

Council, 17 October 2013

Results of profession-specific standards of proficiency consultation for speech and language therapists

Executive summary and recommendations

### **Introduction**

We are currently reviewing the profession-specific standards of proficiency for the professions we regulate. The review of the profession-specific standards follows from the Council's approval of new generic standards of proficiency in March 2011.

To ensure the process is manageable, we are reviewing the profession-specific standards in small groups of professions at a time. At the start of each review, we contact each of the professional bodies for the relevant professions and ask for their suggestions on any changes that they consider necessary. We then use their suggestions to revise the standards for public consultation.

Following a review of the standards by the Royal College of Speech and Language Therapists, we publically consulted on the draft standards for speech and language therapists between 5 April and 28 June 2013.

Decisions on the revision of the standards post-consultation were informed by the speech and language therapist members of the Education and Training Committee and Council.

The attached consultation response analysis and revised draft standards of proficiency for speech and language therapists were considered and recommended to Council by the Education and Training Committee at its meeting in September 2013. The attached papers are for the Council's consideration and approval for publication.

### **Decision**

The Council is invited to:

- discuss the attached paper;
- agree the revised standards of proficiency for speech and language therapists as set out in appendix one (subject to minor editing amendments and formal legal scrutiny); and,

- agree the text of the consultation analysis document (subject to minor editing amendments and formal legal scrutiny).

### **Background information**

- Paper agreed by Council on 27 March 2013 (enclosure 12 at: <http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=634>)
- Paper agreed by Council on 31 March 2011 (enclosure 6 at: [www.hpc-uk.org/aboutus/committees/archive/index.asp?id=533](http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=533))

### **Resource implications**

The resource implications of this round of consultation are accounted for in the Policy and Standards Department planning for 2013/14. The resource implications of the ongoing process of review and eventual publication of the revised standards of proficiency have been taken into account in the Policy and Standards workplan for 2013/14, and will continue to be taken into account in future years.

### **Financial implications**

The financial implications include the costs associated with a series of public consultations on new draft standards and publication of new standards for 15 professions. These costs are accounted in department planning for 2013/14. We anticipate further costs in 2014/15 for further consultations and publication of further revised standards.

### **Appendices**

- Appendix one: Revised standards of proficiency for speech and language therapists following the consultation
- Appendix two: List of additional standards suggested by respondents to the consultation
- Appendix three: List of amendments to the standards suggested by respondents to the consultation

### **Date of paper**

07 October 2013

## **Consultation on proposed profession-specific standards of proficiency for speech and language therapists**

Analysis of responses to the consultation on proposed profession-specific standards of proficiency for speech and language therapists and our decisions as a result.

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# 1. Introduction

## About the consultation

- 1.1 We consulted between 5 April and 28 June 2013 on proposed changes to the profession-specific standards of proficiency for speech and language therapists.
- 1.2 The standards of proficiency set out what we expect professionals on our Register to know, understand, and be able to do when they apply to join our Register. We consulted on proposed changes to the standards as part of our regular periodic review of the standards.
- 1.3 We informed a range of stakeholders about the consultation, including professional bodies, employers, and education and training providers, advertised the consultation on our website, and issued a press release.
- 1.4 We would like to thank all those who took the time to respond to the consultation. The consultation document and a copy of this responses document can be downloaded from our website: [www.hcpc-uk.org/aboutus/consultations/closed](http://www.hcpc-uk.org/aboutus/consultations/closed)

## About us

- 1.5 We are a regulator and we were set up to protect the public. To do this we keep a register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants'.
- 1.6 We currently regulate 16 professions:
  - Arts therapists
  - Biomedical scientists
  - Chiropodists / podiatrists
  - Clinical scientists
  - Dietitians
  - Hearing aid dispensers
  - Occupational therapists
  - Operating department practitioners
  - Orthoptists
  - Paramedics
  - Physiotherapists
  - Practitioner psychologists
  - Prosthetists / orthotists
  - Radiographers
  - Social workers in England
  - Speech and language therapists

## Reviewing the standards of proficiency

- 1.7 The standards of proficiency for speech and language therapists are designed to set out safe and effective practice in the profession. They do so by describing what professionals must know, understand and be able to do in order to apply to join our Register.
- 1.8 The standards play an important role in public protection. When a professional applies for or renews their registration, or if concerns are raised about their competence while they are registered with us, we use the standards of proficiency in checking whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.
- 1.9 The standards of proficiency are divided into generic standards, which apply to all the professions on our register, and standards specific to each individual profession. Under the new structure, most of the standards of proficiency will be profession-specific, listed under the 15 new generic standards.
- 1.10 The purpose of the generic standards is to recognise commonality across all the professions, while the purpose of profession-specific standards is to set out additional standards for speech and language therapy related to the generic standard.
- 1.11 We consulted on changes to the generic standards of proficiency between July and October 2010. The new generic standards have now been agreed by our Council and were not the subject of this consultation.
- 1.12 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. We regularly review the standards of proficiency to:
  - reflect current practice or changes in the scope of practice of each profession;
  - update the language where needed, to ensure it is relevant to the practice of each profession and to reflect current terminology;
  - reflect the standard content of pre-registration education programmes;
  - clarify the intention of existing standards; and
  - correct omissions or avoid duplication.
- 1.13 Our initial revision of the profession-specific standards was informed by discussion with the Royal College of Speech and Language Therapists (RCSLT). We then publically consulted on these draft revisions.
- 1.14 In consulting on proposed changes to the standards, we asked stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency and whether other changes were necessary, as set out in the pages to follow.

1.15 Once the final sets of standards are approved, they will be published. We will then work with education providers to gradually phase-in the new standards after they are published.

## About this document

1.16 This document summarises the responses we received to the consultation. The results of this consultation will be used to revise the proposed standards of proficiency for speech and language therapists.

1.17 The document is divided into the following sections.

- **Section two** explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
- **Section three** summarises the general comments we received in response to the consultation.
- **Section four** outlines the comments we received in relation to specific questions within the consultation.
- **Section five** outlines our responses to the comments we received and the changes we are making as a result.
- **Section six** lists the organisations which responded to the consultation.

1.18 This paper also has three appendices.

- Appendix one lists the standards after consultation (subject to minor editing amendments and legal scrutiny).
- Appendix two lists all the comments we received suggesting additional standards.
- Appendix three lists all the comments we received suggesting amendments to the drafted standards.

1.19 In this document 'we', 'us' and 'our' are references to the HCPC.

## **2. Analysing your responses**

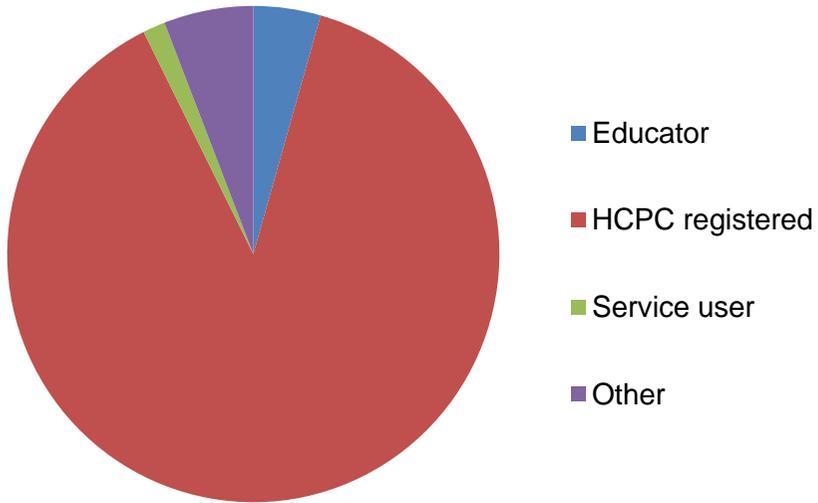
- 2.1 Now the consultation has ended, we have analysed all the responses we received. Whilst we cannot include all of the responses in this document, a summary of responses can be found in sections three and four.

### **Method of recording and analysis**

- 2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. yes; no; partly; don't know). Where we received responses by email or by letter, we recorded each response in a similar manner.
- 2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of comments made by respondents.

