



Return to Full Membership Guidelines, 2021

Original version	Updated to reflect changes with registration	Review Date
2011	2019 (edited 2021)	2022

1.0 Introduction

IASLT is responsible for the promotion and maintenance of professional standards of Speech and Language Therapists (SLTs) in Ireland. IASLT are committed to ensuring that all practising Speech and Language Therapists maintain their skills and competence and are in a position to respond to changing demands and work environments. Full members of IASLT are required to be practising as an SLT for a period of over one year, and to have practiced within the previous two years. If an SLT has not practiced for more than 2 years, the *Return to Full Membership Guidelines* aim to guide SLTs in how to achieve full membership of the IASLT.

We recognise that SLTs who have been non-practicing for a period of more than 2 years will require support to return to the level of clinical competence required. There may also be additional requirements to allow an SLT to practice competently at their employment grade. It is the aim of IASLT to support SLTs who wish to return to full membership. The *Return to Full Membership Guidelines* are designed as a tool to support Speech and Language Therapists who have not engaged in clinical practice for 2-10 years.

CORU is the regulator and therefore sets the requirements for registration of return to practice SLTs. *IASLT strongly advise all SLTs returning to practice to contact CORU, to inform them that they are intending to return to practice and to seek clarification on the specific requirements that may apply to them.* This document applies to **return to full membership of IASLT only**. Please note that the title of Speech and Language Therapist cannot be used until you are registered with CORU.

2.0 Eligibility

Returning to full membership of IASLT requires that the speech and language therapist:

1. Is a graduate of a university course that has been recognised and accredited by CORU and IASLT, or has had his / her qualifications validated by CORU.
2. Completes CORU's Return to Practice Requirements. It is the SLT's responsibility to contact CORU about their requirements.
3. Is registered as a Provisional Member of IASLT. Details of how to do this are provided in section 3.0.
4. Commits to adhering to the IASLT Code Professional Conduct and Ethics.
5. Maintains an online CPD portfolio throughout this process.

3.0 Application for Provisional Membership of IASLT

The Return to Full Membership Guidelines apply to all who have been out of practice for 2-10 years and wish to transition to full membership. This may be an SLT who does not hold current membership of IASLT in any category, or an SLT who holds a non-practising membership of IASLT.

To commence the return to practice process, SLTs must apply for provisional membership of the IASLT. This is achieved by applying online (www.iaslt.ie) for provisional membership and submitting a provisional membership application form (See Appendix 1) to the IASLT office. Provisional membership will not be authorised until both of these criteria are fulfilled.

Insurance cover and insurance payment has been separated from IASLT membership fees, commencing the 1st of January 2021. Insurance cover has since been optional for members, depending on their needs. Provisional members who are completing 'Return to Full Membership' requirements will likely not have suitable insurance cover in place through

another organisation or employer. Provisional members are advised to discuss their Insurance requirements with their insurance broker to ensure that the required protection is in place for therapists during a period of supervised clinical practice. In order for insurance (fitness to practice and other full insurance cover) to be valid should a future claim arise all members must adhere to IASLT guidelines and standards of practice including all guidance issued in the context of COVID-19.

4.0 Return to Full Membership Procedure

Following approval for provisional membership, the provisional member may commence the return to full membership process. The SLT may complete the CORU and IASLT processes simultaneously. There are a number of tasks that must be completed within this process.

4.1 Period of supervised practice

A period of supervised practice with an appropriate supervisor is required. It is the responsibility of the provisional member to organise the period of supervised practice in an area to which they will be returning to practice.

This period of supervised practice is designed to offer support in refreshing clinical skills and updating knowledge and skills in line with current clinical knowledge and best practice. It also enables the provisional member to re-establish professional networks. The period of supervision is dependent on a number of factors, primarily the length of time away from clinical practice. If a therapist has not worked for 2 – 5 years, a minimum of 60 hours of supervised practice is required. If a person has not worked for 5 to 10 years, a minimum of 120 hours of supervised practice is required. Following completion of these hours, a competency form must be completed. As this process is competency based, further hours may be required in order to achieve the required competencies. This should be negotiated with the supervisor/line manager if required.

