

Pre-registration eating, drinking and swallowing (EDS) competencies

2025-26

BSc (Hons) Speech and Language Therapy
MSc Speech and Language Therapy

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Information for learners, practice educators and lecturers

What is the pre-registration eating, drinking and swallowing competencies?

In 2021, Royal College of Speech and Language Therapists (RCSLT) published the ‘Dysphagia Training and Competency Framework’, detailing recommendations for knowledge, skills and competency development across the speech and language therapy profession.

It states: “RCSLT’s vision is that all Newly Qualified Practitioners’ (NQPs) will leave HEIs with comparable knowledge and demonstrable skills in dysphagia” and that “Clinical placements need to support teaching with observational and practical experience with dysphagic clients” (RCSLT, 2014, p10). Further to this statement, RCSLT and Health Education England (HEE) acknowledged that to ensure future SLT graduates have the necessary skills in EDS when entering the workforce more needed to be done. Following RCSLT scoping and working group input, RCSLT updated the EDS frameworks to form the Pre-registration EDS competencies.

Learners will start to acquire these competencies from 2024 and completion of the ESD competencies will become an expectation for everyone graduating from a speech and language programme from 2026 onwards. SLT graduates will be required to provide evidence for the **20 EDS competencies, achieving minimum of 16/20**, and complete a detailed clinical hours log containing **60 hours experience** in EDS to complete their course.

In response to the RCSLT requirement, we have created this record of pre-registration competency in EDS with example content, to ensure that learners will be equipped with an understanding, structure, and framework to achieve the aims. This document’s objective is to support not only learners, but practice educators and tutors working with service-users who have dysphagia.

Learners should be supported to work through their EDS competencies, from observing sessions to carrying out independent work. Practice educators and lecturers are asked to verify or ‘sign off’ the students’ competency level as they develop and, where appropriate, provide comments and feedback. RCSLT state: “Signing off a skill or activity indicates that the placement supervisor has observed knowledge, skill or competence at that time. It does not

make the supervisor responsible for the student's ability to practise once the learner has left placement; this would be the case for any area of clinical practice" (RCSLT, 2014, p13).

The pre-registration EDS competencies have been designed in sections which focus on each of the 20 competencies outlined by RCSLT. Within each section there are practice-based learning examples based on, the RCSLT's Pre-registration eating, drinking and swallowing competencies: Practice-based examples (version 1 – March, 2023), these provide additional information for the learner, practice educators and lecturers to support and achieve skills within each competency area. The list of example tasks provided is not exhaustive and there may be many other tasks that can be done to achieve each competency dependant on the learner's clinical placement experience. Neither is the list of example tasks a checklist – students do not need to demonstrate all examples in order for the competency to be signed off. Please contact a university tutor if you need further guidance on appropriate tasks.

It is acknowledged that not all students will have the same level of experience. This document provides a structure to record and evidence the experiences that learners will undertake during university lectures and workshops, on clinical placement or in other settings. It is expected that SLT learners will demonstrate at least **16 out of the 20** competencies outlined in this document before they graduate from the course.

Practice placement hours

All SLT student graduates eligible to apply to the HCPC should provide evidence that they have achieved a minimum of 16/20 EDS competencies and a total number of 60 hours experience across adult and paediatric service user groups who have difficulties with eating, drinking and swallowing by the end of their training period.

RCSLT (2021) indicate the following conditions:

- 1) 30 exposure hours should be from clinical practice with adults
- 2) 10 exposure hours should be from clinical practice with children

Hours achieved through technology enhanced learning and simulation can count towards direct hours with client groups.

All learners are expected to work within the Health and Care Professions Council's (HCPC) Standards of conduct, performance, and ethics (HCPC, 2016) and the Standards of Proficiency for speech and language therapists (HCPC, 2023). All learners should seek support and supervision in any situations that are beyond their confidence and competence.

Evidencing skills, experiences, and competence

There are many forms of evidence, such as reflections, documentation of assessments, case notes, resources, training materials. Learners are encouraged to share their evidence with their practice educators. **All evidence must be kept strictly confidential with no identifiable data.**

Which competencies should be face to face?

