

# Inter-professional Dysphagia Framework

Steve Davies & Liz Boaden  
on behalf of the  
National Dysphagia Competence  
Steering Group

# Research Team

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# Funding

- National Patient Safety Agency
- NHS Modernisation Agency, Changing Workforce Development Programme
- Yorkshire Workforce Development Confederations
- National Stroke Nursing Forum

# Steering Committee

- NHS Changing Workforce Development Programme (DoH)
- National Patient Safety Agency (NPSA)
- Skills for Health
- Users, carers, consumer organisations
- Royal College of Physicians (RCP)
- Royal College of Speech and Language Therapists (RCSLT)
- Royal College of Nursing (RCN)
- British Dietetic Association (BDA)

# Background

- 1997 NMC (formally UKCC)
- 1998 RCSLT Dysphagia Policy Review  
Forum Report on the Issues of  
Management of the Dysphagic  
Patient
- 2000 IWP Clinical Guidelines for Stroke
- 2002 NSF for Older People  
(Standard 5: Stroke)
- 2004 IWP Clinical Guidelines for Stroke  
(2<sup>nd</sup> Edition)

# Competence

*‘Perhaps the most dangerous assumption in the professions is that being qualified implies that one is competent’.*

(Eraut: Learning in Health and Social Care 2003)

# Competence Confusion

A number of frameworks have been developed using a range of approaches

- locally evolved to meet local needs
- nationally evolving to meet government guidelines
- competencies developed within professions for specific staff grades/groups

# No National Approach

- no national inter-professional approach to competence frameworks
- no inter-professional consensus
- no endorsement from professional bodies
- no role definition/responsibility
- no definition of competence against which people can be assessed
- no requisite body of knowledge
- no common language

# Remit

## Identify:

- levels of dysphagia competence regardless of profession/qualifications
- underpinning knowledge and skills
- competencies pertinent to all dysphagia client groups
- competencies based on professional consensus
- user/carer views

## It is not the remit to:

- Identify which professional groups should perform at each level
- Promote specific assessments or therapeutic approaches
- Specify how to implement different interventions
- Specify service delivery or training models
- Specify training locations

# Project Phases

- Phase 1: Initial development of protocols, review of literature, semi structured interviews and development of Staff User Survey Instrument (SUSI)
- Phase 2: Dissemination of SUSI and development of draft framework
- Phase 3: Consultation Stage
- Phase 4: Modification and development of role descriptors
- **Phase 5: Field Testing and further modification**
- **Phase 6: Professional ratification**

## Phase 1: Interview

- *'People should be having their swallow assessed in A&E, not waiting 7,8,9,10, hours on a trolley without a drink'*
- *'I wish there wasn't a postcode lottery going on out there whether a child gets access to a speech therapist trained in paediatric dysphagia is a lottery'*

*'it was his second stroke wasn't it and he had difficulty swallowing, erm, he came in and they kept giving him drinks and giving him things to eat and I kept on saying , 'but my dad can't swallow, he's aspirating' and in the end he got aspiration and and he died as a result of --- .*

*That was on the death certificate --- nobody listened, they carried on giving him diet and fluids even though he was coughing and he was blue, carried on doing that for four days'*

*'she has quite a healthy cocktail of medication that she takes daily that she wouldn't have any access to at all as some of it's steroids, some of it's Warfarin. I know she'd be going well off the boil by 48 hours because she'd be withdrawing from her Prozac and God knows what else at the same time.*

*But I think that no-one else would probably consider that in a hospital environment, it's only my mum, she's not a person, she's a patient.'*