Supervision must be provided by a speech and language therapist who is:

- A full member of IASLT
- CORU registered
- Not subject to any Fitness to Practice proceedings or orders
- Practicing clinically for at least three years

In advance of completing the supervised practice, a *Return to Full Membership Plan* (See Appendix 2) must be completed. If the provisional member is in employment, this must be completed with both their line manager and supervisor. If they are not in employment, this must be completed by their supervisor. If the supervised practice is being completed in more than one setting, a separate plan must be completed for each setting. These plans should be submitted to the IASLT office alongside other documentation when the supervised practice is completed.

Supervised practice includes:

- Direct practice with clients both under direct supervision and indirect supervision/guidance
- Guidance to support appropriate clinical decision making
- Case discussions
- Evaluation of treatment plans and programmes
- Evaluation of record keeping

Supervision should include protected time for feedback, the frequency of which is decided by the supervisor. Please also refer to the *IASLT Guidelines for Professional Supervision in Speech and Language Therapy* for other general guidelines on supervision.

Following the period of supervised practice, the supervisor must complete the '**Return to Full Membership Competency**' form (See Appendix 3).

- Form A if returning after 2 to 5 years or

- Form B if returning after 5 to 10 years

This form must be returned to the IASLT office by the provisional member.

If a supervisor does not recommend transition from Provisional Membership to Full Membership, this must be clearly stated on the Return to Full Membership Competency Form with the reasons documented. The supervisor must indicate whether in their professional opinion the supervision period should be extended or terminated. This information must be shared with the provisional member. In situations where the applicant does not agree with the supervisor's determination they can appeal this decision to the Professional Development and Ethics committee (PDEC). The appeal must be in writing and include a letter of explanation and written documentation as to why they should transition from Provisional to Full Membership. PDEC may seek further information from both parties prior to making a recommendation to IASLT council.

4.2 Online CPD Portfolio report

On receipt of provisional membership, the therapist is advised to log onto the IASLT website (www.iaslt.ie) and commence their online CPD portfolio. The provisional member should use this tool to store details of all continuing professional development they undertake as part of this process. All CPD engaged in should be recorded with reflections. 30 credits must be completed. Reflections on aspects of the period of supervised practice may also be recorded here if the provisional member wishes. Activities must address the provision of clinical services specific to your Scope of Practice in Speech and Language Therapy in the area to which you are returning to work. Courses or activities that are not related to the specific area of practice will not be accepted. A report must be printed from the system and submitted to the IASLT office alongside the return to full membership plan and the appropriate competency form. A provisional member is also advised to familiarise themselves with the IASLT CPD Standards, 2018.

4.3 Development plan for those returning to practice at employment grades higher than basic grade.

The competencies as outlined in this process are those that are expected of a therapist who has been working for one full year. If the provisional member is returning to practice at an employment grade higher than that level, it is advised a plan for further development is devised in conjunction with the SLT manager. This is to ensure the therapist receives the appropriate support is continuing to develop their skills as required. A copy of this plan should be submitted to the IASLT office.

4.4 Role of the Employer.

It is the responsibility of the supervisor and line manager to discuss professional indemnity or insurance implications with their employer while supporting the provisional member to return to full membership.

5.0 Transition from provisional membership to full membership of IASLT

IASLT anticipates that provisional members will transition to Full Membership within 1 year. All self-directed study, formal study and supervised practice should be completed within that 12 month period.

In order to apply to transition from Provisional Membership to Full Membership the following should be completed and returned to the IASLT Office for the attention of the Professional Development and Ethics Committee:

Non – practicing for 2--5 years:

- A copy of the Return to Full Membership Plan
- Clinical Competency Form A.
- CPD report with at least 30 credits. This should be submitted in the form of a report from the IASLT Online CPD system.
- If the provisional member is returning to practice at a grade higher than the level of a basic grade, a development plan must be submitted. This should detail how

the provisional member will return to practice at their employing competency level. This must be signed by the provisional member and the line manager.

