



# **TRANS AND GENDER-DIVERSE VOICE & COMMUNICATION THERAPY Competency Framework**

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by the Royal College of Speech and Language Therapists

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## **Terminology**

Within this document, the term 'services' is used to refer to all speech and language therapy services, whether they are provided by the NHS, independent sector or any other providers.

The following acronyms will be used throughout:

MDT: Multidisciplinary team

SLT: Speech and language therapist

GIC/SGIS/SCSGD: Gender Identity Clinic/Specialist Gender Identity Service/Specialised Clinical Service for the care of Gender Dysphoria – these are terms used throughout the UK

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# 1. Aim and scope of the document

This document is a training and competency framework for speech and language therapists (SLTs) working with trans and gender-diverse people across the UK. The framework defines competency in relation to voice and communication assessment, therapy and advice for service users who identify as trans and/or gender-diverse. It is not intended for use in providing services for people with voice disorders.

## 2. Introduction

### 2.1 Key objectives of this document

Prevalence and incidence figures are problematic for this client group, as studies differ in their criteria for documenting a person as 'trans'. However, Reed and colleagues (2009) report prevalence of trans and gender-diverse people seeking care in the UK as doubling in numbers every five years. Specialist centres and local services are currently experiencing a dramatic surge in the number of referrals of trans and gender-diverse people seeking help with their voice and communication. Therefore, this document aims to:

- support the delivery of services with a more equitable provision for trans and gender-diverse clients nationally;
- support individual SLTs working with trans and gender-diverse people in developing the necessary competencies to operate safely and effectively in this specialist field, and make the case for access to appropriate supervision and support;
- provide a resource that can be used by supervisors and managers to identify areas of professional development;
- support the development of the speech and language therapy workforce in this field; and
- guide specification of services for trans and gender-diverse clients in the delivery of Voice and Communication Therapy.

### 2.2 Key audiences

- SLTs who may receive referrals for trans or gender-diverse clients
- SLTs working in specialist gender identity services
- Speech and language therapy students
- Higher education institutions running speech and language therapy courses
- Managers or supervisors of SLTs who may receive referrals for trans or gender-diverse clients
- Commissioners/budget holders of services for trans and gender-diverse clients

### 2.3 The role of speech and language therapy

Gender identity is “an individual’s personal sense, and subjective experience, of their own gender” (NHS England, 2016). An individual’s voice is a central part of their identity; it is how they communicate with their family, friends, work colleagues and wider society.

As part of a multidisciplinary team (MDT), SLTs have a key role to play in ensuring the best possible outcomes for trans and gender-diverse people. SLTs, with appropriate skills, may support voice modification and facilitate gender expression through vocal and communication change and exploration. Voice and Communication Therapy (Adler, Hirsch & Mordaunt, 2012; Mills & Stoneham, 2017) enables trans and gender-diverse people to align their vocal and communicative expression with their identity in ways that feel congruent and authentic with their sense of self.

Voice and Communication Therapy can help to reduce distress related to gender dysphoria, which can cause a significant lack of confidence and social participation. It can also help reduce the occurrence of transphobia and being misgendered. Examples include: people being vocally misgendered on the telephone; being ridiculed and discounted in or excluded from social or workplace contexts due to listener expectation, bias or prejudice.

### **3. Using the framework**

#### **3.1 Purpose**

This competency framework sets out knowledge and practical skills competencies. It is intended that the framework is to be used by practising SLTs, with evidence being provided and practice supervised or independently signed off by an appropriately skilled and experienced supervisor.

#### **3.2 Who is the competency framework for?**

The framework is designed for the use of the speech and language therapy profession.

#### **3.3 How should the competency framework be used?**

The framework is hierarchical in that each level builds upon the foundations of the previous level. It is possible and acceptable that a clinician may be developing competencies across different levels at the same time; however, the SLT must have signed off all sections of each level before being deemed competent at that level, even if they are working on aspects of a level above.

If assessment and management of trans and gender-diverse voice and communication are part of a job role, they should be stated within the job description. As part of an organisation's induction process the line manager/supervisor can ask the new employee for a copy of their competency framework to establish current competency status.

The competency framework may form part of the formal appraisal process with the employing organisation.

##### **3.3.1 Obtaining, recording and maintaining competencies**

Competencies can be worked towards in a number of ways, including:

- reading peer-reviewed journals;
- undertaking reflective practice in supervision;
- accessing educational videos, e-learning, online materials;

- observing clinical practice;
- participating in journal clubs;
- attending relevant courses; and
- being a member of a relevant CEN.

As with all aspects of the SLT role, the individual SLT takes responsibility for their own competence. It is appropriate, therefore, for SLTs who have not worked in this area for some time to update their competence by reviewing some of the competencies previously achieved.

