

# THERAPY PROJECT OFFICE

Speech and Language Therapy Competencies

2008



Feidhmeannacht na Seirbhíse Sláinte  
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# Contents

## 4 **Therapy Project Office**

## 5 **Introduction**

Competence 5

Professional Competency Project 5

Project Process 5

## 6 **The SLT Competency Framework**

Purpose 6

Navigation 6

## 10 **Graduate/Entry Level Competencies**

A: Expectations of a Speech and Language  
Therapist in Providing Patient/Client Services 10

B: Speech & Language Therapy Competencies 11

C: Knowledge and Understanding 13

## 15 **Senior Competencies**

A: Professional Practice 16

B: Providing a Quality Service 17

C: Education and Development 17

## 19 **Clinical Specialist Competencies**

A: Professional Practice 20

B: Providing a Quality Service 21

C: Education and Development 22

## 23 **References**

## 25 **Appendices**

Appendix 1: Project Process for Graduate/Entry Level Competencies 25

Senior Grade and Clinical Specialist Competencies 25

Senior Competencies 25

Clinical Specialist Competencies 26

External Input 26

Compilation 26

Validation 26

Appendix 2: Membership of Professional Competencies Working Groups 27

Speech & Language Therapy Senior Competencies Working Group 27

Speech & Language Therapy Clinical Specialist Competencies Working Group 27

Appendix 3: Mutual Recognition Agreement, IASLT 27

# Therapy Project Office

The Therapy Project Office was established in January 2007 to progress and initiate project activities on behalf of the National Implementation Group (NIG) for Clinical Placement Provision for Occupational Therapy, Physiotherapy and Speech & Language Therapy. The projects related to a number of key actions identified by the 'The Report of the National Planning Group on Clinical Placement Provision for Occupational Therapy, Physiotherapy and Speech and Language Therapy' (2004), under the three broad areas of:

- Practice Education
- Continuing Professional Development
- Quality Information for the Public

The Therapy Project Office was funded by the HSE and staffed by three project managers, representing the professional bodies of the Association of Occupational Therapists of Ireland (AOTI), the Irish Society of Chartered Physiotherapists (ISCP) and the Irish Association of Speech & Language Therapists (IASLT). A collaborative, project management model was applied throughout the process. The Project Managers also worked in partnership with the Higher Education Institutes, Therapy Services, the Department of Health & Children and the Health Service Executive to build on existing work and to drive the projects forward.

# Introduction

## Competence

Bossers et al (2002:11) describe professional competency as “the behavioural definition of the knowledge, skills, values and personal qualities that underlie the adequate performance of professional activities”. Competence taken as the overall integration of knowledge, skills and abilities into professional practice is not static but dynamic and demands that therapists ‘keep abreast with change’ in order to maintain and continually develop competencies (Alsop & Ryan, 1996:187). In this respect, this framework offers guidance and structure for continuing professional development over the varied stages and changing demands of one’s career.

## Professional Competency Project

This document outlines a set of competencies that have been developed for Speech and Language Therapists in Ireland at each of the three grades of:

- Graduate/Entry level Therapist
- Senior Therapist
- Clinical Specialist Therapist

The competencies are the outcome of one of the projects undertaken by the Therapy Project Office with the following stated aim:

*‘To develop a framework identifying professional competencies of therapists across the three professions of Occupational Therapy, Physiotherapy and Speech and Language Therapy’*

## Project Process

The project was carried out with each of the three professions to produce three separate overall frameworks which best met the needs of each professional group. Collaborative working groups were established with service managers, therapists and members of the practice education teams as applicable, to devise the competencies at each of the three grades. Details of the project process are documented in Appendix 1 and the members of each of the working parties are listed in Appendix 2.

# The SLT Competency Framework

## Purpose

- The purpose of this framework is to provide therapists with a reference for:
  - Identifying learning and development needs
  - Guiding continuing professional development
  - Assisting in career progression and personal development
- At each professional grade there may be additional competencies specific to the context of individual work settings. These should be identified by individual therapists in conjunction with their line managers and considered in addition to these competencies.
- Evidence of the development and achievement of competence should be recorded within a personal portfolio.
- The Health and Social Care Professional Management Competency User Pack as devised by the Office of Health Management<sup>1</sup> offers a useful tool for therapists at Senior and Clinical Specialist level to develop their managerial competencies. It is recommended that these therapists refer to the operational level competencies and behaviour indicators within this framework to develop their competencies in each corresponding area.

### NB:

- The competencies within this framework are developmental competencies and are **NOT** considered to be baseline competencies at the indicated level.
- This competency framework was **NOT** devised as an audit or appraisal tool.

## Navigation

- This competency framework is comprised of sets of competencies at each of the three clinical grades for Speech and Language Therapy. (The Health and Social Care Professional Management Competency User Pack<sup>1</sup> as devised by the Office of Health Management provides competencies for managers at both operational and strategic management level).
- Therapists may use this framework to develop their skills at the appropriate grade.
- **Entry level competencies** are grouped in three areas:
  - Expectations of a Speech and Language Therapist in Providing Patient/ Client Services
  - Speech and Language Therapy Competencies
  - Knowledge and Understanding
- **Senior and Clinical Specialist competencies** are grouped into three broad corresponding competency areas
  - Professional practice
  - Providing a quality service
  - Education and development
- Although competencies at Senior and Clinical Specialist level have the same headings, it is accepted that at a Clinical Specialist level there would be a greater level of proficiency and greater depth and complexity as to how these competencies are demonstrated.
- The ratio of clinical work to service development, education and research

<sup>1</sup> www.hseland.ie

and the balance of time given to these different elements of a therapist's role will differ depending on the clinical grade.

