Dysphagia Training & Competency Framework

Recommendations for knowledge, skills and competency development across the speech and language therapy profession

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Procedure for reviewing the document: A group of experts working across sectors will be identified and asked to review the document to determine whether an update is required. Members can submit their feedback on the document at any time by emailing: info@rcslt.org

Scope of the document

This document is a training and competency framework for speech and language therapists (SLTs), speech and language therapy students and assistant practitioners working with people with eating, drinking or swallowing disorders (dysphagia). It is a UK-wide document, relevant to all presentations of dysphagia and covers all the common conditions of which dysphagia is a symptom.

It will also provide guidance to the Health and Care Professions Council (HCPC); educators in higher education institutions (HEIs); placement supervisors/practice educators; managers; postgraduate training providers; students; clinicians; and clinical leaders.

The document will help to guide services, ensuring that at the point of delivery patients/ clients are able to receive the best-quality input from appropriately qualified personnel.

Throughout this document we refer to the Inter-professional Dysphagia Framework (IDF) (Boaden et al, 2006). The IDF specifies the levels of knowledge and skills that any individual coming into contact with people with dysphagia should have.

The levels of practice specified in the IDF are Assistant, Foundation, Specialist and Consultant. **It should be emphasised that these do not equate to the titles used for SLTs in their job descriptions.** To avoid this confusion, in this document the levels or stages are referred to as A, B, C and D.

Acknowledgements

The Royal College of Speech and Language Therapists (RCSLT) has developed this final document with its experts. It is the result of extensive consultation within and beyond the SLT profession. The authors would like to acknowledge the work of Elizabeth Boaden et al (2006).

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Contents

1 Introduction

Assessing and managing patients/clients with dysphagia (eating, drinking and swallowing disorders), resulting from a range of aetiologies, is a core role of the speech and language therapist (SLT). Speech and language therapists also play an important role in alleviating pressure on hospitals by reducing exposure to risk of aspiration pneumonia, hospital mortalities and avoidable hospital admissions. Speech and language therapists are key professionals in supporting patients/clients with dysphagia across the patient/client age range, from neonates to end of life, regardless of presenting conditions.

Dysphagia can result from many conditions and can be defined by the following quotation: "Eating and drinking disorders [which] may occur in the oral, pharyngeal and oesophageal stages of deglutition. Subsumed in this definition are problems positioning food in the mouth and in oral movements, including sucking, mastication and the process of swallowing" (Communicating Quality 3, 2006). Dysphagia is always secondary to a primary psychological, emotional, neurological or physical condition. Dysphagia can result in, or contribute to, crucial, negative health conditions, including chest infections, choking, weight loss, malnutrition and dehydration, sometimes with serious adverse clinical effects.

1.1 Why now?

In 2013, the Royal College of Speech and Language Therapists (RCSLT) recognised the need to update and extend its existing document *RCSLT Advanced Studies Committee: Dysphagia Working Group (Education and Training) Recommendations for Pre- and Post-registration Dysphagia Education and Training* (August, 1999).

This was done in response to changes to undergraduate courses across the UK and the introduction in England in April 2013 of clinical commissioning groups (CCGs) and local education and training boards (LETBs), responsible for reviewing pre-qualification training and continuing professional development (CPD) for SLTs.

As a profession it was considered essential to ensure that training in dysphagia was delivered in a timely, economical and streamlined manner. While recognising that many different and valuable tools were used across the profession to quantify the competency of practitioners working with dysphagia, it was agreed that a consistent framework was needed to allow SLTs, both pre- and post-registration, to move from one role to another across a variety of settings.

Accordingly, this document replaces the 1999 guidance.

1.2 Key objectives of this document

- To provide a competency framework, bringing together knowledge, skills and practical competencies for use throughout the SLT's career, from student to 'expert'.

- To provide a transparent document that readily allows alignment with international SLT organisations.

1.3 Methodology

1.3.1 Working group

A working group was created from the RCSLT membership to develop this document; a mapping exercise was conducted to ensure the group represented a wide range of skills and backgrounds, including higher education institutions (HEIs), RCSLT boards, RCSLT advisers, researchers and managers, as well as both adult and paediatric specialisms.

The working group decided that it would not be appropriate to invite anyone from outside of the profession to join the working group, because the document would not seek to address training or competency requirements for non-SLT professionals. However, other professional bodies would be invited to comment on the draft document (see 1.3.5).

The use of a working group enabled the responsibility of the work to be shared, maximised the use of the expertise of different members and encourages broader ownership of the resulting document.

The working group were divided into three sub-working groups to look at each key area: policy; HEI; and competency. Each sub-group appointed a project lead to facilitate the group and act as the main point of contact for RCSLT officers.

1.3.2 Review of existing dysphagia guidelines and competencies

The HEI sub-group reviewed the existing curriculum guidelines along with the RCSLT document, 'Recommendations for pre- and post-registration dysphagia education and training' (1999), the result being a combined document which the group used as a starting point from which they were able to establish consensus.

The competency framework sub-group also met to review existing dysphagia competency frameworks and tools, and identified their strengths and weaknesses to inform the development of the new framework. At this meeting it was agreed to use the Inter-professional Dysphagia Framework (IDF) as a structure for the new framework, since the IDF is a widely known and used document, developed after consultation within and beyond the speech and language therapy profession.

1.3.3 Writing the document

The working group met a number of times, both in their sub-groups, and as a whole group, to develop the content for the document, ensuring consistency across the three

sections. There was an iterative approach as members of the group reviewed the drafts and made comments, both in meetings and by email, which were integrated as appropriate into the document, until the group were content that the draft was ready for wider consultation.

1.3.4 Consultation with the profession

Key members of the profession were contacted directly by email and invited to feedback on the document. This included all members of RCSLT boards, Committee of Representatives of Speech and Language Therapists in Higher Education (CREST), contacts at relevant clinical excellence networks (CENs), relevant RCSLT advisers and current working groups, including those working on use of electrical stimulation for treatment of dysphagia; videofluoroscopy position paper; and critical care position paper. The wider membership was also invited to respond via alerts on social media and the RCSLT website. 84 responses were received (see Appendix 3 for more detailed information).

All feedback was collated and sent to the sub-group project leads, who reviewed the feedback together and agreed whether the comment would be accepted, and the document amended accordingly, or rejected. Reasons for rejecting a comment included it not being the majority view (for example, on having received one such comment), the comment being outside the scope of the document, or the comment being unclear. All decisions as to whether feedback was accepted or rejected and what action would be taken were recorded and submitted to the RCSLT, and circulated to the rest of the working group.

1.3.5 Wider stakeholder consultation

The amended draft was then circulated for wider consultation with stakeholders outside of the profession including other professional bodies and charities. Third sector organisations representing service users were also invited to feedback on the document. Five responses were received (see Appendix 4 for more detailed information).

As with the consultation with the profession, the feedback was collated and sent to the three project leads, who reviewed the comments together and agreed whether the comments would be accepted or rejected. The decisions were recorded and submitted to the RCSLT.

1.4 Context for education and training of the SLT workforce

The SLT's role in dysphagia is central within a multidisciplinary framework. In an increasingly competitive health market it is important that we continue to clarify this role and our skills in dysphagia. Furthermore, we should review the way in which we equip ourselves to meet the needs of patients/clients, using the full skill set of the profession, from assistants, students and newly-qualified practitioners (NQPs) to the most experienced. For the safety of the patient/client, at every point in an SLT's career pathway we should be able to evaluate their knowledge, skills and experience in a clear and recognisable format.

Currently, student SLTs receive theoretical training in dysphagia during their training with HEIs (RCSLT, 1999), though there can be some variation in content. While on clinical placement, student SLTs also gain varied experience in assessing and managing dysphagia. Individual levels of clinical competence in dysphagia at the time of entering the workforce will depend on the practical opportunities accessible during placements.

The RCSLT's vision is that all NQPs will leave HEIs with comparable knowledge and demonstrable skills in dysphagia. The pre-registration education standards that HEIs are expected to achieve with their students are summarised in the curriculum guidelines found in Appendix 2 of this document, though specific, detailed syllabus content is not prescribed.

Clinical placements should support teaching with observational and practical experience with patients/clients with dysphagia. A nationally used competency framework will give employers a clear understanding of new graduates' knowledge and range of competencies, in order to tailor their workforce appropriately. Post-registration options, including advanced academic programmes and options for continuing education, will be signposted via the RCSLT website as they arise.

Since clinical teams require the right blend of skills to offer service users timely, responsive and well-evidenced intervention from an appropriately qualified professional, we should provide a transparent and comparable competency framework. This will allow us as a profession to be confident that we have a consistent approach to dysphagia competency development.

Section two provides tools to document competencies gained across the SLT's career, with guidance for SLTs and employers alike, regarding skills development. The framework brings together knowledge, skills and practical competencies. It is intended for use throughout the SLT's career, with signed evidence of skill acquisition and maintenance provided either through independent activity or the verification of an appropriately skilled supervisor.

Training tools may be identified and used to support knowledge and skills development, from NQPs to advanced practitioners operating in extended roles.

Skills and competencies for working in multidisciplinary teams will be addressed, as will the requirements for our role as patient/client advocates and clinical educators to those outside of speech and language therapy. This document does not address training or competency requirements for non-SLT professionals.

1.5 Key audiences

All students will be encouraged to maintain a current document throughout their pre-registration training.

Managers employing NQPs will be able to establish an individual's competency by referring to their individual document. Depending on the degree of competency demonstrated using the framework, managers employing NQPs may consider the need for post-registration training, such as: structured, in-house training with a specialist colleague; distant supervision; or through enrolment on a post-registration dysphagia

course. As in all areas of speech and language therapy, good support and supervision are crucial when working with people with dysphagia.

