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Annual Quality Review 2022/2023

UK Pre-registration Physiotherapy Education

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

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Annual Quality Review of UK Pre-registration Physiotherapy Education, 2022/23

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Annual Quality Review of UK Pre-Registration Physiotherapy Education, 2022/23

FOREWORD

Welcome to the sixteenth composite Annual Quality Review report. This report forms a central component of the Society's quality assurance and enhancement arrangements, utilising data acquired through programme providers' submission of the annual quality review process to provide 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 information useful in helping to put your provision in a national context.

The Annual Quality Review continues to reflect on quality enhancement, and the theme for 2022/23 was innovations, including (i) Programme innovation; (ii) Health inequities; (iii) Equality, Diversity and Belonging (EDB) and (iv) Health and Wellbeing.

Please note that the analyses carried out in this report are based on data provided by HEIs who replied to the AQR survey (which is a majority of them, but not all of them).

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

We want to thank the programme teams for providing the information that has enabled the preparation of this report. May we also take this opportunity to say how much we appreciate the hard work and commitment of all academic, support, and practice colleagues.

CSP Education Team

Part 1: Pre-registration Physiotherapy Education

1.0 HEIs OFFERING CSP-ACCREDITED PRE-REGISTRATION PHYSIOTHERAPY PROGRAMMES

During the academic year 2022/2023, sixty-three higher education institutions (HEIs) in the UK offered one hundred and twelve pre-registration education programmes and apprenticeships in physiotherapy. All are CSP accredited, as well as approved by the Health & Care Professions Council (HCPC), providing eligibility for HCPC registration on successful completion as well as chartered status and full membership of the CSP.

Physiotherapy pre-registration education is diversifying with an increasing number of entry routes into the profession. Pre-registration routes include:

- BSc direct route (3-year full-time programme with 4-year full-time in Scotland)
- BSc degree apprenticeship (3-year full-time programme)
- Integrated Masters (4-year programme)
- MSc/PGDip direct route (2-year programme)
- MSc degree apprenticeship (2-year programme)
- Professional Doctorate (3 to 4-year programme)

Figure 1a below shows the breakdown of the routes currently available throughout the UK.

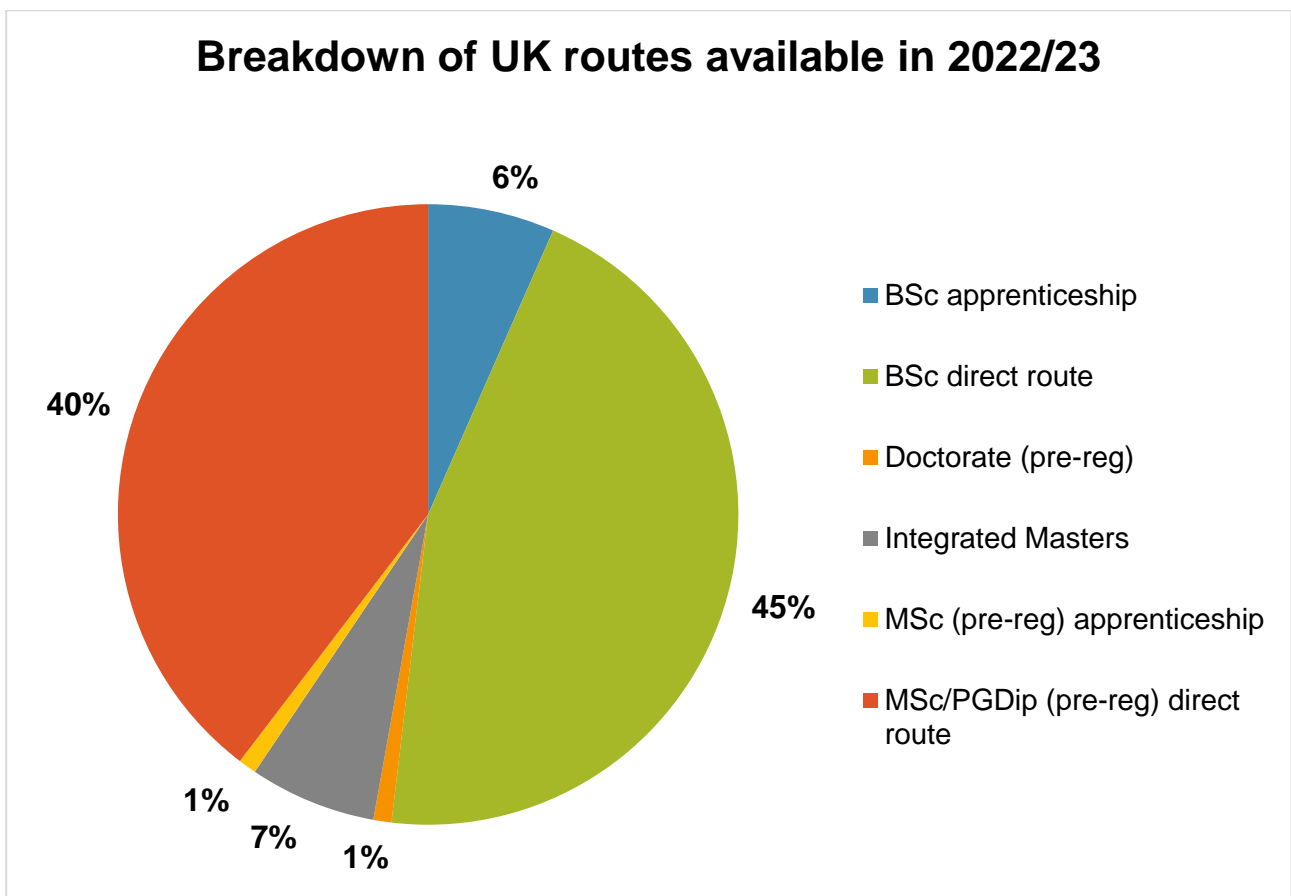
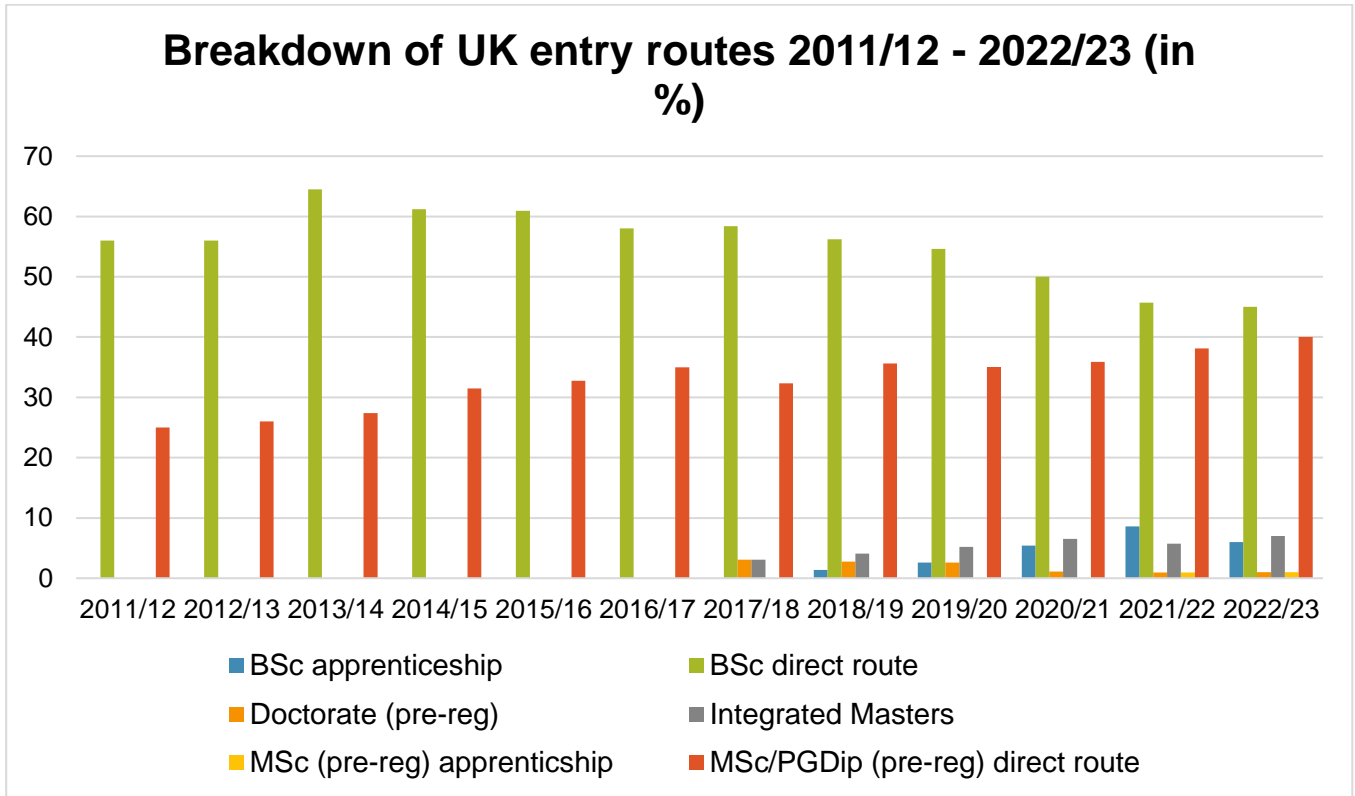


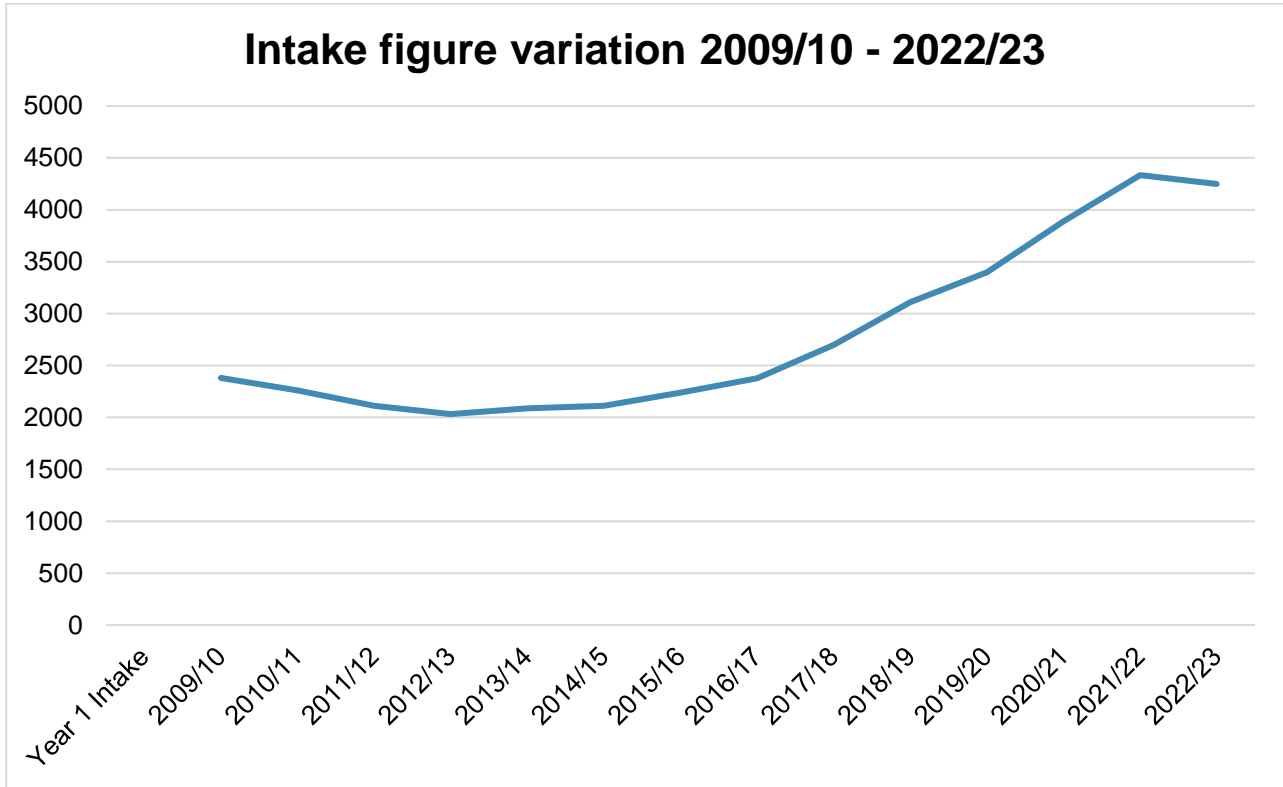
Figure 1b below shows the breakdown of UK entry routes from 2011/12 to 2022/23.



