

SPEECH AND LANGUAGE THERAPIST



Details of standard

Occupation summary

This occupation is found in a variety of contexts, including the NHS, local authorities, voluntary, community, and social enterprise sector (VCS) organisations, the education and justice sectors and in independent practice. Speech and language therapists are regulated by the Health and Care Professions Council and are uniquely qualified to provide speech, language, communication and eating, drinking and swallowing therapies. They work in many settings, including hospitals, nursing homes, in the community, within charities, schools, and people's' homes. There are opportunities throughout their career to specialise and move into leadership, training and research roles.

The occupation's broad purpose is to apply evidence-based science to improve outcomes and quality of life for people with speech, language, communication needs (SLCN), voice, fluency, and/or eating, drinking and swallowing difficulties. Communication and eating and drinking difficulties can have a significant impact on someone's life from birth to death. There is huge variety in roles; some speech and language therapists work with children to identify and develop their communication difficulties so they can reach their full potential, whereas others work with adults with conditions that affect their communication and/or swallowing, such as stroke, dementia or Parkinson's, or support those with learning disabilities to communicate. Others might carry out research, work in specialist medical units, or provide advice on communication aids, for example, to children with cerebral palsy.

In their daily work, an speech and language therapist interacts with babies, infants, children, young people and adults. Speech and language therapists frequently work as part of a team, alongside other health, education and social care professionals, including nurses, Allied Health Professionals (AHPs), social workers, doctors, teachers and teaching assistants, educational and clinical psychologists, families/carers and volunteers. Speech and language therapists provide person-centred care, recognising and valuing the key contribution of the person and their family/carers in developing appropriate support

The speech and language therapist will play a central role in the health, well-being and participation of people with a range of developmental, and/or acquired conditions which may include end of life care and learning disabilities.

Speech and language therapists are autonomous professionals, responsible and accountable for their actions. They are also responsible for ensuring their knowledge and skills remain current, through evidence-based practice and maintaining professional competence. The speech and language therapist will also play a role in supporting other people's' learning, including future entrants to the profession, demonstrate leadership qualities, and may manage and lead colleagues/services.

Typical job titles include:

Speech and language therapist | Speech therapist

Entry requirements

Typically, Higher Education Institutions (HEIs) will expect apprentices to have 3 A levels or an equivalent Access qualification. Some HEIs stipulate a science subject at A level

Occupation duties

DUTY	KSBS		
Duty 1 Practise safely and effectively within the scope of practice and within the legal and ethical boundaries of the profession.	K1 K2 K3 K4 K5 K6 K7 K8 K9		
	S1 S2 S3 S4 S5 S6 S7 S8 S9 S10 S11 S12		
	B1 B3 B5 B6		
Duty 2 Look after own health and wellbeing, seeking appropriate support where necessary.	K10 K11		
	S13 S14		
	B5		
Duty 3 Practise as an autonomous professional, exercising professional judgement.	K12		
	S15 S16 S17 S18 S19 S20 S21		
	B1 B5 B6		
	01 03 00		
Duty 4 Practise in a non-discriminatory and inclusive manner recognising the impact of culture, equality and diversity.	K13 K14 K15 K16		
	S22 S23 S24		
	B2 B3 B4 B5		
Duty 5 Use advanced communication to transform the communication abilities of individuals, groups and communities and to negotiate, mediate and influence.	K21 K22 K23 K24 K25 K26 K27		
	S27 S28 S29 S30 S31		
	B3 B4 B5 B6		
Duty 6 Work appropriately with others.	K28 K29 K30 K31		
	S36 S37 S38 S39 S40 S41 S42 S43		
	B1 B4 B5 B6		
Duty 7 Reflect on, review and assure the quality of own	K32 K33 K34		
practice.	S44 S45 S46 S47 S48		
	B5		
Duty 8 Draw on appropriate knowledge and skills to inform practice and apply the key concepts of the knowledge base relevant to speech, language and communication needs (SLCN) and eating, drinking and swallowing interventions in	K35 K36 K37 K38 K39 K40 K41 K42 K43 K44 K45 K46 K47 K48 K49 K50		
	S49 S50 S51 S52 S53 S54 S55 S56 S57		
line with local, national and professional body guidelines.	S58 S59 S60 S61 S62 S63 S64		

B5

Duty 9 Establish and maintain a safe practice environment, maintaining confidentiality and records appropriately.

