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| ***Position Framework:***  ***Role of Speech and Language Therapy Assistants, 2024.*** | |
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***Table of Contents***

1.0 [Introduction. 3](#_Toc151024932)

[2.0 Scope of Practice for SLTAs. 3](#_Toc151024933)

2.1 Training and Competency Development of the SLTA 4

2.2 Duties of the SLTA 4

2.3 Responsibilities Outside the Scope of Practice for SLTA 5

3.0 Supervision 6

[4.0 Conclusion 7](#_Toc151024934)

References 8

# Introduction.

Some tasks, procedures, or activities used to treat individuals with communication and related disorders can be performed successfully by individuals other than Speech and Language Therapists (SLTs) if the persons conducting the activity are properly trained and supervised by CORU registered SLTs. Therefore, the Irish Association of Speech and Language Therapists (IASLT) supports the role of Speech and Language Therapy assistants (SLTA’s) who work under the direction and supervision of CORU registered Speech and Language Therapists (SLT). SLTA’s perform tasks as prescribed, directed and supervised by the SLT. SLTA’s are not a replacement for Speech and Language Therapists. They can add value by increasing the efficiency of service delivery. Effective clinical governance is essential for the provision of safe and high quality SLT services to service users, which includes the appropriate governance of SLTA’s.

# 2.0 Scope of Practice for SLTA’s.

There are some specific duties currently carried out by SLTs that may be delegated to an SLT assistant working under the supervision of an SLT. The supervising SLT retains full legal and ethical responsibility for service users but may delegate specific tasks to the SLTA. The decision to shift responsibility for implementation of the more repetitive, or routine clinical activities to SLTAs should be made only by qualified professionals and only when the quality of care and level of professionalism will not be compromised. The utilisation of evidence and ethical and professional judgment should be at the heart of the selection, management, training, supervision, and use of support personnel. When SLTAs are tasked by the SLT to support delivery of specific speech and language therapy interventions (i.e. therapy), this is called delegated care.

*2.1 Training and competency development of the SLTA*

The scope of practice for an SLTA position will be determined by the relevant CORU registered SLT manager, taking the above principles into account. Appropriate training must be carried out with each individual SLTA, and the training required will be determined based on that person’s:

* Qualifications and education to date
* Current knowledge and skill base
* Level of experience and on the job training relevant to the role
* Type and level of supervision received to date.

It is recommended each service with an SLTA develops a competency framework including all the tasks and duties that the SLTA will be asked to perform. The SLTA’s competence in each area can be determined by observations, collaboration between the supervising SLT and the SLTA, as well as other resources deemed significant by the SLT. Duties performed by the SLTA are only those tasks that the SLTA has the training and skill to perform as verified by the supervising SLT. It is the SLT’s responsibility to observe the SLTA performing specific tasks; to provide feedback regarding clinical performance; to recommend or provide education and training to develop skills to meet the needs of the students, patients, and clients served; and to validate the SLTA’s competence.

*2.2 Duties of the SLTA*

To work effectively as a SLTA the role incorporates therapy, support and administrative roles. Provided that adequate training has been undertaken, appropriate planning has been provided, and adequate supervision is in place, the following duties may be deemed appropriately by the supervising SLT:

* Facilitating therapy programme delivery/ co-facilitating/ leading therapy groups / under the direction and supervision of the SLT.
* Preparing treatment areas for individual or group therapy sessions including tidying area and storing away equipment used upon completion of the session.
* Observing the general performance, behaviour and ability of individuals during therapeutic interventions. Record and report these observations to the SLT.
* On instruction of the SLT document service user contacts/ interventions in the relevant service user file and as per the SLT department’s local policy.
* Liaise and communicate effectively with SLT and multi-disciplinary team members as appropriate to ensure co-ordinated intervention.
* Foster and maintain professional working relationships with colleagues.
* Carry out clinical administrative duties that supports the SLT Department in the delivery of clinical services.
* Assist in the organisation, maintenance and/ or ordering of equipment and materials used in assessment and treatment, in conjunction with the SLTs.
* Develop therapy resources and materials under the direction of the SLT.
* Keep up-to-date statistics and other records as required within the SLT department.
* Maintain/ clean equipment and treatment areas, as requested.
* Contribute to the planning and development of the SLT service and participate in service improvements.

