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Annual Quality Review 2016/2017

UK Pre-registration Physiotherapy Education

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

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Annual Quality Review of UK Pre-registration Physiotherapy Education, 2016/17

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FOREWORD

Welcome to the eleventh composite Annual Quality Review Report. This report forms a central component of the Society's quality assurance and enhancement arrangements. Drawing on data submitted through programme providers' submission of the annual quality review process, it provides a national profile of CSP-accredited programmes.

Again, we were pleased to hear from so many of you after the last report. Thank you for your positive and valuable feedback. We are glad that you continue to find the report useful in helping to put your provision in a national context.

The report continues to reflect on quality enhancement. The theme for 2016/17 focused on the efforts of higher education institutions to widen participation, increase equality, diversity and social inclusion of the physiotherapy student population.

Your feedback on this report is of value. Please forward any comments to learning&development@csp.org.uk.

We would like to thank programme teams for providing the information that has enabled preparation of this report, particularly during the challenging times currently facing physiotherapy education and the NHS. May we also take this opportunity to say how much we appreciate the hard work and commitment of all academic, support, and clinical staff.

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PART 1: QUALIFYING PHYSIOTHERAPY EDUCATION

1.0 HEIs OFFERING CSP-ACCREDITED PRE-REGISTRATION PHYSIOTHERAPY PROGRAMMES

Thirty-seven higher education institutions (HEIs) in the UK currently offer pre-registration education programmes in physiotherapy. These all carry CSP accreditation, as well as approval from the Health & Care Professions Council (HCPC). They provide eligibility for HCPC registration on their successful completion as well as chartered status and full membership of the CSP.

The number of HEIs offering pre-registration physiotherapy programmes is rising in response to the shortage of physiotherapists. This trend is likely to continue, particularly in England in the context of the shift of physiotherapy education to the tuition fee and student loan model in 2017/18 thereby negating the cap on student places through NHS commissioning arrangements.

BSc (Hons) Physiotherapy can be studied through 4-year full-time, 3-year full-time and part-time routes. Taught postgraduate level study pathways can lead to an MSc or postgraduate diploma in Physiotherapy. **Figure 1a** below shows the breakdown of the routes currently available throughout the UK.

Figure 1a

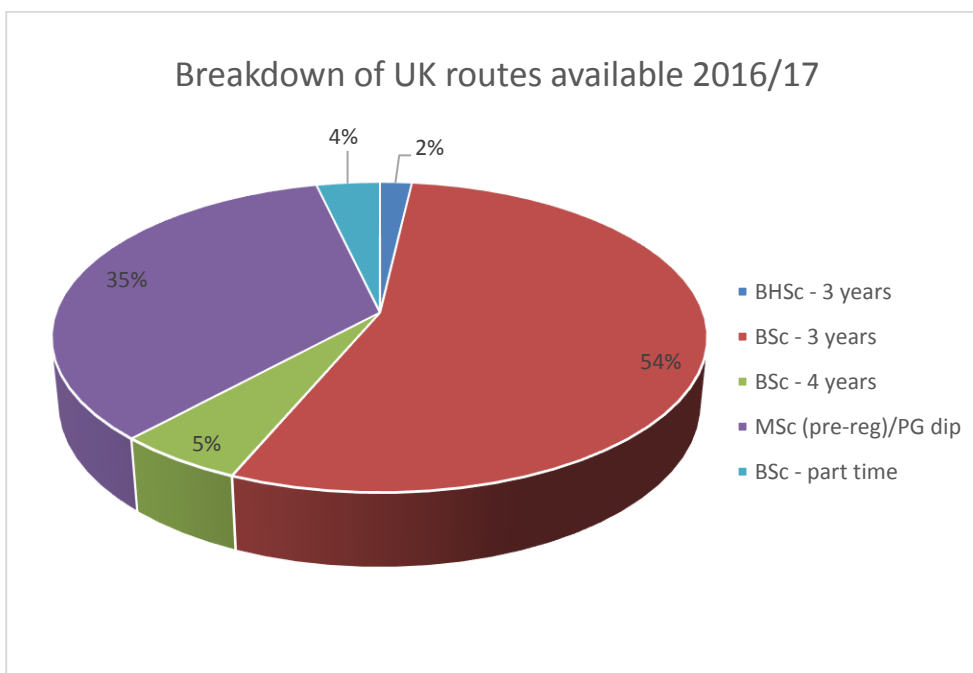


Figure 1b

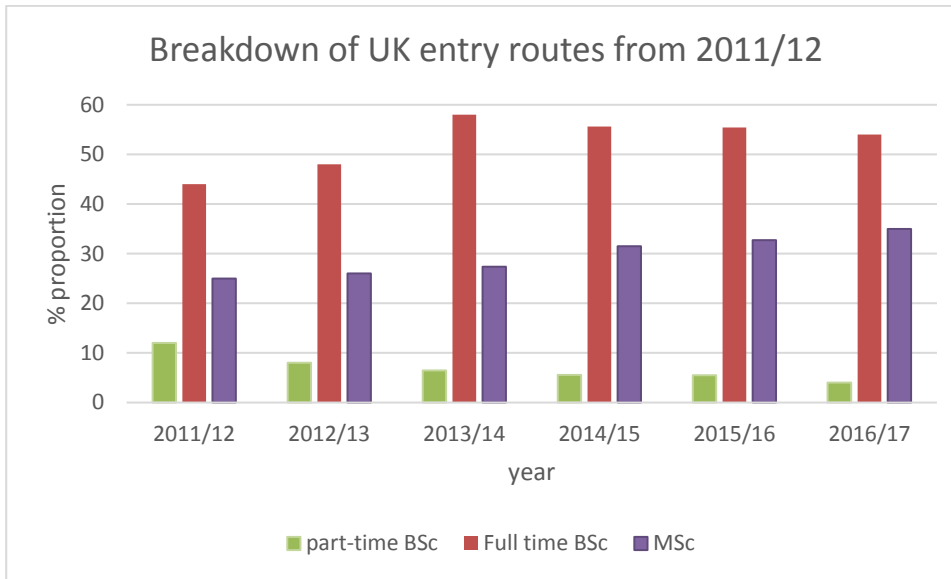


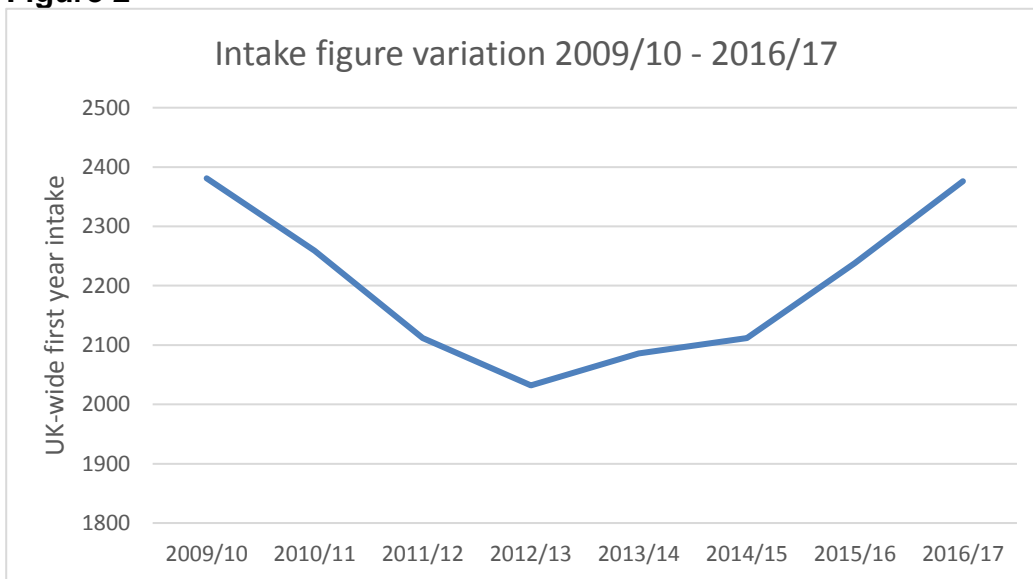
Figure 1b shows the breakdown of UK entry routes since 2011/12.

Many flexible and part-time routes were decommissioned over the period shown, reducing the proportion from 12% in 2011/12 to 4% in 2016/17. Pre-registration MSc routes have increased from 25% to 35% during the same period. Whilst BSc routes increased from 44% in 2011/12 to 58% in 2013/14, the proportion has decreased gradually since then to 54% in 2016/17.

2.0 INTAKE FIGURES

Figure 2 shows the total number of students entering pre-registration physiotherapy programmes in the UK per year, over an eight-year period (from 2009/2010 - 2016/2017).

Figure 2



For the year 2016/17, student intake rose from 2238 to 2376. These figures are in line with 2009/10 but lower than those seen in 2005/6 when intake figures peaked at 2931. Given the workforce shortages within the profession (with the CSP's own workforce data modelling indicating that 500 additional physiotherapy students are required per year until 2020 to address this shortfall <http://www.csp.org.uk/professional-union/practice/evidence-base/workforce-data-model>), we hope to see the increase in student numbers continue. It is imperative that practice-based learning capacity continues to grow to keep pace with the increasing demand.

Feedback gained through the CSP's practice-based learning campaign (<http://www.csp.org.uk/professional-union/careers-development/practice-based-learning>) and through the accreditation visits, suggests that this is the case. Practice-based learning capacity is being released and generated through service providers developing new placements and utilising different models of supervision. It has also been reported in England that universities are making use of available capacity in increasing their student numbers that had not been taken up in recent years because of reductions in commissioned student numbers.

In previous years, intakes to the MSc pre-registration programmes have accounted for most of the growth in student places. Student intake on to postgraduate routes increased in 2016/17 by 20% from 2015/16 and places have doubled since 2010/11.

There has also been an increase in the number of UK self-funding students in England from 251 in 2015/16 to 326 in 2016/17 due to the continued reduction of NHS-funded places. Subsequently, HEIs have increased places contributing to the upturn in intake figures for 2015/16.

3.0 RETENTION/ATTRITION

Please note that the following section is a retrospective review of trends up until 2015/16. Because data is collected retrospectively, data for 2016/17 will be available in next year's report.

The number of students permanently withdrawing from pre-registration physiotherapy programmes in the first year of study rose slightly from 2.41% in 2014/15 to 2.59% in 2015/16, shown in **Figure 3**. The majority of permanent withdrawals occurs on BSc programmes – 2.18% (3.6% in 2010) compared with 0.40% (0.57% in 2010) from MSc programmes.

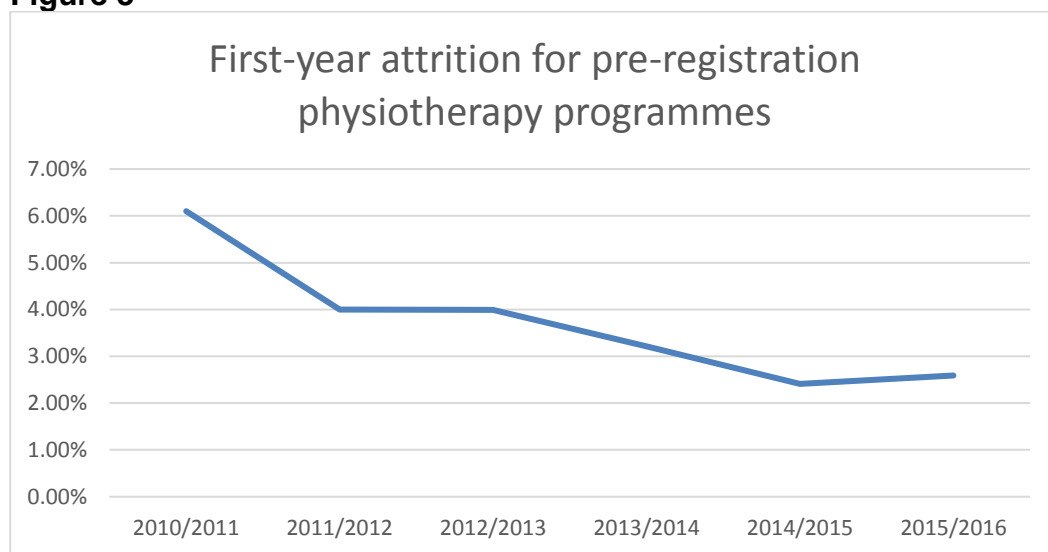
It is good to note attrition rates for physiotherapy programmes compare favourably to the average non-continuation rates across higher education, as published by HESA. <https://www.hesa.ac.uk/data-and-analysis/performance-indicators/non-continuation-summary>

There are a number of factors influencing a student's decision to withdraw from a programme. CSP's previous data collection of student withdrawals (which ceased 2015), consistently suggested that physiotherapy students were more often than not supported to withdraw temporarily, with students reintegrated into programmes after interrupting for a

short period. It also showed that very few students left because they had chosen the wrong programme. Whilst this CSP data is no longer collected, the 2017 Student Academic Experience Survey (HEA and HEPI - <http://www.hepi.ac.uk/2017/06/07/2017-student-academic-experience-survey/>) offers corroboration of these findings, with the data showing that students studying subjects allied to medicine are the third least likely to transfer to another programme.

The survey also shows that health-related subjects have the highest perception of value for money. That said, until now most students have not been paying for themselves therefore their perception of value for money is likely to be different. It will be interesting to note if this changes.

Figure 3



4.0 RESOURCES

Staff:Student Ratios

The CSP takes a flexible approach to staff:student ratios (SSRs), recognising that each HEI has varying configurations of staff (including lecturer-practitioners and visiting lecturers) who contribute to a programme's delivery. We also recognise that the precise mix of the staff profile affects the SSR for a programme, as does the number of other programmes and research activity to which members of staff contribute. Furthermore, SSR figures directly relate to other issues, such as students' experience of physical resources (such as classroom size and layout, staff workloads, student contact time). Given the interconnectedness of these issues, the CSP does not consider SSRs rigidly or in isolation. That said, the CSP does encourage the SSR be maintained around **15:1**.

The 2016/17 NUS-QAA Survey (<http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2016/student-experience-measuring-expectations-and-outcomes.pdf>) suggests that students primarily value staff-student interaction and that they explicitly link contact time with perceived value for money. It is therefore interesting to note that the 2017 Student Academic Experience Survey (HEA and HEPI) report that health-

related subjects have the highest contact hours and workload, as well as the highest perception of value for money. Given that this view will have been expressed by those largely funded by commissions, it will be important to keep this under review now that students are self-funding.

The picture for this year shows some notable trends, as outlined below.

Figures 4a and **4b** below show the 2016/17 SSRs across physiotherapy pre-registration programme provision. Data was compiled from information received from HEIs and has been distilled anonymously so figures are not attributed to any particular institution. Institutions with particularly high SSRs in **Figure 4a** do not necessarily have high SSRs for their practical classes. **Figure 4b** shows the average ratios over the last six years.

The UK-wide average has increased fractionally since last year, with a ratio of 1:15.39 per programme, compared to 1:15.29 in 2015/2016.

