

# End-point assessment plan for Speech and Language Therapist (Integrated Degree) apprenticeship standard

Apprenticeship standard number	Level of this end point assessment (EPA)	Integrated
ST0618	6	Integrated degree apprenticeship

## Contents

Introduction and overview .....	2
EPA summary table .....	3
Length of end-point assessment period: .....	4
Order of assessment methods .....	4
Gateway .....	5
Assessment methods.....	6
Weighting of assessment methods .....	11
Grading.....	11
Roles and responsibilities .....	15
Internal Quality Assurance (IQA).....	17
Re-sits and re-takes.....	17
Affordability.....	18
Professional body recognition .....	18
Reasonable adjustments .....	18
Mapping of knowledge, skills and behaviours (KSBs) .....	19

## Introduction and overview

This document sets out the requirements for end-point assessment (EPA) for the Speech and Language Therapist (Integrated Degree) apprenticeship standard. It is for end-point assessment organisations (EPAOs) who need to know how EPA for this apprenticeship must operate. It will also be of interest to Speech and Language Therapist (Integrated Degree) apprentices, their employers and training providers.

Full time apprentices will typically spend 48 months on-programme (before the gateway) working towards the occupational standard, with a minimum of 20% off-the-job training. All apprentices will spend a minimum of 12 months on-programme.

The EPA period should only start, and the EPA be arranged, once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, all of the pre-requisite gateway requirements for EPA have been met and that they can be evidenced to an EPAO.

All pre-requisites for EPA assessment methods must also be complete and available for the assessor as necessary.

For level 3 apprenticeships and above apprentices without English and mathematics at level 2 must achieve level 2 prior to taking their EPA.

The EPA must be completed within an EPA period lasting a maximum of 3 month(s), beginning when the apprentice has passed the EPA gateway.

The EPA consists of 2 discrete assessment methods.

The individual assessment methods will have the following grades:

### **Assessment method 1:** Live observation of practice with question and answer session

- Fail
- Pass

### **Assessment method 2:** Professional Discussion

- Fail
- Pass
- Distinction

Performance in the EPA will determine the overall apprenticeship standard and grade of:

- Fail
- Pass
- Distinction

## EPA summary table

<b>On-programme</b> (typically 48 months)	Training to develop the occupation standard's knowledge, skills and behaviours.
<b>End-point Assessment Gateway</b>	<ul style="list-style-type: none"> <li>• Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard.</li> <li>• English/mathematics Level 2</li> <li>• Achievement of 340 credits of the BSC (Hons) Speech and Language Therapy or 160 credits for the MSc Speech and Language Therapy</li> </ul>
<b>End Point Assessment</b> (which would typically take 3 months)	<p>Assessment Method 1: Live observation of practice with question and answer session</p> <p>With the following grades:</p> <ul style="list-style-type: none"> <li>• Fail</li> <li>• Pass</li> </ul> <p>Assessment Method 2: Professional Discussion</p> <p>With the following grades:</p> <ul style="list-style-type: none"> <li>• Fail</li> <li>• Pass</li> <li>• Distinction</li> </ul>
<b>Professional recognition</b>	<p>Aligns with recognition by:</p> <ul style="list-style-type: none"> <li>• Health and Care Professions Council</li> <li>• Royal College of Speech and Language Therapists</li> </ul>

## **Length of end-point assessment period:**

The EPA must be completed within an EPA period typically lasting a maximum of 3 month(s), beginning when the apprentice has passed the EPA gateway.

## **Order of assessment methods**

The assessment methods can be delivered in any order.

## Gateway

The EPA period should only start once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, that is to say they are deemed to have achieved occupational competence. In making this decision, the employer may take advice from the apprentice's training provider(s), but the decision must ultimately be made solely by the employer.