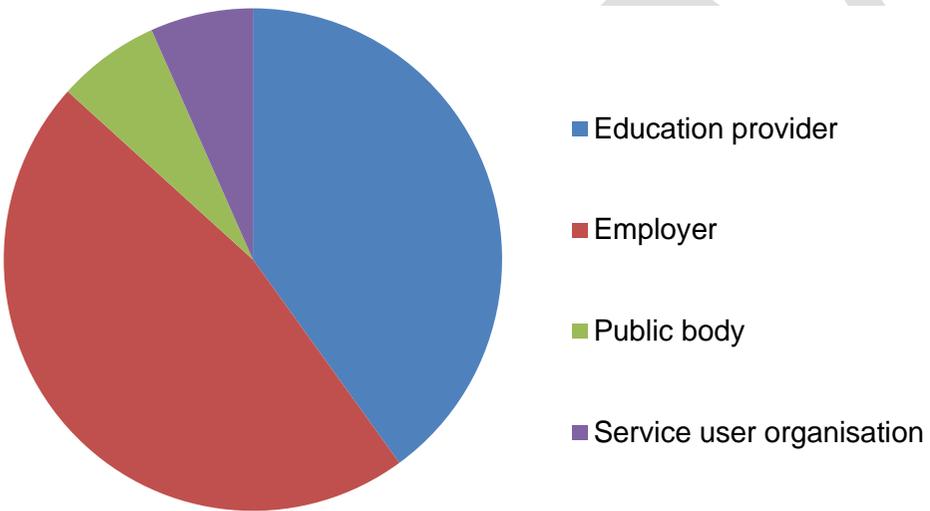
### **Statistics**

- 2.4 We received 83 responses to the consultation. 68 (82 per cent) of these responses were received from individuals and 15 (18 per cent) from organisations.
- 2.5 The breakdown of respondents and of responses to each question is shown in the graphs and tables that follow.



**Graph 1 – Breakdown of individual responses**

Respondents were asked to select the category that best described them. The majority of respondents who identified themselves as 'other' were nurses.



**Graph 2 – Breakdown of organisation responses**

Respondents were asked to select the category that best described their organisation.



**Table 1 – Breakdown of responses to each question**

Question	Yes	No	Partly	Don't know
Q1. Do you think the standards are set at the level necessary for safe and effective practice?	71 (86%)	4 (5%)	5 (6%)	3 (4%)
Q2. Do you think any additional standards are necessary?	24 (29%)	44 (53%)	N/A	15 (18%)
Q3. Do you think there are any standards that should be reworded or removed?	23 (28%)	44 (53%)	N/A	16 (19%)
Q4. Do you have any comments about the language used in the standards?	22 (27%)	54 (65%)	N/A	7 (8%)

**Table 2 – Breakdown of responses by respondent type**

	Individuals				Organisations			
	Yes	No	Partly	Don't know	Yes	No	Partly	Don't know
Question 1	57 (84%)	3 (4%)	5 (7%)	3 (4%)	14 (93%)	1 (7%)	0 (0%)	0 (0%)
Question 2	16 (24%)	37 (54%)	N/A	15 (22%)	8 (53%)	7 (47%)	N/A	0 (0%)
Question 3	17 (25%)	36 (53%)	N/A	15 (22%)	6 (40%)	8 (53%)	N/A	1 (7%)
Question 4	16 (24%)	45 (66%)	N/A	7 (10%)	6 (40%)	9 (60%)	N/A	0 (0%)

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add to 100 per cent.
- Question five invited any further comments rather than a 'yes or no' answer so is not included in the above tables.

### **3. General comments**

- 3.1 This section outlines general themes that arose from the responses we received to the consultation.

#### **Interaction with other frameworks**

- 3.2 Several of the responses we received made mention of other frameworks, which outline legislative requirements and good practice related to speech and language therapy.
- 3.3 A few responses expressed interest as to the way in which the standards had been devised and asked questions about the input of the RCSLT to the standards.
- 3.4 Some respondents made reference to the Mental Capacity Act, and argued that this legislation should be explicitly referenced in the standards given the importance of this Act to issues of consent and confidentiality.
- 3.5 A few respondents wanted clarification about the way the standards relate to the Knowledge and Skills Framework, and guidelines produced by Skills for Health. These respondents suggested it would be particularly useful to registrants if the standards more explicitly linked to this framework.

#### **Generic and profession-specific standards**

- 3.6 A few respondents to the consultation were concerned about the new structure of the standards, whereby detailed generic standards in the current version of the standards of proficiency were reworked into new profession-specific standards.
- 3.7 These respondents commented that profession-specific detail may have been lost in this restructuring, and welcomed explanation as to how the standards had been restructured.

#### **Scope of practice and areas of specialism**

- 3.8 Several respondents were concerned that some of the standards, particularly those relating to the knowledge base for speech and language therapy, would be less applicable to experienced therapists who have specialised in particular areas of practice.
- 3.9 These respondents suggested that the way in which these standards were written implied that all speech and language therapists would be required to be proficient in all areas of disorder relating to speech and language therapy.
- 3.10 They argued that while new graduates may have this broad knowledge base, experienced therapists are more likely to have a more specific in depth knowledge base and therefore may not keep up to date in areas of speech and language therapy outside their specialism. They suggested that some standards be reworded to take into account different scopes of practice.

## **Professionalism and personal conduct**

- 3.11 A number of respondents commented that the standards of proficiency were lacking standards which addressed the need for professional behaviour and high levels of personal conduct.
- 3.12 These respondents suggested an overarching generic standard on professionalism and the inclusion of profession-specific standards on this issue, including standards relating to whistle blowing and staff relations.
- 3.13 A few respondents acknowledged that the HCPC produces the standards of conduct, performance and ethics, which outline the standards of behaviour we expect from all registrants on our Register. However, they argued that it would be useful for the standards of proficiency to reference these standards to ensure that all registrants are aware of them.

## **Use of 'understand' and 'be able to'**

- 3.14 Though the majority of respondents to the consultation commented that the language used in the standards was appropriate given the range of speech and language therapists they apply to, a number of other respondents were concerned about the use of 'be able to' and 'understand' as they argued it lacked legal strength.
- 3.15 Some respondents argued that the use of these phrases meant the standards could be interpreted to mean that registrants need only take a passive approach to the standards, and were not required to apply in practice the knowledge they understand and the skills they are able to perform.
- 3.16 A few registrants suggested that these references should be replaced with 'must', as they argued this more properly ensured that registrants apply their knowledge and skills in practice.

## **Use of social media**

- 3.17 A number of respondents suggested that the standards of proficiency include a standard about registrants' use of social media to more appropriately reflect the impact of technological advancements on practice.
- 3.28 Some suggested that this standard be introduced under generic standard two to reflect the way in which social media creates new ethical and professional boundaries in practice generally. Others were more concerned about issues of confidentiality and suggested that this standard be introduced under generic standard seven.

## 4. Comments in response to specific questions

4.1 This section contains comments made in response to specific questions within the consultation document.

### 1) Do you think that the standards are set at the level necessary for safe and effective practice?

- 4.2 The majority of respondents welcomed the review of standards of proficiency for speech and language therapists and agreed that the standards were set at the threshold level necessary for safe and effective practice. A few respondents commented that the standards of proficiency were more robust as a result of the review.
- 4.3 There was a slight discrepancy in responses to this question, as 93 per cent of organisational responses indicated this was the case while a slightly lower 84 per cent of individuals answered the same.
- 4.4 Several respondents commented that that they could not agree that this level was reached, or could only partly agree that the standards were set at the level necessary for safe and effective practice.
- 4.5 Some of these respondents argued that the standards did not meet the necessary level because they did not include standards related to professionalism and personal conduct. They argued that it was important that they be added as problems in practice arise more as a result of poor attitudinal behaviour and professional conduct than lack of appropriate knowledge and skills.
- 4.6 The remaining respondents indicated that in their view the standards did not ensure safe and effective practice as a result of the language used in the standards. The following issues were highlighted.
- Some commented that the use of words such as 'understand', 'be able to' and 'recognise' would make sure that registrants had the necessary capabilities but would not ensure that these skills were carried out in practice.
  - Others were concerned that some of the standards were difficult to define and quantify, and as such it was difficult to assess whether they were set to the level necessary for safe and effective practice.

### 2) Do you think any additional standards are necessary?

- 4.7 Most respondents commented that additional standards were not necessary as the proposed standards covered all the appropriate areas. A few respondents suggested that introducing additional standards may make the standards too long and repetitive.
- 4.8 However, some suggested that additional standards could provide greater clarification around specific generic standards. There was a difference in the

responses received from organisations and those received from individuals, with only 24 per cent of individuals indicating that additional standards were necessary, while 53 per cent of organisations answered the same.

4.9 All of the additional standards suggested by respondents are set out in appendix two. The main areas suggested by respondents included additional standards relating to:

- the use of social media;
- the Mental Capacity Act and capacity assessments;
- professionalism and whistleblowing;
- the importance of supervision; and,
- service users with learning disabilities and complex needs.