Figure 4a

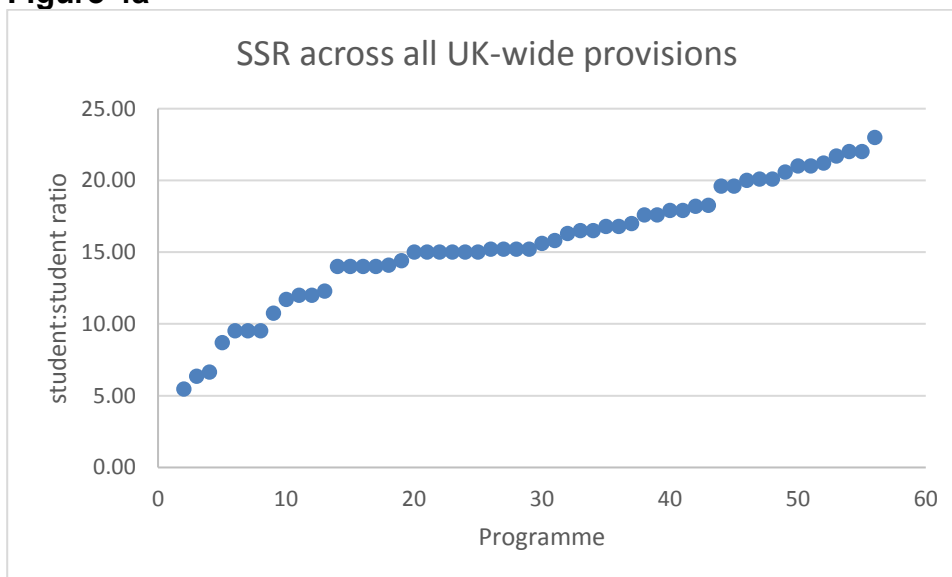
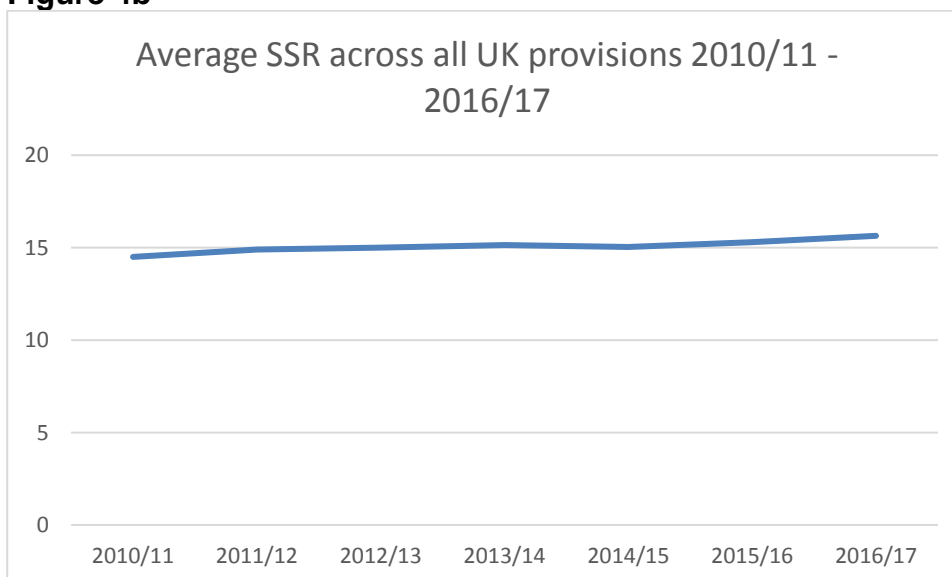


Figure 4b



Practical Class Staff:Student Ratios

The average practical class SSR across the UK was 1:17.93. This compares to a ratio of 1:17.31 in 2015/16 and 1:17.54 in 2014/15. **Figure 4c** shows the SSR in practical teaching groups across UK-wide provision. **Figure 4d** shows the SSR over the last five years.

Figure 4c

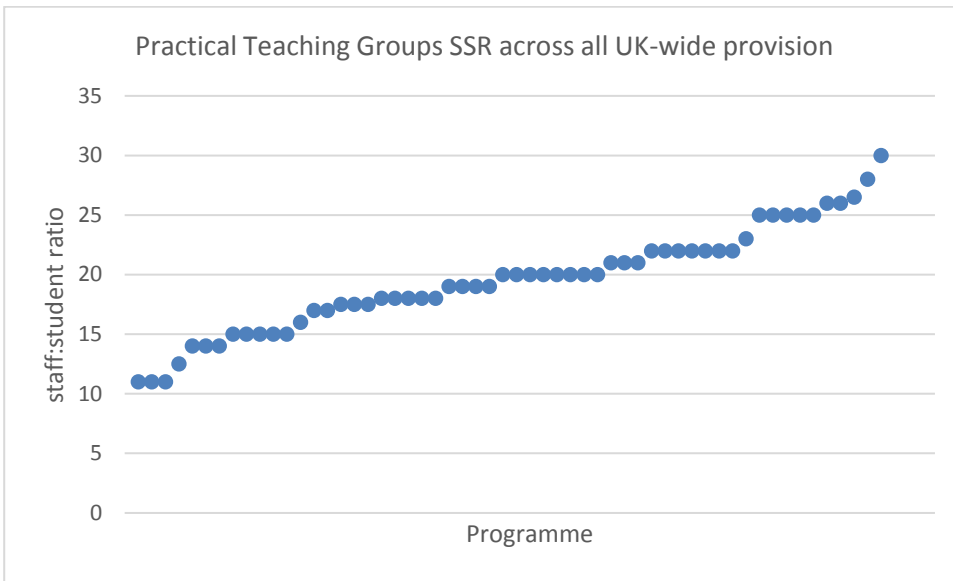
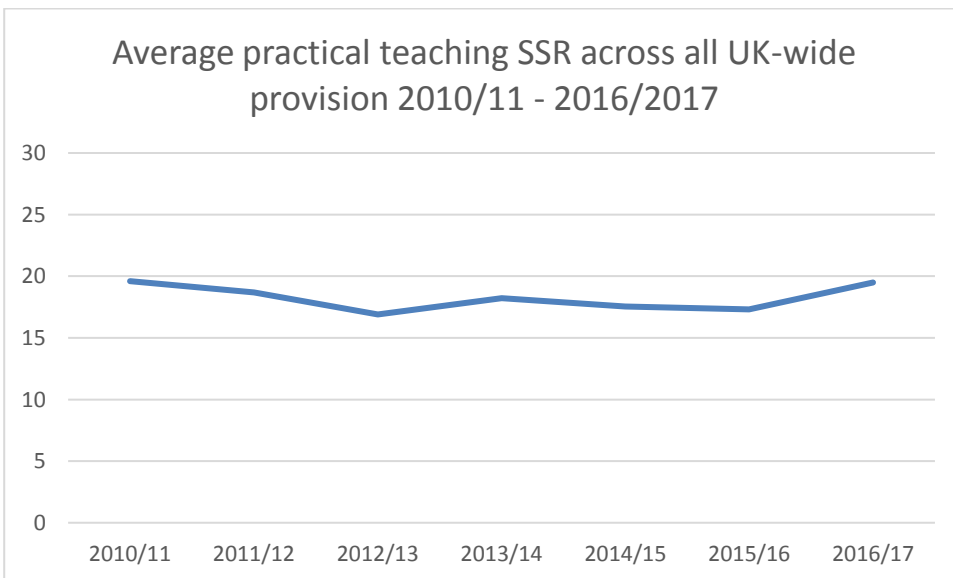


Figure 4d



5.0 WIDENING PARTICIPATION

Gender

As seen in **Figure 5a**, the number of male students studying physiotherapy has remained at 38%. Although this year an increase was not identified, the proportion of male physiotherapy students has increase compared to 30% in 2009/10. This does not yet match the national male student profile (43.49%) reported by Higher Education Statistics Agency (HESA): [Data and analysis - Students and graduates](#). However, given the historical gender ratios in physiotherapy, the trends are moving in the right direction.

Figure 5a

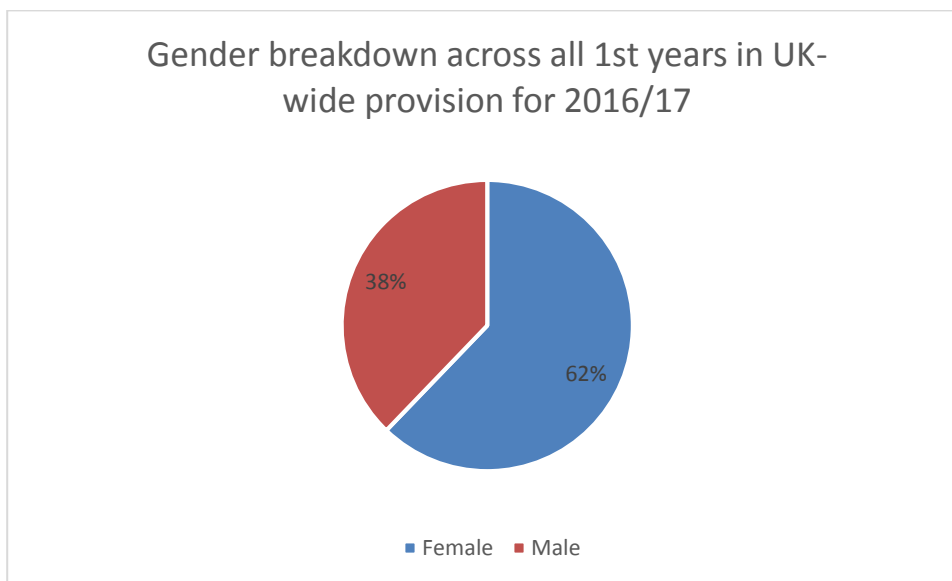
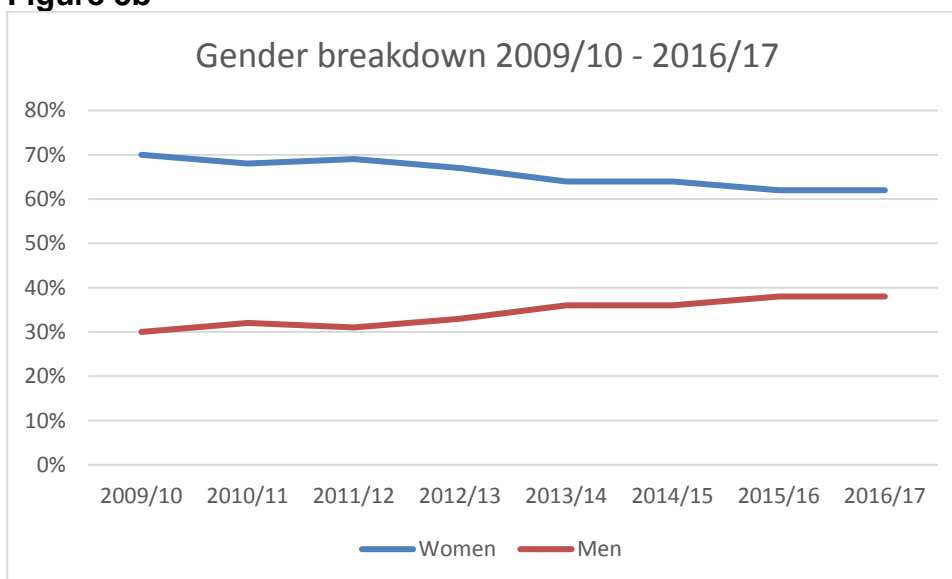


Figure 5b shows the increasing intake of male students from 30% in 2009.

Figure 5b



Age

Figure 5c shows mature student numbers have increased to 68% in 2016/17 from 54% in 2015/16. The average age of students on entering a physiotherapy programme remains the same at 23. This is unsurprising given the large proportion of Master's pre-reg. programmes.

In line with this, **Figure 5d** illustrates that the numbers of student members who are aged 17-20 at the point of entry has decreased to 31.78%, compared to 46.25%, in 2015/16 and 49.86% in 2013/14. The number of student members in age groups 21 – 24 and 25 – 29 increased to 31.69%, 23.91% in 2015/16 respectively.

Figure 5c

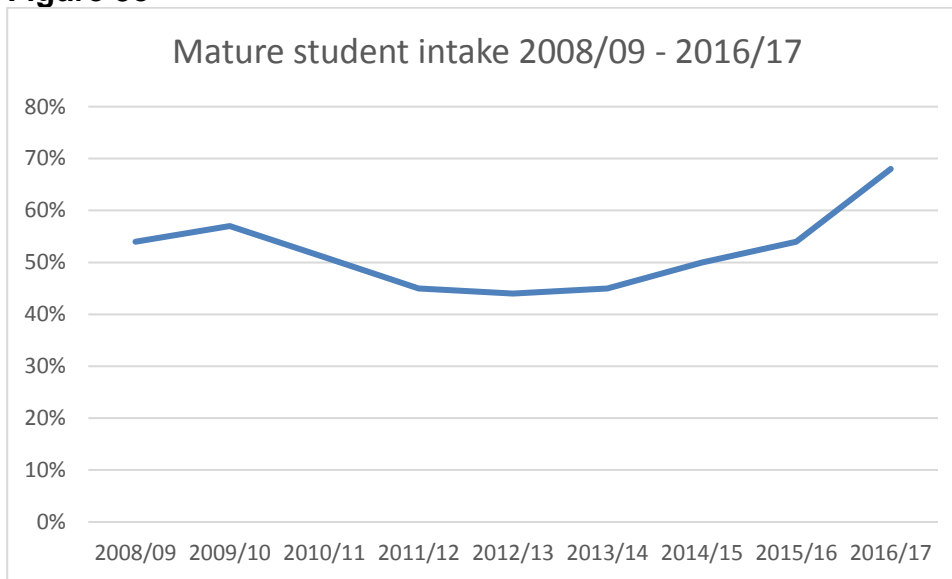
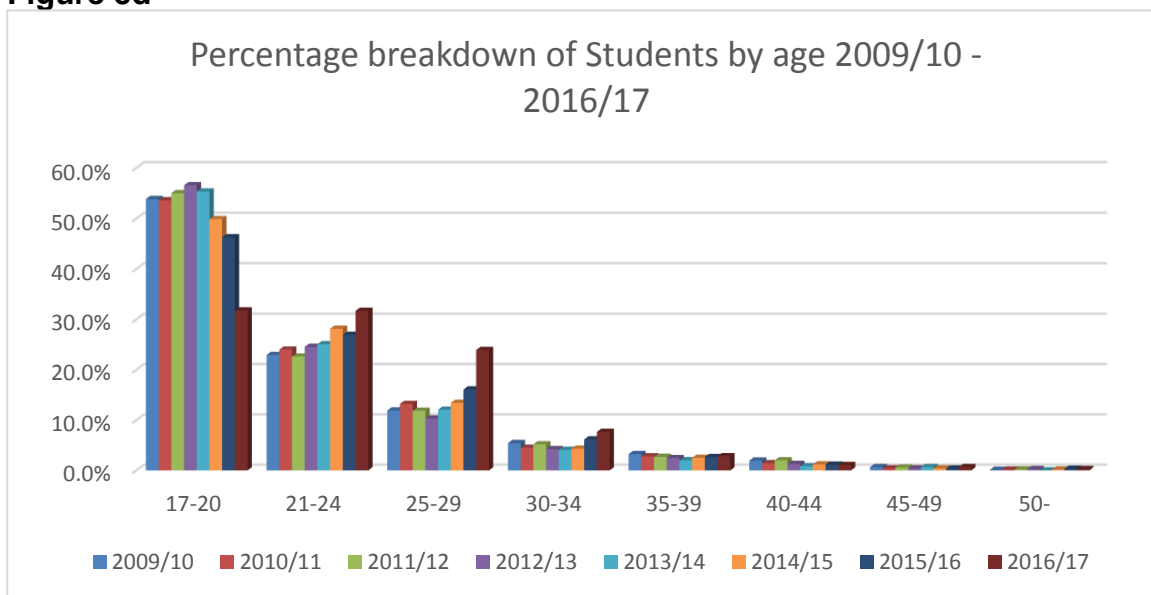


Figure 5d



UCAS Data

Due to the range of application routes the UCAS data set represents half of physiotherapy provisions as it consists of admissions information for thirty-five undergraduate physiotherapy programmes and one postgraduate pre-qualifying programme, out of a total of 37 undergraduate programmes and 18 postgraduate pre-qualifying programmes.

Figure 5e shows the proportion of UCAS applicants by age groups for 2014 – 2016. The data may well differ from HEI data submitted through the AQR, as UCAS define a year in terms of when an application was processed, rather than the entry year.

Figure 5f shows the proportion of UCAS applicants accepted onto physiotherapy programmes by age groups for 2014 – 2016.

The proportion of applicants in the age groups 25 to 29 increased to 12.04%, compared to 11.07% in 2015. For the same period, 13.22% of accepted applicants were 25 – 29 compared to 11.45% in 2015.