The curriculum guidelines are designed to guide HEIs in planning their dysphagia curricula, to ensure comparability across each institution and transparency for managers regarding the information presented to pre-registration students.

For practising clinicians the document provides a tool to develop knowledge and skills throughout their careers and the check point (Appendix 1) is a useful resource to record ongoing learning and development which would fit within the annual appraisal process of most organisations.

1.6 Issues for consideration

1.6.1 Complexity of patients/clients

It is not considered necessary for this document to demarcate what makes a patient/client's needs complex or non-complex. It is likely that all patient/clients' needs are complex at some point. Factors that contribute to this complexity include illness and stage of illness; multiple co-morbidities; emotional and psychological issues; social effects; and personal circumstances. Other factors may include the wishes and beliefs of the patient/client's family and carers, and the environment. Moreover there may be added complexity if the multidisciplinary team is fragmented and disparate or there are differing opinions. It is often the management and environment, rather than the patient/client him or herself, that creates complexity. For these reasons, the document will discuss support and supervision, reflection, evidence-based practice and the knowledge and skills expected of SLTs throughout their careers in dysphagia.

1.6.2 Supervision

It is essential that at every level, throughout his or her entire career, the SLT working with patients/clients who have dysphagia receive regular, dedicated supervision; the HCPC standards of proficiency state that all registrant SLTs must, "understand the importance of participation in training, supervision and mentoring". This may take place in a number of different ways, for example: individual, 1:1 supervision with a more senior member of staff; peer supervision, either group or individual; or telephone supervision with a designated individual. Regardless of format, supervisory arrangements should be made as they are crucial for practice. Of particular importance is supervision during the development of competency to practise autonomously. It is essential that the junior SLT be supervised by a more senior colleague appropriately qualified in dysphagia.

Other issues for consideration include appropriate supervision for SLTs operating at consultant level, in independent practice and SLT assistants undertaking work in dysphagia. These practitioners are vulnerable in terms of being provided with appropriate supervision arrangements, but nevertheless should not undertake clinical work in dysphagia without supervision. Members of the speech and language therapy workforce have a duty to understand the level at which they are working in dysphagia and to seek out appropriate supervision to support their ongoing reflection and development, for the safety of the patient/client and themselves.

1.6.3 Multidisciplinary team working

The case of a patient/client with dysphagia can rarely be considered straightforward. Dysphagia is always secondary to another primary condition. For this reason the patient/client will need intervention from a range of practitioners within the multidisciplinary team and multiagency team. In addition, the causes of dysphagia can be multifactorial; thus, detailed, differential diagnosis is required to identify and treat dysphagia correctly. It is imperative that the speech and language therapy workforce operate within a multidisciplinary environment: consulting multidisciplinary colleagues throughout the assessment, treatment and monitoring phases, taking information to inform speech and language therapy intervention, and providing important information to the multidisciplinary team. Where the multidisciplinary team is fragmented or disparate, the SLT has a duty to seek out relevant professionals and engage in communication with them and families/carers for the benefit and good quality treatment of the patient/client.

1.6.4 Evidence-based practice and CPD

Evidence-based practice and continuing professional development are the cornerstones of good quality healthcare. SLT professionals at all levels are expected to add to the evidence base, to challenge practice, collect effective data, report outcomes and to share information with colleagues. They also have a duty continually to reflect on and review their work, identifying areas of their own good practice and areas for development. Speech and language therapy professionals should always operate within the guidelines of evidence-based practice, using the best available appraised evidence, their clinical experience and supervision to provide good-quality, safe, patient/client-centred care.

1.6.5 Transferable skills

The documents produced here recognise that many of the skills an SLT develops in dysphagia will be transferable. They will allow SLTs to move between posts and to offer safe and effective interventions to patients/clients without undertaking unnecessary additional training. It is important that the SLT documents his or her knowledge and skills carefully, using the accompanying matrix (see section two of this document). Yet, it is also recognised that some SLTs working at an advanced level will develop highly-specialist knowledge and skills that are relevant only to that particular client group. Job roles and responsibilities should be negotiated with employers and managers carefully, using evidence from their CPD portfolio to support this discussion.

1.6.6 Clinical placements

Historically, in some cases supervisors have been reticent in offering clinical placements for students that include working with patients/clients with dysphagia. The RCSLT recognises that in order to equip NQPs to enter the workforce they should have experience working with patients/clients with dysphagia, which supports the teaching they have received in HEIs. Placement supervisors should ensure that student SLTs receive opportunities to observe clinicians working with dysphagic patients/clients and undertake supervised activity when appropriate to the setting. The student's activity may be documented in the competency framework detailed in this document.

The RCSLT now expects supervisors to offer students experience of working with patients/clients with dysphagia and be willing to verify students' portfolios where knowledge, skills or competence are demonstrated on placement. It is recognised that "signing off" an element indicates competence at that time. Signing off a skill or activity indicates that the placement supervisor has observed knowledge, skills or competence at that time. It does not make the supervisor responsible for the student's ability to practise once the student has left the placement; this would be the case for any area of clinical practice.

1.6.7 Competency to practise

Particular care should be exercised in respect of NQPs working with people with dysphagia. Newly-qualified practitioners enter the workplace equipped with a wide range of knowledge and skills, but as with all areas of clinical practice they will not be equipped to work with patients/clients with dysphagia without ongoing support and supervision. It is the RCSLT's vision that they arrive with core, specialist-level knowledge of dysphagia and a range of competencies that can clearly be identified by referring to the competency framework developed in this document.

The competency framework can then be used to direct support, supervision and training until the NQP/SLT reaches a level where they can operate safely and autonomously with dysphagic patients/clients. Competency, acquisition and maintenance can then be based on review of the competency framework, alongside the needs and requirements of the SLT's department or team.

As previously noted the term 'specialist' here is used in the context of the Inter-professional Dysphagia Framework.

1.6.8 Obtaining, maintaining and developing competencies

All HEI curricula will be developed from the same guidance, so undergraduates will be taught very similar content. This may be delivered in a variety of ways – likewise, knowledge acquisition may be measured in numerous ways – but NQPs will enter the workplace with knowledge and skills that are demonstrable on the dysphagia competency framework. There is a wide range of CPD opportunities and activities that can be undertaken by SLTs and, again, contribute to their clinical portfolio.

Throughout their careers, SLTs and SLT assistants should undertake relevant CPD activities and seek out bespoke training in order to develop and maintain their clinical skills. It is envisaged that this be done in partnership with managers and employers, so the knowledge and skills of an SLT develop in line with the needs of the clinician, patients/clients and employers.

1.6.9 Recording competencies consistently

Students, NQPs, SLTs and SLT assistants will be responsible for recording and providing evidence of their knowledge and skills acquisition on the same competency framework. It is anticipated that clinicians may use various methods to demonstrate the competencies specified.

2 Skills and competencies

2.1 Introduction to the RCSLT Dysphagia Competency Framework

2.1.1 Purpose

As with all professional practice, SLTs should ensure that they comply with the HCPC standards of proficiency (2012) and operate only within their scope of practice.

'Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself.'

The competency framework brings together knowledge, skills and practical competencies. It is intended that the competency framework be used throughout the SLT's career, with evidence being provided and practice supervised or independently signed off by an appropriately skilled supervisor.

It is recognised that there are significantly different clinical areas in which SLTs may practise in dysphagia assessment and management, for example, adult neurology, head and neck cancers, acute paediatrics, specialist paediatrics, community paediatrics (including schools services), adult learning disability and mental health.

The competency framework is a tool to ensure competency within each caseload. Some of the competencies will be generic to all clinical areas; however, for some it would be important for these to be detailed for the specific client group. Further supervised practice may be required for additional client groups.

2.1.2 Who is the competency framework for?

This competency framework has been commissioned and written by the RCSLT. It is for the use of the speech and language therapy profession only and has four sections:

Levels	Corresponding IDF Terminology	Examples of practitioners who may be working at each level
A	Assistant Dysphagia Practitioner	• An assistant SLT working with a dysphagia caseload • A student on placement • An NQP
B	Foundation Dysphagia Practitioner	• A student with extended clinical experience or placements • An NQP working on competencies in their first role with patients/clients with dysphagia • A therapist who is beginning to work with dysphagia after a break

		• A therapist who has worked in dysphagia, but is now working with a new dysphagia patient/client group eg from adult acute to paediatric acute
C	Specialist Dysphagia Practitioner	• A therapist who is a competent dysphagia practitioner and is able to manage a caseload independently. NB: A student may have acquired knowledge to this level but will not be at this level until competencies at level A and B are achieved.
D	Consultant Dysphagia Practitioner	• A therapist who specialises in the field of dysphagia • A therapist who is a clinical lead for dysphagia within a service • A therapist who runs specialist or tertiary clinics

2.1.3 Pre-registration knowledge base

As part of this document, dysphagia knowledge and skills taught at HEIs have been reviewed and standardised – see Appendix 2. It is envisioned that from September 2015 all new SLTs will gain similar *knowledge* to an IDF specialist level within their pre-registration courses. It is understood that at pre-registration the student's clinical skills will be dependent on placement opportunities and that these will differ. The competency framework will give each student recognition for the clinical skills acquired within these clinical placements.

2.1.4 How should the competency framework be used?

Since there will be one competency framework across the UK it is anticipated that the framework will move easily between different job roles and organisations and enable SLTs to build on their learning across their career.

The framework is hierarchical: each level is built upon the foundations of the one below it. For this reason Level A and Level B are much longer, whereas Level D is relatively short. It is possible that a clinician may be developing competencies across two different levels at the same time. This would be perfectly acceptable; however, the SLT should be clear only to work within his or her current competence at each level. The clinician should have signed off all sections of each level before the SLT is deemed competent at that level, even if they are working on some aspects of a level above.