- Competencies at Senior level are divided into two groups – core and additional.

### **Core competencies:**

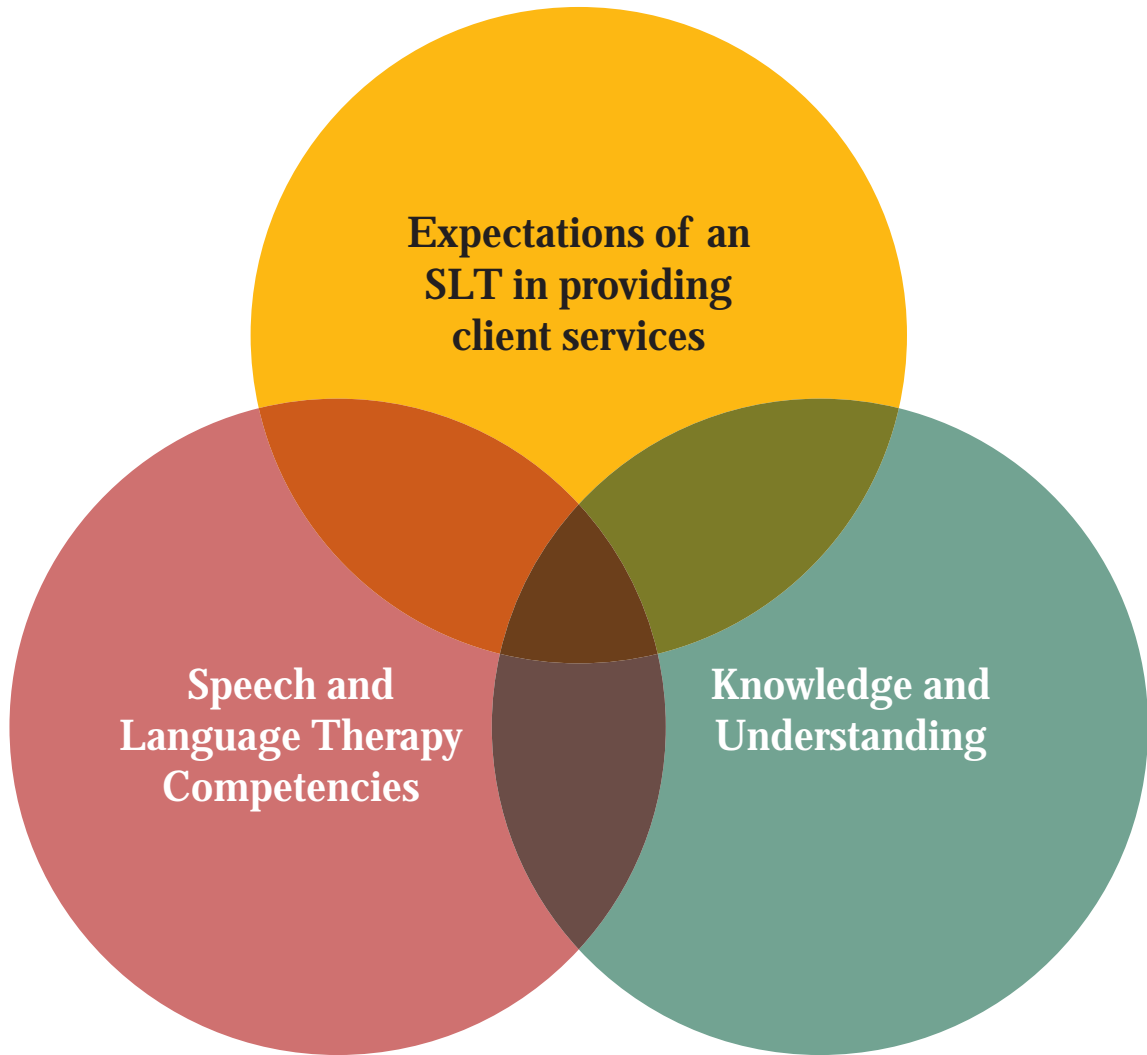
Competencies which are considered essential for therapists at Senior level and which can be applied, regardless of the area of work/ speciality.

### **Additional competencies:**

- a) Competencies that a senior therapist may need time and support to develop to a proficient level *or*
- b) Competencies which may not apply to all senior therapists depending on their work context

# Speech and Language Therapy Graduate/Entry level Competencies

Graduate/Entry level Competencies



## Introduction

The Clinical Steering Committee of the Clinical Speech & Language Studies in Trinity College Dublin initially developed this framework and it was further developed in consultation within the Speech and Language Therapy Profession nationally. Two key resources provide the framework for the competencies as outlined. These are the Subject Benchmark Statements: Health Care programmes – Speech & Language Therapy ([www.qaa.ac.uk/crntwork/benchmark/SLT-final\\_textonly.htm#6](http://www.qaa.ac.uk/crntwork/benchmark/SLT-final_textonly.htm#6)), retrieved January 26th, 2004) and the Speech and Language Therapy Competency Framework to guide transition to the RCSLT Full Practice Register for newly qualified practitioners (RCSLT, August 2003). It is intended that this document be read in conjunction with these other two documents.