Comparing the **Figures 5e** and **5f**, it is interesting to note a slight skewing across all three years in favour of applicants coming straight from school (aged 18). The data also shows a skewing against applicants older than 35, with more than 5% of applications coming from this age bracket, but only translating into 3.5% of those accepted onto places.

There have been a number of factors both internal to the profession (such as a greater emphasis on values-based recruitment), internal to individual HEIs (such as changing tariff points), or external to the profession (including the funding changes in England) that will have influenced these trends. Universities, as always, are encouraged to keep under review their admissions policies and processes to ensure equal access to entering the profession.

Figure 5e

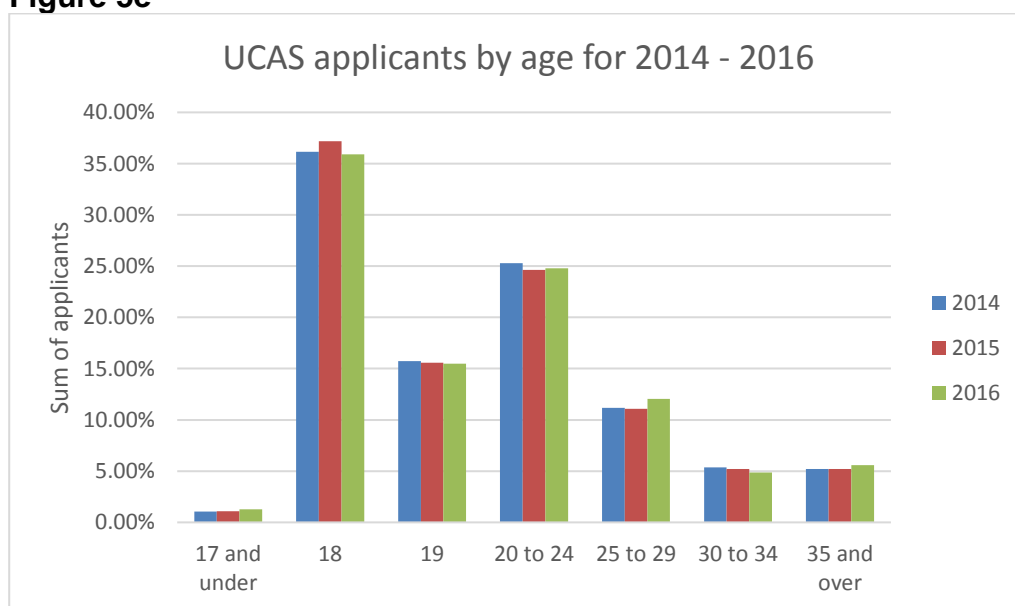
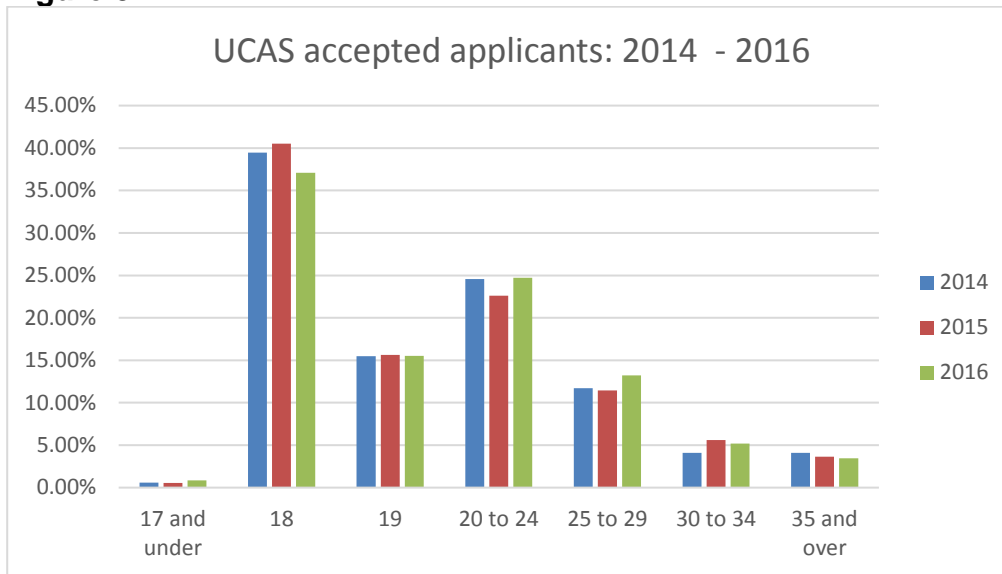


Figure 5f



Ethnicity

UCAS ethnicity codes have been used and these reflect the classifications used in the 2011 census. As shown in **Figure 5g**, in 2016/17, 79.18% of students studying on a pre-registration physiotherapy programme were white compared to 82.69% in 2015/16.

Figure 5h details the gradual increase in the percentage of BME students since 2010/11. However, ethnicity is not yet representative of minority groups (Ethnicity and National Identity in England and Wales: 2011, Office for National Statistics - <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/ethnicityandnationalidentityinenglandandwales/2012-12-11>) and there is variation between programmes.

Figure 5g

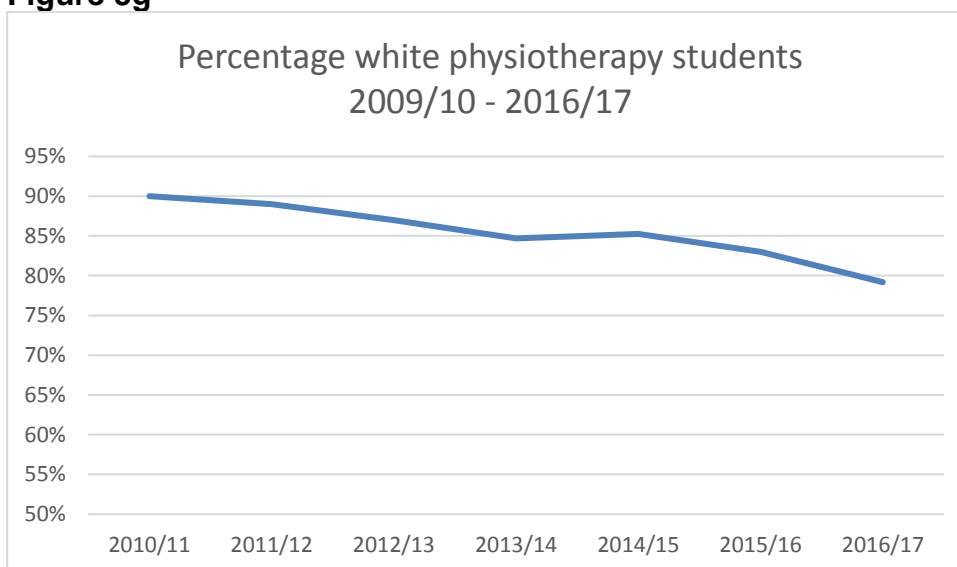
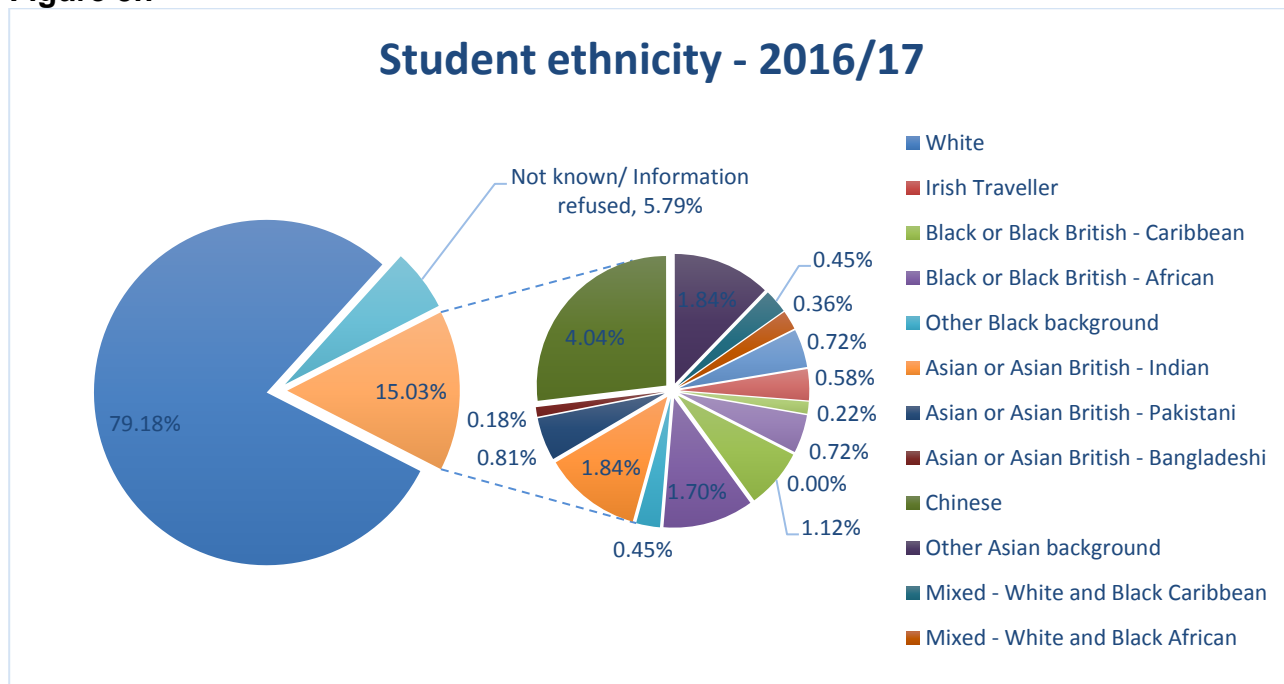


Figure 5h



Key to Figure 5h:

White	79.18%	Other Asian background	1.84%
Irish Traveller	0.00%	Mixed - White and Black Caribbean	0.45%
Black or Black British - Caribbean	1.12%	Mixed - White and Black African	0.36%
Black or Black British - African	1.70%	Mixed - White and Asian	0.72%
Other Black background	0.45%	Other Mixed background	0.58%
Asian or Asian British - Indian	1.84%	Arab	0.22%
Asian or Asian British - Pakistani	0.18%	Other Ethnic background	0.72%
Chinese	4.04%	Not known/Information refused	5.79%

Figure 5i shows the proportion of UK domicile applicants by ethnicity for 2014 – 2016.

Figure 5j shows the proportion of UK domicile accepted applicants by ethnicity for 2014-16.

The average proportion of white applicants for 2014-2016 year-cycles was 66.95%, and 78.79% of accepted applicants. The proportion of black and ethnic minorities (BME) for the same period was 17.09% and 8.33% respectively.

Cohort diversity improves the learning experience for all students (Student Experience: Measuring expectations and outcomes Universities UK, 2016 - <http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2016/student-experience-measuring-expectations-and-outcomes.pdf>) and it ensures that physiotherapy is a diverse, dynamic profession that reflects the national demographic and the

communities that it serves. Given this, efforts to attract and retain students from black and ethnic minorities must continue. Programme teams are encouraged to review admissions processes to ensure processes are open and transparent and free from both conscious and unconscious bias.

As educators you are already aware of the complex issues that impact on ethnicity and recruitment and it remains important to keep these under review. We hope to gain more information regarding ethnicity and recruitments from analysis of teams' detailed responses to the 2016/17 quality enhancement theme of widening participation (see Part 2). The CSP will aim to incorporate the analysis of challenges and excellent practice into its guidance, position statements and activities for 2018.

Figure 5i

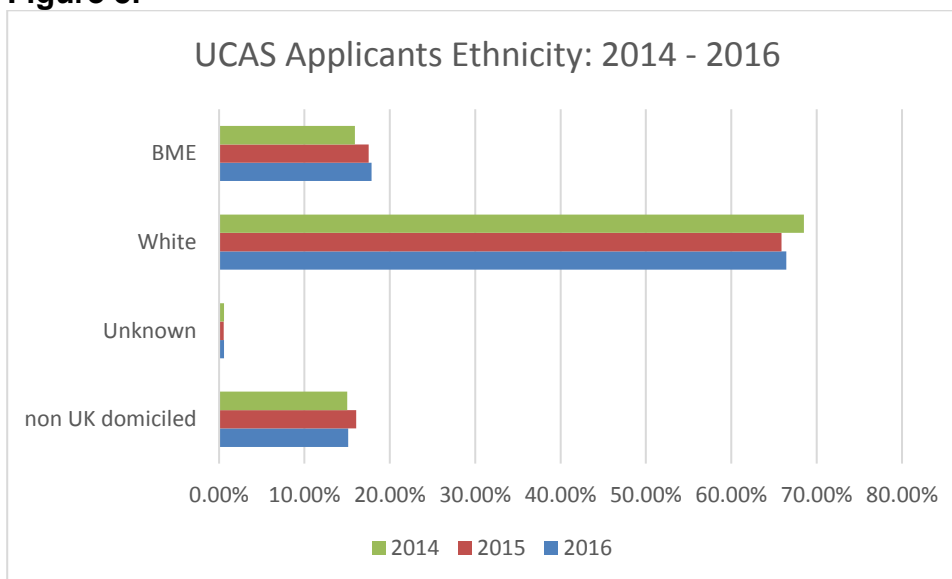
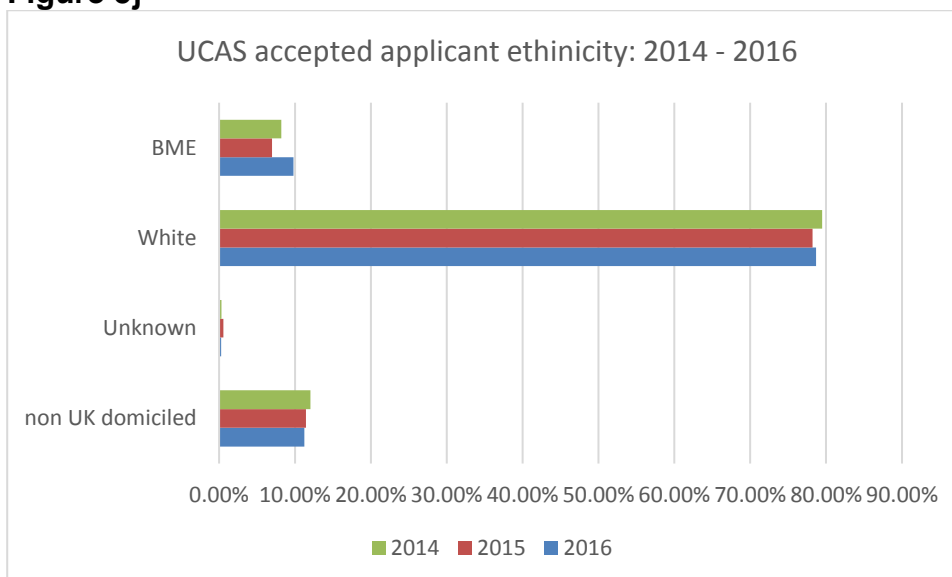


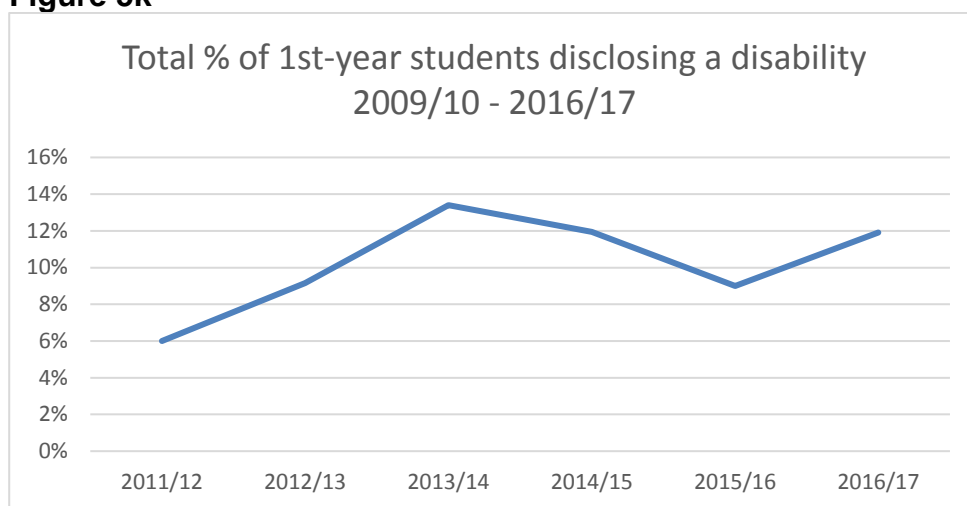
Figure 5j



Disability

The criteria used for identifying disability trends among physiotherapy student cohorts are those used by UCAS. **Figure 5k** shows that the percentage of first-year students disclosing a disability has increased to 11.91% this year following decreases since 2013/14 (13.4%). Prior to 2012/13, data taken was based on CSP membership data, and figures stood at a consistent 6%. The relative increase in the data now used is thought to be due to a higher disclosure of disability to the universities at which students enrol compared with disclosure to the CSP as a membership body.