### **3.4 Guidance for supervisees and supervisors**

Given the specialist nature of working in this field, many SLTs may not have easy access to an appropriate supervisor within their own organisation. Working with these challenges requires the practitioner to be self-reliant and proactive in accessing professional supervision.

Alternative options include negotiating and agreeing 1:1, peer or group professional supervision with:

- a local NHS service;
- an external independent supervisor;
- local ASLTIP groups, which aim to foster supervisory links as well as peer or group opportunities;
- a therapist identified through a relevant CEN;
- a therapist working in a similar context with more experience; or
- a local independent organisation.

#### **Supervisor requirements**

- 1) Supervisors will have undertaken training in the supervision of others.
- 2) As with all professional practice, supervisors must ensure that they comply with HCPC standards and should practise and supervise only within their scope of practice.
- 3) Supervisors who take on the role of signing off competencies within this framework are required to have significant knowledge, skills and experience in the field of trans and gender-diverse Voice and Communication Therapy. Supervisors must be signed off to either Level B or C of this framework.
- 4) Supervisors must be able to demonstrate ongoing professional development (CPD) in the area of trans and gender-diverse Voice and Communication Therapy.
- 5) Supervisors must be able to teach aspects of the knowledge and skills required or identify further support, eg other supervisors, courses and research.
- 6) Supervisors will keep copies of the relevant competency framework documentation and notes of all aspects of the competency framework that they sign for others to ensure that they maintain a clear record.

- 7) Supervisors must themselves be in receipt of formal, individual and peer supervision within this clinical area.

**The supervisor role and the signing-off of the competency framework are very important.** It is emphasised that supervisors are signing off knowledge, skills and/or competency in the context observed, but that ongoing support, supervision and CPD will be necessary.

In signing the competency framework, the supervisor is declaring that they are confident that the supervisee has the relevant knowledge, skills and/or practical competence at that point in time. It should be noted that the supervisor may like to keep evidence/documentation of why they were confident in this, in case there are any issues regarding the practice of the supervisee in the future.

For more information on [supervision](#), please see the RCSLT website.

### **Scope of practice**

As with all professional practice, SLTs should ensure that they comply with the HCPC standards of proficiency and operate only within their scope of practice.

“Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself” (HCPC, 2013, p4).

This competency framework can help to evidence progress towards meeting these standards. For [guidance on compliance with HCPC standards](#), please see the RCSLT website.

SLTs who practise outside of their knowledge and skills risk voiding their professional indemnity insurance, which is a condition of registration with the HCPC. This may result in removal from the HCPC register and, consequently, being unable to practise. For more information about [insurance cover](#), visit the RCSLT website.

### **3.5 Guidance for employers**

The competency framework is designed for use in the practical acquisition of competence in the area of trans and gender-diverse Voice and Communication Therapy.

The employer is responsible for ensuring that SLT employees have up-to-date job descriptions that reflect their roles, caseloads and responsibilities. Please note that the competency levels within this framework do not correspond to NHS pay bands.

It is advised that employers ensure there is appropriate supervision in place for the SLT. If there is no suitable supervisor within the organisation, employers may arrange for access to a supervisor from another organisation, but should ensure that this fits within a professional and clinical governance framework.

See [RCSLT Information for Employers of Speech and Language Therapists](#).



### 3.6 Guidance for higher education institutions (HEIs)

Although trans and gender-diverse voice and communication is a high-need, low-incidence specialism, it is important that undergraduate students are made aware of the role of the SLT with trans clients. Trans clients frequently report difficulty accessing local voice services, with SLTs citing lack of training, clinical experience or expertise with this client group.

HEIs should introduce SLT students to the topic of the trans client group, including gender diversity and gender dysphoria, as part of pre-registration courses. The RCSLT Curriculum Guidance takes the view that all SLTs have a role in supporting the education of the future workforce.

In common with other specialist clinical areas, SLTs who are suitably experienced and supervised in trans and gender-diverse voice and communication therapy can mentor and supervise SLT students responsibly and safely when offering them learning opportunities in trans voice. Local services should work in partnership with specialist services such as GICs to routinely involve students in service delivery with trans and gender-diverse clients. Practice educators/clinical educators should use this competency framework to support students who have contact with trans clients on clinical placement.

Students should be supported to:

- have an awareness of the needs of trans clients, including trans women, trans men and gender-diverse individuals;
- be aware of the support available from the RCSLT, including access to reading lists, referencing the evidence-base and emerging consensus for voice and communication intervention, and this document, as well as relevant CENs;
- understand the role of the SLT in the care of trans and gender-diverse clients – this will include an awareness of the law, including the Equality Act (2010);
- be aware of the care pathway for trans clients, including the role of the GIC/SGIS/SCSGD and local speech and language therapy voice services.

