

# South Australian Hospital Program for Credentialing Speech Pathologists Independent Flexible Endoscopic Evaluation of Swallowing (FEES) 2025

Developed by:

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NAHLN and SALHN , South Australia

Supersedes:  
South Australian Acute Hospital Program for  
Credentialing Speech Pathologists in the Extended  
and Advanced Practice Role of Independent  
Fibreoptic Endoscopic Evaluation of Swallowing  
(FEES) 2019

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## Introduction

Flexible Endoscopic Evaluation of Swallowing (FEES) allows visualisation and evaluation of the structures and functions of the swallowing mechanism at the velopharynx, oropharynx, pharynx and larynx using a fiberoptic scope passed trans-nasally. The procedure is performed with or without topical anaesthetic (usually co-phenylcaine forte containing: Lignocaine Hydrochloride, Phenylephrine Hydrochloride, Benzalkonium Chloride), depending on patient tolerance and comfort. The patient is directed to perform non-gustatory tasks to evaluate sensation and motor function in the pharynx and larynx (Logemann, Schatz and Olsen 1988, ASHA 2002; Langmore 2001). A variety of foods and fluids may be used to assess swallow, leading to recommendations regarding the adequacy of the swallow, the safety of oral feeding and appropriate manoeuvres to improve swallowing. FEES is a portable procedure that may be performed at patient bedside or in a clinic setting.

FEES can be implemented:

- jointly by a medical officer and speech pathologist, where the medical officer inserts the nasendoscope and the speech pathologist is predominately responsible for the procedure and interpretation.
  - or
  - independently by the speech pathologist, who performs the technical, procedural and interpretive aspects of the examination.
- FEES is not intended to replace laryngoscopy by an Otolaryngologist but rather to assess swallow function and determine management and therapy.

Any structural or mucosal abnormality identified during the procedure must be referred on for Otolaryngology and/or Gastroenterology examination or, if dysphagia aetiology is uncertain, performed in conjunction with a medical officer.

### And (for independent Speech Pathology FEES)

- in a medical setting/environment where
  - A key medical consultant (clinical sponsor) has endorsed the training and credentialing requirements for independent Speech Pathology Fiberoptic Endoscopic Evaluation of Swallowing.
  - Executive or organisational endorsement has been obtained for FEES practice
  - Medical intervention is immediately available on site in the event of an incident.
  - Medical opinion can easily be sourced for diagnostic/management opinion in the event of anatomical abnormality or uncertain aetiology.

The following document describes the agreed competency based training process for South Australian speech pathologists wishing to be credentialed to perform FEES independently. Speech Pathology Australia (2019) State that the use of FEES is within the speech pathology's profession scope of practice. However, a speech pathologist's role in FEES is determined by the speech pathologist's competence and verification and recognition of individual competence via credentialing process.

The scope of this document is to provide guidelines to credential speech pathologists to be responsible for all aspects of the FEES study including the technical component i.e. inserting and controlling the nasendoscope, in addition to the procedural and interpretive components. And optionally to provide guidelines for competency in performing the procedural and interpretive components of the FEES study.

It further describes the annual maintenance of credentialing. It has been developed by a working party with representation from the Speech Pathology hospital departments from the Central, Northern and Southern Local health networks within South Australia and endorsed at its inception in 2007 by medical sponsors from each network.

## Competency Components

The following program is divided into four main training sections, and two sections addressing maintenance and re-entry requirements

- |                  |  |
|------------------|--|
| <b>SECTION 1</b> | Pre-requisite experience, skill and theoretical knowledge of FEES <ul style="list-style-type: none"> <li>▪ Competencies 1.1.1 – 1.4.5</li> </ul> |
| <b>SECTION 2</b> | Core competencies for Technical aspects of FEES <ul style="list-style-type: none"> <li>▪ Competencies 2.1.1 – 2.3.6</li> </ul>                   |
| <b>SECTION 3</b> | Core competencies for Procedural aspects of FEES <ul style="list-style-type: none"> <li>▪ Competencies 3.1.1 – 3.4.2</li> </ul>                  |
| <b>SECTION 4</b> | Core competencies for Interpretation and Reporting of FEES <ul style="list-style-type: none"> <li>▪ Competencies 4.1.1 – 4.2.4</li> </ul>        |
| <b>SECTION 5</b> | Core competencies for Maintenance of Knowledge and Skill <ul style="list-style-type: none"> <li>▪ Competencies 5.1.1 – 5.2.1</li> </ul>          |
| <b>SECTION 6</b> | Core competencies for Extended Leave <ul style="list-style-type: none"> <li>▪ Competencies 6.1.1 – 6.2.1</li> </ul>                              |
| <b>SECTION 7</b> | Core Competencies for Recognition between Organisations <ul style="list-style-type: none"> <li>▪ Competencies 7.1.1-7.2.4</li> </ul>             |

To pass the scope and report findings sections 1-4 must be completed. If not passing the scope **Sections 1, 3** and **4** must be completed.

### Competencies must be signed-off by

- a supervisor, who may include a suitably qualified speech pathologist, or otolaryngologist or other medical practitioner with expertise in the performance and interpretation of FEES.
- the department director/manager. In the event the manager is the credentialing candidate, fulfilment of the program may be signed off by an alternative departmental manager from within the same Local Health Network.
- the medical officer (clinical sponsor) involved in the training and supervision of the technical aspects of FEES

Entry into the training programme is at the discretion of, and determined by the departmental management. The department manager is responsible for final sign-off on successful completion of the protocol prior to organisational endorsement and regional credentialing requirements.

Speech pathologists performing FEES should expect that their employers or insurer may require evidence that they are competent in FEES before being endorsed to perform FEES in the workplace. (FEES Clinical guideline 2019) As outlined in Parameters of Practice (Speech Pathology Australia, 2016) credentialing should occur in the context of an employer's/organisational clinical governance framework to ensure safety and quality of care for patients. Credentialing procedures should be defined by the local employer/organisation/insurer.

The Competency Tables – Appendix B should be used for sign-off by the supervisor for achievement and tracking of competencies achieved. The following provide an outline of expected competencies and resources.

## Section 1: Core Competencies

### Pre-requisite experience and skill in, and theoretical knowledge of, Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

The use of FEES is within Speech Pathology Australia scope of practice (SPA 2019).

FEES is not a competency expected of, or appropriate for entry-level Speech Pathologists. (Competency Based Occupational Standards (CBOS), Speech Pathology Australia, 2001, 2007, 2019; Cimoli and Sweeney 2012).

Speech Pathologists intending to undertake training in FEES are expected to demonstrate advanced knowledge and skill in assessment and management of dysphagia as outlined in Section 8.1 of the Speech Pathology Australia Dysphagia Position Paper (Speech Pathology Australia 2012) and local/regional dysphagia policies.

In order to commence FEES competency training, clinicians must fulfil the following pre-requisite requirements.

## SECTION 1 Pre-Requisite Experience, Skill and Theoretical Knowledge of FEES

### Competency 1: Relevant Pre-requisite Experience

**1.1.1** General clinical experience in relevant health setting – minimum 3 years' experience, minimum AHP2 level, eligible for membership SPA, current credentialing registration.

**1.1.2** General Dysphagia clinical experience - competency and independence in clinical dysphagia assessment and management.

**1.1.3** Meets professional membership and state Allied Health credentialing requirements.

**1.1.4** Has participated in organisational mandatory training including standard resuscitation training and infection control

### Competency 2: Advanced Dysphagia Knowledge and Experience

**1.2.1** Advanced clinical knowledge of medical terminology for respiration, airway protection and swallowing

**1.2.2** Advanced clinical knowledge of principles and techniques of swallowing assessment and therapy.

**1.2.3** Knowledge of swallowing changes over the lifespan as relevant to caseloads.

**1.2.4** Competence in performing and interpreting videofluoroscopy (VFSS) independently

**1.2.5** Knowledge of the indications, contraindications and validity for different instrumental evaluations including VFSS and FEES

**1.2.6** Ability to integrate knowledge of FEES to select suitable patients for FEES and support colleagues to recognise potential candidates for FEES.

**1.2.7** Demonstrate knowledge of patient populations where FEES may be particularly beneficial or advantageous.

**1.2.8** Demonstrate ability to triage referrals and prioritise patients as needed.

**1.2.9** Knowledge of professional, local, site, regional and national dysphagia policies, position papers, credentialing requirements.



Competency 3: Advanced knowledge of normal and altered anatomy and physiology of swallowing

**1.3.1** Knowledge of normal aero digestive anatomy including nasal, oral, pharyngeal, laryngeal and oesophageal structures.

**1.3.2** Knowledge of altered (abnormal/ post-surgical) aero digestive anatomy including nasal, oral, pharyngeal, laryngeal and oesophageal anatomy as it relates to administering FEES including indications and contraindications.