Figure 5k



While there has been an overall decrease in the number of students studying physiotherapy who disclose a disability since 2013/14, it is good to note that the disclosure rates have risen from a low of 9% in 2015/16, back to 12% in 2016/17.

As shown in **Figure 5l**, 62.9% of students who disclosed a disability were reported as having a learning difficulty in 2016/17. Data suggests that the majority of these students made a disclosure of dyslexia. As demonstrated by **Figure 5m**, there has been no significant change in the overall profile of disabilities reported by students since 2013/14.

Figure 5l

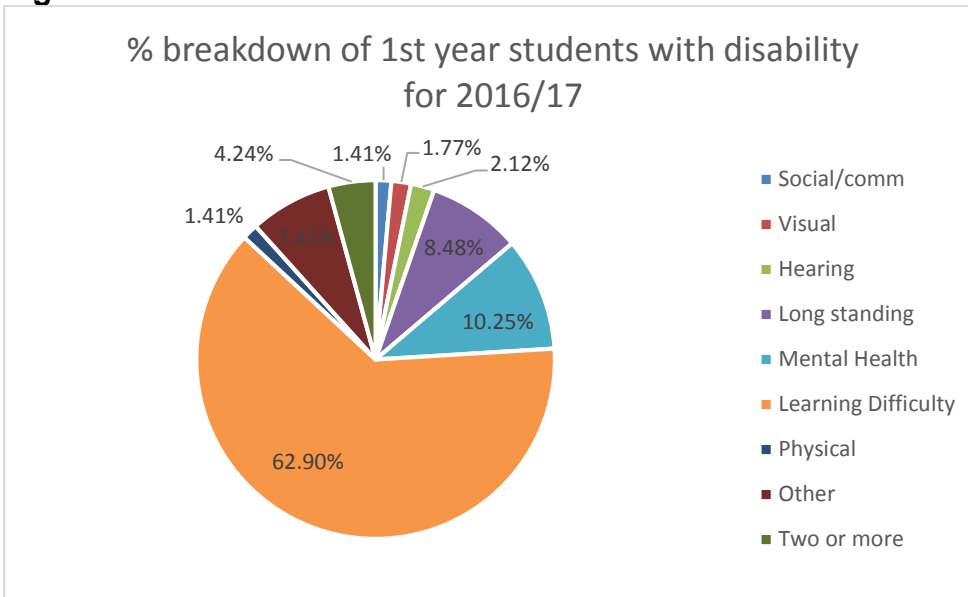
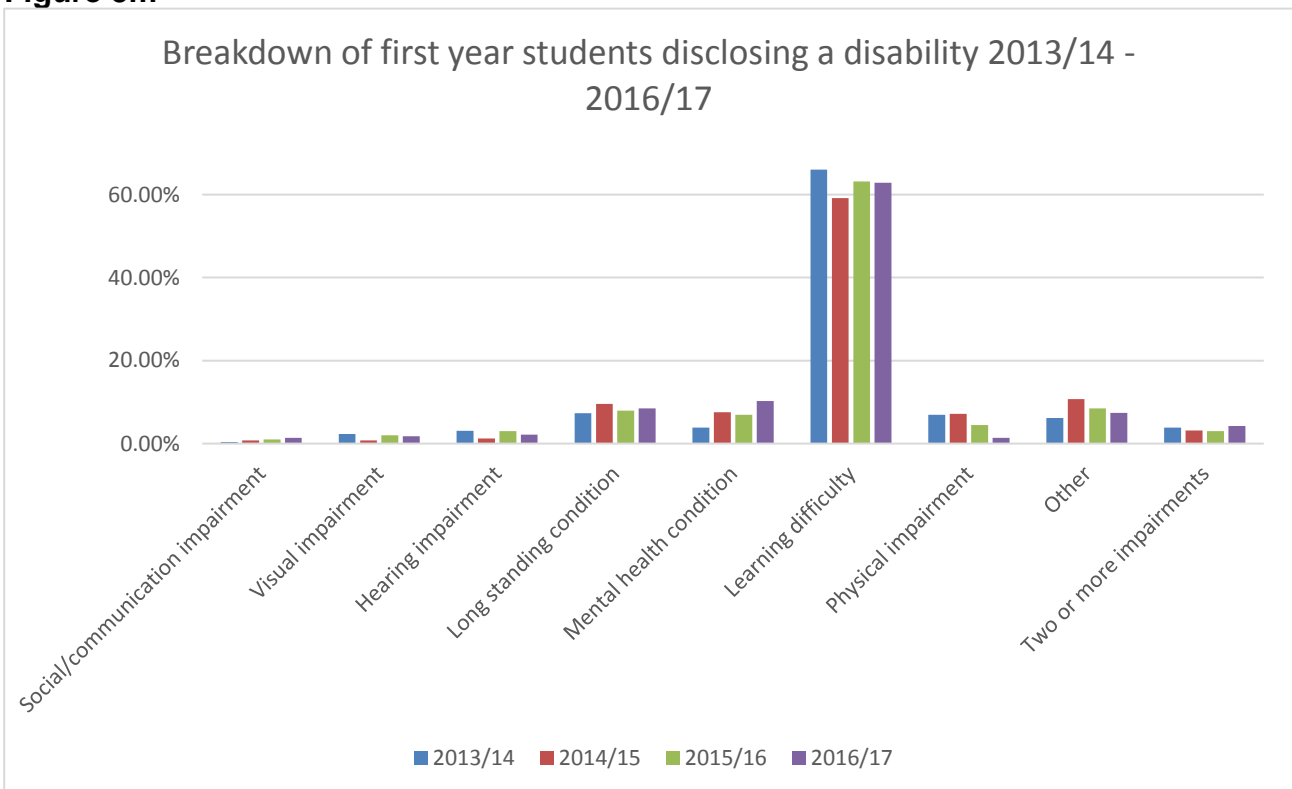


Figure 5m



Key to Figure 5m

	2013/14	2014/15	2015/16
Social/communication impairment	0.39%	0.79%	1.00%
Visual impairment	2.32%	0.79%	1.99%
Hearing impairment	3.09%	1.19%	2.99%
Long standing condition	7.34%	9.52%	7.96%
Mental health condition	3.86%	7.52%	6.97%
Learning difficulty	66.02%	59.13%	63.18%
Physical impairment	6.95%	7.14%	4.48%
Other	6.18%	10.71%	8.46%
Two or more impairments	3.86%	3.17%	2.99%

Figure 5n and **Figure 5o** detail the percentage of UCAS applicants and accepted applicants according to those who disclosed a disability. The proportions of disclosed disabilities to UCAS are similar to data reported by programme teams.

Figure 5n

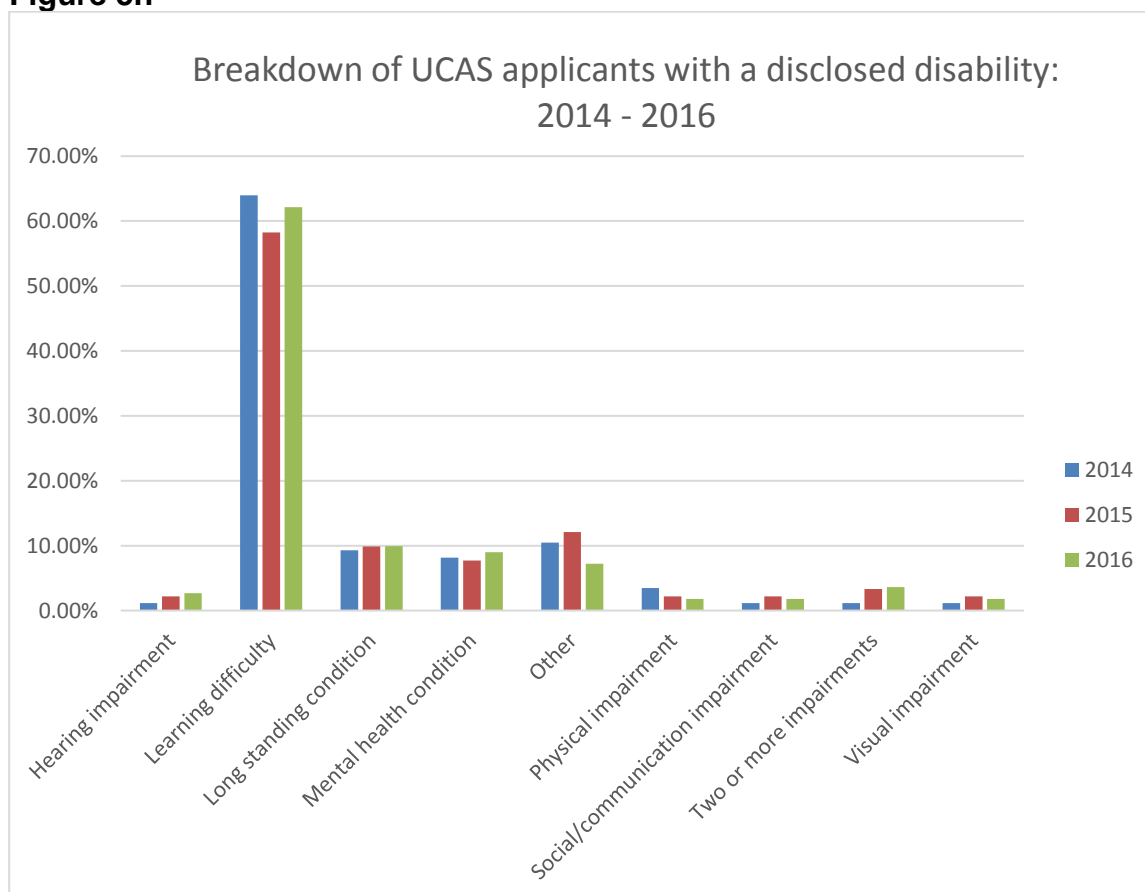
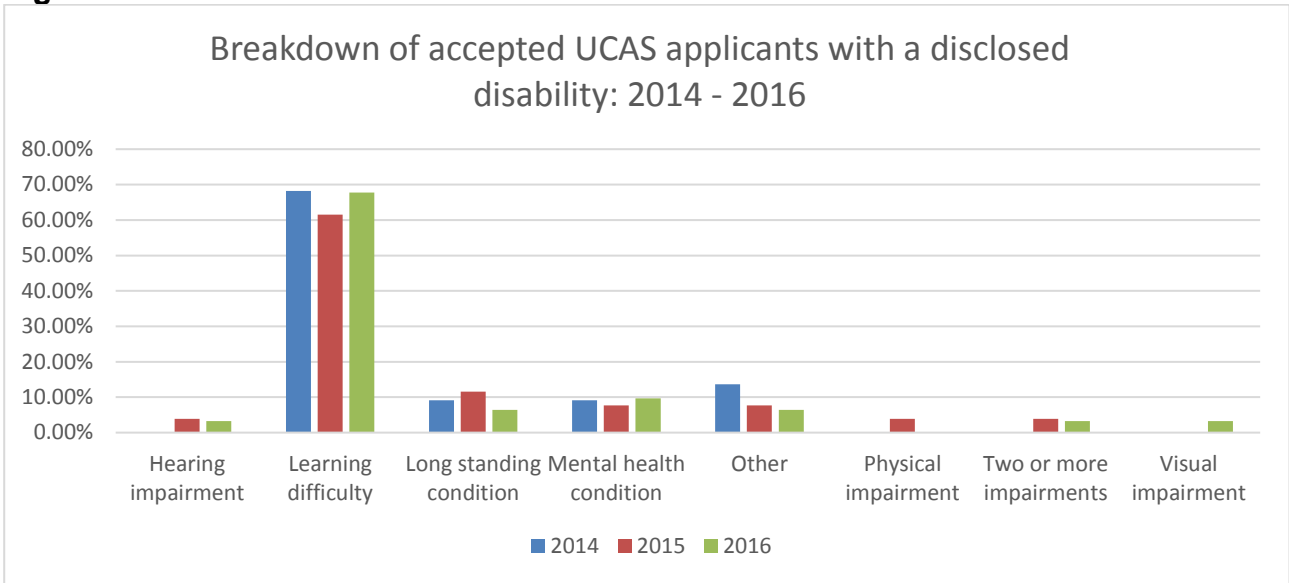


Figure 5o



6.0 PRE-REGISTRATION OUTCOMES

Degree Classification

Figure 6a shows the proportion of degree classifications awarded on BSc physiotherapy programmes in 2015/16, the latest year for which information could be provided at the time of data acquisition. A comparison to previous years is shown in **Figure 6b**.

The percentage of students achieving a first-class award was 32%, an increase of 6.6% on 2015/16. This is 9% above the national average for UK programmes (as reported by (HESA): [Data and analysis 2015/16 - Students and graduates](#)).

Reasons for the continuing increase in first-class awards and the potential implications of this in terms of standards and value within physiotherapy pre-registration education need to be considered.

