RCSLT Pre-Registration Practice-Based Learning Guidance 2025

**DRAFT FOR CONSULTATION**

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#### Project manager: Mamta Beaver, Senior Project Manager (Accreditation and Education) [mamta.beaver@rcslt.org](mailto:mamta.beaver@rcslt.org)

#### Information contained within this document is for consultation only and should not be shared outside of this.

The information in this document is currently in development and has been shared as part of a consultation. If you are seeking guidance or information on this topic, please ensure you refer to final published content which can be found on rcslt.org.

We appreciate any comments provided to us during the consultation, all of which will be reviewed by the working group within the context and scope of the project. We ask that, where possible and relevant, you accompany any counter arguments to statements made in the document with supporting evidence e.g. a research reference.

Members of the working group should not be contacted directly, and all feedback should be made through the assigned route e.g. via survey or project manager. Feedback made through unassigned routes or after the closing date will not be accepted or responded to.

Thank you for your support with this project.

Table of Contents

[Context 4](#_Toc196906800)

[Drivers for the 2025 review 4](#_Toc196906801)

[COVID-19 4](#_Toc196906802)

[AHPS 2023 5](#_Toc196906803)

[Pre-registration eating, drinking and swallowing (EDS) competencies 5](#_Toc196906804)

[Equity, diversity and belonging (EDB) 5](#_Toc196906805)

[Apprenticeships 5](#_Toc196906806)

[Main Guidance 6](#_Toc196906807)

[1. Aim of this guidance 6](#_Toc196906808)

[2. Purpose of this guidance 7](#_Toc196906809)

[3. Key messages in this guidance 8](#_Toc196906810)

[4. Definitions of main terminology relevant to practice-based learning 12](#_Toc196906811)

[5. Background to SLT practice-based learning 15](#_Toc196906812)

[6. The benefits of practice-based learning 16](#_Toc196906813)

[7. Practice placement national organisation and allocation 18](#_Toc196906814)

[8. Independent sector guidance for practice placements 22](#_Toc196906815)

[9. Practice placement provision 25](#_Toc196906816)

[10. Practice educator training 29](#_Toc196906817)

[11. Practice-based learning models 31](#_Toc196906818)

[12. Structure and supervision of practice-based learning 33](#_Toc196906819)

[13. Content of practice-based learning (PBL) placements 38](#_Toc196906820)

[14. Simulation as part of practice-based learning 40](#_Toc196906821)

[14.1 Definition 40](#_Toc196906822)

[14.2 Types of simulated learning 40](#_Toc196906823)

[14.3 The advantages of simulated learning 40](#_Toc196906824)

[14.4 Evidence of the effectiveness of simulated learning 41](#_Toc196906825)

[14.5 Recommended framework for best practice simulated learning experiences 41](#_Toc196906826)

[14.6 Use of simulation as part of practice-based learning hours 45](#_Toc196906827)

[15. Roles and responsibilities of practice-based learning 46](#_Toc196906828)

[16. Equity, Diversity and Belonging (EDB) in practice placements 50](#_Toc196906829)

[17. Reasonable adjustments on practice placements 56](#_Toc196906830)

[18. Recording learner progress 58](#_Toc196906831)

[19. What does a quality practice placement look like? 60](#_Toc196906832)

[20. Quality practice placement monitoring and evaluation 62](#_Toc196906833)

[21. Tariff for practice placements (England only) 63](#_Toc196906834)

[22. Apprenticeships 64](#_Toc196906835)

[23. International practice placements 67](#_Toc196906836)

[24. Expanding practice placement capacity 68](#_Toc196906837)

[25. Recommendations for future RCSLT work about practice-based learning 69](#_Toc196906838)

[25.1 HEI perspective 69](#_Toc196906839)

[25.2 SLT service perspective 69](#_Toc196906840)

[25.3 RCSLT perspective 69](#_Toc196906841)

[References 71](#_Toc196906842)

[Acronyms list 74](#_Toc196906843)

# Context

## Drivers for the 2025 review

In Autumn 2024, RCSLT was commissioned by NHS England (NHSE), along with other allied health professions (AHP), to review their practice-based learning hours and the use of simulation as part of pre-registration SLT programmes. This was linked with a review of the RCSLT Curriculum Guidance.

A project group (consisting of Higher Education Institution (HEI) placement leads and SLT clinicians from the NHS and independent sectors, across the 4 nations of the UK) was organised and agreed the scope of the project as including consideration of:

1. whether current mandatory 562.5 practice placement hours were sufficient
2. clarification of the descriptors relating to different practice-based learning opportunities
3. how practice-based learning time should be recorded
4. whether the 25% client facing parameter (defined during Covid-19) should remain
5. simulation guidance with definitions, structure, best practice, and use within practice-based learning experiences
6. the language of the existing guidance in terms of promoting students as part of the SLT workforce
7. whether the guidance reflects the latest perspectives on equality, diversity, inclusion and belonging
8. the ongoing challenges of placement capacity
9. whether the contexts of practice-based learning remained accurate
10. recommendations for future RCSLT work on practice-based learning

An informal survey was sent out nationally in December 2024, via HEIs and SLT networks to gain further information on points 1-5 above. The detail of this was collated into a report for an HEI listening event and has informed this guidance.

### COVID-19

As the world has moved forwards from the impact of the global pandemic in 2020, learning from this is incorporated into this guidance and relevant links e.g. telehealth guidance, should still be followed, where appropriate, but specific references to Covid-19 have been removed where appropriate.

### AHPS 2023

RCSLT are delighted to partner with our AHP colleagues to endorse a [**joint perspective on the principles of practice-based learning**](https://www.rcslt.org/wp-content/uploads/2023/10/AHP-Principles-of-Practice-based-Learning_Digital_Oct23_Final.pdf). A collaborative approach to inter-professional working is hugely important in practice, and engagement with shared principles for practice placements evidences this commitment from the earliest opportunity.

These principles reflect the RCSLT practice-based learning guidance in areas such as ensuring an inclusive and welcome learning environment on all practice placements, expecting flexible and supportive supervision for all learners, evaluating the impact of practice placements on learners and on SLT service delivery. The AHP principles of practice-based learning are aimed at learners, universities and practice educators, and promote the view that, together we are developing the future SLT workforce.

### Pre-registration eating, drinking and swallowing (EDS) competencies

As the RCSLT competencies in [eating, drinking and swallowing for the pre-registration education of speech and language therapists](https://www.rcslt.org/learning/pre-registration-eds-competencies/pre-registration-eating-drinking-and-swallowing-competencies-competency-and-supporting-documents/) are a requirement for all students graduating from 2026, the elements of this development are reflected within this practice-based learning guidance.

### Equity, diversity and belonging (EDB)

With increased awareness of equity, diversity and belonging (EDB) in all areas of SLT training and workplaces, this guidance has been updated to reflect the new RCSLT EDB vision and strategy.

### Apprenticeships

As SLT apprenticeship programmes grow and develop across the UK, this guidance incorporates the elements of practice-based learning that relate to practice placements for apprenticeship programmes as well as for traditional pre-registration learners.

This practice-based learning guidance is based on the current views in 2025 and may change in the future as the profession and workplace evolve.

# Main Guidance

## 1. Aim of this guidance

1.1 The aim of this guidance is to ensure that SLT pre-registration practice-based learning (PBL) is:

* successful in developing a future workforce of diverse and competent speech and language therapists
* delivered in supportive and quality assured clinical teaching and learning environments
* inclusive and supportive of students’ learning and stage of training
* sustainable and available to meet the demand of student numbers in HEIs
* a collaborative responsibility between SLTs in practice and HEIs

1.2 This guidance is written by members of the Royal College of Speech and Language Therapists

(RCSLT) from:

* Independent and NHS Speech and Language Therapy (SLT) services and
* Higher Education Institutions (HEIs) delivering SLT training programmes

with a perspective underpinned by collaboration between HEIs and SLTs in practice, who are committed to supporting the future SLT workforce.

1.3 This guidance aims to project a culture of ownership to, and collaboration with, the student body, as part of the current and future workforce. Personal pronouns are used, where appropriate, to demonstrate this principle. The term ‘student’ is used throughout to relate to traditional SLT learners and SLT apprentices.

## 2. Purpose of this guidance

2.1 The purpose of this guidance is to support all SLTs in their roles as practice educators, placement co-ordinators, service managers and staff at HEIs, to provide high quality PBL experiences for all pre-registration SLT students and apprentices.

2.2 The guidance is not aimed directly at SLT students on pre-registration SLT courses. HEIs will provide their own practice education policies for students, informed by the principles from this guidance.

2.3 This guidance should be read in conjunction with the [RCSLT Practice-based Learning Roles and Responsibilities Framework 2021](https://docs.google.com/document/d/1mzA9ikmzO5Eh0E76rnt45F7Tagj9OmqahADzZ-Gj8Vo/edit), which states the joint responsibility and expectations of the roles of the student SLT or apprentice, the practice educator, the placement co-ordinator in the practice placement setting, the service manager and the HEI. The presentation of the framework as a table, reflects the collaborative nature of PBL. This framework is aimed at everyone involved with SLT practice-based learning, including the students themselves.

2.4 This guidance relates to the 4 nations of the UK, including the crown dependencies. Where there are differences in provision, organisation or expectations across the devolved nations, these are specifically indicated.

2.5 This guidance relates to **all** SLT service providers: NHS-based, education-based, social care-based, and SLTs in independent or voluntary sector service provision roles. For 3rd sector colleagues, please use the most appropriate and most relevant guidance from the varying sections i.e. in some sections, the guidance for independent settings may be more relevant, in other sections the guidance for statutory organisations may be more appropriate.

## 3. Key messages in this guidance

3.1 Students are our current workplace colleagues and will form the future SLT workforce. Every practicing SLT has a duty to engage in providing clinical learning opportunities to support, inspire and enable students to serve our clients in the best way they can, and to future-proof our profession.

3.2 SLT students need to engage in practice placements to support their competence and clinical skill development, and to facilitate application of their theoretical learning. This will enable them to embrace their future NQP roles.

3.3 SLT students can gain their competence and clinical skill development through completing practice placements. Competence development is the key measure of student learning and development.

Hours of practice placements are used for organisational purposes, and to enable planning of experiential opportunities. Time on practice placements is counted in hours, rather than the previously used sessions, and will be operationalised in days (7.5 hours) / half days (3.75 hours) as fits with HEI timetables. Please see section 12.4 for the rationale for this change.

Students need to complete a minimum of 562.5 hours (75 days) of practice placement opportunities across the duration of their pre-registration training. Please see section 12.3 for the rationale as to why 562.5 hours is considered sufficient for SLT practice placements.

The hours are split into the following components (please see infographic section 3.15):

* 375 hours (50 days) of clinically based PBL training with competencies supported and assessed by an HCPC registered SLT as part of a formal placement period; the SLT does not need to be present with the student at all times.
* 187.5 hours (25 days) of non-clinically based PBL training with competencies which can be supported and assessed by SLTS and / or by other professionals. These may be as part of a formal placement period in settings where an SLT is not present, or may be part of HEI based sessions, not in a formal placement period.
* PBL clinically based and non-clinically based opportunities are counted in hours. A typical practice-based learning day relates to 7.5 hours.
* Of the 375 hours / 50 days of clinically based PBL training:
  + A minimum of 112.5 hours (15 days) should relate to children
  + A minimum of 112.5 hours (15 days) should relate to adults
  + The remaining 150 hours (20 days) can reflect local service delivery needs
* Eating, drinking and swallowing (EDS) practice based learning needs to be specifically accounted for and can draw from clinically or non-clinically based PBL training.
  + 60 hours of PBL in EDS needs to be evidenced in total for each learner
  + 30 hours need to be evidenced relating to EDS work with adults
  + 10 hours needs to evidenced relating to EDS work with children
* NB: Some EDS competencies need at least one sign off in clinically based sessions

Non-clinically based formal simulation opportunities can count towards EDS hours

3.4 RCSLT calls on all practising SLTs to share the responsibility for supporting the future workforce, and to provide a minimum of 25 days of practice-based learning per year per whole time equivalent (pro rata) NB This does not apply in Northern Ireland, where there is an alternative allocation model.

3.5 All areas of SLT clinical practice are appropriate to support student practice placements. This includes SLTs at all bands (or equivalent) of the profession including leadership and managerial roles, and also includes consideration of how SLT Assistants can support student practice placements as part of a wider team. No SLT setting is considered too specialist to support student practice-based learning.

3.6 Practice placements can include any elements that are part of an SLT’s role, for example:

* Working with clients
* All admin, planning, liaison and MDT work related to clients
* Training (delivering and receiving)
* Universal, public health and preventative work
* Research
* Leadership
* Project work
* Any simulation opportunities that support PBL
* Role emerging, indirectly supervised PBL

Ther balance of these components can be agreed between the practice educator and the HEI and should be driven by learner competence development; there is no minimum requirement for any elements and a mixture is encouraged. See Section 13.2 for further discussion of this.

3.7 Equality, diversity, inclusion and belonging must be at the forefront of all of work with students on practice placements, and this should be an integral component of practice educator training.

3.8 Practice placements should always be supportive of SLT learners. Processes to raise concerns, where students do not feel supported, must be made explicit by HEIs and practice placement providers.

3.9 Peer placements should be provided where possible. This can be counted as double, in terms of educator provision, i.e. working with 2 students for 2 full weeks equates to 20 days of an SLTs practice-based learning contribution.

3.10 Practice educators should attend educator training after gaining their NQP competencies and subsequently every 3 years.

3.11 A commitment to practice-based learning should be demonstrated by all SLTs at annual appraisal and through reflection and supervision processes.

3.12 Practice placements should be quality assured through transparent evaluation processes and practice placement settings should be audited every 2 years.

