



Speech and language therapy apprenticeships: what employers need to know

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Derek Munn, Director of Policy and Public Affairs, RCSLT

Good afternoon, everybody and welcome to today's RCSLT webinar, speech and language therapy apprenticeships, what employers need to know. My name's Derek Munn, the director of policy and public affairs here at the RCSLT. I am delighted to be joined today by Victoria Lundie from Birmingham City University, by Jenny Glynn from the Dudley Group NHS Foundation Trust, and by Berenice Napier who is a policy advisor here at the RCSLT.

A bit of housekeeping – the webinar will be 45 minutes long and during it, you will have the opportunity to interact using the chat button at the right-hand side of your screen. You can also use the Q&A button to submit questions to us in real time. The event is being recorded, and my colleague, Kaleigh Maietta, is available if you email in because you can't hear us, or you can't interact in some way. She can help you with you any technical queries.

If you use Twitter and you are particularly good at multitasking, then do join the conversation using #rcsltwebinar and #sltapprenticeships. And, just by way of early warning, there'll be an evaluation form at the end, and we're very keen that you should fill that in.

The objectives, we hope that by the end of this webinar you will understand the potential future contribution of the apprenticeship to workforce supply, understand what might be involved in setting up and supporting apprenticeships, know which universities are developing the course and how the relationship between the employer and the university could work, and know what the RCSLT's expectations of equality apprenticeship would be.

I'm delighted now to hand on to Berenice Napier.

Berenice Napier, Policy Adviser, RCSLT

Afternoon. I'd like to start by looking at the wider context of how apprenticeships work. One of the biggest drivers for apprenticeships in England has been the government's introduction of an apprenticeship levy. The levy is made on all UK businesses with an annual turnover of more than three million, so likely to be applied to many NHS organisations.

There is, therefore, a really strong incentive on those organisations to draw on the levy for its own use. From an RCSLT point of view, an SLT apprenticeship is a potential new way in which the recruitment issues in some areas might be addressed, apprentices are more likely to be locally based than students on a traditional course.

In addition, an apprenticeship might help mitigate some of the stagnation in numbers, training to become SLTs since the removal of the NHS bursary. Lastly, the other allied health professions are also taking advantage of the apprenticeship route. As a profession, we wish to be able to provide a choice of qualification route, in the same way as those other professions.

One of the key things about an apprenticeship is that, as an employer, you are in the driving seat in a way you are not with traditional SLT qualification routes. There are advantages for employers in that approach, but with it comes

new roles and responsibilities that are different and might appear to provide challenges in implementation. We'll be starting to unpick some of those issues later in the webinar.

The RCSLT Board of Trustees has supported the development of the apprenticeship, and they've set a number of parameters for our engagement. In terms of accreditation, the normal RCSLT requirements will apply with slight amendments relating to some aspects, such as placements. Where a university already runs an SLT course, the HCPC have indicated that usually the major change process will apply.

On quality, I think we're really clear that we'd expect an SLT apprenticeship to be every bit as rigorous as the traditional route for qualification. All the requirements of passing a degree will be in place in the apprenticeship. In addition, on top of that, there will be an apprenticeship assessment at the end, designed to test the apprentice in real life situations.

We think the apprenticeship could offer new important opportunities in providing choice about how people become an SLT, a new route to career progression to those already working in healthcare settings, or as assistants, and perhaps to a new cohort of students who had not previously considered speech and language therapy as a career. That's really important in terms of our work aiming to improve the diversity of the profession.

In terms of timetable, RCSLT has worked with a group of employers and universities who are committed to gaining approval from the Institute for Apprenticeships and Technical Education, but an apprenticeship standard. So the possible start dates for the apprenticeships here are really going to depend on employers coming forward in the next few months and working across regions or ICS areas and with universities so there is clarity about whether there are sufficient apprentices to be in a cohort together for the academic part of the training.

We know there are some universities interested. So, what's happening next is, we are at a point which feels a little bit like the chicken and egg situation. Universities can't get the go ahead to develop courses without evidence of demand, and employers can't make a business case unless they've at least had those initial conversations with universities.

