual		
1.3.	Understand the impact of associated factors and the impact upon the assessment and dysphagia management plan and how to obtain this information in a sensitive manner		
1.4.	Understand the rationale for the component parts of the assessment, the timing, potential outcome and implications for the individual, carer and other professionals, including how end of life/quality of life issues and the dying process can impinge upon the dysphagia management plan		
2.	Environment		
2.1.	Understand how the environment impacts upon swallowing function and how to effect change in order to optimise the individual's eating and drinking efficiency and swallowing skills		
2.2.	Understand how the support required by the individual impacts upon swallow function and how to affect change in order to optimise the individual's swallowing skills		

Knowledge required (Level 6)		Date demonstrated Level 6 knowledge	Supervisor sign-off
3.	Assessment		
3.1.	Understand the implications of infection control with regard to food hygiene, hand hygiene and use of utensils for the individual and the person offering food and drink		
3.2.	Understand how pacing and facilitative techniques required by the individual affect the assessment outcome		
3.3.	Understand how to modify the assessment in order to accommodate the needs of the individual, which may be documented in the Anticipatory Care Plan and maximise optimum swallow function		
3.4.	a. Comprehensive knowledge of normal anatomy, physiology and neurology of swallowing pertinent to your service area. This includes: <ul style="list-style-type: none"> • anatomical structures involved in the swallowing process • physiology of swallowing • neurology of swallowing • development of swallowing function • effects of ageing on swallowing 		
	b. Understand and identify the underlying causes and resulting pathological physiology of abnormal swallowing pertinent to your service area. This may include: <ul style="list-style-type: none"> • underlying congenital, developmental, neurological and acquired disorders that may predispose dysphagia • longstanding but functional abnormal eating and swallowing patterns, eg adapted and compensatory swallow • physiology 		

Knowledge required (Level 6)		Date demonstrated Level 6 knowledge	Supervisor sign-off
	<ul style="list-style-type: none"> • medical condition • medication • physical condition, ie sensory and postural state • effect of surgical interventions • airway support mechanisms, eg ventilators • cognitive functioning • psychological state • behavioural issues • environmental issues • nutrition • hydration 		
	<p>c. Understand and identify the signs of abnormal swallowing, obtained via face-to-face or telemedicine assessment, and how these impact upon the generation of the hypothesis and subsequent dysphagia management plan. This may include:</p> <ul style="list-style-type: none"> • acute aspiration • chronic aspiration, eg compromised nutrition, hydration and respiration • silent aspiration • non-verbal signals of stress whilst eating, drinking and swallowing 		
	<p>d. Understand risk, severity and how risk impacts upon the individual, carer, organisation</p>		
	<p>e. Understand the rationale for trialling remedial techniques and equipment during the assessment in order to confirm or deny your hypothesis</p>		

Knowledge required (Level 6)		Date demonstrated Level 6 knowledge	Supervisor sign-off
3.5.	a. Understand the range and efficacy of augmentative examinations that contribute to the assessment process		
	b. Understand how to interpret the results from augmentative examinations, use and maintain the equipment and undertake the investigation with due reference to cross-contamination		
3.6.	Understand the protocol for terminating an assessment if you observe signs of choking or respiratory distress: <ul style="list-style-type: none"> • termination of the session • the action required by you within your scope of practice 		
3.7.	a. Understand the interpretation and application of assessment findings: <ul style="list-style-type: none"> • observational, informal tests • formal assessments • bedside assessments • augmentative examinations, eg FEES • investigations, eg pH studies 		
	b. Understand the range of factors you need to consider in order to develop a working hypothesis and deliver a satisfactory diagnosis		
3.8.	Understand how to adapt your language to sensitively convey pertinent assessment results for considerations by the individuals, carers and team		

Knowledge required (Level 6)		Date demonstrated Level 6 knowledge	Supervisor sign-off
4.	<i>Dysphagia management plan</i>		
4.1.	a. Recognise the need for a detailed dysphagia management plan based upon consideration of the information and results obtained during the assessment process		
	b. Understand the component parts of the dysphagia management plan and how these affect the individual with complex needs		
	c. Understand how end of life/quality of life issues and the dying process can impinge on the dysphagia management plan		
4.2.	Understand the importance of providing accurate and prompt feedback to the care team to ensure effective management consistent with the individual's wishes		
4.3.	a. Understand the importance of a systematic approach to documentation which includes the review process		
	b. Understand how to gain agreement from the individual, carer and team in order to gain compliance and meet legal obligations to individual and organisation		
4.4.	Understand the review process, empowering the team to utilise it in order to optimise management		

Knowledge required (Level 6)		Date demonstrated Level 6 knowledge	Supervisor sign-off
4.5.	a. Understand the importance of keeping accurate, legible and contemporaneous records		
	b. Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality		
4.6.	Be aware of your scope of practice and level of competence		
5.	<i>Onward referral</i>		
5.1.	a. Understand the role of other professionals and specialist investigations and how they can contribute to the assessment, treatment and management of the individual, eg endoscopy and pH monitoring		
	b. Have knowledge of local services, agencies and community resources that may be relevant to the individual and how to access these, eg breastfeeding counsellors and stroke services		
5.2.	Understand the referral procedure for relevant specialist investigations		
6.	<i>Training</i>		
6.1.	Understand what information is required and how to adapt your language and communication style in order to train and support individuals and others to implement dysphagia management plans in order to acquire, develop or relearn swallowing skills		