HEIs may wish to develop/employ learning materials that encompass trans and gender-diverse service users, including videos, e-learning resources and links to media depicting trans and gender-diverse individuals.

HEIs may wish to develop study modules, masters-level learning or continuing professional development to support both pre-qualification students and SLTs who wish to develop a special interest in trans and gender-diverse voice and communication. A specialist SLT working with trans and gender-diverse clients – and trans and gender-diverse clients themselves (service users) – should be involved in the development and delivery of such modules/courses.

[Guidance for education providers](#) can be found on the RCSLT website.

## **RCSLT Trans and Gender-Diverse Voice & Communication Therapy Competency Framework – Core voice competencies**

These are the core voice competencies that will be considered prerequisites to working autonomously with trans and gender-diverse clients.

### **Knowledge**

- Able to use terminology appropriately, eg transgender, cisgender, gender dysphoria, trans, trans man, trans woman, gender diverse/non-binary person, and apply pronouns respectfully and accurately
- Understand the role of speech and language therapy for trans and gender-diverse clients
- Knowledge of communication as a collection of social cues, and broad parameters of what might constitute ‘masculine’ and ‘feminine’ communication, acknowledging the risks of stereotyping
- Understand the range and individuality of gender expression with regard to voice and communication

### **Core voice skills**

SLTs should be able to demonstrate the following:

- Voice case-history taking
- Auditory – perceptual voice assessment, eg Grade, Roughness, Breathiness, Asthenia, Strain (GRBAS) or Voice Skills Perceptual Profile (VSPP)
- Rationale for voice care advice
- Core voice therapy skills in developing good voice production with attention to posture, breath support, vocal techniques to reduce hyperfunction and to promote resonance and flow
- Use of objective instrumentation in assessment and therapy, eg electrolaryngography (ELG)/laryngograph, Praat, or equivalent
- Appreciation of full range and impact of voice pathologies
- Basic counselling skills (eg empathy, congruence, unconditional positive regard, person-centred listening and reflecting back)

### **Supervisor sign-off**

Signature .....

Date.....

## RCSLT Trans and Gender-Diverse Voice & Communication Therapy Competency Framework – Level A

An SLT working at Level A will have developed and established the core voice competencies (listed above) and will now be developing clinical skills in working with trans clients (likely to be mostly trans women).

Name .....

**Clinical caseload (voice feminisation/masculinisation; individual sessions/group therapy) .....**

(In the region of 1–5 different clients in a 12-month period)

	Competency	Suggested learning task	Evidence	Date completed	Supervisor sign-off
<b>A1</b>	<b>Knowledge of gender dysphoria</b>	<i>See Appendix</i>			
A1.1	Knowledge of gender identity as an internally experienced and personally defined phenomenon				
A1.2	Knowledge of current ICD and DSM classifications of gender dysphoria				
A1.3	Knowledge of social role change/presentation and broad aspects of transition process for trans people				
A1.4	Awareness of the role/remit of a GIC/SGIS and the various care pathways available to trans and gender-diverse clients				
A1.5	Awareness of the roles of the core members of GIC/SGIS MDT, including SLTs, psychologists, psychiatrists, endocrinologists and specialist nurses				

	<b>Competency</b>	<b>Suggested learning task</b>	<b>Evidence</b>	<b>Date completed</b>	<b>Supervisor sign-off</b>
A1.6	Awareness of masculinising and feminising hormone therapy for trans men and trans women respectively, and how hormones impact on voice and body				
A1.7	Awareness of the range of gender surgeries and procedures available to trans clients				
A1.8	Awareness of pitch surgery as a possible intervention, and the potential limitations and risks				
A1.9	Awareness of: <ul style="list-style-type: none"> <li>• current World Professional Association for Transgender Health (WPATH) Standards of Care (2012)</li> <li>• Good Practice Guidelines (2013)</li> <li>• Gender Recognition Act (2004)</li> <li>• Other relevant current legislature and protocols</li> </ul>				
A1.10	Awareness of possible risk factors linked to gender dysphoria (eg distress, social anxiety, suicide ideation) and the need for GP and MDT liaison, especially in urgent risk management circumstances				
<b>A2</b>	<b>Trans Voice and Communication Therapy</b>				
<b>A2.1</b>	<b>Knowledge</b>				
A2.1.1	Knowledge of service referral criteria				

