ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

Speech and Language Therapy Competency Framework to Guide Transition to Certified RCSLT Membership

Newly Qualified Practitioners

June 2007

Speech and Language Therapy Competency Framework to Guide Transition to Certified RCSLT Membership

Please note that copies of this competency framework can be downloaded from the RCSLT website:
http://www.rcslt.org/members/nqps/intro

Introduction

1. Under current arrangements, newly qualified practitioners (NQPs) are entered into the supervised category of RCSLT membership when they graduate from a qualifying course accredited by the Health Professions Council and recognised by RCSLT. On joining the professional body, NQPs are issued with a certificate of RCSLT membership. These entrants to the profession are expected to complete approximately one year in a clinical setting under supervision before being accepted as fully independent clinicians and/or clinical researchers and being given certified RCSLT membership. This timeframe is given as a guide and may vary according to the individual. However, it is unlikely that a speech and language therapist will have met the requirements in less than 12 months, but should have done so within two years.

2. This competency-based transitional framework for NQPs sets out a balanced set of clear expectations and standards, the framework can be used to structure the learning of the newly qualified practitioner during the initial 12-month period and as evidence of readiness to transfer to certified RCSLT membership. This framework cannot be completed if the NQP is undertaking a voluntary or support worker role. The framework can only be started once in a NQP role.

3. The framework was developed as part of the RCSLT competencies project and encompasses areas of competence that a therapist would be expected to develop in the first 12-18 months of practice. It is based on the core clinical competencies identified in the Model of Professional Practice (RCSLT, 2001) and these are grouped under eight headings. These headings are linked with the core dimensions and others listed in the NHS Knowledge and Skills Framework [KSF] (Department of Health, 2004) to reflect current thinking within the health service, and so the completed framework may be useful to inform the NHS KSF foundation gateway review at the end of the first year of employment. The framework was piloted and evaluated by a number of NQPs and their supervising therapists across the UK during 2003-2004. Their feedback has shaped the framework into its current form. If there is a local Preceptorship programme RCSLT still requires this NQP framework to be completed. It is hoped that the evidence required for both local requirements and this framework will be complementary and support NQPs working in the NHS to progress through 'gateways' and achieve the next spinal point on their salary scale.

4. The competencies are generally broad enough to fit with local policies and practice but can be added to if there are particular local requirements. If a NQP has their first SLT job within a research setting (undertaking clinical research for a PhD or within a clinical research setting) they may be supervised by an academic SLT who must be a certified member of RCSLT. If their supervisor is not a speech and language therapist this framework must be countersigned by a co-supervisor with clinical expertise who is an HPC registered SLT and a certified member of RCSLT i.e. an academic SLT or a clinician. The RCSLT is supportive of NQPs undertaking PhDs and believes that a clinical caseload, as part of the PhD work is important for NQPs in order to develop clinical knowledge and skills. The RCSLT would encourage NQPs who wish to work in a research environment to negotiate that opportunities for clinical work are included in their research.

5. NQPs working in a research environment may wish to add the following competencies to reflect their responsibilities and achievements: project management, dissemination of information, research governance and ethics.

6. NQPs who find their first SLT job outside the UK may have this framework signed off by their manager/supervisor providing that person is a speech and language therapist/pathologist who holds certified membership of RCSLT & the HCPC.

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7. If the NQP changes employer or if their supervisor changes whilst completing this framework they should ensure that all relevant sections of the framework are signed off by their supervisor before leaving; they may continue to complete the framework with their new employer/supervisor.

8. The framework contains suggestions as to the type of evidence that may be provided to indicate competence across the eight dimensions. This is not intended to be prescriptive. As a guide, an average of two pieces of evidence were collected for each competency during the framework pilot. Evidence can be collated throughout the year and gathered in a variety of ways (e.g. through discussion, professional portfolios, observation, case note checks and presentations etc). It may be helpful to refer to the RCSLT CPD Toolkit http://www.rcslt.org/members/RCSLT_CPD_Toolkit_Chapter_8_HPC.pdf to see examples of evidence for CPD that HPC has accepted. This may be particularly relevant for NQPs who are not working in the NHS.