In addition to the employer's confirmation that the apprentice is working at or above the level in the occupational standard, the apprentice must have completed the following gateway requirements prior to beginning EPA:

- English and mathematics at level 2.
- Achievement of 340 credits of the BSc (Hons) Speech and Language Therapy or 160 credits for the MSc Speech and Language Therapy

For those with an education, health and care plan or a legacy statement the apprenticeships English and mathematics minimum requirement is Entry Level 3 and British Sign Language qualification are an alternative to English qualifications for whom this is their primary language.

For Live observation of practice with question and answer session:

- no specific requirements

For Professional Discussion:

- no specific requirements

## Assessment methods

### Assessment Method 1: Live observation of practice with question and answer session

#### Overview

Apprentices must be observed by an independent assessor completing work in their normal workplace, in which they will demonstrate the KSBs assigned to this assessment method. The EPAO will arrange for the observation of practice with answer session to take place, in consultation with the employer.

One assessor may observe up to a maximum of 1 apprentice at any one time, to allow for quality and rigour.

The rationale for this assessment method is:

An observation of practice with question and answer session provides an opportunity for the independent assessor to see the apprentice during their normal, everyday work, undertaking the requirements of the knowledge, skills and behaviours in real time. This assessment method carried out in a real work environment, is the most appropriate method due to the practical nature of the occupation.

#### Delivery

The observation of practice with question and answer session should take 2.5 hour(s). The observation may be split into discrete sections held over a maximum of 1 working day. The length of a working day is typically considered to be 7.5 hours. The independent assessor has the discretion to increase the time of the observation of practice by up to 10% to allow the client interaction to come to a natural conclusion.

In advance of the observation of practice with question and answer session, apprentices must be provided with information on the format of the observation of practice with question and answer session, including timescales.

The following activities **MUST** be observed during the observation of practice with question and answer session:

The apprentice must be observed carrying out a speech and language therapy intervention in the workplace with direct contact with a minimum of 1 client.

The observation of practice with question and answer session should be conducted in the following way, to take account of the occupational context in which the apprentice operates:

The independent assessor will observe the apprentice in practice for 105 minutes, followed by a question and answer session of 45 minutes. The independent assessor must ensure that they observe the apprentice for the full time period and if an interruption occurs, for example a fire alarm, the clock is paused and resumed. Any breaks between tasks or travelling should be documented. The independent assessor should not engage with the individual and/or the apprentice throughout the observation period, except in situations where the independent assessor deems the individual or the apprentice to be at risk of harm. In such a situation, the independent assessor will stop the assessment and contact the relevant senior at the EPAO, so as to determine whether it constitutes a fail or necessitates a re-sit. For example a fail would be where the actions of the apprentice puts the individual or the apprentice at risk of harm. A re-sit will be required if unavoidable external factors resulted in risk of harm to the individual or the apprentice. The apprentice must demonstrate the KSBs mapped to this method of assessment. (These can be found in the mapping section at the end of the document)

Travel time, if needed, will not be included in the total time for assessment. Where possible, EPAOs should ensure this is kept to a minimum.

Questions must be asked after the observation of practice, during the question and answer session. The questioning session must take place in a suitable environment away from any client(s). The independent assessor must ask a minimum of 6 questions from a bank of open questions provided by the EPAO and ask follow-up questions where clarification is required. KSBs that do not naturally occur during the observation will be covered by the question and answer session, but these questions must be asked within a time period not exceeding 45 minutes.

KSBs observed, and answers to questions, must be documented by the independent assessor on the template provided by the EPAO.

The independent assessor will make all grading decisions.

### Other relevant information

There may be breaks during the observation to allow the apprentice to move from one location to another as required, including comfort breaks.

### Support material

EPAOs will produce the following material to support this assessment method:

- structured observation of practice with question and answer recording documentation for the independent assessor to capture evidence of the relevant KSBs
- develop and provide a bank of open questions mapped to the KSBs
- grading criteria for the independent assessor
- document for the employer and apprentice on how the assessment will be conducted

### Venue

The observation can take place in:

- employer's premises
- workplace other than the employer's own premises (e.g. premises of a client)

## Question development

EPAOs will create open questions to assess related underpinning knowledge, skills and behaviours. They must develop 'question banks' of sufficient size to prevent predictability and review them regularly (and at least once a year) to ensure they, and the questions they contain, are fit for purpose.