**1.3.3** Knowledge of normal aero digestive physiology and neurological innervation as it relates airway protection and swallowing

**1.3.4** Knowledge of altered aero digestive physiology and neurological innervation and its impact on airway protection and swallowing.

Competency 4: Understanding of safety and risk management

**1.4.1** Knowledge of anaesthetics – indications, contra-indications, local protocols for administration.

**1.4.2** Knowledge of risks, adverse effects and emergency management

**1.4.3** Knowledge of infection control and standard precautions

**1.4.4** Current Basic Life Support training

**1.4.5** Knowledge of patient consent.

**Recommended reading**

Aviv, J.E., Kaplan, S.T. & Langmore, S.E. (2001). The safety of endoscopic swallowing evaluations. In Langmore S.E. Endoscopic Evaluation and Treatment of Swallowing Disorders (1<sup>st</sup> ed.) (pp235-242). New York, Thieme.

Bastian, R.W. (1991). Videoendoscopic evaluation of patients with dysphagia: An adjunct to the modified barium swallow. Otolaryngology-Head and Neck Surgery, 104:339-350.

ClinEdQ. Fibreoptic Endoscopic Evaluation of Swallowing (FEES) Competency Training Program. 2012.

Ertekin. C., Kiyiloglu, N., Tarlaci, S., Keskim, A. & Aydogdu, T. (2000). Effect of mucosal anaesthesia on oropharyngeal swallowing. Neurogastroenterology, 12, 567-572

Kelly, A.M., Drinnan, M.J. & Leslie. P. (2007). Assessing penetration and aspiration: How do videofluoroscopy and fibreoptic endoscopic evaluation of swallowing compare? The Laryngoscope, pp 1723-1727

Krivelevich,Valeria. Describing laryngeal and pharyngeal anomalies for the speech pathologist-endoscopist. Dysphagia Evaluation Specialists

Krivelevich,Valeria. Detailed surface anatomy of the pharynx and larynx for the speech pathologist-endoscopist. Dysphagia Evaluation Specialists

Leder, S.B., Ross, D.A., Briskin, K.B. & Sasaki,C.T. (1997). A prospective, double-blind, randomized study on the use of a topical anesthetic, vasoconstrictor, and placebo during transnasal flexible fiberoptic endoscopy. JSLHR, 40: 1352-1357, December.

Leder, S. B., Sasaki,C. T. & Burrell, M.I. (1998). Fibreoptic endoscopic evaluation of dysphagia to identify silent aspiration. Dysphagia, 13: 19-21

Langmore, S.E. (2001). Clinical practice guidelines and treatment outcomes in dysphagia: role of endoscopy. In Langmore S.E. Endoscopic Evaluation and Treatment of Swallowing Disorders. New York, Thieme.

Langmore, S.E. (2003). Evaluation of oropharyngeal dysphagia: which diagnostic tool is superior. Current Opinions in Otolaryngology & Head and Neck Surgery 11: 485-489

Langmore, S. (2001). Endoscopic Evaluation and Treatment of Swallowing Disorders. Thieme, USA.

Singh, V., Brockbank, M.J. & Todd, G.B. (1997). Flexible transnasal endoscopy: Is local anaesthetic necessary? The Journal of Laryngology and Otology, 111: 616-618, July.

Speech Pathology Australia. (2019). Flexible Endoscopic Evaluation of Swallowing (FEES). Clinical Guideline. The Speech Pathology Association of Australia Limited. <http://www.speechpathologyaustralia.org.au>

Speech Pathology Australia (2012). Dysphagia Clinical Guideline. <http://www.speechpathologyaustralia.org.au>

Speech Pathology Australia (2023). Practice principles for the use of nasendoscopy by speech pathologists in Australia <http://www.speechpathologyaustralia.org.au>

Speech pathology Australia (2024) Dysphagia Clinical Guideline (draft). <http://www.speechpathologyaustralia.org.au>

Speech Pathology Australia. (2024). Videofluoroscopic Swallow Study. Practice Guideline. The Speech Pathology Australia Association of Australia Limited. <http://www.speechpathologyaustralia.org.au>

South Australia Acute Hospital Working Party. (2008). *SA Acute Hospital Programme for Credentialing Speech Pathologists in Fiberoptic Evaluation of Swallowing (FEES) . Section 1: Theoretical aspects*.

Wallace S, McLaughlin C, Clayton J, Coffey M, Ellis J, Haag R, Howard A, Marks H, Zorko R. (2020). Fiberoptic Endoscopic Evaluation of Swallowing (FEES): The role of speech and language therapy. London: Royal College of Speech and Language Therapists, Competency framework and training log.

## Section 2: Core competencies

### Technical Aspects of Nasendoscopy

The Technical aspect of FEES involves inserting and positioning the nasendoscope to enable adequate viewing of the pharynx and larynx during swallow assessment – flexible nasendoscopy.

The speech pathologist may perform the nasendoscopy with the appropriate executive support and medical training support and completion of the credentialing requirements as follows.

- Direct observation of medical officer or credentialed speech pathologist completing nasendoscopy
- Preliminary practice of nasendoscopy on healthy volunteers under direction of medical officer or experienced FEES clinician
- Minimum 20 procedures of nasendoscopy with demonstrated competency performed on patients. Two of the final scopes demonstrating technical competency should be performed under direct supervision of a medical practitioner (clinical sponsor) and achievement of technical competency signed off. Ongoing maintenance of technical skill is achieved by performing 10 scopes per year, including 2 under direct medical supervision if less than two years of consecutive FEES experience. In the event of failure to demonstrate competency, further scope experience will be required until technical competency is demonstrated. Consideration of the range of clinical contexts and caseload complexities in which FEES will be performed should also be given in relation to determining competency. Refer to maintenance section for full requirements.
- Signed and dated records to be kept as part of departmental mandatory training requirements (Appendix A)

## SECTION 2 Technical Aspects of FEES

### Competency 1: Knowledge of Equipment

2.1.1 Knowledge of facility specific imaging equipment and specific nasendoscopes including safe and effective operation and maintenance of the equipment in accordance with manufacturer's instructions

2.1.2 Knowledge of facility specific infection control guidelines and universal precautions for nasendoscopes.

2.1.3 Knowledge of ward specific infection control guidelines and standard and transmission based precautions.

2.1.4 Knowledge of facility specific patient safety policies relevant to areas used for FEES

2.1.5 Knowledge of and ability to adhere to facility specific guidelines, for contamination and infection control as related to conducting FEES and cleaning nasendoscopes.

### Competency 2: Insertion of Nasendoscope

2.2.1 Knowledge of anatomy of the nose, pharynx and larynx as related to nasendoscopy procedure

2.2.2 Knowledge of atypical nasal anatomy and implications for passing scope

2.2.3 Ability to insert and manoeuvre and remove the nasendoscope through the nasal passage in a manner that minimises adverse reactions and patient discomfort

2.2.4 Ability to manipulate the nasendoscope in the pharynx to obtain optimal view of the velopharynx, oropharynx/hypopharynx, larynx during the swallowing examination

Competency 3: Health and Safety Performance of FEES within a risk management framework

2.3.1 Completed mandatory training in cardio-pulmonary resuscitation as required by the organisation on an annual basis.

2.3.2 Completed mandatory training in infection control and standard patient specific precautions as required by the organisation on an annual basis for safe environment and practice for FEES procedures.

2.3.3 Knowledge of and ability to respond to clinical signs related to adverse events.

2.3.4 Knowledge of reporting and documentation of adverse events.

2.3.5 Ability to maintain a safe workplace

2.3.6 Able to identify and manage patient-related factors to optimise patient safety regarding placement or positioning of nasendoscope.

**Recommended reading**

Costa. M., Lemme E. (2010) Coordination of Respiration and swallowing: functional pattern and relevance of vocal folds closure. *Arquivos de Gastroenterologia* 47 (1)

Hao, N., Sasa, A., Kulvanich, S., Nakajima, Y., Nagoya. K., Magara, J., Tsujimura, T., Inoue, M. (2021) Coordination of Respiration, Swallowing, and Chewing in Healthy Young Adults (2021) *Frontiers in Physiology*. Vol 12

Hapner ER. *Training and Interpretation of FEES in adults – DVD*. Plural Publishing

Langmore, S., Scarborough, D., Kelchner, L., Swigert, N., Murray, J., Reece, S., Cavanagh., Harrigan, L., Scheel, R., Gosa, M., Rule, D. (2022) Tutorial on clinical Practice for Use of the Fiberoptic Endoscopic Evaluation of Swallowing Procedure with Adult Populations: Part 1. *American Journal of Speech-Language Pathology* Vol 31 (163-187)

Martin-Harris, B., Michel, Y. & Castell, D. (2005). Physiologic Model of Oropharyngeal Swallowing Revisited. *Otolaryngology-Head and Neck Surgery* 133: 243-240

Swallowing and Neurological Rehab FEES interpretation and analysis via [www.tulsasnr.com/fai](http://www.tulsasnr.com/fai)

**Additional resources**

Upper Airway Anatomy During Trans-Nasal Endoscopy (HD)

<http://www.youtube.com/watch?v=Z6zRxrBE3ws>

## Section 3 Core Competencies: Procedural Aspects of the FEES Examination

The procedural component of FEES requires an ability to direct the patient through the appropriate tasks and manoeuvres to obtain a complete and comprehensive FEES examination.

