

RCSLT assistant practitioner professional framework (APPF)

Part one: context and landscape

1. Introduction

The objective of the RCSLT assistant practitioner professional framework (APPF) is to offer guidance that covers roles, competencies, education (training) and continuing development of assistant or associate practitioners (APs).

It will also consider the future support, guidance and governance of practitioners from RCSLT and this section of the project is split into four parts:

1. Context and landscape (this section)
2. Towards a new framework
3. Moving forward
4. Clinical competencies for assistant practitioners

Once complete, the four sections (above) will be available on the RCSLT website along with other information and resources (RCSLT/external resources, case studies, CPD opportunities, etc.) for RCSLT members (both SLTs and APs).

The RCSLT identified a need to provide guidance for organisations to support APs and support workers in speech and language therapy to develop their careers and strengthen professional training and development. Additionally, we want to provide support for those members who manage APs in developing the workforce.

RCSLT set up a project group to review the current landscape for support and development of APs, identify barriers and address training and development needs by devising this Framework. Both the needs of APs and their managers and supervisors were to be considered. The project group met twice in spring 2021 to agree on the scope for this project.

1.1. The project group focused on:

- Identifying barriers and needs
- Generating solutions to support APs
- Developing an AP competency framework (to supersede the 'Support Practitioner Framework' (2002))
- Developing a Toolkit to support APs and their managers

- Supporting a wider Allied Health Profession (AHP) initiative around developing a basic AHP competency framework
- Considering what RCSLT should do differently in future to support APs

Assistant practitioners are an increasingly important part of the speech and language therapy workforce with strong professional values. Working with oversight and supervision from speech and language therapists (SLTs) they contribute significantly to the dynamic process of evaluation and intervention to achieve outcomes for service users.

The role has evolved over time and as with other AHP practitioners, APs are increasingly involved in wider aspects of service delivery; extending competencies into areas such as quality and service improvement and involvement in student placements. The delegated responsibilities continue to extend in scope and complexity and vary considerably across the UK.

The main output of the project is a structured RCSLT Framework (APPF) for professional and clinical skills for APs. The APPF with accompanying Toolkit is intended to be a guide for the planning of continuing professional development (CPD) and for supervisors and managers to use for guidance as they supervise, delegate and facilitate AP in that development, whilst ensuring safe practice.

Towards a new framework

The RCSLT APPF has been developed to complement and used in conjunction with Health Education England's framework: [The Allied Health Professions' Support Worker Competency, Education, and Career Development Framework \(HEE, 2021\)](#) (hereafter to be called AHP Framework).

The drivers for the RCSLT framework are similar to HEE's, with the overall aim being: "to have a clear career pathway for each AHP role to ensure all employees are providing the best possible care". (HEE, 2021)

By following the RCSLT APPF, those working as an AP will:

- Have a clearly defined career pathway, which will both motivate individuals to apply for and stay in the role
- Be more motivated to excel in the role through the continued structured development of skills and knowledge
- Benefit from better structure and direction in supervisions through regular short- and long-term goal setting
- Have clearer communication and working relationships with SLTs and the wider multidisciplinary team (MDT) due to more understanding of the role and responsibilities
- Feel more valued, both in their role overall, and with their individual progression

- Develop competency and confidence in their work due to ongoing development of knowledge and skill.

2. Surveying the landscape

The role of the AP has evolved over time, with a 'grow your own' approach to initial and ongoing development and role within teams leading to a wide variation across the UK. This has some positive aspects but there is now a recognised need for a baseline level of competencies and guidance to ensure safety in practice and to support future extension of the role in delivering services.

This landscape creates obvious risks at a national level which, although recognised, the profession has historically accepted in relation to the role of the AP.

In the foreword to the AHP Framework, the Chief Allied Health Professions Officer for England, Suzanne Rastrick writes about the 'crucial contribution of APs, highlighting the variability in training, development and role'. There is a need to ensure consistent access to learning to therefore facilitate career progression. From a management perspective this role builds workforce capacity, creates a more diverse workforce and strengthens recruitment and retention.

The RCSLT published a policy statement on the role and contribution of education and training for assistants/support workers (2009).

There was an expectation that this would eventually become a nationally regulated role, and that it would recognise this evolving professional role with its important contribution to speech and language therapy services.

