



The New Zealand Speech-language Therapists' Association (NZSTA)

Competency Framework: Videofluoroscopic Swallow Study (VFSS) for Paediatrics

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Disclaimer:

This document outlines the definitive competency standards required for videofluoroscopic swallow study (VFSS) for paediatrics. It serves as an authoritative reference for evaluating and validating the skills and knowledge necessary to perform the outlined responsibilities. These standards are mandatory and should be integrated into relevant training, supervision, and assessment processes. However, this document does not substitute for professional judgment and should be used in conjunction with applicable policies, guidelines, and regulations.

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Background

It is the position of the New Zealand Speech-language Therapists' Association (NZSTA) that the Videofluoroscopic Study of Swallowing (VFSS) is within the scope of practice for speech-language therapists (SLTs) working in paediatrics. VFSS should only be carried out by SLTs specifically trained to do so; therefore, a competency framework is required to support trainers and ensure trained members perform and interpret VFSS safely and accurately.

This competency framework should be interpreted within the unique New Zealand (NZ) context. As health professionals working in New Zealand and members of the NZSTA, we are committed to upholding Te Tiriti o Waitangi and reducing health inequities. Clinicians utilising this resource should ensure their practices are culturally safe and demonstrate the importance of holistic views of health and wellbeing, including physical, mental, social and spiritual elements, especially with persons identifying as Māori.

Aim

This framework has been developed by Te Whatu Ora Te Toka Tumai and published by the NZSTA to guide and support SLTs training in performing and interpreting paediatric VFSS within the New Zealand (NZ) context whilst advocating for the highest standards of patient care.

Philosophy of Framework

The NZSTA is committed to ensuring the highest professional standards are set for obtaining and maintaining VFSS competencies.

The NZSTA strongly advocates that VFSS competency completion at all levels should be based on consistent demonstration of skill rather than completion of a set number of procedures.

The NZSTA recognises that the paediatric videofluoroscopic swallow study is an advanced practice requiring knowledge and skills across infancy and childhood while supporting VFSS training as early as is reasonably appropriate in an SLT's professional career.

The NZSTA recognises that different skill sets are required to provide VFSS in different clinical areas. Therefore, it has endeavoured to develop a competency document suitable for various regional, staffing, and patient populations*.

** This document is specific to working with neonates, infants, and children and includes adolescents up to 16 years of age. If a paediatric SLT is required to assist or support VFSS with older adolescents/adults, this must be done in collaboration with an appropriately trained adult SLT. For some older adolescents/teenagers, VFSS may be performed by appropriately trained adult SLTs on a case-by-case basis.*

The NZSTA recognises that a specific skill set is required to train others to be competent in VFSS effectively.

The NZSTA recognises the frequent movement of SLTs into NZ from overseas. All SLTs trained in VFSS overseas must submit portfolio evidence of training and clinical practice to their line manager/clinical leader or complete audits locally to be grand-parented across to the NZ competency framework. The line manager/clinical leader will provide the speech-language therapist (SLT) with an NZSTA paediatric VFSS level grade based on the NZSTA Competency Framework (with support from Level 4/5 paediatric VFSS competent clinicians).

The NZSTA recognises the challenges faced by different services across NZ in implementing and maintaining paediatric VFSS services. Some specific areas of competence may be appropriate for sign-off by an adult VFSS-competent therapist (e.g. practical skills such as contrast preparation); however, this does not include areas of paediatric-specific analysis and interpretation of images or decision-making.

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1. VFSS Competency Introduction

1.1 Prerequisites for VFSS Training

- NZSTA Registered Member (excluding “non-dysphagia trained”).
- Evidence of completed paediatric dysphagia competencies and independent management of a paediatric dysphagia caseload.
- Basic life support training as per SLT local policy.
- Formal support from the line manager and clinical leader (where different) to commence VFSS training.
- Access to supervision from a supervisor/mentor with appropriate paediatric VFSS competency.
- Able to demonstrate awareness of regional and national VFSS protocols and guidelines (including NZSTA Clinical Practice Guideline for VFSS).
- Completed radiation safety training as per local policy.