RCSLT (2021) recommend that a number of EDS competencies can only be achieved from direct service user contact which has been colour coded on the contents list and EDS document. The following key has been provided below:

-  = required face-to-face in the clinical setting
-  = suggested face-to-face in the clinical setting

Evidence of competencies and hours

The SLT learner has the responsibility for ensuring that they gain a signature and date as verification of their evidence against each of the competencies. The SLT learner must ensure that they keep their own documents containing evidence relating to each competency, and a detailed hours log up to date on PARE.

Explanation of terms

(taken from RCSLT, 2021, p. 6)

Term	Explanation
Carer	Refers to unpaid and paid carers or family members
Competency	A professional competency can be described as an integration of knowledge, understanding, and subject-specific skills and abilities that are used by a person to function according to the demands that are put upon them in the specific speech and language therapy context
Learner	The preferred term used by the Health and Care Professional Council (HCPC) as it allows greater flexibility when describing learners in different entry routes into the profession.
Practice educator	A registered SLT with overall responsibility for facilitating the education of the learner SLT whilst they are on clinical placement.
Service user	A broad term to refer to those who use the services of SLT's (directly or indirectly). Different setting uses different terms such as

	in schools the service user maybe known as “the child” or in hospital the service user maybe known as “the patient” or “the client”.
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With the introduction of the **new speech and language therapist eating, drinking and swallowing competency framework**, NQP SLTS will need to work through the foundation level of this with either adult or paediatric clients. They will need supervision and double sign off in practice before working towards the proficient level and becoming autonomous EDS practitioners.

Suggested resources/reading

Adult resources:

These textbooks may support your clinical learning in EDS, however, please refer to your subject modules for the full list of references.

Cocks, N. & Harding, C. (2012) Developing Clinical Skills in Dysphagia.

Guildford: J&R Press Ltd.

Cocks, N. & Harding, C. (2011) The Dysphagia Placement Workbook. Guildford: J&R Press Ltd.

Marks, L & Rainbow, D (2001) Working with Dysphagia: Routledge Press.

Logemann, JA. Evaluation and Treatment of Swallowing Disorders (1998) Pro Ed.

International Dysphagia Diet Standardisation Initiative (IDDSI) <https://iddsi.org/framework/>

Paediatric resources:

Arvedson, J. C. & Brodsky, L. (2002) Paediatric Swallowing & Feeding Assessment and Management. New York; Whurr.

International Dysphagia Diet Standardisation Initiative (IDDSI) <https://iddsi.org/framework/>

Morris, S. E. (2000) Pre- Feeding skills; A resource for mealtime development; 2nd Ed. Harcourt: Pro-Ed.

Reilly, S. & Skuse, D. (2000) Schedule for Oral Motor Assessment. London; Whurr.

Winstock, A. (2003) The practical management of eating and drinking difficulties in children. Oxon; Speechmark.

Winstock, A. (2006) Eating and drinking difficulties in children. A guide for practitioners. Oxon; Speechmark.

Wolf, L. S. & Glass, R.P. (1995) Feeding & Swallowing Disorders in Infancy, Assessment and Management. Arizona; Therapy Skill Builders.

References

Royal College of Speech and Language Therapists (2014) Dysphagia Training and Competency Framework. Recommendations for knowledge, skills and competency development across the speech and language therapy profession. London: RCSLT

Royal College of Speech and Language Therapists (2021) competencies in eating, drinking, and swallowing for the pre-registration education and training of speech and language therapists.

Royal College of Speech and Language Therapists (2021) What constitutes an hour of eating, drinking and swallowing (EDS) exposure?