## Assessment Method 2: Professional Discussion

### Overview

This assessment will take the form of a professional discussion, which must be appropriately structured to draw out the best of the apprentice's competence and excellence and cover the KSBs assigned to this assessment method. It will involve the questions that will focus on analysis of given scenarios, problem solving, coverage of prior learning or activity.

The professional discussion can take place in any of the following:

- employer's premises
- a suitable venue selected by the EPAO (e.g. a training provider's premises)

The rationale for this assessment method is:

This assessment method provides the independent assessor with the opportunity to assess the apprentice's competence in those knowledge, skills and behaviours which may not occur regularly within the workplace. This two-way discussion between the apprentice and independent assessor will allow the apprentice to use standardised scenarios as a means by which they can examine their own practice and experiences with the independent assessor.

### Delivery

The independent assessor will conduct and assess the professional discussion.

The professional discussion must last for 60 minutes. The independent assessor has the discretion to increase the time of the professional discussion by up to 10% to allow the apprentice to complete their last answer. Further time may be granted for apprentices with appropriate needs, in line with the EPAO's Reasonable Adjustments policy.

During this method, the independent assessor must use a minimum of 4 questions for each scenario from the EPAO's question bank and ask follow-up questions where required.

The professional discussion will be conducted as set out here:

The professional discussion will be led by the independent assessor with the apprentice on an individual basis. The independent assessor will conduct and assess the professional discussion and utilise the assessment tools and procedures that are set out by the EPAO to record the professional discussion, which will be graded fail, pass or distinction.

The apprentice will be presented with 2 scenarios, previously unseen, between 300-400 words each.) For each scenario, the apprentice will be assessed for 30 minutes in a controlled environment:

- 10 minutes to read and prepare response to discussion of scenario
- 20 minutes discussion and questioning

## Scenarios

### Scenario 1 - Safeguarding, covering the following themes:

- Collaboration/team working
- Information sharing
- Governance
- Ethics

### Scenario 2- Championing innovation in service delivery, covering the following themes:

- Leadership
- Research
- Evidence-based practice
- Service improvement

## Examples of scenarios for illustrative purposes only

### Safeguarding scenario examples:

An 84- year old is admitted to an acute hospital following a fall two days ago, with marked cognitive decline and a known diagnosis of dementia. The individual lives in their own home, has one child living at home with another son living elsewhere. Both give differing information re the financial and health affairs of the afore mentioned patient. Likely to be at the end stages of life, SLT involvement is from a dysphagia perspective.

An individual with learning disabilities, with whom you are working, spends a lot of time on social media and appears to be forming an inappropriate relationship.

You observe what appears to be a burn on the arm of a 4- year old child seen in a group session. The parent(s) is/are outside the room.

A child has been referred to you whose attendance is erratic and the parents not always complying with therapy advice. The child is presenting with delayed development.

A carer has made contact with you at the end of a very busy day expressing their concerns regarding the on-going care needs of a relative for whom you are providing clinical care. The carer has said that they are at the end of their tether and afraid that they may harm their relative or themselves.

The EPAO may develop a 300-400 word scenario either using one of the above examples or may devise their own, covering all of the safeguarding themes listed above in Scenario 1.

### **Innovation, service delivery scenario examples:**

You have the opportunity to be part of a working group reviewing service provision within the context of a reduction of 10% in service resources. How would you contribute to this group and how do you see your role within the group?

A sum of money, which needs to be spent within a finite period, has become available to make service improvements. What would be your priorities and consideration for this spend?

The service has a care pathway for which there is little or low-quality evidence. What do you consider to be the next steps?

The service you work for has been asked to raise additional income of £10,000 within the next year. How could your service contribute to this financial target?

The EPAO may develop a 300-400 word scenario using one of the above examples or may devise their own, covering all the innovation, service delivery themes listed above in Scenario 2.