Note: Local policies may apply specific VFSS training prerequisites relevant to their workplace. Alongside this competency framework, the SLT is expected to engage in active lifelong learning to ensure that emerging research is incorporated into practice as appropriate.

1.2 Competency Progression

- The local line manager is responsible for signing off for SLTs at each competency level.
- The competency levels have been divided into categories encompassing the increasing levels of understanding and skillsets required to be competent across escalating levels of complexity and independence. This includes:
 - Knowledge (things you need to know)
 - Skill (things you need to be able to do)
 - Competency (how you apply your knowledge and skills within your designated scope of practice)
- The timeframe taken to achieve competency at each level may vary greatly. It is not unusual to take a minimum of 12 months to achieve levels 2, 3 or 4.
- For some SLTs, their job description, service needs and/or access to VFSS may never be sufficient to allow progression beyond Level 1.
- Where a line manager is not competent in paediatric VFSS, they must seek external Level 4 or Level 5 support to ascertain competency for Level 2 onwards.
- E-portfolios are an NZSTA standard expectation for VFSS-trained SLTs. They should provide evidence of practice at the level being assessed. They should include logs of completed

interventions, reflections on complex patients, reflections on occasions when procedures were truncated or modified, evidence of interpretation and procedure management, evidence on inter-rater reliability testing of interpretation, completed reports, and evidence of procedure completion/management.

- Opportunities such as web-based special interest groups should be explored to enhance ongoing competency and increase exposure to peer support and learning.

1.3 Acquisition of Knowledge, Skills, and Competency

Self-directed learning can achieve theoretical knowledge of paediatric VFSS competency. This includes study days, webinars, and independent reading. Direct observation and supervision in a patient setting are required beyond level 1. To satisfy the competency requirements, the supervisee must demonstrate the application of theoretical knowledge. This can be face-to-face (e.g., clinical audit) or through the NZSTA continuous professional development log or equivalent e-portfolio.

To achieve sign-off, at all levels, competence needs to be consistently demonstrated across a range of ages, stages, and developmental skills in paediatric feeding and swallowing e.g. bottle feeding, cup drinking, spoon foods, and textured foods.

VFSS training should be conducted at an appropriate frequency to allow for the consolidation of learning.

Level 4 and level 5 SLTs are expected to support one another through annual peer supervision and case-based discussions. This is to ensure the maintenance and enhancement of trainees' competency and equity in Level 1-4 sign-off.

1.4 Roles and Responsibilities of the Trainer/Trainee

Trainee roles and responsibilities include:

- Completes a reflective log of specific VFSS procedures attended, including role fulfilled, new learning, and areas to develop as part of competency development
- Initiates and facilitates regular 1:1 coaching/discussions to develop VFSS skills and to collaboratively identify the direction for learning for the trainee.
- Actively seeks opportunities and prioritises own learning to allow progression through levels of competency, e.g. a variety of patient populations, working with a different SLT, attending various clinics (inpatients vs. outpatient clinics)
- Identifies areas where further development/exposure/learning is required
- Receives and acts upon feedback as agreed within the (formal/informal) learning contract or as discussed with the trainer.

Trainer roles and responsibilities include:

- Provides support and direction around competency attainment.
- Facilitates regular 1:1 coaching/discussions to develop VFSS skills and collaboratively identify the trainee's learning direction.
- Provides an opportunity for learning in a different environment, e.g. a variety of patient populations, working with a different SLT, attending various clinics (inpatients vs outpatient clinics)
- Identifies areas where further development/exposure/learning is required when the trainee still needs to identify these themselves. Suggests learning opportunities and various ways to develop VFSS knowledge and skills, e.g., courses, in-service training, podcasts, etc.
- Provides feedback about performance and skill as agreed within the (formal/informal) learning contract or as discussed with the trainee.

1.4.2 Complexity

- It is acknowledged that perceived complexity is subjective and can be guided by the SLT's experience level or the environment within which the SLT operates (e.g., with limited multi-disciplinary team support). The following is a list of factors which is not exhaustive but may be considered within the definition of complex:
 - Multiple co-morbidities
 - Complex social situation
 - Anatomical deficits
 - Tracheostomy
 - Neonates
- It is understood that there will be occasions where patients who are not considered complex from their history may become complex during the intervention. Under the NZSTA SLT code of ethics, "*Members shall recognise the limits of their professional competence*". In these cases, the intervention should be completed when the level 3 clinician feels it is safe to do so and abandoned where it is beyond their skill level.