Royal College of Speech and Language Therapists (March, 2023) Pre-registration eating, drinking and swallowing competencies: Practice-based examples (version 1)

Health and Care Professionals Council (HCPC) Standards of proficiency for speech and language therapists (2014)

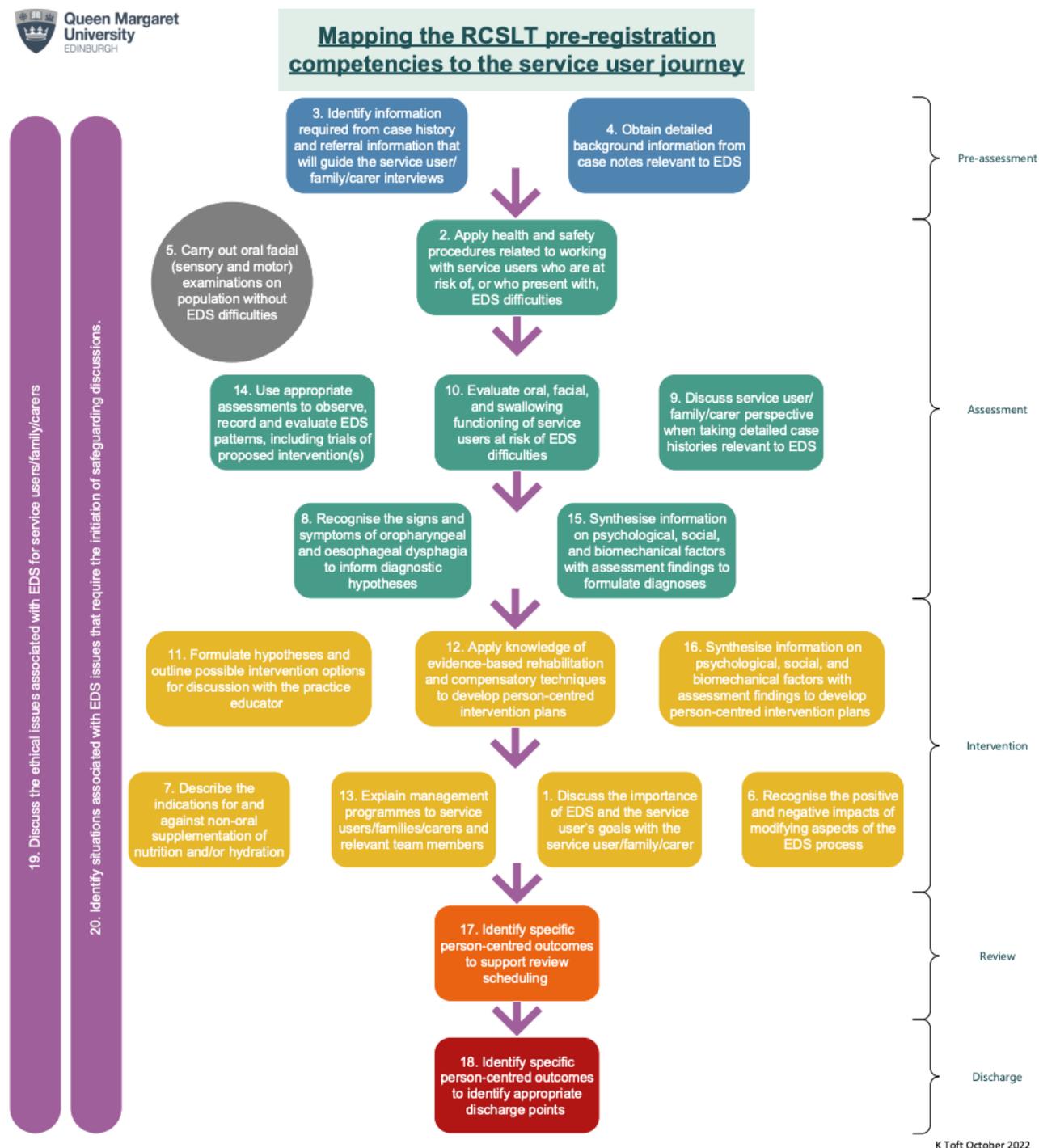
Health and Care Professionals Council (HCPC) standards of conduct, performance, and ethics (2016)