3.13 This guidance should be read in conjunction with the RCSLT Practice-based Learning Roles and Responsibilities Framework 2021 which sets out the roles and responsibilities of those involved in practice-based learning, including the students themselves.

3.14 Please note: This is recommended guidance with the aim of supporting the sustainability of the future speech and language therapy workforce.

3.15 The infographic below shows the key information relating to SLT practice-based learning requirements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SLT Practice Based Learning (PBL) requirements**  \*NB all figures are minimums | | | | | |
| **562.5 hours** (75 days; a day = 7.5 hours)  This is divided up as a combination of sessions as below: | | | | | |
| **Clinically based PBL** | | | **Non-clinically based PBL** | | |
| **375 hours** (50 days)  Clinically based PBL opportunities with competencies supported and assessed by a registered SLT, in a formal placement period  This can include any elements that are part of an SLT’s role, for example   * Working with clients * All admin, planning, liaison and MDT work related to clients * Training (delivering and receiving) * Universal, public health and preventative work * Research * Leadership * Project work * Any simulation opportunities that support PBL * Indirectly supervised or role emerging PBL   The balance of these components can be agreed between the practice educator and the HEI, and should be driven by learner competence development. | | |  | | **187.5 hours** (25 days)  Non-clinically based PBL opportunities with competencies supported and assessed by SLTs and/or by other professionals,  This includes:   * Placement sessions where an SLT is not present e.g. nursery / school / care homes; staff in the setting will support the learners in a formal placement period   And also includes HEI-based sessions which may not be in a formal placement period, involving:   * Formal simulation learning opportunities * Placement briefings/preparation/ reflection / debrief * Clinical scenario-based sessions * Sessions with experts with lived experience * Practical role play sessions * Practical interprofessional learning sessions   The focus of these sessions should be driven by learner competence development. |
| **112.5** hours (15 days) relate to **adults** | **112.5** hours  (15 days) relate to **children** | **150** hours  (20 days) can reflect local service delivery needs |  | |
|  | | | | | |
| **EDS practice-based learning** | | | | | |
| **60** hours of practice-based learning, composed of a minimum of  **30** hours from clinical practice with **adults**  **10** hours from clinical practice with **children** | | | | | |
| Some EDS competencies need at least one sign off in **clinically based** sessions | | | | **Non-clinically based** formal simulation opportunities can count towards EDS hours | |

## 4. Definitions of main terminology relevant to practice-based learning

**Clinically based practice-based learning**: This relates to practice-based learning opportunities with competencies supported and assessed by a registered SLT, in a formal placement period. This can include any elements that are part of an SLT’s role, examples are shared in section 3.6 above and on the infographic (Section 3:15)

**Degree Apprentice**: A degree apprentice in SLT is an employee who is studying towards an undergraduate or postgraduate degree in SLT as part of their apprenticeship.

**Indirectly supervised practice-based learning:** This refers to supervision of the student SLT in a clinically based PBL formal placement period, where the SLT practice educator does not work in the setting where the practice placement is provided. There is usually a non-SLT mentor in the setting. The SLT practice educator will regularly plan and debrief with the student to support their learning and skill development. The student will carry out sessions and activities independently. Practice placements using this model of supervision may also be referred to as **Role-emerging placements.**

**Non-clinically based practice-based learning:**  This relates to practice based learning opportunities with competencies supported and assessed by SLTs and / or by other professionals. This includes formal placement sessions in contexts where an SLT is not present e.g. nursery / school / care homes, where staff in the setting will support SLT learners, and also includes HEI based sessions that are not part of a formal placement period.

**Placement co-ordinator:** This relates to settings where an SLT (or other AHP) is allocated the role of placement co-ordinator within a service. This role involves supporting and co-ordinating practice-based learning within the service. RCSLT supports the position of placement co-ordinators having protected time in their job plans for this role.

**Placement provider:** The term ‘placement provider’ refers to the staff in a clinical setting who are providing the practice-based learning opportunity. It may be used to refer to an organisational level (where appropriate) and can include the differentiated roles of the practice educator, the placement co-ordinator and the service manager (where appropriate), or it may refer to a sole practitioner. This guidance acknowledges that in sole practitioner independent settings, the multiple roles (placement co-ordinator, practice educator and service manager) may all be carried out by one individual.

**Practice-based learning**: This is a collective agreement between HEI tutors, clinical practice educators and clinical service managers to develop the transferable and distinctive skill set of speech and language therapy learners. Practice-based learning may involve a combination of clinically based PBL opportunities and non-clinically based PBL opportunities. Different models of practice-based learning present different opportunities and can have equivalent value in supporting student learning. Practice-based learning may include onsite and / or telehealth clinical learning environments.

**Practice educator (PE**): A practice educator is a registered SLT who supports student SLTs in clinical learning environments. They facilitate practice education alongside clinical and academic colleagues. In addition, the practice educator holds responsibility for signing off competency and assessment criteria, based upon the standards produced by the education provider and relevant professional body. It is recognised that local models of delivery and assessment will apply. It is the practice educator who holds responsibility for ensuring that the contributing elements of a practice placement cover the relevant learning outcomes necessary for the learner, where possible. The terms placement educator, clinical teacher, clinician may all be used to refer to the PE. It is the responsibility of the HEI to ensure that students have the opportunity to work towards all learning outcomes on the variety of practice placements provided, across the duration of the pre-registration programme.

**Practice learning facilitator (PLF) or Practice Education Facilitator (PEF):** These are roles usually funded by the NHS, to support practice-based learning, and liaison between HEIs and practice placement settings.

**Practice placement**: This is the period of study undertaken by learners as a formal element of their speech and language therapy pre-registration training, based within a working and learning environment (including HEI based clinics, as well as those outside of the academic institution) ([RCSLT Curriculum Guidance 2018](https://www.rcslt.org/-/media/Project/RCSLT/curriculum-guidance-2018.pdf)). During practice placements, students are assessed against learning outcomes set by the HEI for the practice placement. To pass the practice placement they must reach the competency level required for their level of learning, in line with the [HCPC Standards of Proficiency](https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-speech-and-language-therapists/) (HCPC 2023).

**Role-emerging placements:** These are practice placements where an SLT does not work in the setting but supports a student on practice placement there. There is usually a non-SLT mentor in the setting. The SLT, as practice educator, plans and debriefs with the student regularly and will observe some sessions to provide feedback to the student. This model may provide evidence for the need for SLT provision in the setting and may lead to the development of SLT provision. For more information please visit: [Role emerging placements: building capacity and developing skills of independence in student learning](https://www.rcslt.org/-/media/Project/RCSLT/jenny-landells-role-emerging-placements.pdf)

**Service user**: A broad term to refer to those who access (or have accessed) the services of SLTs (directly or indirectly), and those who have a caring responsibility for people who access (or have accessed) the services of SLT; sometimes also known as ‘experts with lived experience’. This term may include the family and carers of the service user, or other multidisciplinary colleagues, in some contexts. Different settings use different terms to refer to the service user e.g. in schools, the service user is usually known as ‘the child’; in hospitals, it is usually ‘the patient’; and, in some settings ‘the client’.

**Student:** This is a learner, registered with an HEI on an SLT pre-registration degree programme. This may be at Bachelor or Masters’ level.

**Telehealth practice placements**: This refers to placements where the service and / or the practice placement is provided remotely by telehealth. The educator and student may not be onsite in the same clinical setting at the same time, they may work from a clinical site, from a university location or from home. The practice educator and student can plan and debrief together, via technology, and the student may or may not carry out sessions and activities independently.They are also referred to as remote, virtual, online or digital practice placements. This will usually be part of clinically based practice based learning opportunities.

## 5. Background to SLT practice-based learning

5.1 Practice-based learning is a fundamental and indispensable element of training to become an SLT. It is the application of knowledge and skills, with service users and carers, in clinical learning environments. Practice-based learning provides the opportunity for learners to:

* apply theoretical knowledge in client-centred contexts
* develop clinical awareness and understanding
* learn and practice interpersonal and therapeutic skills
* embed the critical skills of reflection and self-evaluation in their learning and future practice, to enable them to work effectively with both service users and colleagues.

5.2 Practice placements provide experience of related health, social and educational provision for people with communication and eating, drinking and swallowing difficulties, as well as consideration of wider organisational and management issues. The provision of a range of practice placement opportunities, during SLT training, is therefore a crucial element in the development of competent clinicians, who are prepared for the workplace.

5.3 The Health and Care Professions Council (HCPC) is the regulatory body which approves SLT pre-registration courses, and as part of this, assesses HEI systems and processes for acquiring and quality assuring practice-based learning opportunities. HCPC make accreditation visits to HEI qualifying SLT programmes and scrutinise the timing, length and assessment of practice-based learning, as well as the level of training and support for practice educators, against the HCPC [Standards of Education and Training](https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/set/) (2017) and the [HCPC Standards of Proficiency](https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-proficiency---speech-and-language-therapists.pdf?v=637018072470000000) (2023). Practice placement providers should adhere to these guidelines to meet the HCPC requirements.

5.4 The issue of securing sufficient practice-based learning opportunities for all SLT learners is ongoing. Many services and HEIs have shown considerable innovation in terms of practice-placement opportunities. Some measures were introduced to support PBL provision during the COVID-19 pandemic e.g. a requirement for placements to consist of a minimum of 25% of direct client-facing work. As services have returned to more regular patterns of provision, this parameter has been removed and it is recognised that practice placements can include any elements that are part of an SLT’s role, as illustrated in the infographic (Section 3.15). The balance of these elements can be agreed between the practice educator and the HEI, and should be driven by learner competence.

## 6. The benefits of practice-based learning

There are clearly evidenced benefits of practice-based learning (Sokkar et al. 2019):

**6.1 For the service user:**

1. Students can share new ideas and up-to-date evidence-informed approaches that improve patient care
2. Practice placements can support increased dosage of intervention for clients (both in NHS and in independent practice) leading to better outcomes and attainment of client goals
3. Service users frequently report that they want to ‘give something back’, and value their role in the education of students

**6.2 For the practice educator:**

1. Supporting students is an important way for SLTs to demonstrate their continuing professional development (CPD)
2. SLTs develop their leadership skills through working with students, increasing opportunities for their own progression
3. SLTs develop their clinical teaching skills
4. SLTs develop their reflective practice skills, alongside students
5. SLTs can access cutting edge research and teaching via students, and stay up to date in their own practice
6. Supporting practice placements can enhance service delivery e.g. a student can engage in information gathering with one client whilst the SLT works with another client
7. Engaging in practice-based learning enhances workforce capacity to support additional and different service delivery models e.g. groups, increased therapy sessions, training programmes
8. Students can be given time to complete projects e.g. literature reviews, making resources, developing podcasts, completing audits, supporting waiting list initiatives; these are all activities which enhance service delivery and provide valuable learning.
9. Students may be able to support some of the SLT work that cannot always be prioritised by SLTs; this can be factored into workforce planning.

**6.3 For the SLT service:**

1. Engaging in practice-based learning can support recruitment; students value practice placement experience highly and there is evidence to show that it influences their career choices regarding both the clinical practice area, geographical location and the organisation in which they choose to work (Jones-Berry, 2018). The national picture highlights some difficulty in recruitment to band 5 posts in certain areas; increasing student practice placements in these areas will support this.
2. Students can support service improvement initiatives; can increase service delivery and can be an additional resource to develop new areas of practice.
3. Regularly involving students in client care aligns with the clinical governance agenda – providing practice placements is a way to support quality and enhance client care in a compassionate way.
4. Demonstrating a regular and sustained commitment to practice-based learning promotes an ethos of dynamic service development and organisational learning.
5. Students may offer to volunteer for the service following a positive practice placement opportunity.

## 7. Practice placement national organisation and allocation

The approach to practice placement organisation and allocation is currently different across the 4 nations of the UK.

**7.1 All UK nations:**

1. The expectation of the RCSLT is that **every SLT should provide a minimum of 25 days per year per wte (pro rata)**, unless an explanation with a clear rationale can be provided. This recommendation applies across the UK, except in Northern Ireland, where specific central arrangements for placement allocation are in place.
2. Students should not source their own practice placements, unless recommended by the HEI, as this can reduce parity and objectivity.
3. Students should not have practice-based learning opportunities in clinical environments where they are working e.g. as an SLT assistant, or where they have secured future employment, as this can cause potential conflicts of interest.
4. Practice placement providers will deliver on all allocations / offers, and provide alternatives when allocations / offers are redacted, where possible.
5. Practice placement allocations /offers in an area should be overt and transparent. They may be discussed at HEI meetings, local managers groups and ASLTIP forums.
6. Even though the opportunity for telehealth placements does not restrict geographical distance for placements, HEIs will maintain the principle of seeking practice placements from their own area / locality. The geographical areas are broadly defined by the NHS Integrated Care System (ICS) or NHS Trust boundaries.
7. Where HEIs seek practice placements (onsite or via telehealth) outside their own area, it is requested that they contact the HEI in the area of the provider to discuss this collaboratively.
8. Where SLT practices (NHS or independent) working remotely, opt to link with an HEI that is not their closest geographically, there should be discussion and collaboration between the relevant HEIs.
9. Where there is a collection of HEIs offering SLT programmes in a neighbouring geographical area, a collaborative working model is encouraged, to:
   1. prevent unhelpful competition in securing practice placements in the same geographical area
   2. share systems of planning, allocation and placement documentation where possible
   3. share clinical educator training for educators from both / all HEIs
   4. promote innovative practice in clinical education.
10. Where HEIs are setting up new SLT courses, the expectation of the RCSLT is that they will demonstrate increased practice placement capacity.

