



DR SEAN PERT

Clinical guidance: how do you do it?

Dr Sean Pert asks how we can keep striving to achieve best practice



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Visit the main clinical guidance page for our 42 topic areas rcslt.info/clinical-guidance

The HCPC Standards of Proficiency (2023) state that SLTs must “assure the quality of their practice” and “engage in evidence-based practice”. In a world where there are significant demands on our time, it is often difficult to find time to stand back and evaluate our skills and knowledge, and decide if care pathways meet the latest standards and evidence.

RCSLT has much to offer its members to address these challenges and ensure our service users access the best possible care, and we are the only UK SLT membership organisation to produce clinical guidance. Our professional development resources are available to all members online.

But researchers have highlighted that some SLTs and services are not making full use of these resources. Morgan et al (2021) found that for children with suspected speech sound disorder (SSD) “...assessment data available in the case notes across all sites were insufficient to be used to compare the effectiveness of different interventions”, and that many services used informal picture assessments with no systematic analysis. Sharpe & Perovic (2023) found that 89% of SLTs were aware of RCSLT’s guidance on bilingualism, but “...less than half had read even just part of it”. Barriers to implementation included time pressure and large caseloads, and lack of support from managers.

How can we address barriers to engaging with the guidance? Team leads and managers can contact the RCSLT Professional Enquiries Team for support. Some undertake service re-designs based on

audits which highlight gaps in their offer. For example, using a published assessment to assess a child with suspected SSD and analysing the data using a systematic method. This can take more time, but may lead to a more accurate diagnosis and more effective therapy, decreasing the treatment time and reducing waiting lists.

So what could help you and your teams engage more actively with our guidance? Here are some ideas:

- Reviewing clinical guidance in your clinical supervision sessions or team meetings.
- Comparing your care pathways with current recommendations, including using evidence-based, published assessment tools.
- Taking part in the ROOT data collection to help you understand your service users’ outcomes.
- Linking with CENs and academics carrying out research into treatment intensity (dosage), efficacy, or less frequently implemented treatments.
- Address any training needs. There are resources available through CENs, advertised in *Bulletin*, and free RCSLT e-learning rcsltcpd.org.uk.
- Reading tutorials published in peer-reviewed journals such as *IJLCD* (free to members) and on ASHA’s ‘Evidence-Based Practice Tutorials’.

Please share your tips for keeping up with the guidance on social media #RCSLT.

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