Summary of Competencies

Competency Number	Details The following key has been provided below:  = required face-to-face in the clinical setting  = suggested face-to-face in the clinical setting
1	Discuss the importance of EDS and the service user's goals with the service user/family/carer
2	Apply health and safety procedures related to working with service users who are at risk of, or who present with, EDS difficulties
3	Identify information required from case history and referral information that will guide the service user/family/carer interviews
4	Obtain detailed background information from case notes relevant to EDS
5	Carry out oral facial (sensory and motor) examinations on population without EDS difficulties
6	Recognise the positive and negative impacts of modifying aspects of the EDS process
7	Describe the indications for and against non-oral supplementation of nutrition and/or hydration
8	Recognise the signs and symptoms of oropharyngeal and oesophageal dysphagia to inform diagnostic hypotheses
9	Discuss service user/family/carer perspective when taking detailed case histories relevant to EDS
10	Evaluate oral, facial, and swallowing functioning of service users at risk of EDS difficulties.
11	Formulate hypotheses and outline possible intervention options for discussion with the practice educator
12	Apply knowledge of evidence-based rehabilitation and compensatory techniques to develop person-centred intervention plans
13	Explain management programmes to service users/families/carers and relevant team members
14	Use appropriate assessments to observe, record and evaluate EDS patterns, including trials of proposed intervention(s)
15	Synthesise information on psychological, social and biomechanical factors with assessment findings to formulate diagnoses
16	Synthesise information on psychological, social and biomechanical factors with assessment findings to develop person-centred intervention plans

Pre-registration EDS competencies

17	Identify specific person-centred outcomes to support review scheduling
18	Identify specific person-centred outcomes to identify appropriate discharge points
19	Discuss the ethical issues associated with EDS for service users/family/carers
20	Identify situations associated with EDS issues that require the initiation of safeguarding discussions



Toft, K. (2022) *Mapping the RCSLT pre-registration competencies to the service user journey* [Online]. Available from: <www.rcslt.org/wp-content/uploads/2022/10/EDS-Competency-service-user-journey-flowchart-v4.pdf> [Accessed 21.4.23, 2023].

Record of EDS Competencies

RCSLT require a minimum of 2 verifications of evidence for each competency. This can be the same activity on 2 occasions, or 2 different activities on separate occasions. Continuing to collect evidence above the minimum level will support students to develop further skills and confidence.

The competencies and potential examples of evidence are listed below. The student should add evidence against the competency on PARE and the educator should sign and date this.

EDS Competency 1 Speech and language Therapy learner is able to.....
Discuss the importance of EDS and the service user's goals with the service user/family/carer - i.e. what is the impact of having EDS difficulties and how does this lead into setting meaningful goals for the client

Possible examples for competency 1:

- Discussion with a client/ parents/legal guardian about what their own goals of SLT intervention are in relation to EDS.
- Use alternative augmentative communication (AAC) to support a service user with communication and swallowing difficulties set goals for EDS intervention e.g. talking mats, or a symbol-based programme.
- Develop and/or use an accessible version of an outcome measure specific for EDS e.g. TOMs
- Work with an interpreter to discuss EDS goals with a service user and/or their family.
- Discuss with your practice educator, the potential range of different personal, cultural, and medical factors that could be important to a service user/family/carer (i.e. psychosocial factors around family meals, going out, embarrassment, deteriorating health etc.)
- Participate in Education Health Care Plan (EHCP) meetings to review and update service users' goals with family, legal guardians, and members of the multidisciplinary team (MDT)
- Discuss with your Practice educator, how you may involve a service user who does not have mental capacity around their EDS in a goal-setting session.

EDS Competency 2

Speech and Language Therapy learner is able to.....

Apply health and safety procedures related to working with service users who are at risk of, or who present with, EDS difficulties

Possible examples for competency 2:

- Understand the various levels of infection control precautions that need to be taken relating to the infection risk level of a service user in a hospital/acute setting
- Understand and comply with the various levels of PPE required for services users with a varied range of infection risk in relation to local policies.
- Comply with lone working policy and PPE requirements for assessment of service users in their own home.
- Comply with local health and safety and infection control in all settings including storage and administration of food and drink for trials.
- Review population specific policies/ guidelines (eg, NICE guidelines, trust specific guidelines/ pathways).
- Understand and comply with the local department's health and safety and infection control with consideration of challenges this may present in a range of settings.

EDS Competency 3

Speech and language Therapy learner is able to.....