N.B. The levels of practice specified in the IDF are Assistant, Foundation, Specialist and Consultant. **It should be emphasised that these do not equate to the titles used**

for SLTs in their job descriptions. To avoid this confusion, in this document the levels or stages are referred to as A, B, C and D.

Pre-registration
Students should be introduced to the competency framework at an appropriate point in their course, preferably before they begin any placements. Students should initially be directed to the assistant practitioner level and to key pieces of reading or lecture notes that are relevant to each section on the framework. It is the responsibility of the student SLT to populate the competency framework as he or she progresses through the course and, where there are clinical placement opportunities, for the clinical educator to sign off practical competencies.

Post-registration
If the assessment and management of eating, drinking and swallowing difficulties is part of the job role this should be clearly stated within the job description. As part of the induction process within the organisation, the line manager/supervisor should ask the new employee for a copy of his or her dysphagia competency framework. Appendix 1 contains a useful check point tool for documenting workplace competencies and learning objectives

As with all aspects of the SLT role, the individual SLT bears responsibility for his or her own competence. It will be appropriate therefore for SLTs who have not worked in this area for some time to update their competence by reviewing some of the competencies previously achieved.

Speech and language therapists who are independently assessing, planning and providing intervention for patients/ clients with dysphagia would have been signed off at Level C (emerging specialist).

It is acknowledged that some of the knowledge at the higher levels may be acquired by the use of reading or organisation-based tutorials, or may require access to specific courses.

In addition to this competency framework, SLTs may be required to follow other RCSLT guidance for specific skills. Please see the RCSLT website for this information.

Throughout the competency framework, the rows coloured in light blue contain ideas of how competence may be demonstrated. These examples are not exhaustive but should be used as triggers of typical work that may demonstrate how the competency has been reached.

2.1.5 Guidance for supervisors

As with all professional practice, supervisors should ensure that they comply with HCPC standards of proficiency and practice and supervise only within their scope of practice.

Roles and responsibilities

1) Supervisors are required to have significant knowledge, skills and experience in the field of dysphagia **within the clinical area being supervised**. Within the competency framework it would be advised that a supervisor for any level be at least at specialist

level within the clinical area. It would be preferable (ultimately) for a supervisor to be signed off at Level C; however, it is recognised that many supervisors will have achieved their competence before this competency framework is implemented.

2) Supervisors should also be able to demonstrate ongoing practice and CPD in the area of eating, drinking and swallowing difficulties.

3) Supervisors should be familiar with the knowledge, skills and competence required and be able to direct SLTs/students to relevant reading.

4) Supervisors should be able to teach aspects of the knowledge and skills required or identify courses that would provide this.

5) Supervisors will be required to sign the competency framework.

The supervisor role and the signing-off of the competency framework are very important. It is emphasised that supervisors are signing knowledge, skills and/or competency in the context observed, but that ongoing support, supervision and CPD will be necessary.

In signing the competency framework the supervisor is signing that she/he is confident that the supervisee has the relevant knowledge, skills and/or practical competence at that point in time. It should be noted that the supervisor may like to keep evidence/documentation of why she/he was confident in this, in case there are any issues regarding the practice of the supervisee in the future, for example, within an HCPC investigation.

6) Supervisors keep copies of the relevant competency framework documentation and notes of all aspects of the competency framework that they sign for others, so that they have a clear record.

7) Case study examples/evaluations will be provided on the RCSLT website (dysphagia pages) to assist with marking written work. Since the competency framework is intended to be used nationally it would be good practice to build relationships with neighbouring trusts, so that written work can be marked by an external supervisor.

8) Supervisors should have undertaken training in the supervision of others.

9) Supervisors should themselves be in receipt of formal, individual and peer supervision within this clinical area.

10) The competency framework may form part of the formal appraisal process with the employing organisation.

For more information on supervision, please see the RCSLT Supervision Guidelines for speech and language therapists.

2.1.6 Guidance for employers

The competency framework is designed for use in the practical acquisition of competence in the area of dysphagia. The employer is responsible for ensuring that the roles and responsibilities associated with patients/clients with dysphagia are clearly

detailed in the SLT's job description. Employers have a responsibility to ensure that the supervisor has adequate skills to provide supervision and teaching in this area and that this is clearly detailed in their job description. Employers should ensure that adequate time is given for supervision.

If there is no suitable supervisor within the employing organisation, employers may arrange for a supervisor from another organisation, but should ensure that this fits within a professional and clinical governance framework. Again, employers have a responsibility to ensure that the supervisor has adequate skills to provide supervision and teaching in this area and that this is clearly detailed in their job description.

Employers should ensure there are appropriate policy and guidance documents with regard to dysphagia within the employing organisation.

As with all clinical areas it is advised that employers ensure there is appropriate supervision in place for the supervisor.

Within pre-registration placements, employers should ensure that students have opportunities to observe all aspects of the patient/client's care, including dysphagia, within the relevant patient/client groups.

2.2 RCSLT Dysphagia Competency Framework - Level A (Assistant dysphagia practitioner)

The assistant dysphagia practitioner can demonstrate basic skills that contribute to the care and treatment of individuals presenting with dysphagia. They will contribute to the implementation of dysphagia management plans prepared by foundation, specialist or consultant dysphagia practitioners. Assistant dysphagia practitioners may prepare oral intake for individuals, support individuals at mealtimes or directly feed individuals.

Assistant dysphagia practitioners will require training and their knowledge and competence should be assessed by a more experienced practitioner. They should demonstrate knowledge of relevant policies, procedures and guidelines. The assistant dysphagia practitioner will report regularly to a more experienced practitioner.

An assistant dysphagia practitioner can be trained to make structured observation of an individual's eating and drinking consistencies recommended by a more experienced practitioner, including identification of dysphagia. Implementing a dysphagia management plan could include: oral trials, specified by a more senior practitioner; implementing oral/facial or swallowing exercises; implementing eating and drinking guidelines.

Examples of practitioners who may be working at Level A:

- An assistant SLT working with a dysphagia caseload
- A student on placement
- An NQP

RCSLT Dysphagia Competency Framework – Level A (Assistant dysphagia practitioner)

Name .....

Clinical caseload/client group .....

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
1.0 Information level A					
Knowledge of health and safety aspects	eg Highlight areas of EDS plan to be reviewed/adapted in light of new information.				
Have an appreciation of information not detailed in the dysphagia management plan and how this may impact upon the individual's ability to participate in eating and drinking					
Have an appreciation of how developmental/quality of life/end-of-life issues and the dying process can guide and influence the dysphagia management plan					
Have an appreciation of the impact of additional information on the dysphagia management plan and how to obtain this information in a sensitive manner					
Understand how to accommodate the needs of the individual in order to maximise optimum swallow function, eg use specialist cup or eating utensils as					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
specified in plan					
Practical competencies	eg Independently take a case history from written and verbal sources, of a patient/client relevant to your clinical area				
Have an appreciation of relevant information not detailed in the dysphagia management plan and how this may impact upon the individual's ability to participate in eating and drinking. This may include: • Medical diagnosis and state • Physical state and potential for fluctuation/deterioration in condition • Chest status • Psychological state • Mood • Cognitive state • Perceptual issues • Sensory integration difficulties • Posture • Levels of alertness • Oral hygiene • Hydration and nutritional state • Communication abilities • Behavioural issues • Ethical/legal issues					
Obtain additional information from the individual, relatives or parents/carers.					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
This may include: • History and onset of presenting difficulties • Individual and parent/carer perceptions, concerns and priorities • Potential risk and difficulties for individual and/or carers/parents • Dietary preferences • Feeding history • Cultural awareness • Allergies					
Consider the individual's needs. These may include: • General health • Current diagnosis and prognosis • Communication • Development level • Environment • Physical, emotional and psychological support • Variability • Cultural needs • Functional capacity, ie perception, cognition and insight • Behavioural issues • Current level of alertness • Ability to co-operate • Influence of endurance/fatigue • Individual's or carer's insight, perceptions, beliefs and compliance.					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
• Awareness of resources/equipment available.					
Communicate to individual, parents/carers and relevant professional the component parts of the dysphagia management plan, explaining the rationale for their use, timing and potential outcomes					
1.1 Communication and consent level A					
Knowledge of health and safety aspects	eg RCSLT Communicating Quality is a good source of information about consent				
Understand the principles of valid consent and why it is necessary prior to the delivery of care					
Understand what information is required and how to modify communication style and language in order to meet the needs of the individual, carer/parent and team					
Understand the scope of your practice and level of competence and know who to refer to if you have queries outside the scope of your practice					
Practical competencies	eg Attend a training course/lecture or be directed to information about effective communication strategies				

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
	relevant to your patient/client group				
Obtain valid consent for the actions undertaken on their behalf and agree the information that may be passed to others					
Provide supported conversation, adapting communication styles and modifying information in ways that are appropriate to different individuals, eg age, development, culture, language or communication difficulties, and demonstrate ways in which carers may modify their verbal and non-verbal communication to deliver the most effective outcome for the individual					
Refer any questions that are outside your scope of practice to an appropriate member of the individual's multidisciplinary team					
1.2 Environment level A					
Knowledge of environmental factors involved in swallowing assessment	eg Attend a lecture, course or in-service with your supervisor, covering the feeding strategies relevant to your patient/client group				
Have an appreciation of how the environment affects the individual's posture, muscle tone, mood and ability					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
to participate in eating and drinking. This may include: • The individual's privacy and dignity • Lighting • Heating • Environmental stimulus, eg distractions, odours • Position and behaviour of feeder					
Understand how the support required by the individual impacts upon the swallow function and how to affect change in order to optimise the individual's eating and drinking efficiency and swallowing skills					
Practical competencies	eg Complete an observation checklist of a patient/client at mealtime				
Ensure the environment is conducive to oral intake, with consideration for the individual's privacy and dignity. You should consider: • Lighting • Heating • Environment stimuli, eg distractions • Position and behaviour of feeder					
Ensure the individual has the appropriate support. You should consider: • Resources/equipment required/available					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
• Posture and mechanical supports, eg pillows, standing frames, specialist seating • Familiarity of feeder • Feeding routine • Oral hygiene • Food preferences • Utensils, cutlery and feeding aids • Sensory aids, eg glasses, dentures, hearing aids, oral orthodontics • Size and rate of food or liquid 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 feeder					
1.3 Implementation of dysphagia management plan level A					
Knowledge of health and safety aspects	eg Attend lectures or be guided to reading about normal swallowing Most organisations will have mandatory training modules covering infection control procedures.				

