



**IASLT**

*The Irish Association of*  
**Speech + Language Therapists**

## *Return to Full Membership Guidelines*

Date approved by IASLT board:

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2027

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## 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 SLTs maintain their skills and competence and can 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 have practiced within the previous two years. If an SLT has not practiced for more than 2 years, this guideline aims 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. These *Return to Full Membership Guidelines* are designed as a tool to support SLTs who have not engaged in clinical practice for greater than 2 years.

CORU is the regulator and therefore sets the requirements for registration of return to practice SLTs. *IASLT strongly advises 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

In order to return to full membership, IASLT requires that the SLT:

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 SLTs responsibility to contact CORU about their requirements.
3. Is registered as a provisional member of IASLT.
4. Commits to adhering to the IASLT Code of Professional Conduct and Ethics (2023).
5. Maintains an online CPD portfolio throughout this process.

In addition, you may have maintained CORU membership while not practising as a speech and language therapist. If you have been out of practice for greater than 2 years but have maintained CORU registration you are not eligible for full membership of IASLT. You must complete IASLT's return to full membership requirements.

## 3.0 Application for Provisional membership of IASLT

These *Return to Full Membership Guidelines* apply to all who have been out of practice for greater than 2 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. It may also include SLTs who have maintained CORU registration while out of clinical practice.

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](http://www.iaslt.ie)) for provisional membership and submitting a provisional membership application form (Appendix 1) to the IASLT office. Provisional membership will not be authorised until both online application and provisional membership application form have been completed.



IASLT provisional membership allows you to access fitness to practise and professional indemnity insurances (within ROI) through the IASLT affiliated insurance broker. This is required for the period of supervised clinical practice. For insurance to be valid, you must meet the requirements set out in:

- IASLT Continuing Professional Development Standards
- IASLT Scope of Practice
- IASLT code of professional conduct and ethics
- IASLT guidelines for professional supervision in SLT

and other clinically relevant IASLT guidelines and standard of practice documents. Provisional IASLT members must maintain an online CPD portfolio throughout this process.

IASLT provisional membership is valid for 12 months only. It is expected the applicant will transition to full membership within 12 months. Provisional membership can be renewed for a second term or 12 months. The renewal process is executed in the same manner as the original application for provisional membership, as outlined above,

In total, a member can only be a provisional member for 24 months, this can be extended in extenuating circumstances, applications to have provisional membership extended beyond 24 months must be made via email to IASLT ([admin@iaslt.ie](mailto:admin@iaslt.ie)) 3 months prior to the renewal date, with clear details relating to the reason for a new for an extension. The request for an extension will be reviewed within IASLT membership review processes and a decision will be made regard granting or declining the extension. This decision will be communicated to the provisional member, any decision made will be final.

#### **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 several tasks that must be completed within this IASLT 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 obtaining clinical competencies 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. These hours must be completed within 12 months.

Length of time non-practicing	Required supervised practice hours
2 - 4 years	60 hours
5 – 9 years	120 hours
10 + years	420 hours

*Table 1: Number of required supervised practice hours*

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

- A full member of IASLT for the duration of the supervision process
- 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* (Appendix 2) must be completed. If the provisional member is in employment, this must be completed with both their speech and language therapy 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.

The *Return to Full Membership Plan* (Appendix 2) includes details regarding processes to be followed where competencies are not being met, or the supervised practice breaks down. While the supervising SLT agrees to provide opportunities to develop competencies and to support this development, there is an ownness on the provisional member to engage in supervision and achieve the required competence.

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 relevant **Professional and Clinical Competency Evaluation Form**.

- Form A if returning after 2 to 4 years – see Appendix 3
- Form B if returning after 5+ years – see Appendix 4

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



As this process is competency based, further hours may be required in order to achieve the required competencies. This should be negotiated with the speech and language therapy supervisor/manager as required.

If a supervisor does not recommend transition from provisional membership to full membership, this must be clearly stated on the relevant Professional and Clinical Competency Evaluation Form (Appendix 3 or 4) 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 the event the competencies are not achieved or the period of supervised practice is not completed, this should be managed in the first instance in accordance with the agreed management plan as set out in the *Return to Full Membership Plan* (Appendix 2). A record and notes of all actions carried out in line with this plan should be kept. This record should be an accurate account of all supports, meetings, external engagement etc that have taken place to support the provisional member's competency development. This record should be signed by all parties involved, including external support personnel e.g. SLTM, other SLTs. A copy of these notes should be kept by both the supervisor and the provisional member until the period of supervised practice or any appeal is complete. These notes may be required in the event of an appeal.

The provisional member can appeal a decision made by the supervisor to not recommend transition to full membership based on lack of competency development. Information regarding making an appeal can be found in section 6.0 below.

