Eating, Drinking and Swallowing Disorders (Dysphagia)

Version 1, 2014

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

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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; managers; postgraduate training providers; students; clinicians; and clinical leaders.
The document will help to guide services, ensuring that at the point of delivery patients/service users 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 speech and language therapists in their job descriptions.**

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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1. Introduction

Assessing and managing clients with eating, drinking and swallowing (EDS) disorders (dysphagia), resulting from a range of aetiologies, is a core role of the speech and language therapist. 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 with dysphagia across the patient age range, from neonates to end of life, regardless of presenting conditions.

Dysphagia is a symptom of 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 fatal consequences.

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 were 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 updates the 1999 guidance.

Context for education and training of the SLT workforce

The SLT's role in dysphagia is central. In an increasingly competitive health market it is important that we continue to clarify this role and our skills in dysphagia. Furthermore we must review the way in which we equip ourselves to meet the needs of patients, 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, at every point in an SLT's career pathway we must be able to evaluate their knowledge, skills and experience in a clear and recognisable format.

RCSLT's vision is that NQPs will leave higher education institutions (HEIs) with comparable knowledge and demonstrable skills in dysphagia. Clinical placements must support teaching with observational and practical experience with dysphagic clients. 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.

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 must 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, from the earliest stage of an SLT's career to the most advanced or senior level.

Currently, student SLTs receive theoretical training in dysphagia during their training with HEIs (RCSLT, 1999), though there can be some variation in content. However, on clinical placement opportunities for clinical experience with dysphagic clients can be very different. This new document will give guidance on curriculum content for HEIs. It will also provide tools to document competencies gained across the SLT's career, with guidance for SLTs and employers alike, regarding skills development.

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

The Pre-registration education standards that HEIs are expected to achieve with their students will be summarised in accompanying curriculum guidelines (See Section 2 of this document), though specific, detailed syllabus content will not be prescribed. Post-registration options, including advanced academic programmes and options for continuing education, will be signposted via the RCSLT website as they arise.

The role of the SLT in interdisciplinary teams is crucial, given the multifactorial causes and nature of swallowing disorders. Skills and competencies for such work will be addressed, as will the requirements for our role as patient advocates and clinical educators to those outside of SLT. This document will not address training or competency requirements for non-SLT professionals.

Key objectives of this document

- To provide a framework, bringing together knowledge, skills and practical competencies for use throughout the SLT's career, from student to 'expert'
- To provide a framework to guide the development and boundaries of SLT assistant roles in dysphagia.
- To provide a transparent document that readily allows alignment with international SLT organisations.

How should this document be used?

NQPs in the UK leave their pre-registration SLT courses with theoretical knowledge of the anatomy and physiology of the swallowing process and of issues related to dysphagia, which equates to a specialist level of knowledge as outlined in the Interprofessional Dysphagia Framework (Boaden et al, 2006). While on clinical placement, NQPs 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 competency framework (See section 3 of this document) that accompanies this document is designed to identify the clinical competence of students and qualified SLTs working with dysphagic clients. 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.

Current approaches to curriculum and assessment may differ across the 18 HEIs in the UK that offer pre-registration SLT courses. 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.

Issues for consideration

- Complexity of patients

It is not considered necessary for this document to demarcate what makes a patient complex or non-complex. It is likely that all patients are complex at some point. Factors that contribute to this complexity include: illness and stage of illness; multiple co-morbidities; emotional and psychological issues; and personal circumstances. Other factors may include the wishes and beliefs of the patient's family and carers, and the environment. Moreover there may be added complexity if the multidisciplinary team (MDT) is fragmented and disparate. It is often the management and environment, rather than the patient 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.

- Supervision

It is essential that at every level, throughout his or her entire career, the SLT working with dysphagic clients receive regular, dedicated supervision. 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 strongly recommended that the junior SLT be supervised by a more senior colleague.

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 finding appropriate supervisory arrangements but nevertheless should not undertake clinical work in dysphagia without supervision. Members of the SLT 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 and themselves.