1.4.3 Supervision

- Professional supervision encompasses all aspects of SLT practice: clinical/therapy, management and research. Supervision is a contractual, collaborative relationship between a designated supervisor and a supervisee. This relationship focuses on
 - Supervise development and well-being
 - Safe, ethical and evidence-based practice and
 - Ensures the upholding of professional and workplace standards.

The NZSTA recognises several types of supervision: cultural supervision, discipline-specific supervision, group supervision and interprofessional supervision (NZSTA Supervision in Aotearoa for Speech-Language Therapists Policy, 2017).

1.5 Maintenance of Competency

The SLT trained in VFSS is responsible for maintaining clinical competency. They must ensure up-to-date knowledge of paediatric VFSS-related clinical development and engage in VFSS-specific clinical supervision. This includes annual peer review (see e-portfolio requirements above).

Following a significant lapse in VFSS practice, a return to practice process should be completed. This may include a clinical audit by a Level 4 or above VFSS-competent SLT (Appendix 1) or appropriate support sought from a Level 5+ SLT. Formal supervision relevant to updates in evidence-based practice and any changes in local policy should also occur before re-commencing VFSS practice.

Note: Following a three-year lapse in practice, NZSTA standard return-to-practice requirements apply.

1.6 Grand-parenting of VFSS Competency

If an SLT was trained in paediatric VFSS overseas or before 2024, it is their responsibility to provide adequate evidence of their VFSS training, experience, supervision and competency. This may include signed international or local VFSS competency packages, evidence of e-learning certification or formal education, VFSS logs and reflections, and references from managers, supervisors and previous mentees. It is recommended that they review this competency framework and identify their perceived level of competency. The Line Manager/Clinical Leader will complete a minimum of one successful VFSS audit at that level in addition to the evidence outlined above to transition onto this framework.

1.7 Radiation Safety and Training

Please refer to the NZSTA Guideline on VFSS.

1.8 VFSS Competency Overview

These tables summarise each competency level, including scope, supervision and sign-off required.

Competency	Competency abbreviation	Summary of knowledge on completion	Supervision and sign-off required for competency completion	Within the scope of practice on completion	Outside scope of practice on completion
Basic VFSS Knowledge	Level 1	<ul style="list-style-type: none"> - Identify patients appropriate for VFSS. - Indications and contraindications for VFSS, including assessing the child's tolerance and readiness - Identify anatomical landmarks and physiology as viewed fluoroscopically offline. - Interpret images offline and hypothesise on possible compensatory strategies to try. - Discuss possible recommendations following VFSS 	<p>Minimum level 3 competent and line manager sign-off</p> <p>E-portfolio to the satisfaction of level 3 VFSS competent SLT</p>	Observe VFSS	<p>Conduct VFSS with Level 1 or 2 VFSS competent SLT</p> <p>Lead/interpret VFSS independently</p> <p>Sign off other competency levels.</p>

Competency	Competency abbreviation	Summary of skills on completion	Supervision and sign-off required for competency completion	Within the scope of practice on completion	Outside scope of practice on completion
Basic VFSS Skill	Level 2	<p><i>In addition to level 1, with support, can:</i></p> <ul style="list-style-type: none"> - Describe the procedure to the medical team and whānau - Document informed consent and referral - Follow all local-level safety and emergency procedures - Assist with contrast preparation and room set-up - Demonstrate a variety of skills regarding procedures individually - Completes clean-up and wipe-down 	<p>Level 3 VFSS competent or above and line manager sign-off</p> <p>E-portfolio to the satisfaction of level 3 VFSS competent SLT</p>	<p>Observe VFSS and practice some skills.</p> <p>Complete VFSS with Level 4 paediatric VFSS competent clinician</p>	<p>Sign off other competency levels</p> <p>Complete VFSS with support from a level 3 paediatric VFSS competent clinician.</p>