The offering in BSc direct route programmes has steadily decreased since 2013/14 (64.5%) to reach an all-time low in 2022/23 (45%). The offering in MSc/PGDip (pre-reg) direct route programmes has followed the opposite trend and has increased slowly from 2011/12 (25%) to 2022/23 (40%). Integrated Masters are also very slowly expanding, while MSc apprenticeships and Doctorates are stagnating. BSc apprenticeships are also slightly decreasing.

2.0 INTAKE FIGURES

Figure 2 below shows the total number of students entering pre-registration physiotherapy programmes in the UK per year from 2009/2010 - 2022/2023.



For the year 2022/23, student intake slightly decreased from 4334 to 4248. This is due to the number of undergraduate students (BSc direct route and BSc apprenticeship) significantly decreasing from 3159 to 2717 (-14%), while postgraduate students in fact significantly increased from 1175 to 1531 (+ 30%).

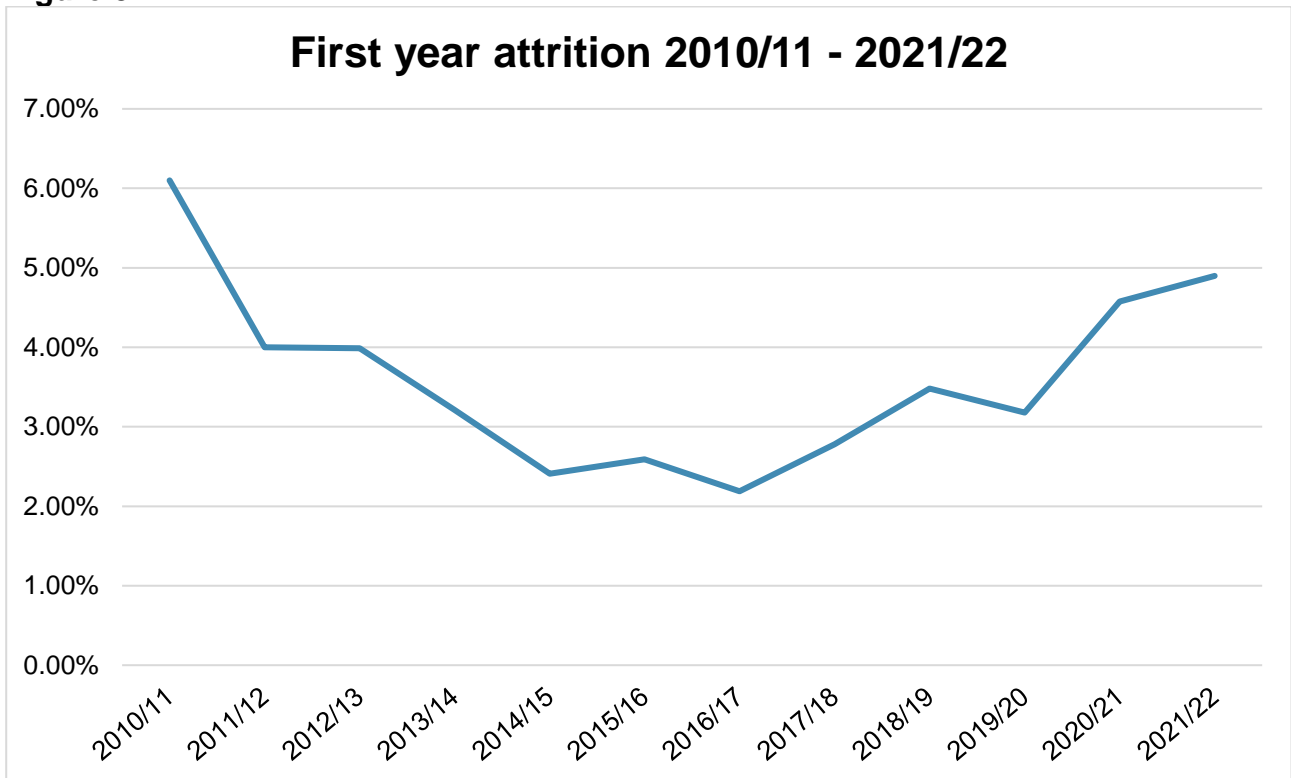
3.0 RETENTION/ATTRITION

Please note that the following section is a retrospective review of trends up until 2021/22. Data for 2022/23 will be available in the next report.

The number of students permanently withdrawing from all programmes in their first year was 4.9% in 2021/22 as shown in **Figure 3**. which is a 7% increase on the previous year (4.58%) and is the largest peak since 2010/11. As this peak occurred during the Covid-19 pandemic, it could be speculated that many first-year students may have left their programme due to personal circumstances. Attrition numbers will continue to be reviewed in the next report and teams are requested to monitor these numbers on their programmes and also monitor numbers in relation to those students requiring extra support. Programme teams are encouraged to explore and implement processes to identify failing students earlier and proactively offer additional support where required.

In 2021/22, the majority of permanent withdrawals in year 1 occurred on undergraduate programmes – 6% (5.19% for the previous year) compared with 3% (2.54% for the previous year) on post-graduate pre-registration programmes.

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).

Figures 4a and **4b** below show the 2022/23 SSRs across physiotherapy pre-registration programme provision. Data was compiled from information received from HEIs and has been distilled anonymously. It therefore does not necessarily follow that institutions with particularly high SSRs in **Figure 4a** will have high SSRs for their practical classes.

Figure 4b shows the average ratios over the last decade. The UK-wide average has decreased since last year, with a ratio of 1:16.9 per programme compared to 1:17.24 in 2021/22. The CSP continues to recommend ratios are maintained around **1:15**, to ensure sufficient resourcing to support the programme and good student experience.

Figure 4a

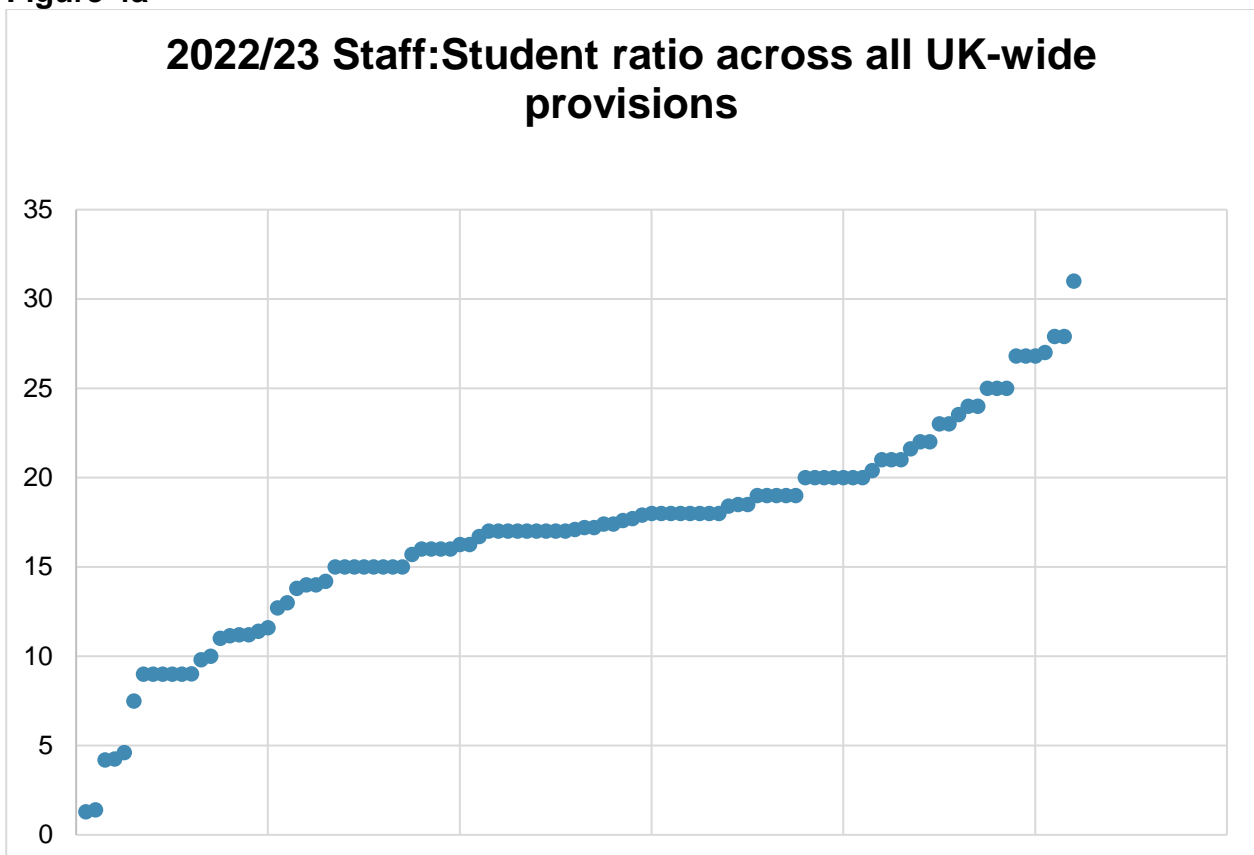
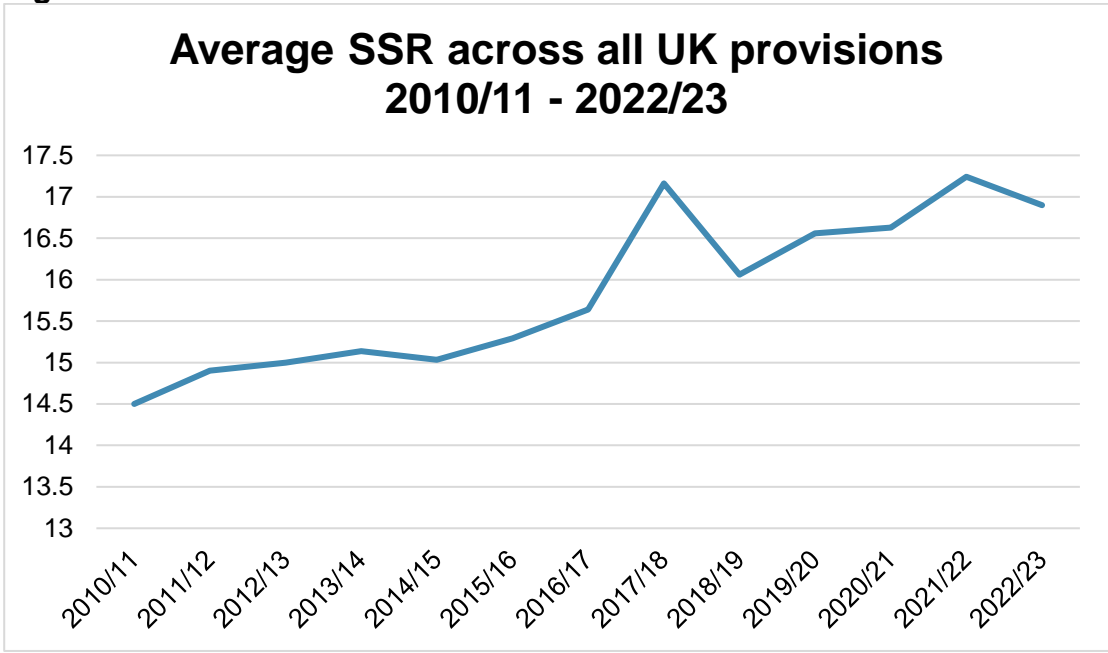