The procedural knowledge and skills required for competency are summarized to include:

- Identification of suitable patients for FEES assessment.
- Performance of a comprehensive FEES protocol
- Recognition of disordered swallow function in relation to bolus transit and saliva management
- Ability to determine appropriate food and fluid trials and swallowing manoeuvres and compensatory strategies

Method of attaining Procedural knowledge and skills:

- Direct observation of experienced FEES clinician completing interpretation competencies.
- Graded participation in FEES procedures under direct supervision of an experienced FEES clinician.
- Review relevant websites and DVD images as per reading list
- Discussion with relevant others, medical officers, credentialed speech pathologists.

### SECTION 3 Procedural Aspects of FEES examination

#### Competency 1: Preparation of patient

3.1.1 Identification of suitable patients for swallow investigation via FEES

3.1.2 Ability to comprehensively explain the FEES procedure, its rationale and risks to medical team, patient, and family .

3.1.3 Knowledge of organisational requirements in relation to obtaining patient and medical consent.

3.1.4 Preparation of the patient for procedure

3.1.5 Application of topical anaesthesia when clinically appropriate and in accordance with organisational guidelines

#### Competency 2: FEES set up in preparation for specific patient

3.2.1 Ability to prepare environment, equipment, and team for FEES procedure

3.2.2. Knowledge of food and fluid consistencies as appropriate to patient for swallowing assessment.

3.2.3 Ability to ensure appropriate patient positioning for FEES procedure.

#### Competency 3: Ability to perform a comprehensive FEES assessment using a site specific protocol.

3.3.1 Demonstrate understanding of the key aspects of a FEES assessment.

3.3.2 Ability to perform FEES examinations with a variety of patient aetiologies and settings.

3.3.3 Ability to lead the patient through the FEES procedure

3.3.4 Selects appropriate trials, quantities and delivery method to be swallowed based on patient presentation

3.3.5 Recognises abnormal anatomy/physiology associated with swallowing dysfunction

3.3.6 Identifies and describes normal and disordered swallow function in relation to bolus transit and saliva management

3.3.7 Selects manoeuvres, strategies, diet/fluid modification options as appropriate for individual patient with use of images as biofeedback for patient learning as needed.

3.3.8 Evaluates the effects of interventions trialled on patient's swallowing function

3.3.9 Knowledge of FEES as a biofeedback tool

**Competency 3: Optimising patient safety through accurate identification and management of patient related factors.**

3.4.1. Ability to identify and effectively manage patient related factors that may influence the undertaking of FEES examination (anatomical, physical, and emotional).

3.4.2 Supporting the patient to maintain and safe position and/or optimal position for the examination

3.4.3 Ability to recognise when to discontinue FEES procedure due to patient related factors.

**Supplemental Readings:**

Butler, S. G., Stuart, A., Casey, L. D., Rees, C., Vitolins, M., & Kritchevsky, S. B. (2011). Effects of liquid type, delivery method, and bolus volume on Penetration-Aspiration scores in health older adults during flexible endoscopic evaluation of swallowing. *Annals of Otology, Rhinology & Laryngology*, 120(5), 288-295.

Costa, B., Machado, L., Augusto, M., Magalhaes, D., Alves, T & Pernambuco, L. (2024). Training to analyse functional parameters with fiberoptic endoscopic evaluation of swallowing: A scoping review. *Dysphagia*, 39: 198-207.

Curtis, J., Perry, S. & Troche, M.S. (2019). Detection of airway invasion during flexible endoscopic evaluation of swallowing: comparing barium, blue dye, and green dye. *American Journal of SpeechLanguage Pathology*

Denk, D. & Kaider, A. (1997). Videoendoscopic biofeedback: A simple method to improve the efficacy of swallowing rehabilitation of patients after head and neck surgery. *Journal of Otorhinolaryngology and Related Specialties*, 59(2):100-105.

Langmore, S. E. (2017). History of fiberoptic endoscopic evaluation of swallowing for evaluation and management of pharyngeal dysphagia: Changes over the years. *Dysphagia*, 32(1), 27-38. doi:10.1007/s00455-016-9775-x

Leder, S. B., Acton, L. M., Lisitano, H. L., & Murray, J. T. (2005). Fibreoptic endoscopic evaluation of swallowing (FEES) with and without blue-dyed food. *Dysphagia*, 20(2), 157-162. doi:10.1007/s00455- 005-0009-x

Marvin, S., Gustafson, S., & Thibeault, S. (2016). Detecting Aspiration and Penetration Using FEES With and Without Food Dye. *Dysphagia*, 31(4), 498-504

Pisegna, J. M., & Langmore, S. (2018). The ice chip protocol: a description of the protocol and case reports. *Perspectives on the ASHA Special Interest Groups*, 3 (SIG 13), 28-46.

Schindler, A., Baijens, L., Geneld, A. & Pizzorni, N. (2022). Phoniaticians and otorhinolaryngologists approaching oropharyngeal dysphagia: an update on FEES. *European Archives of Oto-Rhino-Laryngology* 279:2727-2742

Steele, C. M. (2014). The blind scientists and the elephant of swallowing: A review of instrumental perspectives of on swallowing physiology. *Journal of Texture Studies*, 46 (3), 122-137.

## Section 4 Core Competencies: Interpretative Aspects of the FEES Examination

Interpretative aspects includes ability to understand the images viewed, knowledge of the physiology behind the swallowing outcomes observed, and identification and evaluation of efficacy of swallowing manoeuvres trialled. This information is then analysed to inform the swallow management plan and provide patient education and feedback.

The interpretation knowledge and skills required for competency are summarized to include:

- The understanding of anatomy and physiology of the aero digestive tract as pertains to swallowing function
- Knowledge of and ability to discriminate between normal and disordered anatomy and physiology via nasendoscope
- Recognise altered anatomy as it relates to swallowing function
- Identification of salient finding during on-line FEES assessment with decision making responsive to findings
- Identify appropriate treatment strategies to facilitate optimal swallowing function and evaluate the effectiveness of these interventions
- Ability to characterise dysphagia from key features of oropharyngeal dysphagia using FEES
- Identify and/or hypothesise factors contributing to pathophysiology
- Determine an appropriate management plan
- Make appropriate referrals based on findings

Method of attainment of skills

- Direct observation of experienced FEES clinician as per competencies
- Graded participation in FEES procedures with supervision with experienced FEES clinician
- Supervisor to ensure exposure to a breadth of patient presentation
- Complete recommended readings/DVD/CD.
- Discussion with other professionals after procedure e.g. medical, nursing, allied health.
- Completion of patient and family education regarding FEES results and management plan.

### SECTION 4: Interpretation and Reporting of the FEES Examination

#### Competency 1: Interpreting Results and Reporting of Endoscopic Assessment of Swallow Function

4.1.1 Able to summarise key findings of examination using formal protocol as per local guidelines

4.1.2 Able to interpret results of examination and communicate results of FEES assessment

4.1.3 Recognises need for appropriate additional examinations

4.1.4 Determines need for treatment strategies and swallowing rehabilitation

#### Competency 1: Documentation of FEES findings

4.2.1 Demonstrated awareness of minimum reporting standards.

4.2.2 Dissemination of FEES reports as appropriate.

**Supplemental readings:**

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Martin-Harris, B., Brodsky, M. B., Michel, Y., Lee, F.-S., & Walters, B. (2007). Delayed initiation of the pharyngeal swallow: normal variability in adult swallows. *Journal of Speech-Language-Hearing Research*, 50 (3)

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Murray, J., Langmore, S.E., Ginsberg, S. & Dostie, A. (1996). The significance of accumulated oropharyngeal secretions and swallowing frequency in predicting aspiration. *Dysphagia*, 11: 99-103.

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Wilson, P.S.; Hoare, T.J. & Johnson, A.P. (1992). Milk nasendoscopy in the assessment of dysphagia. *The Journal of Laryngology and Otology*, 106: 525-527. June.



## Section 5 Core Competencies: Maintenance of Skill

Ongoing maintenance is achieved by:

1. Technical Skill

- performing minimum 10 scopes/year, (including 2 under direct medical supervision for speech pathologists with less than two years of consecutive FEES experience.)