- Multidisciplinary team working

The patient with dysphagia can rarely be considered a straightforward case. Dysphagia is always secondary to another primary condition. For this reason the patient will need intervention from a range of practitioners within the multidisciplinary 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 SLT workforce operate within a multidisciplinary environment: consulting MDT colleagues throughout the assessment, treatment and monitoring phases; taking information to inform SLT intervention; and providing important information to the MDT. Where the MDT is fragmented or disparate, the SLT professional has a duty to seek out relevant professionals and engage in communication with them for the benefit and seamless treatment of the patient.

- Evidence-based practice and CPD

Evidence-based practice and continuing professional development are the cornerstones of good quality healthcare. SLT professionals have a duty continually to reflect on and review their work, identifying areas of their own good practice and areas for development. SLT 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-centred care.

- Transferrable skills

The documents produced here recognise that many of the skills an SLT develops in dysphagia will be transferrable. It allows SLTs to move between posts and to offer safe and effective interventions to patients without undertaking unnecessary additional training. It is important the SLT documents his or her knowledge and skills carefully, using the accompanying matrix (See section 3 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 patient group. Job roles and responsibilities should be negotiated with employers and managers carefully, using evidence from their CPD portfolio to support this discussion.

- Clinical placements

Historically, in some cases supervisors have been reticent in offering clinical placements for students that include working with dysphagic clients. RCSLT recognises that in order to equip NQPs to enter the workforce they must have experience working with dysphagic patients, which supports the teaching they have received in HEIs. Placement supervisors should ensure that student SLTs receive opportunities to

observe clinicians working with dysphagic 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 dysphagic clients 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.

- Competency to practise

Particular care should be exercised in respect of NQPs working with people with dysphagia. NQPs 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 dysphagic clients 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 framework developed in this document.

The 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 clients. Competency acquisition and maintenance can then be based on review of the 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 IDF rather than in the context of Specialist SLT specified in the Competency Framework.

- How and where can competencies be obtained, maintained and developed?

All HEI curricula will be developed from the same guidance, so undergraduates will be taught very similar content. This may 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 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 a SLT develop in-line with the needs of the clinician, patients and employers.

- How should SLTs record these competencies in a consistent manner?

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

2. Curriculum Guidelines

Key to the guidelines:
The guidelines have been mapped on to the foundation (F) and specialist (S) levels of the Interprofessional Dysphagia Framework (IDF).

Theory felt to be important but not integral to the expected knowledge level of an NQP is in grey.

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 (EDS) processes across the lifespan (IDF S13)**
a.	Understanding of the anatomy and physiology of the swallowing process.
b.	Understanding of the typical adult swallow and normal variations, including impact of bolus and bolus properties on the typical swallow.
c.	Understanding of the neurology and neurophysiology, including the motor and sensory innervation of swallowing and the co-ordination of respiration, swallowing and phonation.
d.	Understanding of the development of the typical swallow from neonate through childhood.
e.	Understanding of developmental norms for eating, drinking and swallowing.
f.	Knowledge of changes to EDS 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 (IDF-F13b)**
a.	Knowledge of the breadth of conditions (developmental, neurological, structural) that can result in EDS disorders 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, neonates, dementia); underlying congenital, developmental, neurological and acquired disorders that may predispose to dysphagia (IDF -F13b) (IDF S 13b).
b.	Understand the impact of neurological or structural anomalies on EDS, for example, of damage to hypoglossal nerve to oral-pharyngeal swallowing.
c.	Knowledge of the signs and symptoms of atypical/disordered EDS (also in IDF-F13d) (IDF S13), including overt aspiration, chronic aspiration, silent aspiration, malnutrition, dehydration and autonomic stress signals (IDF-F13d) (IDF S13c).
d.	Understanding of the impact of other factors on swallowing function: cognitive functioning, communicative ability, psychological state, comorbidities (eg COPD), medication, behavioural issues, environmental issues, current nutrition and hydration (IDF – F 13b) (IDF S13b), (sensory integration) (IDF12).
e.	Understanding and awareness of the needs of clients with complex conditions, for example, less prevalent conditions, such as Huntington's chorea, ventilator dependents and tracheostomy.

3.	**RCSLT curriculum guideline: Impact of atypical/disordered EDS on body function and structure, activity and participation, distress and wellbeing across the lifespan**
a.	Understanding of the impact of EDS disorders and their management on quality of life.

b. Understanding of cultural diversity and socioeconomic issues in relation to EDS (IDF-F3).
c. Understanding of the person-centred approach to EDS assessment and management, including goal-setting, capacity, choice, risk feeding and end-of-life.