Subject benchmark statements ‘provide a means of describing the nature and characteristics of programmes of study and training in health care’. They also represent general expectations about standards for the award of qualifications at a given level, and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate’ ([www.qaa.ac.uk/crntwork/benchmark/SLT-final\\_textonly.htm#6](http://www.qaa.ac.uk/crntwork/benchmark/SLT-final_textonly.htm#6)), retrieved January 26th, 2004). The QAA benchmarking statements are discussed under three headings:

A. Expectations of the health professional in providing patient/client services. This includes sub-topics such as professional autonomy and accountability; professional relationships; personal and professional skills; and the profession and employer context.

- B. The application of practice in securing, maintaining or improving health and well-being, with sub-topics including: the identification and analytical assessment of health and social care needs; the formulation of plans and strategies for meeting health and social care needs; the performance of appropriate, prioritized health promoting/health educating/caring/diagnostic/therapeutic activities; the critical evaluation of the impact of, or response to, these activities.
- C. Knowledge, understanding and skills that underpin the education and training of health care professionals.

In contrast, the RCSLT transitional framework sets out competencies under eight dimensions:

1. Communication
2. Personal and people development
3. Health, safety and security
4. Service implementation and development
5. Quality
6. Equality, diversity and rights
7. Assessment of health and wellbeing needs
8. Address people’s health and wellbeing needs.

These two frames of reference have to some degree been amalgamated in developing this description of clinical standards. This process has yielded a set of competencies proposed as attainable within a Speech and Language Therapy degree programme (qualifying level) with some competencies identified as emerging post-qualification.

## A: Expectations of a Speech and Language Therapist in Providing Patient/Client Services

### 1. Professional Autonomy and Accountability Of The Speech and Language Therapist

- 1.1 Conforms to the standards required by the IASLT and detailed in the RCSLT publications 'Communicating Quality'.
- 1.2 Is informed by guidelines for best practice and develops and disseminates evidence based practice within professional contexts.
- 1.3 Adheres to the IASLT code of ethics
- 1.4 Exercises a professional duty of care to patients/clients.
- 1.5 Understands the legal, ethical and safety responsibilities of professional practice.
- 1.6 Upholds the principles and practice of clinical governance.

### 2. Personal and Professional Skills

- 2.1 Demonstrates sensitivity to personal frameworks and an ability to recognise prejudice.
- 2.2 Assesses personal abilities realistically.
- 2.3 Recognizes personal and emotional needs of self and takes the responsibility for own health, wellbeing and work / life balance.
- 2.4 Identifies and manages stress effectively in the clinical context.
- 2.5 Acts in ways that acknowledges people's rights to make their own decisions.
- 2.6 Acts in ways that are non-discriminatory and respectful of others' beliefs and perspectives.
- 2.7 Recognizes the need within practice to respect and respond to culturally diverse communities (e.g., use of

appropriate materials, contexts, access to interpreters etc.).

- 2.8 Communicates with people in a manner that is consistent with their level of understanding, culture, background and preferred ways of communicating in order to sustain positive working relationships and enable constructive outcomes to be achieved.
- 2.9 Understands and recognizes limits of own competencies and recognise the need to consult with supervisor in a timely and appropriate manner.
- 2.10 Acknowledges the life long need for continuing supervision.
- 2.11 Identifies personal development needs and engages in continuous self-directed learning to promote professional development and quality of practice.
- 2.12 Takes on appropriate responsibility for professional and clinical actions
- 2.13 Shows an understanding of the role of empowerment in the therapeutic process.
- 2.14 Regularly monitors the quality of work.

### 3. Professional Relationships

- 3.1 Gains informed consent.
- 3.2 Maintains all aspects of patient/client confidentiality.
- 3.3 Promotes a culture of involvement and consultation.
- 3.4 Recognizes the profession's Scope of Practice and makes referrals where appropriate.
- 3.5 Develops and maintains effective working relationships across the range of individuals and agencies, as appropriate.
- 3.6 Participates effectively in a variety of multi-, inter-, and intra-professional teams, keeping the rights and needs of the client central to such participation.
- 3.7 Takes cognisance of professional and support staff boundaries and roles.

#### 4. Professional and Employer Context

- 4.1 Shows awareness of the structure and function of the education, social and health care services, and an understanding of current developments.
- 4.2 Shows an understanding of health education and how it relates to communication and swallowing.
- 4.3 Cooperates respectfully with the wider organization in the interest of a user centred service.
- 4.4 Develops and maintains a broad knowledge of the health service, understands how Speech and Language Therapy can best contribute to a model of holistic service provision and works to promote the profile of Speech and Language Therapy within the service.
- 4.5 Demonstrates an ability to use research, statistical and epidemiological data.
- 4.6 Continuously challenges the standards of quality and efficiency in service provision and strives to find ways in which the standard of care can be improved.
- 4.7 Champions initiatives that will modernise professional practices.

## B: Speech & Language Therapy Competencies

#### 5. Identification and Assessment of Communication and Assessment Needs

- 5.1 Establishes rapport and facilitates participation in the speech and language intervention process.
- 5.2 Analyses and interprets assessment data.