9. In broad terms, a transitional supervised period of working helps the practitioner to:
   - Develop a detailed knowledge of a particular working context and its impact on practice;
   - Build up a bank of supervised cases in relevant areas of casework to support future fully independent clinical judgements and decisions;
   - Reinforce certain key aspects of fully independent professional practice.

It is not recommended by RCSLT that recently qualified practitioners work in independent practice, in independent organisations, as locums or undertake bank work during this transitional period without having confirmation from their employer that they will receive supervision from an HPC registered SLT who also has certified membership of RCSLT. Locum agencies may not be able to guarantee supervision for NQPs. NQPs working in an environment where there is not a SLT team should have supervision bought in from the NHS.

Supervision and Support

10. The detailed programme of support for the newly qualified practitioners is rightly a matter for local decision. RCSLT recommends that the following types and levels of support should be in place:
    - Assigning a workplace mentor or buddy to assist each NQP in learning about everyday workplace practice and procedures.

    - Regular line-management supervisory meetings (weekly during the first three months and monthly thereafter) to assess progress and to identify further development needs. The manager will also be expected to support the NQP in finding appropriate ways of meeting those development needs.

    - Attendance at clinical meetings to develop an understanding of current clinical issues and debates.

    - Opportunities to access specialist advice to support clinical judgement and decision-making.

    - Assigning a clinical supervisor to support the development of critical reflective practice.

    - **It is the responsibility of the NQP and employer to ensure the direct line manager/supervisor is both a registered member of HPC and RCSLT. The RCSLT recommend that this is confirmed before the NQP commences employment. The RCSLT will not verify any framework that has been completed without the signature of a registered member of the RCSLT.**

- **The person who signs off this NQP Framework must be an HPC Registered SLT and a certified member of RCSLT. If the direct line manager or supervisor is not a speech and language therapist this framework must be countersigned by a co-supervisor with clinical expertise who is an HPC registered SLT and a certified member of RCSLT i.e. an academic SLT or a clinician. NQPs must not undertake research in an environment where they cannot receive supervision from an HPC registered SLT. Supervisors and NQPs may find it useful to refer to the CPD Toolkit http://www.rcslt.org/members/cpd/toolkit which includes information on:**

➢ **reflective practice**	➢ **mentoring and supervision**
➢ **peer review and peer observation**	➢ **Preparing a personal development plan**

11. Any performance or capability issues should be addressed immediately they become apparent through a programme of opportunities and additional support to meet the individual's needs.

Transfer to Certified RCSLT membership

12. Before recommending the NQP for transfer to Certified RCSLT membership, the manager should be satisfied that the NQP is competent and ready to work independent, i.e. is performing consistently to the required standards.

13. The main responsibility for producing evidence lies with the newly qualified practitioner.

14. The attached form for transfer to certified membership should be submitted, fully completed, to RCSLT. **Please note that the supporting details contained within the competency framework are not required by RCSLT.** If NQPs prefer they can use the RCSLT CPD diary to record their NQP framework details.

15. Transfer forms can be submitted to RCSLT at any time during the year. Most newly qualified practitioners will therefore qualify in year one, submit a form in year two and appear only on the certified membership list (i.e. not in the supervised members section) in the spring of year three. A few will transfer during the following year.

16. NQPs who undertake non-clinical research posts, take maternity leave or go on long-term sick leave should complete all missing clinical competencies and have these signed off within a year of returning to clinical posts. They will be eligible to become members of RCLST but will only achieve certification on completion of this framework.

17. Transfer forms will be scrutinised at RCSLT, but any disputes should be resolved locally. The transfer form must be completed correctly and in full and signed by the manager/supervising therapist. Receipt of the completed form by RCSLT will trigger removal of the newly qualified practitioner from the supervised section of membership.

18. The transfer form will be retained in the individual member's file at the registered office of RCSLT.

19. Guidance on any aspect of the above procedure can be provided by RCSLT.
    Contact Membership Services on tel. 020 7378 3008/3009 or email membership@rcslt.org.