Figure 4b



Practical Class Staff: Student Ratios

The average practical class SSR across the UK was 1:17.6. This compares to a ratio of 1:17.71 in 2021/22. **Figure 4c** shows the SSR in practical teaching groups across UK-wide provision. **Figure 4d** shows the SSR over the last decade.

Again, the CSP recommends ratios are maintained around 1:15 to ensure sufficient resourcing to support the programme and good student experience.

Figure 4c

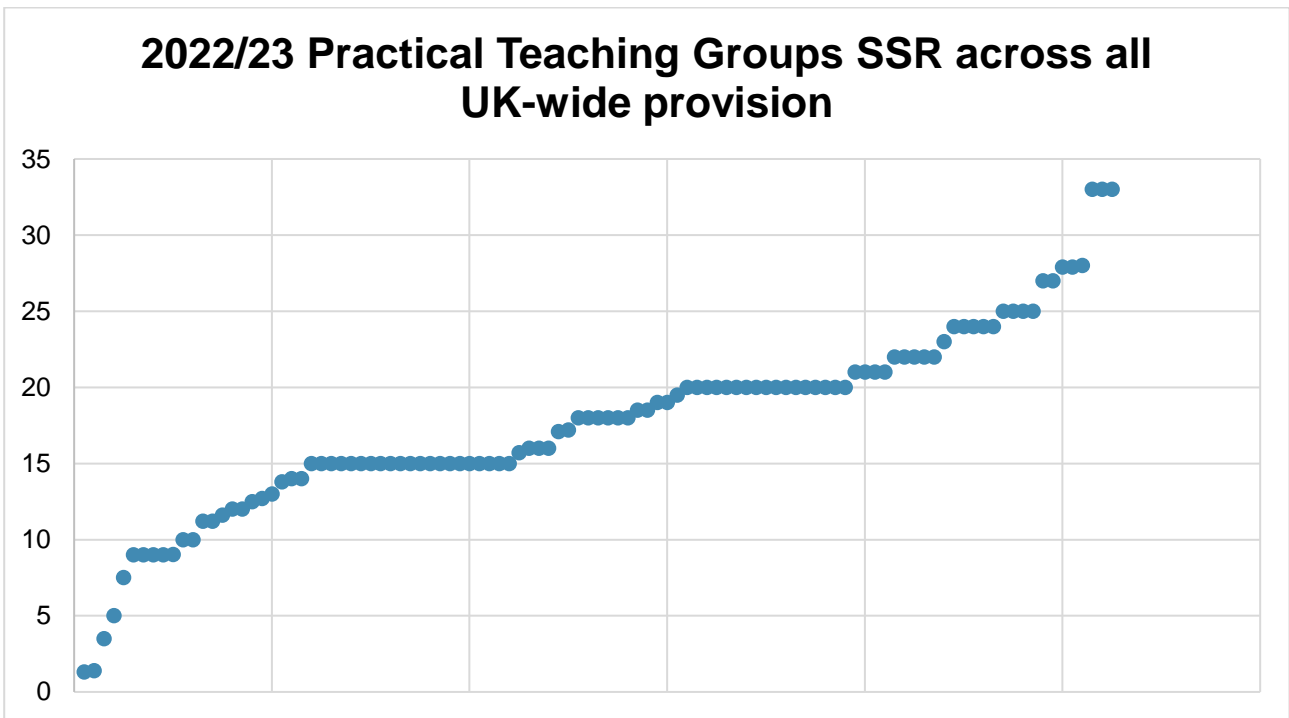
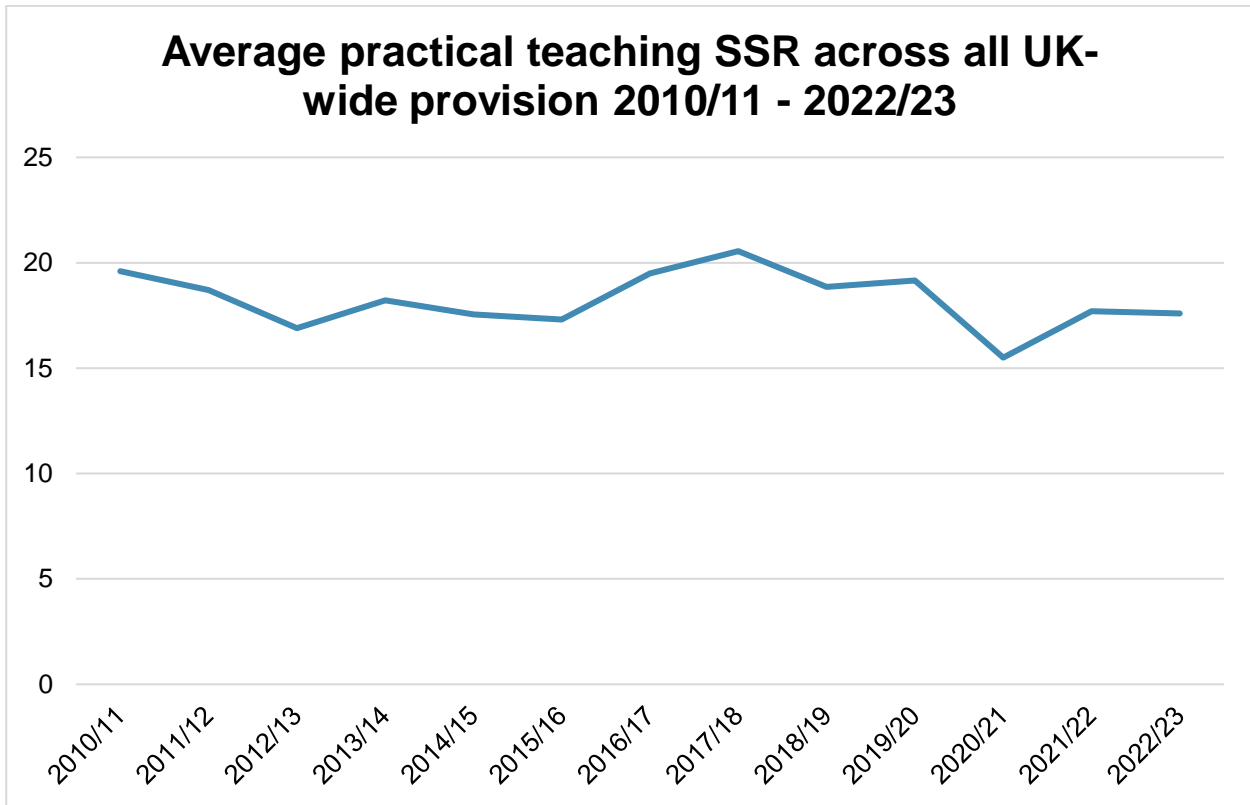


Figure 4d



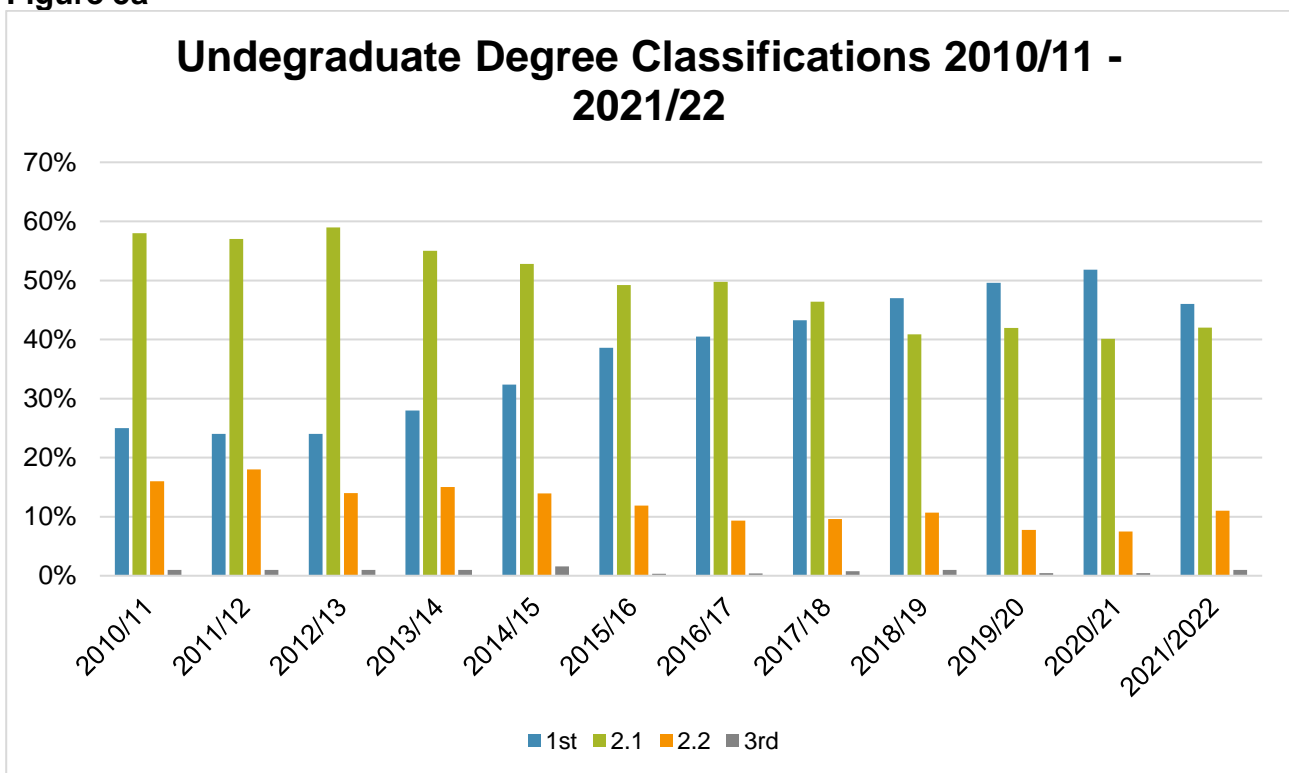
5.0 PRE-REGISTRATION OUTCOMES

Degree Classification

Figure 5a shows the proportion of degree classifications awarded on undergraduate physiotherapy programmes since 2010/11 to 2021/22, the latest year for which information could be provided at the time of data acquisition. For 2021/22, 46% of graduates from undergraduate programmes were awarded first-class and 42% upper-second degrees compared to 52% in 2020/21 and 40% respectively.