K17 K18 K19 K20 K51 K52

S25 S26 S32 S33 S34 S35 S65 S66 S67 S68

B6

Duty 10 Promote public health and prevent ill health.

K53 K54

S69 S70

KSBs

Knowledge

K1: The importance of continuing professional development throughout own career.

K2: The importance of safeguarding, signs of abuse and relevant safeguarding processes.

K3: What is required of them by the Health and Care Professions Council, including but not limited to the Standards of conduct, performance and ethics.

K4: The importance of valid consent.

K5: The importance of capacity in the context of delivering care and treatment.

K6: The scope of a professional duty of care.

K7: Legislation, policies and guidance relevant to own profession and scope of practice.

K8: The ethical and legal implications of withholding and withdrawing feeding and nutrition and the impact of social, psychological and medical factors to service users' communication difficulties and/or swallowing status.

K9: The centrality of home language(s) to a service user's identity, family life and community, culture and/or religion, by working to maintain, develop or enhance a client's home language.

K10: The importance of own mental and physical health and wellbeing strategies in maintaining fitness to practise.

K11: How to take appropriate action if own health may affect own ability to practise safely and effectively, including seeking help and support when necessary.

K12: The need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice.

K13: Equality legislation and how to apply it to own practice.

K14: The duty to make reasonable adjustments in practice.

- **K15**: The characteristics and consequences of barriers to inclusion, including for socially isolated groups.
- **K16**: That regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards and across all areas of practice.
- **K17**: When disclosure of confidential information may be required.
- **K18**: The principles of information and data governance and the safe and effective use of health, social care and other relevant information.
- **K19**: The need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support, such as interpreters or translators.
- **K20**: That the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms.
- **K21**: The characteristics and consequences of verbal and non-verbal communication and how these can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences.
- **K22**: The need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter.
- **K23**: The need to provide service users or people acting on own behalf with the information necessary in accessible formats to enable them to make informed decisions.
- **K24**: The possible contribution of social, psychological and medical factors to service users' communication difficulties and/or swallowing status.
- **K25**: 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.
- **K26**: That the need to work with others includes health, social care and educational professionals.
- **K27**: The importance of working in partnership with service users and their families.
- **K28**: The principles and practices of other health and care professionals and systems and how they interact with own profession.
- **K29**: The need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team.
- **K30**: The qualities, behaviours and benefits of leadership.
- **K31**: That leadership is a skill all professionals can demonstrate.
- **K32**: The value of reflective practice and the need to record the outcome of such reflection to support continuous improvement.
- **K33**: The value of multi-disciplinary reviews, case conferences and other methods of review.
- **K34**: The value of gathering and using data for quality assurance and improvement programmes.
- **K35**: The structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession.

- **K36**: The roles of other professions in education, health and social care and understand how they may relate to the role of speech and language therapist.
- **K37**: The structure and function of education, health and social care services and systems in the UK.
- **K38**: The theoretical basis of, and the variety of approaches to, assessment and intervention taking account of the need to modify approaches in line with cultural, religious and linguistic needs.
- **K39**: Educational theory and practice and the relationship between language and literacy in relation to speech and language therapy, including sound awareness and school readiness skills.
- **K40**: Linguistics and phonetics, psycholinguistics, sociolinguistics and all levels of typical processing and the differences for individuals whose home language is not English.
- **K41**: Biomedical and medical sciences as relevant to the development and maintenance of communication and swallowing.
- **K42**: Psychology as relevant to lifespan development and change, typical and impaired communication, and psychological and social wellbeing.
- **K43**: Sociology in relation to the practice of speech and language therapy, including its application to educational, health and workplace settings and within multi-cultural societies.
- **K44**: Therapeutic contexts, models and processes, relevant to the practice of speech and language therapy.
- **K45**: Developmental and acquired disorders of speech, language, communication and swallowing.
- **K46**: The diversity of client's cultural background, including awareness of cultural groups, protected characteristics, and social class.
- **K47**: A range of research methodologies relevant to own role.
- **K48**: The value of research to the critical evaluation of practice.
- **K49**: Health education and how it relates to communication and swallowing.
- **K50**: The influence of situational contexts on communicative functioning and swallowing status.
- **K51**: The need to maintain the safety of themself and others, including service users, carers and colleagues.
- **K52**: Relevant health and safety legislation and local operational procedures and policies.
- **K53**: The role of the profession in health promotion, health education and preventing ill health.
- **K54**: How social, economic and environmental factors, wider determinants of health, can influence a person's health and well-being.