Practical tips for using the framework

20. The framework was piloted in a range of services across the UK during 2003-2004. The following feedback from pilot participants (NQPs and their supervising therapists) may help you identify ways of embedding the framework within existing induction and support systems:

- The framework was found to be a useful tool to structure support and discussion, and to jointly identify development needs.
- The framework was used for goal setting and appraisal, and as a self-assessment tool for the NQP with support from their supervising therapist.
- 1:1 sessions were reported to be the most effective way to review progress and to agree whether or not the competencies in the framework were being achieved.

Guidance for newly qualified practitioners

Key points

- The framework uses competency statements to describe standards of practice that newly qualified practitioners should work towards achieving.

- You will be responsible for identifying your learning needs and for providing evidence of your competence in each area.

- Your manager / supervisor will be responsible for judging whether there is sufficient evidence of your consistent performance in each area and for recommending transfer onto the certified membership register.

- You should meet regularly with your manager / supervisor (weekly meetings during the first 3 months and monthly thereafter is recommended).

- In broad terms, the transitional period will help you to:

  - *Develop a detailed knowledge of a particular working context and its impact on practice.*
  - *Build up a bank of supervised cases in relevant areas of casework to support future independent clinical judgements and decisions.*
  - *Become familiar with certain key aspects of fully independent professional practice.*

- Your manager is responsible for supporting you in finding appropriate ways of meeting your agreed development needs.

- For NQPs working towards a PhD the supervisor may want to consider whether this NQP framework should have been completed as part of the process of transfer from MPhil to PhD, RCSLT is not prescriptive about this.

For Newly Qualified Practitioners who begin their SLT career in a research environment

You should note that this NQP framework is not linked to your HPC registration. However, when you renew your HPC application one of the declarations you will make is:

> **I DECLARE** that I have read, understood and will keep to the HPC's Standards of conduct, performance and ethics.

You may have a clinical caseload as part of your research work but if you do not and after a period of time in research you return to clinical practice you must refer to the HPC Standards of Performance, Ethics and Conduct which state:

"HPC Standard of Performance (5) You must keep your professional knowledge and skills up to date.

You must make sure that your knowledge, skills and performance are of a high quality, up to date, and relevant to your field of practice. You must be capable of meeting our standards of proficiency that relate to clinical practice. **You have to meet these standards, whether you are in clinical practice or not, and this includes managers, educators and researchers**.

However, it is important to recognise that the standards of proficiency are minimum standards of clinical practice. If you want to be on our register and use a professional title, you must maintain your clinical standards so that you are able to practise the basic skills of your profession safely, even if this no longer forms the basis of your day-to-day work.

You must stay up to date with the changes to the standards of proficiency that we make for your profession as technology and techniques develop. We cannot and will not test all registrants to check that they are still meeting the standards of proficiency. However, we can and will test you if we have reason to believe that you might not meet the standards of proficiency any more.

HPC Standard of Performance (6) You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another professional.
You must keep within your scope of practice. This means that you should only practise in those fields in which you have appropriate education, training and experience. When accepting a patient, client or user,
you have a duty of care. This includes the obligation to refer them for further professional advice or treatment if it becomes clear that the task is beyond your own scope of practice. A person is entitled to a referral for a second opinion at any time and you are under an obligation to accept the request and do so promptly. If you accept a referral from another health or social-care professional, you must make sure that you fully understand the request. You should only provide the treatment or advice if you believe this is appropriate. If this is not the case, you must discuss the matter with the practitioner who has made the referral, and also the patient, client or user, before you begin any treatment.

HPC Definition of 'practising your profession'
For most registrants, the question of whether they need to renew their registration is a straightforward one. Health professionals must remain registered if they are using a protected title.
In addition to this, they may be required to stay registered because:
• they are practising their profession in the NHS or in a local authority; or
• their employer requires them to be registered as part of the requirements for the job.
For other registrants the question of whether they need to remain registered, or can remain registered, is not as straightforward. We have received a number of enquiries from health professionals who are concerned that their practice may not 'count' as 'practising their profession'. The largest number of these enquiries were from health professionals working in education, management or research, which we have always assured registrants is part of practice. However, we have also received a number of enquiries from people who work on a voluntary basis, or do occasional part-time work, or who have moved into a role that is related to their profession, but not directly part of it. We do not want to exclude people from the Register who work in these kinds of newer roles, or people who are using their professional skills in some capacity but are worried that they will not be considered to be 'practising their profession' in a traditional, direct way. We also believe that in many cases the person best placed to decide whether someone is practising their profession will be the health professional themselves.
For the purposes of renewing registration, or determining whether return to practice requirements need to be met, we have defined 'practising your profession' as drawing on your professional skills and/or knowledge in the course of your work. You will need to make a personal decision about whether you are doing this.