Competency	**Suggested learning task**	**Evidence**	**Date completed supervised**	**Date completed independently**	**Supervisor sign off**
Understand how to maintain the dignity and comfort of the individual and parents/carers					
Understand the implications of infection control with regard to food hygiene, hand hygiene and use of repeat-use utensils for the individual and feeder					
Understand local protocols with regard to the use of protective clothing, eg lead coats, plastic aprons and/or eye shields/glasses					
Understand how pacing and facilitative techniques required by the individual affect the assessment outcome					
Understand how to accommodate the needs of the individual in order to maximise optimum functional eating, drinking and swallowing eg provide specialist cup or eating utensils					
Understand the component parts of the dysphagia management plan and the methods used to implement them					
Understand the importance of giving the individual time, opportunity and encouragement to practise existing or newly developed eating, drinking and swallowing skills					
Knowledge of the anatomy and physiology of swallowing pertinent to your clinical caseload					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
Understand and know what action to take if 'adverse situations' are encountered when delivering care					
Seek immediate support if there is a change in the individual's presentation or the activities are beyond your level of competence or confidence					
Practical competencies	eg Practise thickening fluids and taste: With your peers, practise feeding each other with yoghurt: how does it feel to be fed? Try feeding in different positions, eg with chin tucked in. Complete a reflective practice log of this experience.				
Allow time for food hygiene and hand hygiene for the individual and practitioner					
Allow time for the individual to contribute to and participate in eating and drinking through the use of facilitative techniques and optimise their independence in line with the dysphagia management plan					
Ensure optimum feeding conditions. These may include: • Levels of alertness • Effects of medication • Agitation					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
• Appropriate environment • Appropriate use of seating or postural aids • Appropriate utensils • Adapted appearance, consistency, temperature, taste and amount of food and drinks • Frequency, timing and size of meals • Individual and feeder positions • Verbal, physical and symbolic prompts • Verbal and non-verbal communication from the individual and feeder • Facilitated feeding techniques, eg hand-over-hand feeding • Implementing compensatory postures and techniques • Oral hygiene and dentition • Nutrition and hydration					
Carry out the activities detailed in the dysphagia management plan as directed by a more experienced dysphagia practitioner					
Give the individual sufficient time, opportunity and encouragement to practise existing or newly-developed skills in order to improve/maintain motivation/cooperation					
Terminate eating/drinking if an adverse					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
situation arises and implement procedures dictated by local policies for dealing with adverse situations. This may include: • Secretion management • Choking management appropriate to age, size and consciousness of individual • Oxygen administration • Oral/tracheal suction • Basic life support					
Seek support if there is a change in the individual's presentation					
1.4 Documentation level A					
Knowledge of health and safety aspects	eg Most organisations will have mandatory training modules covering record-keeping. RCSLT Communicating Quality guidance also contains useful information about record keeping.				
Provide timely, accurate and clear feedback to the individual, parent/carer and team to support effective planning of care					
Understand the importance of monitoring quantities/loss of oral intake					
Understand the importance of keeping					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
accurate, legible and contemporaneous records in accordance with local guidelines, eg home-school diary					
Be aware of the organisational policy and practices with regard to record-keeping and sharing clinical records, recording information and maintaining confidentiality					
Practical competencies	eg Provide example of record-keeping in appropriate local format and example of written/verbal feedback to an individual/parent/carer				
Work with the appropriate dysphagia practitioner and the individual or parents/carers to identify the effectiveness of the dysphagia management plan and record areas of progress and specific difficulties arising, in order to assist in the review process					
Monitor and record amount of food and drink taken; this may include secretion loss					
Keep accurate, legible and contemporaneous records					
Competency assurance level A	Complete a case report outlining the potential risks to health and safety based on history, mealtime observation and review of management				

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
	plan. See Level A Case Study Evaluation				
Check point – see Appendix 1					

2.3 RCSLT Dysphagia Competency Framework – Level B (Foundation dysphagia practitioner)

The foundation dysphagia practitioner can demonstrate acceptable performance undertaking a protocol-guided assessment of eating, drinking and swallowing.

She/he will identify presenting signs and symptoms and undertake a protocol-guided assessment of dysphagia. She/he will work to pre-defined criteria, which may include the use of liquids, semi-solids and solids, as appropriate to the individual's age, development and needs. She/he will be able to initiate and implement the actions dictated by protocol and disseminate this information to the individual, parent/carers and team. She/he will demonstrate knowledge and understanding of relevant policies, procedures and guidelines.

A protocol-guided eating, drinking and swallowing assessment may include a swallow screening assessment or an eating and drinking observation checklist.

As the foundation dysphagia practitioner is able to identify the signs of aspiration and undertake structured mealtime observation, she/he is able to observe patients/clients who are already eating and drinking and then report back to senior practitioners.

Examples of practitioners who may be working at Level B:

- A student with extended clinical experience or placements
- An NQT working on competencies in their first role with dysphagic patients/ clients
- A therapist who is beginning to work with dysphagia after a break
- A therapist who has worked in dysphagia but is now working with a new dysphagia patient/client group eg from adult acute to paediatric acute

RCSLT Dysphagia Competency Framework – Level B (Foundation dysphagia practitioner)

Name .....

Clinical caseload/client group .....

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
2.0 Information level B					
Knowledge of health and safety aspects	eg Attend training in administration of the protocol-guided EDS assessment/observation schedule				
Understand the nature, urgency and implications of dysphagia, based upon the associated risk to health status and upon department policies					
Understand pertinent information, how it informs assessment and affects the individual with EDS difficulties					
Understand the impact of additional information on the protocol-guided EDS assessment and how to obtain this information in a sensitive manner					
Understand the rationale for the					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
component parts of the assessment, its timing, potential outcome and implications for the individual, parent/carer and other professionals, including how developmental/end-of-life/quality of life issues can impinge upon the EDS management plan					
Practical competencies	eg Discuss with your supervisor the types of patients/clients suitable for screening, including the ethical issues of 'NBM' status for adults with dementia and chronic dysphagia or infants/children, whilst also considering the developmental and sensory impact in this group				
Prioritise the request for assessment according to departmental policies. Factors to consider may include:					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
• Severity of the individual's needs • Individual's risk of fatigue • Hydration and nutrition state • Choking risk • Respiratory status • Potential for fluctuating or deterioration in condition • Potential risks and difficulties for individual and/or parent/carers and/or feeders • Safeguarding concerns					
Obtain relevant information, assessments and management decision from other professionals. This may include: • Physical state and potential for fluctuation/deterioration in condition • Medical diagnosis and state • Psychological state • Cognition/general development • Perceptual deficit • Chest status • Mood • Sensory integration difficulties • Posture • Level of alertness					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
• Oral hygiene • Saliva control • Hydration and nutrition state • Communicative abilities • Behavioural issues • Ethical/legal issues					
Obtain additional information from the individual, relatives or carers/parents in a sensitive manner. This may include: • History and onset of presenting difficulties • Individuals' and parents/carers' perceptions, concerns, priorities and compliance • Potential risk and difficulties for individual and/or parents/carers • Dietary preferences • Feeding history • Cultural awareness • Mealtime environment • Allergies					
Inform individual, parents/carers and relevant professionals of the assessment components, explaining the rationale for their use, timing and potential outcomes, paying					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
due regard to end-of-life/quality of life issues and the dying process					
2.1 Knowledge of communication and consent Level B					
Knowledge of environmental factors involved in swallowing assessment	eg Attend local mandatory training, read policies and procedures; this information is also available in RCSLT Communicating Quality guidance				
Understand legislation, such as the Mental Capacity Act 2005, legal processes and principle of valid consent, including implied consent and expressed consent, Gillick Competence and parental responsibility					
Understand the methods used to achieve consent where the individual is not able to give his or her informed consent					
Have a knowledge of statutory statements, living wills, advanced directives and other expressions of an individual's					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
wishes					
Understand how to modify communication style and language in order to meet the needs of the individual, parent/carer and team					
Understand the scope of your practice and level of competence and know whom to refer to if you have queries outside the scope of your practice					
Practical competencies	eg Attend training in supported conversation/communication techniques				
Obtain valid consent for the actions undertaken on the individual's behalf and agree the information that may be passed on to others					
Provide supported conversation, adapting communication styles and modifying information in ways that are appropriate to different individuals, eg age, culture, language or communication difficulties. Demonstrate ways in which parents/carers may modify					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
their verbal and non-verbal communication in order to deliver the most effective outcome for the individual					
Refer any questions that are beyond your scope of practice to an appropriate member of the individual's care team					
2.2 Environment Level B					
Knowledge of environmental factors involved in EDS assessment	eg Read past reports providing recommendations for feeding techniques/strategies and be able to discuss with your supervisor your thoughts on why these decisions were made				
Understand how the environment impacts upon EDS function and how to effect change in order to optimise the individual's eating and drinking efficiency and swallowing skills					
Understand how the support required by the individual impacts upon EDS function and					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
how to affect change in order to optimize the individual's swallowing skills					
Practical competencies	eg Observe a mealtime or participate in feeding and write a reflection considering the points listed below				
Ensure the environment is conducive for protocol-guided swallowing assessment with consideration for the individual's privacy and dignity. This may include: • Lighting • Heating • Environment stimulus, eg distractions • Position and behaviour of feeder					
Ensure that the individual has the appropriate support. You should consider: • Resources/equipment required/available • Posture and mechanical supports, ie pillows, standing frames, specialist seating					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
• Familiarity of feeder • Feeding routine • Oral hygiene • Food preferences • Utensils, cutlery and feeding aids • Sensory aids, eg glasses, dentures, hearing aids, oral orthodontics • Size and rate of food or liquid 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 feeder					
2.3 Protocol-guided assessment/observation and action level B					
Knowledge of health and safety aspects	eg Read local infection control policies				
Understand how to maintain the dignity and comfort of the					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
individual and carers					
Understand the implications of infection control with regard to food hygiene, hand hygiene and repeat-use utensils for the individual and feeder					
Understand local protocols with regard to the use of protective clothing, eg lead coats, plastic aprons and/or shields/glasses					
Understand the impact of protocol-guided assessment and its component parts					
Understand the importance of agreeing protocol-guided actions with relevant others to ensure compliance by both the individual and others					
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					
Knowledge of environmental factors involved in swallowing assessment	eg Read about safe feeding techniques and strategies				
Understand how pacing and facilitative techniques required					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
by the individual affect the assessment outcome					
Understand how to accommodate the needs of the individual in order to maximise optimum EDS function, eg use of specialist cup or eating utensils					
Theoretical knowledge	eg Practise the protocol-guided assessment on a colleague; use the protocol-guided assessment in role play/scenarios; create an action plan about what you might do differently next time				
Knowledge of the anatomy and physiology of EDS					
Knowledge of the underlying causes of abnormal eating, drinking and swallowing, including: • Underlying congenital, developmental, neurological and acquired disorders that may predispose dysphagia • Longstanding but functional,					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
abnormal eating and swallowing patterns, eg adapted and compensatory swallow physiology • Medical condition • Medication • Physical condition, eg sensory and postural state • Cognitive functioning • Psychological state • Behavioural issues • Environmental issues					
Understand the protocol-guided assessment/observation schedule and its component parts					
Understand the signs of abnormal swallowing. This may include: • Acute aspiration • Chronic aspiration, eg compromised nutrition, hydration and respiration • Silent aspiration • Autonomic stress signals • Risk of choking					
Understand protocols with regard to assessment of hydration and nutrition					
Understand the agreed protocol					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
for termination of an assessment should an 'adverse situation' arise					
Understand that information should be conveyed to the team in order for them to implement effective management strategies					
Understand the review mechanism					
Understand the importance of keeping accurate, legible and contemporaneous records					
Be aware of the organisation policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality					
Practical competencies	Successfully complete at least three, supervised, protocol-guided assessments/observation schedules, completing relevant documentation and reflecting back to your supervisor. Your reflection should include a				