Where a provisional member is deemed to have not achieved competence the supervisor has a reporting responsibility of CORU. In the event an appeal is actioned, report to CORU can be deferred pending the appeal outcome.





## 4.2 Online CPD Portfolio report

On receipt of provisional membership, the therapist is advised to log onto the IASLT website ([www.iaslt.ie](http://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. A minimum of 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 must also comply with the IASLT CPD Standards, 2018 (edited 2023).

## 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 an additional plan for further development is devised in conjunction with the SLT manager. This is to ensure the therapist receives the appropriate support and continues to develop their skills as required. This will require careful consideration between the SLT manager and the provisional member. It is advised that they develop a development plan specific to the role, the provisional member's previous clinical experience and length of time away from clinical practice. This plan should be documented and submitted to IASLT office. This plan does not replace the required Professional and Competency evaluation as outlined above but is an additional requirement.



#### 4.4 Role of Employer

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

The provisional member must ensure they have addressed professional indemnity or insurance implications with any supervisors before engaging in clinical supervision.

#### 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, scanned and returned to the IASLT office via email to ([info@iaslt.ie](mailto:info@iaslt.ie)) for the attention of the Professional Standards Standing Committee:

- A copy of the all Return to Full Membership Plan (Appendix 2)
- Completed relevant Professional and Clinical Competency Evaluation Form - Form A or B (Appendix 3 or 4),
- 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 speech and language therapy supervisor/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 PSSC in order to determine if the application has been successful. PSSC will make a recommendation 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 20 working days 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 the IASLT board.

In the event, a provisional member does not achieve the required competencies within the required 12 month period that will not be eligible to apply for full membership of IASLT. The applicant must reapply as a provisional member (as per 3.0 above) and continue this process to achieve competence.

## 6.0 Termination of provisional membership

In the event the provisional member does not meet required competence or CPD requirements within the allowed period of time their provisional membership will be revoked and they will be unable to transfer to full membership.

In situations where the applicant does not agree with the supervisor's determination, and all supports outlined within the *Return to Full Membership Plan* (Appendix 2) have been carried out, the applicant can appeal this decision to the Professional Standards Standing Committee (PSSC) via email [standards@iaslt.ie](mailto:standards@iaslt.ie). 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. This documentation must be received with 28 days from the date the Professional Clinical Competency form was finalised and the applicant was informed they did not meet the required competency level. PSSC may seek further information from both parties prior to making a recommendation to IASLT board. In the event of an appeal the member will be allowed to renew membership as a provisional member until the appeal is resolved.



In the event PSSC uphold the decision that competence was not reached by the provisional member their membership will be revoked and they will not be allowed to transfer to full membership. PSSC will have a reporting required to CORU regarding the outcome of the appeal.



## 7.0 Appendices

### *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 4 years	have not worked as a Speech and Language Therapist for between 2 to 4 years prior to application	<input type="checkbox"/>
5 to 9 years	have not worked as a Speech and Language Therapist for between 5 and 9 years prior to application	<input type="checkbox"/>
10+ years plus	have not worked as a Speech and Language Therapist for more than 10 years.	<input type="checkbox"/>



Personal Information			
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	
Is your qualification recognised by CORU?	Yes/No/NA
Are you registered with CORU?	
Are you currently completing CORUs Return to Practice requirements?	
CORU Application or Registration No:	
SLT Qualification(s)	1 2 3
Date of Qualification	
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 Plan 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 4 years	<p>I have not worked as a Speech and Language Therapist for between 2 to 4 years prior to application.</p> <p>I require 60 hours of supervised clinical practice to return to full membership.</p>	<input type="checkbox"/>
5 to 9 years	<p>I have not worked as a Speech and Language Therapist for between 5 and 9 years prior to application.</p> <p>I require 120 hours of supervised clinical practice to return to full membership</p>	<input type="checkbox"/>
10+ years plus	<p>I have not worked as a Speech and Language Therapist for between greater than 10 years prior to application.</p> <p>I require 420 hours of supervised clinical practice to return to full membership</p>	<input type="checkbox"/>
Field of work	<p>I require supervised practice hours in the area of e.g. adult, paediatric, mixed, acute, primary care, disability, social care, please list:</p>	



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	

As part of the period of supervised practice hours, the provisional member agrees to engage with relevant formal and private study (as defined [here](#)), this will be documented in their CPD report and can be made available to the supervisor on request.