Practising outside the UK
Our return to practice requirements are for people who have not been practising their profession. If you have been practising outside the UK and have not had a break of more than two years, then our requirements will not apply to you. We will ask you to provide us with information about where you have practised, and (if applicable) your registration with another regulator while you were outside the UK. "
Source: http://www.hpc-uk.org/assets/documents/10001364returning_to_practice.pdf

Transitional Framework

Speech and language therapy competency framework to guide the transition of newly qualified practitioners to RCSLT certified membership

Competencies to be met over the first 12 months of working This could be entered as an activity title in the RCSLT CPD diary	Evidence provided Details from this column could be put in the Learned section of the reviewed activity in the RCSLT CPD diary. (See also RCSLT CPD Toolkit Chapter 8 for evidence accepted by HPC)	Identified learning need and action plan Notes in this column could be put in the Comments section of the RCSLT CPD diary	Date at which a competency is judged to have been achieved
DIMENSION 1: Communication			
1a) Communicates with people in a manner which is consistent with their level of understanding, culture, background and preferred ways of communicating in order to sustain positive relationships and enable constructive outcomes to be achieved.	*(e.g. client/carer/peer report; discussion)*		
1b) Facilitates access to speech and language therapy services by all members of the community through the use of interpreters, translation, culturally appropriate materials etc.			

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1c)	Keeps accurate and contemporaneous records.	*(e.g. casenote audit; attendance at record keeping training)*		

DIMENSION 2: Personal and People Development

2a)	Identifies development needs and engages in continuous self- directed learning to promote professional development and quality of practice.	*(e.g. evidence of accessing mentors and clinical advice/ support; professional portfolio including personal development plan; learning/reflective diaries)*		
2b)	Is involved in training other professionals, raising awareness of communication problems.	*(e.g. plans and materials; evidence of participation)*		

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2c)	Provides peer support to newly qualified therapists.	Applies only to therapists with certified RCSLT membership (i.e. on completion of NQP transitional year)	N / A
2d)	Provides clinical placements for speech and language therapy students.	Applies only to therapists with certified RCSLT membership (i.e. on completion of NQP transitional year)	N / A

DIMENSION 3: Health, Safety and Security

3a)	Provides safe care within the scope of practice, adhering to health and safety procedures and clinical guidance.	*(e.g. attendance at induction and mandatory training – fire/manual handling/health and safety; understanding of own role in risk management, incident report system, and awareness of and adherence to relevant policies and guidelines)*	
3b)	Maintains all aspects of patient/client confidentiality	*(e.g. attendance at induction/data protection training; discussion; client/carer/peer report)*	

DIMENSION 4: Service Improvement

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4a)	Is aware of current clinical audit findings and incorporates these into practice	*(e.g. evidence of adherence to service guidelines; understanding of departmental policies, procedures and guidelines through practice; participation in case note audit; attendance at clinical audit forums)*		

DIMENSION 5: Quality

5a)	Understands and follows the clinical administration processes.	*(e.g. attendance at induction; awareness of induction file; understanding of departmental standards/processes such as waiting times; casenote audit – paperwork completed and filed)*		

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5b)	Works as part of a multidisciplinary team and understands the roles of other members of the team.	*(e.g. evidence of attendance at case conferences/multidisciplinary meetings; demonstrates understanding of roles through discussion; joint goal setting; evidence of shadowing other professionals)*		
5c)	Accesses support from mentors/specialists for complex cases.	*(e.g. evidence of attendance at or involvement in meetings, learning sets, clinical supervision, protected learning time, case discussions; evidence of an appropriate number of requests for second opinions from specialists; accessing mentors)*		
5d)	Manages and prioritises demands involved in meeting the needs of the caseload.	*(e.g. using the prioritisation system; meeting waiting list targets; balancing clinical/admin time; diary)*		