4. RCSLT curriculum guideline: Knowledge of client journey from referral to leaving therapy
a. Understanding of the drivers of service delivery, for example, multi-disciplinary working, caseload management issues, prioritization, clinical guidelines, care pathways and dysphagia protocols, in a variety of 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 (IDF- F 19), 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 EDS**
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 (IDF S5) and awareness of the need for multidisciplinary decision-making.
b. Awareness of related guidelines and policies, for example, local policies, child protection, vulnerable adults.
a. Knowledge of health and safety, including infection control issues (IDF S10b) and awareness of need to adhere to local policies, such as use of protective clothing (IDF-F10 c) (IDF S10c). Understanding implications of infection control with regard to food hygiene, hand hygiene and repeat use of utensils for individual and person helping client to eat with reference to local policies (IDF – F10b) (IDF S10b).
c. Understanding of the need to comply with local protocols to ensure understanding of EDS recommendations (IDF – F16) (that is, who to inform of recommendations and how/where to record this).

6. **RCSLT curriculum guideline: Knowledge of current approaches to assessment (IDF S10, 11, 12, 13, 14, 15, 16, 17)**
b. Knowledge of how to take a detailed case history and the information-gathering process (IDF S2).
c. Knowledge of how to identify pertinent information from case notes, referral information and how that informs your assessment and affects the client (IDF- F2).
d. Understanding of the purpose, the value, limitations and implications of a dysphagia screening assessment, what it comprises and who carries it out.
e. 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 client (IDF S13).
f. Knowledge of pertinent diagnostic tools, for example, videofluoroscopy, fibreoptic endoscopic examination of swallowing (FEES), pH probes (IDF-S14a).
g. Understanding of how to maintain the dignity and comfort of the individual and carer, for example, appropriate dietary requirements and choices (IDF – F10a) (IDF S10a).
h. Understanding of how the facilitative techniques required by the individual affect outcomes of assessment (IDF – F11), for example, speed of eating/drinking, presentation of meals/spoonfuls, hand over hand and prompts.
i. Knowledge of the impact of the environment to optimize client's swallowing skills (IDF –

	F9), for example, posture/seating, reduction of distraction, eating in social environment, utensils.
j.	Understanding of the range of factors the clinician needs to consider in order to develop a working hypothesis and deliver a satisfactory diagnosis (IDF-S16b) and be able to assimilate and interpret assessment results to create a working hypotheses and a differential diagnosis/description.
k.	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 (IDF – F14) (IDF S15).
7.	**RCSLT curriculum guideline: Intervention, compensation and rehabilitation with clients with EDS disorders (IDF S18)**
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 maximize swallow function and access resources/equipment, for example, providing specialist cup or eating utensils (IDF – F12). Understanding valid consent, implied consent and expressed consent (IDF – F5a).
c.	Understanding the rationale for and different methods of compensatory approaches to management: for example, modification of textures (diet and fluids), modification of bolus volume.
d.	Understanding the rationale for and different types of direct therapy techniques, for example, oromotor exercises, thermotactile stimulation, Mendelsohn manoeuvre.
e.	Understanding the principles and psychological impact of alternative feeding and oral versus non-oral feeding.
f.	Knowledge of statutory statements, living wills, advanced directives and other expressions of individual wishes (IDF – F5c).
g.	Understanding how to take into consideration the individual's wishes and discussion of implications with individual/carer and team in relation to dysphagia management (IDF – S17).
h.	Understanding the concept of onward referral: be able to identify rationale for onward referral, more detailed assessment or second opinion (IDF S24/ 25), know the scope of practice and level of competence (IDF-F7 IDF- F17) and where to access support in case of change in individual's presentation.
i.	Understanding the role of MDTs, carers and other professionals in the management and care of individuals with EDS disorders (IDF – F22) (IDF S4, 17).
j.	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 (IDF – F18, IDF S 4, 16, 17).
k.	Understanding the role of the SLT in developing competencies in other carer and professional groups (also IDF – F23) (IDF S26, 27, 28).
l.	Understanding the importance of evidence-based intervention strategies.
m.	Understanding the importance of considering the timing of intervention and the context, for example, acute versus chronic, readiness for therapy.
n.	Understanding how the pacing and facilitative techniques required by the individual affect outcomes of assessment (IDF – F11).
o.	Understanding the review mechanism (IDF – F19).
p.	Being able to change environment to optimize client's swallowing skills (IDF – F9).
q.	Understanding the role and type of medical and surgical intervention, for example, fundoplication and medication for saliva management.
r.	Knowledge of how to draw up management plans that are person-centred, specific, measurable, time-framed and agreed with the client, carers and team (IDF S20).