- Evidence of having completed CORU's Return to Practice requirement.
- Data can be submitted to IASLT at the same time as submitting data to CORU.

Non-practicing 5- 10 years:

- A copy of the Return to Full Membership Plan
- Clinical Competency Form B
- CPD report with at least 30 credits. This should be submitted in the form of a report from the IASLT Online CPD system.
- If the provisional member is returning to practice at a grade higher than the level of a basic grade, a development plan must be submitted. This should detail how the provisional member will return to practice at their employing competency level. This must be signed by the provisional member and the line manager.
- Evidence of having completed CORU's Return to Practice requirement.
- Data can be submitted to IASLT at the same time as submitting data to CORU.

Documentation will be reviewed by PDEC in order to determine if the application has been successful. PDEC will make a recommendation to IASLT Membership Committee in relation to whether the provisional member should be awarded full membership status. The applicant will be notified of the outcome of the application process within 3 months of receipt of application. The member cannot change category to Full Member until notified to do so by IASLT. The ultimate decision in relation to awarding membership of IASLT rests with IASLT council.

Appendix 1: Application form for Provisional Membership of IASLT

This application form is relevant for returning speech and language therapists who were previously eligible for or registered as Full Members of IASLT.

Applicants must have submitted their application to CORU for registration and must provide evidence of this. Potential members must apply online for provisional membership and submit this form to the IASLT office. Provisional membership will not be authorised until this form is reviewed and approved.

Please tick relevant application category:

2 to 5 years	have not worked as a Speech and Language Therapist for between 2 to 5 years prior to application	<input type="checkbox"/>
5 to 10 years	have not worked as a Speech and Language Therapist for between 5 and 10 years prior to application	<input type="checkbox"/>

First Name		Surname	
Date of Birth			
Email address			
Home Address			
Home Phone			
Work Address (if in employment)			
Work Phone			
Work email address			

Speech and Language Therapy Information	
CORU Application or Registration No:	
SLT Qualification(s)	1 2 3
Institute of Qualification	1 2 3
Details of practice history Add additional on separate piece of paper if required	Setting: Employment dates: Setting: Employment dates: Setting: Employment dates: Setting: Employment dates:
Date of last practice	

I hereby apply for Provisional Membership of the Irish Association of Speech and Language Therapists.

Date: ____ / ____ / ____

Signature: _____

Appendix 2: Return to Full Membership Form

If you have more than one period of supervised practice or more than one supervisor please photocopy this form and complete for each period of supervision.

Provisional Member Details			
First Name		Surname	
Date of Birth			
Email address			
Home Address			
Home Phone			

Supervisors Details			
First Name		Surname	
IASLT Reg No.:			
CORU Reg No.:			
Email address			
Work Address			
Work Phone			

Please tick relevant application category:		
2 to 5 years	I have not worked as a Speech and Language Therapist for between 2 to 5 years prior to application. I require 60 hours of supervised clinical practice to return to full membership.	<input type="checkbox"/>
5 to 10 years	I have not worked as a Speech and Language Therapist for between 5 and 10 years prior to application.	<input type="checkbox"/>

	I require 120 hours of supervised clinical practice to return to full membership	
Field of work	I require supervised practice hours in the area of: (outline field e.g. adult, paediatric, mixed, acute, primary care, disability, social care)	

Supervised hours details	
Total number of hours to be provided	
How will these hours be provided? Please specify number of days per week, working hours etc.	
Please specify area of clinical practice (e.g. adult, paediatric, acute, primary care, disability, social care)	
Start date	
Completion date	

To date, _____ hours of relevant formal study have been completed.

To date, _____ hours of relevant private study have been completed.

The provisional member commits to completing pre-reading as listed below and outlined by the supervisor / manager

Pre-Reading List

The supervisor/line manager understands that their service is under no obligation to extend the stated period of supervised practice.