2. Procedural and Interpretive Skill

- conducting 2 supervised FEES annually signed by supervisor / FEES credentialed speech pathologist.

3. Maintaining signed and dated log records to meet departmental/ Local Health Network Credentialing requirements.

### SECTION 5: Maintenance of Skill

#### Competency 1: Complete FEES Examinations

5.1.1 Submission of technical record for nasendoscopy

5.1.2 Submission of record of procedural and interpretive components of FEES examinations

#### Competency 2: Maintenance of Mandatory Training Requirements

5.2.1 To complete site specific mandatory training needs

#### Competency 3: Attendance in professional development activities and sharing knowledge and skills with others

5.3.1 Commitment to ongoing learning and current evidence based practice in dysphagia and FEES

## Section 6 Core Competencies: Competency following extended leave

### SECTION 6A: Competency following leave of less than 12 months

Section 6.A: For credentialed staff returning from a break in clinical practice (eg maternity leave, extended leave) of greater than 3 months and less than/including 12 months, the following is required:

- Credentialed supervisor supervision of 2 FEES (technical, procedural and interpretive competencies). Further requirements are at the discretion of the credentialed supervisor and may be dependent on the clinical context and caseload complexities
- Once these are completed, the clinician is credentialed to conduct FEES independently. The supervised number of scopes may be included in their annual maintenance requirement of 10 scopes.
- Form “Re-Credentialing of Speech Pathologists following extended leave less than 12 months– Formal Sign off of competency” should be completed and stored with the individual’s competency maintenance logs. Presentation to the local credentialing committee is not required.

### SECTION 6B: Competency following extended leave of greater than 12 months

Section 6.B For credentialed staff returning from break in clinical practice of greater than 12 months – see below

- Enter a negotiated period of orientation as required by individual institutions, including a minimum of 10 supervised scopes. Further requirements are at the discretion of the credentialed supervisor and may be dependent on the clinical context and caseload complexities.
- Credentialed supervisor peer review of 2 FEES (technical, procedural and interpretive competencies)
- Form “Re-Credentialing of Speech Pathologists following extended leave more than 12 months– Formal Sign off of competency” should be completed and submitted as per organizational re-credentialing processes.

#### Competency 1: Complete FEES examinations

6.1.1 Knowledge of current imaging equipment

6.1.2 Complete 10 nasendoscopy procedures under direct supervision by a credentialed speech pathologist or medical sponsor for the procedural, interpretive and reporting components of FEES - this must include two peer reviewed FEES procedures by credentialed supervisor.

#### Competency 2: Mandatory training

6.2.1 Complete organizational mandatory training requirements

#### Competency 3: Knowledge of FEES policies and procedures

6.3.1 Awareness of any changes to FEES Clinical Guidelines, local policy and procedure

## Section 7 Core Competencies

### Recognition of Competency between Organisations

For staff currently credentialed under another organization

- A negotiated period of orientation as required by individual institution, and including a minimum of 2 supervised scopes under direct medical supervision and credentialed supervisor supervision of 2 FEES (technical, procedural and interpretive competencies). Consideration should be given to complexity of patient population (ie laryngectomy, burns) and any additional supervision required to meet competency.

#### SECTION 7: Recognition of Competency between Organisations

##### Competency 1: Evidence of previous satisfactory completion of training

###### 7.1.1 Previous FEES training

##### Competency 2: Training in local FEES policies and procedures

###### 7.2.1 Knowledge of FEES imaging equipment

###### 7.2.2 Knowledge of local FEES clinical guidelines and relevant position papers and documents.

###### 7.2.3 Complete a minimum of 2 FEES procedures under direct supervision by local credentialed FEES clinician and two nasendoscopy procedures by a medical officer.

###### 7.2.4 Complete mandatory training requirements

## Appendix A: Flexible Endoscopic Evaluation of Swallowing Record of Clinical Practice

### Maintenance record for previously credentialed speech pathologists (including returning after a break of more than 3 months and less than 12 months)

Organisation:.....  
Staff Name:.....

Procedures (Minimum 10 per year)

[illegible]

Medical officer supervision of Nasendoscopic insertion (2 required per year for first two years of credentialing )

Date of Procedure	UR Number	Technical competency	Procedural & Interpretation Completed	Counter Sign & Position (medical sponsor)

[illegible]

Date of procedure	UR Number	Technical competency (see checklist)	Procedural & interpretative competency (see checklist)	Counter sign and Position (credentialed speech pathologist)

## Training record for non- credentialed speech pathologists

Organisation:.....

Staff Name:.....

### Procedures (Minimum 20)

[illegible]

Medical officer supervision of Nasendoscopic insertion (2 required)

Date of Procedure	UR Number	Technical competency	Procedural & Interpretation Completed	Counter Sign & Position

Peer evaluation of FEES (2 required)

Date of procedure	UR Number	Technical competency (see checklist)	Procedural & interpretative competency (see checklist)	Counter sign and Position

## Return to work record following extended leave of more than 12 months for previously credentialed speech pathologists

Organisation:.....

Staff Name:.....

### Procedures (Minimum 10 )

[illegible]

Peer evaluation of FEES (2 required per year)

Date of procedure	UR Number	Technical competency (see checklist)	Procedural & interpretative competency (see checklist)	Counter sign and Position (credentialed speech pathologist)

## Initial Credentialing of Speech Pathologists – Formal Sign off of competency

Name:

Position:

Organisation:

Employee Number:

Date of application:

### Procedural Competency

Competency training in the Procedural component of FEES has been completed under the supervision and training of *(insert credentialed and experienced Speech Pathologist's name or clinical sponsor/medical officer name)* at *(insert facility name)*. The training log must be sighted to confirm completion of 20 procedures under supervision inclusive of 2 FEES procedures.

Training log sighted ☐

Date of Verification of Procedural skill:

Name:

Signed:

### Interpretation

Competency training in the Interpretation component of FEES has been completed under the supervision and training of *(insert credentialed and experienced Speech Pathologist's name or medical officer name)* at *(insert facility name)*. The training log must be sighted to confirm completion of 20 procedures under supervision inclusive of 2 FEES procedures.

Training log sighted ☐

Date of Verification of Interpretation skill:

Name:

Signed:

### Technical Competency

Competency training in the use of endoscopy has been completed under the supervision and training of *(insert clinical sponsor name and speciality eg. John Smith, ENT surgeon)* at *(insert facility name)*. The training log must be sighted to confirm completion of 20 procedures with demonstrated competency under supervision inclusive of 2 FEES procedures with the final two assessed by the clinical sponsor.

Training log sighted ☐

Date of Verification of Technical skill:

Name:

Signed:

(Clinical Sponsor ONLY)

### FEES Competency Training Completion

Mandatory training up to date

Date:

Training FEES Speech Pathologist:

Date:

Director/Manager/Senior Speech Pathology:

Date:

Once complete: follow organisation's process for credentialing

## Re-Credentialing of Speech Pathologists following extended leave less than 12 months– Formal Sign off of competency

Name:

Position:

Organisation:

Employee Number:

Date of application:

### **Procedural Competency**

Competency in the Procedural component of FEES has been reviewed under the supervision and training of *(insert credentialed and experienced Speech Pathologist's name or clinical sponsor/medical officer name)* at *(insert facility name)*.

**Date of Verification of Procedural skill:**

**Name:**

**Signed:**

### **Interpretation**

Competency in the Interpretation component of FEES has been reviewed under the supervision and training of *(insert credentialed and experienced Speech Pathologist's name or clinical sponsor/medical officer name)* at *(insert facility name)*.

**Date of Verification of Interpretation skill:**

**Name:**

**Signed:**

### **Technical Competency**

Competency in the use of endoscopy has been completed under the supervision and training of *(insert credentialed speech pathology supervisor or clinical sponsor/medical officer name at (insert facility name))*.

**Date of Verification of Technical skill:**

**Name:**

**Signed:**

### **FEES Competency Training Completion**

Mandatory training up to date

Date:

Re-credentialing FEES Speech Pathologist:

Date:

Director/Manager/Senior Speech Pathology:

Date:

*Once complete: file in speech pathologists training record. Does not require submission for recredentialing. The above numbers will be included in maintenance total for the credentialing year.*



## Re-Credentialing of Speech Pathologists following extended leave more than 12 months– Formal Sign off of competency

Name:  
 Position:  
 Organisation:  
 Employee Number:  
 Date of application:

### Procedural Competency

Competency in the Procedural component of FEES has been reviewed under the supervision and training of *(insert credentialed and experienced Speech Pathologist's name or clinical sponsor/medical officer name)* at *(insert facility name)*. The training log must be sighted to confirm completion of 10 procedures under supervision inclusive of 2 FEES procedures.