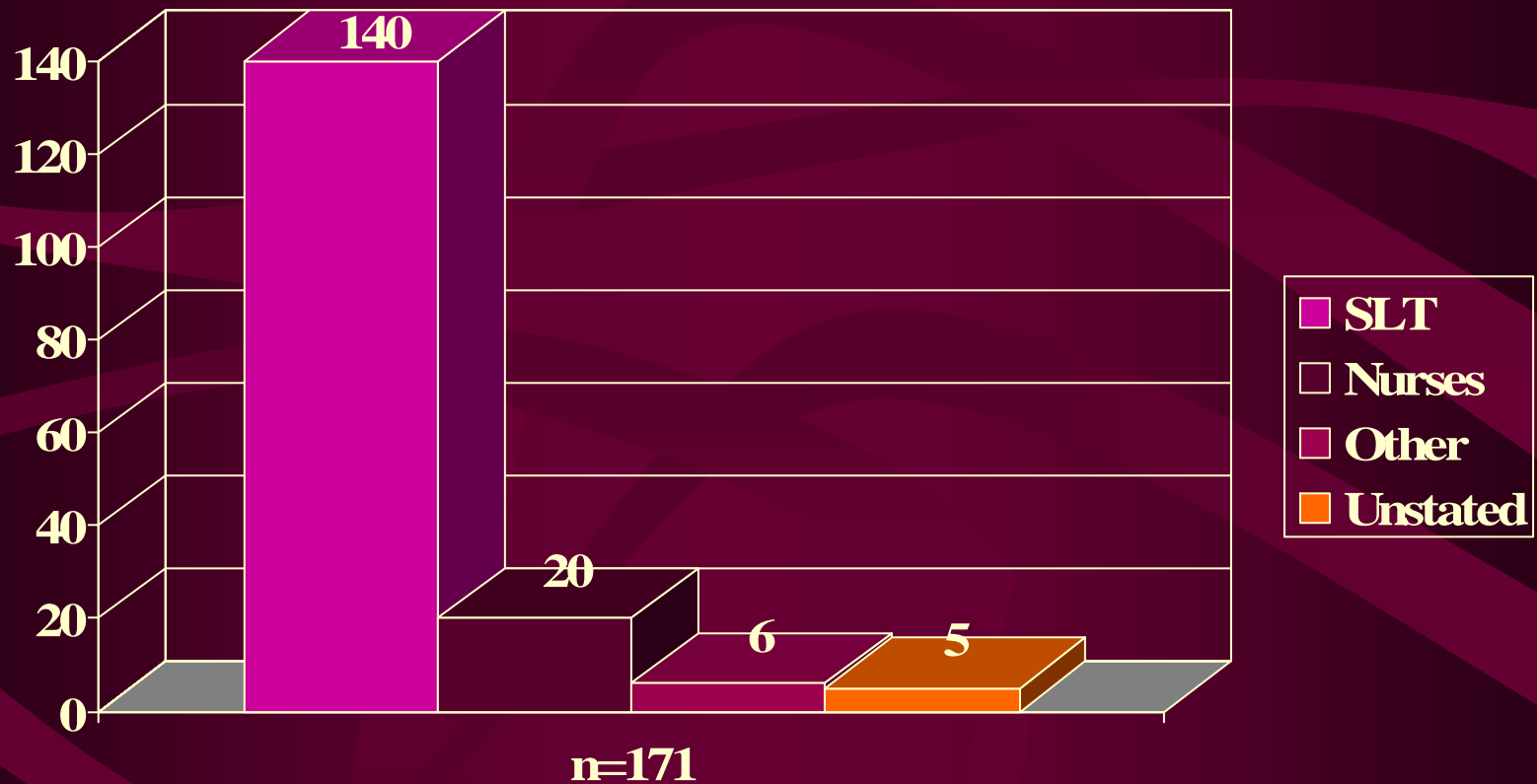
*'its actually quite frightening feeding somebody that's coughing ..... and people avoid feeding people.*