Date: ____/____/____

Provisional Member: _____

Supervisor / Manager: _____

Appendix 3: Clinical Competency Evaluation Form A Return to Practice Full membership (2 to 5 Years)

Provisional Member	
Supervisor	
Clinic Location	
Dates	
Number of hours	

On successful completion of the period of supervised practice, applicants should be able to perform the majority of case and caseload tasks independently and competently following consultations with the supervisor. Guidance, collaboration and supervision may be required where the applicant has not previously experienced the client group or service setting or where client or service provision features require specific knowledge and skills.

Developing competencies should be monitored throughout the period of supervised practice and evaluation forms completed at the end of the period of supervised practice by the key supervisor (in collaboration with other supervisors should there be others involved). On-going monitoring and discussions should provide developmental feedback for the applicant and indicate if opportunities to develop the required competencies are available. If opportunities have not arisen in the clinic to observe an applicants competency in a specific area this item may be scored based on responses to a hypothetical clinical scenario presented by the supervisor. If the competency is rated in this manner this should be indicated in the comments section.

It is expected that the provisional member will be consistently demonstrating all competencies outlined in order to transfer to Full Membership of IASLT. If any competencies

are rated as 'Not evident', the applicant will be required to complete an additional period of time under supervision as a Provisional Member. Where competencies are rated as 'Emerging', the reasons for this should be clearly documented. If a number of competencies are rated as 'Emerging', the applicant may be required to complete an additional period under supervision in order to develop the competencies required to transfer to Full Membership.

Rating	Descriptor
Not Evident	This skill was not demonstrated despite learning opportunities, supervision and support
Emerging	The Applicant has not consistently demonstrated acceptable levels of clinical skills
Evident	The Applicant has consistently demonstrated acceptable levels of clinical skills in this area an appropriate level of supervision

Professional Conduct

Applicants are expected to demonstrate a high level of professional conduct throughout their period of supervised practice. They should be made aware of any breaches in conduct as soon as they occur. Persistent failure in ANY aspect of professional conduct may result in the applicant being deemed unfit to complete the period of supervised practice.

	Skill	Acceptable	Not acceptable
1	Adheres to IASLT code of professional conduct and ethics.		
2	Communicates with clients in a professional manner		
3	Obtains client consent in accordance with legal guidelines and the policies and procedures of the host agency		

4	Maintains all aspects of client confidentiality in accordance with legal and professional guidelines		
5	Maintains appropriate professional relationships with clients and carers		
6	Maintains appropriate professional relationships with colleagues		
7	Communicates with colleagues in a professional manner showing respect for their position, views and opinions		
8	Refrains from disparaging or unprofessional comments about the competencies of colleagues		
9	Adheres to the policies and procedures of the host agency e.g. health and safety, administration, record keeping etc.		
10	Shows punctuality in attendance, meeting deadlines and managing clinic time effectively		
11	Presents a professional image adhering to dress code and guidelines of the host agency		
12	Recognizes own professional limits and competencies and works within professional boundaries		
13	Participates actively in developing own professional competencies.		

Applicant signature:

Date:

Supervisor Signature:

Date:

	Clinical Assessment and Planning	Not Evident	Emerging	Evident	Comments
1	Collects and collates relevant client-related information systematically (e.g. case history, interviews and health records).				

2	Selects assessment procedures and tools (formal and informal) appropriate to the client's needs, abilities and cultural background.				
3	Administers, records and scores a range of assessments accurately.				
4	Analyses and interprets assessment findings using the professional knowledge base.				
5	Formulates an appropriate diagnostic hypothesis.				
6	Evaluates findings in light of client's needs and service resources				
7	Establishes clear long and short term objectives for intervention				
8	Demonstrates knowledge of the need for onward referral				
	Intervention	Not evident	Emerging	Evident	Comments
9	Reports evaluation findings effectively orally and in writing.				
10	Maintains precise and concise therapy records.				
11	Carries out administrative tasks and maintains service records.				
12	Implements therapy using appropriate therapy techniques, materials and strategies.				