Skills

- **S1**: Identify the limits of own practice and when to seek advice or refer to another professional or service.
- **S2**: Recognise the need to manage own workload and resources safely and effectively, including managing the emotional burden that comes with working in a pressured environment.

- **S3**: Keep own skills and knowledge up to date.
- **S4**: Maintain high standards of personal and professional conduct.
- **S5**: Engage in safeguarding processes where necessary.
- **S6**: Promote and protect the service user's interests at all times.
- **S7**: Respect and uphold the rights, dignity, values, and autonomy of service users, including own role in the assessment, diagnostic, treatment and / or therapeutic process.
- **S8**: Recognise that relationships with service users, carers and others should be based on mutual respect and trust, and maintain high standards of care in all circumstances.
- **S9**: Obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented.
- **\$10**: Exercise a duty of care.
- **\$11**: Apply legislation, policies and guidance relevant to own profession and scope of practice.
- **\$12**: Recognise the power imbalance which comes with being a health care professional, and ensure it is not for personal gain.
- **\$13**: Identify own anxiety and stress and recognise the potential impact on own practice.
- **\$14**: Develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment.
- **\$15**: Recognise that they are personally responsible for, and must be able to, justify their decisions and actions.
- **\$16**: Use own skills, knowledge and experience, and the information available, to make informed decisions and/or take action where necessary.
- **\$17**: Make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately.
- **\$18**: Make and receive appropriate referrals, where necessary.
- **\$19**: Exercise personal initiative.
- **\$20**: Demonstrate a logical and systematic approach to problem solving.
- **S21**: Use research, reasoning and problem-solving skills when determining appropriate actions.
- **S22**: Respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences.
- **\$23**: Recognise the potential impact of own values, beliefs and personal biases, which may be unconscious), on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity.
- **S24**: Make and support reasonable adjustments in own and others' practice.

- **S25**: Actively challenge barriers to inclusion, supporting the implementation of change wherever possible.
- **S26**: Adhere to the professional duty of confidentiality.
- **S27**: Respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and/or the wider public and recognise situations where it is necessary to share information to safeguard service users, carers and/or the wider public.
- **\$28**: Use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others.
- **S29**: Communicate in English to the standard equivalent to level 8 of the International English Language Testing System, with no element below 7.5. This requirement is stricter for speech and language therapists than for all other HCPC registered professions, as communication in English is a core professional skill.
- **\$30**: Work with service users and/or own carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate.
- **S31**: Modify own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible.
- **S32**: Use information, communication and digital technologies appropriate to own practice.
- **\$33**: Keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines.
- **S34**: Manage records and all other information in accordance with applicable legislation, protocols and guidelines.
- **S35**: Use digital record keeping tools, where required.
- **\$36**: Work in partnership with service users, carers, colleagues and others.
- **S37**: Contribute effectively to work undertaken as part of a multi-disciplinary team.
- **\$38**: Identify anxiety and stress in service users, carers and colleagues, adapting own practice and providing support where appropriate.
- **S39**: Identify own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion.
- **\$40**: Demonstrate leadership behaviours appropriate to own practice.
- **S41**: Act as a role model for others.
- **S42**: Promote and engage in the learning of others.
- **S43**: Work in partnership with service users and carers in planning and evaluating assessments, treatments and interventions to meet their needs and goals.
- **S44**: Engage in evidence-based practice.
- **S45**: Gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to own care.