- 5.3 Identifies gaps required to understand the client's communication issues and seeks information to fill those gaps.
- 5.4 Makes a clinical judgment or diagnosis in relation to the nature and extent of speech, language and communication difficulties, and proposes possible outcomes.
- 5.5 Reports on the analysis and interpretation of assessment information, providing a differential description of patients/clients assessed, showing an ability to relate theory to practice.
- 5.6 Provides feedback on interpretation of assessment results to the client, significant others, refers and discusses management of identified difficulties.
- 5.7 Uses published and self-generated assessments (including discussion with clients and carers), instrumentation and transcription where appropriate to describe, identify, analyze, and evaluate developmental and acquired phonetic, phonological, semantic, syntactic, pragmatic, fluency and voice disorders.
- 5.8 Identifies the influence of situation context on communication.
- 5.9 Recognise and evaluates the effect of communication difficulty on the psychosocial well-being of the client and significant communication partners.
- 5.10 Recognizes possible contributing factors to communication difficulty, whether social, psychological, cognitive or medical.
- 5.11 Evaluates interaction between medical, social, cognitive, educational and communication need.
- 5.12 Understands and recognizes the need to refer to other professionals in a timely and appropriate manner.
- 5.13 Identifies presence of dysphagia and makes appropriate onward referral.

## 6. Formulation of Plans for Meeting Communication, Eating, Drinking and Swallowing Needs

- 6.1. Generates hypotheses from the analysis and integration of case history and assessment findings in relation to communication impairments.
- 6.2 Sets communication goals based on assessment and communicative need through use of integrated and interpreted information from various relevant sources.
- 6.3 Discusses long-term outcomes and decides in consultation with the client whether Speech and Language Therapy is appropriate or required. Includes key people in these discussions.
- 6.4 Selects and plans appropriate and effective therapy interventions involving key people in the client's environment.
- 6.5 Defines and agrees upon roles and responsibilities for the Speech and Language Therapist, the client, and significant others in the planned intervention.
- 6.6 Documents intervention plans and decisions taken.
- 6.7 Uses current critically appraised research to inform practice.
- 6.8 Understands the rationales and principles that underlie therapy.
- 6.9 Produces intervention plans in the context of multidisciplinary provision, demonstrating understanding of the role of other members of the team.
- 6.10 Takes account of available service delivery options.
- 6.11 Selects the appropriate role/s of assessor, educator, counsellor, advocate, researcher, trainer facilitator and consultant, and is aware of boundaries.
- 6.12 Uses therapy techniques appropriate to a range of communication difficulties.
- 6.13 Uses therapy techniques appropriate to a range of eating, drinking and swallowing difficulties, under direct supervision.
- 6.14 Liaises and communicates effectively with other professionals, clients, relatives/carers and appreciates their potential contributions to the management process.
- 6.15 Is able to make appropriate onward referral.

## 7. Intervention

- 7.1 Implements the Speech and Language Therapy intervention programme based on assessment, interpretation and planning.
- 7.2 Undertakes continuous evaluation and modification of aspects of the therapy management plan to be carried out by key agent(s) of change, taking into account their knowledge and abilities.
- 7.3 Continuously evaluates the efficacy of the therapy management plan and modifies it as appropriate.
- 7.4 Documents progress and changes in Speech and Language Therapy intervention and participates in administration processes.
- 7.5 Prepares a client for discharge appropriately, agreeing a point of closure with the client/carer, following relevant agency discharge procedures.
- 7.6 Practises in a manner that promotes well being and protects the safety of all parties.
- 7.8 Demonstrates supportive and therapeutic interaction skills, which include the adaptation of strategies for optimum communication with clients or others.
- 7.9 Modifies linguistic and interpersonal behaviour to ensure the client understands and expresses him/herself as fully as possible.

- 7.10 Accesses support from mentors or specialists.
- 7.11 Manages time effectively within clinical sessions, related clinical work and balances clinical and administrative responsibilities.
- 7.12 Keeps accurate contemporaneous records in accordance with professional and legal requirements.
- 7.13 Demonstrates awareness of and adherence to current legislation as detailed in policy and procedures of health service agencies.

## 8. Planning, Maintaining and Evaluating Services

- 8.1 Uses and maintains an efficient information management system, including the use of information technology.
- 8.2. Manages caseload effectively including prioritization, time management and efficient use of service delivery models.
- 8.3. Participates in evaluation of the Speech and Language Therapy service.
- 8.4. Demonstrates critical reflection skills as a foundation for ongoing professional development.
- 8.5. Makes use of current research, by evaluating and applying it, where appropriate in clinical practice.
- 8.6. Understands the principles of research and research methodology which underpin an analytical approach to clinical practice and is familiar with statistical packages.
- 8.7. Collaborates in research initiated or supported by others.
- 8.8. Evaluates the range of formal and informal assessment tools and therapeutic resources, and processes in relation to current research. Makes suggestions for developing or acquiring new resources.

- 8.9. Communicates and consults with professional groups and services e.g. through line management and professional networks.
- 8.10. Responds to relevant government legislation and workplace policies and their implications for Speech and Language Therapy.