Figure 6a

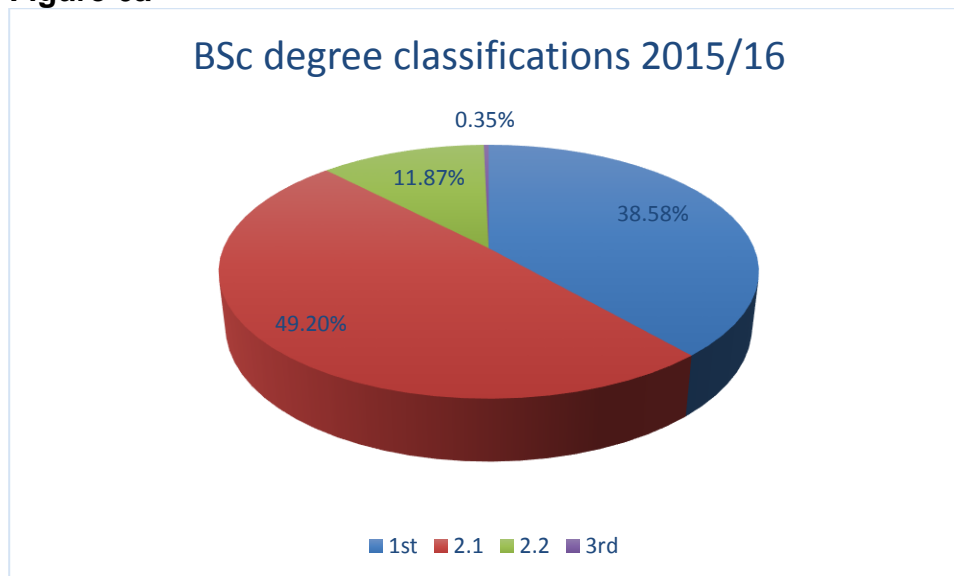
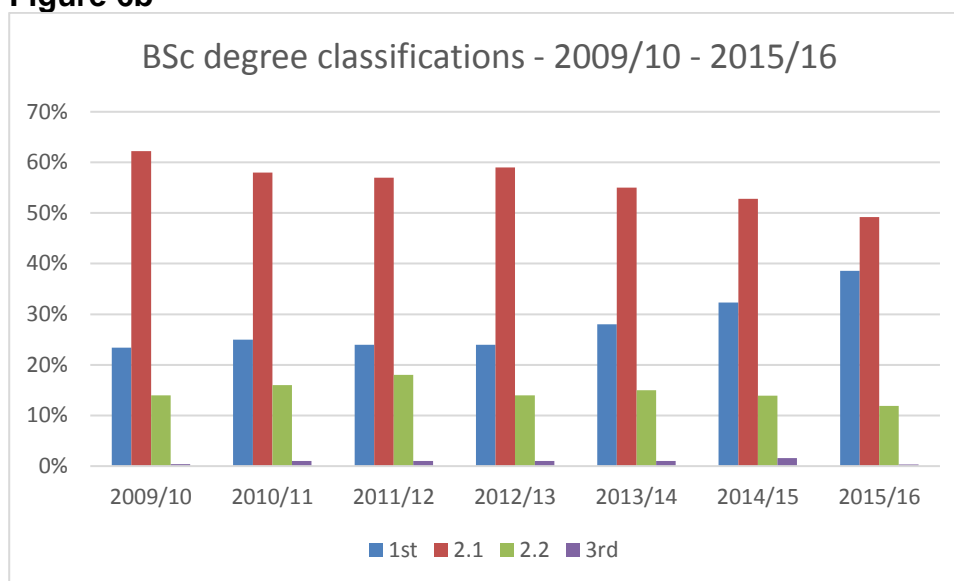


Figure 6b



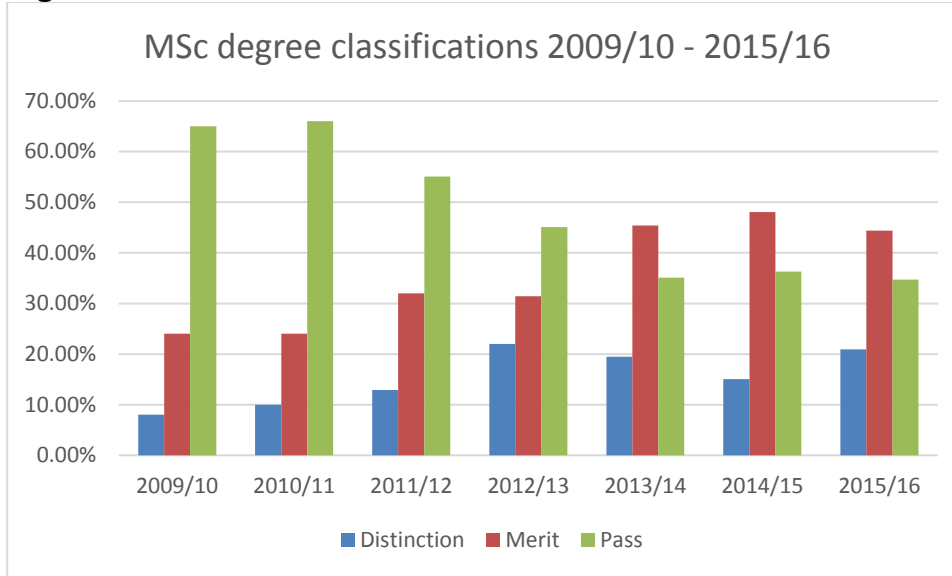
Upper-second class awards have decreased from 53% in 2014/15 to 49% in 2015/16, whilst lower second awards have decreased from 13% to 12%. The number of lower-second class awards is significantly less than the national average of 22% at 2015/16 (HESA).

Comparison against and consideration of degree classification trends against national averages across all subjects will be helpful to ensure physiotherapy maintains its justified reputation as a discipline/profession with rigorous academic and professional standards. The CSP is seeking direct engagement for the profession in a Higher Education Academy project focused on standards calibration. The opportunity to progress this will be subject to the HEA project continuing to receive funding from the Higher Education Council for England (HEFCE).

For pre-registration postgraduate qualifications, the percentage of students achieving a distinction has increased to 21%. This is a 6% increase from 2014/15 and 1% lower than the highest proportion in 2012/13. The percentage achieving a merit has decreased by 4% to 44%. The number of students achieving a pass decreased by 3% to 34%.

Figure 6c shows a strong change in the profile of award classifications given since 2009/10. Again, it will be helpful to explore and discuss possible reasons behind this trend.

Figure 6c

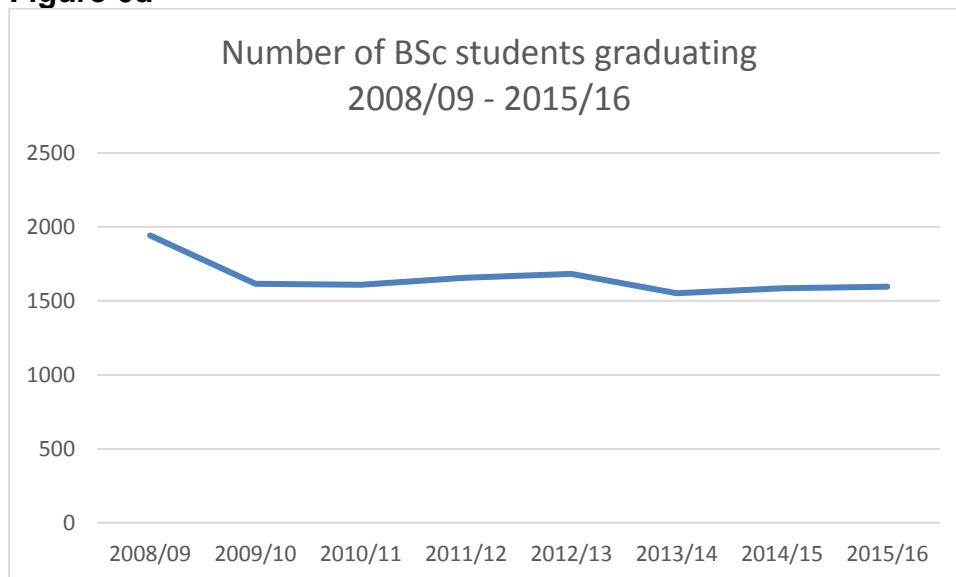


Graduating Student Numbers

BSc (Hons) Programmes

As shown in **Figure 6d**, there is a marginal increase in the number of students graduating from pre-registration BSc (Hons) Physiotherapy programmes from 1586 in 2014/15 to 1593 in 2015/16. In general, the number of students graduating reflects the decrease in student intake between 2008/9 and 2013/14.

Figure 6d



Postgraduate Programmes

Figure 6e details the number of students graduating from taught postgraduate pre-registration programmes continued to increase to 351 in 2015/16 from 345 in 2014/15. This increase reflects the overall increase in intakes to pre-registration Master's students in 2012/13.

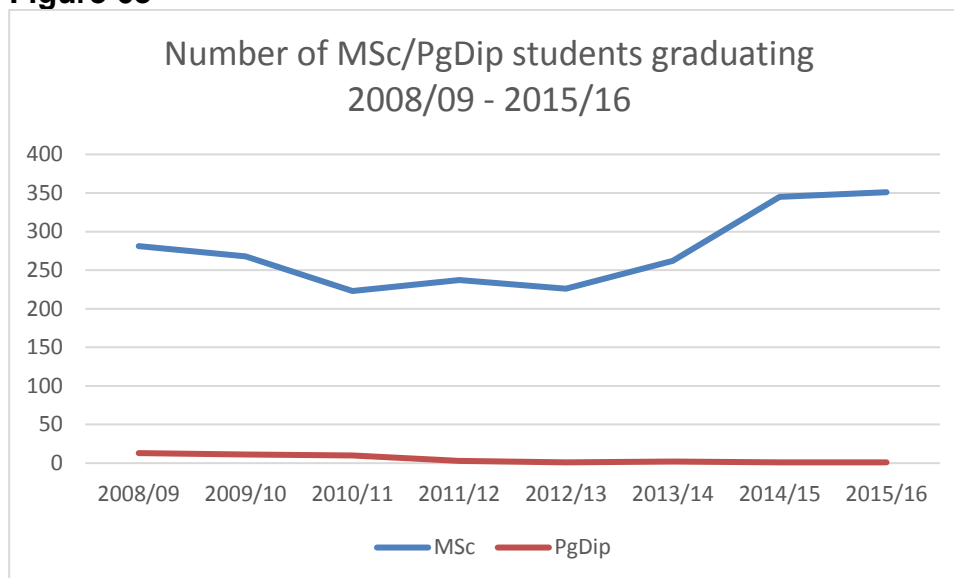
Just one student graduated with a postgraduate diploma in 2015/16, rather than an MSc. This is less than 1% of the total cohort compared to 5% in 2008/09.

This significant shift in the number of students studying on Master's level programmes and entering the profession, on qualification, with postgraduate level knowledge needs to be considered carefully in the context of the changing education/student funding arrangements in England (from 2017/18).

While uncertainty remains about the student support arrangements for postgraduate pre-registration programmes (including the number of funded places for 2017/18 and arrangements beyond), there is a risk that the supply of postgraduate entrants to the profession will be compromised. The CSP continues to address this issue with the Department of Health and Department for Education. We will continue to work with other AHP bodies and Council of Deans for Health to promote the value of these programmes

as an entry route to the profession and to argue for equitable student loan arrangements to be in place for these students.

Figure 6e



7.0 COMPARING PHYSIOTHERAPY PROGRAMMES

UNISTATS Data

The UNISTATS dataset is compiled from the National Student Survey (NSS), and the Destination of Higher Education Leavers Survey (DLHE). The NSS is a survey across final-year undergraduates in all publicly funded HEIs across the UK. The DLHE survey asks those who have recently completed higher education programmes about their current activity, including work and further study.

For the NSS data for a programme is only shown when at least 23 students completed the questionnaire, and where the respondents make up at least half of all the students on that programme. In cases where at least half, but fewer than 23 students have completed the questionnaire, UNISTATS combine the results with other related programmes at the given HEI. Where this is the case, these programmes have not been included in this comparison, to prevent any skewing of the data. It is also worth noting that UNISTATS round percentages to the nearest five percentage points when information has been collected from fewer than 53 students. The dataset therefore only covers 36 of 55 programmes

Figures 7a-7i show the spread of feedback of student satisfaction for the criteria asked by the NSS, across HEIs offering physiotherapy programmes for which data was available.

Figure 7a shows the average scores awarded by students across all HEIs.

