Logo

Description automatically generated**Response from the Royal College of Speech and Language Therapists to the HEIW Education and Training Plan**

Please see below comments from the Royal College of Speech and Language Therapists on the HEIW Education and Training Plan. Our comments particularly focus on stakeholder engagement and commissioning numbers.

**About the Royal College of Speech and Language Therapists (RCSLT)**

RCSLT is the professional body for speech and language therapists (SLTs), speech and language therapy students and support workers working in the UK.  The RCSLT has 18,500 members in the UK (650 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council).  We promote excellence in practice and influence health, education, care and justice policies.

**Stakeholder engagement**

We wish to highlight our significant concerns about the decision to maintain commissioning numbers for speech and language therapy at 49 and the decision taken not to hold an individual meeting with the college despite several requests.

We appreciate that as part of the process for the development of the plan, a number of broad stakeholder meetings were held and that more specifically for our profession, a meeting was held with the Executive Directors of Therapies and Health Science and a short meeting arranged with the AHP policy officer group which predominantly covered other issues. We were very interested to see the workforce trends diagram highlighted by Denise Parish at the recent seminar on the plan and factors which are taken into consideration.

The plan highlights how commissioning numbers are based upon integrated medium term plans (IMTPs) but also wider workforce intelligence, capacity within the system to support training/student/trainees, the needs of several workforce priority areas and national work programmes, reflections on graduate recruitment in 2020 and 2021 and review of education standards by professional regulatory bodies.

We question the extent to which wider workforce intelligence has been captured for the speech and language therapy profession. We believe strongly that we would have brought additional intelligence with regards to the unique policy challenges and opportunities facing our profession as we highlight below. We believe these factors should have a significant bearing on commissioning numbers. We have been offered individual meetings in other nations with commissioners of training programmes

**Commissioning numbers**

We welcome the decision to increase the number of Welsh speaking places from 9-13 but wish to note our significant concerns about the decision to retain the number places at 49 as has been the position since 2020. Our concerns are based on a number of factors.

1. Increasing demand for speech and language therapy services and complexity of service users post-COVID;

* A number of reports highlight the impact of COVID on speech, language and communication skills (ICAN, 2021, Hendry et al, 2022). This has also been highlighted as an area of concern for Estyn in their annual report (2020-21). This has been recognised by Welsh Government with additional funding in both 2020-21 and 2021-22.
* Expansion of Flying Start – the ETP recognises the impact of the expansion on health visiting staff stating;

‘The health visiting workforce in Wales will need to be in place to support this wider roll out, ensuring that children and families in Wales have the right support at the right time to meet their needs.’ The plan also notes an intention to attend project board meetings to ensure awareness of the health visiting workforce capacity. Early speech and language is another key strand of the Flying Start programme, similarly to health visiting it is one of the four pillars. Modelling is also being undertaken by Welsh Government on speech and language therapist capacity to support the rollout. This needs to be considered in commissioning numbers in the same way as it is for health visiting.

* Mental capacity – The recently published Welsh Government and UK Government consultations on the liberty protections safeguards adds SLTs to the designated approved mental capacity professionals under changes to the law. This is a significant change and is likely to have workforce implications.
* Mental health – the consultation on the HEIW Strategic Mental Health Workforce plan makes a number of recommendations on new AHP roles and pathfinders. We have made a strong case for SLTs to be included in these new roles given the link between mental health and communication and swallowing difficulties. Again, this has potential workforce implications.
* Youth Justice – The Senedd Equalities and Social Justice Committee is undertaking a spotlight inquiry to help provide a better understanding of the extent of speech, language and communication needs (SLCN) amongst young people who have offended, or are at risk of offending in Wales  We strongly suggest this will lead to recommendations to increase the numbers of SLTs youth justice settings as recommended by a Senedd committee a decade ago (Communications and Culture Committee, 2010). NHS Managers across Wales are also negotiating with Youth Justice Services about SLTs being embedded in their teams prior to the inquiry.

Given this intelligence, we wish to question whether local health boards are bound by the level of finance that has already been agreed with speech and language therapy services. We are concerned in which case, that this does not take into account positions that will be needed in 3-4 years time.

1. Parity with other Allied Health Professionals (AHPs) - As the report clearly states, other AHPs have seen significant growth in commissioning numbers over recent years with increases between 18 and 43% and have also seen increases this year. As an example, Dietetics - increased by 22% since last year, occupational therapy increased by 10%, physiotherapy - increased by 3% following steep increases in recent years. Speech and language therapy places increased by 11% in 2020 from the traditional number of 44 places and have remained stagnant since then. We are uncertain of the rationale for speech and language therapy places to remain stable given the demand referenced above.
2. Parity with other nations – All other parts of the UK are witnessing increases in student speech and language numbers. Northern Ireland have recently announced a 18% increase in commissioned spaces and RCSLT membership records suggest that the number of speech and language therapists qualifying in England has doubled in the last decade. Our membership data reveals that there are less SLTs per head of the population in Wales than any other part of the UK. We need to increase commissioning numbers and be bold about considering placement capacity.
3. Composition of the workforce – We would be keen to see greater detail on the workforce analysis undertaken on the speech and language therapy profession. As the report highlights, speech and language therapy is female dominated and part-time working is very common. Locum supply is an issue in a number of areas and there is a pressing need for diversity (both in people in the workforce and in the training they receive). We are aware that the needs of newly qualified SLTs may be greater currently given their training was affected by COVID restrictions. As a college, we are leading work on these pinch points and would be keen to share learning.
4. Clinical placements – we are aware that clinical placements may be a restricting factor for the commissioned number. We welcome the decision on the placement education facilitators but believe a discussion is required with regards to placement capacity to support future growth and development. We are engaged in such conversations in other nations.
5. Health Care Support Worker (HCSW)Development – We would be keen to understand how this plan addresses the need to take from clinical time to deliver and assess qualifications by HCSWs, especially in a 'Once for Wales' way (as described on p.48). This is very significant for smaller professions such as ours.
6. Impact of the streamlining programme – We are very aware that streamlining has significantly altered the way local health boards recruit and has led to a range of unintended consequences. We would like the opportunity to discuss this impact in light of the recommended commissioning figures.

**Further information**

Given the scale of our concerns, we would be very keen to meet as an individual college. Please see our contact details below.

Pippa Cotterill

Head of Wales office

[Philippa.cotterill@wales.nhs.uk](mailto:Philippa.cotterill@wales.nhs.uk)

**References**

Estyn (2021). The Annual Report of Her Majesty's Chief Inspector of Education and Training in Wales 2020-2021. Available here: <https://www.estyn.gov.wales/sites/www.estyn.gov.wales/files/2021-11/Estyn%20Annual%20Report%202020-2021.pdf>

Hendry, A, Gibson, SP, Davies, C, Gliga, T, McGillion, M, Gonzalez-Gomez,N (2022). Not all babies are in the same boat. Exploring the effects of socio-economic status, parental attitudes and activities during the COVID pandemic on early Executive functions. *Infancy* 27 (3) (2022) p.551-581

ICAN (2021). Speaking up for the Covid Generation. Available here: <https://ican.org.uk/media/3753/speaking-up-for-the-covid-generation-i-can-report.pdf>

National Assembly for Wales Communities and Culture Committee (2010). Youth Justice: The experience of Welsh children in the Secure Estate. National Assembly for Wales; Cardiff.