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
	summary of your assessment and rationale for recommendations made. Consider all aspects below:				
Allow time for food and hand hygiene for the individual and practitioner					
Allow time for the individual to contribute to and participate in the assessment through the use of facilitative techniques and optimise their independence					
Consider the individual's needs. These may include: • 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					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
• Functional capacity, eg perception, cognition and insight • Individual and parent/carer's insight, beliefs and compliance • Sensory state • Cultural needs • Medico-legal issues. • Awareness of resources/equipment available					
Implement the protocol-guided assessment, including hydration and nutrition					
Terminate the session if an adverse situation arises and implement procedures dictated by local policies for dealing with adverse situations. This may include: • Secretion management • Choking management appropriate to age, size and consciousness of individual • Oxygen administration • Oral/tracheal suction • Basic life support					
Identify, undertake and inform others of protocol-guided					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
actions required, which may include: • 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/IVT • Specialist equipment or resources, eg plate guard, slow flow teat					
Ensure that the protocol-guided action is agreed by both the individual and parents/carers. If appropriate alert others if nutrition/hydration support is required, eg NGT/IVT					
Seek immediate support if there is a change in the individual's presentation or the activities are beyond your level of competence or confidence					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
Provide timely, accurate and clear feedback to the individual, carer/parent and team to support effective planning of care					
Review the individual in accordance with local protocols					
Keep accurate, legible and contemporaneous records.					
2.4 Onward referral level B					
Theoretical knowledge	eg Read local referral procedures and section on referral in RCSLT Communicating Quality guidance. Be clear about your line of supervision and whom you would ask for a second opinion				
Understand the role of others in the assessment, management and care of the individual					
Understand the referral procedure					
Practical competencies	eg Identify time to spend with MDT, eg Dietitian				
Identify professionals who can					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
provide more detailed assessments					
Implement local referral procedures to relevant professionals					
2.5 Training level B					
Theoretical knowledge	eg Be aware of and practise with your supervisor completing relevant documentation/signs and handing over instructions to staff/parent/carers				
Understand what information is required in order to train and support individuals and others to implement protocol-guided actions					
Practical competencies	eg Demonstrate an agreed mealtime plan, such as hand over hand feeding, pacing, etc.				
Train and support individuals and others to implement an dysphagia management plan					
2.6 Additional professional role level B					

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
Theoretical knowledge	eg Be familiar with your job description and any local service delivery policies. Patient/client information leaflets on websites are also useful sources of information. Find out about the role of other team members in dysphagia management.				
Understand your contribution to team discussions, regarding delivery of dysphagia services specific to your locality					
Practical competencies	eg Identify opportunities for peer case discussion				
Contribute to team discussions regarding the delivery of dysphagia services specific to your locality					
Competency assurance level B	Complete a case report describing a protocol-guided				

Competency	Suggested learning task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
	assessment/observation schedule carried out and the rationale behind your protocol-guided actions. See Level B Case Study Evaluation				
Check point – see Appendix 1					

2.4 RCSLT Dysphagia Competency Framework – Level C (Specialist level dysphagia practitioner)

The specialist level dysphagia practitioner can demonstrate competent performance in the assessment and management of eating, drinking and swallowing (EDS), working autonomously with patients/clients. She/he will receive referrals from others in the care team, prioritise referrals in line with local risk assessment procedures and conduct a comprehensive assessment of feeding/swallowing function. In this comprehensive assessment she/he will utilise a range of assessment techniques, based on current research/best practice and any relevant policies, procedures and guidelines. The specialist level dysphagia practitioner will generate a working hypothesis, analyse the emerging information and, taking a holistic view of the individual, provide advice and guidance to other care team members. She/he will provide rehabilitation/therapy programmes and/or suggest interventions to manage the ongoing problems with EDS or optimise EDS function.

Practitioners functioning at this level will contribute to the development and delivery of a comprehensive management plan in order to optimise the health and wellbeing of the individual with EDS difficulties. They should consistently apply knowledge and understanding of any relevant policies, procedures and guidelines to the assessment and management of dysphagia. They will supervise, support and instruct others in implementing EDS management plans to manage the impact of the patient/client's difficulties. Speech and language therapists may work at specialist dysphagia practitioner level for many years without fully moving to consultant level. For more specific information about competency, this level has been sub-divided into emerging specialist, specialist and highly-specialist levels.

Examples of practitioners who may be working at Level C:

- A therapist who is a competent dysphagia practitioner and is able to manage a caseload independently.

NB: A student may have acquired knowledge to this level but will not be at this level until competencies at levels A and B are achieved.

RCSLT Dysphagia Competency Framework – Level C (Specialist level dysphagia practitioner)

Name .....

Clinical caseload/client group .....

Competency	**Competency assurance**		
	Date completed Emerging specialist Level	**Date completed Specialist level**	**Date Completed Highly-specialist level**
3.0 Dysphagia assessment level C			
Theoretical knowledge	eg This section can only be completed by a qualified SLT. Please refer to the HEI curriculum guidelines for theory that is covered and assessed at graduate training.	eg Revise your knowledge, particularly with reference to your pertinent service area	eg Attend training courses or SIGs and cross-reference with your knowledge of anatomy and physiology
Comprehensive knowledge of normal anatomy, physiology and neurology of eating, drinking and swallowing, including: • Anatomical structures involved in the process of eating, drinking and swallowing • Physiology of sucking, eating/ drinking and swallowing • Neurology of feeding and			

Competency	**Competency assurance**		
	Date completed Emerging specialist Level	**Date completed Specialist level**	**Date Completed Highly-specialist level**
swallowing • Development of swallowing function from pre-birth to adult • Effects of aging on swallowing			
Understand and identify the underlying causes and resulting pathological physiology of abnormal eating, drinking and swallowing, including: • Underlying congenital, developmental (including prematurity), neurological and acquired disorders that may predispose dysphagia • Longstanding but functional, abnormal feeding and swallowing patterns, eg adapted and compensatory swallow physiology • Medical condition • Medication • Physical condition, eg sensory and postural state • Cognitive functioning and developmental stage • Sensory integration • Psychological state • Behavioural issues • Environmental issues			

Competency	**Competency assurance**		
	Date completed Emerging specialist Level	**Date completed Specialist level**	**Date Completed Highly-specialist level**
• Nutrition • Hydration			
Understand the signs of abnormal eating, drinking and swallowing, including acute, chronic, silent aspiration and autonomic stress signals and how these impact upon the generation of the hypotheses and subsequent management plan			
Understand risk severity and how risk impacts upon the individual/carer/parent/organisation			
Understand the rationale for trialling remedial techniques, modification strategies and equipment during the assessment in order to confirm or deny your hypothesis			
Understand the range and efficacy of augmentative examinations that contribute to the assessment process for dysphagia, eg Videofluoroscopic Swallow Study (VFSS), Fibreoptic Endoscopic Evaluation of Swallowing (FEES), cervical auscultation			