	<b>Competency</b>	<b>Suggested learning task</b>	<b>Evidence</b>	<b>Date completed</b>	<b>Supervisor sign-off</b>
A2.1.2	Knowledge of particular risks on the larynx (including hyperfunction) during voice modification for trans women, and the effects of masculinising hormones for trans men				
A2.1.3	Knowledge of appropriate vocal care advice pertinent to trans clients				
A2.1.4	Understand how other diagnoses (eg Autism Spectrum Disorder, learning disability) may require adaptations to Voice and Communication Therapy				
<b>A2.2</b>	<b>Practical skills</b>				
A2.2.1	<p>Able to conduct a full voice and communication assessment for trans people, to include:</p> <ul style="list-style-type: none"> <li>• client interview (case history)</li> <li>• voice assessment</li> <li>• baseline recording</li> <li>• client perception questionnaire, eg Transsexual Voice Questionnaire (Male-to-Female) (TVQ<sup>MtF</sup>) (Dacakis &amp; Davies, 2012)</li> </ul>				
A2.2.2	Able to analyse objective and perceptual measures of pitch, range, intonation, and perceptually identify resonance characteristics pertinent to trans clients				
A2.2.3	Able to deliver a number of interventions in pitch, range, resonance, intonation and voice quality for voice feminisation and masculinisation				

	<b>Competency</b>	<b>Suggested learning task</b>	<b>Evidence</b>	<b>Date completed</b>	<b>Supervisor sign-off</b>
A2.2.4	Able to use audio and visual feedback systems to support client learning				
A2.2.5	Able to recognise, produce and model appropriate pitch parameters in voice feminisation and masculinisation with the use of apps and devices				
A2.2.6	Able to model and contrast head/facial and chest resonance pertinent to trans clients				
A2.2.7	Able to model and facilitate learning of different laryngeal and articulatory postures				
A2.2.8	Develop an understanding of and skills in own voice in the context of flexible vocal modelling and coaching, eg by attending a voice practitioner workshop				
A2.2.9	Able to measure outcomes of pitch change, client perception of voice and communication (eg with TVQ <sup>MtF</sup> ), and psychosocial functioning				

## RCSLT Trans and Gender-Diverse Voice & Communication Therapy Competency Framework – Level B

- An SLT who is signed off at Level B demonstrates considerable competence in the assessment and management of trans and gender-diverse clients.
- The SLT at Level B is highly experienced in clinical voice disorders with substantial experience of voice modification assessment and therapy.
- The SLT at Level B may supervise, support and train others in Voice and Communication Therapy for trans and gender-diverse clients.
- SLTs may work at Level B for many years without fully moving to Level C.

Name .....

Clinical caseload (voice feminisation/masculinisation/gender-diverse voice; individual sessions/group therapy) .....  
 (In the region of 6-19 different clients with a 12-month period)

	Competency	Suggested learning task	Evidence	Date completed	Supervisor sign-off
<b>B1</b>	<b>Knowledge of gender dysphoria</b>	<i>See Appendix</i>			
B1.1	Knowledge of current debate regarding definitions, classifications and terminology				
B1.2	Understanding gender identity and gender expression as diverse and individual, including non-binary gender identities and presentations				
B1.3	Knowledge of complex issues in social role change, including potential barriers to progression and transition for trans and gender-diverse people				
B1.4	Knowledge of assessment and biopsychosocial treatment process for gender dysphoria (partial or triadic therapy), and the professionals involved				

	<b>Competency</b>	<b>Suggested learning task</b>	<b>Evidence</b>	<b>Date completed</b>	<b>Supervisor sign-off</b>
B1.5	Knowledge of specific pathways/timings of gender surgeries available for trans women and trans men				
B1.6	Detailed knowledge of pitch surgeries and thyroid cartilage reduction surgery, and the potential associated risks to voice with both				
<b>B2</b>	<b>Trans Voice and Communication Therapy</b>				
<b>B2.1</b>	<b>Knowledge</b>				
B2.1.1	Knowledge of potential subtleties and individualities of gender expression in voice and communication				
B2.1.2	Understand the SLT's role in facilitating vocal and communicative authenticity, including skills generalisation into social contexts via individual and group sessions (if practical to service)				
B2.1.3	Knowledge of a range of psychological approaches in order to support clients psychosocially to use their preferred voice in increasingly challenging contexts, eg Cognitive Behavioural Therapy (CBT), Solution-Focused Brief Therapy (SFBT), Acceptance and Commitment Therapy (ACT), Mindfulness, Narrative Therapy				
B2.1.4	Knowledge of motor learning principles and acquisition of voice skills and its application to Trans Voice and Communication Therapy				