## 9. Professional Development

- 9.1 Participates in continuous professional development. This can be achieved in a variety of ways including attendance at conferences, independent study, and participation in research, teaching or presenting, developing specialist clinical skills etc.
- 9.2 Makes use of formal and informal networks for professional development.
- 9.3 Develops personal growth as an SLT through insight into current skills and further development of a range of interpersonal and communication skills.

## C: Knowledge and Understanding.

The education of Speech and Language Therapists is characterized by the integration of theory and clinical practice.

### Disorders of communication and swallowing

A graduate Speech & Language Therapist is expected to demonstrate a critically evaluated and integrated knowledge and understanding of the core discipline of human communication disorders and related disorders. In addition, the theoretical frameworks underlying the principles of assessing, treating and managing people with the following disorders must be evident:

- Developmental speech and language disorders

- Acquired speech and language disorders
- Voice disorders
- Disorders of fluency
- Disorders of eating, drinking and swallowing
- Developmental and acquired cognitive disorders

### Teaching of the core discipline will be supported by study in:

#### Linguistics

- Normal processing at a sub-lexical, lexical, grammatical, discourse and conversational levels.
- The relevant aspects of linguistics, including phonetics and the application of such knowledge to normal and impaired communication at both theoretical and practical analytical levels.
- Sociolinguistics – knowledge of how language and communication are used in social contexts.
- Psycholinguistics – normal development and processes in the perception, comprehension and production of spoken, written and gestured messages in both monolingual and multilingual communication.

#### Human Biological sciences

- The relevant aspects of biomedical and medical sciences including the anatomy and physiology of body systems relevant to the development of, and maintenance of, communication and swallowing. This includes disruptions to the functions of these systems.

#### Audiology

- The principles of audiological science, the causes, measurement and effects

of hearing impairment. The relationship between the science of hearing and its place in the communication process.

#### Psychology

- The relevant aspects of psychology (cognitive, neuro-psychology, social, health developmental, clinical, learning theory) and the application of such knowledge to normal and impaired communication.
- The impact of communicative need on the psychological and social well-being of the person and his/her relationships.

#### Sociology

- The person in society, including education, health, disability, workplace and multicultural society.

#### Education

- Language and literacy
- Educational philosophy and practice

#### Research

- Knowledge and understanding of the principles of research methods and culture as they pertain to the profession of Speech and Language Therapy.

#### Context of professional practice

- Speech and Language Therapy therapeutic contexts, models and processes, including service delivery.
- Professional standards, best practice guidelines and clinical governance.
- The legal and ethical context of Speech and Language Therapy programme services, with reference to client confidentiality, child protection, health and safety, education, equality and professional registration.
- Understanding of the professional roles and boundaries of a speech and language therapist.

# Speech and Language Therapy Senior Competencies



## A: Professional Practice

### 1. Behaving in a Professional Manner

#### Core

- 1.1. Demonstrating professional conduct and behaviours by adhering to legal, ethical and professional practice standards in all aspects of practice.
- 1.2. Exercising a professional duty of care to, promoting self advocacy in and acting as an advocate for clients where appropriate.
- 1.3. Representing their profession confidently within their own service area and own organisation.
- 1.4. Promoting initiatives that will ensure professional practice and uniformity of standards.
- 1.5. Maintaining knowledge of ongoing work being done within the Professional Body and Irish healthcare and applying same to practice as appropriate.
- 1.6. Demonstrating effective planning / preparation for meetings, case conferences, in-services training.
- 1.7. Understanding and respecting own scope of practice and the roles of all members of the MDT.
- 1.8. Recognizing when it is appropriate to ask for support, include others in decision making or refer decisions to others.
- 1.9. Managing own work life balance and supporting relevant others in the management of same.

### 2. Communicating effectively with others

#### Core

- 2.1. Communicating oral and written information in a clear, concise and well structured manner appropriate to the content and the target audience.

- 2.2. Managing communications in a professional manner.
- 2.3. Facilitating and maintaining communication within own department and across multi-disciplinary teams.
- 2.4. Promoting and improving communication in their area of responsibility.

#### Additional

- 2.5. Negotiating effectively with relevant others.

### 3. Managing a Caseload

#### Core

- 3.1. Assessing, developing and implementing programmes of care and treatment for clients with routine and/ or complex needs using service delivery models in line with local service and professional guidelines.
- 3.2. Prioritizing caseload according to clinical need in the context of service policy.
- 3.3. Delegating clinical caseload appropriately for service area.
- 3.4. Demonstrating effective team working in a client centred framework as a component of efficient case management to ensure an optimum service is provided for all service users.
- 3.5. Recording client related information in accordance with local service and professional standards.
- 3.6. Balancing clinical demands with other responsibilities (e.g. departmental responsibilities, CPD, organisational, service development) through effective time management and organisational skills.

#### Additional

- 3.7. Developing and applying advanced clinical knowledge and skills in a defined clinical area.

## B: Providing a Quality Service

### 4. Planning, Maintaining and Evaluating a Quality Service

#### Core

- 4.1. Understanding the role of their service area and their department within the larger organisation.
- 4.2. Developing and monitoring adherence to local policies, procedures and guidelines.
- 4.3. Promoting quality by reviewing and evaluating the service regularly and striving to find ways in which standards of quality and efficiency can be improved within their service area.
- 4.4. Communicating service development needs and changes in a clear and comprehensive manner.
- 4.5. Optimizing the use of available resources to achieve effective outcomes when planning and delivering a flexible service that meets the needs of all service users.
- 4.6. Developing and implementing service / business plans, quality initiatives, audits etc and reporting on outcomes in collaboration with line manager.