In comparison, the national average of 1st class awards for UK programmes (as reported by (HESA) is 32% : [Data and analysis 2021/22 - Students and graduates](#).

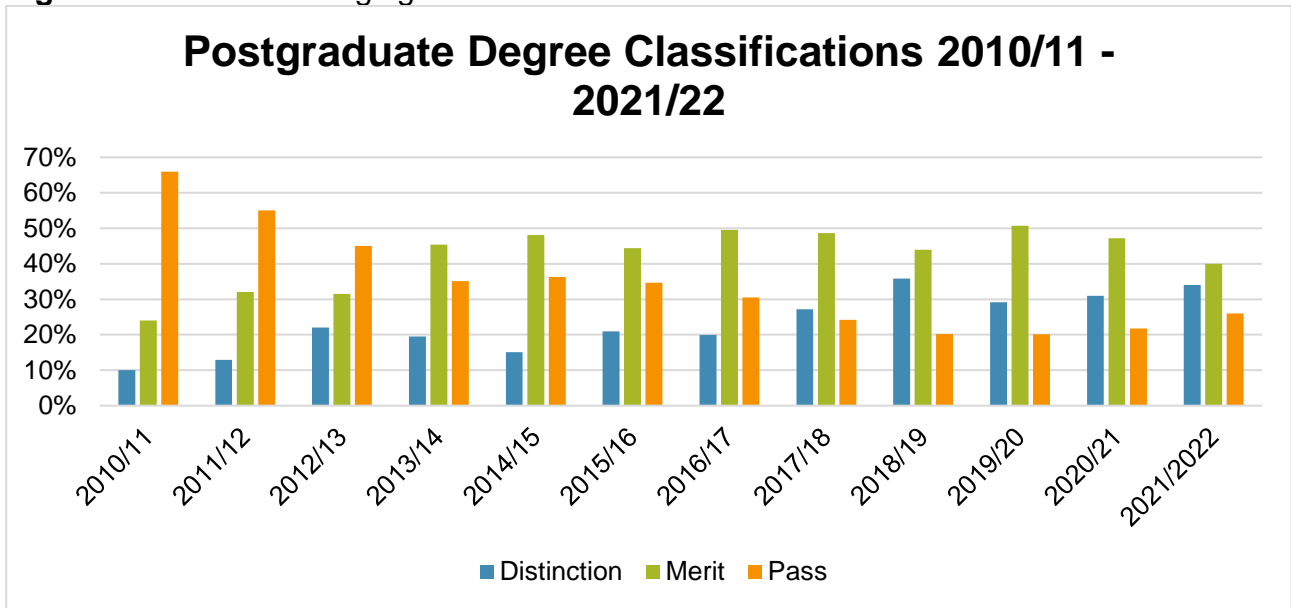
Figure 5a



For pre-registration postgraduate qualifications, the percentage of students achieving a distinction increased to 34% compared to 31% in 2020/21. 40% graduated with a merit degree classification compared to 47% in 2020/21. 26% achieved a pass degree classification compared to 22% in 2020/21.



Figure 5b shows a changing trend of award classifications since 2010/11.

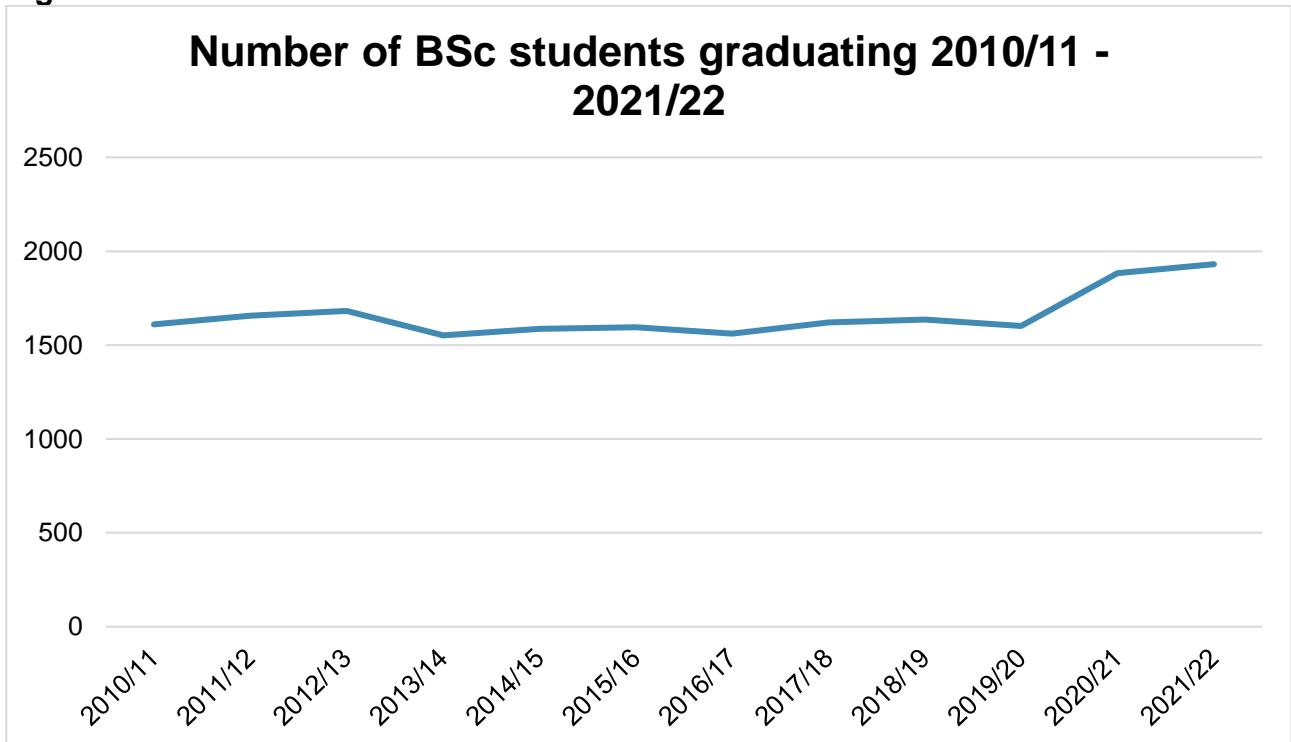


Graduating Student Numbers

BSc (Hons) Programmes

Figure 5c shows an increase in the number of students graduating from pre-registration undergraduate programmes to 1931 in 2021/22 from 1884 in 2020/21.

Figure 5c

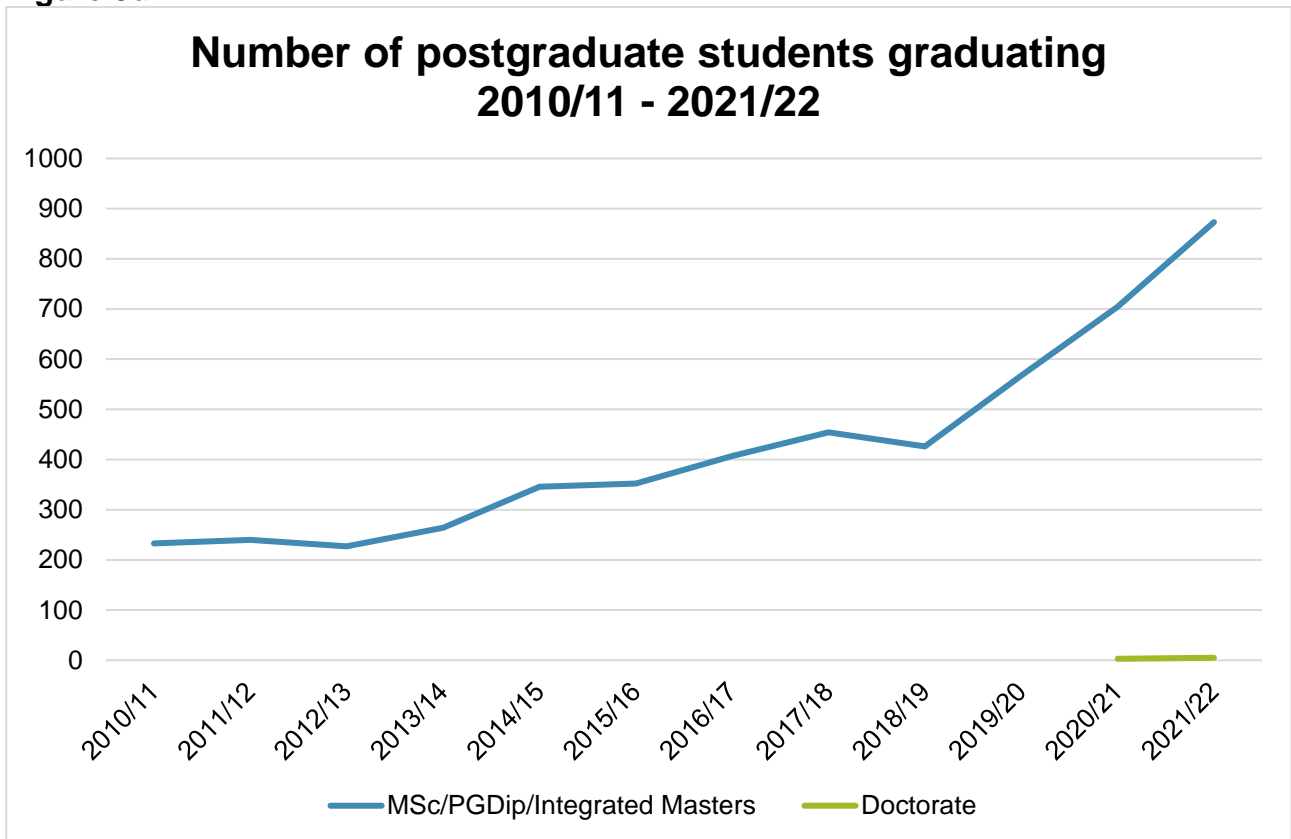


Postgraduate Programmes

Figure 5d shows a significant increase in the number of students graduating from postgraduate pre-registration programmes. In 2020/21 691 graduated with an MSc, PGDip or Integrated Masters. This increase can be partly explained by the inclusion of Integrated Masters in calculations. However, they only account of 64 graduates, and MSc/PGDip graduates still accounted increased from 704 in 2020/21 to 809 in 2021/22 (so, excluding Integrated Masters).