Identify information required from case history and referral information that will guide the service user/family/carer interviews

Possible examples for competency 3:

- Identify pertinent information from a referral that may suggest that the service user has EDS difficulties.
- Gain further information on an EDS referral from ward staff in an acute setting.
- Discuss EDS referrals or potential referrals to the SLT service in MDT meetings.
- Gain information from a previous SLT who may have provided input for a service users with EDS difficulties prior to referral to the current service e.g. acute.
- Discuss the referral with the service user or family member by telephone.
- Access past medical history for further pertinent information regarding the service user's referral.

EDS Competency 4

Speech and language Therapy learner is able to.....

Obtain detailed background information from case notes relevant to EDS

Possible examples for competency 4:

- Review pertinent information from case notes to provide background information on the service users EDS including risks on health.
- Create a summary of the potential sources you could gain background information from to provide more detail on the service user. Discuss your findings with your Practice educator.
- Access reports from medical professionals and other AHP's or SLT's on previous input related to health outcomes that maybe relevant to EDS.

EDS Competency 5

Speech and language Therapy learner is able to.....

Carry out oral facial (sensory and motor) examinations on population without EDS difficulties.

Possible examples for competency 5:

- Provide information on findings for service users who have speech difficulties when completing oro-motor assessments.
- Create an oro-motor assessment crib sheet that indicates the innervation of cranial nerves and how you would assess these.
- Discuss the oro-motor assessment with your lecturer or Practice educator describing the cranial nerve innervation and how food/drink passes from the mouth to the oesophagus.
- Complete an oro-motor on family and friends and within the university workshops.

EDS Competency 6

Speech and language Therapy learner is able to.....

Recognise the positive and negative impacts of modifying aspects of the EDS process

Possible examples for competency 6:

- Write a summary or explain to a Practice educator/lecturer about the potential positive and negative impacts of modifying a service users' food and/or drink.
- Review up-to-date evidence around texture modification for food and drink.
- Gain feedback from service users, care home staff, families, and hospital staff on their perspectives of positive and negative impacts of food/drink modification.
- Provide an audit around compliance of texture modified food and drinks in a range of settings with consent from your Practice educator
- Become familiar with the International Dysphagia Diet Standardisation Initiative (IDDSI) for food and drink modification. Present to your findings to your lecturer/Practice educator
- Modify and taste food and drinks that have been modified using IDDSI. Gain feedback from the experience through group discussion and personal reflections.

EDS Competency 7

Speech and language Therapy learner is able to.....

Describe the indications for and against non-oral supplementation of nutrition and/or hydration

Possible examples for competency 7:

- Discuss enteral feeding with a dietitian, consultant, GP etc.
- Shadow an enteral feeding dietitian or nurse. Discuss the pros and cons of enteral feeding.
- Discuss local service policy for long- and short-term enteral feeding and the rationale. Provide a summary of your findings.
- Review evidence for a range of client groups that may benefit from enteral feeding. Are there any groups or service users this is not a recommended action?
- How do RIG and PEGS differ? Interview or discuss with a gastroenterology consultant or enteral feeding nurse.
- Research which service user group prophylactic PEG maybe beneficial or a recommendation.
- Review whether the local service has a feed at risk policy, outlining the main points of this in relation to the service user group.
- For a service user who has communication and eating and drinking difficulties – devise accessible information to support decision making around this area.
- Develop a leaflet identifying the positives and negatives of enteral feeding – provide an easy read format for service users who have a communication difficulty.
- Observe a session where enteral feeding is discussed with a service user.
- Debate with lecturers and peers the positive and negatives of non-oral feeding with a range of client groups.
- Discuss information you would need to collect in preparation for a best interest meeting (BIM) for a client who does not have capacity to consent to non-oral supplemental nutrition and hydration.

EDS Competency 8

Speech and language Therapy learner is able to.....