#### Additional

- 4.7. Identifying and availing of opportunities to contribute to operational service developments and strategic planning.

### 5. Driving and Participating in Evidence Based Practice

#### Core

- 5.1. Reviewing and critically evaluating available evidence based information and literature and integrating into clinical practice.
- 5.2. Monitoring and evaluating effectiveness of interventions through the use of evidence based practice and outcome measures and modifying practice

accordingly in consultation with service users.

#### Additional

- 5.3. Developing and updating clinical guidelines for own areas of practice in accordance with evidence and professional body guidelines.

### 6. Understanding and participating in Research

#### Core

- 6.1. Understanding the principles of research and research methodologies which underpin an analytical approach to clinical practice.
- 6.2. Identifying potential research projects to address service needs.
- 6.3. Demonstrating research skills as appropriate to Speech and Language Therapy Practice.

#### Additional

- 6.4. Initiating and/or collaborating in research to inform evidence based practice.
- 6.5. Engaging with all relevant stakeholders in respect of research issues (e.g. Health Research Board, Ethics Board, Service Users etc).
- 6.6. Presenting/publishing or contributing to the presentation/publication of research projects.

## C: Education and Development

### 7. Maintaining Continuing Professional Development

#### Core

- 7.1. Identifying own personal and professional development needs and putting structures in place to meet these in collaboration with line manager.

- 7.2. Identifying and availing of appropriate formal and/or informal learning opportunities within SLT and multidisciplinary contexts to remain informed on contemporary clinical best practice.
- 7.3. Analysing and applying learning from formal and informal CPD activities and applying same to practice.

## 8. Educating and Developing Others

### Core

- 8.1. Promoting the importance of CPD within their team.
- 8.2. Planning, delivering and evaluating education and training as appropriate.
- 8.3. Managing, participating and playing a key role in the practice education of student therapists.
- 8.4. Assisting basic grade staff in identifying own development needs and facilitating resolution of same through planned learning and professional support as required.

### Additional

- 8.5. Planning, delivering and evaluating health promotion activities as appropriate.

## 9. Supervising and Coaching Others

### Core

- 9.1. Providing support for other staff including mentoring, coaching and formal development training.
- 9.2. Acting as a positive and supportive team leader in their own area.
- 9.3. Identifying performance problems within the department in a timely manner and dealing with same in collaboration with manager.

### Additional

- 9.4. Empowering staff by appropriately delegating responsibility and authority.
- 9.5. Demonstrating adaptability / flexibility in managing others.

## 10. Acting As A Clinical Resource

### Core

- 10.1. Acting as a clinical resource to colleagues and students within their own organisation.

### Additional

- 10.2. Acting as an advanced clinical resource to colleagues, MDT and students in own organisation.

# Speech and Language Therapy Clinical Specialist Competencies



## A: Professional Practice

### 1. Behaving in a Professional Manner

- 1.1. Demonstrating professional conduct and behaviours by adhering to legal, ethical and professional practice standards in all aspects of practice.
- 1.2. Exercising a professional duty of care to, promoting self advocacy in and acting as an advocate for clients where appropriate.
- 1.3. Representing their profession confidently within their own service area and across multiple service areas within own organisation, larger health service and with all other relevant stakeholders.
- 1.4. Promoting and instigating initiatives that will ensure professional practice and advancement of standards.
- 1.5. Maintaining knowledge of ongoing work being done by the Professional Body, the Irish healthcare services and relevant developments internationally and applying same to practice as appropriate.
- 1.6. Understanding the implications of current legislation as it applies to their specific area of practice.
- 1.7. Demonstrating effective planning / preparation for meetings, case conferences, in-services training.
- 1.8. Understanding and respecting own scope of practice and that of all members of the MDT.
- 1.9. Knowing and asking for support, including others in decisions or referring decisions to others when appropriate.
- 1.10. Managing own work life balance and supporting relevant others in the management of same.
- 1.11. Acting as an advocate for colleagues within the profession.

### 2. Communicating Effectively with Others

- 2.1. Managing working relationships in a professional manner.
- 2.2. Managing communications in a professional manner.
- 2.3. Negotiating effectively with relevant others when appropriate.
- 2.4. Promoting and improving multi-disciplinary and interagency communication in their area of responsibility.
- 2.5. Contributing to clinical teams at expert level ensuring a well co-ordinated care plan.
- 2.6. Demonstrating excellent formal presentation skills.

### 3. Managing a Caseload

- 3.1. Maintaining and developing high standards of clinical practice and knowledge within their specialist area.
- 3.2. Assessing, developing and implementing highly specialised programmes of care and treatment to meet the needs and priorities of clients in accordance with local service and professional guidelines.
- 3.3. Prioritizing caseload according to clinical need in the context of service policy.
- 3.4. Delegating clinical caseload appropriately for service area.
- 3.5. Demonstrating effective team working in a client centred framework as a component of efficient case management to ensure an optimum service is provided for all service users within their area of specialism.
- 3.6. Recording client related information in accordance with local service and professional standards.