5 students graduated with a pre-reg Doctorate, compared to 3 in 2020/21.

Figure 5d



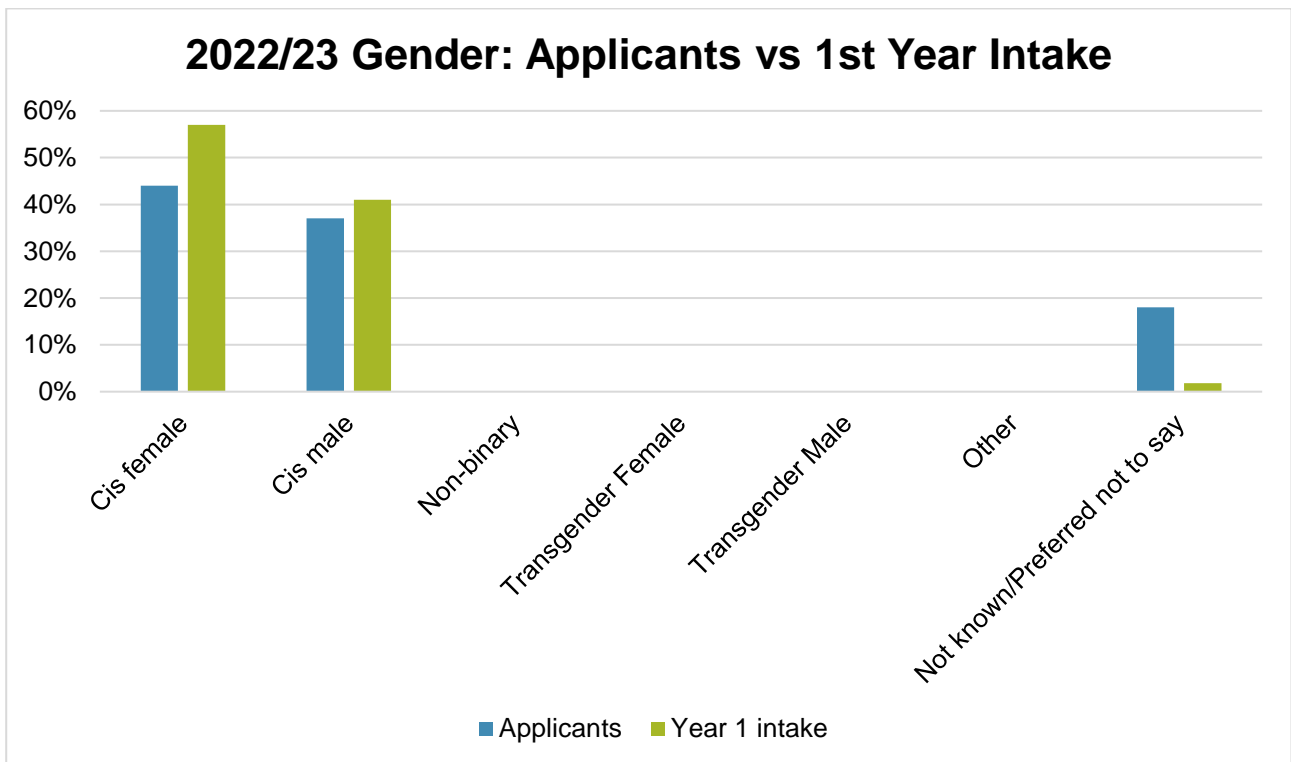
6.0 EQUITY, DIVERSITY AND BELONGING

The following section provides insight into the gender, age, ethnicity, disability and sexual orientation profile of year one physiotherapy learners in 2022/23 and applicants for the same intake year. We also look at the profile of year one attrition and graduates for 2021/22. Please note that some programmes could not provide information on various groupings due to the reporting mechanisms at their institution. Therefore, the percentages are for information received rather than the whole student population.

Gender

Figure 6a shows the gender breakdown of year one learners for 2022/23 against applicants for that year. 41% of year one learners are cis male, whereas 57% are cis female. 37% of applicants were cis male while 44% were cis female.

Figure 6a



Key for Figure 6a

	Applicants	Year 1 intake
Cis female	44%	57%
Cis male	37%	41%
Non-binary	0.10%	0.02%
Transgender Female	0%	0%
Transgender Male	0%	0.02%
Other	0.05%	0.07%
Not known/Preferred not to say	18%	1.80%

Figure 6b shows the gender breakdown for learners who left their programme in 2020/21, of which 45% were cis male and 53% cis female.

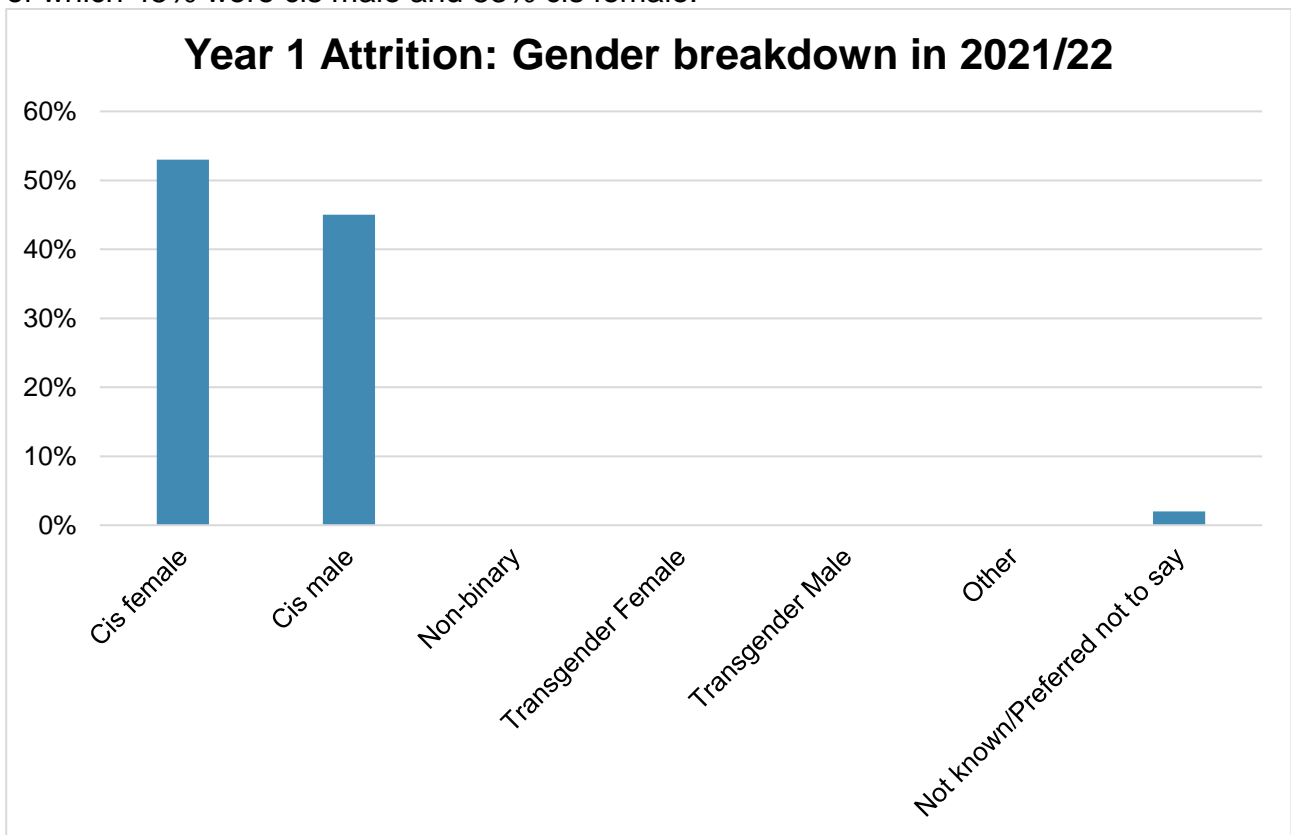
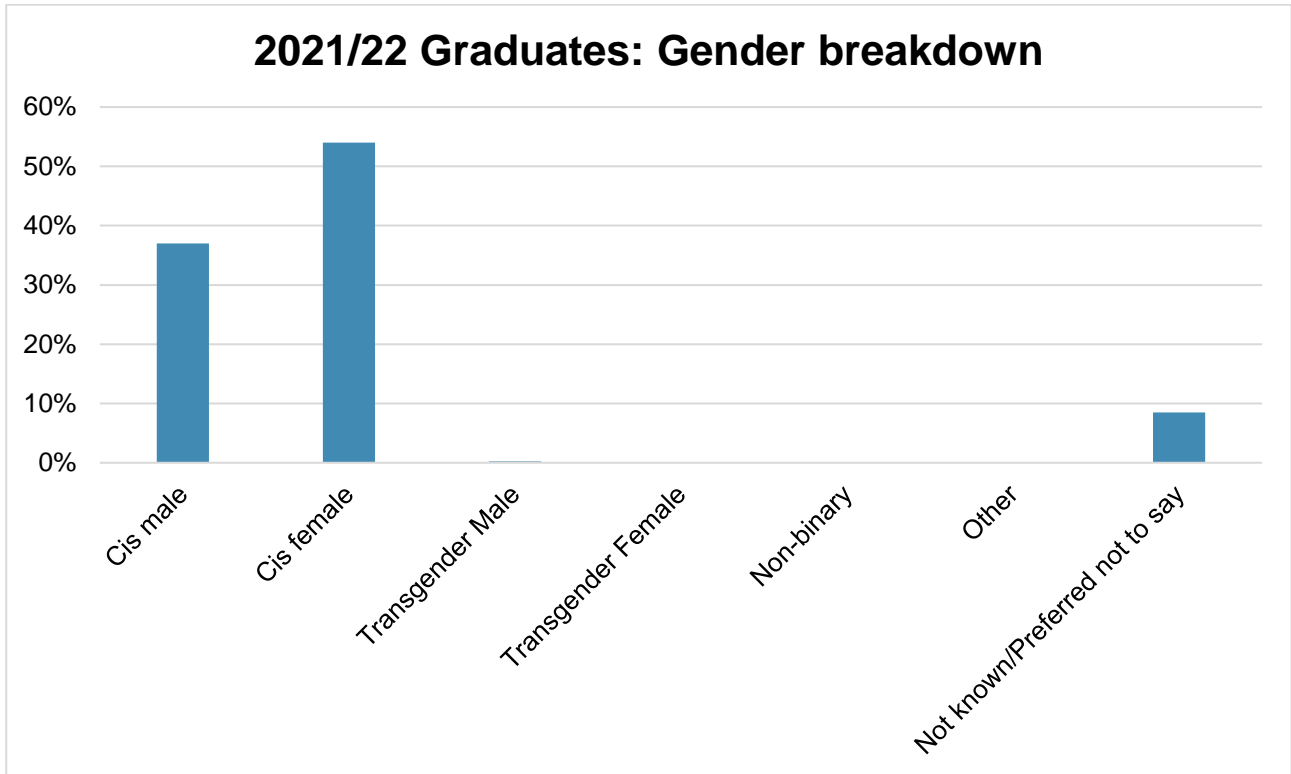