Recognise the signs and symptoms of oropharyngeal and oesophageal dysphagia to inform diagnostic hypotheses

Possible examples for competency 8:

- Familiarise yourself with the local services swallowing assessment template before observing an SLT carry out an assessment. Review the results and discuss possible diagnostic hypothesis. Observations can also be achieved through videos or telehealth appointments
- Present a case study to your lecturer/Practice educator highlighting the signs and symptoms of oro-pharyngeal and oesophageal dysphagia.
- Create brief (bite-sized) training sessions for service-users, care home staff, nurses or family members outlining “What is dysphagia?” with signs and symptoms and possible underlying causes.
- Create a leaflet to explain “What is dysphagia?” to service users, family members and professionals. Explore the signs and symptoms of dysphagia. Modify the language for the appropriate audience.

EDS Competency 9

Speech and language Therapy learner is able to.....

Discuss service user/family/carer perspective when taking detailed case histories relevant to EDS - aim to move beyond simple collection of information to understand the impact of information gathered e.g. reduced mobility may mean difficulty preparing meals for themselves

Possible examples for competency 9:

- Review and practice the use of the local services case history form to gather information from service user, family, care staff. Gather information relevant to the EDS difficulties and their views of the concerns they have including their goals.
- Review the case history form, how do you have to phrase the questions dependant on the role of the interviewee. Reflect on whether the case history form ensures that you gain thorough information.
- Observe a SLT carrying out a case history with a range of service users or professionals. Reflect on how these questions are phrased.
- Develop your own case history form and practise with service users in a range of settings.
- Carry out a case history with support from your Practice educator, for a service user who has EDS difficulties

EDS Competency 10

Speech and language Therapy learner is able to.....

Evaluate oral, facial, and swallowing functioning of service users at risk of EDS difficulties

Possible examples for competency 10:

- Carry out an oral, facial motor assessment and swallowing assessment for a range of service users at risk of EDS and feedback your findings to your Practice educator.
- Consider carrying out a oral, facial and swallowing assessment in a variety of settings if the service user attends many such as
- School, home, day centre. Is there a difference in their swallowing abilities, what do you think impacts on these changes?
- Demonstrate understanding of choking and what would be an appropriate management plan.

EDS Competency 11

Speech and language Therapy learner is able to.....

Formulate hypotheses and outline possible intervention options for discussion with the practice educator i.e. why do you think this client is having difficulties and what could you propose to resolve or mitigate them?

Possible examples for competency 11:

- Following observation of an EDS assessment discuss with your Practice educator your hypotheses and potential interventions.
- Complete a swallowing assessment and discuss your findings/hypotheses with your Practice educator.
- Observe recordings of swallowing assessments and discuss potential hypotheses with peers and lecturers

EDS Competency 12

Speech and language Therapy learner is able to.....

Apply knowledge of evidence-based rehabilitation and compensatory techniques to develop person-centred intervention plans - put the client at the centre of what you do and jointly develop a plan as to how they can improve or compensate for their difficulties in line with the evidence

Pre-registration EDS competencies

Possible examples for competency 12:

- Complete a “person-centred” intervention plan for a service user you have observed during a swallowing assessment.
- Create a worksheet/videos of swallowing manoeuvres/rehab exercises/therapy- you should consider accessible formats for service users who have English as a second language or communication impairments.
- Complete a person-centered care plan that incorporates an evidence-based rehab and/or compensation technique.
- Consider the implementation of care plans, do carers, family, nurses or service users need specific training? How can you support the implementation of the plans?

EDS Competency 13

Speech and language Therapy learner is able to.....

Explain management programmes to service users/ families/carers and relevant team memb

Possible examples for competency 13:

- Script out and role play with a placement peer or Practice educator the management programme for a service user.
- Gain feedback on the language, images and communication used.
- Feedback a management plan to the MDT, reflect on how you presented the information to colleagues.
- Feedback the outcome of a swallowing assessment to a service user, family member, carer, or nurse.
- Discuss management plans and goals in the MDT and link to shared goals within the team.

EDS Competency 14

Speech and language Therapy learner is able to.....

Use appropriate assessments to observe, record and evaluate EDS patterns, including trials of proposed intervention(s)

Possible examples for competency 14:

- Become familiar with local informal and formal assessment proformas used in the local clinical setting with a range of service user groups.
- Highlight a range of scenarios where informal and formal assessment would not be possible, etc. level of alertness, respiratory status, cognition. What are the alternatives in these cases?