- 3.7. Promoting team working by participating in teams, communicating, providing leadership and keeping the rights and needs of the client central to such participation.
- 3.8. Balancing clinical demands with other responsibilities (e.g. departmental responsibilities, CPD, organisational, service development, research and training development) through effective time management and organisational skills.

## **B: Providing a Quality Service**

### **4. Planning, Maintaining and Evaluating a Quality Service**

- 4.1. Understanding the role of their service area and their department within the larger organisation.
- 4.2. Developing and monitoring adherence to local and international policies, procedures, guidelines and care pathways.
- 4.3. Promoting quality by reviewing and evaluating the service regularly and striving to find ways in which standard of quality and efficiency can be improved within their service area.
- 4.4. Optimizing the use of available resources to achieve effective outcomes when planning and delivering a flexible service that meets the needs of all service users.
- 4.5. Identifying and availing of opportunities to contribute to operational service developments, strategic planning, development of policies and reviewing of service delivery in clinical specialism.
- 4.6. Driving the development and provision of cross- disciplinary services.
- 4.7. Ensuring that high quality patient centred services are based on the best available evidence.

- 4.8. Developing and implementing service/ business plans, quality initiatives audits etc and reporting on outcomes in collaboration with line manager.

### **5. Driving and Participating in Evidence Based Practice**

- 5.1. Maintaining knowledge of and critically analysing current literature and available evidence relevant to specialism and integrating same into practice.
- 5.2. Monitoring and evaluating effectiveness of intervention through the use of evidence based practice and outcome measures and modifying practice accordingly in consultation with service users.
- 5.3. Developing and updating clinical guidelines for own areas of practice in accordance with evidence and professional body guidelines.
- 5.4. Demonstrating evidence based practice in clinical specialism through the process of clinical reasoning and decision making, allowing knowledge to be applied to complex/ different situations.

### **6. Understanding and Participating in Research**

- 6.1. Identifying the need for research on issues related to Speech and Language Therapy and formulating relevant research questions.
- 6.2. Understanding and selecting appropriate research designs and methods.
- 6.3. Engaging appropriately with all relevant stakeholders in respect of research issues (e.g. Health Research Board, Ethics Board, Service Users etc).
- 6.4. Undertaking and/or facilitating research and development programmes, particularly in their area of expertise, which enhance the evidence base.

- 6.5. Demonstrating skills in independent searching, critical examination and integration of literature/ research and other relevant information.
- 6.6. Interpreting, analysing, synthesizing and critiquing research findings.
- 6.7. Presenting/ publishing or contributing to the presentation/publication of research.
- 6.8. Acting as a peer reviewer of publications by other authors in the area of clinical specialism.

## **C: Education and Development**

### **7. Maintaining Continuing Professional Development**

- 7.1. Identifying own personal and professional development needs and putting formal and informal structures in place to meet those needs in collaboration with line manager.
- 7.2. Identifying and availing of formal and/ or informal learning opportunities within SLT and multidisciplinary contexts to remain informed on contemporary clinical best practice.
- 7.3. Analysing and applying learning from formal and informal CPD activities relevant to practice.

### **8. Educating and Developing Others**

- 8.1. Promoting the importance of CPD within the team.
- 8.2. Encouraging and supporting others in the use of reflective practice so that the service is demonstrably one which continually improves and develops.
- 8.3. Planning, delivering and evaluating education, training and health promotion activities as appropriate.
- 8.4. Contributing to educational policy for both pre and post qualifying practitioners.

- 8.5. Participating in the practice education of student therapists.

### **9. Supervising and Coaching Others**

- 9.1. Providing support for other staff including mentoring, coaching and formal development training as appropriate.
- 9.2. Acting as a positive and supportive specialist team leader in their own area.
- 9.3. Identifying stressors and performance problems within the department in a timely manner and dealing with same in collaboration with manager.
- 9.4. Coaching assigned staff in their area of specialism including facilitating regular meetings with them to identify performance issues and development needs including CPD needs.
- 9.5. Facilitating the development of others in problem solving/ negotiation skills within peer review/ support context.
- 9.6. Empowering staff by appropriately delegating responsibility and authority.
- 9.7. Demonstrating adaptability / flexibility in managing others.

### **10. Acting As A Clinical Resource**

- 10.1. Acting as a clinical advisor to colleagues, students and other health professionals.
- 10.2. Providing clinical expertise on a regional and national basis based on their specialist knowledge and skills in a defined clinical area.
- 10.3. Contributing professional expertise to wider organisation initiatives / committees / steering groups.
- 10.4. Disseminating specialist knowledge and evidence based practice through presentations and publications.

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# Appendices

## Appendix 1: Project Process

### Graduate/Entry Level Competencies:

In SLT graduate competencies have been produced by a national working group as part of the Mutual Recognition Agreement process (See Appendix 3). The document was initially developed by the Steering Committee of the School of Clinical Speech and Language Studies in Trinity College, Dublin and was further developed in consultation with the Speech and Language Therapy Profession nationally. The process yielded a set of competencies proposed as attainable within a Speech and Language Therapy degree programme (qualifying level) **with some competencies identified as emerging post qualification**. These competencies have been ratified by the Irish Association of Speech and Language Therapists. As the MRA process is still ongoing, these competencies have been integrated into this framework in their entirety and **have not been modified at all**.