Competency	Competency abbreviation	Summary of skills on completion	Supervision and sign-off required for competency completion	Within the scope of practice on completion	Outside scope of practice on completion
Core VFSS Skills	Level 3	<p><i>In addition to level 2</i></p> <ul style="list-style-type: none"> - Independently set up procedure room and prepare contrast - Handover to radiologist and MRTs, and give instructions for family, with support - Demonstrate emerging online reasoning while assisting the lead therapist with the procedure - Post-procedure can discuss images with the radiologist and senior clinician regarding findings and possible recommendations - Provides feedback to family and makes preliminary recommendations, with support from lead clinician - Can formally score procedure and complete documentation with support from the lead clinician 	<p>Level 5 competent and line manager sign-off</p> <p>E-portfolio to the satisfaction of Level 5 VFSS competent SLT</p>	<p>Sign off level 1 and level 2 competency levels.</p> <p>Carry out VFSS with a level 4 paediatric VFSS competent clinician.</p>	<p>Carry out VFSS with level 3 or below paediatric VFSS competent clinician.</p>

Competency	Competency abbreviation	Summary of skills on completion	Supervision and sign-off required for competency completion	Within the scope of practice on completion	Outside scope of practice on completion
Advanced VFSS Skills	Level 4	<p><i>In addition to Level 3</i></p> <ul style="list-style-type: none"> - Independently set up and complete procedure, as lead clinician, in line with the needs of the child and clinical question - Demonstrates ability to make online decisions and modifications independently - Demonstrates advanced skill and clinical decision-making based on evidence-based practice - Able to synthesise information from multiple sources in regards to decision making - Independently completes all scoring, documentation, and liaison correctly, including report writing. 	<p>E-portfolio including coaching reflections and supervision session/s to the satisfaction of level 5 competent SLT.</p> <p>Dual sign-off from local line manager or clinical leader and level 5 paediatric VFSS competent clinician (this can be the same person where applicable).</p>	<p>Undertake VFSS with a Level 3 Paediatric VFSS competent SLT.</p> <p>Provide supervision and sign-off for VFSS levels 1-2</p> <p>Local quality initiatives and service development</p>	Sign-off level 3 and above

Competency	Competency abbreviation	Summary of skills on completion	Supervision and sign-off required for competency completion	Within the scope of practice on completion	Outside scope of practice on completion
VFSS Trainer	Level 5	<i>In addition to Level 4</i> <ul style="list-style-type: none"> - Able to adjust teaching method and style to suit trainee’s knowledge base and learning needs - Knowledge and understanding of varied adult learning principles - Experience in other clinical coaching and on-the-job training 	E-portfolio or supervision session to the satisfaction of another Level 5 competent SLT Local line manager sign-off	Undertake VFSS with Level 1-5 VFSS competent SLT. Provide supervision and sign-off for levels 1-5.	

Level 1: VFSS Knowledge

Level 1 knowledge may be acquired concurrently with skills in level 2

Competency to be Gained	Evidence Provided to Supervisor	Achieved (Date and Sign)
<i>Can discuss instrumental assessment needs and options in paediatric feeding.</i>		
Identify clinical indications for instrumental assessment from medical history and clinical feeding evaluation.		
Identify benefits, limitations, indications + contraindications for VFSS vs other instrumental assessment (FEES)		
<i>Describe requirements for VFSS and any barriers.</i>		
Identify when VFSS is the most appropriate instrumental assessment choice based on clinical feeding evaluation and the purpose of the study.		
Recognise and explain when a VFSS is not the appropriate assessment or when it is not necessary.		
Identify when a child is ready to undergo VFSS, including consideration of: Oral intake/volumes Medical readiness Infection precautions and transport Positioning Behavioural feeding difficulties* Tolerance*		

* Can identify which children may need support to complete the procedure and can arrange play specialist input if available		
<i>Demonstrates awareness of VFSS as an MDT assessment.</i>		
Able to list which professionals are involved in the VFSS procedure and detail their responsibilities.		
<i>Demonstrates knowledge of paediatric swallowing in relation to VFSS.</i>		
In-depth understanding of swallowing anatomy and physiology in 0–18-year-olds, including anatomical changes and neural control.		
Identify and describe signs of abnormal feeding and swallowing development, including aetiologies of dysphagia, and hypothesise potential causes for swallow breakdown.		
Discuss commonly used feeding compensation strategies and their impact on swallow physiology.		
Identify children for whom active rehabilitation or compensatory strategies, such as chin tucks or head turns, may be appropriate in treatment.		
<i>Demonstrates knowledge to landmark and interpret VFSS images “offline” with support</i>		
Identify normal and abnormal anatomical structures at rest in lateral and AP views as viewed fluoroscopically.		