Pre-registration EDS competencies

- Present to peers and lecturing staff any objective swallowing assessments available and the referral criteria for each.
- Carry out a lunch time assessment of a range of service users in a variety of settings e.g. school, care home, service users own home, day centre etc. Discuss your summary with your Practice educator.
- Create your own swallowing assessment crib sheet and discuss with your Practice educator.
- Observe a video fluoroscopy/FEES clinic. Review the swallow physiology in relation to the proposed intervention and the impact this may have on swallowing function.
- Review a service user swallowing post therapy/intervention to establish outcomes in relation to swallowing function. Discuss the findings with your Practice educator

EDS Competency 15

Speech and language Therapy learner is able to.....

Synthesise information on psychological, social, and biomechanical factors with assessment findings to formulate diagnoses - bring together all the information gathered from referral, records, case history, MDT, and assessments to propose a diagnosis

Possible examples for competency 15:

- Complete at least 2 case studies of service users you have observed/assessed during your placement, clearly highlighting the relationship between aetiology and the service users swallowing presentation. Provide evidence of research and literature to support your conclusions.
- Provide a summary of findings for a service user you have observed or assessed with your Practice educator, provide a possible diagnosis in relation to their swallowing presentation.
- Develop a learning resource for a range of service user groups outlining common aetiologies and dysphagia presentations
 1. Neurological conditions Neurodegenerative progressive conditions
 2. Mechanical structural (including oncology), Psychogenic/cognitive/behavioural, drug-related, respiratory, gastroenterological (including reflux)
 3. Chronic dysphagia and resulting compensatory swallowing physiology etc. Please indicate if these might be acute/chronic/both presentations

EDS Competency 16

Speech and language Therapy learner is able to.....

Synthesise information on psychological, social, and biomechanical factors with assessment findings to develop person-centred intervention plans - bring together all the information gathered to work with the client to form a plan

Possible examples for competency 16:

Pre-registration EDS competencies

- Present the information gathered in a format accessible to the client with options for intervention. Work together to develop a person-centred intervention plan that recognises the goals of the individual.
- Develop an intervention plan for a client that has complex social factors impacting on their plans e.g. a service user explains that meals provided by the supported accommodation scheme does not provide meals appropriate for the recommended modified diet. Discuss options with a Practice educator, role play the discussions with student peer.
- Adapt feedback and patient-centred plan for a service-user who has communication difficulties.
- Reflect on situations where there has been challenges from service users, to engage in the proposed plans and advice.

EDS Competency 17

Speech and language Therapy learner is able to.....

Identify specific person-centred outcomes to support review scheduling - how can the client's overall goal be divided into achievable steps and how would this impact on when you review them

Possible examples for competency 17:

- Identify outcome measures used in the local service with a range of service user groups, evaluate how effective these measures are in determining outcomes for clients.
- Highlight and record through discussions with Practice educators in a range of clinical settings what policy and guidelines used for outcome measures, swallowing reviews and discharge criteria.
- Research formal outcome measures in relation to EDS.
- Provide a table of formal outcome measures that are specific for a range of service user groups.
- Discuss with a Practice educator what the service-users typical pathway within the local service consists of including; prioritisation criteria, diagnosis, prognosis, potential discharge from the service.
- Shadow members from the MDT to gain an overview of how the service users' goals are achieved.

EDS Competency 18

Speech and language Therapy learner is able to.....

Identify specific person-centred outcomes to identify appropriate discharge points - agree with the client what their goal is, prepare clients for discharge and reflect on how goals may need to change over time or in response to intervention

Possible examples for competency 18:

- Work with service users to set person-centred outcomes for 2 different clients, one with a non-progressive EDS difficulty and one with a progressive EDS difficulty. Reflect on how the outcomes are different for the two groups
- Discuss with your Practice educator the rationale for different service users pathways e.g. A service user discharged from hospital, level of SLT input available and required, and how this might change your current input (transfer to rehabilitation unit, community services etc.)
- Discuss with your Practice educator the discharge criteria for the local service. Using a person-centred approach have a discussion with a service user supporting them to set goals, working within the guidelines of the local service discharge criteria. Reflect on whether there was conflict between the service criteria and the service users' own goals?
- Review working with a number of local services with a range of service user groups if there is a difference in EDS interventions, goals and discharge points for each service and service user group.