The professional discussion will allow the apprentice to demonstrate the breadth and depth of their speech and language therapy knowledge, skills and behaviours.

The independent assessor must use the assessment tools and procedures that are set by the EPAO to record the professional discussion.

The independent assessor will make all grading decisions.

### **Venue**

The professional discussion should take place in a quiet room, free from distractions and influence, at a venue sourced by the EPAO.

### **Other relevant information**

A structured specification, scenario and question bank must be developed by EPAOs. The scenario and question bank must be of sufficient size to prevent predictability and be reviewed regularly (and at least once a year) to ensure that it, and its content, are fit for purpose. The specifications, including the scenarios and questions relating to the underpinning knowledge, skills and behaviours, must be varied yet allow assessment of the relevant KSBs.

EPAOs must ensure that apprentices have a different set of scenarios and questions in the case of re-sits/re-takes.

Independent assessors must be developed and trained by the EPAO in the conduct of professional discussion and reaching consistent judgement.

EPAOs will produce the following material to support this assessment method:

- Bank of scenarios of between 300-400 words each
- Structured discussion recording documentation for the independent assessor to use during the professional discussion
- Bank of questions/discussion points mapped to the KSBs
- Grading criteria for the independent assessor to use during the professional discussion
- Document for the employer and apprentice on how the assessment will be conducted

## Weighting of assessment methods

Both assessment methods have equal weighting.

## Grading

### Assessment method 1: Live observation of practice with question and answer session

KSBs	Fail	Pass
<b>K1 K2</b> <b>K3 K4</b> <b>K5 K6</b> <b>K7 K8,</b> <b>K11</b> <b>K17</b> <b>K18</b> <b>K24</b> <b>K25</b> <b>K30</b> <b>K31</b> <b>K32</b>  <b>S1 S2</b> <b>S3 S4</b> <b>S5 S6</b> <b>S7 S8</b> <b>S9 S10</b> <b>S14</b> <b>S15</b> <b>S16</b> <b>S17</b> <b>S22</b> <b>S23</b> <b>S24</b>  <b>B2 B3</b> <b>B4 B5</b> <b>B6</b>	<p>The apprentice does not meet the pass criteria.</p>	<p>To achieve a pass in the demonstration of practice the apprentice will:</p> <ol style="list-style-type: none"> <li>1. Demonstrate respect, empathy and discretion, treating clients and carers, particularly those who are distressed, with individuality, dignity and respect. (S6, B3, B5, B6)</li> <li>2. Communicate information and ideas clearly, effectively and professionally at all times using a range of verbal and non-verbal strategies appropriate to the client's age, cognitive development and emotional-behavioural presentation, and to others involved in the care of the service user. (K8, K17, S1, S2, S5)</li> <li>3. Demonstrate use of a range of suitable and effective evidence-based interventions to provide care and support for clients promoting active participation. Apply knowledge, behaviour modification techniques, interpersonal and clinical skills to achieve theoretically justified functional aims and objectives and to make reliable and valid judgements which respond appropriately to the presenting situation, in line with HCPC's standards and codes of conduct (K1, K2, K3, K4, K5, K6, K7, K24, S3, S4, S7, S15, S16)</li> <li>4. Demonstrate accurate recording skills during work with clients that contributes to effective record keeping and the precise evaluation of assessment and intervention outcomes (K5, K6, K7, S8, S17)</li> <li>5. Create, store, retrieve, share, adapt or update records and treatment plans in line with confidentiality and other legal requirements and encompass holistic evaluation of the client's needs including the wider psychosocial context. (K30, S14, S15, S23)</li> <li>6. Demonstrate collaborative team working and understand why it is important to effectively work with others in providing SLT services (K18, S24, B2)</li> <li>7. Gain informed consent and support informed decision making, respect the client's choices or wishes and collaborate with them when planning or carrying out treatment (K11, S1, S10, B4)</li> <li>8. Provide verbal or written communication, education and information to the client and multi-disciplinary team including preventative, palliative or curative information (S5, S9)</li> <li>9. Demonstrate and explain their clinical reasoning and how they have used a systematic approach to select an evidence-based treatment or</li> </ol>



		<p>4. Describe, analyse and articulate the role of evaluation, research design and service improvement in the development of the profession (K26, S11, S12, S20)</p> <p>5. Describe, through examples, how they have effectively developed themselves personally and professionally. (K21, S11)</p>	
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## Overall EPA grading

All EPA methods must be passed for the EPA to be passed overall.