Competency	**Competency assurance**		
	Date completed Emerging specialist Level	**Date completed Specialist level**	**Date Completed Highly-specialist level**
Understand how to use and maintain the equipment and undertake the investigation with due reference to cross-contamination Mandatory training: Local policy on decontamination of equipment			
Understand the interpretation and application of assessment findings to the individual with EDS difficulties: • Observational, informal tests • Formal assessments • Bedside assessments • Augmentative examinations, eg FEES			
Understand the range of factors you need to consider in order to develop a working hypothesis and deliver a satisfactory diagnosis			
Practical competencies	eg Carry out an eating and drinking assessment on a minimum of five patients/ clients, fully supervised and reflecting back to your supervisor. Your reflection	eg Write a reflective log or discuss with your supervisor the suitability of a patient/client from your caseload for VFS/ FEES: pros and cons.	eg Complete a literature search in relation to your clinical caseload. How does your research relate to your management plan? Carry out a short

Competency	**Competency assurance**		
	Date completed Emerging specialist Level	**Date completed Specialist level**	**Date Completed Highly-specialist level**
	should include a summary of your assessment and rationale for recommendations made. Consider all aspects below.	eg Choose a condition relevant to your clinical caseload. Is there a website associated with your chosen condition that provides patient/client information about EDS? Complete a literature search and identify a relevant journal to read. What are the key clinical features of feeding difficulties and/or dysphagia in the condition you have chosen? How does the information you have collected relate to a patient/client with this condition in your caseload?	presentation at your team in-service training session. eg Encourage evidence-based practice in your team, for example, with a journal club
Conduct a specialist assessment. This may include: • Medical state • Levels of alertness • Ability to co-operate • Sensory state • Oro-motor skills • Non nutritive sucking • Management of secretions • Oral suction			

Competency	**Competency assurance**		
	Date completed Emerging specialist Level	**Date completed Specialist level**	**Date Completed Highly-specialist level**
• Utensils • Bolus size, characteristics and placement • Oral preparation • Oral hygiene • Oral desensitisation • Identification of risk of aspiration • Identification of overt signs of aspiration • Underlying cause/s • Developing and testing a hypothesis • Identification of trial interventions • Hydration screen • Nutrition screen • Food preference • Mealtime behaviour			
Utilise (or refer to and act upon additional reports)augmentative assessment to complement your assessment. These may include: • Cervical auscultation • Pulse oximetry • Fibreoptic Endoscopic Evaluation of Swallowing (FEES) • Videofluoroscopic Swallow Study (VFSS)			

Competency	**Competency assurance**		
	Date completed Emerging specialist Level	**Date completed Specialist level**	**Date Completed Highly-specialist level**
Assimilate, evaluate and interpret the assessment outcomes with the individual, parents/carers and team			
Taking into consideration the individual's wishes, inform and discuss the implications of dysphagia assessment outcome for overall management with relevant team members, sharing implications/information with individuals, parents/carers and team			
3.1 Dysphagia management plan level C			
Theoretical knowledge	eg Consider with your supervisor the patients/clients you have assessed previously. What do they need to promote safe oral intake? Do they need support with feeding? Do they need gradually to increase volume? Do they need adaptive equipment? Do they need oro-motor exercises? When will you review them and what will	eg Discuss with your supervisor a case where you needed to modify the way information was presented in order to facilitate implementation of the management plan.	eg Write a reflective log illustrating your rationale for managing a situation where there was a difference of opinion in the management plan, requiring negotiation and resolution of conflict.

Competency	**Competency assurance**		
	Date completed Emerging specialist Level	**Date completed Specialist level**	**Date Completed Highly-specialist level**
	the aim of your review be?		
Recognise the need for a detailed dysphagia management plan, based upon consideration of the information and results obtained during the assessment process			
Understand the component parts of the dysphagia management plan and how these affect the individual			
Understand how developmental, quality of life and end-of-life issues can impinge upon a dysphagia management plan			
Understand the importance of providing accurate and prompt feedback to the care team to ensure effective management, consistent with the individual's wishes			
Understand how to gain agreement from the individual, parents/carer and team in order to acquire compliance and meet legal obligations to the individual and organisation			
Understand the review process in order to optimise management			
Be aware of your scope of			

Competency	**Competency assurance**		
	Date completed Emerging specialist Level	**Date completed Specialist level**	**Date Completed Highly-specialist level**
practice and level of competence			
Practical competencies	Eg Write a full case study outlining your assessment procedure, decision-making process, recommendations made and care plan. Include the rationale behind both your assessment process and management plan. This should include case history, oro-motor examination (relating to cranial nerves or non-nutritive sucking assessment, where appropriate). Following completion of the case report and short presentation, discuss with your supervisor: are you ready to complete bedside swallowing assessments and develop management plans independently? See Level C Case Study Evaluation	eg Contribute to team discussions regarding the ethical implications/issues surrounding assessment/ feeding/ withdrawal of feeding in individuals with swallowing difficulties and poor prognosis, eg read Royal College of Physicians, Oral Difficulties and Dilemmas; A Guide to Practical Care, particularly towards the end of life; report of a working party, 2010. Read 'Withholding and Withdrawing Life – Prolonging medical treatment – a guide to decision making' (1999) British Medical Association	eg Discuss with your supervisor a clinical case describing the rationale behind your treatment plan (which includes a therapeutic element),eg exercises, manoeuvres, texture modification, pacing etc and links to evidence base/research

Competency	**Competency assurance**		
	Date completed Emerging specialist Level	**Date completed Specialist level**	**Date Completed Highly-specialist level**
Devise a detailed dysphagia management plan that identifies risk to the individual's nutrition, hydration and respiratory state. This may consider: • Diagnosis and prognosis • Environment • Positioning • Oral hygiene • Feeding equipment and utensils • Nutrition/hydration support as required, eg NGT/IVT/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 feeder (verbal, tactile, written and symbolic			

Competency	**Competency assurance**		
	Date completed Emerging specialist Level	**Date completed Specialist level**	**Date Completed Highly-specialist level**
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			
Ensure the dysphagia management plan is evidence-based, specific, measurable, achievable, time-framed and agreed by the individual, parents/carers and team			
Ensure review criteria and mechanism exists			
Seek immediate support if there is a change in the individual's presentation or the activities are beyond your level of competence or confidence			
3.2 Onward referral			
Implement local referral procedures for consultative			

Competency	**Competency assurance**		
	Date completed Emerging specialist Level	**Date completed Specialist level**	**Date Completed Highly-specialist level**
second opinion and/or specialist investigations			
3.3 Training			
Train and supervise others in the identification and management of feeding and swallowing difficulties			
Train others to solve problems and clinical issues within their scope of practice and to identify when to seek advice			
3.4 Additional professional role			
Be aware of the dysphagia policy within your locality and how you can contribute to improvements/modifications that may be introduced within your organisation			
Contribute to the strategic planning of the service within your organisation			
Check point – see Appendix 1			.

2.5 RCSLT Dysphagia Competency Framework – Level D (Consultant level dysphagia practitioner)

A person working at this level will be carrying a caseload predominantly working with people who have dysphagia. She/he will be supporting and supervising staff who work at specialist level to develop their specialist competencies. The consultant level practitioner will take a lead within the department in keeping up-to-date with research and evidence-based practice, disseminating this to other members of staff and in strategic dysphagia developments. She/he will seek out and respond to opportunities to further dysphagia knowledge and management within the wider profession, working on or contributing to dysphagia-related working parties, research and advisory boards. Therapists working at this level are highly-specialised, autonomous practitioners. The levels and competency assurances described here are likely to be at the minimum level of the therapist's practice. Not all of the competencies outlined here will apply to all consultants, but will depend upon their field of expertise. Where applicable, the therapist would indicate the reason or appropriate level of competence (please see the section on augmentative assessment). She/he will access supervision from peers, which is likely to be outside of their department and should include at least two supervision sessions per year. These may not be face-to-face and may include telephone supervision, conference calls and Skype.

The consultant level practitioner will already have worked through the specialist level competencies and be able to demonstrate these through the collation of historical evidence.

Specialists developing consultant level competence
It is probable that many therapists operating at the specialist level of competence will also demonstrate consultant level competencies in some areas without working towards a consultant level overall. Where this is the case, therapists are encouraged to populate the relevant sections of this document.

RCSLT Dysphagia Competency Framework – Level D (Consultant level dysphagia practitioner)

Name .....

Clinical caseload/client group .....