8. **RCSCLT curriculum guideline: Knowledge of outcome measurements and impact of management in EDS**
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 clients and carers, for example, TOMS.
c. Awareness of the impact of SLT using economic measures, for example,length of stay, admission avoidance.

3. Skills and Competencies

Introduction to the RCSLT eating, drinking and swallowing competency framework

Purpose

As with all professional practice speech and language therapists (SLT) 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.'

In 2013 the RCSLT recognised the need to update current guidance regarding the training of SLTs in the assessment and interventions for children and adults who present with dysphagia. It was recognised that there were many different and valuable tools currently used across the profession. However a consistent framework was necessary to enable SLTs to move from one job role to another across a variety of settings at both pre- and post-registration.

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

The RCSLT Eating, Drinking and Swallowing competency framework used the IDF as a basis for its development. This decision was taken since the IDF was a widely known and used document, developed after consultation within and beyond our own profession. The competency framework uses the levels 'assistant', 'foundation', 'specialist' and 'consultant', following the terminology of the IDF and **not in-line with job descriptions**.

The new competency framework is hierarchical: each level is built upon the foundations of the one below it. For this reason the levels of assistant and foundation are much longer, whereas the consultant level 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 must be clear only to work within his or her current competence at each level. The clinician must 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.

The 'Checkpoint' is a useful tool for documenting workplace competencies and learning objectives.

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 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.

Who is the competency framework for?

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

Pre-registration knowledge base

As part of this competency framework, dysphagia knowledge and skills taught at HEIs have been reviewed and standardised. It is envisioned that from (date to be confirmed) all new SLTs will gain similar knowledge to a 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. It is the responsibility of the student SLT to populate the 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.

How should the competency framework be used?

Since there will be one 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.

Pre-registration

Students should be introduced to the 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.

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 framework.

As with all aspects of the SLT role the individual SLT bears responsibility for his or her own competence. It may be appropriate therefore for SLTs who haven't 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 clients with dysphagia would have been signed off at the specialist level.

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

Throughout the 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.

Guidance for supervisors

As with all professional practice, supervisors should ensure that they comply with HCPC standards of proficiency and practise 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 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 specialist level; however, it is recognised that many supervisors will have achieved their competence before this 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 framework.

The supervisor role and the signing-off of the framework are very important. It is emphasized 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 framework the supervisor is signing that s/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 s/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 framework documentation and notes of all aspects of the competence framework that they sign for others, so that they have a clear record.

7) Case study examples/evaluations are provided to assist with marking written work. Since the 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) It would be good practice for supervisors to have undertaken training in the supervision of others.

9) It would be good practice for all supervisors themselves to be in receipt of formal, individual and peer supervision within this clinical area.

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

Guidance for Employers

The 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 dysphagic patients 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 organization, 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 that 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 that there is appropriate supervision in place for the supervisor.

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

RCSLT eating, drinking and swallowing competency framework

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 EDS 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 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 EDS difficulties. 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.

Name .....

Clinical caseload/client group .....

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
1.0 Information Assistant Level					
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 EDS 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 EDS management plan and how to obtain this information in a sensitive manner					
Understand how to accommodate the needs of the individual in order to					

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
maximise optimum swallow function, eg use specialist cup or eating utensils as specified in plan					
Practical competencies	eg Independently take a case history from written and verbal sources, of a client relevant to your clinical area				
Have an appreciation of relevant information not detailed in the EDS 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.					

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
• Communication abilities. • Behavioural issues. • Ethical/legal issues.					
Obtain additional information from the individual, relatives or parents/carers. 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. This may include: • General health. • Current diagnosis and prognosis. • Communication. • Development level. • Environment. • Physical, emotional and psychological support. • Variability.					