### **3) Do you think there are any standards which should be reworded or removed?**

4.10 Over half of all respondents answered that the standards did not need to be amended. We received several comments suggesting that the standards were well thought through and appropriately articulated. While 40 per cent of those responding on behalf of an organisation wished to see some amendments to the criteria, only 25 per cent of individual respondents responded the same.

4.11 Some of the suggestions we received were based on concerns about the general use of language in the standards, these concerns have been summarised in response to question four below.

4.12 We have listed all the proposed amendments to the standards in appendix three. Respondents suggested changes to the standards for a number of reasons including, to:

- expand on the types of techniques and skills newly-qualified speech and language therapists should have;
- ensure the standards apply to all speech and language therapists, including those who work with in a particular scope of practice or specialism;
- clarify the ways in which speech and language therapists should work with service users and others;
- include more detail around the legal boundaries related to practice;
- provide more detail on information sharing and safeguarding issues;
- highlight employer restraints and the effect of these on the standards; and,
- clarify issues related to management and review processes.

## **5) Do you have any comments about the language used in the standards?**

- 4.13 The majority of respondents indicated that they had no comments to make about the language used in the standards, and many respondents commented that the language was clear, concise and appropriate. There was a small discrepancy in the responses we received as 24 per cent of individuals commented on the use of language, while 40 per cent of organisations did the same.
- 4.14 However other respondents suggested that the language of the standards could be further improved. This section aims to address areas of language commented upon by multiple registrants, though all comments and suggestions received on the wording of the standards are listed in appendix three.
- 4.15 Many of these respondents commented on the use of 'understand' and 'be able to' as outlined in paragraphs 3.14-16 above. Several respondents commented that the standards are worded in a way that is passive and do not require registrants to put their knowledge and skills into practice.
- 4.16 Other general comments we received about the language of the standards included:
- concerns about the ambiguity of some words and/or phrases; and
  - what some respondents suggested was the incorrect use of accepted terminology within the profession, including use of 'disorder' instead of 'impairment'.

## **6) Do you have any other comments on the standards?**

- 4.17 A few respondents indicated that they had other comments to make regarding the standards.
- Several respondents asked questions about the way in which the standards of proficiency related to the Knowledge and Skills Framework, and guidelines produced by Skills for Health and the Royal College of Speech and Language Therapists.
  - A few respondents made comments about the structure of the document and the way in which generic and profession-specific standards were to be reordered in the new format. These respondents suggested that profession-specific detail had been made more generic in the process.

## **5. Our responses**

- 5.1 We received a range of comments about the standards during the consultation process, including suggested amendments and possible additional standards, which we have carefully considered. The following section outlines our responses to these comments and suggestions and identifies areas for further discussion.

### **Interaction with the standards of conduct, performance and ethics**

- 5.2 The standards of proficiency do not stand alone and are designed to sit alongside other HCPC standards, including the standards of conduct, performance and ethics relevant to all professions. The standards of conduct, performance and ethics set out in broad terms the conduct we expect from those on our Register and provide guidance to registrants based on our expectations of their behaviour.
- 5.3 These two sets of standards play complementary but distinct roles in how we set requirements for registrants. While the knowledge, skills and experience of a registrant will impact on their ability to behave and practise ethically, we consider it important that our conduct standards remain separate from our standards which focus on a professional's proficiency to practise.
- 5.4 As such, the revision to the standards of proficiency will not introduce ethical issues and requirements as registrants are, and will continue to be, required to adhere to the standards of conduct, performance and ethics which cover these issues.
- 5.5 Comments from respondents to this consultation about issues of professionalism and other ethical issues including whistleblowing, will instead be included as part of our review of the standards of conduct, performance and ethics.
- 5.6 A few respondents appreciated the distinction between the standards of proficiency and standards of conduct, performance and ethics but were concerned that registrants may be unaware of both sets of standards. The published standards of proficiency will be preceded by a short introduction which outlines our expectation that registrants also meet the standards of conduct, performance and ethics and details that they are published in a separate document and can be found on our website.

### **Restructuring the standards of proficiency**

- 5.7 A few respondents sought assurance about the way in which generic and profession-specific standards had been restructured. The content of the former standards of proficiency was mostly generic and prior to the review a number of professions were concerned that these standards were expressed in ways which were not applicable to their practice.
- 5.8 As a result, we began redrafting the standard of proficiency by agreeing 15 high level generic standards which will apply to all the professions we regulate. When reviewing the individual sets of standards for each profession, like the standards of proficiency for speech and language therapists, we mapped the existing standards against the new generic standards as profession-specific standards. As a result, all the appropriate principles contained in existing standards of proficiency continue to remain under the new structure.

- 5.9 This new structure therefore consists of profession-specific standards which are structured under 15 generic standards. However, we have tried to retain as much consistency between different professions' standards as possible and appropriate.

### **Development of profession-specific standards**

- 5.10 The review of the standards of proficiency for speech and language therapists is an opportunity to make sure that the threshold level of entry we set remains relevant to the profession. A number of respondents had questions about the way in which the standards of proficiency had been reviewed.
- 5.11 In our work to revise the standards prior to consultation, we invited the RCSLT to review the standards of proficiency for speech and language therapists and tell us whether they considered any changes were necessary. In discussion with the RCSLT, and with consideration to other feedback we received, we produced the set of proposed standards which formed the basis of our public consultation.
- 5.12 We have used the responses we received to the consultation to help us decide if any further amendments are needed. We have briefly outlined the changes we made as a result of the consultation at the end of this section and all changes are detailed in appendix 1 of this document.

### **The standards and scope of practice**

- 5.13 A number of respondents were concerned that more experienced members of the profession, as a result of specialising in particular areas, would find it difficult to continue to meet some of the proposed standards.
- 5.14 The standards set out the proficiencies required of applicants when they apply to join the Register. Once on the Register, every time registrants renew their registration, they are asked to confirm that they continue to meet the standards of proficiency that apply to their own scope of practice - the area of their profession in which they have the knowledge, skills and experience to practise safely and effectively.
- 5.15 We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants may become more focused and specialised than that of newly registered colleagues. This may mean that some registrants may not be able to continue to meet all the standards of proficiency required at entry to their profession. However, as long as those registrants continue to practise safely and effectively within their own scope of practice, and do not practise in areas in which they are not proficient to do so, this would pose no problem to their registration.



## **Level of detail in the standards**

- 5.16 A number of comments we received suggesting additional and amended standards were intended to provide more prescriptive detail about the requirements of speech and language therapists. A few respondents were concerned that the high level nature of the standards may allow for multiple interpretations and create a disparity of competency across registrants.
- 5.17 We considered the following in deciding whether we should make suggested changes to the amendments:
- Is the standard necessary for safe and effective practice?
  - Is the standard set at the threshold level for entry to the Register?
  - Does the standard reflect existing requirements for speech and language therapists on entry into the profession?
  - Does the standard reflect existing education and training?
  - Is the standard written in a broad and flexible way so that it can apply to different environments in which speech and language therapists might practise or different groups that they might work with?
- 5.18 The standards set out the abilities necessary to practise in a profession. However, the standards are not a curriculum document nor are they intended to be a list of activities which registrants must undertake in any situation. For example, a registrant needs to 'be able to maintain confidentiality' on entry to the Register. However, this is an ability and does not mean that there will not be situations where information might need to be shared with, or disclosed to others in the interests of service users or the public.
- 5.19 Part of our focus for the review of the standards is to ensure that the standards are relevant to the range of practice in the speech and language therapy profession. When making decisions about whether to make changes to the standards, we must therefore consider whether the changes would make the standards too specific or would limit the scope of the standards.
- 5.20 We also aim to avoid duplication in the standards, to ensure they are clearly worded, and maintain consistency between different professions' standards wherever possible and appropriate.

## **Use of 'understand' and 'be able to'**

- 5.21 We intentionally use phrases such as 'understand', 'know', and 'be able to' rather than 'must'. This is so the standards remain applicable to current registrants in maintaining their fitness to practise, as well as prospective registrants who have not yet started practising and are applying to be registered for the first time. It also makes sure that the standards are also written in a similar way to the learning outcomes set for pre-registration education programmes.

- 5.22 It is important to note the current standards of proficiency use verbs and starting phrases in the same way as the proposed new profession-specific standards of proficiency. We have not experienced any difficulty in applying the current wording of the standards of proficiency in the way some respondents anticipated.