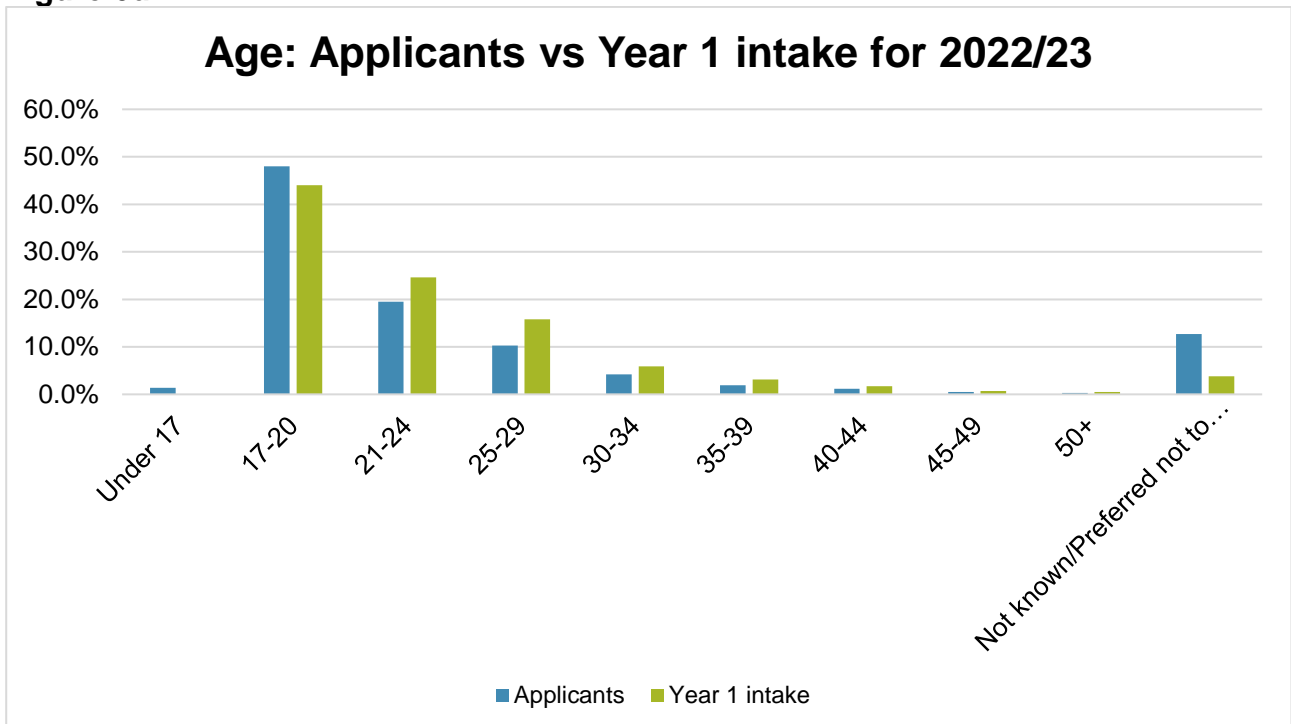
Figure 6c shows the gender profile for 2020/21 graduates, of which 37% were cis male and 54% cis female.



Age

Figure 6d shows the age breakdown of year one intake for 2022/23 against applicants for that year. 44% of year one learners were aged 17-20, compared to 40% of applicants for the same age group.

Figure 6d



Key for Figure 6d

	Applicants	Year 1 intake
Under 17	1.4%	N/A
17-20	48.0%	44.0%
21-24	19.5%	24.6%
25-29	10.3%	15.8%
30-34	4.2%	5.9%
35-39	1.9%	3.1%
40-44	1.2%	1.7%
45-49	0.5%	0.7%
50+	0.3%	0.5%
Not known/Preferred not to say	12.7%	3.8%

Figure 6e shows the percentage of year 1 learners aged 21 and above from 2010/11 to 2022/23.

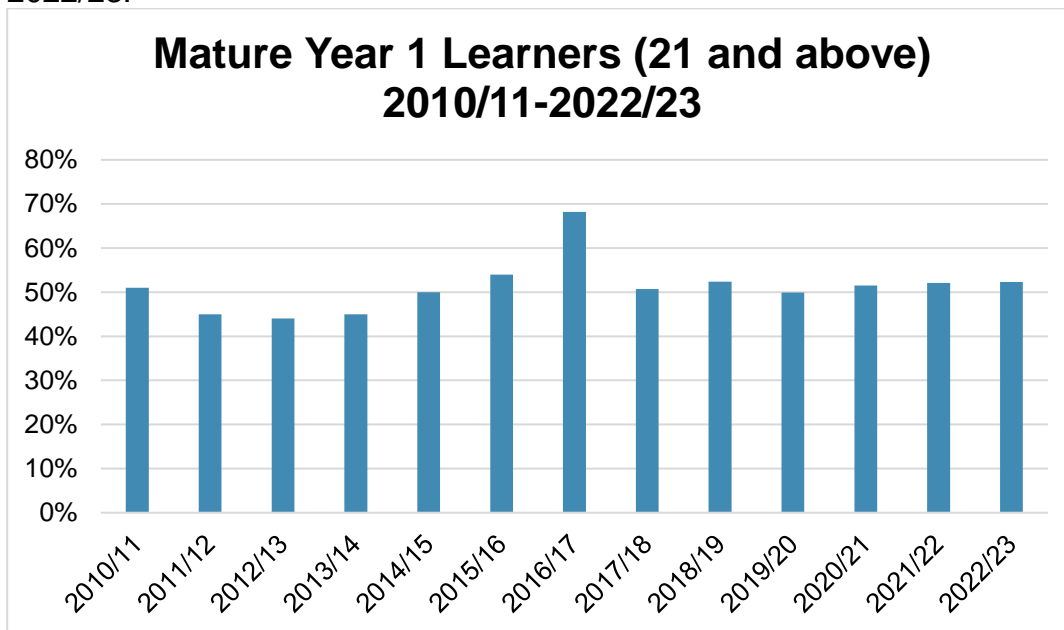


Figure 6f shows the highest group of the learners who left their programmes in 2021/22 were aged 17-20.

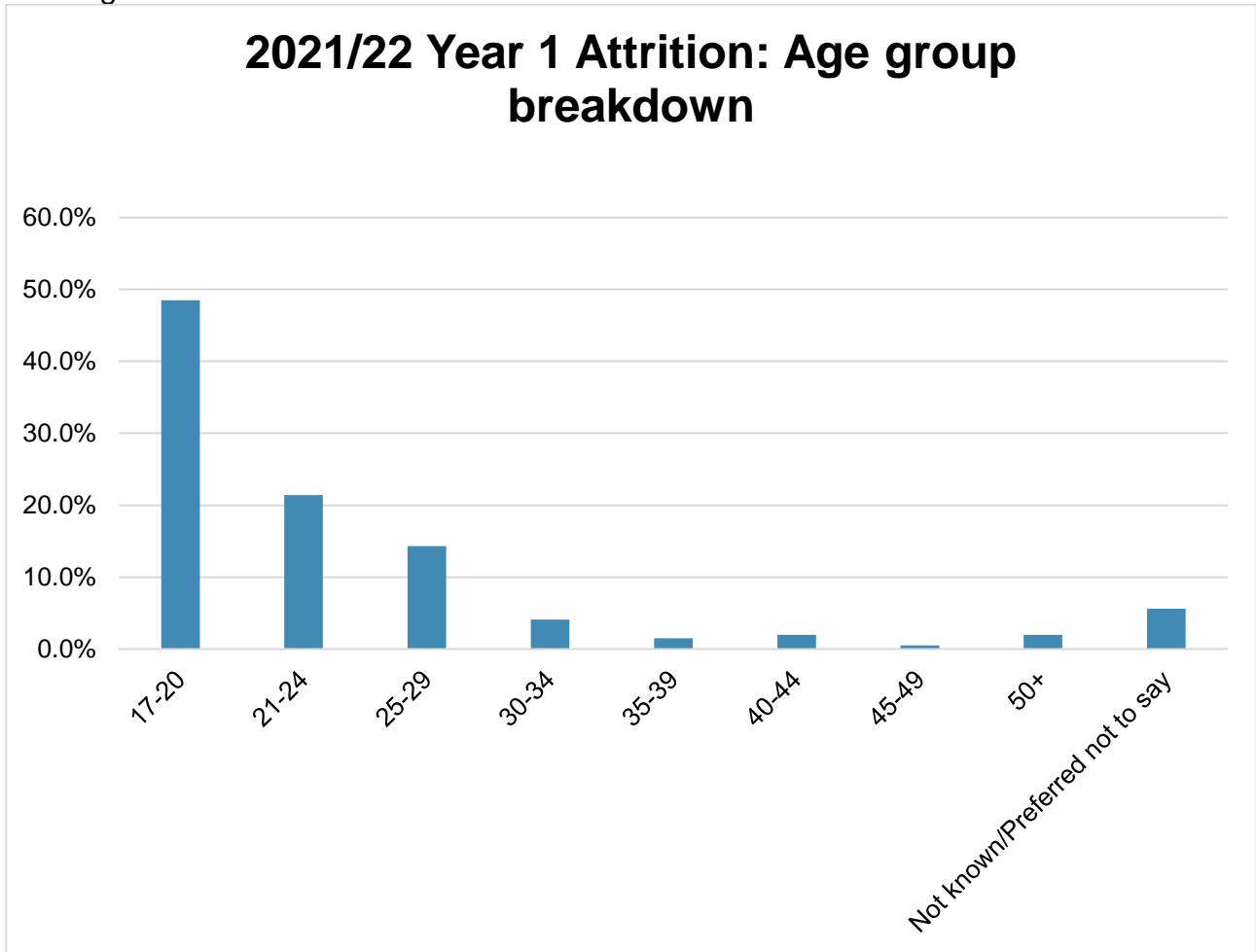
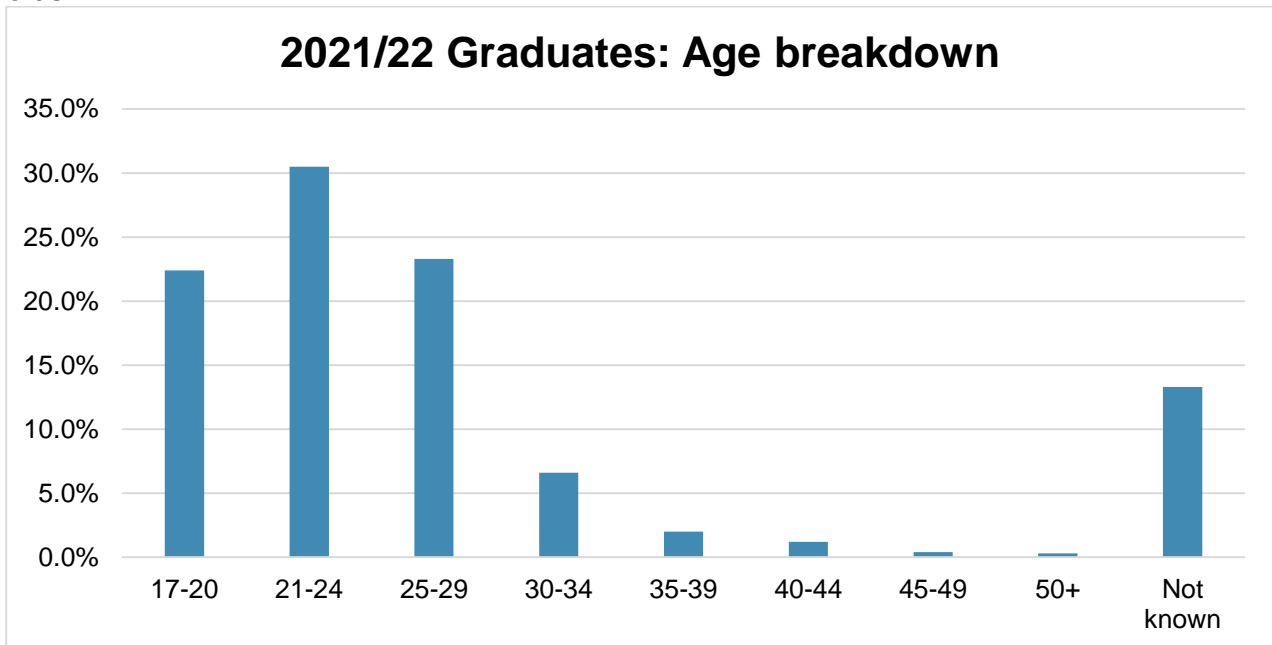