**7.2 England:**

1. Speech and language therapy education in England is provided by a range of universities (HEIs) at undergraduate and postgraduate level. There is no direct commissioning of places from the Department of Health.
2. HEIs currently work in collaboration with NHS England (NHSE) at a national and regional level. This may change with the Government abolition of NHSE across 2025 – 2027 (https://www.nhsconfed.org/publications/abolishing-nhs-england-what-you-need-know)
3. The NHS Education Contract (2021) is an agreement between NHS service providers and the relevant local higher education establishments. It offers a framework for the delivery of practice-based learning and teaching to support workforce development. It clarifies responsibilities between the HEIs and all local service providers (including NHS, independent, voluntary and social care sectors).
4. HEIs work in partnership with practice placement providers within their area to support and secure sufficient practice placement capacity. A variety of models between HEIs and placement providers are used e.g. allocation models based on SLT workforce capacity data, models requesting practice placement offers from local SLT services.
5. It is recommended that services and HEIs use electronic platforms for offers and allocations e.g. Placement Management Programme (PMP), InPlace, PARE.
6. Offers / allocations from practice placement providers are requested / shared on an annual basis (generally).
7. Confirmations of practice placements should be done in a timely way; ideally one month in advance of the practice placement starting, where possible.

**7.3 Scotland**

1. Since 2010, there have been AHP Practice-based Learning Partnership Agreements in place between each Scottish university that runs pre-registration AHP programmes and each NHS Board. These were previously known as Practice Placement Agreements (PPA). These clarify an on-going commitment from each Scottish Health board to provide a certain minimum amount of practice-based learning provision per profession each year. Each health board has an AHP Practice Placement group led by a Practice Education Lead.
2. Each Practice-based Learning Partnership Agreement has a stakeholder partnership statement, a generic agreement for all AHP groups and all organisations, and a schedule with profession specific details including the number of practice-based learning weeks that should be provided annually. NES facilitates the review of the Practice-based Learning Partnership Agreements between the HEIs and practice placement providers, at regular intervals to incorporate any policy changes and to consider changes to numbers of practice placements required.
3. The agreement contains details of agreed mandatory training prior to practice placements and a robust cancellation policy.
4. Please see <http://www.knowledge.scot.nhs.uk/ahppe/practice-placements.aspx>
5. Each HEI has links with SLTs practising in the independent and voluntary sector and these are arranged on an individual basis each year. The vast majority of clinical practice placements are provided in the NHS.

**7.4 Wales**

1. Health Education and Information Wales (HEIW) currently commissions health funded training and bursary places for Speech and Language Therapy students at Cardiff Metropolitan University and Wrexham Glyndwr University.
2. A tripartite agreement re practice placement provision exists between HEIW, Welsh Health Boards and the HEI.
3. Practice placements are commissioned across seven health boards. Each Health Board has a local level agreement with the HEI, which agrees the provision and support of clinical practice placements in their region.
4. A profession specific practice education facilitator (PEFs) is employed in each board. These posts are held by SLTs and are funded by commissioners, with employment/secondment contracts with the university. SLT training in Wales is fees funded, with agreement to work in Wales for 2 years post qualification. Practice placements are mostly provided by the NHS SLT Teams and are sourced and supported by the PEFs. Additional non-NHS practice placements may also be used for practice-based learning, with a clinical practice placement agreement in place.
5. Commissioners fund travel and accommodation for students on practice placement (means tested). Some practice placements require Welsh speaking students in order to meet the needs of the specific population.
6. Practice placements are organised and allocated centrally by the Clinical Director at the HEI, in collaboration with the PEFs, and the Health Board/non-NHS practice placement provider.

**7.5 Northern Ireland**

1. Five Health and Social Care (HSC) trusts establish the parameters for practice placement provision for students at Ulster University.
2. Tuition fees are paid. The fees are paid by the Department of Health for all Northern Ireland students that have been resident in the country for 3 years prior to the course commencing and are EU applicants (excluding England, Scotland and Wales).
3. A tripartite agreement exists between trusts, the HEI and the Department of Health. A practice education partnership committee safeguards best take up of practice placements. Practice placements are requested on a yearly basis and trust offers are guided by the number of students needing to be placed and the relative size of each trust.
4. It is expected that all practice-based settings should provide placements. All practice placements are based in the HSC trusts.

## 8. Independent sector guidance for practice placements

8.1 Independent SLTs work in a wide range of contexts. It is acknowledged that the context will be a key factor when providing student practice placements. There is variety in the number and timing of sessions that independent SLTs work e.g. including weekend or evening appointments.

8.2 Independent SLT roles may include the following:

* Sole practitioner working from home
* Sole practitioner working in a regular setting, e.g. school, hospital, care home
* Sole practitioner being employed as a salaried member of staff e.g. in a school setting
* Sole practitioner working from premises, e.g. clinic
* Subcontractor working for clients at a range of sites
* Employee of a private practice or other multidisciplinary team
* Owner/manager of a private practice

This list is not exhaustive, and instead, attempts to explain the range of contexts that fall under the term “Independent Practice”. This term (Independent Practice) is used in the rest of this guidance to encompass all independent SLT contexts.

8.3 The RCSLT expectation is for independent practitioners to provide 25 days of practice placements per wte (pro rata), where it is safe and reasonable to do so, as a professional responsibility.

8.4 Independent practitioners in England can claim tariff (as per local arrangements) (see section 20).

8.5 In order to facilitate quality practice placements, there are a number of actions independent practitioners can take:

* Link in with their local HEI
* Liaise with other independent practitioners in the area to provide joint practice placement opportunities with an identified Lead Practice Educator. This may require an additional time commitment.
* Complete a risk assessment to identify any potential hazards and control measures when providing a practice placement, particularly in the case of lone working, or visiting client’s homes.

8.6 There are features of independent practice which make the working pattern and demands unique. These may include consideration that:

* SLTs often work from home so there may not be a regular “base” to access.
* Client contact may not fall into standard business hours. Evening and weekend sessions are common.
* SLTs may work reduced hours, i.e. seeing 1-2 clients per week on average
* SLTs main income is from direct client contact. Practice placement organisation needs to be sympathetic to this to avoid loss of income.
* Some areas of independent practice e.g. medico-legal work, may be advanced and challenging, however students can still be involved with this; educators can break down tasks into elements that are appropriate for a student to carry out e.g. researching the evidence base to support intervention.

This list is not exhaustive and attempts to explain the range of differences students may experience on practice placements in independent practice settings.

8.7 Where the SLT works hours such that the 25 days per year (pro rata) does not facilitate a practice placement, and they cannot join with other SLTs to form part of a placement, student learning can still be supported through offering:

* Work experience to prospective SLT students, or those looking for experience outside of their HEI programme
* Shadowing days as part of the HEI programme (where the HEI offers this to students)
* To undertake some teaching, assessment or application process support for the HEI programme

8.8 It is understood that there may be financial implications involved in providing practice placements. Independent practitioners may choose to enable students on practice placements to supplement their main business as an additional revenue source and to increase dosage for their clients, where the client is in agreement with this.

8.9 Students attending practice placements in the independent sector need to be aware of the differences between working in the NHS vs independent practice. These should be explicitly discussed between the student, the HEI and the practice educator.

8.10 Additional considerations and requirements should include:

* Additional training and measures to support lone-working and working out of standard hours
* An understanding of the variability of hours and locations, increased flexibility required and potential challenges of planning in advance
* The need to orientate to more than one company/independent practitioner’s governance and procedures within the practice placement (where placements are provided jointly between different independent practitioners)
* Consideration of the reasonable adjustments that can and cannot be supported on an independent practitioner placement (this should be evaluated on a case-by-case basis)
* Access to IT/resources

8.11 HEIs are encouraged to support SLTs in independent practice in non-traditional ways to provide practice placements, for example:

* Providing out of hours/online practice educator training
* Liaising with groups of independent practitioners to provide programme updates
* Supporting independent practitioners who are offering a joint practice placement to collaborate and co-create the student learning environment, opportunities and assessment
* Cascading placement updates directly to independent practitioners and also via ASLTIP for dissemination to members
* Specifically discussing issues unique to independent practice with students to set clear expectations for roles and responsibilities.

8.12 Remote and digital working has facilitated the opportunity for independent practices to link with any HEI geographically. Where this happens, there should be discussion and a collaborative approach taken between the relevant HEIs.

8.13 It is helpful if HEIs have a link lecturer allocated to supporting practice placements in the independent sector.

## 9. Practice placement provision

9.1 RCSLT supports a culture of continuous learning and improvement in the profession. This is enabled through continuing professional development (CPD) for all practising SLTs, and in the provision, planning and support for the future workforce.

9.2 The education of future members of the Speech and Language Therapy workforce is a joint responsibility, shared between HCPC registered SLT service providers and HEIs. Students are part of the future and current workforce. Support for practice placements is required to ensure the sustainability and growth of the profession. As qualified SLTs, we all benefited from practice placement experiences as students, and it is essential that all SLTs now support practice placement opportunities for current students, where viable, to ensure the survival of our profession.

9.3 The expectation of the RCSLT is that **all** practising SLTs have a responsibility to engage in practice-based learning, irrespective of setting or banding. It is an integral part of the role of an SLT and is paramount to the future of our profession. The presence of student SLTs in all clinical settings needs to be considered the norm, not the exception (Gascoigne & Parker 2010). All new services, service initiatives and independent practices being developed should include plans, as standard, with consideration of how student-delivered services will extend / enhance the offer.

9.4 Commitment to practice placements and support for the future workforce should be written into job descriptions, and accounted for at annual appraisal, through reflection and supervision processes. Time to support the future workforce should be ring-fenced both for placement co-ordinators and practice educators.

9.5 RCSLT calls on all SLTs to share the responsibility for our future colleagues and to provide a minimum of 25 days of practice-based learning, per year, per whole time equivalent (pro rata). This recommendation applies across the UK, except in Northern Ireland, where specific central arrangements for practice placement allocation are in place. The figure of 25 days placement provision per wte SLT was agreed, following national public consultation in 2021. This figure is broadly based on calculations derived from the number of practice placement hours required (375 clinically based) , the number of students in an HEI and the number of SLTs eligible to provide practice placements in the locality. If the provision of 25 days is not required by an HEI, they will inform local providers of their target figure.

9.6 The SLT commitment to providing 25 days of practice education sits within the clinically based, formal placement period (See infographic 3.15). The practice educator does not need to be present with the student at all times; where appropriate, students can work independently with clients or on projects or tasks. This will usually be supported by planning with their practice educator and with opportunity to debrief afterwards.

9.7 Where peer or group practice placements are provided, these count as multiple days, from a practice educator perspective i.e. a peer placement for 4 days per week for 3 weeks equates to 24 days of practice placement provision.

9.8 Some practice placements may be indirectly supervised by SLTs who are not based or working in the clinical setting where the practice placement is hosted. The supervising practice educator will support the student as needed to plan and prepare for the activities and will regularly debrief with the student and monitor their progress. This may reflect the format of a role emerging placement, where a business case may be supported by the evidenced outcomes of having SLT learners in the clinical setting.

9.9 A commitment to the provision of 25 days (pro rata) of practice-based learning should be evidenced by every practising Speech and Language Therapist, where viable. Days can be balanced across services e.g. if one SLT cannot provide 25 days, another SLT in the service may be able to provide more; there should be a clear explanation of this provided to the HEI.

9.10 Situations which are exceptions to the provision of 25 days might include:

* where an SLT is new in post (i.e. for the first 6-12 months)
* where services are managing significant numbers of vacancies or maternity / sick leaves
* where clients do not consent to being seen by a student
* where it is not financially viable; although RCSLT expects demonstration of a commitment to SLT learners in other ways, if the full 25 day provision is not possible (see section 8 for more information for SLTs in independent practice).

9.11 All areas of SLT practice are suitable for student practice-based learning, and should provide practice placements to all years of students. Discussion may take place between HEIs and practice educators to match student cohorts with practice placement provision. There are no SLT roles that are considered too specialist, too complex, or too confidential, to support student learning. There is no gradation in the requirements for client confidentiality. For highly specialist areas of SLT practice, such as medico-legal work, SLTs can break down tasks and students can complete specific elements of client-centred care e.g. completing a literature review to support the effectiveness and dosage of a recommended intervention, for a medico-legal report. Practice settings can work with HEIs to discuss how competencies can be addressed in certain specialist settings.

9.12 SLT Services who view students as assets create successful learning opportunities for students and can enhance service delivery for clients, for instance:

* enabling SLTs to offer group therapy
* providing additional therapy practice for clients
* preparing resources
* consulting the evidence base

A student can be an integral member of any team, adding value, bringing new skills and sharing knowledge from cutting-edge teaching.

9.13 Practice educators who have the overarching responsibility for a student’s learning on practice placement should be working at equivalent Band 5-8 in statutory or independent / voluntary sectors.

9.14 Band 5 (or equivalent) SLTs working towards NQP competencies are encouraged and are ideally placed to contribute to student practice-based learning through supporting student learning through:

* observations
* placement induction
* engaging in presentations and tutorials with students

alongside more experienced SLT colleagues; they should not take full responsibility for assessing and monitoring a student practice placement. They are asked to focus on their own development until they have gained their competencies and can then engage fully with student practice placements and provide 25 days (pro rata).