	<b>Competency</b>	<b>Suggested learning task</b>	<b>Evidence</b>	<b>Date completed</b>	<b>Supervisor sign-off</b>
<b>B2.2</b>	<b>Practical skills</b>				
B2.2.1	<p>Able to give skilled and sensitive feedback on communication in relation to specific social situations, including non-verbal communication and presentation, if requested by client (eg in exploring public-speaking skills): non-verbal communication (including facial expression, gesture); physical movements and postures (including sitting, standing, walking)</p> <p>Care must be taken to avoid gender stereotyping of clients.</p>				
B2.2.2	<p>Able to draw on highly developed skills in personal experiential voice work gained from clinical voice and voice development pedagogy to support modelling and vocal facilitation of the client's change process</p>				
B2.2.3	<p>Able to facilitate the client to communicate with preferred voice and communication in a range of communicative settings, eg speaking on the telephone, social and leisure communication contexts, communicating at work, public speaking, etc</p>				
<b>B3</b>	<b>Supervision and education</b>				
B3.1	<p>Able to support and supervise other colleagues working with trans women and trans men (Level A and other Level Bs)</p>				

## RCSLT Trans and Gender-Diverse Voice & Communication Therapy Competency Framework – Level C

- SLTs working at Level C are highly specialised practitioners and are likely to be predominantly working with a trans and gender-diverse caseload at a GIC/SGIS/SCSGD.
- They will be supporting and supervising staff who work at all levels to develop their competencies in this field.
- They will access supervision from peers who may be outside of their service or profession, eg a non-SLT gender specialist psychologist or psychiatrist.
- The Level C practitioner will take a lead in keeping up to date with research and evidence-based practice and strategic developments, disseminating these to others.
- They will seek out and respond to opportunities to develop further knowledge of this specialist field within the wider profession, working on or contributing to working parties, research and advisory boards.

### Level B practitioners developing Level C competence

It is probable that many SLTs operating at Level B will also demonstrate Level C competencies in some areas without working at Level C overall. Where this is the case, these SLTs are encouraged to populate the relevant sections of this document.

Name .....

Clinical caseload (voice feminisation/masculinisation/gender-diverse voice; individual sessions/group therapy) .....  
 (Of at least 20 different clients within a 12-month period)

	Competency	Suggested learning task	Evidence	Date completed	Supervisor sign-off
<b>C1</b>	<b>Knowledge of gender dysphoria assessment and treatment</b>				
C1.1	Knowledge of current debates in classifications of gender identity and gender dysphoria; knowledge of gender queer discourse, trans activist politics and broad LGBTQ+ issues				

	<b>Competency</b>	<b>Suggested learning task</b>	<b>Evidence</b>	<b>Date completed</b>	<b>Supervisor sign-off</b>
C1.2	Understanding complexity of risk factors associated with transition (social isolation and phobia, suicide ideation), including understanding de- and re-transition (with factors such as perfectionism, rigid thinking, impact of personality disorder)				
C1.3	Knowledge of process of acquiring a Gender Recognition Certificate				
C1.4	Knowledge of current issues in service commissioning and national drivers/targets, eg NHS Service Specification				
C1.5	Knowledge of current commissioning and funding issues for pitch surgeries and thyroid cartilage reduction procedures				
C1.6	Detailed knowledge through MDT co-working of all care pathways, including detailed knowledge of hormone, psychological and surgical interventions and procedures for trans men, trans women and gender-diverse clients				
<b>C2</b>	<b>Trans Voice and Communication Therapy</b>				
<b>C2.1</b>	<b>Knowledge</b>				
C2.1.1	Extensive knowledge of voice feminisation, masculinisation and gender-neutralisation interventions and how to adapt them according to where the client presents within the care pathway				

	<b>Competency</b>	<b>Suggested learning task</b>	<b>Evidence</b>	<b>Date completed</b>	<b>Supervisor sign-off</b>
<b>C2.2</b>	<b>Practical skills</b>				
C2.2.1	Able to adapt voice and communication therapy interventions and psychological approaches to facilitate client self-efficacy and resilience (eg experienced facilitation in voice group and group process, and in co-working with MDT psychologists in running psychosocial groups)				
C2.2.2	Able to input into complex case conference as part of the MDT in relation to voice and communication within client holistic care and treatment progression				
C2.2.3	Able to carry out assessments and referral for pitch surgery as part of MDT treatment recommendations				
<b>C3</b>	<b>Supervision and education</b>				
C3.1	Able to supervise SLTs working at Levels A and B, and others at Level C				
C3.2	Able to provide second opinion and advisory service to SLTs working with trans and gender-diverse clients at all levels				
C3.3	Able to provide training and support to other SLTs with regard to developing their experiential voice skills				

	<b>Competency</b>	<b>Suggested learning task</b>	<b>Evidence</b>	<b>Date completed</b>	<b>Supervisor sign-off</b>
C3.4	Able to demonstrate active contribution to education, training and research in voice and communication therapy at national and international levels				

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## Appendix 1: Suggested learning activity