Competency	Competency assurance	Evidence presented	Further ongoing action plan for developing own clinical skill and competence following peer supervision
4.0 Augmentative assessment level D			
Where applicable to the consultant's post and resources, the therapist may utilise the following augmentative assessments. This being the case, evidence should be collated to demonstrate (where applicable) that the therapist has made use of RCSLT position papers/guidelines/or similar. Where the augmentative assessments are not	eg Demonstrate robust working knowledge of RCSLT position papers (where applicable) and act as a resource for less experienced members of staff in a consultative role Ensure that departmental guidelines, protocols and procedures are in-line and up-to-date with RCSLT guidance and evidence		Evidence of use of augmentative assessment procedure and/or action plan for development of service and clinical competence (if applicable),to include literature reviews and evidence of updating one's own knowledge of emerging research

Competency	Competency assurance	Evidence presented	Further ongoing action plan for developing own clinical skill and competence following peer supervision
available, the consultant should maintain an up-to-date knowledge of applicability, rationale for use and pathway to access for patients/ clients.			
Cervical auscultation			
Pulse oximetry			
Fibreoptic Endoscopic Evaluation of Swallowing (FEES)			
Fibreoptic endoscopic evaluation of sensory testing (FEEST)			
Videofluoroscopic evaluation of oropharyngeal swallowing function (VFS): The role of speech and language therapists RCSLT Position Paper 2013			
Ultrasound			
Scintigraphy			

Competency	Competency assurance	Evidence presented	Further ongoing action plan for developing own clinical skill and competence following peer supervision
Manometry			
Electromyography			
Neuro-muscular electrical stimulation (NMES) To keep up-to-date with RCSLT's position on NMES and be aware of research and evidence base as it emerges. They should be responsible for communicating this to other people as appropriate (to include patients/clients and relatives).			
4.1 Assessment and management level D	eg Maintain an up-to-date knowledge resource within the team or department of evidence-based research and current and emerging areas of development		

Competency	Competency assurance	Evidence presented	Further ongoing action plan for developing own clinical skill and competence following peer supervision
	with dysphagia. This might include organisation of /participation in journal clubs. Critical appraisal of research to ensure that this is accessible and used by other, less experienced members of the team.		
To act as a consultative second opinion to colleagues for individuals with complex eating, drinking and swallowingneeds, by demonstrating a critical understanding of current and emerging research and best practice in EDS assessment and	eg Use an example of this aspect of your role for a reflective practice piece, demonstrating: • Your accessibility to other members of staff. • Your evidence of linking theory to practice. • Your ability to develop the knowledge and		

Competency	Competency assurance	Evidence presented	Further ongoing action plan for developing own clinical skill and competence following peer supervision
management	skills of a less experienced practitioner.		
To have a critical understanding of the principles of ethical decision-making. To act as a consultative second opinion to colleagues, regarding ethical implications issues surrounding assessment/feeding/withdrawal of feeding in individuals with dysphagia and poor prognosis To demonstrate a most-up-to date knowledge of evidence and professional guidelines from a range of professional bodies	eg Maintain an up-to-date resource of the ethical guidelines and principles for dysphagia management within you department/team and to ensure this is accessible. This should include updates from RCSLT and other related professional bodies.		
To understand the risk assessment and			

Competency	Competency assurance	Evidence presented	Further ongoing action plan for developing own clinical skill and competence following peer supervision
safeguarding processes and use this knowledge to take a lead in undertaking departmental risk assessment in relation to service provision for patients/clients with dysphagia			
4.2 Tracheostomy assessment and management consultant level			
Refer to: RCSLT Position Paper Speech and language therapy in adult critical care Refer to: RCSLT Tracheostomy Competencies			
4.3 Audit and research Consultant level			

Competency	Competency assurance	Evidence presented	Further ongoing action plan for developing own clinical skill and competence following peer supervision
To understand existing audit and research processes within the locality	eg Share evidence of audits and/or research and the results of these to form part of peer supervision		
To undertake audit and/or research, to develop and extend the level of professional knowledge and clinical expertise generally within the profession and specifically within the team			
4.4 Benchmarking consultant level			
To have a critical understanding of professional standards and codes of practice for your service area and use these in addition to evidence-based practice to take a lead role in the development, evaluation and dissemination of	eg Review of departmental policies and procedures as part of a peer supervision, identifying their links to professional standards, code of practice and evidence base		

Competency	Competency assurance	Evidence presented	Further ongoing action plan for developing own clinical skill and competence following peer supervision
departmental policies related to dysphagia			
To understand responsibilities under the current European, national and local legislation as a dysphagia consultant and use this knowledge in an active role in the strategic planning of dysphagia services on behalf of the organisation/trust, for example, with commissioners of services	eg Demonstrate evidence of an active role in strategic planning of dysphagia services, including European, national and local legislation		
4.5 Training level D			
Develop training plan and initiatives within and outside the speech and language therapy service to provide training to specialist SLTs in areas of assessment and the management of dysphagia, demonstrating critical evaluation of			

Competency	**Competency assurance**	**Evidence presented**	**Further ongoing action plan for developing own clinical skill and competence following peer supervision**
evidence to be presented Consideration of methods of learning, ensuring that knowledge acquired can be built upon to develop practice and competence			
Check point – see Appendix 1			

3 References

The key documents referred to in the development of this document were:

Boaden L, Davies S, Storey L & Watkins C. Inter-professional Dysphagia Framework (IDF). 2006.
Accessed 8 October 2013 https://www.rcslt.org/members/clinical-guidance/dysphagia/dysphagia-learning

RCSLT Advanced Studies Committee: Dysphagia Working Group (Education and Training). Recommendations for Pre- and Post-registration Dysphagia Education and Training August. 1999.

Royal College of Speech and Language Therapists. Recommendations for Pre and Post-registration Dysphagia Education and Training. RCSLT Position Paper. London: RCSLT, 1999

Appendix 1: Check point

Check point		
Student/therapist: …… Supervisor: …….. Date: ……	Dysphagia practitioner level: Level A [] Level B [] Level C Emerging [] Level C [] Level C Advanced [] Level D []	
Clinical Competencies gained since last check point eg I am able to independently take a clinical case history. I am able to observe a mealtime using an observation checklist.		

New knowledge and skills objectives eg To read about feeding techniques for children with dysphagia. To practise a supervised, swallow screening assessment.	
Self-reflection on strengths and weaknesses critical evaluation of assessment and management of individuals with dysphagia	
Feedback from supervisor	

Appendix 2: Curriculum Guidelines

The guidelines have been mapped onto the foundation and specialist levels of the Inter-professional Dysphagia Framework (IDF).

There are several important concepts embedded throughout the curriculum, including person-centred care, evidence-based practice and clinical decision-making.

1. RCSLT curriculum guideline: Knowledge of anatomy and physiology of typical eating, drinking and swallowing processes across the lifespan
a. Understanding of the anatomy and physiology of the swallowing process.
b. Understanding of the neurology and neurophysiology, including the motor and sensory innervation of swallowing and the co-ordination of respiration, swallowing and phonation.
c. Understanding of the development of the typical swallow from neonate through childhood.
d. Understanding of developmental norms for eating, drinking and swallowing.
e. Understanding of the typical adult swallow and normal variations, including impact of bolus and bolus properties on the typical swallow.
f. Knowledge of changes to eating, drinking and swallowing with typical ageing.
g. Knowledge of the importance of nutrition and hydration across the lifespan.

2. RCSLT curriculum guideline: Aetiology and resulting pathological physiology of atypical eating, drinking and swallowing
a. Knowledge of the breadth of conditions (developmental, neurological, structural) that can result in dysphagia across the lifespan, including prognostic indicators: developmental and acquired disorders (for example, cerebral palsy, cleft lip and palate, learning disabilities, neurological impairments, head and neck cancer, dementia); underlying congenital, developmental, neurological and acquired disorders that may predispose to dysphagia, knowledge of dysphagia associated with neonates.
b. Understand the impact of neurological or structural anomalies on eating, drinking and swallowing.
c. Knowledge of the signs and symptoms of dysphagia, including overt aspiration, chronic aspiration, silent aspiration, malnutrition, dehydration and autonomic stress signals.
d. Understanding of the impact of other factors on swallowing function: cognitive functioning, communicative ability, psychological state, comorbidities (eg chronic obstructive pulmonary disease), medication, behavioural issues, environmental issues, current nutrition and hydration (sensory integration).
e. Understanding and awareness of the needs of patients/ clients with complex conditions, for example, less prevalent conditions, such as Huntington's chorea, ventilator dependents and tracheostomy, and acknowledgement of the need to seek specialist advice.
f. Understanding and awareness of causes and consequences of oesophageal dysphagia as part of developing a differential diagnosis of oropharyngeal dysphagia.

3. RCSLT curriculum guideline: Impact of atypical/disordered eating, drinking and swallowing **on activity and participation, distress and wellbeing across the lifespan**
a. Understanding of the impact of dysphagia and their management on quality of life.
b. Understanding of cultural diversity and socioeconomic issues in relation to eating, drinking and swallowing.
c. Understanding of the person-centred approach to eating, drinking and swallowing assessment and management, including goal-setting, capacity, choice, risk feeding and end-of-life.

4. RCSLT curriculum guideline: Knowledge of patient/client journey from referral to leaving therapy
a. Understanding of the drivers of service delivery, for example, multidisciplinary working, caseload management issues, prioritisation, clinical guidelines, care pathways and dysphagia protocols, in a variety of patient/client groups.
b. Awareness of impact of local and current national policies.
c. Understanding client-centred goal-setting, evaluation of goals, outcome measures and issues related to end of episode of care (for example, onward referral, review process, discharge from caseload).
d. Understanding issues related to palliative care and end of life.

5. RCSLT curriculum guideline: Knowledge of risk assessments and management of risk associated with eating, drinking and swallowing
a. Knowledge of associated legal issues and the ethics of decision-making, such as, consent and capacity to consent, oral/non-oral feeding, feeding at risk and awareness of the need for multidisciplinary decision-making.
b. Awareness of related guidelines and policies, for example, local policies, child protection, vulnerable adults.
c. Knowledge of health and safety, including infection control issues and awareness of need to adhere to local policies, such as use of protective clothing. Understanding implications of infection control with regard to food hygiene, hand hygiene and repeat use of utensils for individual and person helping patient/client to eat with reference to local policies.
d. Understanding of the need to comply with local protocols to ensure understanding of eating, drinking and swallowing recommendations (that is, who to inform of recommendations and how/where to record this).
e. Knowledge of the risks to an individual's respiratory status associated with poor oral hygiene, dysphagia and aspiration.