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5e)	Manages time effectively to balance clinical and non-clinical responsibilities.	*(e.g. timetable/diary management; meeting deadlines; demonstrating the ability to: plan, be flexible, be assertive and good self-awareness in supervision sessions; manager/ peer/client report)*		
5f)	Is aware of and adheres to current legislation, incorporating this into practice.	*(e.g. evidence of an awareness of related areas outlined in the Knowledge and Skills Framework: NSFs, consent, care pathways, support agencies, education – key stages, Inclusion, National Curriculum, Individual Education Plans; child protection)*		

DIMENSION 6: Equality and Diversity

6a)	Acts in ways that acknowledges people's rights to make their own decisions and recognises their responsibilities.	*(e.g. client/carer report; case discussion)*		
6b)	Acts in ways that are non-discriminatory and respectful of others' beliefs and perspectives.	*(e.g. client/carer report; case discussion)*		

DIMENSION 7: Assessment and Care Planning to meet Health and Wellbeing Needs

7a)	Identifies and collects relevant information through appropriate formal and informal assessment, including discussion with the client/carer.	*(e.g. formal and informal assessment results; assessment reports; documented discussions with client/carer; case history completed)*		

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7b)	Makes a clinical judgement/diagnosis in relation to the nature and extent of less complex speech and language therapy difficulties. [NB. See Section 4 of this framework for guidance on defining complexity]	*(e.g. diagnosis recorded; priority assigned; evidence of referral to other agencies where appropriate; documented advice sought from other professionals)*		
7c)	Interprets the assessment information and produces an appropriate evidence based therapy management plan, involving key people in the client's environment.	*(e.g. assessments analysed and summarised; evidence of theoretical knowledge lined to the interpretation of the assessment; written and signed therapy plan; appropriate circulation of assessment report)*		
7d)	Makes and justifies independent decisions on less complex patient/client care. [NB. See Section 4 of this framework for guidance on defining complexity]	*(e.g. discussion of selected cases with manager; documentation of effective outcomes)*		

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7e)	Refers to other professionals in a timely and appropriate way.	*(e.g. appropriate reports and referrals)*		
7f)	Uses the Royal College of Speech and Language Therapists' guidelines within practice.	*(e.g. knowledge of RCSLT's Communicating Quality 3, clinical guidelines, and competencies project)*		
7g)	Is aware of current critically appraised research and is able to use it to inform practice.	*(e.g. evidence of keeping up-to-date through involvement in clinical networks/journal clubs/case discussions; evidence of information gained through reading/internet access/protected learning time/relevant training)*		

DIMENSION 8: Health and Wellbeing - Interventions

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8a)	Agrees with relevant others and implements an appropriate therapy management plan based on functional outcomes and clearly defined goals, including an understanding and use of preventative strategies.	*(e.g. written therapy management plan with evidence of realistic, achievable, measurable goals; evidence of agreement and/or co-operative planning with key others)*	
8b)	Prepares, evaluates and modifies aspects of the therapy management plan to be carried out by key agent(s) of change taking into account their knowledge and abilities.	*(e.g. therapy management plans with realistic and achievable goals)*	
8c)	Continuously evaluates the efficacy of the therapy management plan, and modifies it as appropriate.	*(e.g. evidence of therapy management plan review, recording outcomes against goals; use of appropriate therapy techniques; review reports written; case discussions attended)*	
8d)	Discharges client appropriately, agreeing a point of closure with the client/carer and informing other professionals.	*(e.g. shows understanding of discharge criteria/policy through discussion; discharge reports written; evidence of agreement with key people of how and when to re-refer)*	