However, this progression has never fully happened and there appears to be no current plans for any AHP support workers to move down this route. What there is, however, is clearer guidance and national frameworks to encourage recruitment and retention of this workforce, which also set out expectations around initial training and CPD and training.

NHS Scotland invested in a project (running from 2018) which examined the role of Associate Educators, who focused on the training and development of health care support workers (HCSW), including those in the field of speech and language therapy. In response to this, a range of resources, including a learning framework were introduced on their [Support Worker Central Website](#).

2.1. Survey of clinical support practitioners and managers

Assistant Practitioners have an important role in effective service delivery and are essential members of both speech and language therapy and MDTs. They work in a wide range of clinical settings, with diverse client groups, and have a wide scope of duties and responsibilities depending on their specific job role.

In 2020, as part of the RCSLT framework project, RCSLT surveyed APs, SLTs and SLT managers to understand how we could continue to help APs develop their careers and how those SLTs who manage them could be best supported in developing the workforce.

The survey sought information relating to:

- educational attainment
- challenges faced by APs
- what training APs currently receive
- how APs record their CPD
- what additional support the RCSLT could provide to both APs and their supervisors and managers.

In addition, feedback received from members of regional and national Clinical Excellence Networks (CENs) for APs was also analysed.

2.2. Key Themes

The responses identified key themes which were then the focus of reflective discussions by the project group. These conversations re-enforced the following themes which had emerged from the survey:

1. Clarity of job role
2. A more structured career pathway
3. Training (for both APs and supervising SLTs)
4. Support/supervision

It should be noted that both AP and SLTs raised similar concerns when responding to the survey.

2.2.1. Clarity of job role

One of the biggest challenges identified in the survey is that the role of an AP is diverse in nature and as such is hard to define. Their workload is varied; balancing both admin and clinical work, while they can work across different specialisms and settings. It can therefore be hard to define their role.

There was a consensus amongst respondents that further clarity was needed to be provided:

- surrounding the AP role
- on what they can do

- and what should be expected of them

While more formal boundaries should also be put in place between the role of them and that of an SLT. Respondents commented that the lack of clarity surrounding the role can make it harder for APs to see how to progress in their career; including progression to higher band roles, and this can also negatively impact on job satisfaction.

2.2.2 A more structured career pathway

At present there are no formal entry level qualifications for APs and no formalised training courses specifically for them once in post. The lack of both formal qualifications and competencies were consistently cited as one of the biggest challenges that APs face, as without them opportunities to progress are limited and knowledge and experience are not always officially recognised.

Several respondents commented that this can often result in APs working above and beyond their role. There was consensus that the development of formal competencies and qualifications would be beneficial to not only APs, but also to the SLTs who manage them, as a competency framework should help in developing APs, improve job satisfaction and help to improve staff retention rates.

2.2.3. Training (for APs and supervising SLTs)

As well as there being no formal qualifications, training was also consistently mentioned as one of the biggest challenges faced by APs. Many respondents commented that they receive most of their training in-house and in an ad-hoc manner. Some respondents had been supported to attend external training courses, but many of these were primarily aimed at SLTs.

Respondents also consistently noted that speech and language therapy departments often have no protected training budget for APs. Any training courses that they attend normally must be paid for using money from the main training budget for SLTs and the CPD of SLTs normally takes priority over APs. In addition, many APs noted that there is no protected CPD time for them to attend external courses. Many indicated that this had had a negative impact on them, that it hindered career progression and led them to feeling undervalued.

SLTs who responded to the survey indicated that due to growing waiting lists and time demands, they do not always have the time to share their skills with the APs who work alongside them. This can limit the training offered internally and can negatively impact on SLTs who supervise APs, as well as the job satisfaction and the CPD of APs.

2.2.4. Support/supervision

The majority of APs who responded to the survey indicated that they would like more support from managers, teams, peers, and the RCSLT to help them in their role. The results indicated that respondents would specifically like the RCSLT to:

- Provide further guidance on the role of an AP
- Offer advice on how SLTs can supervise APs
- Signpost and run training courses specifically designed for APs
- Launch a dedicated APs section on the RCSLT website to enable peer support.

The hope is now that this project will help address some of those requests.

A majority (72%) of respondents said that they are not a member of a CEN but said that they would like more chance to network with other APs, with some commenting that they are the only AP in their team and that they have never met or spoken to someone else in a similar role to themselves.