9.15 SLT leaders and managers (Band 7 and 8) may not hold clinical caseloads but are also encouraged to support student learning. Healthcare providers and educators need to facilitate leadership development in students from the very beginning of their healthcare careers: [Understanding and Maximising Leadership in Pre-registration Healthcare Curricula: Research Report](https://www.hee.nhs.uk/sites/default/files/documents/Report%20-%20Maximising%20Leadership%20in%20Pre-Reg%20Curricula%20Research%202015_0.pdf). Our colleagues in other Allied Health Professions are leading the way with this and there are some excellent examples of students being able to learn about the profession, consider service wide issues and contribute to service delivery in new and innovative ways e.g. the Chartered Society of Physiotherapists hosted a practice placement where physiotherapy students worked on the recently published Common Placement Assessment Form (CPAF) [Common Placement Assessment Form](https://www.csp.org.uk/professional-clinical/practice-based-learning/common-placement-assessment-form)

9.16 To gain varied experience, as part of their practice placement, students can also spend time with:

* SLT Assistants (SLTAs)
* NQP Band 5 SLTs (working on their competencies)
* colleagues from other health, education and care professions

9.17 HEI course providers should consider all speech and language therapy services as potential practice placement providers and offer SLTs the support they need to become practice educators and work with learners in their services.

## 10. Practice educator training

10.1 Practice educator training is required before educators take responsibility for a student’s practice-based learning.

10.2 All practice educators can attend free practice educator training:

1. initial training as new practice educators
2. NQP SLTs should usually have completed their NQP competencies, before they take a lead as a practice educator. NQP SLTs are encouraged to support student learning via observation etc but would not have responsibility for formal supervision or assessment of the student. They may wish to engage in practice educator training if they are supporting a student practice placement, although there is no requirement to do so, until they have gained all of their competencies and can take full responsibility as a practice educator.
3. follow up training for all educators should be 3 yearly
4. this may take the form of AHP training (with, and run by AHP colleagues) for some elements and SLT specific for others.
5. SLT assistants can also complete practice educator training ro enable them to best support SLT learners on practice placements and to develop their own skills in modelling, breaking down tasks and giving feedback. SLT Assistants should not take full responsibility for an SLT student on a practice placement, but can be an integral part of the team supporting practice placements.

10.3 Training may be delivered face to face or via distance learning.

10.4 Scotland has a central AHP Practice Educator online training course.

10.5 Training may be HEI led or practice placement co-ordinator led with HEI Involvement.

Other sources to support practice educator training include National Clinical Education groups and conferences e.g. National Association of Educators in Practice (NAEP), or Clinical Education Research Journals e.g. Journal of Workplace Learning, Journal of Interprofessional Care.

10.6 Training must include how to support students from under-represented groups, and should highlight dealing with discrimination, racism and micro-aggression. Training should promote inclusion and diversity, and raise awareness with respect to unconscious bias. Training should also cover transparent and supportive processes for students to raise concerns about micro-aggressions and bullying from practice educators, please see RCSLT’s [bullying guidance](https://www.rcslt.org/members/delivering-quality-services/dealing-with-issues-in-the-workplace/bullying-guidance)

10.7 Time to attend training should be protected and prioritised by practice educators and the service, and should be recognised as CPD

1. SLTs should commit to providing practice placements after having attended training.
2. Neighbouring HEIs may provide and share practice educator training for local clinicians supporting placements for students from more than one HEI.

10.8 All trained practice educators should evidence yearly progression of practice education skills in annual appraisals, or through CPD, reflection and supervision. These may be evidenced by attendance at courses, e.g. Professional Development practice education resources: <https://www.e-lfh.org.uk/>

10.9 Within Scotland, PE training is coordinated by the universities with associated AHP programmes. The universities provide AHP practice educator preparation and update sessions and co-ordinate these across Scotland. The universities work closely together to provide similar content at their practice educator sessions. Practice placement quality is monitored using the Quality Standards for Practice Placements (QSPP) (NES, 2008). The QSPP audit tool details a set of standards for all AHPs to monitor and improve their practice placements. There are separate sections for completion by the learner, Practice Educator, Placement Coordinator and Organisations – both HEI and NHS. Details of all practice education initiatives can be found on the NES website: [AHP practice education](https://www.nes.scot.nhs.uk/our-work/ahp-practice-education/)

10.10 SLTs can join the AHP Practice Education community of practice at: [AHP Practice Education Community - AHP Practice Education Community](http://www.knowledge.scot.nhs.uk/ahppe.aspx)

10.11 Practice educators can participate in self and peer evaluation to facilitate their personal development as clinical teachers. Being a practice educator requires the same skill set as being an SLT: goal setting with students, planning how to achieve the goal, teaching the various components that lead to the goal, evaluating the steps towards the goal, giving feedback to the student on their development. This mirrors our work with clients; breaking down complex tasks into component parts and supporting learners to achieve them.

10.12 HEIs should include in practice educator training that educators are encouraged to factor time into the placement day for students to write up notes, undertake reflections and complete planning, to support the wellbeing and work/life balance of all students (not just where this is specified as part of a reasonable adjustment plan).

## 11. Practice-based learning models

11.1 As dynamic practitioners, members of RCSLT encourage and support practice-based learning opportunities that are aligned with changing models of care and SLT service delivery, role configuration and developments in practice. Opportunities for practice education should contribute to the profession’s responsiveness to the changing population, client and service delivery needs. Practice placements need to be available across the employment sector (public, independent and voluntary) to reflect new and emerging practice settings.

11.2 Practice education may involve ‘in person’ or remote / telehealth placements or a hybrid. Telehealth placements may be provided where both the practice educator and the student(s) are working from different places, including from home, and link remotely for practice-based learning placements. Please see [RCSLT Telehealth placements guidance](https://www.rcslt.org/members/lifelong-learning/telehealth-placements/) for specific information.

11.3 Exciting initiatives have led to the development of innovative models of practice-based learning opportunities for practice-based learning. It is important to emphasise the flexibility and scope for originality in practice placement provision, for it to meet the needs of the service as well as the student. These include, but are not exclusive to the ideas below, based on:

**11.3.1 Student numbers:**

1. The need to support increasing numbers of learners on practice placement and to equip students with a broader range of employability skills e.g. collaboration, team work, leadership endorses the development of multiple student supervision models of practice education (Walker et al 2013).
2. RCSLT encourages all practice educators to provide paired (or peer) practice placements, where possible.
3. Group practice placements with 3 or more students with one educator; the effectiveness of multiple students to one educator is well documented (Martin et al 2004, Lloyd et al 2014)
4. Creative models 4:1, 6:1, 8:1 are also encouraged i.e. 4 students with one educator, with project work and group tutorials by the practice educator and / or the HEI.

**11.3.2 Supervision models:**

1. Remote supervision, where the practice placement is provided digitally or online. The educator and student are not onsite in the same clinical setting at the same time. The educator offers a clear supervision framework with support for planning and debriefing via technology.
2. Indirectly supervised placements, where the practice educator does not work in the setting where the practice placement is provided. There is a non-SLT mentor in the setting. The practice educator will regularly plan and debrief with the student(s) to support their learning and skill development. The student will carry out sessions and activities independently. There are identified benefits to practice placements of this kind: students value the autonomy (Sheepway et al 2011) and they can demonstrate the positive outcomes of enhanced SLT provision e.g. by providing more regular therapy than is currently available. These practice placements will not suit every student and the HEI should decide on the appropriacy of these placements for specific students. Practice placements using this model of supervision may also be referred to as ‘Role-emerging placements**’**.
3. Peer mentoring i.e. final year students supporting first year students on observation practice placements

**11.3.3 Practice education setting:**

1. Client pathway practice placements which may be split between settings to provide a perspective of the patient journey e.g. acute ward to rehabilitation centre
2. Joined up practice placements between more than one provider e.g. NHS and/or independent settings. An example would be a block placement involving 2 days per week in NHS and 2 days per week in an independent service.
3. HEI in-house teaching clinics
4. Interprofessional practice placements e.g. SLT and OT students shared between SLT and OT mentors in a special school. The literature supports models like this e.g. where students are able to explain the rationale for their plans to other students, this helps them to refine their own understanding and clinical thinking (Baxter 2004).

**11.3.4 Client group:**

1. Conversation Partner practice placements where students engage with service users to continue the work that an SLT has set up with a service user
2. Role emerging placements; where SLT practice educators do not usually work in the setting but there is an identified benefit for clients. There is a non-SLT mentor in the setting, and students can be supported to work there, with a view to creating a business case for an SLT role in that setting.

11.4 Where practice educators provide multiple student practice placement opportunities, this counts as multiple days. All practice educators should provide 25 days per year (pro rata), i.e. 2 students on a 10 day block placement is recorded as 20 days provided. Practice educators in England can claim tariff per student (see section 20).

## 12. Structure and supervision of practice-based learning

12.1 RCSLT specifies that SLT students need to complete 562.5 hours (75 days) of practice-based learning (RCSLT Curriculum Guidance 2018) over the duration (2, 3 or 4 years) of their pre-registration programme. This is the same for undergraduate and postgraduate routes, and for learners on apprenticeship programmes. Following in-depth discussion, RCSLT supports the view that 562.5 hours is sufficient to equip most current graduates to gain the competence to meet the demands of band 5 NQP roles. Students who wish to engage in more than the designated 375 hours of clinically based PBL can also engage in volunteer roles with relevant client groups; this will not be included as practice placement hours, as sessions need oversight and sign off by an SLT educator. Volunteering is viewed positively by the RCSLT and can support employability. Evidence from volunteering sessions can be used in student portfolios. Many HEIs include more than the minimum of 75 days of PBL across the duration of their programmes.

12.2 There are some students who may not reach the required level of competence to pass each specific placement within the designated timeframe, and therefore will need more than the minimum required 562.5 hours to successfully complete the pre-registration programme. Where a student is not meeting the parameters to pass the placement, practice educators should contact HEIs and work together to support the student as indicated. Where a student fails a placement, they should be offered one further practice placement opportunity for that placement period. It is hoped that with more time and experience, the student will successfully complete the resit placement.

12.3 Whilst it is noted that other AHP colleagues complete more practice placement sessions than SLTs (<https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-practice-based-learning/current-placement-expectations-ahp-regulators-professional-bodies>), there is no clear evidence or compelling arguments that an increase in hours is needed for SLT placements. In SLT placements, the focus is on learner competence development and the quality of practice placements, rather than on quantity in terms of practice placement hours.

SLT pre-registration training needs to encompass both the speech, language and communication content as well as the eating, drinking and swallowing strand. Theoretical underpinnings in SLT include extensive components of linguistics, phonetics, behavioural sciences and psychological theory which are important to grasp, in order to be effective evidence-based clinicians. The diverse scope of SLT practice demands in-depth understanding of these theoretical domains to support skilled clinical reasoning. The SLT curriculum is heavily aligned to psychology, and the balance of HEI and practice placement learning aligns with the requirements of the SLT profession.

The 2024 informal survey comments from SLT services (managers, employers, SLTs, NQPs and practice education co-ordinators) indicated that current practice placements are sufficient to enable NQP SLTs to join the workforce as long as regular, substantial and specific support to NQPs is provided, as per RCSLT guidance (<https://www.rcslt.org/members/your-career/newly-qualified-practitioners/#section-5> ) in the first year of practice. HEIs and practice placements also need to offer support and preparation for the workplace, in terms of the practicalities of diary organisation, time management, making phone calls, writing case notes and reports. This can be supported through active meaningful learning using a range of different learning approaches, rather than reliance solely on placement hours.

12.4 Practice placement requirements should be recorded in hours (rather than the previously used sessions). Conversion of these hours to days (based on a 7.5 hour full working day, as per most professional work environments) can be used by HEIs and settings to enable placement allocation and planning.

The rationale for this change is that hours are a consistent way to track practice-based learning time, they are less confusing than sessions (everyone knows what an hour is), and are more accurate and objective. Recording practice placement activity in this format provides more flexibility for practice educators who work part time, and more equity for learners across different practice placements. Other AHPs use hours to record practice placements and the NHSE return for placement tariff (England only) requires recording in this way. The use of hours will allow easier alignment with the RCSLT EDS hours requirement. It was also considered that the use of hours will increase the responsibility of students to be accountable for their practice based learning hours.

The 375 hours of clinically based practice based learning are equivalent to 50 days, on the basis of a 7.5 hour working day (e.g. 9-5pm with a half hour lunch break). It is acknowledged that some educators do not work 7.5 hour days. If an educator works a 5 hour day, they can agree with the HEI that the student completes an additional 2.5 hours of placement related work (with tangible agreed outputs) which then allows the student to be signed off as having completed a full clinical day (7.5 hours).

12.5 Practice based learning requirements are divided into two components to support competence development in clinically based formal placement periods and in non-clinically based sessions. Please see infographic 3.15 for an overview.

Of the 562.5 (75 days) of practice-based learning, students need to complete a minimum of 375 hours (50 days) in clinically based PBL sessions, as part of formal placement periods, and 187.5 hours (25 days) in non-clinically based PBL.

The 375 hours (50 days) of clinically based PBL will be supported and assessed by an HCPC registered SLT. This support can be:

* onsite, where the SLT and student are in the same clinical setting at the same time
* remote, where the service and /or the practice placement is provided online and the student and educator liaise digitally to plan, run sessions and debrief
* indirectly supervised, via an SLT who does not work in the setting, but regularly plans and debriefs with the student and supports their learning and skill development, with a non-SLT mentor in the workplace.

The 375 hours (50 days) will support student competence development to meet the HCPC Standards of Proficiency (2023). They can include any elements that are part of an SLTs role, for example:

* Working with clients
* All admin, planning, liaison and MDT work related to clients
* Training (delivering and receiving)
* Universal, public health and preventative work
* Research
* Leadership
* Project work
* Any simulation opportunities that support PBL
* Indirectly supervised or role emerging PBL

There is no differentiation between direct and clinically related work, as all elements of an SLTs role can support learner competence development. The balance of these components can be agreed between the practice educator and the HEI, and should be driven by learner competence development.