EDS Competency 19

Speech and language Therapy learner is able to.....

Discuss the ethical issues associated with EDS for service users/family/carers

Possible examples for competency 19:

- Discuss with a Practice educator a time when they have experienced an ethical issue related to a service user with EDS.
- Complete reflections outlining your understanding and experiences of observing sessions where there has been a focus on ethical issues, what was the outcome?
- Attend a best interest meeting around nutrition options, discuss and summarise learning outcomes for your Practice educator.
- Outline the Mental Capacity Act 2005 and how this relates to service users with EDS difficulties. How does this apply to service users in the local setting?
- Discuss the following situation in your student peer or group;
- Service user with advanced dementia has severe dysphagia and is at risk of aspiration and penetration on all oral intake and they are not suitable for non-oral hydration/nutrition. How would you approach this with the service users family/carers? What information would you provide?

EDS Competency 20

Speech and language Therapy learner is able to.....

Identify situations associated with EDS issues that require the initiation of safeguarding discussion

Possible examples for competency 20:

- Discuss with your practise educator the legal responsibility of AHPs to raise concerns, how to access safeguarding services as needed and the process involved.
- Discuss with your practice educator 2 previous situations which they have had to escalate concerns with local safeguarding services.
- Discuss or roleplay the following situation. You are seeing a 3 year old boy called Ben who lives at home with his mum, 2 younger siblings and 3 older siblings. Ben was referred to you by the health visitor with concerns that he was at least 12-18 months behind in his developmental milestones and that he was coughing on diet. Assessment shows that Ben struggles with bite and tear and has difficulty with chewing textures above an IDDSI level 6. You have agreed a care plan with mum where Ben has small amounts of IDDSI level 7 easy to chew diet in controlled environments but IDDSI level 6 for main meals.
- Ben and his family have been known to the safeguarding team in the past. On your most recent visit Ben's mum has a new boyfriend who is present. She explains that he has been having regular diet for all meals and snacks even though he continues to cough on this and has had to be treated for a chest infection. The boyfriend often speaks for Ben's mum and states that "he can swallow fine when he wants to, he just wants attention and he's not gonna get it, we don't need you coming here making things worse". Would you instigate a safeguarding referral? What would your concerns be? How would you maintain a working relationship with the family.
- Review and discuss a range of EDS situations with peers and lecturer using knowledge of EDS, social legislation and legal processes to problem-solve the situations. Take into account the perspectives of all involved in the situation ensuring that the service user is at the centre of the discussion.

EDS detailed hours log

The practice-based learning in EDS requires a total of 60 hours, of which:

- **30 hours should be from clinically based practice with adults**
- **10 hours should be from clinically based practice with children**

What constitutes an hour of eating, drinking and swallowing exposure?

The RCSLT (2021) outlines the following examples which may contribute to clinical hours:

- One-to-one assessment and therapy sessions with a service user
- One-to-one work with a carer
- Writing reports, programmes, and notes as part of a service user's episode of care
- Training sessions, e.g. parent training and coaching, staff training

Pre-registration EDS competencies

RCSLT outlined “Work with the MDT, e.g. meetings, case conferences, ward rounds SLTs support service-users, families and carers using a person-centred, holistic model, thus a clock hour includes time spent discussing communication, and/or cognition issues, as well as EDS” (2021, p.1).

All activities that include eating, drinking, and swallowing issues are relevant, including but not limited to:

- Lunch time participation/observation at a school with children who have physical or learning disabilities
- Speaking to a family member about their child / spouse / parent's eating, drinking, and swallowing needs
- Working with a service user with sensory and/or behaviour issues relating to food or drink
- Discussing with other professionals what the EDS issues are or how to best support the service user
- Evaluating the whole person, with EDS being one aspect

Please provide information on the hours spent with service users around EDS providing a summary of the placement content and hours recorded. You should date your recorded hours on PARE as this log is collected over your speech and language therapy learning.