Identify the function of the structures concerning swallowing, including the oesophageal screen.		
Identify normal and abnormal physiology in all phases of the swallow (oral, oral-transit, pharyngeal)		
Consistent interpretation of basic VFSS findings, e.g. aspiration, penetration, residue		
Hypothesise compensatory strategies that may help or hinder particular swallow presentations.		
Discuss possible recommendations based on VFSS images and interpretation.		
Knows objective measures and their application to paediatrics and relevant literature regarding these.		
<i>Bicultural Practice</i>		
Can discuss VFSS in the context of tikanga Māori and cultural considerations for the procedure that needs to be considered		

Level 2: VFSS Skills

Level 2 skills may be acquired concurrently with knowledge in level 1

Competency to be Gained	Evidence Provided to Supervisor	Achieved (Date and Sign)
<i>Discusses procedure with the medical team.</i>		
Discusses clinical needs and risks/benefits with the medical team.		
Ensures referral is made following local radiological processes, including booking.		
<i>Describe the procedure and its purpose to whanau to gain informed consent.</i>		
Able to describe to the family/whanau VFSS rational rationale, risk + benefits of the procedure, the procedure process, what will happen and what will be required from the child and caregiver present, e.g. feeding the child, positioning		
Obtains and documents informed consent from whanau as per local policy.		
<i>Acts in accordance with local-level safety, emergency procedures, and infection control procedures.</i>		
Able to follow required safety measures, e.g. ensure correct set up of suction, oxygen, and location of the emergency bell.		
Can identify the need for and organise a nurse to be present in high-risk patients		
Able to appropriately don and doff protective lead gowns and PPE if required in line with infection prevention and control guidelines		
<i>Demonstrate appropriate set-up for the VFSS specific to the local facility.</i>		

Assists with correct selection and preparation of suitable contrast to IDDSI specifications based on the child's current diet and possible modifications.		
Ensures relevant materials are available (e.g. utensils, bottles/teats, thickening options).		
Assists with room set-up (e.g., seating, table angle) in collaboration with MRT.		
<i>Demonstrate appropriate clean-up after VFSS specific to the local facility.</i>		
Able to complete post-procedure clean-up, including washing utensils and wiping down equipment.		
Records contrast dosage/usage administered to patients as per legal and local requirements.		

Level 3: Core VFSS Skills

The level of support required from the supervisor/lead clinician is expected to reduce as competence is acquired at level 3. All level 3 skills should be completed independently with a period of consolidation before advancing to level 4 sign-off.

Competency to be Gained	Evidence Provided to Supervisor	Achieved (Date and Sign)
<i>Assists lead therapist during the procedure and demonstrates emerging online reasoning.</i>		
Independently selects and prepares contrast for the child in line with IDDSI guidelines, including any possible compensatory measures.		
Able to provide instructions to the family regarding set-up and expectations for the procedure, with support.		
Before beginning screening, hand over to the radiologist and MRTs information regarding the child, procedural requirements and expectations, including relevant medical history and purpose.		
Reviews images online during the procedure and makes accurate preliminary interpretations of images to assist the lead clinician.		
Records loop numbers and bolus presentation order.		
Hypothesises on appropriate strategies to trial within the session with support, and can comment on their efficacy		

<i>Demonstrates ability to review images immediately after the procedure with support.</i>		
Able to operate the recording system to review images, including slow-motion playback.		
Able to discuss images, interpret and explain what is happening during each swallow stage, with support from <i>the</i> leading clinician.		
Confers with radiologist regarding images and findings at completion of screening		
<i>Demonstrates ability to provide feedback information to parents with support.</i>		
Takes part in making preliminary recommendations based on images in discussion with lead SLT.		
Provides feedback to parents, with support, after discussion with lead SLT.		
Able to answer questions from parents regarding images or findings, with support if needed.		
<i>Demonstrates ability to interpret VFSS findings with support formally.</i>		
Able to formally analyse and score assessment using standardised interpretation tools (e.g. MBS-Imp, NZIMES or locally agreed alternative), with support from the lead clinician, across a range of patient populations.		
Able to hypothesise possible underlying impairments and breakdown in swallow physiology with support.		