*2.3 Responsibilities Outside the Scope of Practice for SLTA*

The SLTA should *NOT* engage in any of the following activities:

* representing themselves as the SLT.
* interpreting assessment tools for the purpose of diagnosing disability, determining eligibility or qualification for services.
* administering formal or informal assessments; formal or informal evaluations; use standardised or non-standardised tests; interpret test results, or carry out a diagnosis of communication, swallowing or feeding disorders.
* making decisions regarding admission to service, selection for treatment or for discharge.
* diagnosing communication and feeding/ swallowing disorders.
* developing or determining the feeding and/ or swallowing strategies or precautions for students, patients, and clients.
* disclosing clinical or confidential information (e.g., diagnosis, services provided, response to treatment) either orally or in writing to individuals who have not been approved by the SLT to receive information unless mandated by law.
* writing, developing, or modifying a student's, patient's, or client's plan of care in any way.
* making referrals for additional services.
* assisting students, patients, and clients without following the individualised plan of care prepared by the CORU registered SLT.
* assisting students, patients, and clients without access to supervision.
* selecting AAC systems or devices.
* performing procedures that require specialised knowledge and training (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging).
* providing input in care conferences, case conferences, or any interdisciplinary team meeting without the presence or prior approval of the supervising SLT or other designated SLT.
* providing interpretative information to the student, patient, client, family, or others regarding the student’s, patient’s, or client’s status or service.
* signing or initialling any formal documents (e.g., clinical notes) without the prior approval of the supervising SLT.

**3.0 Supervision:**

*SLT assistants* require regular supervision from a CORU registered SLT. It is essential that each *SLTA* has a named supervisor. The supervisor is an SLT who has the skills, qualifications, experience and knowledge of the area of practice required. The clinical supervisor for a Speech and Language Therapy Assistant must be an experienced SLT in the relevant clinical area who meets the criteria for full membership of IASLT. They should also be supported through having their own professional supervision. It is not appropriate for a new graduate Speech and Language Therapist to provide supervision to an SLTA.

While the SLTA may be delegated tasks by a number of different SLTs within a service, a formal supervision structure should be set up with a named SLT. It is recommended that the supervisor is an SLT who has the skills, qualifications, experience and knowledge of the area of practice required and meets the criteria for Full membership of IASLT. That SLT should also be supported through their own professional supervision. It is not appropriate for a new graduate Speech and Language Therapist to provide supervision to an SLTA. This SLT must provide appropriate and adequate direct and indirect supervision to ensure quality care for all persons served. The amount of supervision may vary depending on the case’s complexity and the SLTA’s experience.

The supervising SLT is responsible for designing and implementing a supervisory plan, which ensures that the SLT maintains the highest standard of quality care for students, patients, and clients. It is important that the SLTA seeks advice and assistance from the relevant SLT/ SLT Manager with any clinical or administrative work task that is felt to be beyond their level of competence. There is also a need for awareness of the potential risks associated with inappropriate task delegation and/ or the absence of suitable and frequent supervision of SLTA’s. Individual SLTs are professionally responsible for ensuring their own competence in the allocation of tasks and the level of supervision provided to the SLTA’s under their remit. Effective governance arrangements should be in place to ensure this.

# 4.0 Conclusion:

The role of the SLTA in Ireland is a developing role and there has been no formal guidance on their scope of practice to date. The SLT assistant role will offer value to the health service however it is vital that appropriate structures are put in place. The SLTA only works under the direction of a CORU registered SLT. This document sets out to define the SLTAs roles and responsibilities. IASLT has a clear role in providing the vision, structures and processes required for the direction of SLTAs and their role in Ireland and welcome all opportunities for collaboration with the Employer/ Government agencies.

*REFERENCES*

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