Figure 7a

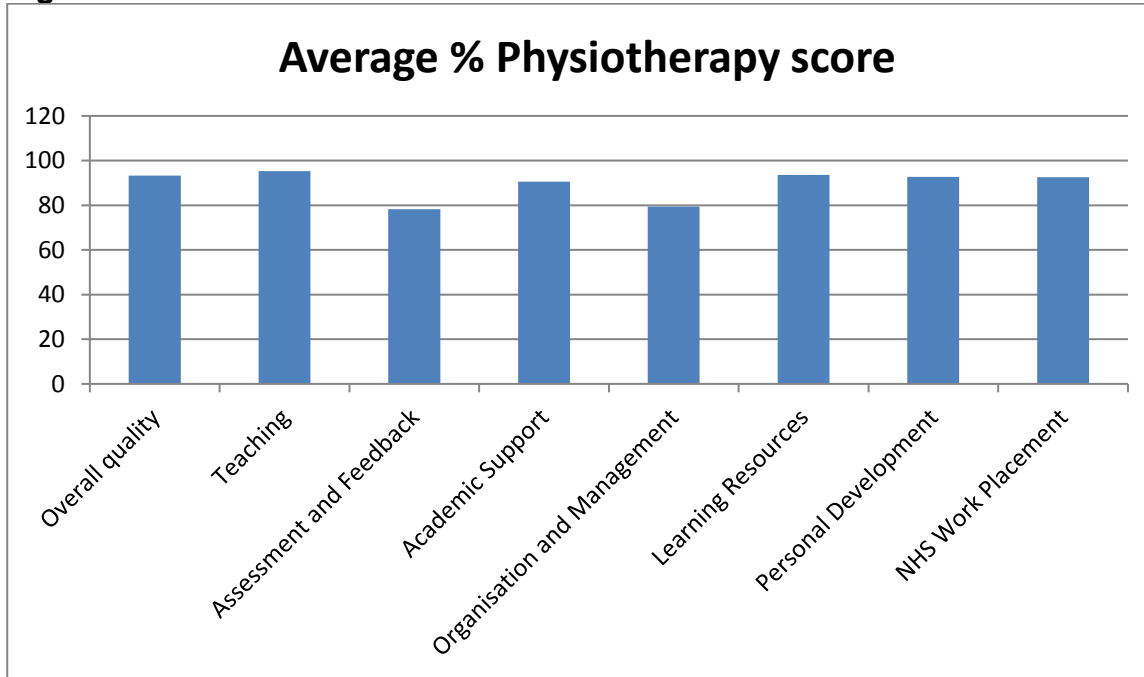


Figure 7b

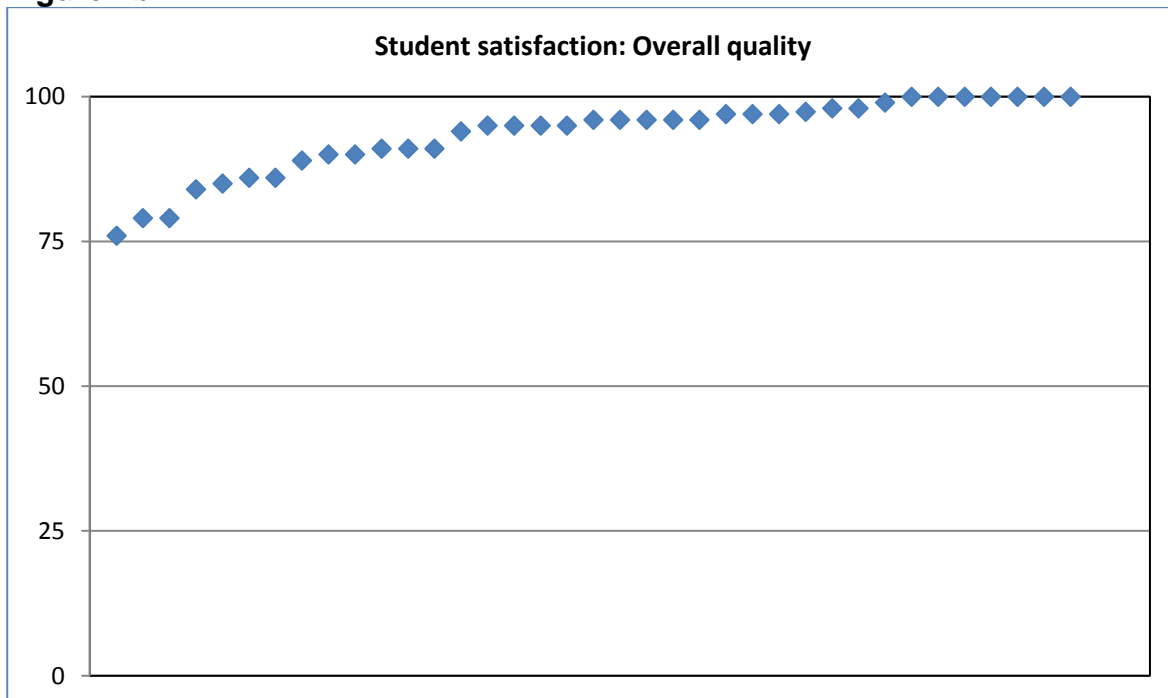


Figure 7c

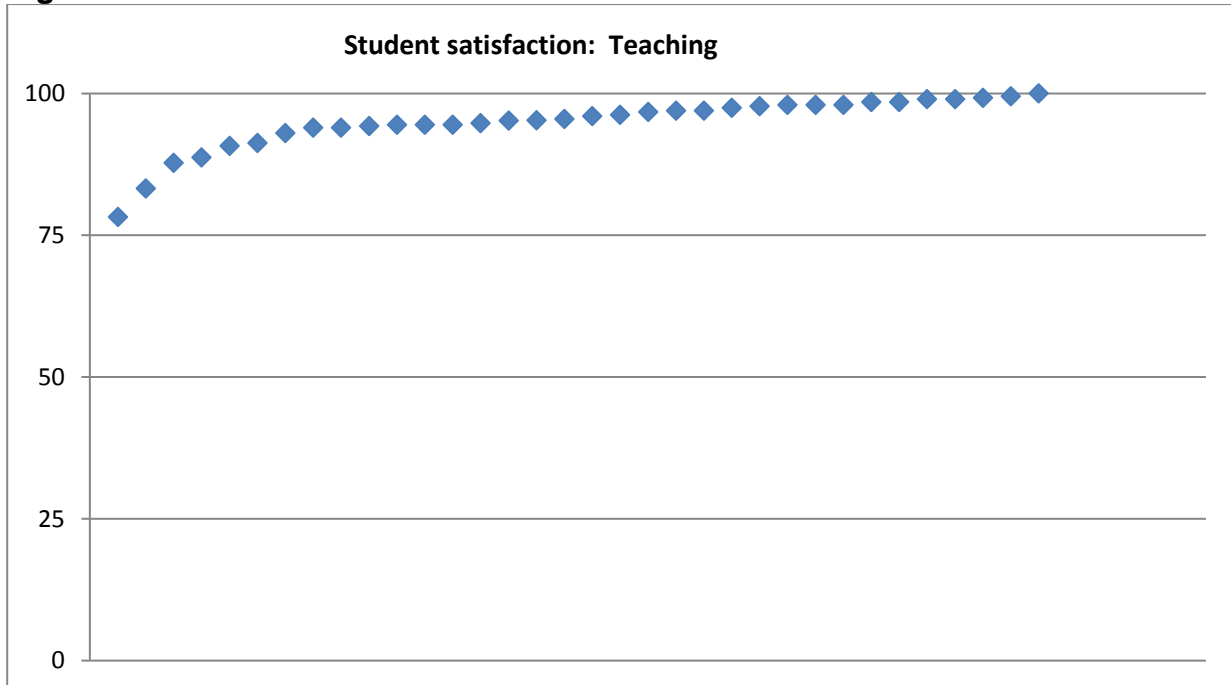


Figure 7d

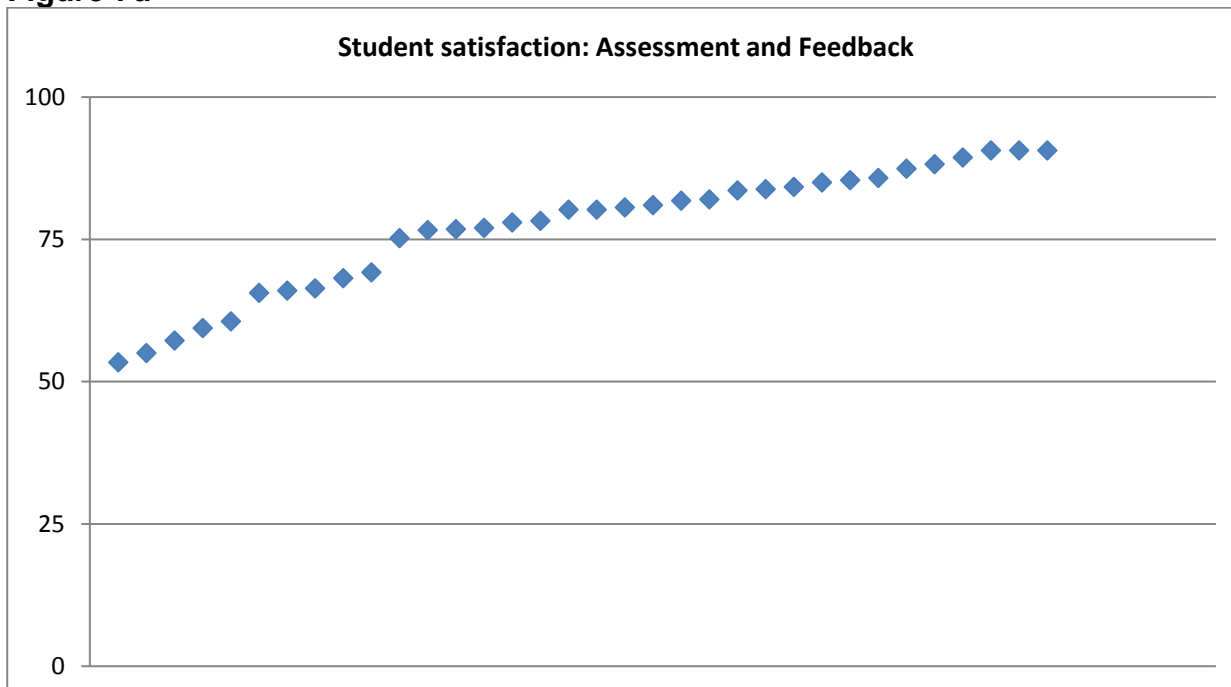


Figure 7e

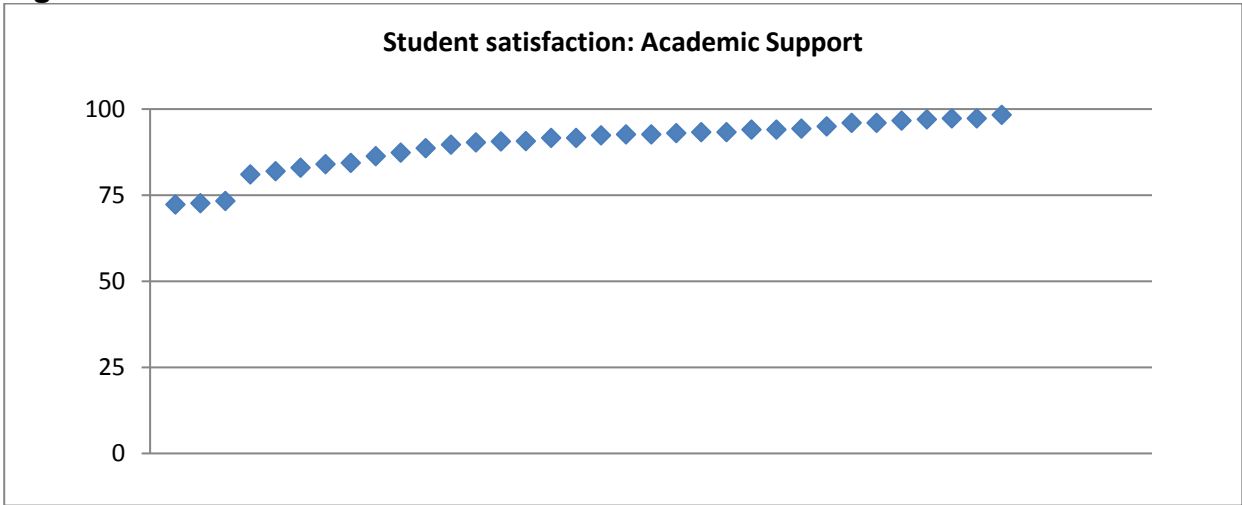


Figure 7f

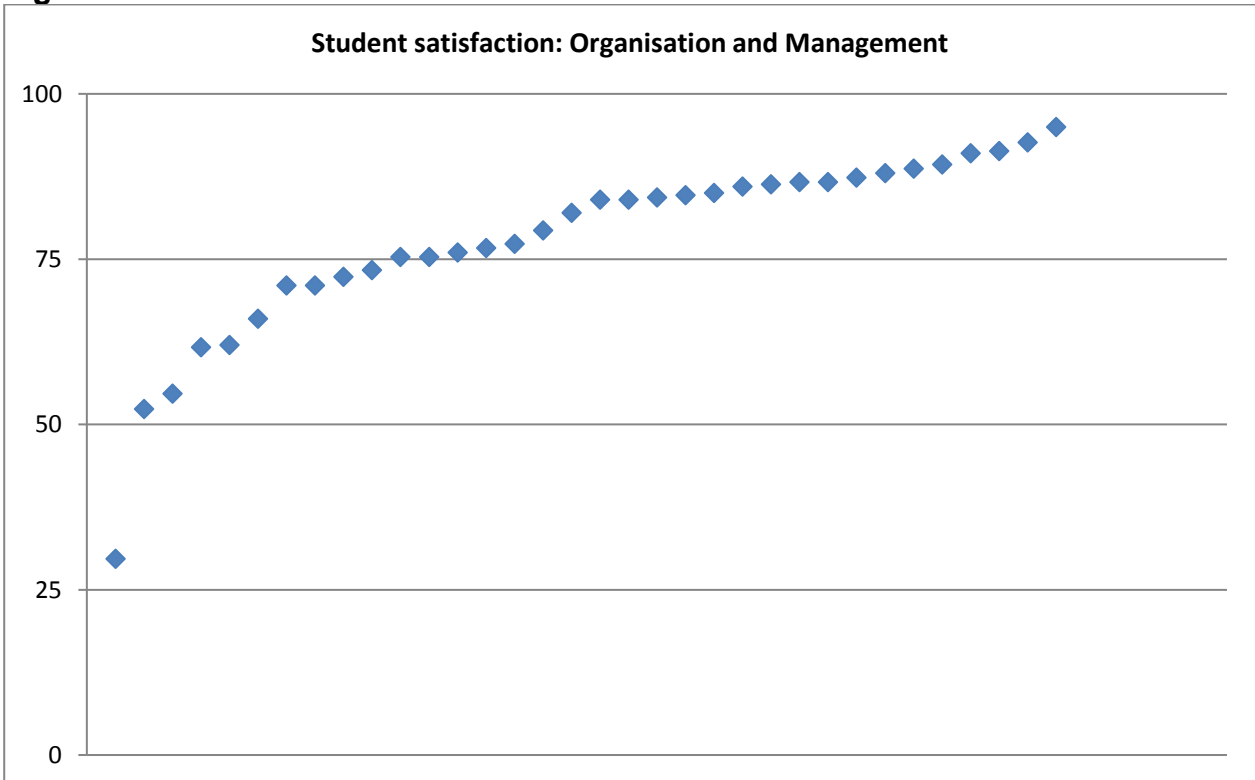


Figure 7g

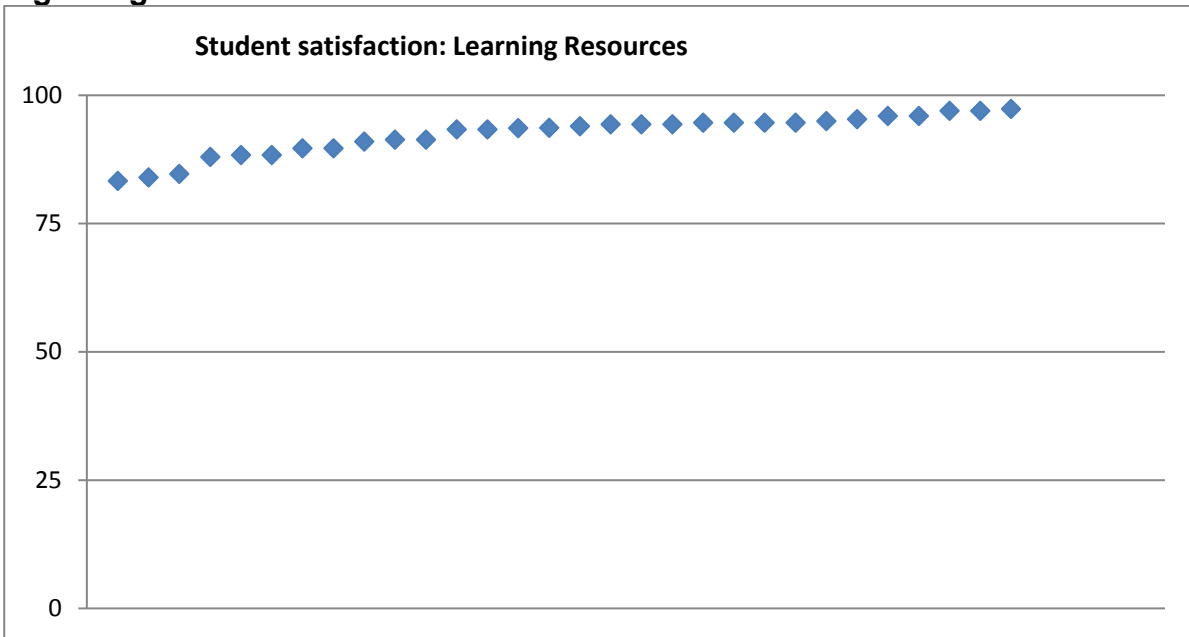


Figure 7h

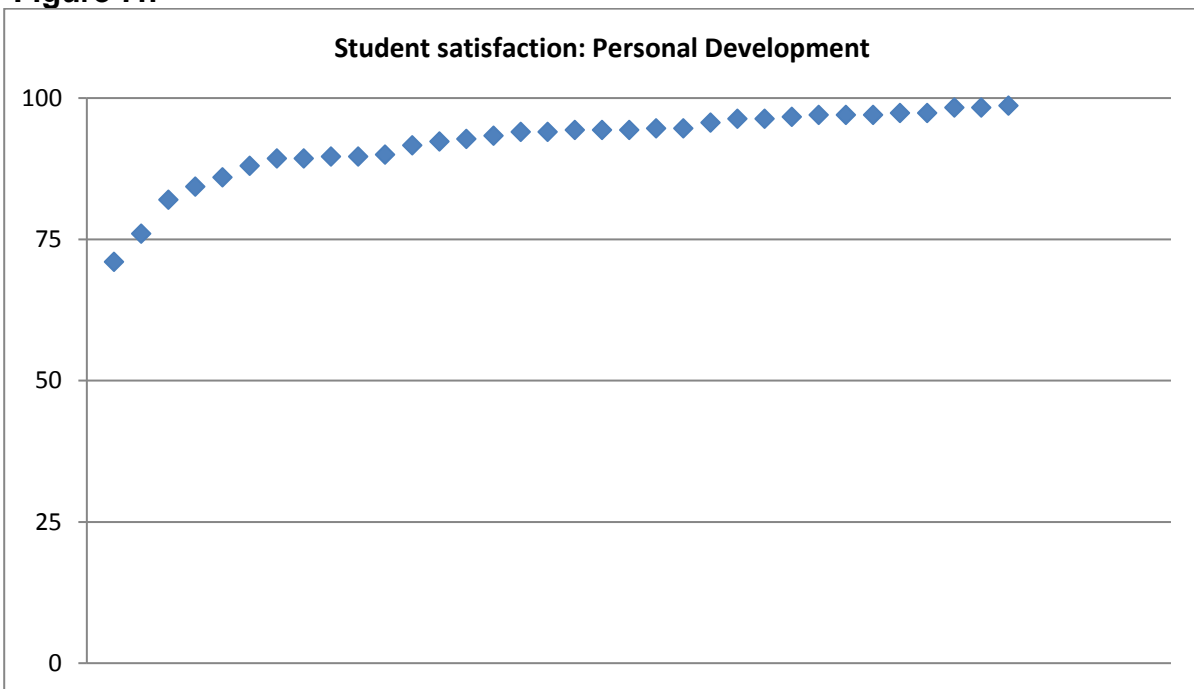


Figure 7i

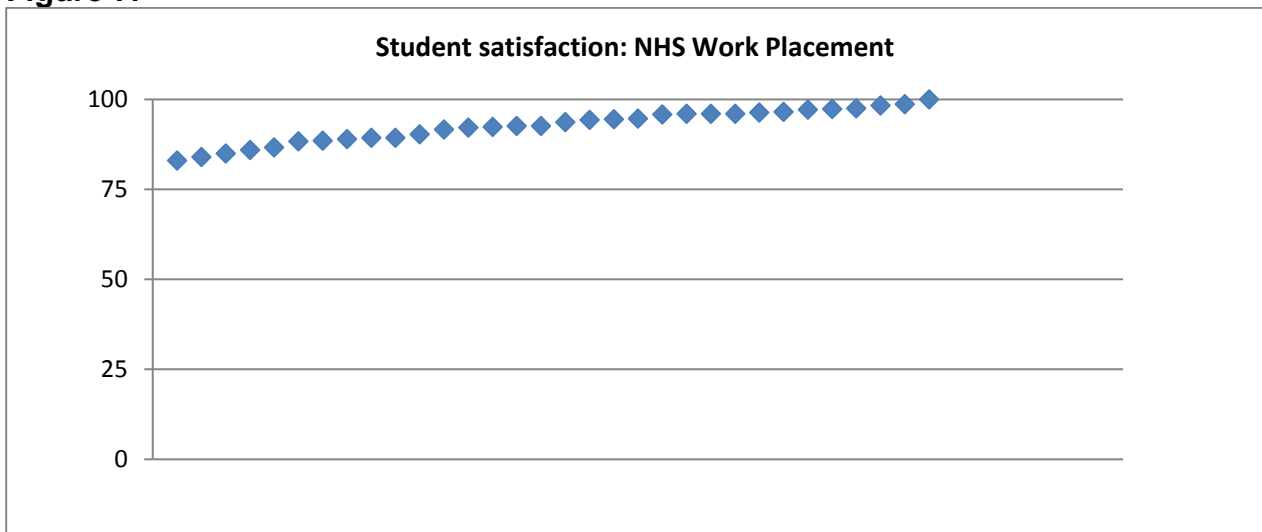
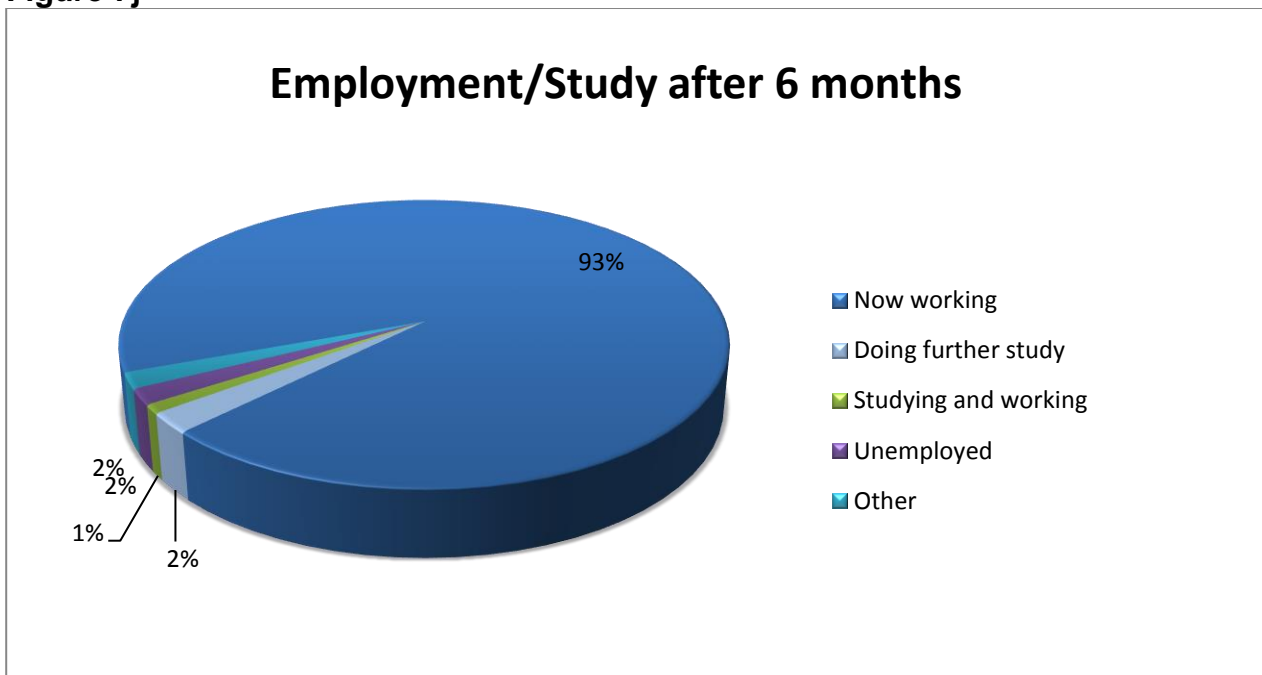


Figure 7j shows the employment status of the physiotherapy graduates who responded to the DHLE survey six months after graduating in 2014-2015.

Figure 7j



The DLHE survey classifies jobs using the Standard Occupational Classification 2010 system, grouping responses into particular job titles. 91% of physiotherapy graduates described as a therapy professional, 5% in elementary occupations and 4% other. The most frequently occurring alternative terms used to describe roles are listed in the chart above.

PART 2: ANNUAL QUALITY REVIEW 2016/17

Practice-based learning

This year's AQR coincides with the CSP's practice-based learning (PrBL) campaign. 'Shaping physio – practice-based learning and you' aims to:

- strengthen member engagement with PrBL as the main way to address physiotherapy workforce shortages
- ensure students learn in environments that reflect where they will practice on qualification
- maintain PrBL quality within different approaches and models
- promote a collaborative approach in a context of increasing competition

Campaign activity is underpinned by a set of key messages that assert the Society's position on PrBL and challenge some of the 'myths' associated with PrBL (<http://www.csp.org.uk/professional-union/careers-development/practice-based-learning/key-messages>). They are designed to stimulate critical conversations about PrBL that identify current barriers and develop creative solutions that optimise PrBL capacity and ensure that the supply, quality and diversity of PrBL continues to support the profession's growth.

The AQR and responses provide a valuable source of data that can be used with intelligence gathered from other events and activities to evaluate the impact of the PrBL campaign. The prompts used to gather data about PrBL for the AQR 2015/16 have been maintained and updated to reflect the language used by the campaign (*practice-based learning* replacing *practice education*). This continuity provides a means of tracing change in the volume and breadth of PrBL capacity and in the resources and relationships required to ensure its sustainable development. A new question (15f) has been added to allow the AQR to capture information about the factors shaping programme teams' ability to expand the volume and breadth of PrBL opportunities available to students. Insights generated from this data will help inform and refine information, guidance and advice developed through CSP's PrBL campaign activity.

This section of the report draws on AQR data to present a descriptive account of how programme teams and physiotherapy services have worked together to ensure that the supply, quality and diversity of PrBL continues to meet demand. This focus draws attention to the relationships needed to support the development of PrBL; and shows how changes to service design, delivery and organisation of physiotherapy services has an impact on the supply, quality and diversity of PrBL. The presentation of responses and analysis to the practice-based learning section of the report follows the structure of adopted in 2015/16. Analysis of AQR responses are presented under the information requests put to teams (which are presented in italics).

AQR Question 15. Placement provision

15a. *Please outline the variety of placement opportunities available. What is your strategy for developing and expanding practice-based learning provision into areas such as primary care?*

Practice placements are available across the variety of settings that support the delivery of physiotherapy practice. Reports confirm that the number of placements available is sufficient to meet the current demand. Students have opportunities to experience physiotherapy practice in hospital, primary care and community-based settings. The data show how the profile and availability of placements is shaped by the design, delivery and changing organisation of physiotherapy services within a geographical area. AQR submissions show how changes to service organisation can have a positive impact on capacity for PrBL. This is not universal as a handful of programmes are concerned that capacity for PrBL in some areas may become a factor limiting their ability to expand student numbers.

Within the hospital setting, students gain experience of how physiotherapy works in musculoskeletal, neurology and respiratory care settings across the lifespan. HEIs with large DGHs and/or tertiary hospital services in their patch are also able to offer hospital-based placements in specialised services such as those for acquired brain injury, burns and plastics, cardiothoracics, oncology and spinal cord injuries for example.

The expansion of practice-based learning in community-based settings reported in 2015/16 has been maintained with many programme teams reporting that they

... 'are seeing an increase in the number of community placements being offered in a spectrum of specialities which is reflective of the shift in the delivery of contemporary physiotherapy' [Teesside]

AQR returns show that the development of placements in primary care (services where physiotherapist is the first contact and principal point of continuing care) reported in 2015/16 has continued. In some regions, these developments are supported and shaped by local workforce priorities and practices as these data show:

'As part of our current NHS contract we are taking 16 MSc students per year under a contract variation to provide the students with enhanced experience of primary care. As part of this development we have employed a further lecturer with the specific remit of developing primary care placements in North West London. Though this project is primarily for the MSc students we are finding that this has provided sufficient capacity for us to enhance the primary care experience for BSc students also.' [Brunel]

AQR returns also show an increase in placements offered in services delivered by independent, private and third sector providers e.g. BMI, CONNECT, Nuffield Health and Spire, MoD rehab centres, private practices, professional sports clubs, residential care homes, University staff/student clinics, hospices and activity/exercise/therapy services run by charitable organisations.

A number of programmes report offering elective placements, which are organised by the student with support from academic staff. The process of organising an elective placement provides opportunities for the student to develop and evidence capacity for management and leadership, and for programme teams to develop relationships with practitioners who may be willing to offer placements on a more regular basis in future.

While the supply of 'respiratory' placements has grown to meet current demand, questions about sustaining capacity for 'respiratory' expressed in AQR 2015/16 remains an issue for a couple of programme teams. Campaign-related activity suggests that there are a number of issues that maintain the pressure around PrBL in 'respiratory', which include:

- service expectation that new graduates arrive with experience of acute respiratory care (this expectation is often expressed in terms of service capacity to staff the on-call rota)
- pressures on services limiting resources/time available for staff to explore the potential for doing practice-based learning differently with a view to optimising benefits – for students, placement teams, services and service users.
- discourses that present physiotherapy as a practice focused around 'core' elements of musculoskeletal, neurology and respiratory

The data show that some programme teams are moving away from describing placements according to body system or medical speciality to find alternative labels that define a placement according to its location (e.g. private practice, school, sports club) or role of the service (e.g. rapid response, rehab, re-ablement). This discursive shift has potential to expand the capacity of PrBL by moving the focus from learning inputs (the sorts of conditions a student will 'see' on placement) to look at a placement in terms of the learning opportunities available and the outcomes it could deliver.

Work is underway to produce a Practice-based learning briefing to promote an outcomes-based approach to defining PrBL. This briefing will offer information, guidance and signpost to resources (activities, examples of practice and tools) to help members/services think critically about the learning opportunities available in a placement setting and the outcomes PrBL in that setting could offer.

15b. *Please outline the opportunities provided for students to gain experience and develop a profile aligned with the shifting organisation, delivery and role of contemporary physiotherapy practice (e.g. public health, social care, independent and third sector, primary care).*

Submissions to the AQR have provided examples of innovative, dynamic education practice that enable physiotherapy students to gain experience and develop a profile aligned with the shifting organisation, delivery and role of contemporary physiotherapy practice. Practice placements are available across the variety of settings that support the delivery of physiotherapy practice, with one programme team (Bournemouth) reporting the development of an optional/extracurricular placement in research (link to article about the placement which will appear in July issue of Frontline).

The AQR data show how the movement of physiotherapy practice into community, primary care and independent, private and 3rd sector settings is being reflected in the profile of

PrBL opportunities available. The shifts in the location and organisation of practice combined with the pressure for physiotherapy services to do more for less is creating opportunities for programme teams and physiotherapy services to review how PrBL is done.

In some cases, the process of looking afresh at the design and delivery of PrBL in established placement settings has resulted in some placement teams adopting multiple models of supervision. This move is supported by research on 1: many models of supervision undertaken during the 1990s and more recent work on team models of supervision that show how multiple/team models of supervision can benefit students and staff, service delivery and productivity, and service users.

The AQR data also shows how programme teams in UEA, Salford and Worcester are working with physiotherapy services locally to pilot the CLiP® model of supervision/coaching used to facilitate PrBL in pre-registration nursing programmes. The CLiP® model is based on an ethos of collaborative learning/working. Students on placement in a workplace are separated into small groups and allocated to a coach who facilitates their learning in practice. Students maintain a daily log to show how their activity links to specific learning outcomes for the placement. The coaches are overseen by a placement supervisor who is responsible for completing placement documentation and student's assessment, and for supporting the coaches. Reports from nursing suggest that while implementation of CLiP® is resource-intensive, it works to enhance the quality of learning in practice (for students and staff) and optimise capacity for PrBL.

The process of establishing PrBL in 3rd sector settings is creating opportunities for the development of role-emergent placements. Role emergent placements are hosted in settings where residents/service users have needs that could potentially be met by physiotherapy that where a physiotherapy service has yet to be established. The focus of placement is a critical evaluation of the setting and the development of a business case for introducing a physiotherapy service in that setting.

In this situation, students are supervised by a physiotherapy practice educator who is local to the placement setting (long-arm supervision), and their day-to-day practice is managed by a named registered professional (e.g. nurse, Occupational Therapist). Role emergent placements are well-established in Occupational Therapy supported by a growing body of literature describing the process of setting up a placement and how the model benefits the student and educators, the placement setting and local services. The development of role-emergent placements in physiotherapy coincides with the integration of business and enterprise modules on pre-registration curricula (reported by Bradford, Cumbria and UCLAN). Together these developments will provide opportunity for students to practice, develop and evidence their business and leadership skills needed to ensure that physiotherapy workforce can continue to meet changing patient/population need, lead and deliver new models of care and seize opportunities for new roles.

Practice-based learning webinars in March/April provided a space for members to share experiences of implementing different models of supervision in their practice. May's webinar provided an opportunity to capture an Occupational Therapist's experience of facilitating a role emergent placement in a local primary school. The materials generated during the webinars are being added to a growing bank of resources members can access

in the Practice-based learning section of CSP's Learning Hub (visit www.csp.org.uk/eportfolio for information about how to access CSP Learning Hub).

Work is underway to produce a Practice-based learning briefing on models of supervision to complement the guidance that is already available in CSP's Practice-based learning: information, guidance and support resource available in CSP's Learning Hub. The new briefing (which will be available to download via the PrBL pages of CSP's website www.csp.org.uk/prbl) will offer information, guidance and signpost to resources (activities, examples of practice and tools) to help members/services think critically about models of student supervision in their practice setting.

15c. Please outline the opportunities provided for inter-professional learning (IPL) in placements

e.g. learning with students from other disciplines who are on placement at the same time, being supervised by an educator from another profession

The development of opportunities for interprofessional learning (IPL) in practice reported by AQR 2015/16 have been maintained. While many of the opportunities for IPL are ad hoc and dependent on who else is in the placement site at any given time, there are a growing number of examples where IPL is integral to the design and delivery of a placement. AQR shows how placement teams and services are working together to design placements where students from more than one profession learn/practice together; and placements where a physiotherapy student is supervised by an educator from another profession (e.g. Medicine, Nursing, Occupational Therapy, Podiatry).

It is likely that opportunities to develop IPL in practice will continue to grow as services are reconfigured or relocated to offer care closer to home - as these data suggest:

'We previously piloted an inter-professional placement with a Physiotherapy and Occupational Therapy student being placed together within a care home 2 days a week with adults with learning disabilities – and feedback from both students and clinicians was positive. There are opportunities for inter-professional learning in many of the placement settings. For example, the integrated care and rapid response teams are multidisciplinary and working with other professional groups – is integral to these placements.' [QMU]

The development of PrBL in primary care also creates opportunities for students from different disciplines to work together and alongside one another as this example illustrates:

'We have a developing student-led clinic in the McClelland Centre that is inter-professional in nature and is growing in the assessment and management of patients and service users with a wide variety of long-term conditions.' [Worcester]

AQR returns also show how IPL can be adopted by host sites and embedded into organisational cultures and practices:

'Brighton and Sussex University Hospital Trust has now developed an IPL programme which allows all students in that Trust at any one time to come together and discuss cases from their practice. This is usually in the form of a case conference approach with students attending from a wide variety of professions. All our other Trust partners also identify appropriate times during student placements to allow opportunities for IPL.' [Brighton]

The development of IPL in practice has potential to add value to the PrBL experience for staff and students involved. From an organisational perspective, it has potential to optimise capacity for PrBL and enhance service delivery, and to produce a workforce with capacity for interprofessional practice. The CSP's practice-based learning campaign will provide opportunities for members to explore the potential benefits, limitations and practicalities of establishing PrBL in practice later this year. We hope these critical conversations will help generate examples of practice that celebrate the added value of IPL in practice and promote its development.