Grades from individual assessment methods should be combined in the following way to determine the grade of the EPA as a whole:

Assessment method 1	Assessment method 2	Overall grading
Fail	Fail	Fail
Fail	Pass	Fail
Pass	Fail	Fail
Pass	Pass	Pass
Fail	Distinction	Fail
Pass	Distinction	Distinction

## Roles and responsibilities

Role	Responsibility
Apprentice	<ul style="list-style-type: none"> <li>• participate in development opportunities to improve their knowledge skills and behaviours as outlined in the standard</li> <li>• meet all gateway requirements when advised by the employer</li> <li>• understand the purpose and importance of EPA and undertake EPA</li> </ul>
Employer	<ul style="list-style-type: none"> <li>• support the apprentice to achieve the KSBs outlined in the standard to their best ability</li> <li>• determines when the apprentice is working at or above the level outlined in the standard and is ready for EPA</li> <li>• select the EPAO</li> <li>• confirm all EPA gateway requirements have been met</li> <li>• confirm arrangements with EPAO for the EPA (who, when, where) in a timely manner</li> <li>• ensure apprentice is well prepared for the EPA</li> </ul>
EPAO	<p>As a minimum EPAOs should:</p> <ul style="list-style-type: none"> <li>• understand the occupational role</li> <li>• provide training and CPD to the independent assessors they employ to undertake the EPA</li> <li>• provide adequate information, advice and guidance documentation to enable apprentices, employers and providers to prepare for the EPA</li> <li>• deliver the end-point assessment outlined in this EPA plan in a timely manner</li> <li>• prepare and provide all required material and resources required for delivery of the EPA in-line with best practices</li> <li>• use appropriate assessment recording documentation to ensure a clear and auditable mechanism for providing assessment decision feedback to the apprentice</li> <li>• have no direct connection with the apprentice, their employer or training provider i.e. there must be no conflict of interest</li> <li>• maintain robust internal quality assurance (IQA) procedures and processes, and conducts these on a regular basis</li> <li>• conform to the requirements of the nominated external quality assurance body</li> <li>• organise standardisation events and activities in accordance with this plan's IQA section</li> <li>• organise and conduct moderation of independent assessors' marking in accordance with this plan</li> <li>• have, and operate, an appeals process</li> <li>• arrange for certification with the relevant training provider</li> </ul>
Independent assessor	<p>As a minimum an Independent assessor should:</p> <ul style="list-style-type: none"> <li>• understand the standard and assessment plan</li> </ul>

	<ul style="list-style-type: none"> <li>• deliver the end-point assessment in-line with the EPA plan</li> <li>• comply to the IQA requirements of the EPAO</li> <li>• be independent of the apprentice, their employer and training provider(s) i.e. there must be no conflict of interest</li> <li>• satisfy the criteria outlined in this EPA plan</li> <li>• have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading</li> <li>• have the capability to assess the apprentice at this level</li> <li>• attend the required number of EPAOs standardisation and training events per year (as defined in the IQA section)</li> </ul>
Training provider	<p>As a minimum the training provider should:</p> <ul style="list-style-type: none"> <li>• work with the employer to ensure that the apprentice is given the opportunities to develop the KSBs outlined in the standard and monitor their progress during the on-programme period</li> <li>• advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway</li> </ul> <p>• Play no part in the EPA itself</p>

## Internal Quality Assurance (IQA)

Internal quality assurance refers to the requirements that EPA organisations must have in place to ensure consistent (reliable) and accurate (valid) assessment decisions. EPA organisations for this EPA must:

- appoint independent assessors who have knowledge of the following occupational areas:  
The independent assessor will be required to be occupationally competent across the whole occupational standard ie a HCPC registered Speech and Language Therapist.
- have recent relevant experience of the occupation/sector gained in the last two years or significant experience working within a Speech and Language Therapy environment.
- appoint independent assessors who have experience of evaluating and assessing student practice
- appoint independent assessors who are members of the Royal College of Speech and Language Therapists.
- appoint independent assessors who are competent to deliver the end-point assessment
- provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading
- have robust quality assurance systems and procedures that support fair, reliable and consistent assessment across the organisation and over time.
- operate induction training and standardisation events for independent assessors when they begin working for the EPAO on this standard and before they deliver an updated assessment method for the first time.
- ensure all assessors attend regular standardisation events but at least once a year as a minimum.

## External Quality Assurance (EQA)

The external quality assurance provider for this assessment plan is named on the Institute for Apprenticeships and Technical Education's website.

## Re-sits and re-takes

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does.

Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit or re-take any failed assessment methods only.

Any assessment method re-sit or re-take must be taken during the maximum EPA period, otherwise the entire EPA must be taken again, unless in the opinion of the EPAO exceptional circumstances apply outside the control of the apprentice or their employer.

Re-sits and re-takes are not offered to apprentices wishing to move from pass to distinction.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of pass, unless the EPAO determines there are exceptional circumstances requiring a re-sit or re-take.

## Affordability

Affordability of the EPA will be aided by using at least some of the following practice:

- using an employer's premises

## Professional body recognition

This apprenticeship is designed to prepare a successful apprentice to meet the requirements for registration as a Speech and Language Therapist (Integrated Degree) with the Health and Care Professions Council and the Royal College of Speech and Language Therapists.

## Reasonable adjustments

The EPAO must have in place clear and fair arrangements for making reasonable adjustments for this apprenticeship standard. This should include how an apprentice qualifies for Reasonable Adjustment and what Reasonable Adjustments will be made. The adjustments must maintain the validity, reliability and integrity of the assessment methods outlined in this assessment plan. Further time may be granted for apprentices with appropriate needs, in line with the EPAO's Reasonable Adjustments policy.

# Mapping of knowledge, skills and behaviours (KSBs)

## Assessment method 1: Live observation of practice with question and answer session

Knowledge
<b>K1</b> Current and emerging theoretical models of typical and atypical development and ageing.
<b>K2</b> The aetiology, epidemiology, co-morbidities and prognostic factors to support diagnosis and treatment and the typical care pathways and patient journeys from referral to discharge.
<b>K3</b> The interactions between speech, language communication, eating, drinking and swallowing needs and social, physical health, psychosocial wellbeing, education and employment across the lifespan.
<b>K4</b> Approaches to assessment, diagnosis, intervention and management across the patient lifespan; and the key principles underpinning safe practice.
<b>K5</b> How to apply appropriate outcome measures.
<p><b>K6</b> The particular features and diagnosis of a range of conditions, for example:</p> <ul style="list-style-type: none"> <li>• Acquired cognitive communication disorders</li> <li>• Acquired language disorders</li> <li>• Acquired motor speech disorders</li> <li>• Acquired neurological disorders</li> <li>• Cleft lip and/or palate</li> <li>• Developmental language disorders</li> <li>• Developmental speech sound disorders</li> <li>• Dysphagia (eating, drinking and swallowing disorders)</li> <li>• Fluency disorders</li> <li>• Head and neck cancers and/or trauma</li> <li>• Learning disabilities</li> <li>• Sensory impairment</li> <li>• Mental health conditions</li> <li>• Neonates;</li> <li>• Neurodevelopmental conditions</li> <li>• Voice disorders and voice modification.</li> </ul>
<p><b>K7</b> The specific areas that are integral to the underpinning of their clinical practice and interactions within a multi- disciplinary team:</p> <ul style="list-style-type: none"> <li>• Phonetics and Linguistics</li> </ul>