#### **Date of Verification of Procedural skill:**

**Name:** **Signed:**

### Interpretation

Competency in the Interpretation component of FEES has been reviewed under the supervision and training of *(insert credentialed and experienced Speech Pathologist's name or clinical sponsor/medical officer name)* at *(insert facility name)*. The training log must be sighted to confirm completion of 10 procedures under supervision inclusive of 2 FEES procedures.

#### **Date of Verification of Interpretation skill:**

**Name:** **Signed:**

### Technical Competency

Competency in the use of endoscopy has been completed under the supervision and training of *(insert credentialed speech pathologist or clinical sponsor/medical officer)* at *(insert facility name)*. The training log must be sighted to confirm completion of 10 procedures with demonstrated competency under supervision.

#### **Date of Verification of Technical skill:**

**Name:** **Signed:**

### FEES Competency Training Completion

Mandatory training up to date: Date:

Re-credentialing FEES Speech Pathologist: Date:

Director/Manager/Senior Speech Pathology: Date:

*Once complete: follow organisations process for credentialing*



## Appendix B : FEES Competencies

SECTION 1: Experience, Skill and Theoretical Knowledge			
Competency 1: Relevant Pre-Requisite Experience			
Experience, Knowledge and Skill	Performance Criteria	Assessment Process	Date Achieved
1.1.1 General clinical experience in health settings.	Minimum 3 years relevant clinical experience  Minimum AHP2 classification  Eligible for membership SPA  Current credentialing registration on state register	Confirmed by Director/Manager with documentation of CV, qualifications, credentialing status and annual performance review.	
1.1.2 General Dysphagia clinical experience including observation of minimum 5 FEES procedures	Demonstrated competency in independent clinical dysphagia assessment and management.  Current and regularly updated skills in, and knowledge of dysphagia.  Observe 5 FEES procedures for dysphagic patients.	Confirmed by supervisor or Director/Manager.  Evidence of participation in case discussions, attendance at interest group meetings, records of reading, PSR (SPA) etc  Discussion of FEES procedure/findings with credentialed speech pathologist	
1.1.3 Meets professional membership and state Allied Health credentialing requirements	Eligible for membership of SPA  Credentialing information is current on organisational register.	Confirmed by Director/Manager with documentation of CV, qualifications, credentialing status and annual performance review.	

<b>1.1.4</b> Competence in organisation mandatory training including basic life support training and infection control	Completion of organisational mandatory training.	Completion of organisational mandatory training requirements.	
<b>Competency 2: Advanced dysphagia knowledge and experience</b>			
<b>1.2.1</b> Advanced clinical knowledge of medical terminology for respiration, airway protection and swallowing	Dysphagia reporting reflects appropriate understanding and terminology	Confirmed by supervisor and/or manager	
<b>1.2.2</b> Advanced clinical knowledge of principles and techniques of swallowing assessment and therapy	Clinical discussion Involvement in Department PD	Completion of tutorial presentation with supervisor feedback	
<b>1.2.3</b> Knowledge of swallowing changes across the lifespan.	Recognition of age and development in clinical assessment and documentation	Confirmed by supervisor and/or manager	
<b>1.2.4</b> Advanced practice dysphagia assessment skills including VFSS	Successful completion of VFSS competency training.  Experience conducting VFSS assessments over previous 12 months.  Supervisor/supervisor review of VFSS assessment and documentation	Confirmed by Director/Manager with documentation of CV, qualifications, credentialing status and annual performance review.  Competency training signed-off by supervisor and/or manager.  Evidence of completed VFSS assessments	
<b>1.2.5</b> Knowledge of indications and contraindications and validity for different instrumental evaluations including VFSS and FEES.	Clinical discussion Involvement in Department PD	Completion of tutorial presentation with supervisor feedback	

<b>1.2.6</b> Ability to integrate knowledge of FEES to select suitable patients and support colleagues to recognise potential candidates for FEES	Verbally discuss potential FEES candidates with other colleagues.  Able to inform colleagues of suitability for FEES.	Confirmed by supervisor and/or manager	
<b>1.2.7</b> Demonstrate knowledge of patient populations where FEES may be particularly beneficial or advantageous.	Discuss specific groups assessed from local contexts or be regular users of FEES clinics.  Recognise clinical caseloads/areas that may benefit from FEES and may require education to promote FEES.	Completion of required readings.  Tutorial discussion with supervisor.	
<b>1.2.8</b> Demonstrate ability to triage referrals and prioritise patients as needed.	Evaluate referrals based on: <ul style="list-style-type: none"> <li>• Acute vs post/acute or chronic dysphagia</li> <li>• Referral information</li> <li>• Specific factors related to the dysphagia</li> <li>• </li> </ul> Be able to verbally explain the rationale for triage decision.	Discussion with supervisor.	
<b>1.2.9</b> Knowledge of professional, local, site, regional and national dysphagia policies, position papers, credentialing requirements.	Completion of relevant Infection Control training.  Knowledge of equipment manufacturer's instructions.  Completion of mandatory training requirements.	Evidence of reading SPA, site and regional policies and position papers.  Fulfilment of local credentialing requirements	
<b>Competency 3: Advanced Knowledge of Aero digestive Anatomy and Physiology</b>			
<b>1.3.1</b> Knowledge of normal aero digestive anatomy including nasal, oral, pharyngeal, laryngeal and oesophageal structures.	Supervised participation in F.E.E.S. / Voice Clinic assessments.  Demonstrated knowledge in discussion with supervisor. and/or analysis and interpretation of pre-recorded F.E.E.S. assessments.	Confirmed by supervisor and/or manager	

<b>1.3.2</b> Knowledge of altered (abnormal/post-surgical) aero digestive anatomy including nasal, oral, pharyngeal, laryngeal and oesophageal anatomy as it relates to administering FEES including indications and contraindications	Supervised participation in F.E.E.S. / Voice Clinic assessments.  Demonstrated knowledge in discussion with supervisor. and/or  Analysis and interpretation of pre-recorded F.E.E.S. assessments.	Confirmed by supervisor and/or manager	
<b>1.3.3</b> Knowledge of normal aero digestive physiology and neurological innervation as it relates airway protection and swallowing	Supervised participation in F.E.E.S. / Voice Clinic assessments.  Demonstrated knowledge in discussion with supervisor. and/or Analysis and interpretation of pre-recorded F.E.E.S. assessments.	Confirmed by supervisor and/or manager	
<b>1.3.4</b> Knowledge of altered aero digestive physiology and neurological innervation and its impact on airway protection and swallowing.	Supervised participation in F.E.E.S. / Voice Clinic assessments.  Demonstrated knowledge in discussion with supervisor. And/or analysis and interpretation of pre-recorded F.E.E.S. assessments.	Confirmed by supervisor and/or manager	
<b>Competency 4: Safety and Risk Management</b>			
<b>1.4.1</b> Knowledge of anaesthetics	Demonstrated knowledge of relevant anaesthetics – indications, contra-indications, local protocols for administration.	Confirmed by supervisor and/or manager	
<b>1.4.2</b> Knowledge of risks, adverse events and emergency management	Demonstrated knowledge of relevant first aid (Speech Pathology management)	Completion of organisational mandatory training requirements	

	Knowledge of Code procedures Knowledge of emergency equipment location and use		
<b>1.4.3</b> Knowledge of infection control and standard precautions	Organisational training in infection control/hand hygiene/PPE.  Completion of organisational scope cleaning competencies.  Knowledge of management of patients with multi-resistant infection, including equipment cleaning requirements.	Completion of organisational mandatory training requirements	
<b>1.4.4</b> Current basic life support training	Annual training in basic life support including CPR and choking management.	Completion of organisational mandatory training requirements	
<b>1.4.5</b> Knowledge of patient consent	Knowledge of NSQHS  Use of organisational forms for consent	Confirmed by supervisor and /or manager	

<b>SECTION 2: Technical Aspect of FEES</b>			
<b>Competency 1: Knowledge of Equipment</b>			
<b>Experience, Knowledge and Skill</b>	<b>Performance Criteria</b>	<b>Assessment Process</b>	<b>Date Achieved</b>
<b>2.1.1</b> Knowledge of facility specific imaging equipment and specific nasendoscopes including safe and effective operation and maintenance of the equipment in accordance with manufacturer's instructions	<p>Can verbally describe components of equipment including</p> <ul style="list-style-type: none"> <li>flexible nasendoscope including different types</li> <li>light source &amp; white balancing</li> <li>camera head &amp; processor</li> <li>microphone</li> <li>recording system and database management</li> <li>consumables</li> <li>trial foods/fluids</li> <li></li> </ul> <p>Demonstrates ability to set up and operate facility imaging equipment including recording system for both still images and video equipment, and database management</p>	<p>Review of local facility equipment manual or guidelines</p> <p>Discussion with supervisor</p> <p>Observation of medical or Speech pathology staff completing nasendoscopy</p> <p>Direct observation of equipment set up Independently sets up equipment</p>	
<b>2.1.2</b> Knowledge of facility specific infection control guidelines and universal precautions for nasendoscopes.	<p>Can describe and demonstrate infection control procedures for nasendoscope:</p> <ul style="list-style-type: none"> <li>cleaning pre and post assessment</li> <li>delivery of nasendoscope to nominated personnel or location/area</li> <li>inspection of nasendoscope to detect structural defect</li> <li>leak testing</li> <li>cleaning/decontamination of nasendoscope immediately after use</li> </ul>	<p>Familiarisation with current regional and facility specific guidelines and operational work procedures.</p> <p>Tutorial training session</p>	



	<ul style="list-style-type: none"> <li>facility requirement for sterilisation or high level disinfection</li> </ul> <p>Imaging equipment set up Room set up, Consumables: gown, gloves, food and fluids</p>	Supervisor assessment of adherence to guidelines as appropriate	
2.1.3 Knowledge of ward specific infection control guidelines and standard and transmission based precautions.	Demonstrated knowledge of infection control guidelines for specific wards.	<p>Familiarisation with current regional and facility specific guidelines and operational work procedures.</p> <p>Tutorial training session</p> <p>Supervisor assessment of adherence to guidelines as appropriate</p> <p>Completion of appropriate mandatory training as appropriate</p>	
2.1.4 Knowledge of facility specific patient safety policies relevant to areas used for FEES	<p>Demonstrated awareness of:</p> <ul style="list-style-type: none"> <li>Emergency code responses</li> <li>Manual handling</li> <li>Clinician OH&amp;S regarding positioning for scoping</li> </ul>	<p>Familiarisation with current regional and facility specific guidelines and operational work procedures.</p> <p>Tutorial training session</p> <p>Supervisor assessment of adherence to guidelines as appropriate</p>	
2.1.5 Knowledge of and ability to adhere to facility specific guidelines, for contamination and infection control as related to conducting FEES and cleaning nasendoscopes	<p>Has read organisational policies and completed annual/ mandatory training in:</p> <ul style="list-style-type: none"> <li>Standard precautions including management of MRO's</li> <li>Hand hygiene</li> <li>High level disinfection</li> </ul>	<p>Familiarisation with current regional and facility specific guidelines and operational work procedures.</p> <p>Tutorial training session</p>	

	<ul style="list-style-type: none"> <li>Preparation of food and fluids</li> <li>Preparation of nasendoscope and imaging equipment</li> <li>Cleaning of FEES equipment post assessment (nasendoscopes, imaging and food trolleys).</li> </ul>	<p>Supervisor assessment of adherence to guidelines as appropriate</p> <p>Completion of appropriate mandatory training i.e. hand hygiene, infection control, manual handling, aseptic technique</p>	
<b>Competency 2: Insertion of Nasendoscope</b>			
2.2.1 Knowledge of anatomy of the nose, pharynx and larynx as related to nasendoscopy procedure	Accurately recognise structures of the nasal passage, pharynx, and larynx as seen endoscopically	<p>Completion of appropriate readings</p> <p>Direct observation of FEES procedure</p> <p>Supervisor assessment</p>	
2.2.2 Knowledge of atypical nasal anatomy and implications for passing scope	Recognise atypical (abnormal) nasal anatomy that may reduce ability to pass nasendoscope comfortably for patient	<p>Completion of appropriate readings</p> <p>Direct observation of FEES procedure</p> <p>Supervisor assessment</p> <p>Observation of medical staff/FEES clinician performing nasendoscopy</p>	
2.2.3 Ability to insert and manoeuvre and remove the nasendoscope through the nasal passage in a manner that minimises adverse reactions and patient discomfort	<p>Demonstrate knowledge of strategies to assist successful passing of nasendoscope through the nasal passage, pharynx and larynx</p> <p>Demonstrate ability to utilise information and strategies to determine which nare most appropriate for nasendoscope passage</p>	<p>Completion of appropriate readings</p> <p>Direct observation of FEES procedure</p> <p>Supervisor assessment</p> <p>Observation of medical staff performing nasendoscopy</p>	

2.2.4 Ability to manipulate the nasendoscope in the pharynx to obtain optimal view of the velopharynx, oropharynx/ hypopharynx, larynx during the swallowing examination	<p>Demonstrate ability to negotiate velopharyngeal port for view of oro-pharynx</p> <p>Demonstrate ability to move nasendoscope through oropharynx to view structures of pharynx and larynx</p> <p>Demonstrate ability to negotiate pharynx and larynx for view of pharyngeal and laryngeal structures during assessment tasks (as per site specific protocol)</p> <p>Demonstrated ability to position effectively for goals of procedures</p>	<p>Completion of appropriate readings Direct observation of FEES procedure</p> <p>Observation of medical staff/FEES clinician performing nasendoscopy</p> <p>Supervisor assessment</p>	
<b>Competency 3: Health and Safety Performance of FEES within a risk management framework</b>			
2.3.1 Completed mandatory training in cardio-pulmonary resuscitation as required by the organisation on an annual basis	Has demonstrated completion of mandatory training (site specific)	<p>Completion of appropriate readings</p> <p>Completion of mandatory training</p>	
2.3.2 Completed mandatory training in infection control and standard patient specific precautions as required by the organisation on an annual basis for safe environment and practice for FEES procedures.	<p>Has read organisational policies and completed annual/ mandatory training in standard precautions, management of MRO's, hand hygiene.</p> <p>Knowledge of ward specific infection control policies as needed eg HDU, ICU.</p>	<p>Familiarisation with current regional and facility specific guidelines and operational work procedures.</p> <p>Tutorial training session</p> <p>Supervisor assessment of adherence to guidelines as appropriate</p>	

		Completion of appropriate mandatory training i.e. hand hygiene, BLS, infection control, manual handling	
2.3.3 Knowledge of and ability to respond to clinical signs related to adverse events.	Has demonstrated completion of mandatory training regarding adverse events e.g. Basic Life Support, Recognising and responding to deteriorating patient Knowledge of processes regarding adverse events and can identify relevant clinical signs	Completion of appropriate mandatory training  Supervisor assessment of knowledge  Familiarisation with current regional and facility specific procedures	
2.3.4 Knowledge of reporting and documentation of adverse events	Knowledge of site specific Safety Learning Systems reporting of adverse events.	Completion of Tutorial training	
2.3.5 Ability to maintain a safe workplace	Has demonstrated completion of organisational specific training in adverse reporting systems	Completion of appropriate readings  Direct observation of FEES procedure by supervisor  Observation of environment of FEES procedure	
2.3.6 Able to identify and manage patient-related factors to optimise patient safety regarding placement or positioning of nasendoscope	Can verbally discuss patient related factors that may influence ability to pass nasendoscope or maintain correct position of nasendoscope for completion of FEES procedure (e.g. anxiety, physical discomfort/sensitivity, positioning pressure sores)  Demonstrated ability to recognise and implement strategies to reduce patient factors	Completion of appropriate readings Direct observation of FEES procedure by supervisor  Supervisor assessment of nasendoscopy positioning  Observation of medical staff performing nasendoscopy	

SECTION 3 Procedural Aspect of FEES			
Competency 1: Preparation of patient			
Experience, Knowledge and Skill	Performance Criteria	Assessment Process	Date Achieved
3.1.1 Identification of suitable patients for swallowing investigations via FEES	Demonstrated ability to identify patient suitability taking into consideration risk factors and contraindications	Completion of appropriate readings  Discussion with supervisor.	
3.1.2 Ability to comprehensively explain the FEES procedure, its rationale and risks.	Demonstrated ability to describe FEES procedure and relevance.  Can verbally explain the potential risks associated with FEES and their management to patients and carers as per patient information brochure.  Ability to respond to queries from patient or significant other regarding FEES procedure.	Completion of appropriate readings  Discussion with supervisor.  Demonstration of discussion of procedure and with patient.  Demonstration of knowledge of risks and strategies to minimise.  Demonstration of knowledge of strategies to manage the risks should they occur.	
3.1.3 Knowledge of organisational requirements in relation to obtaining patient consent.	Demonstrates ability to obtain consent and recognises when to engage family or medical team in consent process.	Demonstration of obtaining patient consent with patient, family/carer or medical team outlining the procedure as required by the organisation	
3.1.4 Preparation of the patient for the procedure	Communicates effectively with the patient to describe FEES procedure  Demonstrates ability to position patient appropriately taking into consideration patient limitations.	Demonstration during FEES preparation	