We want to help, and we want to support universities and employers by thinking about what the demand is, setting out clearly what a quality apprenticeship should look like. The most important thing to recognise is, this is a new tripartite relationship between the apprentice, the employer, and the university.

We know this webinar is focused on what employers and universities need to do, but we have lots and lots of interest from potential apprentices that are approaching us, and we do have some FAQs on our website, but we expect to develop further information in due course.

Another thing we're doing to help is, we're going to be providing some guidance, and we will be consulting on that soon. The guidance won't repeat the wide range of existing government advice on apprenticeships and funding because they're online already. I think we're most often asked about things like apprenticeship pay, the length, the supervision, placements and the balance of academic work and training.

We would expect that if the apprentice spends 20% of their working week in academic learning, it would take about four years for them to complete their undergraduate course. But, bear in mind, that assumes a normal working year, not a traditional university academic year. This time could be shorter, e.g. if the apprentice spent more time at university, and we know that some of the physiotherapy apprenticeships, e.g., are running this way.

We would also expect an apprenticeship run on the masters' route to be shorter than four years. Many employers are concerned about whether their apprentices will have to be supernumerary or not. So, we're aware that

employers are taking different approaches to this with other AHP apprentices, e.g. some of them are completely supernumerary, others are considering making one of their assistant posts an apprentice post. Some are considering funding from vacancy money.

Whichever approach is taken, the apprentice is going to need protected learning time agreed between the employer and the university, in which the apprentice will undertake learning to support academic study. In addition, employers might need to factor in placements outside the normal workplace and also any study leave to help the apprentice prepare for exams.

So, while an apprentice's tuition fees are paid for from the government's apprenticeship levy fund, the pay of an apprentice is down to the employer, subject to legal minimum wage for apprentices. In terms of supervision, all SLT apprentices will need supervision that is appropriate to their role in the same way that assistants and students currently do.

One last reflection, as a profession, I think it's clear that we're going to need to look across institutional boundaries in order to develop the apprenticeship with a large enough cohort for them to be run.

Thank you. I'd now like to pass you on to Victoria.

Victoria Lundie, Senior Lecturer Speech and Language Therapy / Course Lead, Birmingham City University

Hello everyone. My name is Victoria Lundie. I am one of the course leads for the undergraduate degree programme at Birmingham City University.

First of all, why would we deliver a degree-level apprenticeship? BSU became involved in the trailblazer group as we feel that the degree-level apprenticeship is an important option to consider for a number of different reasons. We need to continue to develop a diverse workforce that represents the population we work with within the West Midlands and further afield.

The apprenticeship route may be an option that would appeal to those who may not previously have considered SLT as a career option, e.g. someone who may not be able to do the course full-time, or even part-time, for financial reasons. Creating a diverse workforce would inevitably benefit the profession as a whole and those individuals we work with by bringing a breadth and depth of knowledge and experience.

BCU want to ensure that when students are out on their clinical placements, they are working with SLTs who are representative of themselves and that they have excellent role models to learn from.

In line with the goals of Health Education England's Workforce Transformation Board, the apprenticeship route will ensure that we're providing a variety of options for study that will enable us to recruit much more widely, to ensure we can provide a sustainable workforce and meet the demands that we will face as a profession moving forwards.

This route will provide opportunities for career progression, e.g. for those who are already working in education or healthcare settings as assistants, who may otherwise not be able to access the courses that are in existence at the moment.

Finally, in light of the removal of NHS bursaries in England, there has been some impact on the applications to universities for the traditional degree route. Therefore, the apprenticeship route would provide an alternative option to individuals who may no longer be able to afford to come to university.

So, what are the next steps for the universities and for employers? As Berenice has already mentioned, the standards and the endpoint assessment have been improved. However, there is still a lot of work to do with regard to scoping demand, sustainability and implementation.

The apprenticeship has to be employer-led; however, in order to move forward, a collaborative approach needs to be adopted between employers, universities and the RCSLT. Before BCU can seek HCPC approval, employers will need to work with apprenticeship leads within their own organisations to consider whether this is an option they wish to explore in relation to their own workforce planning and identify the sustainability of this route for their service.

Universities and employers will need to think about costs. Examples may be costs of delivery for the university, costs for training staff to support the apprenticeships out in the workplace and backfill for the apprenticeship as necessary.

In the next few months, BCU will be organising a regional apprenticeship event for SLT managers and clinical leads to further scope interest and demand. Other universities may be holding similar events. Another step will typically be carried out for market research to scope the local, regional and national demand for the apprenticeship route in order to ascertain if it's a viable option for the universities to implement.

We are hoping to use a national questionnaire to gather some initial data, and we hope the RCSLT and Health Education England will support the distribution of this and the collation of this data that will inevitably help to inform next steps. RCSLT and universities will be liaising with regional allied health profession councils to request their support with the development of this route. There are representatives from many sectors who are present on these councils and therefore, this will be a really good way of ensuring that we have support at a strategic level.

Details of the implementation phase will also need to be agreed, and I'll talk a little bit more about this in my next slide. However, universities and employers will need to work collaboratively to agree how the route will run and to ensure that the apprentice has a high quality learning experience, both at university and when out in the workplace. The route will need to be approved by HCPC; this can take up to 12 months, therefore scoping and planning needs to be carried out as soon as possible in line with these timescales if we wish to implement the route in 2021.

I'm now going to outline some other considerations that relate directly to the implementation of the apprenticeship route. We need to think about and agree whether the route is delivered at undergraduate or postgraduate level, although this may vary between different universities that offer this option. We know that we have many students doing undergraduate degrees who already have degrees, and we also know that there are many assistants working in practice who might wish to pursue the apprenticeship route who also have existing degrees. Therefore, we need to identify which level of study would be the most suitable.

BCU will have to consider how this route would work in relation to their existing offers, i.e. full-time and part-time undergraduate courses, as well as masters level provision, to see what will be most viable in terms of delivery options. We also need to consider the best way to structure the degree apprenticeship, which will meet RCSLT curriculum guidelines. The apprentices will only spend about 20% of their time in university. Therefore, a lot of the learning and teaching has to be delivered on the job in the workplace with their employer.

We will need to consider whether time in the university occurs as a day release from employment, or whether the block release teaching is more viable. If the apprentices are travelling some way to the university, then block teaching may be more appropriate.

There may need to be a contractual agreement between the university, the apprentices and employers about the time allocated to workplace study, e.g. to enable the apprentice to carry out work related to their assignments or online learning.

Another consideration is the recruitment process. Ultimately, the employer is responsible for recruitment of the apprentice; however, this still needs to be in line with the university's entry requirements, and we hope that it will be a collaborative process that will work in line with existing university and employment processes.

Finally, placement provision – this is a significant consideration. The provision of practice placement experiences will be the employer's responsibility but will also need to draw on the existing knowledge and experiences of the universities as well. We need to ensure the following factors:

- That the placements will work well alongside work-based learning.
- That the quality of placements is monitored and maintained, e.g. via the delivery of employer training.
- That the student's experience is as consistent as possible amongst and between cohorts.
- That the minimum number of placement sessions recommended by RCSLT is met, and that the apprentice has the required minimum number of adult and paediatric placement experience days.

Employers will need to work collaboratively between themselves to achieve this, e.g. sharing apprentices between different services. Finally, we also need to ensure that we can maintain the provision of existing placements for students on the traditional routes, which can currently be quite challenging sometimes to achieve.

Finally, I would like to spend a little bit of time busting some myths and some beliefs that exist about apprenticeships:

- The apprentice will only be able to work in the field they're employed in – this is not true. Even if they're employed in an adult-only trust, they will still have to qualify as a generalist who could work with any client group in line with RCSLT guidelines.
- The apprentice will not be qualified to the same standard as a student qualifying from a traditional undergraduate or post-graduate degree route – again, this is not true. It is still a degree and they will be qualified at the same level.
- The apprentice will be bound to remain with their employer following completion of this route – again, this isn't true. They won't be; however, the employer may wish to develop a contractual agreement with the apprentice relating to this.
- The apprentice will be supernumerary – No, they won't; however, they will be employed by the organisation and only at times will they be supernumerary.
- The apprenticeship route is available all over the UK – No, at this current time, the standard has just been approved for delivery in England. However, we are going to come back to this a little more in the Q&A part of the webinar.

The curriculum will be delivered in full whilst the student is in university – No, again, they are only in university 20% of the time; therefore, a lot of the learning and teaching takes place on the job and will be facilitated by employers and colleagues in collaboration with the university.

I'm now going to hand over to Jenny Glynn.

Jenny Glynn, Adult Speech and Language Therapy Manager, Dudley Group NHS Foundation Trust

Hello, my name is Jenny Glynn, and I'm the adult SLT manager from the Dudley Group NHS Foundation Trust in the West Midlands.

I'm not here today professing to be an expert in the delivery of speech and language therapy apprenticeships, as this is a completely new concept to me too. However, I am a service lead, and my trust is a potential employer and so

for that reason, I've been asked to briefly talk through the process we're undertaking in Dudley when deciding if we can support speech and language therapy apprenticeships.

It is not designed to be presented as a definitive solution but really to facilitate local discussion as regarding what would be involved in setting up and supporting apprenticeships, some the challenges that may arise and different ways that you could approach or tackle these.

In Dudley, our Adult speech and language therapy service is relatively small. We've had significant workforce challenges, specifically recruitment and retention issues, for a prolonged period. Despite numerous short and long-term plans, we've been unable to maintain a consistent workforce that can effectively meet current and future demand. The impact is significant and results negatively upon clinical outcomes, quality of care, patient experience, staff morale and financial sustainability.

As with many other services in this situation, we've been unable to support speech and language therapy undergraduates from the traditional degree route which have significantly shorter placements than apprenticeships. This means that we are denying them exposure to working in Dudley and consequently, they are more likely to seek employment in other trusts.

When I first considered whether we could support speech and language therapy apprenticeships, I'll be honest, and my first thought was that it wouldn't be possible; we just wouldn't have capacity. However, the longevity of our workforce challenges suggests that this isn't a transient problem. Speech and language therapy is now recognised as a shortage profession, which can only exacerbate this further. Something has to change.

A new way of thinking needs to be considered if we are to survive in the long-term. So, I began to seriously consider apprenticeships as a potential option to support our long-term workforce plan. If I could create capacity to support apprenticeships, would it be a feasible option? To answer this, I considered several issues:

The first being the type of apprenticeship – Some services could utilise current speech and language therapy assistant roles to create a speech therapy career pathway, and this in itself would be quite advantageous for some services. It's common for services to recruit more easily to assistant posts when advertised.

If speech therapist assistants are supported through this apprenticeship route, they will have valuable insight into speech and language therapy from the oversight which can only be advantageous. However, in Dudley, we have very few numbers of speech therapist assistants at present, and there is no desire within these roles to progress to a qualified speech therapy role.

We'd be looking to recruit apprenticeships via a non-speech therapy assistant route at present and again, that isn't an issue. It's just something we need to consider when we're planning on going forwards. We also need to be able to offer or consider whether we can offer the required breadth of speech and language therapy practice cited in the RCSLT curriculum guidance from our trust alone and, in short, no we can't.

We have no paediatric service, no ALD services within our trust so in order for us to fulfil this requirement, we would have to work collaboratively with other local trusts or SDPs. But this is feasible and it's not insurmountable. It does, however, raise various logistical issues that would need to be considered, e.g. funding. How would cost be apportioned if more than one trust is involved in the delivery of the apprenticeship?

If the trust plan was for the apprentices to sign a prospective contract of employment, this would be more difficult to secure if other trusts were involved. Discussion and agreement will be required regarding how this could be taken

forward. From our point of view, this contract of employment would be advantageous as it seeks to give some positive guarantee to help justify the amount of resource needed for a small service to support apprenticeships.

We don't have all the answers to these challenges at present. But, by identifying them, we have a position upon which to base our collaborative discussions. We have touched on some funding issues already but in addition, it is acknowledged that some services are struggling to consider apprenticeships because their trusts are stating that the role should be in place of a substantive post within the agreed budget.

For small services like ours, this would mean it would almost certainly prevent us from being able to consider apprenticeships. Within Dudley, the HR and workforce team have had a business case approved to support sustainable nurse recruitment which is based upon the apprenticeship model. This has been extended to include AHP Services, in particular services such as speech and language therapy, with significant recruitment and retention issues.

In summary, the apprentice would be supernumerary. The fee to support the degree programme would be paid through the apprenticeship levy, and a suggested training salary would be agreed for the duration of the training. It's proposed that the salary costs to support apprenticeships would be funded using current vacancies from across these professional groups. It would also encourage the reduction in overall urgency costs, which would further support the plan financially.

So far, we've considered several issues – we've identified some challenges, some more significant than others, but none are completely insurmountable. But we now have to go back to that original issue regarding our lack of capacity to support apprenticeships. This is a pivotal issue to address in order to progress. This is where I needed a cunning plan. A plan to replenish the workforce in order to meet current demand and guarantee sufficient resource to support apprenticeships.

My cunning plan is a business case to fund an undergraduate speech and language therapy sponsorship programme. The main principles are that we would interview undergraduate speech therapy students from the local HEI, which for us is Birmingham City University. Two students are sponsored per year with a plan to recruit one in acute, one in community, as ultimately there is the potential then that you could rotate them across teams, thereby optimising their exposure and development opportunities, and building in some flexibility into the workforce.

Successful applicants will have a percentage of the degree fees paid by the trust and upon achieving their degree qualification, they'll be tied into working at the trust for two years. This is really important for our service because at the moment, the average time period that we retain new Band 5 speech therapists is about 13 months. So, if you consider how long it takes to complete the postgraduate dysphasia competency training, it means we don't actually optimise the resource that we invest in that training.

In a nutshell, we would basically pay a percentage of the degree course in year two, a further percentage in year three. Upon completion of the speech therapy degree course, the trust would pay the costs of the person's two years, RCSLT and HNCP registration. Payment is dependent upon the student passing all elements of the course and failure to achieve the requirements or to remain in trust employment for the required two-year period, will result in financial repayments.

The planned advantages to this cunning plan are that we'd have a guaranteed replenishment of substantive staff resulting in a more stable and flexible workforce. There would be an opportunity for the service to benefit from the investment in the required postgraduate dysphasia training. It would enable the service to resume active participation in student placements, thereby fulfilling professional obligations as well as exposing undergraduates to the benefits of working in Dudley.

There would be increased opportunities to develop staff internally as and when Band 6 and Band 7 vacancies arise, resulting in a workforce that is appropriately skilled and responsive to the needs of the service. It would also mean that we could create some career pathway within our service, and we'd be less reliant upon recruiting externally.

This infrastructure to support and develop staff would ensure that they felt valued and may, in turn, improve retention which may further in turn result in greater continuity of care, thereby improving quality outcomes and patient experience. It may also lead to more positive reputation as an employer, as a place to work, creating a climate that will attract and retain staff. It's cost-effective; it will eliminate locum costs.

And, in the Health Education England's Workforce Plan for England in 2016, it states that the NHS may not be accessing its proportionate share of available workforce. This programme would directly address this issue, embedding a workforce channel direct from the HEI to our organisation. Evidence also cites the professionals overwhelmingly stay in the region in which they trained. So, again, this programme would seek to exploit this view.

For our service in Dudley, I truly believe that the ideal would be to utilise both a sponsorship of speech and language therapy undergraduates and the speech and language therapy degree apprenticeship, to ultimately achieve a long-term plan that's sustainable. The sponsorship route would enable the service to have guaranteed substantive staff, who would then be available within the workforce in preparation to support apprenticeships.

Other challenges identified will remain, but there are actions in place that can be considered in order to overcome them. We don't have all the answers, but we do remain open-minded to discussions and collaborative working, which means that it is still a viable option for us to pursue. We cannot continue as we are. We know that. We know it will be difficult.

However, we need to be innovative in our approach, and we need to grasp this opportunity and make every effort to make it work to achieve our goal of a viable and sustainable workforce. Realistically, we are advised that autumn 2021 is a timescale for potential implementation of the speech therapy apprenticeships. So, my key message today is, that discussions and planning should begin now.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Thank you very much, everybody. That was fascinating. We have time for some questions. We had a number in in advance, and we've had quite a few questions submitted during the webinar as well. We won't be able to deal with all of them but as I mentioned at the start, we will attempt to answer them all online, and we'll let you know as participants when that is done.

The first one, Berenice, you might like to start on this. From somebody who runs an independent speech and language therapy practice, really asking about how apprenticeships might operate outside the NHS.

Berenice Napier, Policy Adviser, RCSLT

Thanks, I think this is a really interesting question. It's a course that's open to any companies in the independent sector or schools, e.g. to employ and apprentice. For those companies that don't pay into the levy, you can still access the levy fund. That levy fund is used to pay the apprentice's tuition fees.

So, as an employer, you would still need to pay for the apprentice, obviously. Also, you would need to agree the delivery of the apprenticeship with the university and organise placements in other settings or otherwise, it's the same as for an NHS Trust. So, yes, it's definitely possible.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Thank you very much. We've also had a couple of enquiries, particularly from Wales but others as well, around the fact, as Victoria mentioned, this is at the moment an England-only initiative. I think I can deal with that one as policy director.

The use of the apprenticeship levy's devolved to each nation of the UK, and it's up to each of the four countries to decide how they use the apprenticeship levy, and the particular route of inviting professions to develop an apprenticeship standard and then leave it to universities and employers is something that the UK Government are doing in respect of England, but it's not currently being done by the other devolved nations. That's the reason at the moment the apprenticeship standard, the apprenticeship route for now, only applies in England.

We've had a number of interesting questions around the details of support and how things are going to work in practice, some of which we are yet to find out, but particularly relating to pay, and where that money will come from, and will there be standard rates, and how will pay work for apprenticeships? Insofar as we know... Jenny do you want to kick off?

Jenny Glynn, Adult Speech and Language Therapy Manager, Dudley Group NHS Foundation Trust

As far as I'm aware, there is no specific guidance or confirmed agreed rate with regards to what you would pay an apprentice. My understanding is that it's a decision to be made locally by trusts and therefore, I would urge you to ensure that it's incorporated into any discussions that you have with your trusts going forwards so that you can incorporate it into your planning.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Victoria, anything to add?

Victoria Lundie, Senior Lecturer Speech and Language Therapy / Course Lead, Birmingham City University

Yeah, I agree, I think it's a question that's been asked quite often by managers that we've met with, and I think it's something that we definitely need to think about moving forward in trying to ensure as much consistency as possible when we are planning ahead for that.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Okay, thank you and Berenice, I wonder if you could just clarify because I know it's complicated, exactly how the levy operates and what it pays for and what it doesn't at the level of the employer.

Berenice Napier, Policy Adviser, RCSLT

It could take me considerable time to go through exactly what the levy will and won't pay for. There are lots and lots of rules about it, and they're all set out on the Gov. website. However, the basic thing is that the levy pays for the off-the-job training of the apprentice, so very much separate from any pay of the apprentice. That's the key thing to remember.

We've got links on the RCSLT website that will take you to the various government documents, so very much worth looking at those and perhaps don't be put off by the detail of it at this stage. Just be aware that it is there for the future if you look into it.

Derek Munn, Director of Policy and Public Affairs, RCSLT

That's great, thank you very much indeed. We have decided today's webinar as being for employers. Obviously, we know from the participant list that there are a lot of universities on, and we also know from a list and from questions that a lot of people have joined today, quite rightly because you are, yourself, interested in doing an apprenticeship-

level degree in due course. So, as we've said, it's working progress, but anything we can say today to people who want in due course to actually apply for an apprenticeship, Victoria would you like to begin?

Victoria Lundie, Senior Lecturer Speech and Language Therapy / Course Lead, Birmingham City University

In relation to applying for the course and entry requirements, I think currently all the universities do have minimum entry requirements in terms of the range of qualifications they may need, also in relation to recency of study, and that does vary between different universities.

However, this is still to be agreed in terms of the apprenticeship route. We will need to think about this in conjunction with the employers. If a person doesn't meet the agreed entry requirements, then we may often make recommendations, e.g. that they do an access course, and we may also be able to take into consideration existing experience too.

Often, we will take this on a case by case basis as everyone's needs are often very individual. So, my recommendation would be to start having those conversations with your employer and contact the local universities if you do have further questions about that.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Thank you very much indeed. Loads of questions coming in now. I have to say, having done a number of these webinars on all sorts of different topics, I think this is the most questions I've ever seen coming in, which is partly the level of interest, but partly because we don't know the answers yet, and this is going to be complicated as we move forward.