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
• 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. • Awareness of resources/equipment available.					
Communicate to individual, parents/carers and relevant professional the component parts of the EDS management plan, explaining the rationale for their use, timing and potential outcomes					
1.1 Communication and Consent Assistant Level					
Knowledge of Health and Safety Aspects	eg RCSLT Communicating Quality is a good source of information about consent				
Understand the principles of valid					

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
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 relevant to your 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					

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
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 MDT team					
1.2 Environment Assistant Level					
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 client group				
Have an appreciation of how the environment affects the feeder's/individual's posture, muscle tone, mood and ability to participate in eating and drinking. This may include: • The individual's privacy and dignity. • Lighting. • Heating. • Environmental stimulus, eg					

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
distractions, odours. • Position and behaviour of feeder.					
Understand how the support required by the feeder/individual impacts upon the swallow function and how to affect change in order to optimize the individual's eating and drinking efficiency and swallowing skills					
Practical competencies	eg Complete an observation checklist of a client at mealtime				
Ensure the environment is conducive to oral intake, with consideration for the feeder/individual's privacy and dignity. You should consider: • L ighting. • H eating. • E nvironment stimuli, eg distractions. • P osition and behaviour of feeder.					
Ensure the feeder/individual has the appropriate support. You should					

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
consider: • Resources/equipment required/available. • 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, ie 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 EDS Management Plan Assistant Level					

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
Knowledge of Health and Safety Aspects	eg Attend lectures or be guided to reading about normal swallowing Most organisations will have mandatory training modules coving infection control procedures.				
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 EDS, eg provide specialist cup or eating utensils					

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
Understand the component parts of the EDS 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 EDS skills					
Knowledge of the anatomy and physiology of swallowing pertinent to your clinical caseload					
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				

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
	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 EDS plan					
Ensure optimum feeding conditions. These may include: • Levels of alertness. • Effects of medication. • Agitation. • 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.					

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
• 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 EDS 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/co-operation					
Terminate eating/drinking 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.					

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
• Basic life support.					
Seek support if there is a change in the individual's presentation					
1.4 Documentation Assistant Level					
Knowledge of Health and Safety Aspects	eg Most organisations will have mandatory training modules covering record-keeping. RCSLT Communicating Quality 3 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 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-					

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
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 EDS management plan and record areas of progress and specific difficulties arising, in order to assist in the review process		4.			
Monitor and record amount of food and drink taken; this may include secretion loss					
Keep accurate, legible and contemporaneous records					
Competency Assurance Assistant Level	Complete a case report outlining the potential risks to health and safety based on history, mealtime observation and				

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
	review of management plan. Link to case study evaluation.				
Check Point Link to check point document					

RCSLT eating, drinking and swallowing competency framework

Foundation Dysphagia Practitioner

The foundation dysphagia practitioner can demonstrate acceptable performance undertaking a protocol-guided assessment of EDS.

S/he will identify presenting signs and symptoms and undertake a protocol-guided assessment of EDS difficulties. S/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. S/he is will be able to initiate and implement the actions dictated by protocol and disseminate this information to the individual, parent/carers and team. S/he will demonstrate knowledge and understanding of relevant policies, procedures and guidelines.

A protocol-guided EDS 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, s/he is able to observe clients who are already eating and drinking and then report back to senior practitioners.

Name .....

Clinical caseload/client group .....

Foundation Dysphagia Practitioner Information

Learning Task	Suggested Learning Task	Evidence	Date completed supervised	Date completed independently	Supervisor sign off
2.0 Information Foundation Level					
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 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 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: • everity of the individual's needs. • ndividual's risk of fatigue. • ydration and nutrition state. • hoking risk. • espiratory status. • otential for fluctuating or deterioration in condition. • otential risks and difficulties for individual and/or parent/carers and/or feeders. • afeguarding concerns.					
Obtain relevant information, assessments and management decision from other professionals. This may include: • hysical state and potential for fluctuation/deterioration					

in condition. • edical diagnosis and state. • sychological state. • ognition/general development. • erceptual deficit. • hest status. • ood. • ensory integration difficulties. • osture. • evel of alertness • ral hygiene. • aliva control. • ydration and nutrition state. • ommunicative abilities. • ehavioural issues.					