Knowledge required (Level 6)		Date demonstrated Level 6 knowledge	Supervisor sign-off
6.2.	a. Understand what knowledge and competencies are appropriate to practitioners in their service area		
	b. Devise/adapt training packages to meet those needs		
	c. Identify different learning styles and how these impact on the training you offer to practitioners to identify and/or manage eating, drinking and/or swallowing difficulties		
6.3.	Understand the types of clinical issues that will occur within the practitioner's scope of practice and devise training according to need		
7.	<i>Consultative role</i>		
7.1.	Understand and reflect on current and emerging research and best practice in dysphagia assessment and management in order to act as a consultative second opinion to colleagues for individuals with complex swallowing difficulties		
7.2.	Understand the principles of ethical decision-making in order to act as a consultative second opinion to colleagues for individuals with a poor prognosis		
7.3.	Understand audit and research processes within your locality in order to develop and extend own, and others', level of professional knowledge and clinical expertise		

Knowledge required (Level 6)		Date demonstrated Level 6 knowledge	Supervisor sign-off
7.4.	Understand the professional standards and codes of practice for your service area and interpret and apply these locally in order to modify and improve the dysphagia policy		
7.5.	Understand the risk assessment process and how it impacts on dysphagia policies at a departmental level		
7.6.	Understand your responsibilities under national and local legislation acting in your consultative role to inform strategic planning within the trust/organisation		

Appendix 1: Normal swallowing

Development of all eating and drinking skills begins at approximately 10 weeks gestation and continues to develop through to approximately four years of age. It is a complex neuromuscular patterned sequenced response to food, drinks or medication that is placed into the mouth. Therefore, the swallow response varies according to environmental stimulus, positioning, cognition and attention and the characteristics of the food, fluid and medication.

As such, within the continuum of normal swallow functionality, occasionally food and fluids may shear from the bolus within the pharynx and be penetrated or aspirated into the airway and this may or may not stimulate a protective response. This would not be considered a diagnosis of dysphagia and would not be of medical concern unless swallowing difficulties were noted to occur on a more frequent occasion.

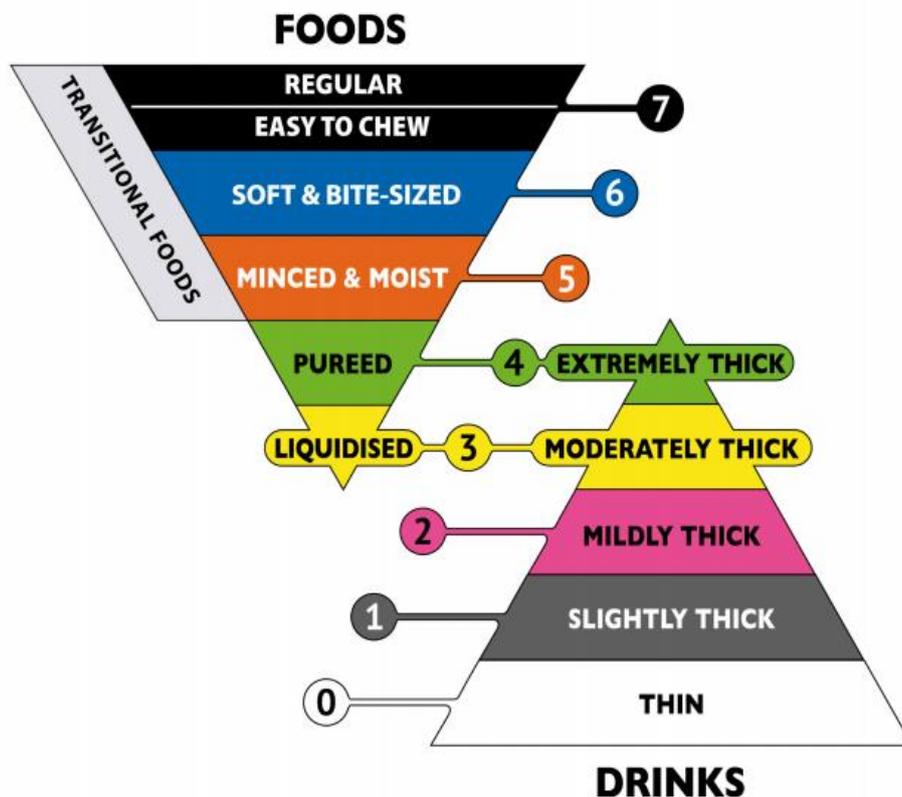
Therefore, individuals should be offered food and drink that is of various consistencies and particle size according to age, ability to chew and changes to individual's preferences.

Appendix 2: Anticipatory Care Planning

The Anticipatory Care Plan should document an individual's decisions regarding actions that should be undertaken should there be deterioration in their eating, drinking and swallowing ability.

Should the individual lack capacity, best-interest decisions made by the interdisciplinary team should be documented.

Appendix 3: International Dysphagia Diet Standardisation Initiative (IDDSI)



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The International Dysphagia Diet Standardisation Initiative (IDDSI) Framework consists of a continuum of eight levels, from normal drinks to normal diet. It provides culturally sensitive colour codes and neutral terminology, and definitions for texture modified drinks and food. It includes evidence for descriptors and testing methods for both drink thickness and food texture levels.

For more details regarding consistencies and testing methods, visit: www.iddsi.org