<ul style="list-style-type: none"> <li>• Psychological and social sciences; including basic counselling skills, behavioural change and principles of coaching</li> <li>• Biological and medical sciences.</li> </ul>
<b>K8</b> The communication process. Typical and atypical verbal and non-verbal communication.
<b>K11</b> Models and frameworks of holistic person-centred care, including shared decision making
<b>K17</b> The need to provide culturally and linguistically appropriate service delivery.
<b>K18</b> The contexts of speech and language therapy service delivery.
<b>K24</b> Current and emerging technologies in delivery of services (e.g. eHealth, wearables, self-service).
<b>K25</b> Methods of accessing and appraising evidence.
<b>K30</b> Information governance and technology, including confidentiality and appropriate disclosure; legislation and protocols in relation to data protection and the regulatory guidance and protocols, ethics and risks around the use of digital and social media.
<b>K31</b> The professional values, attitudes, behaviours and responsibilities, scope and overall aims of speech and language therapy practice.
<b>K32</b> Methods of caseload management and prioritisation.

Skills
<b>S1</b> Communicate with all people in a manner which is consistent with their cognitive ability and level of understanding, culture, gender, ethnicity, background and preferred ways of communicating and to the proficiency level required by the regulator.
<b>S2</b> Monitor and adapt verbal and non-verbal communication to accommodate individual needs, taking account of a range of factors such as language and linguistic skills, attention and listening skills, mental capacity, learning, physical and sensory abilities. Adapt own communication for effective case history taking, assessment, differential diagnosis and collaborative goal-setting.
<b>S3</b> Use evidence-based speech and language therapy practice to design, implement and evaluate clinical management that will unlock an individual's potential and enable the best possible communication, eating and drinking.
<b>S4</b> Use effective interpersonal skills to support and motivate individuals to actively participate in assessment and interventions.
<b>S5</b> Communicate complex information and concepts to diverse audiences, including individuals, groups and communities with a range of communication needs, including through the use of interpreters, bilingual co-workers, translation/culturally appropriate materials, and other accessible materials.
<b>S6</b> Use basic counselling strategies with people who are distressed.
<b>S7</b> Use behaviour change and behaviour modification techniques, to promote self-management of speech, language, communication and swallowing difficulties.
<b>S8</b> Plan, implement and evaluate holistic speech and language therapy interventions and provide accessible information that works towards achievement of participation-based goals, and to support health and wellbeing.

<b>S9</b> Collaborate with the multi-disciplinary team to provide accessible information in relation to speech, language, communication and eating, drinking and swallowing difficulties to a multi-disciplinary team to enhance its effectiveness.
<b>S10</b> Agree goals and co-produce plans for speech and language therapy intervention with service users, their families/carers and the multi-disciplinary team.
<b>S14</b> Synthesise theories of typical and atypical speech, language, communication and eating, drinking and swallowing with relevant knowledge from linguistics, phonetics, psychology, social and biomedical sciences to form the foundation of reasoned professional practice.
<b>S15</b> Use professional and ethical reasoning effectively, integrating knowledge and theory with clinical expertise and service user rights and preferences.
<b>S16</b> Select, use and interpret appropriate and effective information-gathering and assessment methods to identify the speech, language, communication and eating, drinking and swallowing difficulties and the needs of individuals, groups and communities to develop a reasoned speech and language therapy diagnosis.
<b>S17</b> Review, monitor and evaluate the ongoing effectiveness of speech and language therapy interventions.
<b>S22</b> Assess the clinical risk associated with any speech and language therapy intervention and take appropriate action to mitigate against potential risks to self, patients, colleagues and the public.
<b>S23</b> Appropriately use available information and communication technologies for the organisation and evaluation of data and to communicate with colleagues and patients.
<b>S24</b> Adjust speech and language therapy role within the political, social and cultural context in which they are working and able to show the value of their service and commitment to their profession.