*They lose weight you know , just because people are avoiding them.'*

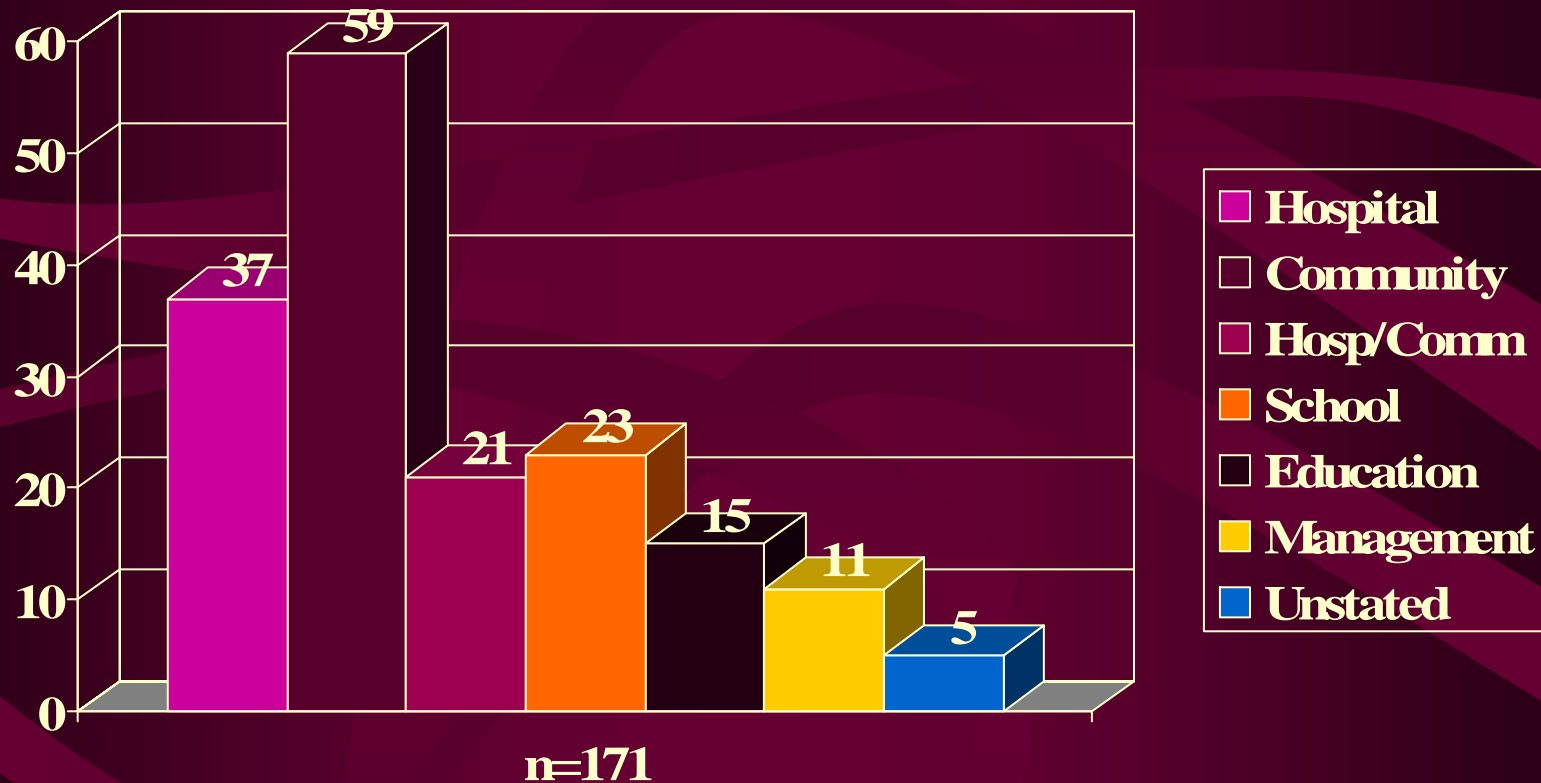
## Phase 2: SUSI Results

- 171/262 (65%) questionnaires were returned
- 50% > 11 years experience

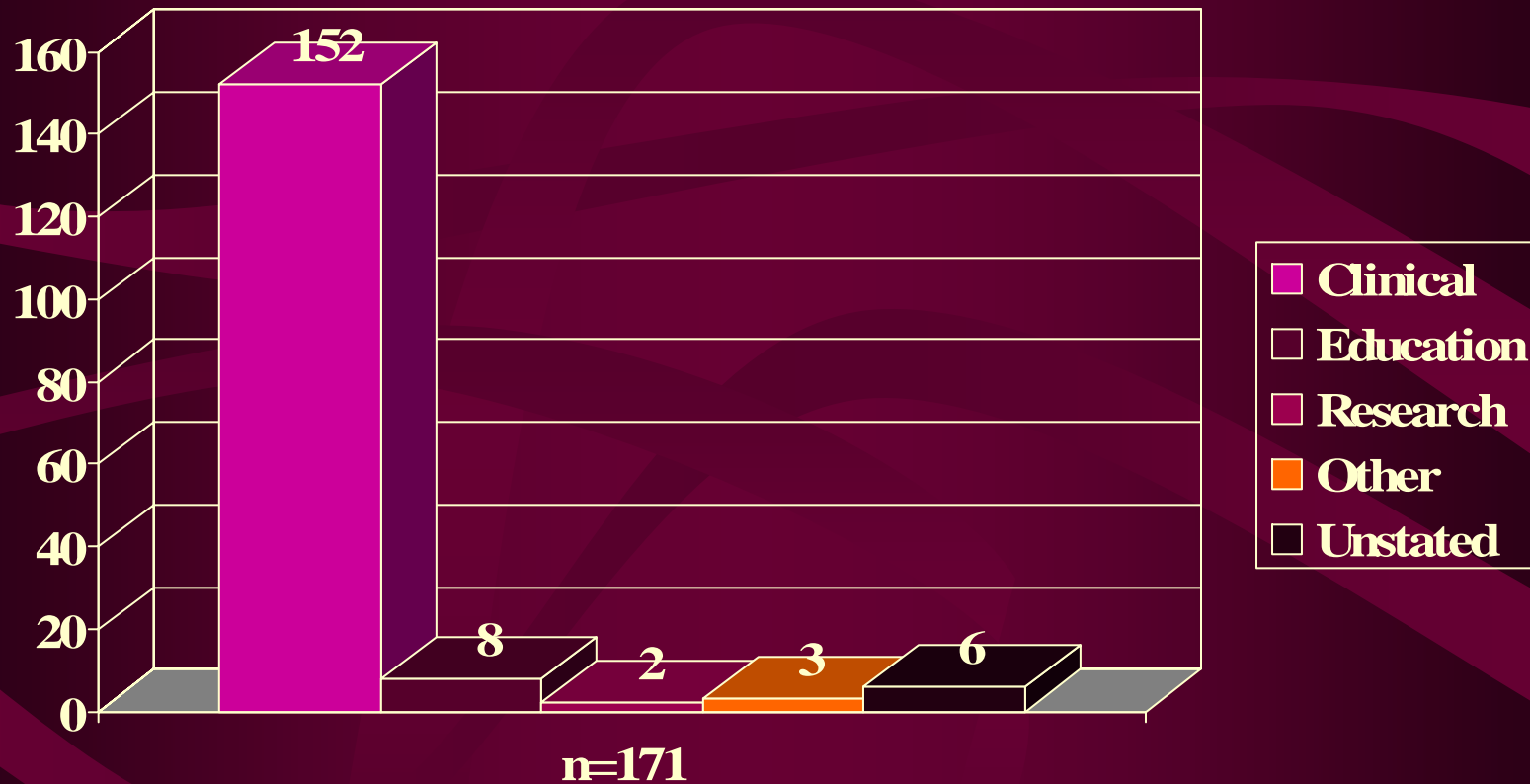
# Respondents Professions



# Respondents Practice Setting



# Service Role



# Phase 3

Development of:

- Dys 1 – Undertake protocol-guided swallowing assessments
- Dys 2 – Undertake a comprehensive dysphagia assessment
- Dys 3 – Undertake a specialist dysphagia assessment
- Dys 4 – Develop a dysphagia care plan

# National Occupational Standards

- Breast Screening
- Radiography
- Emergency Care
- Older people
- Drugs and Alcohol
- Complementary Therapies
- Clinical Imaging
- Children's Services
- Diabetes
- Mental Health
- Health Informatics
- Care
- Coronary Heart Disease

[www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

# Phase 4: Role Descriptors

- **Awareness:** Aware of the presenting signs and symptoms of dysphagia
- **Assistant:** Contributes to the implementation of dysphagia management plan
- **Foundation:** Implements protocol guided assessment and management
- **Specialist:** Undertakes comprehensive assessment and management
- **Expert:** Undertakes expert assessment and management of complex or co-existing difficulties with a responsibility for policy development and/or consultative opinions

# Phase 5: Field Test

Service	Portsmouth	Sheffield	Wales	Derby
Paediatrics		✓	✓	
Mental Health	✓			✓
Stroke	✓	✓		
ALD		✓	✓	
Maxillo Facial	✓		✓	

# Phase 6

And Finally

**Professional Endorsement**



Thank you