Category	Suggested learning activity	Competency/field
<b>Observation:</b>	Observation of voice assessment and therapy sessions (individual and group) with supervisor/SLT experienced in trans voice and communication	A2.1.2; A2.2.1- A2.2.9 B1.4 – B1.6 B2.1.1 – B2.1.4 B2.2.1 – B2.2.3 B3.1 C1.2; C1.6 C2.1.1 C2.2.3 C3.1
	Individual case discussion	A1.1; A2.1.3 B2.1.2; B2.1.5; B2.2.1 C1.2; C1.3; C1.6
	Trans voice and communication group participation/observation	A2.1.2; A2.1.3; A2.1.4 A2.2.2 - A2.2.8 B1.2; B1.3 B2.1.1– B2.1.4 B2.2.1; B2.2.3 C2.1.1; C2.2.1
	Observations at GIC/SGIS with SLT and other gender specialist professionals	A1.1 – A1.7; A1.10; A2.1.1 B1.1 – B1.5 C1.6; C3.2
	Attendance at a GIC/SGIS MDT meeting	A1.4; A1.5 B1.1 – B1.6; B2.1.2

		C1.1 – C1.6; C2.2.2; C2.2.3
	Shadowing colleagues within own service and other services (development of skills using protocols, acoustic measures, psychosocial measures, biofeedback, use of apps, Skype and telephone therapy)	A2.2.0; A2.2.7; A2.2.8 B1.4; B1.6; B2.2.1; B3.1; C1.4 – C1.6; C2.2.1; C2.2.2; C2.2.3; C3.1; C3.2
<b>Trans support groups:</b> accessing information, attendance	Contact with trans and gender-diverse individuals via groups, eg voluntary/self-help  For a <a href="#">list of relevant groups and organisations</a> , visit the RCSLT website.	A1.1; A1.3; A1.6; A1.7 B1.1; B1.2; B1.3; B2.1.1 C1.1 – C1.3
<b>Course attendance:</b> voice and communication, and clinical overview of gender pathways  Experiential voice courses	For more information, visit <a href="#">Trans Voice Learning</a> on the RCSLT website.	A1.1 – A1.10 A2.1.1- A2.1.4 A2.2.1 – A2.2.8 B1.1 – B1.6 B2.1.1 – B2.1.4 B2.2.1 – B2.2.3 C2.1.1 C2.2.1 C3.3
<b>Course attendance:</b> psychological approaches, counselling	CEN study meetings; short or longer courses Generic counselling: PG accredited certificated courses Solution-Focused Brief Therapy Cognitive Behavioural Therapy courses Personal Construct Psychology Mindfulness	B2.1.2; B2.1.3 B2.2.1; B2.2.3; B3.1 C2.2.1 C3.1



	<p>Acceptance and Commitment Therapy Narrative Therapy</p> <p>For more information, visit <a href="#">Trans Voice Learning</a> on the RCSLT website.</p>	
<p><b>Reading:</b> policy, protocol, documentation</p>	<p>For a <a href="#">list of relevant documentation</a>, visit Trans Voice Guidance on the RCSLT website.</p>	<p>A1.1; A1.2; A1.9 A2.1.1; A2.1.3 B1.1; B1.4; B1.5 B3.1 C1.1; C1.4; C1.5 C3.1; C3.2</p>
<p><b>Reading:</b> books/book chapters</p>	<p>Adler RK, Hirsch S &amp; Mordaunt M (Eds). (2012) <i>Voice &amp; Communication Therapy for the transgender/transsexual client: A comprehensive clinical guide</i> (2<sup>nd</sup> Ed). San Diego CA: Plural.</p> <p>Adler RK, Constansis AN &amp; Van Borsel J. (2012) 'Female-to-male considerations.' In: Adler RK, Hirsch S &amp; Mordaunt M (Eds). <i>Voice &amp; Communication Therapy for the transgender/transsexual client: A comprehensive clinical guide</i> (2<sup>nd</sup> Ed). San Diego CA: Plural; pp153-187.</p> <p>Antoni C &amp; Sandhu G. (2015). Gender dysphonia and the larynx. In: Costello D &amp; Sandhu G (Eds). <i>Practical Laryngology</i>. CRC Press: Taylor and Francis Group.</p> <p>Barrett J. (2007) <i>Transsexual and other disorders of gender identity: A practical guide to management</i>. Oxfordshire UK: Radcliffe Publishing Ltd.</p> <p>Bouman WP &amp; Arcelus J (Eds). (2017) <i>The transgender handbook</i>. New York: Nova Science Publishers. Chapter 1 Language &amp; Terminology Chapter 13 Autism Spectrum Disorders Chapter 15 Clinical Services</p>	<p>A1.1; A1.7 A2.1.3 B1.4</p> <p>A1.6; A2.2.2 B1.4; B1.5</p> <p>A1.8; A2.1.2 B1.6</p> <p>A1.3; A1.4 – A1.8 A1.10 A2.1.4;</p> <p>A1.2; A1.3 A2.1.4 A1.10; C1.6</p>