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

### Pre-Reading List

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We the below signed parties understand the following:

A named third party will be identified at the outset of the period of supervised practice, this person will act as an external support to the provisional member and supervisor in the event of any issues within the supervision period.	<input type="checkbox"/>
In the event that the supervisor or provisional member is dissatisfied with any aspect of the operation of the period of supervision they should initially seek resolution by discussing the problem within the supervisory relationship.	<input type="checkbox"/>
If any issues are not satisfactorily resolved either party may ask for support from the named third party to provide mediation or support.	<input type="checkbox"/>
It is expected that issues within supervision will be managed within the supervision site in the main and issues will only be escalated to IASLT in exceptional circumstances.	<input type="checkbox"/>
In the event of the supervisory partnership being ineffective or difficulties arising, either party can choose to terminate the period of supervised practice after discussion and agreement.	<input type="checkbox"/>
In the event a supervisory partnership is terminated it is the responsibility of the provisional member should then seek a suitable new supervisor to complete the period of supervised practice.	<input type="checkbox"/>
Issues of potential professional misconduct or safeguarding concerns must be reported locally immediately referring to the appropriate local policy.	<input type="checkbox"/>
Regardless of outcome of the period of supervised hours, the provisional member and the SLT supervisor/line manager understands that the service is under no obligation to extend the stated period of supervised practice.	<input type="checkbox"/>



Named third party:

Named third party	
Contact number	
Email address	

Sign and date below:

Date:	
Provisional member:	
Supervisor:	



### Appendix 3: Professional & Clinical Competency Evaluation Form A:

Return to full membership after 2 to 4 years

Provisional Member	
Supervisor	
Clinic Location	
Dates	
Number of supervised clinical hours completed	

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. All competencies must be evident before a member can apply to transition to full membership.

The SLT supervisor will only sign the competency form if the competency has been demonstrated regardless of the number of supervised practice hours obtained.

Rating	Descriptor
<b>Not Evident</b>	<b>This skill was not demonstrated despite learning opportunities, supervision, and support</b>
<b>Emerging</b>	The Applicant has not consistently demonstrated acceptable levels of clinical skills
<b>Evident</b>	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	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:** \_\_\_\_\_



## Clinical Competencies

	<b>Clinical Assessment and Planning</b>	<b>Not Evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Comments</b>
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				
	<b>Intervention</b>	<b>Not evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Comments</b>
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.				



	<b>Self-evaluation and continuous professional development</b>	<b>Not evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Comment</b>
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 Standards Standing 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 <input type="checkbox"/> No <input type="checkbox"/>
Please outline your reasons highlighting strengths as well as weaknesses, identifying, where relevant, components requiring further attention.	
Other comments:	
Applicant Name:	Applicant signature:
Applicant IASLT number:	Date:
Supervisor Name:	Supervisor Signature:
Supervisor IASLT number:	Date:



#### Appendix 4: Professional & Clinical Competency Evaluation Form B:

##### Return to full membership after 5+ years

Provisional Member	
Supervisor	
Clinic Location	
Dates	
Number of supervised clinical hours completed - complete as relevant	
4-9 years -120 hours required	
10+ years - 420 hours required	

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. All competencies must be evident before a member can apply to transition to full membership.

The SLT supervisor will only sign the competency form if the competency has been demonstrated regardless of the number of supervised practice hours obtained.

Rating	Descriptor
<b>Not Evident</b>	<b>This skill was not demonstrated despite learning opportunities, supervision, and support</b>
<b>Emerging</b>	The Applicant has not consistently demonstrated acceptable levels of clinical skills
<b>Evident</b>	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.



	<b>Skill</b>	<b>Acceptable</b>	<b>Not acceptable</b>
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	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:** \_\_\_\_\_



## Clinical Competencies

	<b>Professional Autonomy and Accountability of The Speech and Language Therapist</b>	<b>Not evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Comments</b>
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.				
	<b>Personal and Professional Skills</b>	<b>Not evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Comments</b>
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.				
	<b>Professional Relationships</b>	<b>Not evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Comments</b>
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.				
	<b>Professional and Employer Context</b>	<b>Not evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Comments</b>
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.				
	<b>Identification and Assessment of Communication and Assessment Needs</b>	<b>Not evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Comments</b>
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 judgement 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.				
	<b>Formulation of Plans for Meeting Communication, Eating, Drinking and Swallowing Needs</b>	<b>Not evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Comments</b>
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	Can make appropriate onward referral.				
	<b>Intervention</b>	<b>Not evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Comments</b>
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, considering 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.				
	<b>Planning, Maintaining and Evaluating Services</b>	<b>Not evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Comments</b>
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				
	<b>Professional Development</b>	<b>Not evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Comments</b>
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.				
	<b>Locally determined competencies</b>	<b>Not evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Comments</b>





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 Standards Standing 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 <input type="checkbox"/> No <input type="checkbox"/>
Please outline your reasons highlighting strengths as well as weaknesses, identifying, where relevant, components requiring further attention.	
Other comments:	
Applicant Name:	Applicant signature:
Applicant IASLT number:	Date:
Supervisor Name:	Supervisor Signature:
Supervisor IASLT number:	Date:

