

# **AHP PrBL Recovery**



**Speech & Language Therapy 2023**

## **AHP Practice-based Learning (PrBL) Recovery: Speech & Language Therapy 2023**

### **Situation / Background**

The COVID-19 pandemic significantly disrupted speech and language therapy (SLT) student practice-based learning (PrBL) placements. At the height of the pandemic, 189 PrBL weeks were lost to COVID and one third of SLT students were in danger of deferring graduation. This was narrowly averted but many PrBL opportunities lost during the pandemic were not recovered, significantly reducing PrBL capacity.

This was in the context of a recruitment crisis, where 108.4 whole-time equivalent (WTE) SLT vacancies were recorded in the December 2021 workforce census with 91% of SLT managers reporting recruitment as having become 'much more challenging' in the last three years. Additional stressors on the supply of SLTs included the ageing profile of the profession (median age 42) whereby 13.8% of SLTs are aged 55 and over. A pressing need was evident to enhance PrBL capacity to support a higher intake of SLT students to address the significant undersupply of SLT.

Further pressures on PrBL capacity included the development of eating/drinking and swallowing competencies for the 2026 SLT student cohort within existing placement hours.

The aim of the project was to increase the number of high quality and diverse PrBL opportunities for students so that we could develop and maintain a skilled and sustainable future SLT workforce.

### **Task**

In order to identify the key challenges to expanding PrBL capacity for SLT students a series of scoping exercises were undertaken including focus groups, polls, workshops, meetings with service leads and a targeted survey.

Lack of training, insufficient knowledge and skills, and poor confidence were cited as the primary barriers to providing placement by survey respondents. Some respondents reported that offering a placement was inappropriate at their level of band. Qualitative data gathered at stakeholder workshops identified additional barriers including short placements, the need for streamlined paperwork across both HEIs, a focus on traditional placement models, fragmented access to resources/information, insufficient collaboration with HEIs and poor understanding of how students can add value to SLT services. Scoping also indicated a number of clinical settings that had traditionally not taken students due to the perceived complexity of the caseload. Sites identified included many Children and Adolescent Mental Health Service (CAMHS) settings, the prison service, and a number of adult learning disability services.

Finally, a poll at the project's first stakeholder meeting indicated that significant numbers of stakeholders felt that the current PrBL model was working well and did not see the need to change the current system of placement allocation.

The project aimed to adapt and develop new opportunities for PrBL by:

- Raising awareness of PrBL and the urgent need to change the current model
- Increasing the knowledge and skills of Practice Educators
- Sharing models of good practice
- Facilitating strong links between Higher Education Institutes (HEIs) and clinical teams
- Expanding diversity of placement models and placement settings
- Identifying and developing resources

## **Actions**

One of the project's key initial actions was to raise awareness of the urgent need to address PrBL capacity. The links between diminished PrBL capacity in the context of a recruitment crisis and the need to increase the intake of SLT students was not widely

appreciated across the profession. Meetings were held with service leads across Scotland to underline the pressing need to enhance PrBL with an emphasis on the recruitment crisis and the risk that presented at profession and service level.

A dedicated stakeholder group committed to supporting practice education and identifying key solutions was established. This broad group included SLT service leads, practice education co-ordinators, practice educators, the Royal College of Speech and Language Therapy (RCSLT) lead, both HEIs, the independent sector, and students. Key priorities for the group were identified including, sharing models of good practice, raising the profile of PrBL, facilitating strong links between HEIs and clinical teams, and embedding PrBL into job planning with the ultimate aim of increasing and expanding PrBL opportunities.

One of the projects key aims was to expand the diversity of placement type and to support clinicians to move away from traditional 1:1 placements. Clear enthusiasm for developing knowledge and skills about Peer Assisted Learning (PAL) placements was evident. In response to this, in collaboration with the HEIs, the project developed a series of SLT specific PAL workshops across Scotland. The purpose was to train a critical mass of SLTs so that PAL would become the default placement model for SLT Practice Educators. A Teams channel was set up to support SLTs new to PAL. This offered opportunities to share resources, seek support, jointly problem solve and network with other practice educators. A drop-in clinic was arranged midway during the third-year placements to provide direct support to clinicians new to PAL. In addition, both HEIs developed training for students so that they knew what to expect from a PAL placement and how best use this model to meet their learning needs.

Newly trained PAL clinicians provided practice educator support to University of Strathclyde's Intensive Aphasia Comprehensive Programme, a remotely delivered, student led intervention. This innovative placement model provided a feasible alternative to on site clinical placement. Skilled practice educators, using PAL principles were able to facilitate support tailored to the students' stage of clinical education.

To promote the idea that PrBL can take place in any setting or specialism, three pilot placements were trialled in CAMHS, Adult Learning Disability and prison settings. These were clinical settings that had traditionally not taken students, largely due to the perceived complexity of the caseload. Focus groups were undertaken prior to the pilots to identify clinicians' reservations and anticipate what additional supports and resources were required.

The need for a one-stop shop where SLTs could access the PrBL resources and information they needed was cited frequently as much needed support. Other Allied Health Professionals (AHPs) across the recovery project raised the same concerns. In response an AHP virtual community was established on Teams with the purpose of supporting practice educators and all involved in practice-based learning in Scotland to network, connect, work together, and share experiences/ resources. The development of an SLT specific channel is planned.

To maximise project impact, in collaboration with University of Strathclyde a webinar to sustain and nurture PrBL in Greater Glasgow & Clyde, Scotland's largest board was held where locality teams made live placement pledges for the following academic year.

## **Impact**

The impact of the recovery project in meeting its objectives of increasing the diversity in placement type and settings, increasing the skills set of SLTs and raising the profile of PrBL can be seen in the metrics below.