13	Continuously evaluates intervention and modifies programme as necessary.				
14	Adapts service delivery/therapeutic approach in response to client/significant other needs.				
15	Evaluates intervention and contributes effectively to client's long term management and discharge plan.				
16	Observes, listens & responds to client/significant other communications				
17	Uses appropriate vocabulary, syntax, intonation, volume and rate for context				
18	Introduces, presents, closes and evaluates session components.				
19	Facilitates client participation by using clear instructions, modelling etc. during intervention				
20	Uses prompts and clarification requests appropriately.				
21	Provides appropriate verbal and non-verbal feedback on client performance.				
22	Communicates and consults with relevant team members to progress the client management plan.				

23	Uses outcome measures to determine efficacy of intervention.				
	Self-evaluation and continuous professional development	Not evident	Emerging	Evident	Comment
24	Identifies, reflects and reports on own clinical strengths and learning goals.				
25	Uses learning resources appropriately to set and achieve learning objectives (e.g. feedback from practice educators, peers, books, videos, IT etc.)				

Applicants should be provided with formative feedback throughout placement. Applicants who fail to demonstrate consistent competency in any area should be informed of this and a plan to develop that competency should be outlined by the applicant and supervisor.

Original evaluation forms must be sent to the Professional Development and Ethics Committee of IASLT no more than two weeks following completion of the period of supervised practice.

Do you consider the provisional IASLT member competent to practice independently as a Full Member of IASLT?

Yes

No

Please outline your reasons highlighting strengths as well as weaknesses, identifying, where relevant, components requiring further attention.

Comments;

Applicant print name; _____ **Date:**

Applicant signature: _____

Supervisor's print name; _____ **Date:**

Supervisor's signature: _____

IASLT Membership No: _____

**Clinical Competency Evaluation Form B
Return to Practice Full membership (5+to 10 Years)**

Provisional Member	
Supervisor	
Clinic Location	
Dates	
Number of hours	

On successful completion of the period of supervised practice, applicants should be able to perform the majority of case and caseload tasks independently and competently following consultations with the supervisor. Guidance, collaboration and supervision may be required where the applicant has not previously experienced the client group or service setting or where client or service provision features require specific knowledge and skills.

Developing competencies should be monitored throughout the period of supervised practice and evaluation forms completed at the end of the period of supervised practice by the key supervisor (in collaboration with other supervisors should there be others involved). Ongoing monitoring and discussions should provide developmental feedback for the applicant and indicate if opportunities to develop the required competencies are available. If opportunities have not arisen in the clinic to observe an applicant's competency in a specific area this item may be scored based on responses to a hypothetical clinical scenario presented by the supervisor. If the competency is rated in this manner this should be indicated in the comments section.

It is expected that the provisional member will be consistently demonstrating all competencies outlined in order to transfer to Full Membership of IASLT. If any competencies are rated as 'Not evident', the applicant will be required to complete an additional period of time under supervision as a Provisional Member. Where competencies are rated as 'Emerging', the reasons for this should be clearly documented. If a number of competencies are rated as 'Emerging', the applicant may be required to complete an additional period under supervision in order to develop the competencies required to transfer to Full Membership.

Rating	Descriptor
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Emerging	The Applicant has not consistently demonstrated acceptable levels of clinical skills
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	Skill	Acceptable	Not acceptable
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3	Obtains client consent in accordance with legal guidelines and the policies and procedures of the host agency		
4	Maintains all aspects of client confidentiality in accordance with legal and professional guidelines		
5	Maintains appropriate professional relationships with clients and carers		
6	Maintains appropriate professional relationships with colleagues		
7	Communicates with colleagues in a professional manner showing respect for their position, views and opinions		
8	Refrains from disparaging or unprofessional comments about the competencies of colleagues		

9	Adheres to the policies and procedures of the host agency e.g. health and safety, administration, record keeping etc.		
10	Shows punctuality in attendance, meeting deadlines and managing clinic time effectively		
11	Presents a professional image adhering to dress code and guidelines of the host agency		
12	Recognises own professional limits and competencies and works within professional boundaries		
13	Participates actively in developing own professional competencies.		