12.6 Practice placements need to cover the breadth of clinical areas, as below:

* 112.5 hours / 15 days with adult clients
* 112.5 hours / 15 days with child clients
* 150 hours / 20 days can reflect local service delivery needs

HEIs can use their discretion for recording placements as adults or paediatrics in colleges that might span the 16-25 year age group, or for placements with adults with learning disabilities, which might be recorded from a chronological or a developmental perspective.

12.7 The 187.5 hours (25 days) of non-clinically based PBL can include:

* Placement sessions where an SLT is not present e.g. nursery / school / care homes; staff in the setting will support the learners in a formal placement period
* HEI-based sessions which may not be in a formal placement period, involving:
  + Formal simulation learning opportunities
  + Placement briefings/preparation/ reflection / debrief
  + Clinical scenario-based sessions
  + Sessions with experts with lived experience
  + Practical role play sessions
  + Practical interprofessional learning sessions

The focus of these sessions should be driven by learner competence development.

12.8 EDS practice based learning hours need to be embedded within the 562.5 PBL hours. Please see <https://www.rcslt.org/learning/pre-registration-eds-competencies/> for more detail about the EDS competencies and sign off on practice placements.

The EDS requirements involve 60 hours of EDS practice based learning composed of a minimum of

* 30 hours from clinical practice with adults
* 10 hours from clinical practice with children

There are 20 competencies, of which 16 need to have double sign off at the ‘achieved’ level. This reflects experience or exposure to the knowledge and skills covered in the 20 competencies. Some EDS competencies require at least one sign off in clinically based sessions. Non-clinically based formal simulation opportunities can count towards EDS PBL hours.

Where NQPs are required to work with people with EDS, SLTs will need to complete the new RCSLT EDS competency framework (2025) <https://www.rcslt.org/members/clinical-guidance/eating-drinking-and-swallowing/> with mandatory sign off at Foundation level, before they commence any autonomous practice with clients with EDS.

12.9 The balance of clinical experiences must be provided for all students over the duration of the programme and should be monitored by the HEI. For part time training routes, the clinical sessions need to match the full time routes.

12.10 Students should not be placed with SLT services where they are employed e.g. as SLTAs, for practice-based learning opportunities. This could lead to potential conflicts of interest.

12.11 Ideally, there will be a period of clinical practice close to the end of the degree programme so that students have recent experience of practice placements when graduating.

12.12 [HCPC guidance (2015)](https://www.hcpc-uk.org/globalassets/resources/guidance/health-disability-and-becoming-a-health-and-care-professional.pdf#page=24) states that: “It is important to realise that students do not need to be able to do all types of practice placement to be able to show they meet all of the standards of proficiency needed before they can register with us”. Therefore, it can be appropriate to recognise that there may be some clinical settings that do not suit certain students, e.g. an acute hospital setting may be very challenging, for a variety of reasons, for some students, and they could acquire their adult focussed practice education sessions in rehabilitation contexts or through practice-based learning sessions with adults with learning disability.

12.13 Practice educators need to ensure that clients have consented to working with students on practice placements.

12.14 Insurance for students on practice placements in all settings is provided by the HEI.

## 13. Content of practice-based learning (PBL) placements

**13.1 Clinically based PBL**

375 hours / 50 days of practice-based learning needs to enable students to develop clinical competencies that are supported and assessed by a registered SLT, as part of a formal placement period. This may be through a variety of elements that are part of an SLT’s role:

* Working with clients
* All admin, planning, liaison and MDT work related to clients
* Training (delivering and receiving)
* Universal, public health and preventative work
* Research
* Leadership
* Project work
* Any simulation opportunities that support PBL
* Indirectly supervised or role emerging PBL

This flexible approach is welcomed by us all, as SLTs and HEIs, to enable practice educators to view practice based learning through a broad and varied lens. Over the duration of their programme, learners must develop the competencies to meet the HCPC Standards of Proficiency (HCPC 2023).

A proportion of the placement may be configured as dedicated study time (e.g. for preparation and planning) and this may count as clinically-based hours where there is an agreed tangible output to meet a specific learning outcome, at the discretion of the practice educator and the HEI.

13.2 During Covid-19 when practice-based learning had to be supported on very different and creative ways, a parameter of ‘25% of practice-based learning sessions needs to involve direct client-centred care’ was employed. This is no longer a requirement and the balance of components of PBL placements can be agreed between the practice educator and the HEI, and should be driven by learner competence development.

**13.3 Non-clinically based PBL**

These are non-clinically based PBL opportunities with competencies supported and assessed by SLTs and / or by other professionals.

This includes:

1. placement sessions where an SLT is not present e.g. nursery / school / care homes; staff in the setting will support the learners in a formal placement period. The aim of these sessions is usually to support SLT students to gain a perspective on typical lifespan development and knowledge of how settings operate, where potential SLT clients may spend their time or where SLTs may work.
2. HEI-based sessions which may not be in a formal placement period, involving:
   1. Formal simulation learning opportunities
   2. Placement briefings/preparation/ reflection / debrief
   3. Clinical scenario-based sessions
   4. Sessions with experts with lived experience
   5. Practical role play sessions
   6. Practical interprofessional learning sessions

This list below of non-clinically based PBL in HEI sessions is not exhaustive.

More detail on formal simulation learning opportunities is given in section 14 below.

**Other HEI-based sessions may include:**

1. **Clinical scenario-based sessions**

Clinical scenarios could involve requests for assistance/ triage decisions, end of episode of care decisions, or breaking bad news. Professional scenarios could involve caseload prioritisation, MDT working or legal and ethical issues. Clinical videos may be part of these sessions to enable students to follow the service user journey from request for assistance to end of episode of care, engage in case history and information gathering discussions, complete assessments, plan and discuss interventions, and thus develop clinical decision-making skills.

1. **Sessions with experts with lived experience**

These will involve real service users and carers who volunteer their time to support student learning; e.g. share and discuss their experiences, provide repeat case history opportunities, repeat assessment experiences, repeat intervention practice, and are an additional source of feedback.

1. **Practical role play sessions**

This will involve students practising and developing clinical skills with educators/peers.

1. **Practical interprofessional learning sessions**

This will involve students engaging in practical sessions with peers from other relevant professional courses e.g. nursing, other AHPs, social work, teacher training where they will learn about other professions and consider elements such as role boundaries, strategies to work in a joined up to support client outcomes.

## 14. Simulation as part of practice-based learning

### 14.1 Definition

Simulation is an immersive teaching methodology providing experiential learning opportunities, which is well established in healthcare education (Irvine & Martin, 2014). It offers the opportunity for students to practice specific clinical skills and to focus on their own learning, with no impact on clients, in a safe learning environment (Alinier, 2007; Penman et al., 2014; Hewat et al., 2020). Simulation involves a structured framework with clearly intended learning outcomes, and formal pre-brief and de-brief elements to give clarity to the learning. Simulation should be facilitated by a trained clinical educator (Hill et al., 2010).

### 14.2 Types of simulated learning

There are a range of different ways to use simulation as part of practice-based learning. There are various levels of immersion in simulated placement environments such as:

* replica hospital wards
* replica clinics
* communication suites
* general university classrooms

There is also a variety of simulated learning experiences (Hill et al., 2010) e.g.

* simulated patients where actors present as typical clients,
* standardised patients where real patients are available for student repeated learning opportunities,
* student role play opportunities,
* video scenarios,
* virtual reality e.g. hololens and avatars,
* and paper based case scenarios.

Inter-professional learning opportunities lend themselves well to simulated practice-based learning scenarios too (Mills et al., 2019).

### 14.3 The advantages of simulated learning

In a climate with continual pressure on practice placements, simulation offers an equitable learning experience for all students as part of their pre-registration SLT programmes. There are well documented advantages of simulated learning including:

* opportunity for skill repetition
* parity of experience for learners
* wider variety of clinical opportunities
* guaranteed exposure to experiences that might not be available on practice placements
* can offer more complex clinical contexts that student might be shielded from on placement
* improved student confidence via a safe learning opportunity
* offers a more overt learning experiences
* feedback from a range of sources (facilitator, peer, simulated client)
* cost effectiveness

(Alanazi et al., 2017; Hamada et al., 2020; Hill et al., 2013; Ker & Bradley, 2014; Motola et al., 2013; Ormerod & Mitchell, 2022)

### 14.4 Evidence of the effectiveness of simulated learning

Experiential learning through simulated clinical experience has a robust evidence base (Hamada et al., 2020); it has been demonstrated across nursing (Guimond & Salas, 2009), medicine (Irvine & Mitchell, 2014), and AHP practice education (Hill et al., 2021). Hayden et al. (2014) found that there were no significant differences in knowledge, clinical competency, critical thinking and readiness for practice in nursing students where simulation substituted 25% and 50% of clinical placement time. Watson et al. (2012) also investigated student outcomes when 25% of placement was replaced by simulation and noted no significant differences.

Through a randomised control trial carried out across six university speech pathology programmes in Australia, Hill et al. (2020) reported that speech pathology students achieved a statistically equivalent level of competency when an average of 20% of their practice placement time was replaced with simulation-based learning, compared with students without a simulation component.

In terms of the impact on clients when students are trained via this methodology, Seaton et al. (2019) demonstrated that outcomes for patients are positively impacted by simulated learning experiences, and specific to Speech and Language Therapy, Penman et al. (2014) evidenced the effectiveness of a simulation approach which supported student’s skill development in clinical practice with clients who stutter.

### 14.5 Recommended framework for best practice simulated learning experiences

It is recommended that a clear framework is used to support quality simulated learning experiences.

RCSLT recommends adherence to the Association for Simulated Practice in Healthcare (ASPiH) Standards guiding simulation-based practice in health and care (2023) <https://aspih.org.uk/wp-content/uploads/2023/11/ASPiH-Standards-2023-CDN-Final.pdf>

The simulation-based learning program developed by Dr Anne Hill at the University of Queensland is an excellent and available resource:

<https://www.speechpathologyaustralia.org.au/Public/Public/About-Us/Ethics-and-standards/Simulation-based-learning-program.aspx>.

This programme includes student workbooks, clinical educator workbooks, clinical educator training workbook, simulated patient training workbooks, simulation set up guides, and a series of simulated patient case studies.

Decher et al. (2008) states that 6-8 students in a group with one trained clinical educator is recognised as the ideal ratio to support focussed learning. The complexity of the simulation experience should be tailored to the stage of learning of the students.

The specific simulation framework needs to include:

* clearly differentiated **pre-brief**,
* simulated activities with **feedback** embedded from tutor, peers and simulated client
* formal **de-brief** where learner measures progress against learning outcomes
* self-reflection elements.

**Pre-brief**

This is a formal start to the simulation experience where intended learning outcomes are agreed with students. It is important to clearly define the intended learning outcomes for each simulation to ensure the appropriate type of simulation is selected and aligns to the student’s level of learning (Alinier, 2007).

**Feedback as part of the simulation activity**

There are two main methods of giving feedback during the simulation experience:

* “in session feedback”: this **does not** interrupt the interaction with the simulated client, it is a form of offering brief support to the student, from the educator or peer. It reflects what might happen in any practice based learning session, with the student leading an activity and the educator prompting or steering the interaction.
* Pause – discuss feedback: this **does** interrupt the student-patient interaction. The simulated patient stays in role, the student or educator may request a pause in the session. The students and educator discuss what they have observed. This is useful to support clinical reasoning and skill development (Ward et al., 2015). This model can follow two formats:
  + The student requests a pause to seek assistance. The simulated patient may be involved in the discussion.
  + Time in / Time out technique: here the pause is requested by the educator (Edwards & Rose, 2008). A ‘time out’ may be used to discuss what was observed, clinical reasoning and the student’s performance. The opportunity is then provided to enable the student to repeat the interaction, or try a different approach. ‘Time in’ is then called when the student repeats the interaction. The cycle of pause and discuss can repeat.

Guidelines to students for giving and receiving feedback are important, to support specificity, skill development, and to focus on strengths as well as areas that may change (Hill et al., 2021).

**Debrief**

There are a range of debriefing models that are important to apply; the debrief is where the learning takes place. Hill et al. (2018) include some of these models in their clinical educator training workbook:

<https://www.speechpathologyaustralia.org.au/Public/Public/About-Us/Ethics-and-standards/Simulation-based-learning-program.aspx>

Hill et al. (2018) discuss a range of approaches including Stop, Keep, Start (Hoon, 2014), and appreciative enquiry (Hammond, 1998). This approach to feedback is based on the assumption that in every situation something works and the following questions might be discussed in the debrief e.g. what worked well?, what did you do that made it work well? what contributed to this working well?

**Reflection**

Formal reflection needs to be embedded in the simulation process, this might be verbal or written, individual or in a group, and may be prompted by questions such as ‘what happened?., what did I do well?, what should I change for next time?, how do I feel about that situation?, why did I feel that? how can I build on what Iearned? A formal reflective cycle e.g. Gibbs, Driscoll, Kolb may be used.