## **Use of social media**

- 5.23 We recognise that social media can provide a useful way of communicating and sharing information, and we would only need to take action about a registrant's use of this media if it raised concerns about their fitness to practise.
- 5.24 A number of respondents to the consultation commented that issues relating to social media needed to be addressed in the standards of proficiency. However, the concerns respondents raised related to the ethical implications of the use of social media including maintaining appropriate professional relationships and ensuring confidentiality. These relate to conduct issues rather than the level of competency of registrants which the standards of proficiency are designed to address.
- 5.25 We will include the comments we received about the use of social media as part of our review of the standards of conduct, performance and ethics. At present, registrants should make sure that their usage is consistent with the standards of conduct, performance and ethics.

## **Our decisions**

- 5.26 We have made a number of changes to the standards based on the comments we received in consultation as summarised below. The draft revised standards following consultation can be found in appendix one.
- We have expanded two standards to provide further clarifying detail as suggested by respondents to the consultation. (Standards 7.4 and 8.6 in appendix one)
  - We have replaced all references to 'disorder' with 'impairment' to update the standards, in line with several responses to the consultation. (Standards 13.1, 13.13, 14.16 and 14.22 in appendix one)
  - We have reworded several standards in accordance with comments we received in consultation. (Standards 2.8, and 13.8 in appendix one)
  - We have restructured several standards (standards 13.7 and 13.11 in appendix one) to provide further clarity.
  - We have changed the reference for speech and language therapists from being able to 'manage people' with particular impairments to being able to 'work with' them. (Standard 14.22 in appendix one)

- We have removed a standard that duplicated issues covered in an earlier standard and renumbered the remaining standards accordingly. (Standard 14.18 in appendix two)
- We restructured three standards to improve consistency with other sets of standards of proficiency. (Standards 8.3, 8.5 and 8.7 in appendix one)
- We have reordered several of the profession-specific standards under general standard 13 to improve the structure of this section, and renumbered them accordingly (Standards 13.5, 13.6 and 13.7 in appendix one)

DRAFT

## **6. List of respondents**

We have listed below the organisations who responded to our consultation.

Cambian Group

Cambian Group – learning disabilities team

Canterbury Christ Church University – speech and language therapy programme team

Cardiff and Vale University Health Board – adult speech and language therapy services

Council of Deans for Health

Kent Community Health Trust – learning disabilities service

Manchester Metropolitan University – speech pathology programme team

Norfolk Community Health and Care Trust

Royal Brompton and Harefield NHS Foundation Trust

South Tyneside NHS Foundation Trust

St George's Healthcare NHS Trust (we received two responses from this organisation)

Staffordshire and Stoke-on-Trent Partnership NHS Trust

University of Greenwich

University of Manchester

University of Sheffield – department of human communication sciences

## Appendix 1: Draft standards of proficiency for speech and language therapists

New standards and amendments to standards are shown in **bold and underlined**. Deletions are shown in ~~strikethrough~~. The standards in this section are subject to legal scrutiny and may be subject to minor editing amendments prior to publication.

No.	Standard
<b>1</b>	<b>be able to practise safely and effectively within their scope of practice</b>
1.1	know the limits of their practice and when to seek advice or refer to another professional
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly
<b>2</b>	<b>be able to practise within the legal and ethical boundaries of their profession</b>
2.1	understand the need to act in the best interests of service users at all times
2.2	understand what is required of them by the Health and Care Professions Council
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
2.4	recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
2.5	know about current legislation applicable to the work of their profession
2.6	understand the importance of and be able to obtain informed consent
2.7	be able to exercise a professional duty of care
2.8	understand the ethical and legal implications of withholding and withdrawing feeding <del>including</del> <b><u>and</u></b> nutrition

<b>3</b>	<b>be able to maintain fitness to practise</b>
3.1	understand the need to maintain high standards of personal and professional conduct
3.2	understand the importance of maintaining their own health
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning
<b>4</b>	<b>be able to practise as an autonomous professional, exercising their own professional judgement</b>
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
4.3	be able to initiate resolution of problems and be able to exercise personal initiative
4.4	recognise that they are personally responsible for and must be able to justify their decisions
4.5	be able to make and receive appropriate referrals
4.6	understand the importance of participation in training, supervision and mentoring
<b>5</b>	<b>be aware of the impact of culture, equality, and diversity on practice</b>
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals
5.2	recognise the possible contribution of social, psychological and medical factors to service users' communication difficulties and swallowing status
<b>6</b>	<b>be able to practise in a non-discriminatory manner</b>

<b>7</b>	<b>understand the importance of and be able to maintain confidentiality</b>
7.1	be aware of the limits of the concept of confidentiality
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public
7.4	be aware that the concepts of confidentiality and informed consent extend to illustrative records such as <b>photography</b> , video and audio recordings
<b>8</b>	<b>be able to communicate effectively</b>
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, their relatives and carers, colleagues, and others
8.2	be able to communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.5 <sup>1</sup>  This requirement is stricter for speech and language therapists than for all other professions, as communication in English is a core professional skill: see 14.24 <u>0</u>
8.3	understand how communication skills affect assessment <b>of</b> , and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, <del>physical ability</del> and learning ability <b>and physical ability</b>
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, <b>socio-economic status and spiritual or</b> religious beliefs <del>and socio-economic status</del>

<sup>1</sup> The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English, have to provide evidence that they have reached the necessary standard. Please visit our website for more information.

8.6	understand the need to provide service users or people acting on their behalf with the information necessary <b>in accessible formats</b> to enable them to make informed decisions
8.7	understand the need <b>to</b> assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users
<b>9</b>	<b>be able to work appropriately with others</b>
9.1	be able to work, where appropriate, in partnership with service users, their relatives and carers, other professionals, support staff and others
9.2	understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team
9.3	understand the need to work in partnership with service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team
9.5	understand the role of the speech and language therapist in taking the lead responsibility on speech and language communication and swallowing within a multi-professional forum
9.6	recognise that the need to work with others includes health, social care, and educational professionals
9.7	recognise the importance of working in partnership with service users and their families
<b>10</b>	<b>be able to maintain records appropriately</b>
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols, and guidelines
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines



<b>11</b>	<b>be able to reflect on and review practice</b>
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection
11.2	recognise the value of case conferences and other methods of review
<b>12</b>	<b>be able to assure the quality of their practice</b>
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance, and the use of appropriate outcome measures
12.4	be able to maintain an effective audit trail and work towards continual improvement
12.5	be aware of, and be able to participate in quality assurance programmes, where appropriate
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
12.7	recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
<b>13</b>	<b>understand the key concepts of the knowledge base relevant to their profession</b>
13.1	understand the structure and function of the human body, together with knowledge of health, disease, <b>impairment</b> disorder and dysfunction relevant to their profession
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
13.3	recognise the role of other professions in health and social care

13.4	understand the structure and function of health and social care services in the UK
13. <del>65</del>	understand the concept of leadership and its application to practice
13. <del>76</del>	understand the theoretical basis of, and the variety of approaches to, assessment and intervention
13. <del>57</del>	understand <del>in relation to the practice of speech and language therapy</del> , educational theory and practice and the relationship between language and literacy <b>in relation to speech and language therapy</b>
13.8	understand linguistics, including <b>and</b> phonetics, psycholinguistics, sociolinguistics and all levels of <del>normal</del> <b>typical</b> processing
13.9	understand biomedical and medical sciences as relevant to the development and maintenance of communication and swallowing
13.10	understand psychology as relevant to lifespan development and change, normal and impaired communication, and psychological and social wellbeing
13.11	understand <b>sociology</b> in relation to the practice of speech and language therapy, <del>sociology</del> , including its application to educational, health and workplace settings and within multi-cultural societies
13.12	understand therapeutic contexts, models and processes, relevant to the practice of speech and language therapy
13.13	understand developmental and acquired <b>impairments</b> disorders of speech, language, communication and swallowing
<b>14</b>	<b>be able to draw on appropriate knowledge and skills to inform practice</b>
14.1	be able to change their practice as needed to take account of new developments or changing contexts
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively
14.3	be able to formulate specific and appropriate management plans including the setting of timescales
14.4	be able to gather appropriate information
14.5	be able to select and use appropriate assessment techniques