15d. *Please outline how you help students prepare for placement. Please explain how you facilitate staff and students sharing good practice or raising concerns about a placement.*

In 2015/16, programme teams report that students are prepared for practice-placements in specific HEI-based 'preparation for practice' modules and/or pre-placement seminars/briefings. The content and design of these sessions vary but generally address the following issues:

- managing risks associated with physiotherapy practice e.g. basic life-support, hand-washing and infection control, moving and handling, personal safety
- legal and ethical responsibilities associated with physiotherapy practice e.g. consent, data protection and information governance, duty to report, record-keeping, safeguarding
- person-centred professionalism e.g. communication, team working
- optimising learning in practice and understanding assessment process

The data show that information and guidance to support the process of learning in practice is presented in a range of formats, including placement handbooks (available in digital and hard copy to optimise access and availability to student and staff in the placement setting), podcasts, templates and workbooks and other eLearning materials which are hosted on the University's virtual learning environment/website.

The data show that the variety of experiential learning approaches used to help students manage the transition from the classroom setting into physiotherapy practice described by AQR 2015/16 have been sustained. Approaches reported include:

- opportunities to meet patients/service users in a social setting (e.g. Bradford's service-user café)

- Simulated learning experiences including interactions with actors/expert patients and manikins in a learning environment that mimics a practice setting but is carefully controlled by staff managing the simulation

One programme team [Birmingham] noted that '*students complete a nursing placement typically within the acute sector to develop a basic understanding of contemporary health care practice*' as a precursor to a physiotherapy placement. This immersive approach is reminiscent of CSP's national curricula, which set an expectation that physiotherapy students gained experience of nursing as part of their preparation for physiotherapy practice.

A handful of programme teams report that students can request and organise a pre-placement visit. These visits are designed to give the student an opportunity to meet staff and orientate to the practice setting. For students with known disabilities or specific learning difficulties, the pre-placement visit provides an opportunity for staff and student to talk through the expectations of the placement and demands of the practice environment, and to reach agreement about support or adaptations needed to optimise their learning and practice.

Most programmes report providing a post-placement debrief session. These sessions offer opportunities to share, reflect on and evaluate practice-based learning experiences. Students also have a responsibility to evaluate each placement as part of the quality assurance and enhancement process:

'Each de-brief has dedicated time to the sharing of experiences, good & bad, with students being encouraged to consider ethics, the HCPC and CSP codes of conduct & appropriate policies e.g. escalating concerns in order to understand and resolve an issues. Students evaluate each placement as this is a mandatory requirement. The evaluations are looked at by the practice education team with any potential problems followed up both with the student as well as with the placement site.' [Bradford]

These data show how any issues and concerns raised about placement are shared with the physiotherapy service as part of the quality cycle. Programme teams also reported using the insights generated from placement reviews to review, refine and develop the training and support they offer practice educators.

15e. *Please outline how you support those involved in practice-based learning to offer quality placement learning experiences. Please explain how you support your practice educators to assess students.*

All HEIs continue to provide practice educator training days/study days/ conferences/ workshops /updates. As was reported by AQR 2015/16, these may be delivered at HEIs, taken out to clinical sites, or made available online. One programme team

'...has developed a free inter-professional online update for practice educators. The aim of the inter-professional update is to provide an opportunity for practice educators to reflect on, and, if necessary, make changes to, their current practice

as an educator, and to benefit from the experiences of educators across multiple professions.' [Essex]

One programme team (Sheffield Hallam) has recognised the role of support workers in promoting and evaluating students' learning in practice. Work is underway to develop bespoke training for this group of staff that recognises their positive contribution to students' socialisation into the workplace, and to students' learning and placement assessment processes.

The accounts show that the processes to help placement sites prepare for a placement described by AQR 2015/16 are still in place. Students are encouraged to discuss any known learning and development needs with their placement educator as a way of establishing a positive learning/working relationship that supports the student to make the most of the learning opportunities available to meet the learning outcomes associated with the placement.

There was little information submitted about specific guidance and/or tools offered to support practice educators in assessing students. The data suggest that support around student assessment forms an integral element of practice educator training and ongoing support e.g. through conversations with placement tutors about 'the failing student' or around moderating feedback and grades supplied by a team of practice educators who have worked a student.

One programme team (Salford) reported on the impact of introducing new Practice Assessment Record and Evaluation software on the team's ability to pick up issues around assessment much more quickly than with the previous system. The process of digitising the assessment process has enhanced access to assessment information (available online 24/7) and streamlined the maintenance and management of information.

Another example came from the team at Glasgow Caledonian who reported on the process of introducing a new assessment for PrBL in 2015/16. The new assessment is based on the model used in Australia and staff were introduced to the new process through a series of work-based roadshows.

PrBL campaign activity has generated feedback from members about the volume of paperwork associated with offering placements for more than one HEI has highlighted the potential value of producing a common placement assessment form. Work is underway as part of campaign activity to work with members to design, develop and produce a common placement assessment template that is aligned with CSP's QAE processes while being adaptable to local needs.

15f. *Please outline the factors that are influencing your ability as a programme to expand the volume and breadth of practice-based learning opportunities you are able to offer e.g. changes to physiotherapy service delivery creating opportunities to move into 'new' settings, organisational support for practice-based learning, practice-based educators' willingness to look at 'doing things differently'*

This new question generated rich data that draw attention to how the structures, policies and politics that shape service design and delivery, organisation and staffing have an impact on the growth and sustainability of PrBL. The accounts shared by programme teams highlight the complex and dynamic interplay of factors that promote and limit capacity for PrBL in a locality/region.

There are two themes emerging from the data:

- staffing/workforce issues
- collegiality and collaboration needed to sustain and develop capacity for PrBL

The data show how pressure on healthcare services to deliver more for less is having an impact on the sustainability of PrBL:

'The issue of placement provision has always presented problems to staff. There is often resistance to looking a different models of supervision which we are hoping to influence' [Coventry]

'The single most challenging issue... relates to the continued shortage of staff in the qualified workforce. As part of the educator training days all sites are encouraged to continue to support placement provision and to escalate concerns over shortage of staffing to their management structure. It is noted that practice educators and managers alike agree that student placements are often lost due to staffing shortages.' [Hertfordshire]

These data highlight the dynamic relationship between staffing and workforce issues and capacity for quality PrBL - which was the focus of a motion submitted to ARC 2017 by West Midlands Stewards. The motion was rejected by ARC Agenda Committee as work to address the issues is ongoing through the PrBL campaign. Campaign related activity (e.g. discussion panel at ARC, conversations with CSP Stewards) suggests that members recognise their responsibility for educating the workforce of the future, and are looking for guidance to ensure that structures and resources are in place to support the development of quality PrBL in their workplace.

The data show how the design and delivery of PrBL is shaped by local workforce priorities and practices:

'The commissioners of our programme, Health Education working in the North West, (HENW) also stipulate that each student undertake at least one placement in a community setting' [Manchester Metropolitan]

'The commissioning of Outpatient and community services to Social/Community/Private providers has impacted our ability to secure placements particularly musculoskeletal placement. Despite attempts at contact with these providers there have been a reluctance to engage with the University placement team.' [Essex]

Accounts describing the process of building capacity for quality PrBL highlight the importance of establishing positive working relationships and personal contacts between programme teams, services and individual practice educators:

'We are continually generating links with potential new placement providers through direct contact... maintaining relationships with practice educators as they move around a service.' [Sheffield Hallam]

Investment in developing and maintaining supportive working relationships with individual educators and local services through for example offering '*...in-service training, research opportunities and support with students...*' [Bradford] has a positive impact on the organisation of placements and on the volume and scope of PrBL opportunities as these data show:

'Closer development of "host" trusts in the region and a focus on employability have facilitated more placement provision than required and allowed students to have their allocation across a year at the beginning of the academic year.' [York St. John]

'...we feel we are already providing placements into new settings, and offer good levels of support for educators in these areas. Our clinical educators are generally extremely willing to look at placements in any way which will make them work – e.g. prepared to take students into 7 day services, will offer students opportunities to work late if this is what the service does.' [UCLAN]

Data also show how programme teams recognise the need to nurture existing relationships with services and other education providers, while developing new strategic partnerships with decision-makers as policy shaping physiotherapy education, workforce planning and service delivery continues to be devolved to a regional/local level.

Collaboration and collegiality is key to optimising capacity for quality PrBL and for ensuring that the physiotherapy workforce can sustain its ability to meet changing patient care needs, lead and deliver models of care and seize opportunities for new roles.

The CSP will continue to create opportunities for members to work and learn together to support the ongoing development of the profession – through its PrBL campaign and wider Learning and Development activities. Feedback from recent Round-table events and workshops hosted by English Regional Networks and Country Boards highlight the value of creating time and space for members to have critical conversations about topical issues affecting physiotherapy practice.

Members can find information about Shaping Physio: practice-based learning and you campaign activities and a growing bank of resources to support the development of PrBL via the website at www.csp.org.uk/prbl

QUALITY ENHANCEMENT THEME

Widening participation

This year's quality enhancement theme focused on teams' efforts to widen participation. It asked about the efforts to increase equality, diversity and social inclusion of the physiotherapy student population (including gender, race, disability, sexuality, social-economic groups), approaches to promoting responsive and inclusive programmes, and strategies and processes (actual and planned) to widen participation in the context of changing funding arrangements.

By way of background, it is worth noting that equality and diversity forms a key component of CSP accreditation for pre-registration Physiotherapy programmes. As part of the 5-yearly accreditation/reaccreditation process, teams are required to demonstrate their commitment to the widening participation agenda. This should be evidenced within the

- Marketing and promotion of the programme to potential applicants
- admissions process
- content design and delivery
- assessment design and delivery
- and
- pastoral support

The curriculum itself provides the opportunity to develop and challenge students' preconceptions, stereotypes in order that they develop an understanding of how their own values and beliefs colour their experiences and interactions with others. By the time they graduate, they should be person-centred and grounded in the expected values, behaviours required of a Physiotherapist working within health and social care in any setting. They should

- respect and value diversity by working in accordance with legislation, policies, procedures and best practice
- identify and articulate their own values and principles, and with guidance, evaluate how these may differ from other individuals/groups, and use this understanding to maintain high standards of practice even in situations of personal incompatibility
- work constructively with people of all backgrounds and orientations by recognising and responding to individuals' expressed beliefs, preferences and choices.

- be ready to challenge discriminatory practice and proactively contribute to an inclusive culture wherever they choose to practise.

As part of this year's in-depth review, teams were asked to respond to the following questions

1. Inclusivity in the curriculum
 - How do you ensure the delivery of the curriculum content is inclusive?
 - How are Practice-Based Educators supported to develop a critical awareness of inclusivity and strategies to promote a responsive and inclusive approach to practice-based learning?
2. Assessment strategies
 - How do you ensure that your assessment strategy and processes are inclusive?
3. Widening participation of prospective students
 - What are your recruitment strategies to increase the participation of low participant groups
 - What are your future plans developed to increase participation?
4. Resources & Support
 - What resources are available and what strategies do you employ to support low participant groups, particularly thinking about disabled and BME students?
5. Financial implications
 - how are students with financial hardship supported?
 - With the changes to funding in England, do you see the need to revise this support? And how will you be monitoring the impact?

Given that many of the responses were interlinked, the responses this year have been drawn together to pull out headlines rather than focusing on the questions above individually.

The response rate at the time of production is 98.5%.

Inclusivity

Almost all teams talked about the need for students to explore real life scenarios to help them develop empathy and value difference. Most teams use case based scenarios and many mentioned that they worked closely with key stakeholders to generate these (see fig 1. for details). One team specifically discussed the recent introduction of triggers based on forced migration and the victims of torture. These were based on a student's recent practice-based learning (PrBL) experience. Outside of the examples based on protected characteristics, teams talked about the need for students to recognise that many issues intersect and

Fig 1. (Figures per HEI (out of 34))
Faith-based groups n=6
LGBT groups n=4
BME groups n=6
Student body n=33
Patient/carer voices n=22

the need to recognise people as individuals. Nearly all teams mentioned the opportunities for students to hear directly from carers, and 9 teams explicitly talked about the support they offer to their own students who have caring responsibilities.

Many also discussed the naturally occurring opportunity that arises by having international students on a programme. One team mentioned the introduction of their 'world cafe' a coffee shop experience with patient/carer group originally intended to support international students understand the local dialect/slang which has now been extended to all students due to its success in building bridges within communities and a recognition that even those non-local English speaking students would also benefit from an appreciation of local language and culture.

Teams talked about the need to role model inclusivity as a staff group (clinical and academic): Values, beliefs, prejudice and bias are therefore covered routinely within staff development activity including practice-based learning training days for clinical partners, and training days for service users and carer groups.

Headlines

Disability

All programme teams mentioned working closely with disability co-ordinators who were either situated within the Faculty or were part of university central services.

Many of the teams (n=13) specifically discussed the need for students' mental as well as physical health to be supported.

Learning support agreements are commonplace within physiotherapy (across all programmes). Linked to this, all PrBL educator days offered in every university provide clinicians with as well as practical advice including the opportunity to discuss how best to implement reasonable adjustments.

Socio-economics

It was interesting to note that many teams (n=11) highlighted that their biggest challenge was attracting students from lower socioeconomic backgrounds, particularly those who would be first-generation graduates. Unsurprisingly this included the three programmes who offer physiotherapy education in rural areas with high levels of deprivation. All of these 11 teams were actively targeting schools (from primary up), and three had recently formed partnership arrangements with FE providers to act as direct feeders into their programmes. 6 of these teams discussed the impact of the entry tariff as a barrier, and all had changed their admission requirements as a result. They had recognised that a 'lower' entry point did not predict a lower classification or competence as a Physiotherapist upon exiting the programme.

All universities have hardship funds with 5 universities identifying separate funds available for placements. All teams across the UK are monitoring the situation in England closely. Two faculties have appointed staff (administrative and senior management) specifically to work with the teams to manage the transition into fully self-funding. All recognise the unknowns and expect their hardship funds to be drawn on further. However as yet no empirical data is available to support or challenge this expectation.

Race

There are 12 teams that are specifically addressing/monitoring low uptake by BME applicants. 7 teams mentioned the initiatives such as setting up mentoring schemes within the Faculty and celebrating Black History month. All 12 noted that they were seeing incremental changes within their cohort demographics.

Outside those universities involved in the recently published study, one team cited it explicitly as the trigger to re-examine their assessment strategy and training.

Gender and Sexual Orientation

5 teams noted that changes made to their admission processes (with a move to multiple mini interviews in 4 of the 5) had resulted in a more even gender split (closer to 50:50). It will be interesting to monitor the impact of this, given that more teams are adopting this model.

7 teams talked specifically about case based examples as a vehicle to explore issues of gender and sexual orientation.

2 teams work closely with local LGBT groups to directly input into the curriculum deliver and case development and one team directly involves Stonewall.

Religion

6 universities regularly work directly with faith-based groups to inform their curriculum. A further 2 mentioned that they plan their curriculum to take into account religious festivals, and 10 teams talked about adjusting lecture times/placements to accommodate needs.

FINAL COMMENTS

We are keen to have your feedback on this resource, particularly areas that would be useful to you as education providers or suggestions for how it could be strengthened. Please send all comments to learning&development@csp.org.uk.