Table 1: An example framework is below: (after Hill et al., 2024)

|  |  |  |  |
| --- | --- | --- | --- |
| **Process** | **Time** | **Activity** | **Resources** |
| Pre-brief | 30 mins | Agree intended learning outcomes  Introduce students to case  Review documentation  Workbook activities completed in groups  Agree tasks | Student workbook  Documentation related to case |
| Simulation | 60 mins | Students work in pairs or individually  Feedback method agreed  e.g pause and discuss | Resources for session e.g. assessment, therapy, goal setting discussion |
| Student debrief with peers and practice educator | 60 mins | Debrief method  Students complete activities in workbook |  |
| Student reflection |  | Individual reflection | Reflective cycle |

Table 2: Example framework for a clinical simulation session based on aphasia therapy (in red) is below: (after Hill et al., 2024):

|  |  |  |  |
| --- | --- | --- | --- |
| **Process** | **Time** | **Activity** | **Resources** |
| Pre-brief | 30 mins | Agree intended learning outcomes:  Implementing aphasia therapy  Introduce students to case: Mr T  Review documentation: previous case notes for Mr T  Workbook activities completed in groups: complete session plan  Agree tasks: between students | Student workbook  Documentation related to case |
| Simulation | 60 mins | Students work in pairs or individually  Students role play client (Mr T) and SLT  Students explain task to Mr T  Adapt during session to reflect client’s needs  Communicate next steps to client  Feedback method agreed:  ‘in session feedback’ method  Pause and discuss options | Resources for session e.g. assessment, therapy, goal setting discussion |
| Student debrief with peers and practice educator | 60 mins | Debrief method:  Stop – keep – start  Appreciative enquiry  Students complete activities in workbook |  |
| Student reflection |  | Students write up own reflection following debrief | Reflective cycle |

### 14.6 Use of simulation as part of practice-based learning hours

Simulation is currently mostly used in the UK as a teaching methodology. It is often adopted as placement preparation experience. Formal simulation that meets ASPiH standards can be used as part of the 187.5 hours (25 days) non-clinically based practice-based learning opportunities. There is a growing evidence base that supports the use of formally developed simulated learning experiences (using a structured framework) as equivalent to practice based learning (Hayden et al., 2014; Hill et al.,2021; Watson et al.,2012), and in time this may be agreed as a replacement for clinically based PBL opportunities.

EDS simulation needs to be a key part of HEI based learning to ensure that learners can achieve their competencies and hours, so that they will be able to complete their EDS training, graduate and join the workforce.

There is also flexibility to use less formal simulation experiences (without adherence to the formal framework) as indicated in section 13.3 above. There is also opportunity to use less formal simulation opportunites as part of clinically based PBL in formal placement periods, on an ad hoc basis e.g. if a client does not attend a clinical appointment and there is the opportunity to role play the session with the educator. These opportunities are part of the informal and multifaceted ways that practice educators support students on practice placements. Simulation can be used within regular university applied teaching modules too.

In England, the tariff (funded by NHS England and available only in England) will apply to simulation which replaces clinically based practice-based learning opportunities but will not be paid if simulation activity is delivered as part of the education provider's teaching requirements (NHSE, 2024).

## 15. Roles and responsibilities of practice-based learning

15.1 Please see the [RCSLT Practice-based Learning Roles and Responsibilities Framework (2021)](https://docs.google.com/document/d/1mzA9ikmzO5Eh0E76rnt45F7Tagj9OmqahADzZ-Gj8Vo/edit) which indicates the key information about roles and responsibilities of students (including apprentices), practice educators, placement co-ordinators, service managers, practice learning facilitators and HEIs in relation to practice-based learning.

15.2 Additional guidance is provided below:

**15.2.1 Students:**

in addition to the roles and responsibilities indicated in the [RCSLT Practice-based Learning Roles and Responsibilities Framework (2021)](https://docs.google.com/document/d/1mzA9ikmzO5Eh0E76rnt45F7Tagj9OmqahADzZ-Gj8Vo/edit):

1. When the practice educator and the student are both confident that the student is competent to work with clients autonomously, students should take opportunities to plan and deliver client-facing sessions independently. A graded approach towards this is key: supported by structured observation, modelling and coaching by the practice educator, and will involve clear planning and debrief sessions.
2. Students with reasonable adjustment plans are strongly encouraged to share plans to support their learning on practice placements with practice educators, so that they may benefit from additional support on practice placement.
3. Students on peer or group practice placements need to recognise their responsibility towards their peer(s), work co-operatively and collaboratively, and take shared responsibility for the activities in which they are jointly engaged.

**15.2.2 Practice educators:**

in addition to the roles and responsibilities indicated in the RCSLT [Practice-based Learning Roles and Responsibilities Framework (2021](https://docs.google.com/document/d/1mzA9ikmzO5Eh0E76rnt45F7Tagj9OmqahADzZ-Gj8Vo/edit)):

1. All UK practice educators will be HCPC registered SLTs.
2. Where a student has more than one educator in a practice placement setting, there should be a lead practice educator, identified to the HEI and the student. This educator has the responsibility to co-ordinate feedback from other educators and to share the feedback and placement outcome with the student.
3. Additional liaison from the HEI may be required if educators span different services i.e. NHS and independent practitioner; there should be a lead educator in each service. Learner assessments may be completed separately but may complement each other and collaboration between educators is recommended. If a skill is not achieved in one setting by a student, but is achieved in another, a discussion between educators and the HEI is recommended and a decision made re whether the student can pass that competence.
4. On a multiple supervision model practice placement (where there is more than one student with one practice educator), practice educators should offer individual feedback to the students.
5. All students should receive regular written feedback from practice educators. This is best practice throughout the placement and is essential at key points during the practice placement e.g. at mid point and at the end of the placement. Some HEIs have specific guidance as to the regularity of written feedback.
6. Students on indirectly supervised or role emerging practice placements need educators to observe some of their clinical sessions to give clear and specific feedback to support the development of their clinical competence.

**15.2.3 Service Placement co-ordinator role**

In addition to the roles and responsibilities indicated in the [RCSLT Practice-based Learning Roles and Responsibilities Framework (2021)](https://docs.google.com/document/d/1mzA9ikmzO5Eh0E76rnt45F7Tagj9OmqahADzZ-Gj8Vo/edit):

NB: This relates to settings where an SLT is allocated the role of practice-based learning co-ordinator within a service; for independent sole practitioners this will not be a differentiated role.

1. Placement co-ordinators need protected time for this role as part of their job plans and have a key role in supporting staff to provide practice placements.
2. They should ensure that all staff are aware of their roles and responsibilities in relation to student education.
3. They should have the opportunity to host a student slot at staff meetings and have a pivotal role in liaising with the HEI and the clinical staff team, keeping information updated in both directions.
4. In Wales, the profession specific Practice Education Facilitators (PEFS) undertake the role of placement coordinator.
5. In Northern Ireland this role is not formalised.

**15.2.4 Service Manager Role in relation to practice-based learning**

In addition to the roles and responsibilities indicated in the [RCSLT Practice-based Learning Roles and Responsibilities Framework (2021](https://docs.google.com/document/d/1mzA9ikmzO5Eh0E76rnt45F7Tagj9OmqahADzZ-Gj8Vo/edit)):

For independent sole practitioners this will not be a separate role.

1. Service managers (public and private sector) have a responsibility to ensure all eligible SLTs provide student practice placements, unless a rationale to opt out has been explained.
2. Service managers are best placed to explore with teams who feel unable to provide their quota of student practice placements, how they might support practice-based learning in other ways, to contribute to the development of the future workforce.
3. Service managers, as part of their workforce planning, can ensure that students are included and can be useful in supporting service delivery.
4. Service managers in the NHS should ensure that Learning Development Agreements are in place at Trust level with the HEIs (in England).

**15.2.5 Practice Education Facilitators / Practice Learning Facilitators / Practice Education Leads (PEF / PLF / PEL)**

This is an additional role related to practice-based learning across England and Wales, which is aimed at practice placement quality monitoring for non-medical professionals.

1. PEFs are funded through NHS Trusts in England. The number of these posts in an organisation is determined by the Learning Development Agreement (LDA) and the number of students. PEFs aim to lead on the learning opportunities in the service and work with the HEIs to co-design and review the development of mentors.
2. In Wales, there are seven profession specific PEFs who support practice-based learning within Wales. They are based within Health Boards, and are funded by Health Education and Improvement Wales (HEIW). The PEFs have employment or secondment contracts with the university. They are employed for 2 days per week, and support with quality assurance and management of practice placements.
3. In Scotland, a similar role is undertaken by the Practice Education Leads in each Health Board funded by NHS Education Scotland (NES).
4. In Northern Ireland each Trust has a placement lead who works closely with the HEI and supports the management of practice placements. This role is not funded.

**15.2.6 HEI role:**

In addition to the roles and responsibilities indicated in the RCSLT [Practice-based Learning Roles and Responsibilities Framework (2021)](https://docs.google.com/document/d/1mzA9ikmzO5Eh0E76rnt45F7Tagj9OmqahADzZ-Gj8Vo/edit):

1. There should be transparency from the HEI re student numbers recruited each year.
2. HEI tutors and practice educators should liaise throughout the practice placement; the style of contact (email or onsite / remote visit) and timing will vary depending on the length of the practice placement.
3. Most HEIs will offer contact at the midpoint of the practice placement to discuss the student’s progress.
4. There must be an agreed process in place between the HEI, the practice educator and the student, where there are concerns about the student’s progress. The aim is always to enable the student to complete and pass the practice placement. The support will include a 3-way collaborative discussion between the HEI tutor, the student and the practice educator, with clear written actions for all to take forwards, to work towards a successful practice placement.

## 16. Equity, Diversity and Belonging (EDB) in practice placements

**16.1 Equity, diversity and belonging**

16.1.1 The RCSLT is committed to equity, diversity and belonging (EDB) and creating better lives for all, in accordance with the duties under the [Equality Act 2010](https://www.gov.uk/guidance/equality-act-2010-guidance) (which applies to England, Scotland and Wales) and the equality legislation in Northern Ireland [https://www.equalityni.org/Legislation](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.equalityni.org%2FLegislation&data=04%7C01%7CJ.C.Sandiford%40leedsbeckett.ac.uk%7C15c5a2dc814f474ef61f08d8a2a2efa6%7Cd79a81124fbe417aa112cd0fb490d85c%7C0%7C0%7C637438168011614849%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0&sdata=xPzPJl5JxaJfcQqpU0KnM%2BtpfTFo%2BcKzql8uXGKnIRw%3D&reserved=0). Northern Ireland does not have a single legislation, instead it retains different pieces of equality legislation, which can all be found here [https://www.equalityni.org/Legislation](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.equalityni.org%2FLegislation&data=04%7C01%7CJ.C.Sandiford%40leedsbeckett.ac.uk%7C15c5a2dc814f474ef61f08d8a2a2efa6%7Cd79a81124fbe417aa112cd0fb490d85c%7C0%7C0%7C637438168011614849%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0&sdata=xPzPJl5JxaJfcQqpU0KnM%2BtpfTFo%2BcKzql8uXGKnIRw%3D&reserved=0), and relate to all points in this section of the guidance.

RCSLT is fully committed to:

* Eliminating unlawful discrimination, harassment, and victimisation.
* Advancing equality of opportunity between people who share a protected characteristic and people who do not.
* Fostering good relations between people who share a protected characteristic and people who do not.

The RCSLT [EDB vision 2025-27](https://www.rcslt.org/wp-content/uploads/2025/03/RCSLT-Equity-diversity-and-belonging_Vision-and-strategy.pdf) states the priorities of creating a profession where diversity is celebrated, and where all practitioners feel a deep sense of belonging. The values of accountability, belonging, integrity, professionalism, compassion and empowerment guide RCSLTs actions with an intersectional approach, advocating for systemic change and providing care that is accessible for all.

This vision was written with the involvement of the following EDB networks:

* Anti-racism reference group
* SLTs of colour network
* Jewish representatives’ group
* RCSLT Disability working group
* RCSLT neurodiversity working group
* RCSLT LGBTQIA+ working group
* RCSLT Men in SLT working group

16.1.2 The Equality Act 2010, and relevant Northern Ireland legislation, covers the protected characteristics:

* Age
* Disability
* Race
* Sex
* Gender Reassignment
* Marriage and Civil Partnership
* Pregnancy and Maternity
* Religion and Belief
* Sexual Orientation

16.1.3 HEIs and all practice placement providers are required to comply with relevant equality and diversity legislation for their nation, ensuring that equality, diversity and belonging is embraced. HEIs and practice educators are bound by the same legislation and are expected to treat SLT students, service users and all other professionals with dignity and respect at all times.

16.1.4 The lack of diversity in the SLT profession has had a profound impact on those who do not fit the stereotypical mould of a SLT. A SLT work force which reflects a diverse client base can deliver a more accessible service with more successful outcomes, as it is more likely to understand the needs of the population it serves.

16.1.5 Students from under-represented groups face many inequalities in the classroom and on practice placement. HEIs and practice educators should have an understanding of positionality, privilege and unconscious bias and how this may affect their students. They should be willing to have open conversations about how they can create a more inclusive and supportive learning environment. Racism can be overt or can be unconsciously demonstrated by fellow students, tutors, practice educators and clients.

16.1.6 HEIs and practice educators need to establish inclusive environments that promote best practice equality policies. All practice educators need to be culturally aware and culturally competent, including understanding issues relating to a range of minority groups; for example, people from the global majority, LGBTQIA+, neurodivergent people and persons with disabilities.

16.1.7 HEIs and practice educators must consider the experiences of under-represented students and how a culture of unconscious bias can impact on their wellbeing, academic and practice placement performance. Opportunities for open, safe discussion need to be embedded throughout the practice placement, where students can learn and share experiences without fear of being penalised.

16.1.8 HEIs should:

1. create a space and forum where students can speak about their experiences on practice placement openly
2. be more proactive to tackle discrimination and unconscious bias
3. support practice educators to have an understanding of unconscious bias and how this may affect their practice on placements
4. have clear and overt pathways for students to report discrimination, harassment, or micro-aggression.