Able to make severity ratings using a standardised interpretation tool.		
Able to suggest possible treatment plans, including re-assessment or onward referrals		
<i>Completes required documentation in the following procedures.</i>		
Ensures images are stored/saved in line with local policy.		
Able to document preliminary findings (for inpatients) in medical notes after discussion with the lead clinician.		
Attempts writing a report using a local policy template within the expected timeframe, with support from a leading clinician.		

Level 4 – Advanced VFSS Skills

It is expected that a period of consolidation of core VFSS skills will have occurred since level 3 sign-off, including evidence of completed VFSS reports, along with an associated reflective log of specific learning opportunities that have grown the VFSS skill, e.g. specific patient complexities or growing responsibilities completed within the VFSS setting.

Competency to be Gained	Evidence Provided to Supervisor	Achieved (Date and Sign)
<i>Demonstrates consistent ability to lead and manage procedures alongside requirements of child and family.</i>		
Collaborates with MRTs to ensure only necessary people are present in the room and lead gowns and thyroid shields are worn.		
Provides clear instructions to caregiver/feeder/patient regarding the imaging and positioning requirements.		
Advises caregiver on what to expect in the procedure, including feedback at the end.		
Can identify children who may struggle to tolerate the procedure and modify expectations/prioritise textures to ensure maximum benefit.		
<i>Demonstrates ability to set up imaging and screening in line with VFSS protocol</i>		
Able to request specific framing and images required on screen.		
Able to direct frame rates and/or magnification required using local facility protocol.		
Determines appropriate bolus presentation order.		

<i>Demonstrates ability to manage screening and study while in progress</i>		
Direct radiologist to stop/start screening and ensure loops are saved.		
Make online decisions and adjust the study accordingly, e.g. trial of modifications, compensatory strategies, change of bolus presentation, etc.		
Monitor the child's tolerance of the procedure and manage any adverse reactions.		
Able to support children struggling with the procedure appropriately and independently, e.g. use of play techniques/distraction or ceasing procedure.		
Requests an oesophageal screen (if not routine) when warranted based on the child's presentation, e.g., TOF, reflux, or oesophageal dysmotility concerns.		
<i>Makes appropriate decisions regarding the completeness of the study.</i>		
Conducts study in a timely manner to minimise radiation exposure.		
Able to appropriately decide when to end a procedure.		
Evaluate when insufficient information has been obtained during VFSS and make appropriate plans for further assessments or opinions to manage the presenting dysphagia.		

<i>Demonstrates critical thinking during independent analysis and interpretation of assessments</i>		
Able to identify any structures or findings that may require medical review or onward referral.		
Refer/recommend additional assessments or input as appropriate.		
Feedback to parents regarding preliminary findings, including viewing/playback of images.		
Able to make recommendations or options for management plans in liaison with community SLT (if relevant), parents, and key medical teams.		
<i>Demonstrates ability to document procedure independently.</i>		
Reviews and analyses images using standardised assessment tools, including asking for second opinions from appropriately trained SLTs.		
Documents assessment results in a timely manner as per local policy, including handover to the primary therapist if not in attendance.		
Able to liaise with appropriate teams following the study, e.g. medical, community, or allied health.		
Writes final report independently, including impression statement with presence/absence of dysphagia, severity		

ratings, characteristics and resulting impairments.		
Consistently produces VFSS reports to NZSTA minimum standard.		
<i>Demonstrates ability to consistently and independently complete VFSS procedures in complex patients.</i>		
Gives evidence of completed VFSS studies as the lead clinician in a wide range of age groups and aetiologies.		
Able to confidently synthesise medical information, clinical findings, VFSS findings, and the child's developmental status to make suggestions for possible treatment /management plans.		