6. RCSLT curriculum guideline: Knowledge of current approaches to assessment
a. Knowledge of how to take a detailed case history and the information-gathering process.
b. Knowledge of how to identify pertinent information from case notes, referral information and how that informs your assessment and affects the patient/client.
c. Understanding of the purpose, the value, limitations and implications of a dysphagia screen, what it comprises and who carries it out.
d. Knowledge of the range of clinical assessments, including: observation; oromotor assessment; trials of food and fluid consistencies; pulse oximetry; cervical auscultation; cough reflex testing and laryngeal palpation; mealtime assessment; and ability to select the appropriate approach for each patient/client.
e. Knowledge of pertinent diagnostic tools, for example, videofluoroscopy, fibreoptic endoscopic examination of swallowing (FEES), pH probes.
f. Understanding of how to maintain the dignity and comfort of the individual and carer, for example, appropriate dietary requirements and choices.
g. Understanding of how the facilitative techniques required by the individual affect outcomes of assessment, for example, speed of eating/drinking, presentation of meals/spoonfuls, hand over hand and prompts.
h. Knowledge of the impact of the environment to optimise patient/client's swallowing skills, for example, posture/seating, reduction of distraction, eating in social environment, utensils.
i. Understanding of the range of factors the clinician needs to consider in order to develop a working hypothesis and deliver a satisfactory diagnosis and be able to assimilate and interpret assessment results to create a working hypothesis and a differential diagnosis/description.
j. Awareness of broader considerations for assessment, for example, secretion management, choking, oxygen administration, oral/tracheal suction, basic life support and of local protocols for termination of an assessment, should an adverse situation arise.

7. RCSLT curriculum guideline: Intervention, compensation and rehabilitation with patients/ clients with dysphagia
a. Understanding of the factors that can affect the efficacy of intervention, for example, family/carers following recommendations, resources, cognition, health status, motivation etc.
b. Understanding how to accommodate the needs of the individual in order to maximise swallow function and access resources/equipment, for example, providing specialist cup or eating utensil.
c. Understanding valid consent, implied consent and expressed consent.
d. Understanding the rationale for and different methods of compensatory approaches to management: for example, modification of textures (diet and fluids), modification of bolus volume.
e. Understanding the rationale for and different types of direct therapy techniques, for example, oromotor exercises, thermotactile stimulation, Mendelsohn manoeuvre.
f. Understanding the principles and psychological impact of alternative feeding and oral versus non-oral feeding.
g. Knowledge of statutory statements, living wills, advanced directives and

	other expressions of individual wishes.
h.	Understanding how to take into consideration the individual's wishes and discussion of implications with individual/carer and team in relation to dysphagia management.
i.	Understanding the concept of onward referral: be able to identify rationale for onward referral, more detailed assessment or second opinion, know the scope of practice and level of competence and where to access support in case of change in individual's presentation.
j.	Understanding the role of multidisciplinary teams, carers and other professionals in the management and care of individuals with dysphagia.
k.	Understanding what information needs to be conveyed to the team in order to facilitate management. Be able to explain assessment choice, analysis of assessment and intervention rationale to MDT members and other parties, as appropriate.
l.	Understanding the role of the SLT in developing competencies in other carer and professional groups.
m.	Understanding the importance of evidence-based intervention strategies.
n.	Understanding the importance of considering the timing of intervention and the context, for example, acute versus chronic, readiness for therapy.
o.	Understanding how the pacing and facilitative techniques required by the individual affect swallow safety.
p.	Understanding the review mechanism.
q.	Being able to change environment to optimise patient/client's swallowing skills or know whose role it is to alter different aspects, eg occupational therapist
r.	Understanding the role and type of medical and surgical intervention, for example, fundoplication and medication for saliva management.
s.	Knowledge of how to draw up management plans that are person-centred, specific, measurable, time-framed and agreed with the patient/client, carers and team.

8. RCSLT curriculum guideline: Knowledge of outcome measurements and impact of management in eating, drinking and swallowing	
a.	Understanding of client-centred goal-setting and evaluation of intervention.
b.	Understanding the tools available for measuring outcomes and impact on quality-of-life for patients/clients and carers, for example, Therapy Outcome Measures (TOMS).
c.	Awareness of the impact of speech and language therapy using economic measures, for example, length of stay, admission avoidance.

Appendix 3: Consultation within the profession

Key members of the profession were contacted directly by email and invited to feedback on the document. This included:

- all members of RCSLT boards
- CREST representatives
- current working groups, including those working on use of electrical stimulation for treatment of dysphagia; videofluoroscopy position paper; and critical care position paper.
- 18 RCSLT advisers, which included specialists in head and neck dysphagia; paediatric dysphagia; adult dysphagia; ALD dysphagia, acute dysphagia, rehab, stroke and dysphasia post-ABI.
- contacts at relevant clinical excellence networks (CENs):
    - Dysphagia CEN Scotland
    - Medico-legal
    - Northern Ireland Adult Learning Disability SIG/CEN
    - Palliative and Supportive Care
    - Peninsula Dysphagia CEN
    - Scottish SLT Brain Injury CEN
    - South Wales Multi-disciplinary Dysphagia CEN
    - South Wales Paediatric Dysphagia SIG
    - Support Workers Interest Group (SWIG)
    - Trent Dysphagia SIG
    - West Midlands Long-term Conditions CEN
    - West Midlands Neuro Rehabilitation CEN
    - Yorkshire Adult Dysphagia
    - Yorkshire Learning Disability SIG/CEN

The wider membership was also invited to respond via alerts on social media and the RCSLT website.

84 responses were received; although limited demographic information was recorded, they included at least one student and one retired professional.

Responses were received from all 14 RCSLT Hub regions. 68 respondents provided information about where they were from; the breakdown of responses by region is below.

RCSLT Hub Region	No. of responses
Channel Islands & Isle of Man	2
East Midlands	4
East of England	6
London	7
North East	5
North West	8
Northern Ireland	5
Scotland	7
South Central	3
South East	6
South West	1
Wales	3
West Midlands	6
Yorkshire & The Humber	6

Responses were also received from members working within a range of different organisations and sectors, including:

Organisation	Sector
St Andrews Healthcare	Charity
Belfast Health and Social Care Trust	Health and Social Care
Health and Social Services Department - Guernsey	Health and Social Care
Northern Health & Social Care Trust	Health and Social Care
City University London	HEI
School of Rehabilitation Sciences, University of East Anglia	HEI
University College London	HEI
University of East Anglia	HEI
University of Essex	HEI
University of Greenwich	HEI
University of Manchester	HEI
University of Portsmouth	HEI
University of Sheffield	HEI
University of Ulster	HEI
Judith A Scolefield & Associates	Independent practice
Abertawe Bro Morgannwg University Health Board	NHS
Aintree University Hospital NHS Foundation Trust	NHS
Aneurin Bevan University Health Board Trust	NHS
Birmingham Community Healthcare NHS Trust	NHS
Central and North West London NHS Foundation Trust	NHS

Chesterfield Royal Hospital NHS Foundation Trust	NHS
City Hospitals Sunderland NHS Foundation Trust	NHS
Coventry and Warwickshire Partnership NHS Trust	NHS
Dartford, Gravesham and Swanley Learning Disability Team, Dartford and Gravesham NHS Trust	NHS
East Kent Hospitals University NHS Foundation Trust	NHS
Gloucestershire Care Services NHS Trust	NHS
Hampshire Hospitals NHS Foundation Trust	NHS
Hull & East Yorkshire Hospitals NHS Trust	NHS
Kent Community Health NHS Trust	NHS
Lancashire Care NHS Foundation Trust	NHS
Newcastle Hospitals NHS Trust	NHS
NHS Dumfries and Galloway	NHS
NHS Grampian	NHS
NHS Greater Glasgow and Clyde	NHS
NHS Lanarkshire	NHS
NHS Lothian	NHS
Norfolk and Suffolk NHS Foundation Trust	NHS
Northamptonshire Healthcare NHS Foundation Trust	NHS
Oxleas NHS Foundation Trust	NHS
Royal Wolverhampton NHS Trust	NHS
Salford Royal NHS Foundation Trust	NHS
Sheffield Teaching Hospitals NHS Foundation Trust	NHS
South West Yorkshire NHS Foundation Trust	NHS
Staffordshire and Stoke-on-Trent Partnership NHS Trust	NHS
Sussex Community NHS Trust	NHS
Sussex Partnership NHS Foundation Trust	NHS
Tees, Esk and Wear Valleys NHS Foundation Trust	NHS
University Hospital of South Manchester NHS Foundation Trust	NHS
Whittington NHS Trust	NHS
Worcestershire Health and Care NHS Trust	NHS
Virgincare	Private healthcare provider
Anglian Community Enterprise	Social enterprise
Provide	Social enterprise
Quest Training	Training provider

Appendix 4: Wider stakeholder consultation

The working group identified a list of external stakeholders who should be invited to feedback on the document prior to publication. The following stakeholders were invited to respond to the consultation:

Stakeholder	**Stakeholder type**
Royal College of Paediatrics and Child Health	Professional body
Chartered Society of Physiotherapy*	Professional body
National Stroke Nursing Forum	Professional body
Royal College of Nursing	Professional body
Association of British Neurologists	Professional body
British Dietetic Association*	Professional body
British Society of Gastroenterology	Professional body
British Association of Otorhinolaryngologists, Head and Neck Surgeons (ENT UK)	Professional body
British Society of Rehabilitation Medicine	Professional body
Royal College of Physicians*	Professional body
College of Occupational Therapists*	Professional body
Care Council for Wales	Regulator
Carers UK	Third sector / Service user
BAPEN	Third sector / Service user
Parkinson's UK	Third sector / Service user
Brain Injury Rehabilitation Trust	Third sector / Service user
Motor Neurone Disease Association	Third sector / Service user
ENABLE Scotland	Third sector / Service user
The Stroke Association	Third sector / Service user
The Scottish Intercollegiate Guidelines Network (SIGN)	Other
David Smithard* (consultant physician specialising in Stroke rehabilitation and dysphagia)	Other

*Response received