16.1.9 Students need to be enabled to raise concerns and discuss situations where they have not felt supported on practice placements. There must be a transparent and safe process in place at the HEI, for students to raise and escalate any concerns regarding diversity and inclusion while on practice placements. Students need to be provided with information about the actions that may happen if they report concerns on practice placements. This needs to be student-focussed support and students need to know that concerns will be acknowledged, taken seriously and that their practice placement outcome will not be affected by raising a concern. Following concerns being raised, appropriate actions will be discussed and agreed with students. HEIs should work with practice educators, placement co-ordinators and service managers, as appropriate, to identify HR policies and procedures to inform action and support for any students who raise issues about any form of discrimination including racism, unconscious bias, microaggression and bullying during their practice placements. Students should be given the same level of protection as staff on employment contracts within services. For more information, please visit the [RCSLT EDB vision and strategy](https://www.rcslt.org/learning/equity-diversity-and-belonging/edb-vision/).

16.1.10 Practice educators need to be equipped to support students from marginalised groups. HEIs should include anti-racism training, cultural awareness, disability awareness, diversity and inclusion and unconscious bias discussions as part of practice educator training. Practice educators need to be able to deal with this, where discrimination or harassment towards students arises from clients too.

16.1.11 It is the HEIs responsibility to support practice educators to adapt practice placements to adhere to reasonable adjustment plans (see section 16)

16.1.12 The diversity of cultures and backgrounds must be celebrated and increased in the SLT profession ([RCSLT Towards a diverse profession 2019](https://www.rcslt.org/events/careers-diversity/)).

HEIs and practice educators can address this through:

1. creating specific networks that support under-represented groups
2. addressing barriers to access and progression of SLT professionals in HEIs
3. understanding the impact that the mismatch effect can have on students
4. continuing open dialogue about how to create opportunities for SLTs and students from diverse backgrounds
5. creating mentor networks for global majority students, neurodivergent students, students with disabilities, LGBTQIA+ students

**16.2 Ethnicity**

16.2.1 The SLT student population is much less ethnically diverse than the student population as a whole. In the 2018/19 academic year 3% of student admissions were from a black background, 8% were Asian, and White students accounted for 75% (HESA and RCSLT, 2018). Statistics indicate that undergraduate and postgraduate SLT courses have broadly similar ethnicity profiles and these numbers have slowly increased since 2014 (HESA, 2018).

16.2.2 Research suggests that SLT students from global majority backgrounds are slightly more likely to leave the course before completion than their white counterparts, although we should be cautious about these figures due to the small numbers of students involved (HESA and RCSLT, 2018). Despite this, there needs to be suitable disaggregation within the broad BAME category. This group consists of a range of individuals from various ethnic, cultural and socio-economic backgrounds, who all have different experiences and needs as SLT students.

16.2.3 Anti-racism needs to be explicitly discussed in practice educator training. RCSLT anti-racism training package is available to support this [link to website to be added].

16.2.4 HEIs and practice educators should actively refer to RCSLT resources regarding Black Lives Matter and utilise the reading lists: [Black Lives Matter: A Statement](https://www.rcslt.org/news/black-lives-matter-a-statement)

16.2.5 Please see RCSLT raising [concerns about racism advice](https://www.rcslt.org/learning/diversity-inclusion-and-anti-racism/raising-concerns-about-racism-advice-for-members).

**16.3 Disability**

16.3.1 In the 2017/18 academic year, only 18% of SLT students declared a disability. Many challenges and barriers remain with recent studies highlighting that despite HEIs adhering to the “social model of disability”, a number of institutions perceive the disabled person as a “problem” to be solved. On the whole, students who report a disability have lower degree results and are less likely to be in employment after graduation than non-disabled students (HESA 2018).

16.3.2 SLTs on the tight rope: Learning from the experiences of disabled SLTs in the workplace (2025) <https://www.rcslt.org/wp-content/uploads/2025/04/SLTs-on-the-tightrope-Learning-from-disabled-SLTs.pdf> was very recently published and resulted from the survey in 2023, exploring the experiences of disabled SLTs and disabled SLT students in the workplace. The report illustrates the urgent need to improve the experiences of disabled SLTs within the healthcare system and should be read by all practice educators.

16.3.3 HEI staff and practice educators should be equipped with the tools to effectively support students who have a disability. Student support services should provide information to HEI staff, in the form of a reasonable adjustment plan (RAP) (see section 16), which needs to be taken into account for practice placements. This may include adjustments such as:

* different practice placement format or timing e.g. increased breaks
* access to the practice placement e.g. considering reduced travel time
* use of specific equipment to support the student on practice placement e.g. voice recognition software
* specific methods of feedback e.g. written bullet points

to support student practice-based learning.

16.3.4 HEI staff should support students to share information, from the student’s reasonable adjustment plan, with practice educators, that will facilitate the success of the practice placement. Students do not have to disclose information to practice educators if they are not comfortable doing so. Adjustments can successfully be put in place without personal disclosure. Where practice educators share their positionality statements with students, this creates a genuine balance that enables students to feel welcomed and supported.

16.3.5 Treating students fairly may not equate to treating them the same. The Equality and Human Rights Commission (EHRC) guidance states that it is never unlawful to treat disabled students (or applicants) more favourably than non-disabled students (or applicants) [Equality and Human Rights Commission](https://www.equalityhumanrights.com/en)

16.3.6 Sensitivity is required to the needs of the student with a disability on practice placement, and the possibilities for adjustment within the practice placement setting.

16.3.7 HEIs will have specific policies with reference to supporting students with disabilities. These will be specific to the HEI and may differ, based on local knowledge.

16.3.8 Students may require support from educators and HEIs where clients display prejudicial and offensive behaviours as a result of conditions such as a brain injury, and additional preparation and support may be required. Students should be aware of the system of support within the HEI and feel comfortable to access this.

16.3.9 It is not the place of practice educators to judge whether students with disabilities should be training to be SLTs. Educators should be supported by HEIs (who are in turn scaffolded by student support services), to make positive adjustments, rather than focussing on needs, and should adhere to the HCPC guidance on [becoming-a-health-and-care-professional](https://www.hcpc-uk.org/students/health-disability-and-becoming-a-health-and-care-professional/becoming-a-health-and-care-professional/).

**16.4 Gender, gender identity and sexual orientation**

16.4.1 The SLT male student admission rate fell from 4.1% in 2017/18 to 3.4% for the 2018/19 academic year. Currently 3% of the SLT workforce identifies as male (HCPC 2019). Greenwood et al(2010) highlighted that the SLT profession is mostly made of “white women”. A possible explanation for this under-representation is due to the poor awareness and understanding of the profession.

16.4.2 Male students report negative experiences resulting from being a minority gender in the classroom and on practice placements, as they struggle with feeling isolated in a predominantly female setting (Beagan et al 2018).

16.4.3 Many students face discrimination, exclusion and barriers at university because of being LGBTQIA+. Research suggests that experiences of being a sexual minority influences a number of beliefs about which occupations are accessible and chosen (Jackson 1995). Many students from this heterogeneous group report negative experiences, derogatory remarks and exclusion by other students and even staff (Balsam 2010). A high number of LGBTQIA+ students do not feel safe enough to disclose their gender identity and/or sexual orientation, which could impact on their experience of university and practice placements.

## 17. Reasonable adjustments on practice placements

17.1 As SLTs in HEIs and practice education settings, we are legally obliged under the Equality Act (2010) and relevant legislation in Northern Ireland, to make appropriate reasonable adjustments for students with disabilities; these usually include identified physical, learning and mental health concerns.

17.2 HEI disability advisors can support students in disclosing issues and arranging adjustments to degree programmes and with practice educators.

17.3 Students have a responsibility to make the HEI and the practice educator aware of the required adjustments in advance of starting the practice placement. Students do not need to disclose issues to practice educators but may still request the adjustments are put in place. Students have the choice to decide whether they want reasonable adjustments to be put in place in practice education settings. They should be encouraged to do so by the HEI. The HEI is unable to share information about the student’s needs without the student’s consent to do so.

17.4 If students have needs that fall outside of the Equality Act (2010) or equivalent legislation in Northern Ireland, they can still request adjustments to support their learning, through a learning support discussion.

17.5 Where students do want adjustments to be put in place, they or the HEI should contact the practice education setting prior to the start of the practice placement to discuss the adjustments required. A student may request that the HEI supports this process and discussion.

17.6 HEIs should consider and discuss with a student whether a certain practice placement might exacerbate their health condition, and make appropriate decisions jointly with the student. Settings should support reasonable adjustments where possible. Information should be shared in a timely manner to facilitate the setting up of the adjustments prior to the practice placement.

17.7 It is very important to support reasonable adjustments. However sometimes it is not possible to manage this in practice, and if a practice education setting cannot reasonably put the required adjustment in place, then an alternative practice placement setting should be sourced.

17.8 Nuanced and individual discussions will need to take place between the HEI and the student, in respect of reasonable adjustment plans and the availability of practice placements.

17.9 Where reasonable adjustments have been put in place at the start of the practice placement and need to be altered as the practice placement progresses, any party (student, HEI, practice educator) can request a triumvirate meeting to adapt the reasonable adjustments.

17.10 Where students miss practice placement sessions due to ill health (related to a pre-existing condition or otherwise), sessions need to be made up (in line with the 562.5 hours guidance). Nuanced decisions may be made in discussion with the student, the HEI and the educator if the required competence has already been established.

## 18. Recording learner progress

18.1 Practice placement grading can be PASS /FAIL or graded by practice educators, dependent upon the HEI requirements. Practice placement assessments are not standardised across HEIs, diversity should be recognised and parity is sourced through the HCPC and RCSLT accreditation of the HEI programmes.

18.2 Practice educators should be familiar with the documentation of the HEI. Where HEIs are geographically close and regularly share practice areas, there should be collaboration between HEIs with respect to shared practice placement documentation to support efficiency and clarity for the educators.

18.3 Competency based assessments are welcomed and can identify exactly what competence the student has achieved i.e. ‘gathers information, records accurate observations, and can assimilate and discuss information’ is preferable to a task list e.g. ‘*can take a case history’* (McAllister et al 2010).

18.4 Practice placement documentation should include:

* a place for the student to record their learning objectives
* a place for the practice educator to indicate progress towards the objectives and to give feedback (strengths and needs)
* a place for the student to indicate HOW they will implement feedback and work towards new goals

18.5 Practice educators and HEIs should keep in close contact if there are concerns about a student’s progress or wellbeing; this must be documented and shared with the student as early as possible during the practice placement. Written documentation from the practice educator needs to be explicit to support the student in knowing what they need to do to improve.

18.6 Students who are at a borderline pass should not pass if there are concerns about their ability to progress to the next level. A failed practice placement indicates that a student needs more opportunity and practice to reach the standard for this level. This will ultimately support the student to become a stronger SLT.

18.7 Students should be notified as early as possible, and ideally by the mid way point of the practice placement, if they are at risk of failing the placement. It is good practice for HEI tutors to contact students and practice educators at the mid point of the practice placement to check that all is going as planned.

18.8 Where a student fails a practice placement, one resit placement will be provided. This MAY be a full resit of the same length and (usually) the same client group as the failed placement. This will enable the student to gain the additional support and time on practice placement required to acquire the competency needed to move to the next level.

18.9 Sometimes adapted additional or resit opportunities are appropriate where students have failed on very specific competencies, and may be provided through a shorter time period or a different approach e.g. structured learning activities which will target theory to practice. Sometimes these can be provided by the HEI.

18.10 Where students are attending resit practice placements, practice educators will be made aware that this is a resit practice placement.

18.11 There are mechanisms within HEIs to support students applying for extenuating circumstances in relation to failed practice placements.

18.12 HEIs will devise options for students who fail practice placements; regulations are individual to HEIs. Contained awards may be available, in exceptional circumstances, for students who complete the academic modules of a degree, but do not successfully complete practice placements. In this case, students will not be able to apply to HCPC for registration to practice as a Speech and Language Therapist.

## 19. What does a quality practice placement look like?

19.1 In alignment with the responsibilities of students, practice educators and HEIs, outlined in the [RCSLT Practice-based Learning Roles and Responsibilities Framework (2021)](https://docs.google.com/document/d/1mzA9ikmzO5Eh0E76rnt45F7Tagj9OmqahADzZ-Gj8Vo/edit), quality practice placements will provide the following support and guidance for SLT learners.

19.2 Students will complete all (NHS approved) mandatory training as required by the HEI, prior to the practice placement starting. Some practice placements may require students to complete additional mandatory or induction training at the start of the practice placement. Students should be made aware of and adhere to all local Trust and service policies e.g. lone working.

19.3 Quality practice placements will:

1. support students with appropriate access to IT equipment, activations and logins at the start of or prior to the practice placement
2. send a comprehensive induction pack about the clinical setting, to the student, prior to the practice placement starting
3. invest in a positive supervisor-student relationship, which is supportive, encouraging and develops the student’s confidence
4. allow students time to discuss their goals and learning approaches with the practice educator at the start of the practice placement and to review this at the mid-point
5. provide opportunities for students to observe their practice educators working. Students will benefit from demonstration, modelling, coaching etc to support their skill development
6. support and guide students to plan clinical sessions and give clear and constructive feedback on plans
7. provide clinical teaching which augments or enhances the HEI teaching, and which facilitates the student to apply theory to practice
8. provide opportunities for practice educators to observe students carrying out clinical sessions, so that the educator can provide specific and supportive feedback to the student
9. provide time for students to reflect on sessions and then to debrief with their practice educators
10. support students to carry out sessions independently when both they and their practice educator are confident about this
11. support students to write clinical case notes and reports. Every entry should be reviewed and countersigned by the practice educator
12. provide regular specific, supportive feedback on all aspects of the student’s progress, to facilitate their learning and skill development
13. not demonstrate micro-aggression or bullying of students. Students should be supported to engage in transparent processes with the HEI, to share any concerns about micro-aggression on practice placements. Practice educators need to respond to any concerns raised, and to discuss this with the HEI and their line manager, where appropriate. Services should have relevant policies and procedures in place to manage bullying situations in line with the [Equality Act 2010](https://www.gov.uk/guidance/equality-act-2010-guidance) or equivalent legislation in Northern Ireland. For more information, please see RCSLT [bullying guidance](https://www.rcslt.org/members/delivering-quality-services/dealing-with-issues-in-the-workplace/bullying-guidance).