3.1.5 Application of topical anaesthetic when clinically appropriate and in accordance with organisational guidelines	Knowledge of organisational specific policies e.g. use of topical anaesthetics	Adherence to site specific anaesthetic application guidelines	
<b>Competency 2: FEES set up in preparation for specific patient</b>			
3.2.1 Ability to prepare environment and equipment for FEES procedure	<p>Demonstrate ability to prepare the environment for patient considering the following</p> <ul style="list-style-type: none"> <li>• Infectious status of patient</li> <li>• Mobility and positioning requirements</li> <li>• Additional personnel for procedure</li> </ul> <p>Demonstrate ability to provide necessary equipment and positioning for procedure</p>	Demonstration of room set up and equipment use including provision of biofeedback equipment	
3.2.2. Knowledge of food and fluid consistencies as appropriate to patient for swallowing assessment.	Demonstrate ability to make appropriate selections of food and fluid consistencies for assessment	Demonstration of appropriate patient specific selections	
3.2.3 Ability to ensure appropriate patient positioning for FEES procedure.	Demonstrates and can verbally discuss and instruct regarding the appropriate positioning of patient for assessment and biofeedback	Demonstration of appropriate patient positioning for assessment and education	

Competency 3: Ability to perform a comprehensive FEES assessment using a site specific formal protocol.			
3.3.1 Demonstrate understanding of the key aspects of a FEES assessment	Can identify the process for anatomical and physical examination, food and fluid trials, and trial of management strategies.	Direct observation of FEES assessments.  Completion of required readings  Tutorial discussion with supervisor  Discussion with supervisor learner	
3.3.2 Ability to perform FEES examinations with a variety of patient aetiologies and settings.	Demonstrated ability to clearly and systematically progress through the key aspects of the FEES evaluation.  Ability to select appropriate tasks from the FEES protocol.  Ability to trial compensatory and rehabilitative strategies to maximise swallowing function during the assessment.eg manoeuvres, bolus delivery, volume changes, modified foods and fluids as appropriate.	Direct observation of FEES assessments.  Completion of required readings  Tutorial discussion with supervisor  Discussion with supervisor learner  Review of patient type and settings seen.	
3.3.3 Ability to lead the patient through the FEES procedure	Demonstrated ability to take responsibility and direct assessment tasks and swallowing trials to achieve the best possible outcome	Direct observation of clinical management during FEES examination  Demonstrated effective use of the site specific Work Instruction Protocol	
3.3.4 Selects appropriate materials, quantities and delivery method to be swallowed based on patient presentation	Demonstrated ability to make appropriate choices regarding, method of delivery, volume and consistency of food and fluid trials	Direct observation of FEES examination by supervisor  Evidence of suitable material selection	

3.3.5 Recognises abnormal anatomy/physiology associated with swallowing dysfunction	Demonstrated ability to identify abnormal anatomy/physiology related to swallowing function	Direct observation of FEES assessments by supervisor.  Completion of required readings  Discussion with supervisor	
3.3.6 Identifies swallowing abnormalities including, but not limited to <ul style="list-style-type: none"> <li>• abnormal secretions</li> <li>• delayed swallow onset</li> <li>• nasopharyngeal reflux</li> <li>• pre-swallow spillage into pharynx</li> <li>• laryngeal penetration without aspiration</li> <li>• aspiration (type and amount)</li> <li>• post swallow residue (location and amount)</li> <li>• backflow from cricopharyngeus into pharynx</li> </ul> Identifies functional/non-functional airway protection Identifies tasks suitable to determine sensory status	Demonstrated ability to identify swallowing abnormalities	Direct observation of FEES assessments by supervisor.  Completion of required readings  Discussion with supervisor	
3.3.7 Selects manoeuvres, strategies as appropriate for individual patient presentation and uses biofeedback for patient learning as needed.	Knowledge of and demonstrated ability to select patient appropriate manoeuvres and strategies e.g. <ul style="list-style-type: none"> <li>• chin down</li> <li>• head turn</li> <li>• supraglottic swallow</li> <li>• super supraglottic swallow</li> <li>• hard swallow</li> </ul>	Direct observation of FEES assessments by supervisor.  Completion of required readings  Discussion with supervisor	



3.3.8 Evaluates the effects of interventions trialled on patient's swallowing function	Identifies outcomes of interventions trialled in relation to improved swallowing function Demonstrates ability to make recommendations based on interventions trialled.	Direct observation of FEES assessments by supervisor.  Discussion with supervisor	
3.3.9 Knowledge of FEES as a biofeedback tool	Ability to utilise biofeedback to enhance patient knowledge and understanding regarding their swallowing function and recommended strategies	Discussion with supervisor  Tutorial  Direct observation of use of biofeedback by supervisor.	
Competency 3: Optimising patient safety through accurate identification and management of patient related factors.			
3.4.1. Ability to identify and effectively manage patient related factors that may influence the undertaking of FEES examination (anatomical, physical, emotional).	Can identify patient related factors eg <ul style="list-style-type: none"> <li>• anxiety,</li> <li>• fatigue,</li> <li>• discomfort/sensitivity,</li> <li>• positioning,</li> <li>• anatomical deviations;</li> </ul> Can implement effective strategies and support, provide verbal reassurance and encouragement to facilitate FEES procedure.	Discussion with supervisor.       Demonstrated use of strategies during FEES procedure.	
3.4.2 Supporting the patient to maintain a safe/optimal position for the examination.	Can identify factors that impact on optimal positioning for FEES examination	Discussion with supervisor.  Demonstrated use of strategies during FEES procedure.	

3.4.3 Ability to recognise when to discontinue FEES procedure due to patient related factors.	Can discuss with patient and colleague factors or situations that warrant discontinuation of FEES procedure.	Discussion with supervisor.  Demonstrated use of decision making during FEES procedure.	
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<b>SECTION 4: Interpretive Knowledge and Skill</b>			
<b>Competency 1: Interpreting Results and Reporting of Endoscopic Assessment of Swallow Function</b>			
<b>Experience, Knowledge and Skill</b>	<b>Performance Criteria</b>	<b>Assessment Process</b>	<b>Date Achieved</b>
4.1.1 Able to summarise key findings of examination using formal protocol as per local guidelines	Able to demonstrate knowledge of normal vs abnormal physiology and determine the impact of these findings on their swallow function	Direct observation of FEES reports  Discussion with supervisor  Review of clinical guidelines for local facility	
4.1.2 Able to interpret results of examination and communicate results of FEES assessment	Can verbally discuss findings clearly and accurately with patient, family or carer; medical, nursing and allied health staff.	Direct observation by supervisor  Tutorial  Discussion with supervisor	
4.1.3 Recognises need for appropriate additional examinations	Able to determine the need for additional referrals to assist in diagnosis and swallowing management eg VFSS exam or ENT referral or repeat FEES examinations.	Direct observation by supervisor  Discussion with supervisor	
4.1.4 Determines need for treatment strategies and swallowing rehabilitation	Demonstrates awareness of variety of treatment and rehabilitation options	Direct observation by supervisor  Tutorial  Discussion with supervisor	

Competency 2: Documentation of FEES findings			
4. 2.1 Demonstrated awareness of minimum reporting standards using formal FEES report as per local guidelines.	<p>Record:</p> <ul style="list-style-type: none"> <li>• background information</li> <li>• normal and abnormal anatomy and physiology</li> <li>• swallowing trials and findings re spillage, residue, penetration/aspiration, sensation, cough response</li> <li>• swallowing strategies trialled and outcome</li> <li>• consideration of previous swallowing examination findings.</li> <li>• statement of assessment findings and summary</li> <li>• recommendations</li> </ul> <p>able to provide written summary of impression and recommendations in patient medical record at completion of FEES.</p>	<p>Review of formal FEES reports by supervisor</p> <p>Review of local guidelines for local organisation</p>	
4.2.2 Dissemination of FEES reports as appropriate	<p>Demonstrated ability to report results of examination to other professionals</p> <p>Demonstrated adherence to local facility guidelines regarding confidentiality and dissemination of patient information.</p>	<p>Review of formal FEES reports by supervisor</p>	