	<p>Chapter 18 Hormones</p> <p>Mills M &amp; Stoneham G. (2017) <i>The voice book for trans &amp; non-binary people: A practical guide to creating and sustaining authentic voice and communication</i>. London: Jessica Kingsley Publishers.</p> <p>Nelson, J. (2015) <i>The voice exercise book: A guide to healthy and effective voice use</i>. London: The Royal National Theatre.</p> <p>Richards C &amp; Barker M. (2015) <i>Sexuality &amp; gender</i>. London: Sage. Chapters 2 &amp; 4</p> <p>For an up to date reading list, visit <a href="#">Trans Voice Learning</a> on the RCSLT website.</p>	<p>A1.6; C1.6</p> <p>A2.2.1 – A2.2.8 B2.1.1 – B2.1.4 B2.2.1; B2.2.3 C3.3</p> <p>A2.2.7 B2.2.2 C3.3</p> <p>B1.1; B1.2 C1.1; C1.3</p>
<p><b>Reading:</b> journal articles</p>	<p>Bennett JW. (2010) Exploring behavioural voice change methods in the transgendered population. <i>Canadian Journal of Speech-Language pathology and Audiology</i>, 34(1): 63.</p> <p>Byrne LA. (2007) <i>My life as a woman: Placing communication within the social context of life for the transsexual woman</i>. (Unpublished doctoral dissertation). La Trobe University, Melbourne, Australia.</p> <p>Dacakis G, Davies S, Oates JM, Douglas JM &amp; Johnston JR. (2013). Development and preliminary evaluation of the transsexual voice questionnaire for male-to-female transsexuals. <i>Journal of Voice</i>, 27 (3): 312-320.</p> <p>Davies S, Goldberg J. (2006) Clinical aspects of transgender speech feminization and masculinization. <i>International Journal of Transgenderism</i>, 9 (3-4): 167-196.</p> <p>Davies S &amp; Goldberg J. (2006) <i>Transgender speech feminization/masculinization: Suggested guidelines for BC clinicians</i>. Vancouver, Canada: Transcend Transgender</p>	<p>B2.1.4</p> <p>B1.3</p> <p>A2.2.8</p> <p>A2.2.2; B2.2.3; C2.1.1</p> <p>A2.2.2; B2.2.3; C2.1.1</p>

	<p>Support &amp; Education Society and Vancouver Coastal Health's Transgender Health Programme. <a href="http://lgbtqpn.ca/wp-content/uploads/woocommerce_uploads/2014/08/Guidelines-speech.pdf">lgbtqpn.ca/wp-content/uploads/woocommerce_uploads/2014/08/Guidelines-speech.pdf</a></p> <p>Davies S, Papp V &amp; Antoni C. (2015) Voice &amp; communication change for gender nonconforming individuals: Giving voice to the person inside. <i>International Journal of Transgenderism</i>, 16(3):117-159.</p> <p>Mills M, Stoneham G &amp; Georgiou I. (2017) Expanding the evidence: Developments and innovations in clinical practice, training and competency within voice and communication therapy for trans and gender diverse people. <i>International Journal of Transgenderism</i>, 18(3): 328-342.</p> <p>Mills M (2015). Lived experience of voice - a service evaluation of the voice group programme at Charing Cross Gender Identity Clinic. <i>Proceedings of the European Professional Association of Transgender Health (EPATH), GHENT, EPATH.</i></p> <p>Mills M &amp; Stoneham G. (2016) <i>Giving Voice to our Transgender Clients: Developing Competency and Co-Working. Bulletin</i>, 771: 16-17.</p> <p>Seal L. (2015) A review of the physical and metabolic effects of cross-sex hormonal therapy in the treatment of gender dysphoria. <i>Annals of Clinical Chemistry</i>, 53(1): 10-20.</p> <p>Wylie K &amp; Wylie R. (2016) Supporting Trans People in Clinical Practice. <i>Trends in Urology and Men's Health</i>, 7(6): 9-13.</p> <p>For an up to date list, visit Trans Voice <a href="#">Learning</a> and <a href="#">Evidence</a> on the RCSLT website.</p>	<p>A2.1.2; A2.1.3 A2.2.0 – A2.2.6; A2.2.8 B1.4; B1.6; B2.1.2 C2.1.1</p> <p>A1.5; A2.2.2; A2.2.8 B1.4; B2.1.1; B2.1.2; B2.1.3 C1.6; C2.1.1; C2.2.1</p> <p>B2.1.2; C2.2.1</p> <p>A1.5; B2.1.2; C1.4</p> <p>A1.6; B1.4; C1.6</p> <p>A1.3; B1.1; B1.4; B1.5; C1.1; C1.6</p>
<b>Supervision</b>	<p>Peer supervision and joint working: SLTs and others (eg psychologists) Case file reviews/audits</p>	<p>A2.2.1; A2.2.2; A2.2.4; A2.2.5; B1.3; B2.2.1; B2.2.3;</p>