Figure 6g shows that for 2021/22 the largest age group of graduates was 21–24-year-olds.



Ethnicity

UCAS ethnicity codes have been used and these reflect the classifications used in the 2021 census.

Figure 6h shows the proportion of year 1 students coming from the UK versus year 1 students coming from outside the UK (international) in 2022/23. 86% were 'UK Home enrolled' and 14% were 'International enrolled'.

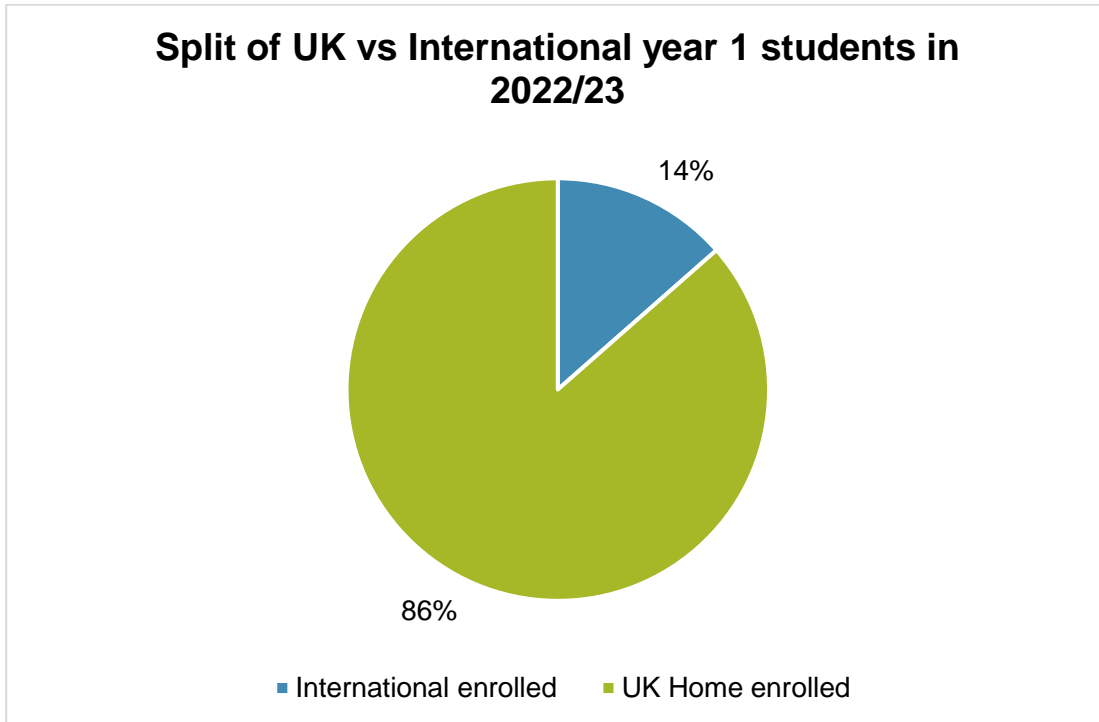
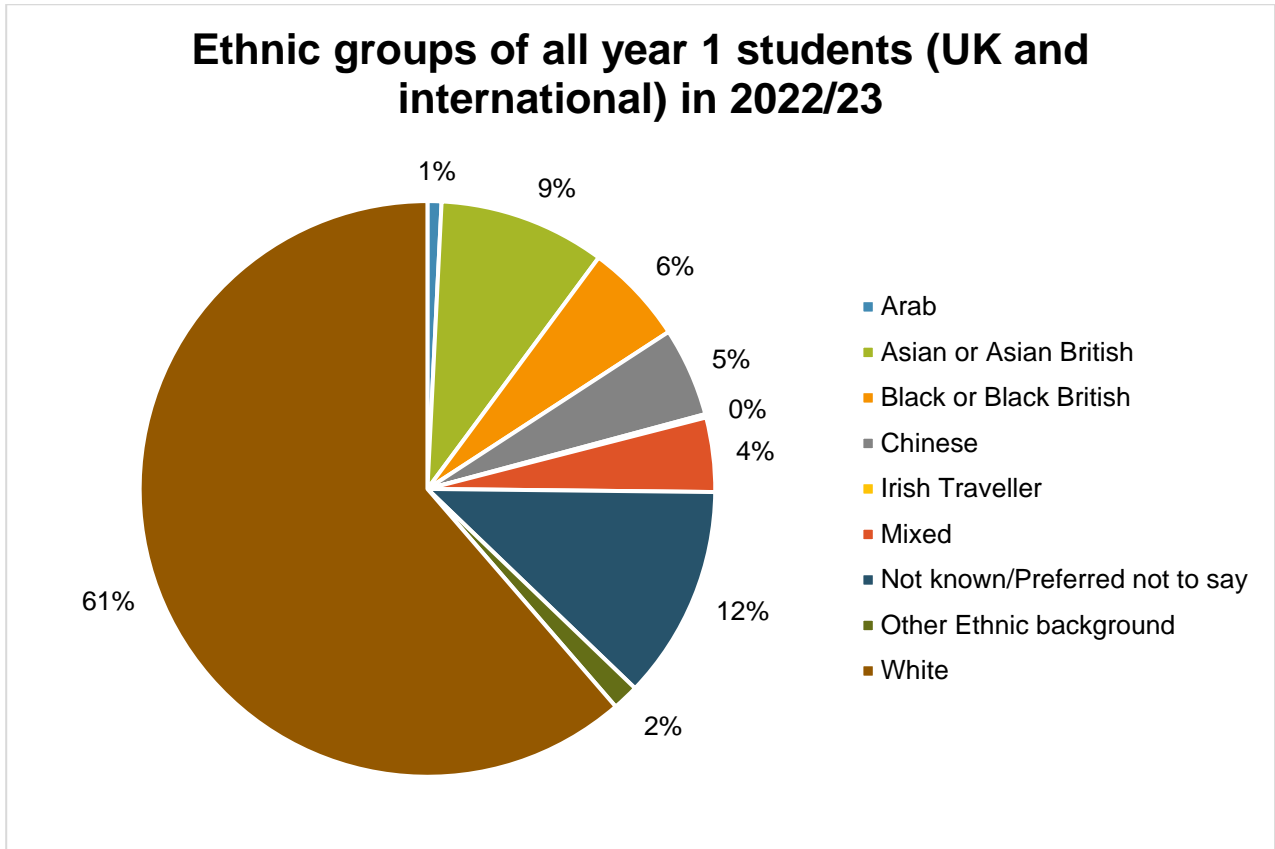


Figure 6i shows the proportion of each ethnic groups for all year 1 students, whether they are from the UK or outside the UK. The biggest ethnic group in terms of representation is 'White' with 61%, while 'Asian or Asian British' comes second with 9% and 'Black or Black British' comes third with 6%.



The two tables below provide a more detailed breakdown of ethnic groups representation broken down by UK year 1 students and international year 1 students.

Detailed ethnic groups of UK year 1 students in 2022/23

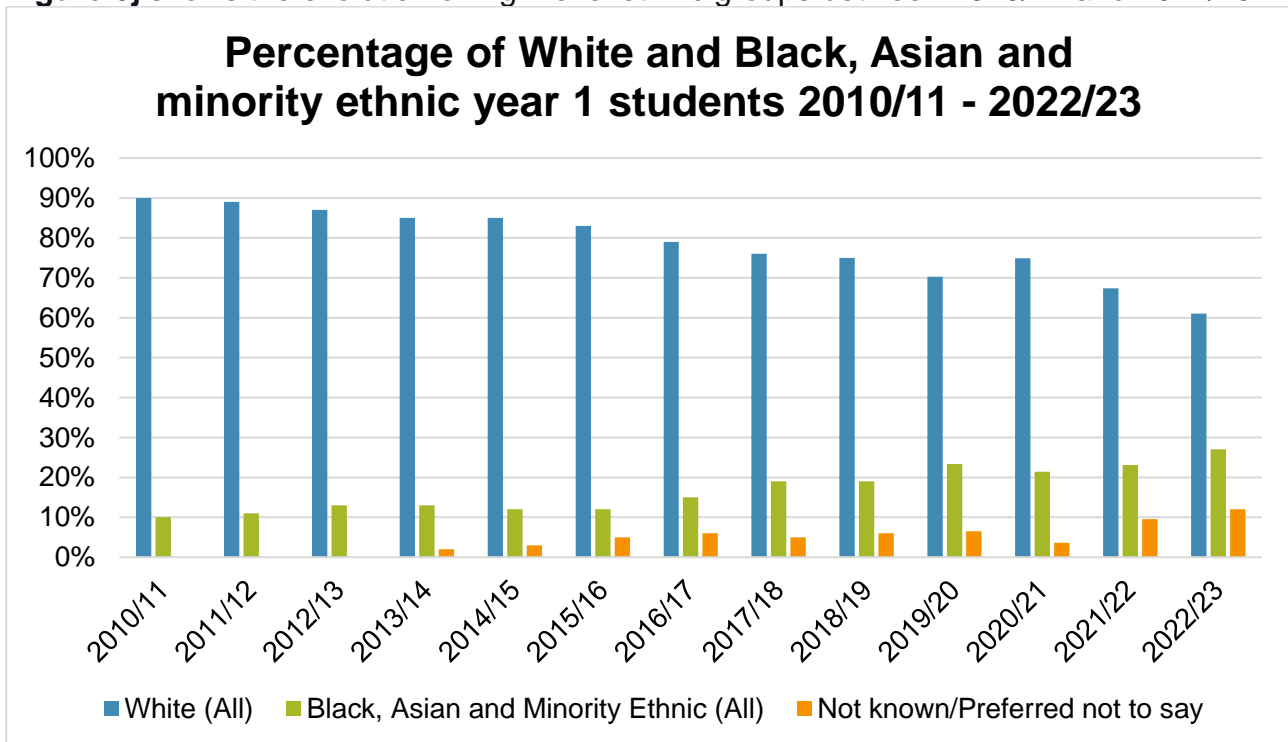
African	3.19%
Arab	0.33%
Bangladeshi	0.61%
Caribbean	1.82%
Chinese	0.63%
Indian	2.86%
Irish Traveller	0.14%
Not known/Preferred not to say	11.13%
Other Asian background	2.12%
Other Black background	0.74%
Other Ethnic background	1.32%
Other Mixed background	1.74%
Pakistani	2.78%
White	68.05%