• thical/legal issues.					
Obtain additional information from the individual, relatives or carers/parents in a sensitive manner. This may include: • istory and onset of presenting difficulties. • ndividual's and parents/carers' perceptions, concerns, priorities and compliance. • otential risk and difficulties for individual and/or parents/carers. • ietary preferences. • eeding history. • ultural awareness. • ealtime environment. • llergies.					
Inform individual, parents/carers and relevant professionals of the assessment components, explaining the rationale for their use, timing					

and potential outcomes, paying due regard to end-of-life/quality of life issues and the dying process					
2.1 Communication and Consent Foundation Level					
Knowledge of environmental factors involved in swallowing assessment	eg Read local mandatory training, policies and procedures; this information is also available in Communicating Quality 3				
Understand legislation, 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 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 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 Foundation Level					
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	5.			
Understand how the environment impacts upon EDS function and how to affect change in order to optimize the individual's eating and drinking efficiency and swallowing skills					
Understand how the support required by the individual impacts upon EDS function and 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. • Familiarity of feeder. • Feeding routine. • Oral hygiene. • Food preferences. • Utensils, cutlery and feeding aids. • Sensory aids, ie 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 Foundation Level					
Knowledge of Health and Safety Aspects	eg Read local infection control policies				
Understand how to maintain the dignity and comfort of the 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 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 EDS, including: • Underlying congenital, developmental, neurological and acquired disorders that may predispose dysphagia. • Longstanding but functional, abnormal eating and swallowing patterns, eg adapted and compensatory swallow physiology. • Medical condition. • Medication. • Physical condition, ie sensory and postural state. • Cognitive functioning. • Psychological state. • Behavioural issues. • Environmental issues.					
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 for termination of an assessment should an 'adverse situation' arise					
Understand that information must 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 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. • Functional capacity, ie 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 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					
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 Foundation Level					
Theoretical Knowledge	eg Read local referral procedures and section on referral in RCSLT Communicating Quality 3. 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 provide more detailed assessments					
Implement local referral procedures to relevant professionals					
2.5 Training Foundation Level					
Theoretical Knowledge	eg Be aware of and practise with your supervisor completing relevant paperwork/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 EDS management plan					
2.6 Additional Professional Role Foundation Level					
Theoretical Knowledge	eg Be familiar with your job description and any local service delivery policies. Patient information leaflets on websites are also useful sources of information. Find out about the role of other team members in EDS management.				
Understand your contribution to team discussions, regarding delivery of EDS services specific to your locality					
Practical competencies	eg Identify opportunities for peer case discussion				
Contribute to team discussions regarding the delivery of EDS services specific to your locality					

Competency Assurance Foundation Level	Complete a case report describing a protocol-guided assessment/observation schedule carried out and the rationale behind your protocol-guided actions Link to case study evaluation				
Check Point Link to check point document					

RCSLT eating, drinking and swallowing competency framework

Specialist Level Dysphagia Practitioner

The Specialist Dysphagia Practitioner can demonstrate competent performance in the assessment and management of eating, drinking and swallowing (EDS), working autonomously with clients. S/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 s/he will utilise a range of assessment techniques, based on current research/best practice and any relevant policies, procedures and guidelines. The Specialist 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. S/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 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 about competency, this level has been sub-divided into Emerging Specialist, Specialist and Highly Specialist Levels.

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 Specialist Level			
Theoretical knowledge	eg This section can only be completed by a qualified Speech and Language Therapist. 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 EDS, including: • Anatomical structures involved in the process of EDS. • Physiology of sucking, eating/drinking and swallowing. • Neurology of feeding and 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 EDS, including: • Underlying congenital, developmental (including prematurity), neurological and acquired disorders that may predispose EDS difficulties. • Longstanding but functional, abnormal feeding and swallowing patterns, eg adapted and compensatory swallow physiology. • Medical condition. • Medication. • Physical condition, ie sensory and postural state. • Cognitive functioning and developmental stage. • Sensory integration. • Psychological state. • Behavioural issues. • Environmental issues. • Nutrition.			