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8e) Prepares, evaluates and modifies aspects of the therapy management plan for speech and language therapy assistants.	Applies only to therapists with certified RCSLT membership (i.e. on completion of NQP transitional year)	N / A	N / A
9) Locally-Driven Competencies Managers should use this section to add any **locally-driven competencies** that should be emphasised during the first 12 months	NQPs working in a research environment may choose to record competencies in this section that reflect their particular responsibilities and achievements: e.g. project management, dissemination of information, research governance and ethics. skills for identifying and assessing research evidence in this framework. Evidence might include internet searching skills, communicating research findings to others, regular pattern of reading, critical review skills, membership of journal clubs Additional rows may be added to this table as required. If there are no locally-driven competencies to be completed supervisors are asked to state this in the boxes below.		
9a)			
9b)			
9c)			

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9d)			

NQP Signature ……………………………………… **Manager Signature** ………………………………………

Date of Completion …………………………………

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Complexity

The framework's competencies make reference to *less complex* patient client/care (Ref. 7b and 7d). The notion of complexity, or of 'simple' versus 'complex' cases can be difficult to define.

It can be helpful to consider complexity from several perspectives:

- the client;
- the client communication environment;
- state of professional knowledge;
- local context;
- the therapist's level of expertise.

1. **The Client**
A client may be placed on a continuum of complexity according to a number of factors such as stability of condition, clinical risk, the number of domains affected and the degree of impact on functioning, and whether multiple aetiologies and/or diagnoses are involved.

   A further factor in certain contexts might be whether the 'client' is an individual or a group/system.

2. **Client Communication Environment**
In a similar way, the client communication environment may be placed on a continuum of complexity according to factors such as whether the environment involves single or multiple contexts, whether each context is stable or changing, whether the people in each context are supportive and receptive, and how many potential communication partners there might be.

3. **State of Agreed Knowledge within the Profession in Relation to a Given Client Group**
The state of agreed knowledge in relation to a particular client group is constantly changing. However, certain areas of practice have a well-documented knowledge and skill base in relation to assessment and intervention when compared to newer and emerging areas of practice. Areas of practice where there is less consensus, uncertainty and a fast changing body of knowledge are therefore classed as more complex.

4. **Local Context**
Factors affecting the complexity of the immediate working context include the strength of the team culture, how far actions are prescribed by the existing structures and systems, how available SLT colleagues are within the immediate working context etc.

5. **The Therapist's Expertise**
What appears complex to one therapist will not appear complex to another. Each therapist will have a certain level of competence built up through experience and reflection, but that competence will be heavily context and client-group specific. Therefore a guide to complexity from the newly qualified practitioner's point of view can be gained by a consideration of the type of clients/contexts that they have been working with to date.

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A less complex case might therefore be characterised by a client who is presenting at a low level of clinical risk and who is part of a larger client group with a strong practice evidence-base, where the therapist will be engaged in a single working-context which allows for relatively straightforward judgement and decision-making supported by a strong team-ethos and more procedural ways of working.

However, it is evident from this brief analysis, that any measure of complexity needs to be made on a case-by-case basis within the local context, giving due consideration to the range of perspectives outlined above.

Throughout the process of moving towards fully independent practice, therapist and manager have a joint responsibility to ensure that any decisions taken are in the best interests of the client.

References

RCSLT Clinical Guidelines (RCSLT, 2005) http://www.rcslt.org/members/publications/clinicalguidelines

RCSLT Communicating Quality 3: Professional Standards for Speech and Language Therapists (RCSLT, 2006) http://www.rcslt.org/members/publications/cq3download

RCSLT Competencies Project:
Model of Professional Practice (RCSLT, 2001)
Reference Framework Underpinning Competence to Practise (RCSLT, 2003)
http://www.rcslt.org/docs/competencies_project.pdf

RCSLT CPD Toolkit: http://www.rcslt.org/members/cpd/toolkit

RCSLT CPD Diary: http://www.rcslt.org/members/cpd/intro

Knowledge and Skills Framework (KSF):
The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process (Department of Health, October 2004)
This document and further information about the KSF can be found on the Department of Health website at www.dh.gov.uk

NQPs in Scotland will also be able to access the Flying Start web resource which complements this NQP framework:
www.flyingstart.scot.nhs.uk
More information about NHS preceptorship can be found at
http://www.nhscareers.nhs.uk/details/Default.aspx?Id=490