## 20. Quality practice placement monitoring and evaluation

20.1 HCPC requires practice placements to be monitored and evaluated to ensure quality standards are met. Practice placement quality is monitored by evaluations completed by students, and by the practice educator. These should be reviewed regularly by the HEI team and any significant concerns should be escalated to the governing or regulatory body i.e. HCPC, NHSE or equivalent as appropriate.

20.2 Electronic platforms such as the national Practice Assessment Record and Evaluation ([www.onlinePARE.net](http://www.onlinepare.net)) host a profile and evaluation for each practice placement provider. Audit of the profile and evaluations is carried out by the practice placement co-ordinator and the HEI, and also the PLF, where possible. Any concerns or areas for development, following audit or review of student evaluations, should be followed up and action plans put in place. Student surveys post-placement are a reliable and valid measure of practice placement quality, especially when longitudinal data is collected (McAllister et al 2018).

20.3 Practice placement quality can be monitored through the professional development framework or via audit / Multi-source feedback tool ([Quality](https://www.hee.nhs.uk/our-work/quality))

20.4 Practice Educators in Scotland can find additional guidance in the NES Quality Standards for Practice Placements Audit Tool Section 2: [Standards for Individuals Supporting Students in the Workplace](http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4089538/c9243d2f-3c46-4a42-9920-73ceba75135d.pdf)

20.5 There must be a clear process in place for students to raise any concerns regarding equality, diversity and belonging, or micro-aggression. HEIs should work with practice educators, placement co-ordinators and service managers, as appropriate, to identify HR policies and procedures to inform action and support for any students who raise issues about any form of discrimination including racism, unconscious bias, microaggression and bullying during their practice placements.

20.6 For further information, please visit RCSLT’s [bullying guidance](https://www.rcslt.org/members/delivering-quality-services/dealing-with-issues-in-the-workplace/bullying-guidance/).

20.7 Service user involvement in practice placement steering groups at HEIs is an excellent way of supporting quality practice placements.

## 21. Tariff for practice placements (England only)

21.1 Information relating to the Tariff changes annually and the relevant links should be followed for accurate information.

21.2 To support consistent and transparent healthcare education funding across England, the NHSE [Education Funding Reform](https://www.hee.nhs.uk/our-work/education-funding-reform) outlines the sources of funding that contribute to the education and training of healthcare professional roles.

21.3 In England, the NMET (Non-Medical Placement Tariff) is paid by NHSE to practice placement providers to offset the costs of supporting learners in clinical practice.

21.4 Tariff is available to NHS and independent practitioners in England. Please follow this link for detail and prices: <https://www.gov.uk/government/publications/healthcare-education-and-training-tariff-2024-to-2025/education-and-training-tariffs-2024-to-2025>.

21.5 The Tariff is part of the NHSE Contract, which is the agreement between HEIs and local service providers with respect to practice placement provision.

21.6 Where a practice educator provides a multiple student practice placement, the tariff is multiplied by the number of students supported on the practice placement.

21.7 The Tariff is accessed directly by NHS trusts or via the HEI for independent practitioners.

21.8 Health Education and Improvement Wales (HEIW) do not pay a tariff for practice placements and therefore no placement provided for the NHS commissioned course in Wales has a tariff attached.

21.9 There is no tariff paid to practice placement providers in Scotland.

21.10 In Northern Ireland trusts are paid a student tariff from the DoH based on the number of AHP practice education sessions that they have provided that year.

## 22. Apprenticeships

22.1 The SLT apprenticeship standard and End Point Assessment in England has been approved, which means that universities and employers are now able to work together to develop pre-registration apprenticeship routes for SLT. An SLT degree apprenticeship is where an employee is studying towards a pre-registration SLT degree alongside working in an SLT service. The apprenticeship can be offered as a level 6 (equivalent to Bachelors) or a level 7 (equivalent to Masters) pre-registration degree, the same as for the traditional SLT learner route. Apprentices are required by the Government to spend a minimum of 20% of their time in formal ‘off the job’ training; for SLT this will normally be time spent at university on academic learning. In addition to this, apprentices will also need to undertake practice placements in the same way as other students.

22.2 Apprenticeship practice-based learning needs to reflect the breadth of UK speech and language therapy practice, i.e. with all clients of all ages, and to include a wide range of social, health, justice and education settings.

22.3 In relation to practice-based learning, the apprentice takes the same role as the traditional student learner, as indicated in the [RCSLT Practice-based Learning Roles and Responsibilities Framework 2021.](https://docs.google.com/document/d/1mzA9ikmzO5Eh0E76rnt45F7Tagj9OmqahADzZ-Gj8Vo/edit)

22.4 Practice-based learning as part of the apprenticeship model will meet the same standards as for traditional models of SLT pre-registration qualification. The role of the HEI, practice educator and the apprentice, in this context, are parable to those set out in the [RCSLT Practice-based Learning Roles and Responsibilities Framework 2021](https://docs.google.com/document/d/1mzA9ikmzO5Eh0E76rnt45F7Tagj9OmqahADzZ-Gj8Vo/edit), in terms of support for the learner before, during and after the practice placement.

22.5 Apprentices will need to achieve 562.5 hours of supervised practice-based learning (see infographic 3.15) before presenting for their End Point Assessment. 375 hours must be clinically based PBL, with competencies supported and assessed by a registered SLT, in a formal placement period. Practice placement time should be counted in hours.

22.6 The requirement to experience practice placement experience in both adult and paediatric settings applies to apprentices: 112.5 adult hours, 112.5 child hours and 150 hours can meet and reflect local service delivery needs. This refers to the 375 clinically based PBL hours and reflects the minimum balance needed to qualify. The 187.5 non-clinically based PBL hours can include any client group to allow more flexibility. Apprentices should have the same diversity of learning experiences as learners on traditional routes.

22.7 In the case of apprenticeship programmes, in order for the apprentice to gain breadth and depth of learning, their 562.5 PBL hours should be carried out in venues different from their own employment setting. In line with nursing and other AHP apprentice programmes, apprentices may remain with their own employer for one of their practice placements but this must be in a different area and under different supervision from their usual job role. This is aimed at avoiding conflicts of interest and to endorse the principle that apprentices need the opportunity for objective assessment on practice placement.

22.8 Practice placement hours need to be recorded by the apprentice, signed by the practice educator and monitored by the HEI. The SLTs providing the supervision and feedback to the apprentice need to take responsibility for signing off the apprentice’s competencies, as they would for a traditional SLT learner.

22.9 As with practice placements on traditional pre-registration programmes, clinically based practice based learning opportunities can include any elements that are part of an SLT’s role, for example:

* Working with clients
* All admin, planning, liaison and MDT work related to clients
* Training (delivering and receiving)
* Universal, public health and preventative work
* Research
* Leadership
* Project work
* Any simulation opportunities that support PBL
* Indirectly supervised or role emerging PBL

22.10 Apprentices in practice-based learning need access to regular supervision with structured feedback, to support their clinical decision making. Their practice-based learning opportunities need to be differentiated from their paid roles e.g. as an SLTA. It is important that apprentices are viewed as learners and as student SLTs working towards competencies (HCPC SOPs).

22.11 Consideration needs to be given to the practice educator / line manager differentiation for apprentices.

22.12 SLT practice placement providers need to consider the potential impact of apprenticeship placements on traditional practice placement provision, and are encouraged to discuss this with the relevant HEI.

22.13 There needs to be an adequate number of appropriately qualified and experienced SLT staff involved in practice-based learning, to support practice placements for apprentices.

22.14 The availability of the apprenticeship programme is controlled and funded by the Government, and because it is a devolved policy matter, it is differentiated in each of the four nations. RCSLT does not have control over this. So at present the apprenticeship programme is only available in England. The Governments in the devolved nations are taking a different approach to how they use apprenticeship funding. They support the traditional degrees by providing funding or commissioning the courses directly. In England this does not happen and student loans are available to fund degree programmes. The RCSLT apprenticeship guidance (<https://www.rcslt.org/speech-and-language-therapy/become-a-speech-and-language-therapist/apprenticeships/information-for-employers-and-universities/> ) gives further information.

22.15 Practice educators working with apprentices should adhere to all relevant information in these guidelines in the same way as for traditional pre-registration students.

## 23. International practice placements

23.1 International practice placements are permitted in certain circumstances, however, practice placement providers and HEIs must be able to explain their rationale. International practice placements cannot form the majority of a student’s practice placement experience; the majority of a student’s practice placement experience should take place within the UK.

23.2 International practice placement providers need to be able to maintain the same standards of quality, for both practice educator and settings, as they would for any UK-based practice placements. Providers must meet the [HCPC Standards of Education and Training SET 5 Practice Based Learning](https://www.hcpc-uk.org/globalassets/resources/guidance/standards-of-education-and-training-guidance.pdf#page=38)

23.3 The RCSLT recommends that practice educators who support overseas practice placements are:

* HCPC registered; or
* UK trained and registered with the professional body within a country that has a mutual recognition agreement with the RCSLT; or
* trained and registered within a country that has a mutual recognition agreement with the RCSLT.

For more information, please see the [HCPC Standards of Education and Training SET 5 Practice Based Learning](https://www.hcpc-uk.org/globalassets/resources/guidance/standards-of-education-and-training-guidance.pdf#page=38)

## 24. Expanding practice placement capacity

24.1 In 2022, the House of Commons report by the Health and Social Care Committee, noted the shortages being faces across health care professions, including speech and language therapy <https://www.rcslt.org/news/reports-recognise-shortage-of-slts-and-inadequate-workforce-planning/> .

24.2 There have been increasing concerns across all of the Allied Health Professions (AHPs) regarding practice placement capacity and the sustainability of the growing AHP workforce.

24.3 There are many practice placement expansion ideas, including:

* Multiple supervision models
* Practice placements reflecting the current workplace (e.g. 24/7, 7/7)
* Innovative virtual and simulation practice placement opportunities
* Role emerging placements
* New learning environments that reflect modern healthcare and educational practices (e.g. telehealth)
* Leadership placements
* Increasing placements in the independent sector

24.4 The development of the Practice Education CEN has been influential in supporting practice placement expansion.

24.5 HEIs and practice placement providers should work together to develop innovative practice placement expansion ideas.

## 25. Recommendations for future RCSLT work about practice-based learning

### 25.1 HEI perspective

1. Consideration of the ethos of practice-based learning assessment and the potential tensions where practice educators are also practice assessors, including different models of how clinical skills can be assessed.
2. Standardised practice-based learning paperwork which could be adopted nationally by all HEIs (where appropriate).
3. Developing standardised Practice Educator training for the centralised components, with resources, that can be used by all HEIs.
4. Developing a framework for different levels of practice educator training (new / refresher / advanced / accredited)
5. The support for the current and future SLT student body; students with differences relating to health and disability, religion, faith and culture, caring and financial responsibilities, sharing of experiences, ideas and learning.
6. HEIs to focus on students moving into practice educator roles once they join the workforce
7. Reasonable adjustments for HEIs and the managers/settings to support transition of adjustments from the HEI to the workplace.
8. HEIs to work with PEs and gather data on time and resources needed to set up a new placement

### 25.2 SLT service perspective

1. Growing practice-based learning champions in each service / team to share learning and positive experiences.
2. Development work: How to include students in your service to enhance your offer and address your workplace opportunities; myth-busting around who can be a practice educator
3. Including working with students in all job descriptions, appraisals, as part of clinical supervision frameworks
4. Working with ICSs to include students as part of the workforce in all Trusts
5. Extending the guidance section for independent practice, with clearer support for independent practitioners as practice educators; e.g. how to set up a placement, innovative case studies,

### 25.3 RCSLT perspective

1. An influencing and promotional piece around models and methods of practice based learning, with a webinar, podcast, infographics
2. RCSLT NQP framework to include practice educator training
3. Strengthening RCSLT perspective around every SLT being a practice educator, and lobby HCPC to include this more firmly as part of CPD standards.
4. Reasonable adjustments for HEIs and the managers/settings to support transition of adjustments from the HEI to the workplace. Could be part of RCSLT student / NQP study day?

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# Acronyms list

AHP - Allied Health Professions

ASLTIP - The Association of Speech and Language Therapists in Independent Practice

BAME - Black, Asian and Minority Ethnic

CPD - Continuing Professional Development

DoH - Department of Health (Northern Ireland)

EHRC - Equality & Human Rights Commission

EU - European Union

HCPC - The Health and Care Professions Council

HEE - Health Education England

HEI - Higher Education Institution

HEIW - Health Education and Information Wales

HESA - Higher Education Statistics Agency

HSC - Health and Social Care (Northern Ireland)

LDA - Learning Development Agreement

LGBTQ+ - Lesbian, Gay Bisexual, Trans, Queer/Questioning

MDT - Multi-Disciplinary Team

NES - NHS Education for Scotland

NHS - National Health Service

NMET - Non-Medical Placement Tariff

NQP - Newly Qualified Practitioner

OT - Occupational Therapy

PE - Practice Educator

PEF - Practice Education Facilitator

PEL - Practice Education Lead

PLF - Practice Learning Facilitator

PMP - Placement Management Programme

RCSLT - Royal College of Speech and Language Therapists

SLT - Speech and Language Therapist

SLTA - Speech and Language Therapy Assistant

SOPs - Standards of Proficiency

SUC - Service Users & Carers

TECS - Technology Enhanced Care Services

WTE - Whole Time Equivalent