14.6	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
14.7	be able to administer, record score and interpret a range of published and self-generated assessment tools to describe and analyse service users' abilities and needs using, where appropriate, phonetic transcription, linguistic analysis, instrumental analysis, and psycholinguistic assessment
14.8	be able to undertake or arrange investigations as appropriate
14.9	be able to analyse and critically evaluate the information collected
14.10	be able to demonstrate a logical and systematic approach to problem solving
14.11	be able to use research, reasoning and problem solving skills to determine appropriate actions
14.12	recognise the value of research to the critical evaluation of practice
14.13	be aware of a range of research methodologies
14.14	be able to evaluate research and other evidence to inform their own practice
14.15	be able to demonstrate a level of skill in the use of information and communication technologies appropriate to their practice
14.16	be able to apply knowledge of communication <b>impairment</b> disorder, linguistics, phonetics, psychology and biomedical sciences to the identification, assessment and differential diagnosis of a range of communication and swallowing <b>impairments</b> disorders
14.17	understand health education and how it relates to communication and swallowing
14.18	<del>be aware of the structure and function of the education, social and healthcare services in the UK</del>
14.19	be able to recognise the influence of situational contexts on communicative functioning and swallowing status
<b><u>14.18</u></b>	

14.20 <b>14.19</b>	be able to evaluate the effects of communication difficulties and swallowing status on the psychosocial wellbeing of service users, their families and carers
14.24 <b>14.20</b>	as a core professional skill for speech and language therapists, be able to communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.5
14.22 <b>14.21</b>	be able to use knowledge of speech and language therapy to assess and manage <b>work with</b> people with the following <b>impairments disorders</b> : <ul style="list-style-type: none"> <li>- developmental speech and language <b>impairments disorders</b></li> <li>- acquired speech and language <b>impairments disorders</b></li> <li>- voice <b>impairments disorders</b></li> <li>- fluency <b>impairments disorders</b></li> <li>- swallowing <b>impairments disorders</b></li> <li>- developmental or acquired cognitive <b>impairments disorders</b></li> </ul>
<b>15</b>	<b>understand the need to establish and maintain a safe practice environment</b>
15.1	understand the need to maintain the safety of both service users and those involved in their care
15.2	be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting and be able to act in accordance with these
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
15.4	be able to select appropriate personal protective equipment and use it correctly
15.5	be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

## Appendix 2: Suggested additional standards

No.	Standard	Suggested additional standards
1.	be able to practise safely and effectively within their scope of practice	One respondent commented that a standard should be introduced in this section about the need for registrants to manage their workload and alerting management for support where appropriate.
2.	be able to practise within the legal and ethical boundaries of their profession	<p>One respondent suggested that the following standard, or similar, be included in this section:</p> <ul style="list-style-type: none"> <li>• understand the importance of and be able to obtain informed consent</li> </ul> <p>In relation to the topic of informed consent a few respondents commented that the following standard should be included in this section:</p> <ul style="list-style-type: none"> <li>• understand the importance of the Mental Capacity Act and work within its legal framework</li> </ul> <p>One respondent suggested that a standard be introduced in this section, or in section 7 that related to the use of social media.</p> <p>One respondent suggested that a standard was required in this section regarding speech and language therapists' involvement in capacity assessments.</p>
3.	be able to maintain fitness to practise	<p>One respondent commented that a further standard should be introduced along the lines of the following:</p> <ul style="list-style-type: none"> <li>• recognise when health needs may impact on their work</li> </ul>
4.	be able to practise as an autonomous professional, exercising their own professional judgement	<p>One respondent commented that a standard should be introduced to provide more focus on clinical supervision being a necessary part of CPD.</p> <p>One respondent suggested that a standard be included in this section to ensure that patients are referred appropriately to those with more expertise when necessary.</p>

5.	be aware of the impact of culture, equality, and diversity on practice	<p>One respondent suggested that the following standard be included in this section:</p> <ul style="list-style-type: none"> <li>• recognise the possible contribution of cultural diversity and equality factors and the effect of the practitioner's own culture and its impact on the service user</li> </ul> <p>One respondent commented a standard should be introduced to ensure registrants are able to access resources within their geographical and clinical area to cover bi-lingual and multi-cultural caseloads.</p> <p>Two respondents commented that a specific standard should be introduced in this section that relates to people with learning disabilities and very complex needs. For example: intensive interaction and communication with people with profound disabilities.</p>
6.	be able to practise in a non-discriminatory manner	<p>One respondent suggested that the following standards be included under this section:</p> <ul style="list-style-type: none"> <li>• have awareness of service users of diverse backgrounds; this includes culture, age, (dis)ability, sexuality, gender, ethnicity, religion, socio-economic background, occupation and geography/locality</li> <li>• Have self-awareness of one's own cultural values, morals and beliefs and ensure that this is not imposed onto the service user of different cultural values, morals and beliefs</li> <li>• Respect the service user, irrespective of their diverse cultural background</li> </ul>
7.	be able to maintain confidentiality	<p>One respondent suggested that a standard be introduced in this section, or in section 2 that related to the use of social media.</p> <p>A few further respondents suggested that a standard be introduced in this section related to speech and language therapists' use of social media.</p>
8.	be able to communicate effectively	<p>One respondent commented that it was important to stress the use of English language within the therapeutic setting, and to include more around interpersonal skills and how these are quantified.</p>

		<p>One respondent suggested that this section should include a standard relating to the importance of interpersonal skills and the registrants' use of language.</p> <p>One respondent commented that this standard should emphasise how communicating with colleagues needs to embrace the concept of proactivity.</p> <p>One respondent suggested that a standard explicitly referencing argumentative and alternative communication (AAC) could be introduced in this section.</p>
9.	be able to work appropriately with others	<p>One respondent commented there was little in the standards about how registered professionals should treat other professionals and commented that a standard should be introduced which referred to treating colleagues with dignity and respect, to combat issues such as work place bullying.</p> <p>One respondent suggested that in light of the Francis inquiry this section could include a standard on whistleblowing.</p> <p>One respondent commented that a standard on the supervision and education of student speech and language therapists was necessary in this section.</p> <p>One respondent argued it was necessary that this section make reference to the voluntary sector.</p>
10.	be able to maintain records appropriately	<p>One respondent commented that this section should also include a standard that reflected the need for registrants to provide data for employers appropriately.</p>
11.	be able to reflect on and review practice	<p>A few respondents commented that this section should include a standard relating to recognising the value of supervision within professional practice. The following standards were suggested:</p> <ul style="list-style-type: none"> <li>• recognise the value of supervision and the supervisory process in improving practice</li> <li>• be able to contribute effectively to the supervision of others</li> </ul>
12.	be able to assure the quality of their	<p>One respondent commented that a standard should be included in this section, or</p>

	practice	<p>elsewhere in the standards, related to whistleblowing and the need to alert others if poor care of a patient is observed.</p> <p>One respondent suggested that this section include a standard requiring service user involvement.</p> <p>One respondent commented that this section contain a standard which focused on the management activities of speech and language therapists.</p>
13.	understand the key concepts of the knowledge base relevant to their profession	<p>One respondent suggested that the following standard be introduced in this section:</p> <ul style="list-style-type: none"> <li>• understand the importance and impact of the combination of psychological and social factors on the service user</li> </ul> <p>One respondent commented that a standard be introduced which emphasised the concept of working alongside the client, their families and care-givers, all of whom will have their own expert opinions to bring to the therapeutic process.</p>
14.	be able to draw on appropriate knowledge and skills to inform practice	<p>One respondent suggested that an additional standard be introduced related to knowledge of assistive technology/ACC</p> <p>A few respondents commented that standards should be introduced to cover competencies with dysphagia.</p> <p>One respondent commented that greater reference to the Mental Capacity Act and the role of speech and language therapists undertaking capacity assessments, emphasising that they should be undertaken in conjunction with others, would be useful.</p> <p>One respondent suggested that a standard be introduced in this section emphasising speech and language therapists' undertaking of research and service development.</p>



15.	understand the need to establish and maintain a safe practice environment	<p>One respondent commented that the standards in this section needed to take into account changing technologies and the range of procedures that speech and language therapists can be involved in. They suggested that additional standards should be introduced to reflect these working environments.</p> <p>One respondent suggested that a standard be added in this section emphasising lone working particularly in community contexts, such as service users' homes.</p> <p>Another respondent also commented that this section should cover lone working. They also suggested that it would be useful if this section addressed the following:</p> <ul style="list-style-type: none"><li>• safe use of medical devices</li><li>• infection control</li><li>• risk and incident reporting</li><li>• risk assessments (in relation to lone working, security, violence and aggression, control of substances hazardous to health, pregnant staff etc.)</li></ul> <p>This respondent also suggested that this section include a standard on conflict resolution.</p>
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## Appendix 3: Detailed comments on the draft standards

Respondents' proposed deletions are indicated in the text by ~~strike through~~ whilst additions are shown in **bold**.

This section does not include comments received about the generic standards, as they were not within the scope of the consultation.