The National AP CEN was launched in 2020 and will hopefully allow for an increasing number of APs to network, and for the speech and language therapy profession as a whole, to acknowledge the important work that APs do.

Both APs and SLTs raised the problem of those who support APs not always having the time or skills. Many SLTs who responded said that they would like guidance on how to support the APs that they work with and would also like to connect with other SLTs who supervise APs.

2.3. Barriers and potential solutions

The main barrier is services feeling they have inadequate time to upskill APs. There will hopefully be more learning opportunities outside of services. The advent of tele-platforms in therapy services due to the pandemic shows benefits for training and networking.

However, in any speech and language therapy service there will be demands on time and conflicting priorities. In effect, if APs are employed to support the service, then for safe, assured practice there needs to be a commitment of time for training and development needs. Hopefully, by proposing a competency model based on practical speech and language therapy practice, will make the process easier for teams.

The RCSLT APPF is embedded in work based learning with the emphasis on equipping practitioners to become reflective learners. Why not provide support for learning via networks which stretch beyond teams? The technology makes this possible.

There is a theme that services cannot or do not want to invest the time to develop staff. The project group is aware that this RCSLT Framework potentially creates more work. As the project moves through the phases of review, there is a need to find a way to make it manageable and easy for the managers. It may be that learning resources which utilise some independent learning on the part of the AP could mean there is upskilling, but not taking time from others. As a recurring theme; the project group is aware we need a solid plan for how to address this.

APs are asking for insight into models of therapy and the choices which are made in intervention programmes. It seems appropriate in services where there is increasing emphasis on training and empowering carers in self supported management strategies, that the AP should have a level of understanding of and awareness, in key areas relating to their work.

In relation to practice development and reflective practice, it is encouraging that practitioners are always asking for more background knowledge about case working, and the opportunity to have more informed conversations with families about the likely directions of the therapy programme.

There is a need for support and supervision around relationships with parents and carers where there is dissatisfaction. Assistant practitioners mention of difficult phone calls with relatives/carers and experienced SLTs in the project group echo this, explaining that they provide a lot of support around 'difficult conversations'.

The opportunity to revisit this regularly, working on it together and giving opportunity for peer focused support increases confidence and helps with dealing with the stress of difficult interactions.

One of the questions asked what RCSLT could do to support the AP role with the following suggested:

- Develop online resources
- Support people who are managing support workers
- AP section of RCSLT website to facilitate networking
- Facilitating formal qualification or accredited training
- Clarity about membership and 'more' affordable membership.

By the provision of a framework and accompanying Toolkit for managers and APs, the hope from the survey respondents was that this would support retention of staff, enable clinical/professional supervision and give structure to ongoing professional development.

This is the aspiration of this project. It aims to recommend employers use more structured competency frameworks, give accreditation of existing achievements

and ensure that initial training and subsequent professional development is in place, tracked and recorded.

This project has recognised the complementary nature of an evolving professional role and skillset to that of the SLT.

In summary

The survey gives insight into the employment experience of APs. Early in the project, it was decided it was essential that their 'voice' came through strongly throughout this document, including cameos and excerpts of reflective writing.

The Toolkit (in development) includes a risk matrix and services need to be considering risk and ensure mitigators are firmly in place. This should not be difficult for managers as the mitigators suggested are linked to sound professional practice.

3. Equality, diversity and inclusion

Diversity of the AP role should consider the following:

- Diversity in workforce
- Recruitment
- Access to professional role and career information

A key aim of the RCSLT APPF is to support interest in the role from local communities and underrepresented groups as there is significant underrepresentation generally in AHP support worker roles.

Findings from the 'Workforce Race Equality Standard: 2020 Data Analysis Report for NHS Trusts and Clinical Commissioning Groups' showed that:

- White applicants were 1.61 times more likely to be appointed from shortlisting compared to BME applicants.
- Just 40.7 per cent of BME staff believed that their organisation provided equal opportunities for career progression or promotion compared to 88.3 per cent for white staff. (HEE, 2021)

The project group has considered some potential approaches to encouraging diversity and cultural inquisitiveness. This contains ideas drawn from the group's experience supplemented by other approaches drawn from wider AHP sources.

One example is the need to ensure that career information which is designed to encourage diversity in application for employment is available. e.g. career resources showcasing the stories of practitioners from diverse backgrounds and their positive impact in the SLT profession.