Application Form

ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS

NEWLY QUALIFIED PRACTITIONER (NQP)
APPLICATION FOR TRANSFER TO FULL RCSLT MEMBERSHIP

NQP DETAILS

NQP Name	
NQP RCSLT Membership No: RC00	NQP HPC Registration Number: SL
University awarding SLT qualification and year of qualification	
Title of qualification	

Dimensions of competence	Date achieved	Therapist's initials	Manager's initials	Comments
Dimension 1: *Communication*				
Dimension 2: *Personal and people development*				
Dimension 3: *Health, safety and security*				
Dimension 4: *Service Improvement*				
Dimension 5: *Quality*				

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Dimensions of competence	Date achieved	Therapist's initials	Manager's initials	Comments
Dimension 6: *Equality and Diversity*				
Dimension 7: *Assessment and Care Planning to Meet Health and Wellbeing Needs*				
Dimension 8: *Health and Wellbeing Needs - Interventions*				
Dimension 9: *Locally Driven Competencies – if none are relevant please state this and sign.*				

Confirmation by manager (or deputy)

I confirm that, in my opinion, the above speech and language therapist has adequately demonstrated the ability to perform consistently to the standard required of a fully independent practitioner and is therefore ready to be removed from the supervised section of RCSLT membership and transferred to certified membership.

I confirm that:

(i) I am an HPC Registered Speech and Language Therapist ☐ (ii) that I hold Certified membership of RCSLT ☐

HPC Registration Number

SL

RCSLT Membership number

RCOO

NQPs who find their first SLT job outside the UK may have this framework signed off by their manager/supervisor providing that person holds Certified membership of RCSLT or the equivalent membership of one of the professional bodies which has signed up to the Mutual Recognition Agreement.

Manager or deputy name (please print):	
Position	
Manager's Signature:	Date

Please return this completed transfer form (the accompanying framework is NOT required) to:
Membership Services, RCSLT, 2 White Hart Yard, London SE1 1NX
Enquiries tel. 020 7378 3008/3009; email: membership@rcslt.org

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Notes on completing application form to transfer to Certified RCSLT membership

1. **It is the responsibility of the NQP and employer to ensure the direct line manager/supervisor is both a registered member of HPC and RCSLT. The RCSLT recommend that this is confirmed before the NQP commences employment. The RCSLT will not verify any framework that has been completed without the signature of a registered member of the RCSLT.**

2. Before recommending the NQP for transfer to certified membership of RCSLT, the manager should be satisfied that the NQP is competent and ready to work independently, i.e. is performing consistently to the required standards.

3. The main responsibility for producing evidence lies with the newly qualified practitioner.

4. The attached form for transfer to certified membership should be submitted, fully completed, to RCSLT. Please note that the supporting details contained within the competency framework are **NOT required**.

5. Transfer forms can be submitted to RCSLT at any time during the year. Most newly qualified practitioners will therefore qualify in year one, submit a form in year two and appear only on the certified membership list (i.e. not in the supervised members section) in the spring of year three. A few will transfer during the following year.

6. Transfer forms will be scrutinised at RCSLT, but any disputes should be resolved locally. The transfer form must be completed correctly and in full, and signed by the manager/supervising therapist. Receipt of the completed form by RCSLT will trigger removal of the newly qualified practitioner from the supervised section of membership.

7. The transfer form will be retained in the individual member's file at the registered office of RCSLT.

8. If the NQP has not provided sufficient evidence that they have met the competences the supervisor is asked to record which ones have not yet been achieved. The supervisor should provide detailed feedback and guidance to assist the NQP to meet the competences. The RCSLT would expect that most NQPs in full-time employment will complete the framework within 18 months but if this is not possible the NQP is asked to write to RCSLT to advise of any extenuating circumstances.

9. Supervisors and NQPs are reminded that this framework is **not** linked to HPC registration.

10. Communicating Quality 3 Chapter 5 sets out the RCSLT standards for supervision.

11. Guidance on any aspect of the above procedure can be provided by RCSLT, contact:

<div align="center">

Royal College of Speech & Language Therapists
Professional Development Team
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NQP Competency Based Transitional Framework 2007