No.	Standard	Comments
1	<b>be able to practise safely and effectively within their scope of practice</b>	
1.1	know the limits of their practice and when to seek advice or refer to another professional	<p>One respondent suggested that this standard also include the need to seek supervision in addition to planned supervision.</p> <p>One respondent commented that the term other professional in relation to supervision was too vague and as such this standard should be reworded to read:</p> <ul style="list-style-type: none"> <li>• know the limits of their practice and when to seek advice or refer to another <b>regulated</b> professional.</li> </ul>
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	<p>One respondent argued that this standard be reworded to read:</p> <ul style="list-style-type: none"> <li>• recognise the need to manage their own workload and resources effectively and be able to practise accordingly, <b>in line with employment requirements.</b></li> </ul>

2	<b>be able to practise within the legal and ethical boundaries of their profession</b>	<p>One respondent commented that a standard relating to professional conduct, making reference of the standards of conduct, performance and ethics would be useful here.</p> <p>One respondent suggested that this standard including its constituent parts was too long and detailed. The respondent was concerned with the way in which education programmes would deliver the standards of proficiency.</p>
2.1	understand the need to act in the best interests of service users at all times	
2.2	understand what is required of them by the Health and Care Professions Council	Two respondents commented that this standard was ambiguous and suggested it be expanded for clarity.
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	<p>One respondent commented that this standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>• understand the need to respect and uphold <del>the rights, dignity, values and autonomy</del> <b>equality and diversity, privacy and dignity</b> of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing.</li> </ul>

2.4	recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	<p>One respondent suggested that the 'personal incompatibility' element of this standard needed redefining, as they argued it did not mean the difference of values/belief/culture which the standard implies.</p> <p>A few respondents argued that this element of this standard were unnecessary and should be removed so that the standard reads:</p> <ul style="list-style-type: none"> <li>recognise that relationships with service users should be based on professional respect and trust, and be able to maintain high standards of care <del>even in situations of personal incompatibility.</del></li> </ul> <p>One respondent was concerned that with the last part of this standard and argued that as bias can also be in terms of favouring a service user, the standard should be reworded to the following:</p> <ul style="list-style-type: none"> <li>recognise that relationships with service users should be based on professional respect and trust, and be able to maintain high standards of care <del>even in situations of personal incompatibility</del> <b>in all circumstances.</b></li> </ul>
2.5	know about current legislation applicable to the work of their profession	One respondent suggested that standard 2.8 be merged with this standard.

2.6	understand the importance of and be able to obtain informed consent	<p>A few respondents commented that this standard needed to take into account the Mental Capacity Act as not everyone can give informed consent, and where they cannot a Capacity Assessment needs to be completed.</p> <p>Two respondents suggested that this standard include specific reference to the complexity of gaining consent when communication is impaired. One respondent suggested it be reworded to read:</p> <ul style="list-style-type: none"> <li>• understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions.</li> </ul> <p>One respondent suggested that this standard be reworded to read:</p> <ul style="list-style-type: none"> <li>• understand the importance of and be able to obtain informed consent <b>from either the client or their legal guardian if the client is deemed unable to give consent.</b></li> </ul>
2.7	be able to exercise a professional duty of care	<p>One respondent argued that it was important to specify the beginning and end of the duty of care.</p>
2.8	understand the ethical and legal implications of withholding and withdrawing feeding including nutrition	<p>One respondent commented that the meaning of this standard was unclear and the second part of it should be reworded for clarification.</p> <p>A further few respondents commented that this standard did not make sense and should be reworded to one of the following:</p> <ul style="list-style-type: none"> <li>• understand the ethical and legal implications of withholding and withdrawing <del>feeding including nutrition</del> <b>treatment, including feeding.</b></li> <li>• understand the ethical and legal implications of withholding and withdrawing feeding <del>including</del> <b>and</b> nutrition.</li> </ul> <p>One respondent suggested that this standard be merged with standard 2.5.</p>

3	<b>be able to maintain fitness to practise</b>	
3.1	understand the need to maintain high standards of personal and professional conduct	One respondent commented that this standard should be reworded, but did not expand on their concerns with the current standard.
3.2	understand the importance of maintaining their own health	<p>One respondent suggested that this standard be expanded to include the need to manage one's health conditions. They argued that as it currently stands, this standard suggested that a registrant had to be 100% fit and healthy to practise as a speech and language therapist.</p> <p>One respondent suggested that this standard be reworded for further clarification:</p> <ul style="list-style-type: none"> <li>• understand the importance of maintaining their own <b>physical, emotional and mental</b> health.</li> </ul>
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	
4	<b>be able to practise as an autonomous professional, exercising their own professional judgement</b>	<p>A few respondents were concerned that the language in this section was too demanding, as registrants will be required to work within employer requirements which limit professional autonomy.</p> <p>One respondent argued that this standard including its constituent parts was too long and detailed. The respondent was concerned with the way in which education programmes would deliver the standards of proficiency.</p>
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	<p>One respondent suggested that this standard be reworded to read:</p> <ul style="list-style-type: none"> <li>• be able to assess a professional situation, determine the nature and severity of the problem and call upon <b>others with</b> the required knowledge and experience to deal with the problem where appropriate.</li> </ul>

4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	
4.4	recognise that they are personally responsible for and must be able to justify their decisions	One respondent commented that this standard should be revised on the basis that it is not applicable to all speech and language therapists. This respondent argued that in NHS trusts, the employer maintains responsibility.
4.5	be able to make and receive appropriate referrals	One respondent commented that this standard should also emphasise the need to signpost on and request second opinions where necessary.
4.6	understand the importance of participation in training, supervision and mentoring	One respondent argued that this standard be expanded to the following: <ul style="list-style-type: none"> <li>understand the importance of participation in training, supervision and mentoring <b>and be able to evidence this with documentation.</b></li> </ul>
5	<b>be aware of the impact of culture, equality, and diversity on practice</b>	One respondent was concerned that the phrase 'be aware' in this sentence implied that registrants should be cautious towards different cultures and diverse backgrounds, and as such is discriminatory and should be reworded.  One respondent suggested that this standard including its constituent parts was too long and detailed. The respondent was concerned with the way in which education programmes would deliver the standards of proficiency.

5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals	
5.2	recognise the possible contribution of social, psychological and medical factors to service users' communication difficulties and swallowing status	One respondent commented that this standard should be recategorised under standard 13 as it is related to registrants' knowledge.
6	<b>be able to practise in a non-discriminatory manner</b>	<p>One respondent suggested that this standard be expanded to contain clarifying detail as to the way in which this would be defined and quantified.</p> <p>One respondent argued that this standard should explicitly link to equality and diversity, equal opportunities, human rights etc.</p>
7	<b>understand the importance of and be able to maintain confidentiality</b>	<p>One respondent commented that a standard relating to professional conduct, making reference of the standards of conduct, performance and ethics would be useful here.</p> <p>One respondent suggested that this standard including its constituent parts was too long and detailed. The respondent was concerned with the way in which education programmes would deliver the standards of proficiency.</p>



7.1	be aware of the limits of the concept of confidentiality	<p>One respondent commented that this standard was not necessary as there is nothing wrong with the concept of confidentiality which encompasses the notion that data is shared on a need-to-know basis.</p> <p>The same respondent argued that if the standard is to be included it should be reworded as they argued it is currently clumsily expressed, though they did not offer any alternative suggestions.</p> <p>One respondent suggested that this standard be clarified by rewording to the following:</p> <ul style="list-style-type: none"> <li>• be aware of the limits of the concept of confidentiality <b>e.g where there are vulnerable adult/child safeguarding concerns.</b></li> </ul>
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	<p>One respondent commented that this standard should be expanded to include the need to undertake regular training updates.</p>
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	
7.4	be aware that the concepts of confidentiality and informed consent extend to illustrative records such as video and audio recordings	<p>One respondent suggested that this be amended to include photography:</p> <ul style="list-style-type: none"> <li>• be aware that the concepts of confidentiality and informed consent extend to illustrative records such as <b>photographs and</b> video and audio recordings</li> </ul> <p>Another respondent commented this standard should be expanded further to reflect the extent of the digital modern age and include e-recordings, social media etc.</p>
<b>8</b>	<b>be able to communicate effectively</b>	

8.1	<p>be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, their relatives and carers, colleagues, and others</p>	<p>One respondent suggested that this standard be reworded to include receiving information as well as communicating it.</p> <p>One respondent commented that this standard should include reference to written language skills in addition to verbal and non-verbal skills. Though they recognised this could be implied in non-verbal skills, they argued it is too important to the practice of speech and language therapy to not be specifically mentioned.</p> <p>A further respondent also suggested that this standard be expanded to include written skills.</p>
8.2	<p>be able to communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.5<sup>2</sup></p> <p>This requirement is stricter for speech and language therapists than for all other professions, as communication in English is a core professional skill: see 14.21</p>	<p>One respondent argued that there are two types of IELTS modules – academic format and general training format, and as such the standard should be amended to the following:</p> <ul style="list-style-type: none"> <li>• be able to communicate in English to the standard equivalent to level 8 of the International English Language Testing System <b>Academic format</b>, with no element below 7.5</li> </ul>

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<sup>2</sup> The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English, have to provide evidence that they have reached the necessary standard. Please visit our website for more information.