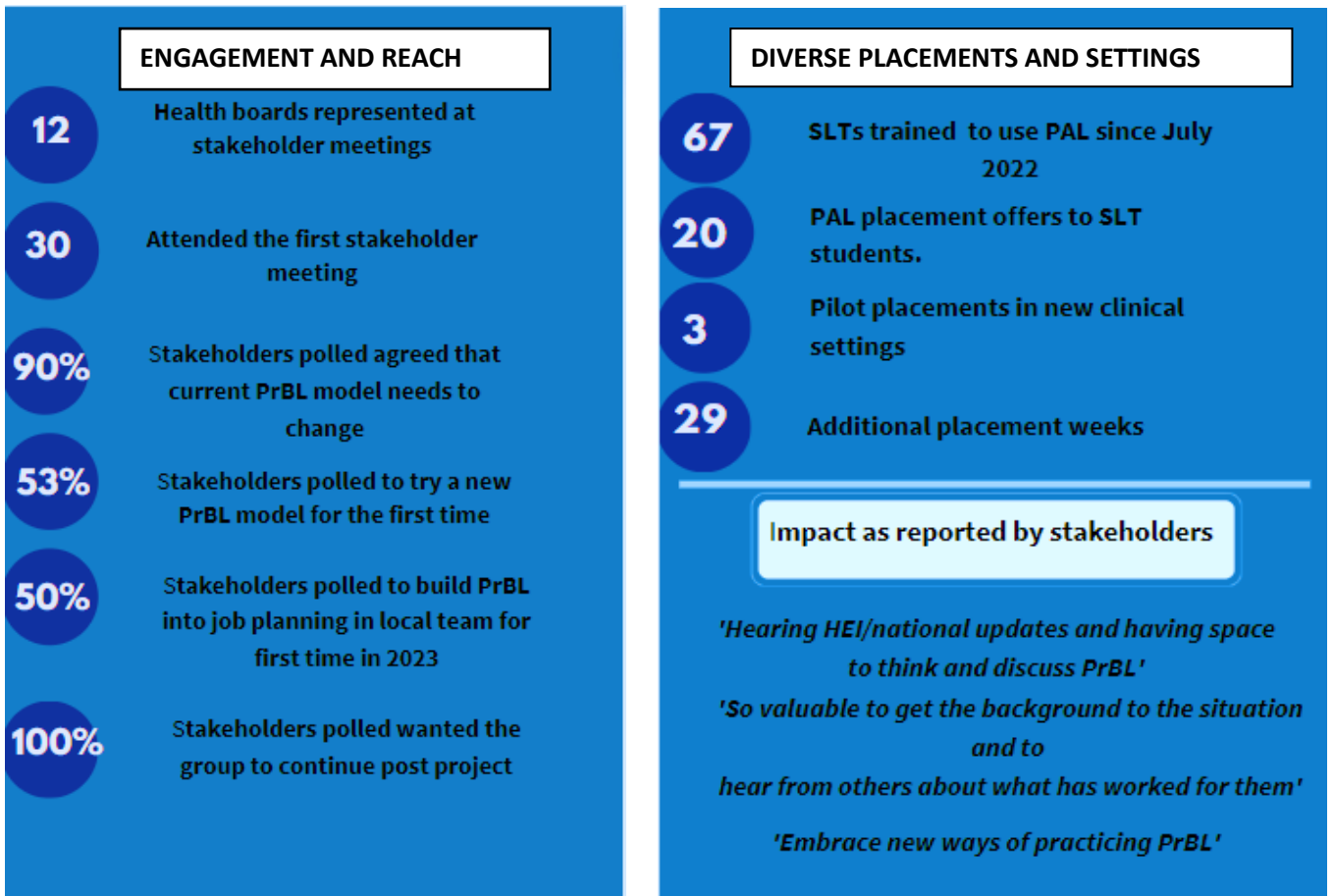


Figure 1: Speech and language therapy project impact

Through regular meetings with a highly engaged stakeholder group, the project significantly strengthened the links between the HEIs and practice educators. Clear tangible benefits have emerged as a result with both HEIs committing to streamlining their paperwork to reduce the workload of the practice educator and a commitment to co-ordinate the timing of placement requests to allow teams to plan a little better.

The impact of three pilots, with extremely positive feedback from Practice Educators, HEIs and students illustrates powerfully that PrBL learning outcomes can be met in all clinical settings. Learning from these pilots can disseminated across the profession to support further PrBL opportunities in similar settings. These pilots reflect how the SLT role has expanded and changed and provide the opportunity to develop competencies for working in complex systems.

## Learning / Recommendations

- The stakeholder meetings have been a powerful platform to promote PrBL and to jointly develop a vision about how best to nurture and sustain PrBL across Scotland. It is important that the meetings continue post project and to this end a three-year sustainability plan has been developed
- A real appetite to use new PrBL models, particularly PAL has emerged among SLTs. To sustain the momentum, continued access to PAL workshops is crucial. During the project, both HEIs helped deliver workshops and a tentative plan is in place to creating a rolling timetable possibly in collaboration with board PELs
- Learning from the 3 pilots needs to be widely shared to enhance PrBL capacity. This will support shifts in thinking about how best to meet learning outcomes in clinical settings that are considered ‘too specialist’
- Insurance questions about long armed supervision need to be clarified. Opportunities have been lost (NHS 24 role emerging placement) as a result of uncertainty around indemnity cover. This also makes it harder to pursue potential placements in the charitable, health and education settings
- The impact of the cost-of-living crisis particularly on placements where students have to travel needs to be considered in order to support students who may be financially struggling due to additional costs

Further information is available at <https://api.ltb.io/show/ABSGU>

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.



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