• Hydration.			
Understand the signs of abnormal EDS, 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 EDS difficulties, eg VFS, FEES, cervical auscultation			
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 5 patients, fully supervised and reflecting back to your supervisor. Your reflection should include a summary of your assessment and rationale for recommendations made. Consider all aspects below.	eg Write a reflective log or discuss with your supervisor the suitability of a client from your caseload for VFS/ FEES: pros and cons. eg Choose a condition relevant to your clinical caseload. Is there a website associated with your chosen condition that	eg Complete a literature search in relation to your clinical caseload. How does your research relate to your management plan? Carry out a short presentation at your team in-service training session. eg Encourage evidence-based practice in your team, for example, with a journal club

		provides patient 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 with this condition in your caseload?	
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.			

• 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 behavior.			
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).			
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 EDS Management Plan Specialist Level			
Theoretical Knowledge	eg Consider with your supervisor the patients 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 the aim of your review be?	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.
Recognise the need for a detailed EDS management plan, based upon consideration of the information and results obtained during the assessment process			

Understand the component parts of the EDS 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 practice and level of competence			
Practical Competencies	Write a full case study outlining your assessment procedure, decision-making process, recommendations made and care plan. Include the rationale behind both your	Eg Contribute to team discussions regarding the ethical implications/issues surrounding assessment/feeding/withdrawal of feeding in	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

	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? Link to Case Study Evaluation	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	

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 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 EDS 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 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 **Link to checkpoint document**			.

RCSLT eating, drinking and swallowing competency framework

Consultant Level Dysphagia Practitioner

A person working at this level will be carrying a caseload predominantly working with people who have eating, drinking and swallowing disorders (EDS). S/he will usually be in a post band 8A or above. S/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 EDS developments. S/he will seek out and respond to opportunities to further EDS knowledge and management within the wider profession, working on or contributing to EDS-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). S/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 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.

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 Consultant Level			
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 available, the consultant should maintain an up-to-date knowledge of applicability, rationale for	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

use and pathway to access for clients.			
Cervical auscultation Link to Quest self-directed learning			
Pulse oximetry			
Fibreoptic Endoscopic Evaluation of Swallowing (FEES) Link to RCSLT position paper			
Fibreoptic endoscopic evaluation of sensory testing (FEEST)			
Videofluoroscopic Swallow Study (VFSS) Link to RCSLT position paper			
Ultrasound			
Scintigraphy			
Manometry			
Electromyography			
Neuro-muscular electrical stimulation 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 clients and relatives).			
4.1 Assessment and Management Consultant Level	eg Maintain an up-to-date knowledge resource within the team or department of evidence-based research and current and emerging areas of development with EDS. 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 EDS needs, by demonstrating a critical understanding of current and emerging research and	eg Use an example of this aspect of your role for a reflective practice piece, demonstrating: • Your accessibility to other members of staff.		

best practice in EDS assessment and management	• Your evidence of linking theory to practice. • Your ability to develop the knowledge and 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 EDS difficulties 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 EDS 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 safeguarding processes and use this knowledge to take a lead in undertaking departmental risk assessment in relation to service provision for EDS clients			
4.2 Tracheostomy Assessment and Management Consultant Level			
Refer to RCSLT Critical Care Competencies Link to RCSLT position paper			
4.3 Audit and Research Consultant Level			
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 departmental policies related to EDS	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		
To understand responsibilities under the current European national and local legislation as an EDS consultant and use this knowledge in an active role in the strategic planning of EDS services on behalf of the organisation/trust, for example, with commissioners of services	eg Demonstrate evidence of an active role in strategic planning of EDS services, including European, national and local legislation		
4.5 Training Consultant Level			

To provide training to specialist SLTs in areas of assessment and the management of EDS, demonstrating critical evaluation of evidence to be presented Consideration of methods of learning, ensuring that knowledge acquired can be built upon to develop practice and competence			
Check point **Link to check point document**			

Check point document

Check point		
Student/Therapist: …… Supervisor: …….. Date: ……	**Dysphagia Practitioner Level:** **Assistant []** **Foundation []** **Emerging Specialist []** **Specialist []** **Highly Specialist []** **Consultant []**	
Clinical Competencies gained since last checkpoint 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 eating and drinking disorders. To practise a supervised, swallow screening assessment.	
Self-reflection on strengths and weaknesses	
Feedback from Supervisor	

4. References

Boaden L, Davies S, Storey L & Watkins C. Interprofessional Dysphagia Framework (IDF). 2006.
Accessed 8 October 2013
http://www.rcslt.org/members/publications/publications2/Framework_pdf

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