8.3	<p>understand how communication skills affect assessment and engagement with service users and how the means of communication should be modified to address and take account of factors such as age, capacity, physical ability and learning ability</p>	<p>A few respondents suggested that this standard and standard 8.5 be combined. Alternatively, one respondent suggested that this standard emphasise the focus on the registrants' skills here, and the characteristics of service users in standard 8.5.</p> <p>One respondent commented that cultural backgrounds should be considered within the list of factors.</p> <p>One respondent commented that this standard should explicitly reference language, speech and argumentative and alternative communication (AAC) difficulties.</p> <p>However one respondent commented that this standard was already too long and would benefit from being split into two sentences for ease of reading.</p>
8.4	<p>be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others</p>	<p>One respondent commented that this standard should include reference to written language skills in addition to verbal and non-verbal skills. Though they recognised this could be implied in non-verbal skills, they argued it was too important to the practice of speech and language therapy to not be specifically mentioned.</p> <p>One respondent suggested that this standard be reworded to read:</p> <ul style="list-style-type: none"> <li>• be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others <b>according to service-user communication needs and preferences.</b></li> </ul>

8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, religious beliefs and socio-economic status	<p>A few respondents commented that this standard and standard 8.3 should be combined. Alternatively, one respondent suggested that this standard emphasise the focus on the characteristics of service users here, and the registrants' skills in standard 8.3.</p> <p>One respondent suggested this standard include reference to written language skills in addition to verbal and non-verbal skills. Though they recognised this could be implied in non-verbal skills, they argued it was too important to practice to not be specifically mentioned.</p> <p>One respondent suggested that this standard might work better split into two parts, one for characteristics and one for consequences.</p>
8.6	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions	<p>A few respondents argued that this standard should be reworded to read:</p> <ul style="list-style-type: none"> <li>• understand the need to provide service users or people acting on their behalf with the information necessary <b>in an accessible format</b> to enable them to make informed decisions.</li> </ul>
8.7	understand the need assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	<p>Several respondents noted that this standard contains a typographical error and should be amended as follows:</p> <ul style="list-style-type: none"> <li>• understand the need <b>to</b> assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible</li> </ul> <p>One respondent suggested that this standard be reworded further, to read:</p> <ul style="list-style-type: none"> <li>• understand the need <b>to</b> assist the communication needs of service users through the specific communication support-methods <b>such as signing or</b> through the use of an appropriate interpreter, wherever possible.</li> </ul>

8.8	recognise the need to use interpersonal skills to encourage the active participation of service users	
<b>9</b>	<b>be able to work appropriately with others</b>	One respondent commented that this standard including its constituent parts was too long and detailed. The respondent was concerned with the way in which education programmes would deliver the standards of proficiency.
9.1	be able to work, where appropriate, in partnership with service users, their relatives and carers, other professionals, support staff and others	
9.2	understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team	
9.3	understand the need to work in partnership with service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	Two respondents suggested that there be mention of multi-agency working in either this standard and/or standard 9.5.
9.5	understand the role of the speech and language therapist in taking the lead responsibility on speech and language communication and swallowing within a multi-professional forum	<p>One respondent argued that there should be mention of multi-agency working in either this standard and/or standard 9.4.</p> <p>One respondent commented 'speech and language' was implied in 'communication' and as such this standard could be reworded to read:</p> <ul style="list-style-type: none"> <li>• understand the role of the speech and language therapist in taking the lead responsibility on <del>speech and language</del> communication and swallowing within a multi-professional forum.</li> </ul>

9.6	recognise that the need to work with others includes health, social care, and educational professionals	<p>One respondent commented that this standard was repetitive of standard 13.5 and as such should be removed.</p> <p>One respondent suggested this standard be reworded to read:</p> <ul style="list-style-type: none"> <li>recognise <del>that</del> the need to work with others includes <b>ing</b> health, social care and educational professionals.</li> </ul>
9.7	recognise the importance of working in partnership with service users and their families	
<b>10</b>	<b>be able to maintain records appropriately</b>	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols, and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
<b>11</b>	<b>be able to reflect on and review practice</b>	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	<p>One respondent suggested that it was more appropriate that this standard be reworded to read:</p> <ul style="list-style-type: none"> <li>understand the <del>value</del> <b>importance</b> of reflection on practice and the need to record the outcome of such reflection.</li> </ul> <p>One respondent suggested that this standard and standard 11.2 were merged together.</p>
11.2	recognise the value of case conferences and other methods of review	<p>One respondent suggested that this standard and standard 11.1 be merged together.</p>

<b>12</b>	<b>be able to assure the quality of their practice</b>	One respondent commented that this standard including its constituent parts was too long and detailed. The respondent was concerned with the way in which education programmes would deliver the standards of proficiency.
12.1	be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures	One respondent commented that this standard's reference to auditing was above the threshold level and as such should be removed.
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care	
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance, and the use of appropriate outcome measures	One respondent commented that this standard's reference to auditing was above the threshold level and as such should be removed.
12.4	be able to maintain an effective audit trail and work towards continual improvement	One respondent commented that this standard's reference to auditing was above the threshold level and as such should be removed.
12.5	be aware of, and be able to participate in quality assurance programmes, where appropriate	Two respondents commented that this standard needed expanding to define quality assurance programmes for the purposes of clarity.
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes	
<b>13</b>	<b>understand the key concepts of the knowledge base relevant to their profession</b>	

13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession	One respondent suggested that this standard would read more appropriately if 'their profession' was changed to ' <b>the</b> profession'.
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	
13.3	recognise the role of other professions in health and social care	<p>One respondent suggested amending the standard to read:</p> <ul style="list-style-type: none"> <li>• recognise the role of other professions in health, <b>education</b> and social care.</li> </ul> <p>One respondent argued that this standard did not fit well into this section and should be reordered, though the respondent was unsure as to where it should go.</p>
13.4	understand the structure and function of health and social care services in the UK	<p>As above, one respondent suggested amending this standard to read:</p> <ul style="list-style-type: none"> <li>• understand the structure and function of health, <b>education</b> and social care services in the UK.</li> </ul> <p>One respondent argued that this standard was unnecessary and unworkable as it would require that all HEIs include the structures for health and care for all four countries in the UK. This respondent was also concerned whether international registrations would be expected to adhere to this standard as well.</p> <p>One respondent commented that this standard did not fit well into this section and should be reordered, though the respondent was unsure as to where it should go.</p>



13.5	understand in relation to the practice of speech and language therapy, educational theory and practice and the relationship between language and literacy	<p>One respondent suggested that this standard be reworded to the following:</p> <ul style="list-style-type: none"> <li>• understand <del>in relation to the practice of</del> educational theory in practice and its relationships <del>between language and literacy</del> <b>to speech and language therapy theory and practice.</b></li> </ul> <p>A further respondent commented it could be amended further:</p> <ul style="list-style-type: none"> <li>• understand <del>in relation to the practice of speech and language therapy, educational theory and practice</del> and the relationship between language, literacy <b>and educational theory and practice.</b></li> </ul>
13.6	understand the concept of leadership and its application to practice	<p>One respondent suggested that it was important that the need to display leadership qualities at all levels is emphasised in this standard.</p> <p>One respondent commented that this standard did not fit well into this section and should be reordered, though the respondent was unsure as to where it should go.</p>
13.7	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	