Applicant signature:

Date:

Supervisor Signature:

Date:

	Professional Autonomy and Accountability of The Speech and Language Therapist	Not evident	Emerging	Evident	Comments
1	Conforms to the standards required by the IASLT and detailed in the RCSLT publications 'Communicating Quality'.				
2	Is informed by guidelines for best practice and develops and disseminates evidence based practice within professional contexts				
3	Adheres to the IASLT code of professional conduct and ethics				
4	Exercises a professional duty of care to patients/clients.				
5	Understands the legal, ethical and safety responsibilities of professional practice.				
6	Upholds the principles and practice of clinical governance.				

	Personal and Professional Skills	Not evident	Emerg- ing	Evident	Comments
7	Demonstrates sensitivity to personal frameworks and an ability to recognise prejudice.				
8	Assesses personal abilities realistically				
9	Recognises personal and emotional needs of self and takes the responsibility for own health, wellbeing and work / life balance.				
10	Identifies and manages stress effectively in the clinical context.				
11	Acts in ways that acknowledges people's rights to make their own decisions				
12	Acts in ways that are non-discriminatory and respectful of others' beliefs and perspectives.				
13	Recognises the need within practice to respect and respond to culturally diverse communities (e.g., use of appropriate materials, contexts, access to interpreters etc.).				
14	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.				

15	Understands and recognises limits of own competencies and recognise the need to consult with supervisor in a timely and appropriate manner				
16	Acknowledges the need for continuing supervision.				
17	Identifies personal development needs and engages in continuous self-directed learning to promote professional development and quality of practice.				
18	Takes on appropriate responsibility for professional and clinical actions				
19	Shows an understanding of the role of empowerment in the therapeutic process.				
20	Regularly monitors the quality of work.				
	Professional Relationships	Not evident	Emerging	Evident	Comments
21	Gains informed consent.				
22	Maintains all aspects of patient/client confidentiality				
23	Promotes a culture of involvement and consultation				
24	Recognises the profession's Scope of Practice and makes referrals where appropriate.				
25	Develops and maintains effective working relationships across the range of individuals and agencies, as appropriate.				

26	Participates effectively in a variety of multi-, inter-, and intra-professional teams, keeping the rights and needs of the client central to such participation.				
27	Takes cognisance of professional and support staff boundaries and roles.				
	Professional and Employer Context	Not evident	Emerging	Evident	Comments
28	Shows awareness of the structure and function of the education, social and health care services and an understanding of current developments.				
29	Shows an understanding of health education and how it relates to communication and swallowing.				
30	Cooperates respectfully with the wider organisation in the interest of a user centred service.				
31	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.				
32	Demonstrates an ability to use research, statistical and epidemiological data.				

33	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.				
34	Champions initiatives that will modernise professional practices.				
	Identification and Assessment of Communication and Assessment Needs	Not evident	Emerging	Evident	Comments
35	Establishes rapport and facilitates participation in the speech and language intervention process.				
36	Analyses and interprets assessment data.				
37	Identifies gaps required to understand the client's communication issues and seeks information to fill those gaps.				
38	Makes a clinical judgment or diagnosis in relation to the nature and extent of speech, language and communication difficulties, and proposes possible outcomes				
39	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.				
40	Provides feedback on interpretation of assessment results to the client, significant others, refers and discusses management of identified difficulties.				

41	Uses published and self-generated assessments (including discussion with clients and carers), instrumentation and transcription where appropriate to describe, identify, analyse, and evaluate developmental and acquired phonetic, phonological, semantic, syntactic, pragmatic, fluency and voice disorders.				
42	Identifies the influence of situation context on communication.				
43	Recognise and evaluates the effect of communication difficulty on the psychosocial well-being of the client and significant communication partners.				
44	Recognises possible contributing factors to communication difficulty, whether social, psychological, cognitive or medical.				
45	Evaluates interaction between medical, social, cognitive, educational and communication need.				
46	Understands and recognises the need to refer to other professionals in a timely and appropriate manner.				
47	Identifies presence of dysphagia and makes appropriate onward referral.				
	Formulation of Plans for Meeting Communication, Eating, Drinking and Swallowing Needs	Not evident	Emerging	Evident	Comments