	For more information, visit <a href="#">Supervision</a> on the RCSLT website.	B3.1 C1.2; C1.6; C2.1.1; C2.2.1
<b>Use of applications</b>	Experience using and teaching clients to use applications  For more information on selecting and using applications visit the <a href="#">Apps</a> and <a href="#">Technology</a> pages on the RCSLT website.	A2.2.2; A2.2.3 A2.2.5; A2.2.7; A2.2.8 B2.2.3; C2.1.1
<b>Use of acoustic objective measures</b>	Electrolaryngography (ELG)/Laryngograph and Speech Studio Praat	A2.2.1; A2.2.3; A2.2.8 B3.1 C2.1.1
<b>Membership of relevant organisations</b>	Clinical Excellence Networks – access information and support for clinical decision-making, resources, shared learning  BAGIS – access research and information; in particular, across professions  EPATH and WPATH – access research and information from international perspective  Visit <a href="#">Trans Voice Contacts</a> on the RCSLT website.	A1.1 – A1.9 B1.1 – B1.6 B2.1.1 – B2.1.4 C3.4

<p><b>Media resources</b></p>	<p>'Between The Ears.' Radio 4 documentary. <a href="http://www.bbc.co.uk/programmes/b08hr729">www.bbc.co.uk/programmes/b08hr729</a></p> <p>Stoneham G. Helping transgender People. TEDxSWPS August 2015 <a href="https://youtu.be/nej0Ds6s0jA">youtu.be/nej0Ds6s0jA</a></p> <p>'A year in the life of Britain's youngest transgender children'. BBC News, 2016. <a href="https://youtu.be/0IYYH43O4oc">youtu.be/0IYYH43O4oc</a> (Follow-up to first programme available at: <a href="http://www.bbc.co.uk/news/magazine-32037397">www.bbc.co.uk/news/magazine-32037397</a>)</p> <p>Political/community debates: <a href="http://transadvocate.com">transadvocate.com</a></p> <p>"The Second Train" Documentary by Tellyjuice, London (2017) on gender journeys, vocal exploration, voice group, and heterocisnormative bias (available from <a href="http://www.tellyjuice.co.uk">www.tellyjuice.co.uk</a>)</p> <p>For an up to date list of suggested media resources visit <a href="#">Trans Voice Learning</a> on the RCSLT website.</p>	<p>A1.1; A1.3; A1.10</p> <p>B1.2; B1.3</p> <p>A1.1; A1.3 – A1.5; B1.1 – B1.3</p> <p>B1.1; B1.2 C1.1</p> <p>A2.1.2; A2.2.2 B1.1 - B1.3; B2.1.2; C2.1.1; C2.2.1</p>
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## **Appendix 2: Methodology**

### **Gender dysphoria workshop**

In June 2014, the RCSLT hosted a workshop for SLTs and others with a role in voice and communication therapy (VCT) for clients with gender dysphoria. The workshop included a discussion about the competencies required, and the need for a competency framework was identified. As a result of the workshop, a first draft competency framework was created and shared.

### **National Transgender Voice and Communication Therapy Clinical Excellence Network**

In October 2015, a new clinical excellence network (CEN) was established for SLTs working in this field. Ahead of the inaugural meeting of the CEN, a revised version of the framework was shared and, on the day, a workshop was held to gather initial feedback. As a result of the feedback, and suggestions from the RCSLT on the format of the framework, a subsequent draft was developed and submitted to the RCSLT for wider consultation.

### **Consultation with the profession**

A profession-wide public consultation took place from 9 January to 3 February 2017 calling for votes of broad agreement/disagreement on each section of the framework and inviting detailed feedback on each point. Responses were received from SLTs, newly qualified practitioners, SLT managers, researchers and retired RCSLT members working within NHS trusts, independent practice, universities and HEIs, private health service and other sectors. Responses were received from SLTs working in all RCSLT Hubs within the UK except South Central and Isle of Mann/Channel Islands regions. Of the SLTs who responded, 92.8% reported working with trans and gender-diverse clients as part of their role, with 32.1% reporting seeing more than 20 clients per year; 7.1% of SLT respondents reported that they do not currently work with this group.

The RCSLT invited applications profession-wide from SLTs to form a group to review the consultation feedback. The group covered a skills matrix drawn from SLTs working across a number of settings and representing each aspect of the framework competence level. The group met four times between March and June 2017 to review and summarise the feedback for draft amendment. The final draft of the framework was developed by the RCSLT in light of the feedback summary.

In July 2017, members of the National Transgender CEN developed a suggested learning tasks companion for the framework (see Appendix 1).