<b>SECTION 5: Maintenance of Skill - Annual requirements</b>			
<b>Competency 1: Complete FEES Examinations</b>			
<b>Knowledge and Skill</b>	<b>Performance Criteria</b>	<b>Assessment Process</b>	<b>Date Achieved</b>
5.1.1 Submission of technical record for nasendoscopy	Completion of minimum 10 supervised scopes on patients per year, including 2 under supervision by medical supervisor if credentialed less than two years	Evidence of record of technical component completion, signed off by credentialed Speech Pathologists/medical supervisor and ratified by local organization supervising body/Local Health Network Credentialing Committee.	
5.1.2. Submission of record of procedural and interpretive components of FEES examinations	Completion of 2 FEES assessments including procedural and interpretive aspects under supervision from supervisor/credentialed speech pathologist.	Signed off by credentialed Speech Pathologists and ratified by local organization supervising body/Local Health Network Credentialing Committee.	
<b>Competency 2: Maintenance of Mandatory Training Requirements</b>			
5.2.1 To complete site specific mandatory training needs	Complete: <ol style="list-style-type: none"> <li>1. Basic Life Support training</li> <li>2. Infection Control requirements</li> <li>3. Manual Handling</li> <li>4. Other training as required</li> </ol>	Evidence of completion of training	
<b>Competency 3: Attendance in professional development activities and sharing knowledge and skills with others</b>			
5.3.1 Commitment to ongoing learning and current evidence based practice in dysphagia and FEES	Attendance at formal /informal education where applicable Peer review and discussion Ability to lead and support competency training of inexperienced clinicians	Documented attendance at professional development events Discussion with other FEES clinicians Training of less experienced clinicians in FEES Verbal discussions regarding case mx	

SECTION 6:A: Competency following extended leave (less than 12 months)			
Competency 1: Complete FEES examinations (procedures performed may count towards annual maintenance)			
Knowledge and Skill	Performance Criteria	Assessment Process	Date Achieved
6.1.1 Knowledge of current imaging equipment	Demonstrate knowledge of update in imaging equipment	Demonstrate use of current FEES equipment.	
6.1.2 Complete 2 FEES procedures under direct supervision by a credentialed speech pathologist for the procedural, interpretive and reporting components of FEES	Ability to conduct FEES procedures independently including procedural, interpretive, reporting components of FEES.	Observed evidence of FEES procedure completed under supervision of a credentialed clinician.	
Competency 2: Mandatory training			
6.2.1 Complete mandatory training requirements	Complete: <ul style="list-style-type: none"> <li>• Basic Life Support Training</li> <li>• Infection control Guidelines</li> <li>• Other as required by local organization</li> </ul>	Documented evidence of completion of mandatory training.	

SECTION 6:B: Competency following extended leave (12 months or more)			
Competency 1: Complete FEES examinations (procedures performed may count towards annual maintenance)			
Knowledge and Skill	Performance Criteria	Assessment Process	Date Achieved
6.1.1 Knowledge of current imaging equipment	Demonstrate knowledge of update in imaging equipment	Demonstrate use of current FEES equipment.	
6.1.2 Complete 10 FEES procedures under direct supervision by a credentialed speech pathologist for the procedural, interpretive and reporting components of FEES	Ability to conduct FEES procedures independently including procedural, interpretive, reporting components of FEES.	Observed evidence of FEES procedure completed under supervision of a credentialed clinician.	
Competency 2: Mandatory training			
6.2.1 Complete mandatory training requirements	Complete: <ul style="list-style-type: none"> <li>• Basic Life Support Training</li> <li>• Infection control Guidelines</li> <li>• Other as required by local organisation</li> </ul>	Documented evidence of completion of mandatory training.	
Competency 3: Knowledge of FEES policies and guidelines			
6.3.1 Awareness of updated policies and procedures relating to FEES	Demonstrate familiarity with updated policies and procedure relating to FEES	Demonstrated through peer supervision of FEES procedure	

<b>SECTION 7: Recognition of Competency between sites/organisations</b>			
<b>Competency 1: Evidence of previous satisfactory completion of training</b>			
<b>Knowledge and Skill</b>	<b>Performance Criteria</b>	<b>Assessment Process</b>	<b>Date Achieved</b>
7.1.1 Previous FEES training	Presentation of formal FEES training log for each component of training.	Review of documentation with capacity to verify with previous employer	
<b>Competency 2: Training in local FEES policies and procedures</b>			
7.2.1 Knowledge of FEES imaging equipment	Demonstrate ability to use facility specific FEES imaging equipment.	Review of local facility equipment manual or guidelines.  Direct observation of imaging equipment	
7.2.2 Knowledge of local FEES clinical guidelines and relevant position papers and documents.	Verbally discuss and identify differences or gaps	Discussion with supervisor FEES clinician/Director of Speech Pathology.	
7.2.3 Complete 2 FEES procedures under direct supervision by local credentialed FEES clinician and two scopes under supervision of medical officer.	Demonstrated ability to conduct FEES procedural, interpretive and technical components according to local context	Evidence of FEES procedures completed Log book completed  Discussion with credentialed FEES clinician of completed cases – reflection of performance, areas of difference from previous context.  Discussion with Director of Speech Pathology	
7.2.4 Complete mandatory training requirements	Complete: <ul style="list-style-type: none"> <li>Basic Life Support Training</li> <li>Infection Prevention Guidelines</li> </ul> Other as required by local organisation	Documented evidence of completion of mandatory training.	





## Appendix C : Useful Resources

### Online Course examples:

**NDoscopy Dysphagia Specialists** website lists FEES courses throughout the US (including online options)

<https://ndoscopy.com/fees-courses-flexible-endoscopic-evaluation-of-swallowing/>  
Swallowing and Neurological Rehab FEES interpretation and analysis via [www.tulsasnr.com/fai](http://www.tulsasnr.com/fai) - good for visual learners. Has 1 hr intro and FEES tutorial and 10 video clips with analysis Cost approx \$300 USD (2024)

**Susan Langmore** offers a virtual version of her Foundation and Advanced FEES courses

<https://www.langmorefees.com/fees-courses/>

**Carolina Speech Pathology** have a number of self-study online courses available on their website with video interpretation

<https://carolinaspeechpathology.thinkific.com/collections/self-study-courses>

- Introduction to FEES (approx 15hrs)
- Beyond the scope: A self-guided FEES interpretation practice, through Carolina Speech Pathology in USA (approx 7hrs).
- Get focussed- An online advanced interpretation workshop (approx 14hrs)  
\$490 USD for bundle of above 3 self-study courses (2024)
- Laryngeal variations identified on FEES: What's an SLP to do? (approx 2hrs)

**Melbourne Swallow Analysis Centre (MSAC)** offer FEES training courses

Webinar: Flexible Endoscopic Assessment Training (FEAT) - Step 1 (4 hrs) \$150 AUD (2024) with follow up (FEAT-part 1 is prerequisite) Flexible Endoscopic Assessment Training (FEAT); Hands –on workshop – Part 2 in person in Melbourne for \$495 AUD which looks at practical use of endoscope and anatomy.

Course: Flexible Endoscopic Evaluation of Swallowing (FEES) - a practical foundation course. Aims at showing how to conduct and interpret FEES - covering the core competencies required for conducting a FEES protocol, interpreting findings, writing reports, and using FEES as biofeedback tool. not aiming to help mastering technical competency of nasendoscope insertion. \$495 AUD (2024)

<https://www.melbswallow.com.au/msac-academy/>

**Northern Speech Services** offer an online course - Purpose and Rationale for Using Endoscopy/FEES in the management and treatment of dysphagia by Joseph Murray for \$79 USD (2024) which introduces FEES, and presents a comprehensive review of visualisation of normal and abnormal swallow function, patient safety, and selection and steps required to gain competency. approx 4 hrs  
<https://www.northernspeech.com/fees-fiberoptic-endoscopic-evaluation-of-swallowing/purpose-and-rationale-for-using-endoscopyfees-in-the-management-and-treatment-of-dysphagia/71>

Could also consider looking at **LSA (Laryngology Society of Australia)** and **Speech Pathology Australia (SPA)** for upcoming online or in-person courses.

### Facebook groups:

FEES and MBS Discussion Group

## Websites:

### Videos:

Example of FEES

<http://www.youtube.com/watch?v=0eSbw165NTg>

LPR and pooling of secretions

<http://www.youtube.com/watch?v=iuBR5fX0pAc>

Example of Speech Pathologist conducting FEES (James Curtis):

<https://youtu.be/pGR3s33Cf5c>



**James Curtis' Website** with information and tips and tricks For the ideal FEES exam:

<https://www.jamescurtisphd.me/tutorials/swallowing/fees-demonstration> or

Denk, D. & Kaider, A. (1997). Videoendoscopic biofeedback: A simple method to improve the efficacy of swallowing rehabilitation of patients after head and neck surgery. Journal of Otorhinolaryngology and Related Specialties, 59(2):100-105.

## Digital book resources:

Detailed Surface Anatomy of the Pharynx and Larynx for the SLP-Endoscopist Ebook approx \$55 USD

Describing Laryngeal and Pharyngeal Anomalies for the SLP-Endoscopist E-book approx \$55 USD

Available at [Dysphagia Evaluation Specialists: Store \(dysphagia-fees.com\)](https://dysphagia-fees.com)

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[Date of next review: December 2027](#)