48	Generates hypotheses from the analysis and integration of case history and assessment findings in relation to communication impairments.				
49	Sets communication goals based on assessment and communicative need through use of integrated and interpreted information from various relevant sources.				
50	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.				
51	Selects and plans appropriate and effective therapy interventions involving key people in the client's environment.				
52	Defines and agrees upon roles and responsibilities for the Speech and Language Therapist, the client, and significant others in the planned intervention				
53	Documents intervention plans and decisions taken.				
54	Uses current critically appraised research to inform practice.				
55	Understands the rationales and principles that underlie therapy.				
56	Produces intervention plans in the context of multidisciplinary provision, demonstrating understanding of the role of other members of the team.				

57	Takes account of available service delivery options.				
58	Selects the appropriate role/s of assessor, educator, counsellor, advocate, researcher, trainer facilitator and consultant, and is aware of boundaries.				
59	Uses therapy techniques appropriate to a range of communication difficulties				
60	Uses therapy techniques appropriate to a range of eating, drinking and swallowing difficulties, under direct supervision. <i>(May not be an essential requirement for all settings)</i>				
61	Liaises and communicates effectively with other professionals, clients, relatives/carers and appreciates their potential contributions to the management process.				
62	Is able to make appropriate onward referral.				
	Intervention	Not evident	Emerging	Evident	Comments
63	Implements the Speech and Language Therapy intervention programme based on assessment, interpretation and planning.				
64	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.				

65	Continuously evaluates the efficacy of the therapy management plan and modifies it as appropriate.				
66	Documents progress and changes in Speech and Language Therapy intervention and participates in administration processes				
67	Prepares a client for discharge appropriately, agreeing a point of closure with the client/carer, following relevant agency discharge procedures				
68	Practises in a manner that promotes well - being and protects the safety of all parties.				
69	Demonstrates supportive and therapeutic interaction skills, which include the adaptation of strategies for optimum communication with clients or others.				
70	Modifies linguistic and interpersonal behaviour to ensure the client understands and expresses him/herself as fully as possible				
71	Accesses support from mentors or specialists.				
72	Manages time effectively within clinical sessions, related clinical work and balances clinical and administrative responsibilities.				
73	Keeps accurate contemporaneous records in accordance with professional and legal requirements.				

74	Demonstrates awareness of and adherence to current legislation as detailed in policy and procedures of health service agencies.				
	Planning, Maintaining and Evaluating Services	Not evident	Emerging	Evident	Comments
75	Uses and maintains an efficient information management system, including the use of information technology.				
76	Manages caseload effectively including prioritization, time management and efficient use of service delivery models...				
77	Participates in evaluation of the Speech and Language Therapy service.				
78	Demonstrates critical reflection skills as a foundation for ongoing professional development.				
79	Makes use of current research, by evaluating and applying it, where appropriate in clinical practice.				
80	Understands the principles of research and research methodology which underpin an analytical approach to clinical practice and is familiar with statistical packages.				
81	Collaborates in research initiated or supported by others				

82	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.				
83	Communicates and consults with professional groups and services e.g. through line management and professional networks.				
84	Responds to relevant government legislation and workplace policies and their implications for Speech and Language Therapy				
	Professional Development	Not evident	Emerging	Evident	Comments
85	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.				
86	Makes use of formal and informal networks for professional development				
87	Develops personal growth as an SLT through insight into current skills and further development of a range of interpersonal and communication skills.				
	Locally determined competencies	Not evident	Emerging	Evident	Comments

Do you consider the provisional IASLT member competent to practice independently as a Full Member of IASLT?

Yes

No

Please outline your reasons highlighting strengths as well as weaknesses, identifying, where relevant, components requiring further attention.

Comments;

Applicant print name; _____ **Date:**

Applicant signature: _____

Supervisor's print name; _____ **Date:**

Supervisor's signature: _____

IASLT Membership No: _____