13.8	understand linguistics, including phonetics, psycholinguistics, sociolinguistics and all levels of normal processing	<p>One respondent argued that phonetics should be separated from linguistics, to read:</p> <ul style="list-style-type: none"> <li>• understand linguistics <b>and</b> phonetics, psycholinguistics, sociolinguistics and all levels of normal processing.</li> </ul> <p>Two respondents suggested that this standard be expanded in the following way:</p> <ul style="list-style-type: none"> <li>• understand linguistics, including phonetics, psycholinguistics, sociolinguistics and all levels of normal processing <b>as relevant to speech and language therapy.</b></li> </ul> <p>And one suggested it be expanded to read:</p> <ul style="list-style-type: none"> <li>• understand linguistics, including phonetics, psycholinguistics, sociolinguistics, <b>neurolinguistics</b> and all levels of <del>normal</del> <b>typical</b> processing.</li> </ul>
13.9	understand biomedical and medical sciences as relevant to the development and maintenance of communication and swallowing	<p>One respondent commented that this standard was difficult to understand and could be reworded for clarity.</p> <p>One respondent suggested that this standard be expanded to read:</p> <ul style="list-style-type: none"> <li>• understand <del>biomedical and medical sciences</del> <b>physiology and neurology</b> as relevant to the development and maintenance of communication and swallowing</li> </ul>

13.10	understand psychology as relevant to lifespan development and change, normal and impaired communication, and psychological and social wellbeing	<p>Two respondents argued that this standard could be amended to the following:</p> <ul style="list-style-type: none"> <li>• understand psychology <b>and counselling</b> as relevant to lifespan development and change, normal and impaired communication, and psychological and social wellbeing.</li> </ul> <p>One respondent suggested that the standard be amended to read:</p> <ul style="list-style-type: none"> <li>• understand psychology as relevant to lifespan development and change, <del>normal</del> <b>typical</b> and impaired communication, and psychological and social wellbeing.</li> </ul>
13.11	understand in relation to the practice of speech and language therapy, sociology, including its application to educational, health and workplace settings and within multi-cultural societies	<p>Several respondents commented that this standard was unclear and should be reworded. A few respondents suggested it would be stronger if it were reworded in the following way:</p> <ul style="list-style-type: none"> <li>• understand <b>sociology</b> in relation to the practice of speech and language therapy, <del>sociology</del>, including its application to educational, health and workplace settings and within multi-cultural societies.</li> </ul> <p>One respondent argued that it should be reworded to read:</p> <ul style="list-style-type: none"> <li>• understand in relation to the practice of speech and language therapy, <del>sociology</del> <b>social factors</b>, including its application to educational, health and workplace settings and within multi-cultural societies <b>of which belonging to different cultures is not only related to ethnicity but to other areas such as gender, sexuality, age, (dis)ability i.e deaf community, socio-economic background, occupation and geographical factors.</b></li> </ul> <p>One respondent had concerns about the inclusion of sociology in this standard. They argued that sociology is not likely to be learned well enough to be applied in this way, and as such should be removed.</p>

13.12	understand therapeutic contexts, models and processes, relevant to the practice of speech and language therapy	
13.13	understand developmental and acquired disorders of speech, language, communication and swallowing	<p>One respondent suggested the following amendment to this standard:</p> <ul style="list-style-type: none"> <li>• understand <b>lifelong</b>, developmental and acquired disorders of speech, language, communication and swallowing.</li> </ul> <p>Another respondent suggested that this standard be expanded to read:</p> <ul style="list-style-type: none"> <li>• Understand the developmental and acquired disorders of speech, language, communication and swallowing, <b>cognition and mental health</b>.</li> </ul>
<b>14</b>	<b>be able to draw on appropriate knowledge and skills to inform practice</b>	
14.1	be able to change their practice as needed to take account of new developments or changing contexts	One respondent suggested changing the reference to 'their practice' to ' <b>the practice</b> '.
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively	
14.3	be able to formulate specific and appropriate management plans including the setting of timescales	
14.4	be able to gather appropriate information	One respondent argued that this standard is unnecessary and as such should be removed.
14.5	be able to select and use appropriate assessment techniques	
14.6	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	

14.7	be able to administer, record score and interpret a range of published and self-generated assessment tools to describe and analyse service users' abilities and needs using, where appropriate, phonetic transcription, linguistic analysis, instrumental analysis, and psycholinguistic assessment	One respondent argued that this sentence was too long for ease of reading and would benefit from being reworded into two separate sentences.
14.8	be able to undertake or arrange investigations as appropriate	
14.9	be able to analyse and critically evaluate the information collected	One respondent suggested that this standard should be amended to read: <ul style="list-style-type: none"> <li>to be able to gather, analyse and critically evaluate information collected</li> </ul>
14.10	be able to demonstrate a logical and systematic approach to problem solving	
14.11	be able to use research, reasoning and problem solving skills to determine appropriate actions	One respondent commented that standards 14.11-13 repeated elements covered in previous sections and as such could be removed.
14.12	recognise the value of research to the critical evaluation of practice	One respondent commented that standards 14.11-13 repeated elements covered in previous sections and as such could be removed.
14.13	be aware of a range of research methodologies	One respondent commented that standards 14.11-13 repeated elements covered in previous sections and as such could be removed. Another respondent however suggested that this standard be retained and expanded to include examples such as case studies and double blind trials.
14.14	be able to evaluate research and other evidence to inform their own practice	

14.15	be able to demonstrate a level of skill in the use of information and communication technologies appropriate to their practice	One respondent commented that standard 14.15 and 14.6 could be merged together.
14.16	be able to apply knowledge of communication disorder, linguistics, phonetics, psychology and biomedical sciences to the identification, assessment and differential diagnosis of a range of communication and swallowing disorders	One respondent commented that standard 14.15 and 14.6 could be merged together. One respondent suggested that this standard be reworded to read: <ul style="list-style-type: none"> <li>be able to apply knowledge of communication disorder, linguistics, phonetics, <b>physiology</b>, psychology and <del>biomedical sciences</del> <b>neurology</b> to the identification, assessment and differential diagnosis of a range of communication and swallowing disorders</li> </ul>
14.17	understand health education and how it relates to communication and swallowing	One respondent commented that this standard did not fit well into this section and should be reordered, though the respondent was unsure as to where it should go.
14.18	be aware of the structure and function of the education, social and healthcare services in the UK	One respondent argued that given structures vary within UK countries as well as within regions, it would be more appropriate to reword this standard to read: <ul style="list-style-type: none"> <li>be aware of the structure and function of relevant education, social and healthcare services.</li> </ul> One respondent commented that this standard did not fit well into this section and should be reordered, though the respondent was unsure as to where it should go.
14.19	be able to recognise the influence of situational contexts on communicative functioning and swallowing status	One respondent commented that standards 14.19-22 repeated elements covered in previous sections and as such could be removed.
14.20	be able to evaluate the effects of communication difficulties and swallowing status on the psychosocial wellbeing of service users, their families and carers	One respondent commented that standards 14. 19-22 repeated elements covered in previous sections and as such could be removed.

14.21	as a core professional skill for speech and language therapists, be able to communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.5	One respondent commented that standards 14.19-22 repeated elements covered in previous sections and as such could be removed.
14.22	<p>be able to use knowledge of speech and language therapy to assess and manage people with the following disorders:</p> <ul style="list-style-type: none"> <li>- developmental speech and language disorders</li> <li>- acquired speech and language disorders</li> <li>- voice disorders</li> <li>- fluency disorders</li> <li>- swallowing disorders</li> <li>- developmental or acquired cognitive disorders</li> </ul>	<p>Several respondents were concerned that the way this standard was written would imply that all speech and language therapists would be required to be proficient in all areas of disorder, when if they had specialised in a particular field may not keep up to date with other fields.</p> <p>A few of these respondents suggested that the start of this standard be reworded to read:</p> <ul style="list-style-type: none"> <li>• be able to use knowledge of speech and language therapy to assess and manage people with <b>any of</b> the following disorders:</li> <li>• be able to use knowledge of speech and language therapy to assess and manage people with the following disorders, <b>as appropriate:</b></li> </ul> <p>A few respondents commented that ‘swallowing disorders’ should be omitted from the list of disorders as proficiency in this area requires post-graduate training and competencies</p> <p>One respondent commented it was important to highlight that specialisms would require further post-graduate training in order to provide specialist level of care for the stated disorders.</p> <p>One respondent argued that voice and fluency disorders are encompassed by developmental disorders, and as such should be removed.</p> <p>One respondent suggested communication and interaction disorders be included in this standard.</p>

		<p>One respondent commented that mental health disorders should be added to this list of disorders.</p> <p>One respondent commented that standards 14.19-22 repeated elements covered in previous sections and as such could be removed.</p>
<b>15</b>	<b>understand the need to establish and maintain a safe practice environment</b>	<p>One respondent argued that this standard including its constituent parts was too long and detailed. The respondent was concerned with the way in which education programmes would deliver the standards of proficiency.</p>
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation	
15.4	be able to select appropriate personal protective equipment and use it correctly	
15.5	be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control	