For further information and more guidance please see the [RCSLT Bilingualism webpages](#).

More details will be contained in final draft and supporting information on EDI (in progress)

4. Wider AHP Context

4.1. Background to the AHP Competencies Framework

The intention of the [Allied Health Professions' Support Worker Competency, Education, and Career Development Framework](#) (HEE, 2021), was to develop a basic competencies framework which could be utilised by all AHP professions. In conjunction with HEE, King's College, London analysed job descriptions across the professions and extracted common core competencies which were compiled into a new framework.

HEE recognized that each profession would need to build on these basic foundations with profession specific competencies and guidance. For RCSLT, this project begins that process with the development of a speech and language therapy specific framework which incorporates the AHP Framework.

4.2. RCSLT response

During their consultation phase, RCSLT sought the views of its members on the proposed AHP framework and collated an in-depth response. The profession welcomed the development of a structured framework while suggesting amendments.

The framework demonstrated a clear pathway for progression with a broad foundation of the wider professional skills needed by AHP support workers. It would support delegation of tasks to assistant practitioners with both informal and formal support, and through the inclusion of competencies in appraisals and reviews, while ensuring they had access to appropriate learning opportunities and support networks.

The AHP Framework gave a clear breakdown of information, in eight domains, which is split into three competence stages. This is further described in Section Two and in the Toolkit resources.

4.3. Adapting the AHP domains

It is timely and necessary to link the RCSLT APPF with the cross-AHP competencies development as this will be used as:

- the foundation for professional competencies in a speech and language therapy framework for professional training and development
- a starting point for new AP developing competencies at different levels
- a way of accrediting prior learning in knowledge, skills and demonstrating professional values for existing APs.

The project group was unanimous on the need to avoid experienced APs gathering evidence and completing a foundation competencies profile when they clearly have the skill set of competencies in place. A sign-off sheet for experienced APs is the Toolkit section.

The AHP Framework has been adapted by the project group for utilisation in speech and language therapy, with the following considerations:

- The AHP competencies have been taken and used as the foundation competencies in the APPF for speech and language therapy (with minor adaptations).
- This has the advantage of giving APs the opportunity to compete generic competencies and a 'Skills Passport' across the professions.
- The framework can be practically used for developing learning plans and tracking learning over time.
- Initially it was thought there might need to be significant changes to make this real and relevant for speech and language therapy. However, instead, this AHP framework has been augmented by a separate Speech and Language Therapy Clinical Competency Framework. This focuses on clinical competencies which are profession/service specific.
- There is some overlap between the AHP framework and the RCSLT Clinical Competencies Framework but this is minimal e.g. in competencies around case note recording.

5. Impact and Risk

"Support workers play a crucial and growing role delivering safe and effective care across the allied health professions" (HEE, 2021).

The employment of APs at all levels is recognised by the NHS across the UK as a positive benefit to clinical services.

However, it is recognised that there is not always as much focus on training and development of APs as for registered clinicians.

In the AHP Framework this is highlighted within the introductory section.

"...too often support workers in both health and social care face barriers to their development, deployment, and career progression. These can include variation in roles, inconsistent delegation of tasks, poorly defined development routes, and lack of access to training and education. There is a need to ensure that support workers have the right knowledge and skills to work at the top of their scope of practice, supported by high-quality education, and can progress their careers and aspirations."

The themes from the RCSLT Survey echo this variability, especially around CPD.

In speech and language therapy these roles have often evolved over time and are an example of healthcare planning being responsive to local needs and the available financial envelope for service provision.

It is probable that due to these roles evolving over time, managers/leaders do not fully appreciate the risks that are now inherent.

The national guidance is clearly to act to improve this situation. There is a need to ensure the scope of practice of an AP role within a service is clearly defined and there is a development plan and support to ensure safe practice.

The involvement of APs in the project group ensured that their 'voice is heard' and their ideas for mitigating the risks were included. It is envisaged that the APPF and Toolkit, could be a starting point for further work e.g. sharing/devising clinical competency profiles within specialist clinical areas e.g. for provision of a wider range of training courses for APs.

A detailed breakdown of risks and mitigators can be found on the detailed risk assessment in the Toolkit. The RCSLT Framework for professional training and development and its accompanying Toolkit, developed within this project, are key mitigators for the risks identified.