Level 5: VFSS Trainer

It is expected that a period of consolidation of skills at level 4 occurs before working towards training others in VFSS. This period of time will vary according to many factors, including previous teaching/training/coaching experience. Line managers should seek support from national level 5 therapists regarding sign-off.

Competency to be Gained	Evidence Provided to Supervisor	Achieved (Date and Sign)
Provide appropriately paced, structured training in line with learner and service needs.		
Appreciate different learning styles and paces of learning, and appropriately modify one's teaching style to meet the supervisee's needs.		
Able to select appropriate timing and method of feedback delivery to maximally support supervisees and maintain safety regarding VFSS procedure, interpretation and report writing.		
Able to determine when a competency has or has not been appropriately demonstrated and provide appropriate and accurate feedback to the supervisee.		
Identify when additional support might be beneficial to maximally support the supervisee, including different sources/approaches of support.		
Seek opportunities to receive feedback regarding own ability to provide VFSS training, and demonstrate reflective practice.		

References - Guidelines

NZSTA Clinical Practice Guidelines on Videofluoroscopic Study of Swallowing (VFSS) 2020

RCSLT Videofluoroscopic Position Paper 2013

Te Whatu Ora - Te Toka Tumai and Te Whatu Ora - Waitemata Videofluoroscopic Swallow Study Competency Training Programme 2013

Te Whatu Ora - Te Toka Tumai Videofluoroscopy Swallow Study Clinical Guideline

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3.1 Related Documents

This framework should be read in conjunction with the New Zealand Speech-Language Therapists' Association core documents - most recent versions including:

- NZSTA Clinical Practice Guideline for Videofluoroscopic Study of Swallowing
- NZSTA Principles & Rules of Ethics
- NZSTA Speech-language Therapists' Scope of Practice
- NZSTA Continuing Professional Development Framework
- NZSTA Supervision in Aotearoa for Speech-language Therapists Policy
- Competency-based Occupational Standards for Speech Pathologists
- NZSTA Registered Member Return to Practice Framework

3.2 Review

The NZSTA Board will oversee the review of this competency framework every five years. The related NZSTA documents listed above are also reviewed every five years.

4. Appendices

4.1 VFSS clinical audits

Level 1 VFSS Knowledge

Performance criteria	Completed Yes/No	Comments
Provides rationale for VFSS and identifies readiness to participate in the procedure.		
Identifies clinical indications and contraindications for VFSS compared to Flexible Endoscopic Evaluation of Swallowing (FEES).		
Demonstrates theoretical knowledge of the physiology of paediatric feeding and swallowing and the impact of compensatory strategies on these.		
Identifies normal and abnormal structures in lateral and AP views fluoroscopically "offline."		
Identifies function and physiology fluoroscopically in all phases of the swallow "offline."		
Consistently identifies basic VFSS findings on a review of images, e.g. aspiration, penetration, and residue.		
Can begin to discuss possible recommendations based on images and interpretation offline.		
<p>Audited SLT name:</p> <p>Auditing VFSS competency level:</p> <p>Auditing SLT name:</p> <p>VFSS Competency Level ___ achieved/not achieved</p> <p>Auditing SLT designation:</p> <p>Auditing SLT signature:</p> <p>Audited SLT signature:</p> <p>Date:</p>		

Level 2 VFSS Skill

In addition to all elements in level 1 the following criteria must be met to achieve Level 2 competency.

Performance criteria	Completed Yes/No	Comments
Can thoroughly discuss the needs and risks/benefits for VFSS with the referring medical team.		
Can thoroughly describe the VFSS process to whanau and obtain/document consent.		
Abides by the local policy of safety procedures and set-up, including PPE.		
Correctly prepares contrast in line with IDDSI specifications and needs of the child with support.		
Assists with room set-up and ensures relevant equipment/materials are available, with consideration to safety and emergency procedures.		
Completes post-procedure clean-up as per local guidelines.		
<p>Audited SLT name:</p> <p>Auditing VFSS competency level:</p> <p>Auditing SLT name:</p> <p>VFSS Competency Level ____ achieved/not achieved</p> <p>Auditing SLT designation:</p> <p>Auditing SLT signature:</p> <p>Audited SLT signature:</p> <p>Date:</p>		

Level 3 Core VFSS Skill

In addition to all elements in level 2 the following criteria must be met to achieve Level 3 competency.