## Behaviours

<b>B2</b> Respect diversity, individual differences, cultural beliefs and customs.
<b>B3</b> 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.
<b>B4</b> Be responsive and empathetic to the individual context of each person and their family.
<b>B5</b> Act in a manner consistent with HCPC Standards of Conduct, Performance and Ethics.
<b>B6</b> Practice with openness, honesty and integrity

## Assessment method 2: Professional Discussion

Knowledge
<b>K3</b> The interactions between speech, language communication, eating, drinking and swallowing needs and social, physical health, psychosocial wellbeing, education and employment across the lifespan.
<b>K9</b> The principles of health/well-being improvement and promotion, prevention, and early identification of speech, language, communication, and eating, drinking and swallowing difficulties, health education and community development and how to promote positive outcomes and prevent avoidable ill-health.
<b>K10</b> The social determinants of health, health inequalities, social injustice and social inequity: relationship to speech, language, communication, and eating, drinking and swallowing difficulties.
<b>K12</b> The local and national organisations that represent and campaign on behalf of people with speech, language and communication needs and eating, drinking and swallowing difficulties.
<b>K13</b> Legislation to support effective advocacy in health, education, social care and the justice system.
<b>K14</b> The principles and practice of team-working, including team roles and dynamics, the sociology of professions and professional behaviour and conflict resolution.
<b>K15</b> Principles of collaborative working in different teams/settings. For example: <ul style="list-style-type: none"> <li>• health education and justice;</li> <li>• the roles of other professionals;</li> <li>• support staff</li> <li>• organisations in different teams/settings; inter-professional learning and practice opportunities and wider sources and networks of support, including voluntary organisations.</li> </ul>
<b>K16</b> Intervention approaches that help develop the skills of others and the principles of effective training of others.
<b>K19</b> The local and national political, social, economic and institutional drivers shaping the health and wellbeing economy, including the public health agenda, and how they inform the delivery of speech and language therapy.
<b>K20</b> The principles and practices of leadership.
<b>K21</b> Supervision models and methods, including self-evaluation, fortitude and critical reflection.
<b>K22</b> Conflict resolution; problem solving; how to deal with difficult situations and conversations.
<b>K23</b> Theory of change/change management and project management in relation to service improvement and innovation.
<b>K26</b> How to design and carry out research.
<b>K27</b> National and local service quality assurance and improvement methods.

<b>K28</b> Legislation, policies and procedures, including government policies, priorities, strategies, initiatives in relation to health, education, social care and justice; national guidelines/care pathways for specific diagnostic groups; professional and regulatory standards, policies and guidelines.
<b>K29</b> Clinical governance policies, processes and procedures including consent, safeguarding for adults and children; risk assessment and management; raising and escalating concerns; ethical and informed decision-making in speech and language therapy practice.

Skills
<b>S11</b> Develop practice, seek feedback from others, engage in critical reflection, self-directed learning and professional development, addressing gaps in skills and knowledge for self-benefit and that of the profession.
<b>S12</b> Recognise the value of change and implement agreed plans on, development, innovation and transformation, reflect on the process, and use this information to appraise the outcome and inform future practice.
<b>S13</b> Facilitate learning and coach others, providing timely and constructive feedback and contributing to development and evaluation of intervention programmes.
<b>S18</b> Independently source, critically evaluate, interpret, analyse, synthesise and disseminate research findings relevant to speech and language therapy and individuals' needs.
<b>S19</b> Formulate relevant research questions about issues related to speech, language, communication, swallowing and SLT practice. Select designs and methods appropriate to research and present data and information to facilitate appropriate analysis.
<b>S20</b> Contribute to quality assurance improvement and innovation, recognising and implementing the principles of clinical governance.
<b>S21</b> Recognise own wellbeing indicators and work within the limits of practice and experience, knowing when and from whom to seek advice or help. Delegate appropriately or refer to another professional and recognise when to raise concerns about quality of practice.

Behaviours
<b>B1</b> 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.
<b>B5</b> Act in a manner consistent with HCPC Standards of Conduct, Performance and Ethics.