One question is noted, as many of you will know on the ground, physio and OT are further ahead than us in this. So, there's a question as to why that is and also what we're learning and how we're working with AHP colleagues, and also just to clarify again what the timetable is for any kind of national rollout. Berenice, do you want to pick that up?

Berenice Napier, Policy Adviser, RCSLT

I think it's a good point, and there's lots of interest across all the AHP professions in apprenticeships. Physio and OT, they started earlier, simply because the employers – the physio employers, the OT employers – got together earlier and said, yes, we'd like to start developing a physio and OT apprenticeship standard.

We were keen to do it too and actually, we were delighted when a group of SLT employers came to us said, yes, we'd like an apprenticeship standard for speech and language therapy as well. So, at that point, we did get together a group. Universities joined us, like BCU here and also Manchester Met, Reading University and the University of East Anglia. They all joined us on a trailblazer group at that point.

We are really pleased that the standard has now been approved, and the endpoint assessments are in a position to move forward. In terms of the timetable for rollout, I think we've talked in the webinar about the need for employers and universities to start to work through all these questions that we've been highlighting today.

I think in order to get enough students together to study together in a cohort, that's likely to be on quite a big regional basis to get enough. So, maybe we're looking at East and West Midlands together, London region together, those sorts of areas where actually, we'll need employers and universities to work together, and we're really happy to support that too. Hopefully, that gives you a good idea.

Jenny Glynn, Adult Speech and Language Therapy Manager, Dudley Group NHS Foundation Trust

I'd just like to intervene, if I may, just to add to what Berenice has said there. I think there's a lot of potential to develop this further with regards to the AHP councils that are developing across the country. Some are a little bit further forward than others. This is absolutely a topic that we could do far more with by working collaboratively.

So, you're absolutely right. The trailblazer group has absolutely been out there networking with those professions that are a little bit further forward. But, I think, going forward with regards to implementation, there may be some issues that are bespoke to certain professions, but there is absolutely a lot that we can learn.

I think the key thing really going forwards is improving the networking, improving the communication and optimising forums, such as AHP councils, which is going to be a really significant driver to be able to move forwards with these, regardless of what profession you are.

Derek Munn, Director of Policy and Public Affairs, RCSLT

That's great. Thank you all. So, as someone who's not a specialist and doesn't have the expertise of you guys and looking at the tenor of all the questions coming in, let me just check if I've got this right.

The first thing to understand is that this is a degree, and the curriculum will be just the same as if I was doing an undergraduate or master's degree to become an HCPC registered Band 5 SLT.

The second thing that follows from that is that, while I am an apprentice, I will not be doing the work of a SLT because I'm still training, and I think that deals with, to some extent, with a range of the questions that come in.

Thirdly, this is a matter for a university and employers in any given region to come together and choose to offer and take up the apprenticeship. It's being left for local decision, not imposed from the centre. Have I got that right?

All

Yeah, I think so.

Victoria Lundie, Senior Lecturer Speech and Language Therapy / Course Lead, Birmingham City University

I think to some extent it's up to individual universities and employers to come together, but I do also think there has to be a national driver for this to happen in terms of, perhaps... RCSLT obviously are supporting the apprenticeship moving forward, also Health Education England and accounts, as we've already talked about, so that we have some really good robust processes in place that we can follow, and that we are working together, yes, within regions, but also at a wider level, a national level so we are supporting each other and not reinventing the wheel, I guess.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Thank you to the panellists today for excellent input. Thank you for the incredibly high level of interaction for those of you online. We will endeavour to deal with all of the questions you've put in one by one and make that available in due course. Please do use us here at the RCSLT as a source of information, but also as a source of exchange to put you in touch with what's going on where you are as these things develop and move forward.

As I mentioned at the start, you'll receive an evaluation form shortly after the webinar ends. It will only take you a few moments, be really helpful to us if you could fill that in going forward. And, we hope that you will join us for future RCSLT webinars in the new year. You can find out what's coming up on the website with the address that you can see there.

It only remains for me to thank you all one more time and say have a good afternoon, and goodbye.