Performance criteria	Completed Yes/No	Comments
Independently prepares contrast and room set-up.		
Hands over to radiologist with support.		
Able to complete tasks of “secondar” in VFSS, including record-keeping and making accurate preliminary interpretations of images.		
Hypothesises on appropriate strategies to trial within the session.		
Discusses images and explains each phase of the swallow with support from the leading SLT, including conferring with the radiologist.		
Makes preliminary recommendations with lead SLT based on images.		
Provides feedback to parents and answers questions with support after discussion with lead SLT.		
Can formally analyse and score images with severity ratings post-study using a standardised interpretation tool with support from lead SLT.		
Can formulate possible treatment plans or onward referrals with the support of lead SLT.		
Completes all required documentation, including medical notes and report writing, with support.		
Demonstrates awareness of competency level and learning/support needs in areas outside of own speciality practice areas.		
<p>Audited SLT name:</p> <p>Auditing SLT name:</p> <p>VFSS Competency Level ____ achieved/not achieved</p> <p>Auditing SLT designation:</p> <p>Auditing SLT signature:</p> <p>Audited SLT signature:</p> <p>Date:</p>		

Level 4 Advanced VFSS Skill

In addition to all elements in level 3, the following criteria must be met following a period of consolidation to consistently and independently demonstrate all aspects to achieve Level 4 competency. A clinician may need to complete a number of audits across various patients to allow the opportunity to demonstrate all aspects required for level 4, especially when being grandparented across to the NZ VFSS competency framework.

Performance criteria	Completed Yes/No	Comments
Consistent and independent ability to meet the needs of the child and clinical questions of the procedure in set-up and explanation		
Consistent and independent online critical thinking, sound clinical reasoning and decision-making across a range of patient populations online in terms of bolus presentation, prioritisation, and screening.		
Consistent ability to independently manage all aspects of study to ensure optimal outcomes for patients.		
Consistent and accurate independent analysis of images and findings using standardised assessment tools.		
Independently liaises with relevant medical teams and parents regarding findings and possible next steps using evidence-based practice.		
Consistently and confidently synthesises information from multiple sources to ensure VFSS is evidence-based and contributes to the overall clinical picture.		
Completes all relevant documentation, including report writing independently, in line with NZSTA and local minimum standards.		
<p>Audited SLT name:</p> <p>Auditing SLT name:</p> <p>VFSS Competency Level ___ achieved/not achieved</p> <p>Auditing SLT designation:</p> <p>Auditing SLT signature:</p> <p>Audited SLT signature:</p> <p>Date:</p>		

Level 5 VFSS Trainer

In addition to all elements in Level 4, the following criteria must be met to achieve level 5 competency.

Performance criteria	Completed Yes/No	Comments
Demonstrates effective coaching/supervision and training to a VFSS supervisee		
Demonstrates knowledge and understanding of varied adult learning principles		
Demonstrates the ability to select appropriate timing and method of feedback delivery to maximally support supervisee and maintain safety in regards to VFSS direction, interpretation and report writing		
Demonstrates the ability to determine when a competency has or has not been appropriately demonstrated and provide appropriate and accurate feedback to the supervisee		
Identify when additional support might be beneficial to maximally support the supervisee, including different sources/approaches of support.		
<p>Audited SLT name: Auditing VFSS competency level:</p> <p>Auditing SLT name: VFSS Competency Level ____ achieved/not achieved</p> <p>Auditing SLT designation: Auditing SLT signature:</p> <p>Audited SLT signature:</p> <p>Date:</p>		

4.2 Examples of excerpts for e-portfolio

VFSS reflective log

Date	Role in VFSS <i>Observing, leading, seconding</i>	Aetiology	Indication for VFSS	Reflection on procedure <i>Focus on your own learning rather than the patient</i>	Reflection on interpretation and documentation	Feedback received	Evidence

VFSS e-portfolio

Date	Learning activity completed <i>For example, article review, e-learning, course attendance, inter-rater reliability session, observation, review of video files and reports, presentation</i>	Reflection	Evidence