- **\$46**: Monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement.
- **\$47**: Participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures.
- **\$48**: Evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary.
- **S49**: Demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process.
- **\$50**: Change own practice as needed to take account of new developments, technologies and changing contexts.
- **S51**: Gather appropriate information.
- **\$52**: Analyse and critically evaluate the information collected.
- **\$53**: Select and use appropriate assessment techniques and equipment.
- **\$54**: Undertake and record a thorough, sensitive, and detailed assessment.
- **\$55**: Undertake or arrange investigations as appropriate.
- **\$56**: Conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively.
- **\$57**: Critically evaluate research and other evidence to inform own practice.
- **\$58**: Engage service users in research as appropriate.
- **\$59**: Formulate specific and appropriate management plans including the setting of timescales.
- **\$60**: 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.
- **S61**: Apply knowledge of communication impairment, linguistics, phonetics, psychology and biomedical sciences to the identification, assessment and differential diagnosis of a range of communication and swallowing impairments.
- **\$62**: Evaluate the effects of communication difficulties and swallowing status on the psychosocial wellbeing of service users, their families and carers.
- **S63**: Use knowledge of speech and language therapy to assess and work with people with the following impairments:– acquired speech and language impairments– developmental or acquired cognitive impairments– developmental speech and language disorders– dysfluency– dysphagia– voice disorders or voice modification needs.
- **S64**: Assess and plan interventions in the service user's home language with the assistance of professional interpreters, and with reference to professional clinical guidelines and evidence-based practice.

\$65: Demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies.

S66: Work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation.

\$67: Select appropriate personal protective equipment and use it correctly.

S68: Establish safe environments for practice, which appropriately manages risk.

S69: Empower and enable individuals, including service users and colleagues, to play a part in managing own health.

\$70: Engage in occupational health, including being aware of immunisation requirements.

Behaviours

B1: Collaborate with colleagues and other organisations to constructively challenge and influence relevant policies and legislation locally and nationally to articulate the SLT contribution, convey key messages and be an advocate for communities and the profession.

B2: Respect diversity, individual differences, cultural beliefs and customs.

B3: Be non-judgemental and respect people's autonomy and rights to make their own decisions about their speech, language, communication and eating, drinking and swallowing needs, adopting a person-centred and co-production approach.

B4: Be responsive and empathetic to the individual context of each person and their family.

B5: Act in a manner consistent with HCPC Standards of Conduct, Performance and Ethics.

B6: Practise with openness, honesty, integrity.

Qualifications

English and Maths

Apprentices without level 2 English and maths will need to achieve this level prior to taking the End-Point Assessment. For those with an education, health and care plan or a legacy statement, the apprenticeship's English and maths minimum requirement is Entry Level 3. A British Sign Language (BSL) qualification is an alternative to the English qualification for those whose primary language is BSL.

Other mandatory qualifications

BSc (Hons) degree in Speech and language therapy or Level 7 qualification approved by the Health and Care Professions Council (HCPC) where the apprentice already holds a Level 6 degree

Level: 6 (integrated degree)

Additional details

Regulated standard

This is a regulated occupation.

Regulator body:

Health and Care Professions Council

Training Provider must be approved by regulator body

EPAO must be approved by regulator body

Occupational Level:

6

Duration (months):

48

Review

This apprenticeship standard will be reviewed after three years

Example progression routes

Advanced clinical practitioner (integrated degree)

Enhanced clinical practitioner

Version log

VERSION	CHANGE DETAIL	EARLIEST START DATE	LATEST START DATE	LATEST END DATE
1.2	Standard, end- point assessment plan and funding band revised	01/09/2023	Not set	Not set
1.1	Funding revised but remains. Endpoint assessment plan revised	19/11/2021	31/08/2023	Not set
1.0	Approved for delivery	03/07/2019	02/07/2019	Not set

Crown copyright © 2023. You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. Visit www.nationalarchives.gov.uk/doc/open-government-licence