### Senior and Clinical Specialist Competencies:

#### Research

The process of identifying the competencies of Senior therapists and Clinical Specialists began by identifying and analysing the following resources:

- Local, national and international competencies available across the three professions of Occupational Therapy, Speech and Language Therapy and Physiotherapy
- Job descriptions of Senior and Clinical Specialist Occupational Therapy, Speech and Language Therapy and Physiotherapy grades (HSE Senior and Staff Grade job descriptions)

- Health and Social Care Professional Manager competencies as devised by Pearn Kandola for the Office of Health Care management (2003)<sup>1</sup>

### Senior competencies

#### Working Group

The next stage in the process involved the establishment of a collaborative working group. The senior competencies working group was made up of manager and senior grade therapists from a range of services within which Speech and Language therapists work.

A total of 10 managers and 3 seniors attended the workshop. Manager participants for these workshops volunteered in response to an email request for membership that was sent to managers. Senior participants were nominated by their managers. A draft set of senior competencies generated by the Therapy Project Office was circulated in advance of the workshop to facilitate the process. These draft competencies were used as a starting point within the workshop. Competencies at senior level were subsequently identified by the workshop participants.

The competencies generated at the workshop were collated by the Therapy Project Office and circulated to the respective group members for feedback. They were also circulated to a number of managers who were not available to attend the workshop on the day but who had expressed an interest in being involved in the process. Feedback received was collated and incorporated into the document.

<sup>1</sup> www.hseland.ie

## Clinical Specialist competencies

### Working Group

In Speech and Language Therapy, eight Clinical Specialists from a total of 15 attended the workshop. Participants for this working group volunteered in response to an email request for membership. As in the other professional groups, the process was informed by the draft senior competencies document and by local and Royal College of Speech and Language Therapists job descriptions for Clinical Specialist grade. Competencies at Clinical Specialist level were subsequently identified by the workshop participants.

The competencies generated at the workshop were collated by the Therapy Project Office and circulated to the group members for feedback. They were also circulated to other Clinical Specialists who were not available to attend the workshop but who had expressed an interest in being involved in the process. Feedback received was collated and incorporated into the document.

### External Input

Competencies for each professional grade for the three professions were sent to an Occupational Psychologist for screening, input and feedback. A subsequent full day review meeting was carried out with the Therapy Project Office and the Occupational Psychologist. All documents were revised on foot of the advice given. The revised versions were then re-circulated to the working groups in each of the three professions for final group sign off.

### Compilation

Graduate/ Entry level competencies, Senior competencies and Clinical Specialist competencies were compiled into one document. The competencies for seniors and Clinical Specialists were then grouped into three broad areas

1. Professional practice
2. Providing a quality service
3. Education and development

The graduate competencies **have not been altered or re-grouped** as they have already been submitted for the Mutual Recognition Agreement.

### Validation

The completed competency framework was circulated to all managers and the Speech and Language Therapy Heads of Schools in the Higher Education Institutes within the profession. It was requested that they be circulated to all staff to ensure that responses from all grades were represented. The following responses were collated via an online survey.

Of the respondents:

- 97% found the document user friendly
- 100% found the purpose of the competencies clear
- 97% felt it was clear how the competencies would be used in the workplace
- 96% felt the competencies would be of benefit to them in the workplace

Specific suggested alterations were incorporated into the document where appropriate.

## Appendix 2: Membership of Professional Competencies Working Groups

### Speech & Language Therapy Senior Competencies Working Group

Lorraine Carmody  
 Julie Young  
 Maeve Murphy  
 Tracey Cook  
 Sinead Reynolds  
 Mary Fanning  
 Betty Kelly  
 Rhonda Hogan  
 Jenny Nowell  
 Fiona Hill.  
 Louise Collins  
 Patricia Dowd  
 Maeve Cleary

### Speech & Language Therapy Clinical Specialist Competencies Working Group

Joanne Monahan  
 Julianna Little  
 Lily Lawlor  
 Triona Corry  
 Sandie McCanny  
 Julie Regan  
 Jennifer Brophy  
 Sinead Malone

## Appendix 3: Mutual Recognition Agreement, IASLT

The Mutual Recognition Agreement came into effect in January 2005. The agreement was initially made between the American Speech Language Hearing Association (USA), the Canadian Association of Speech Language Pathologies and Audiologists (Canada), the Royal College of Speech Language Therapists (UK) and the Speech Pathology Association of Australia Ltd (Australia). The Irish Association of Speech and Language Therapists (Ireland) applied to join the Accord in February 2005 and RCSLT was appointed to be their mentor through the process.

‘The Agreement is based on mutual recognition of credentials and is not a reciprocity agreement. The purpose of the MRA is to establish a transparent, robust and professionally and ethically sound basis for mutual recognition by one signatory organisation of the credentials of speech-language pathologists granted by each of the other signatory associations’.

Geraghty A. (2004 (November)), IASLT Update, Mutual Recognition of Credentials between The American Speech Language Hearing Association (ASHA), The Canadian Association of Speech Language Pathologists and Audiologists (CASLPA ), The Royal College of Speech Language Therapists (RCSLT) and The Speech Pathology Association of Australia Ltd (Speech Pathology Aus.

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ASSOCIATION OF OCCUPATIONAL THERAPISTS OF IRELAND