White and Asian	0.96%
White and Black African	0.47%
White and Black Caribbean	1.10%

Detailed ethnic groups of international year 1 students in 2022/23

African	3.17%
Arab	3.70%
Bangladeshi	0.18%
Caribbean	1.23%
Chinese	32.92%
Indian	5.63%
Irish Traveller	0.53%
Not known/Preferred not to say	17.61%
Other Asian background	5.99%
Other Black background	0.70%
Other Ethnic background	2.46%
Other Mixed background	2.29%
Pakistani	3.87%
White	18.49%
White and Asian	0.88%
White and Black African	0.18%
White and Black Caribbean	0.18%

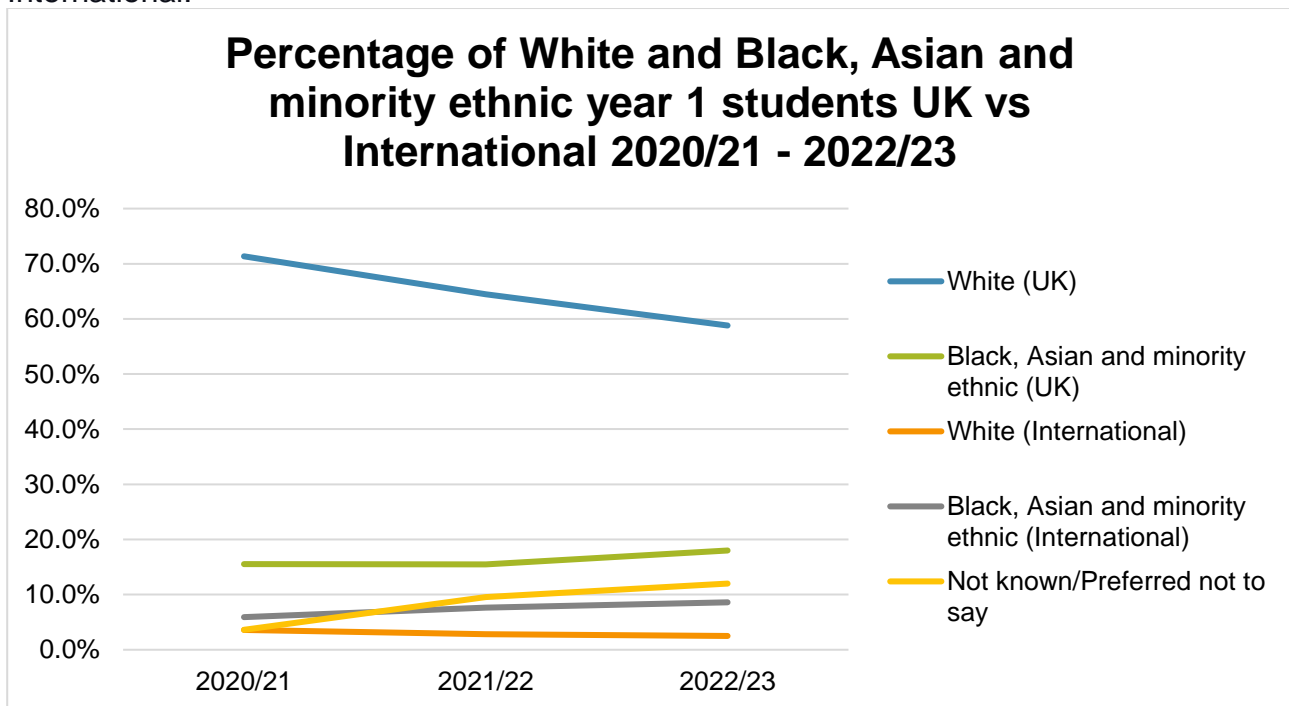
Figure 6j shows the evolution of high-level ethnic groups between 2010/11 and 2022/23.



Key to Figure 6j

Year	White (All)	Black, Asian and Minority Ethnic (All)	Not known/Preferred not to say
2010/11	90%	10%	
2011/12	89%	11%	
2012/13	87%	13%	
2013/14	85%	13%	2%
2014/15	85%	12%	3%
2015/16	83%	12%	5%
2016/17	79%	15%	6%
2017/18	76%	19%	5%
2018/19	75%	19%	6%
2019/20	70%	23%	7%
2020/21	75%	21%	3.6%
2021/22	67.32%	23%	9.57%
2022/23	61%	27%	12%

Figure 6k provides a breakdown of the data above broken down by UK versus International.



Key to Figure 6k

Year	White (UK)	Black, Asian and minority ethnic (UK)	White (International)	Black, Asian and minority ethnic (International)	Not known/Preferred not to say
2020/21	71.3%	15.5%	3.6%	5.9%	3.6%
2021/22	64.5%	15.5%	2.8%	7.6%	9.6%
2022/23	58.8%	18.0%	2.5%	8.6%	12.0%

It is encouraging to note that the physiotherapy student population has an increase in ethnic diversity since the academic year 2010/11. It is essential for programme teams to continue their efforts towards achieving even greater diversity within their cohorts. This is vital for enhancing the learning experience of all students, as stated in the Universities UK publication "Student Experience: Measuring Expectations and Outcomes". Additionally, it is crucial to ensure that the physiotherapy profession is reflective of the national demographic and the communities it serves, thereby maintaining its diversity.

It is worth noting the Higher Education Statistics Agency (HESA): **Data and analysis - Students and graduates** reports 28% of all first year student in the UK are from Black, Asian and minority ethnic backgrounds.

Figure 6I shows that for applicants, 41% were unknown, however White was the highest group at 44% followed by Black, Asian and minority ethnic at 15%.

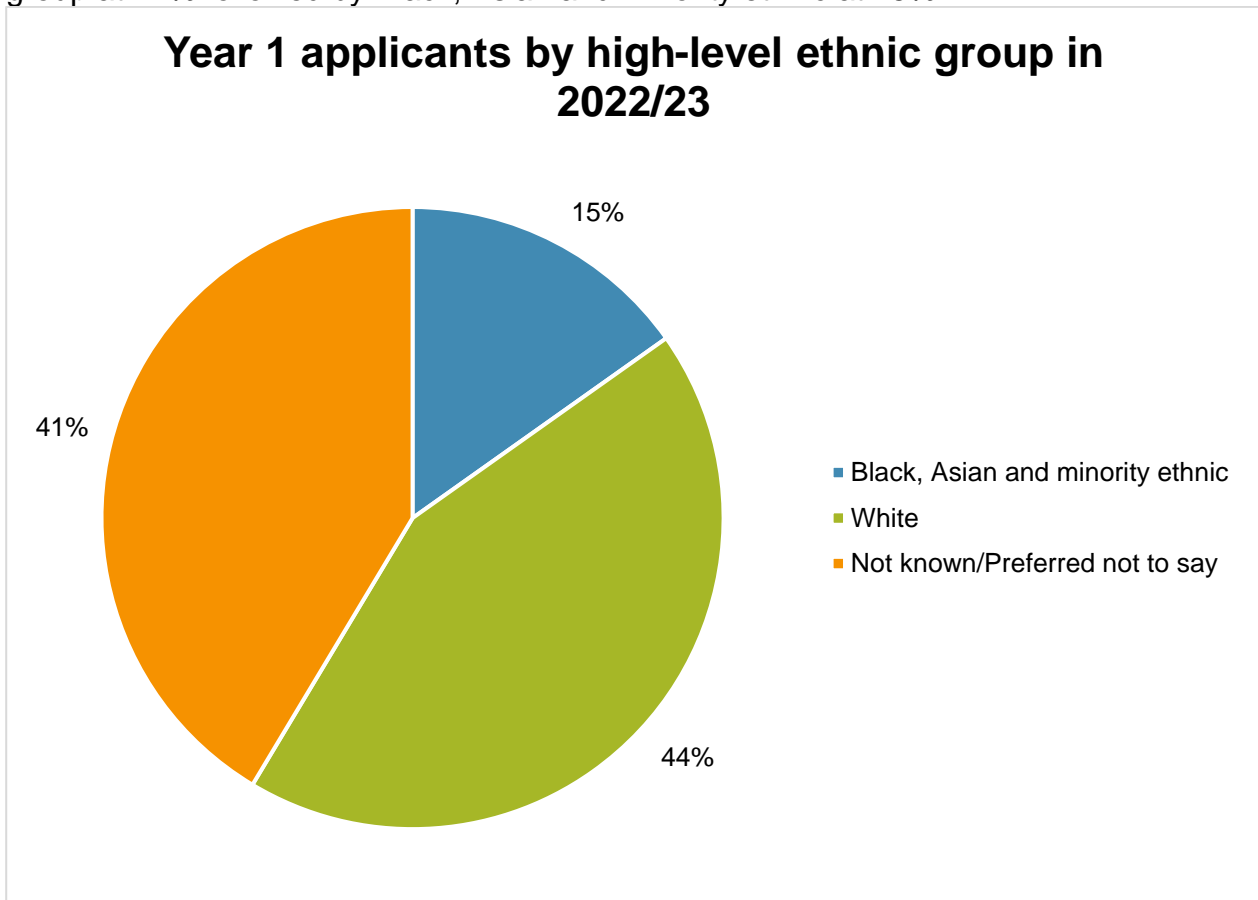


Figure 6m shows the detail of BAME applicants' ethnic groups broken down by international vs UK.

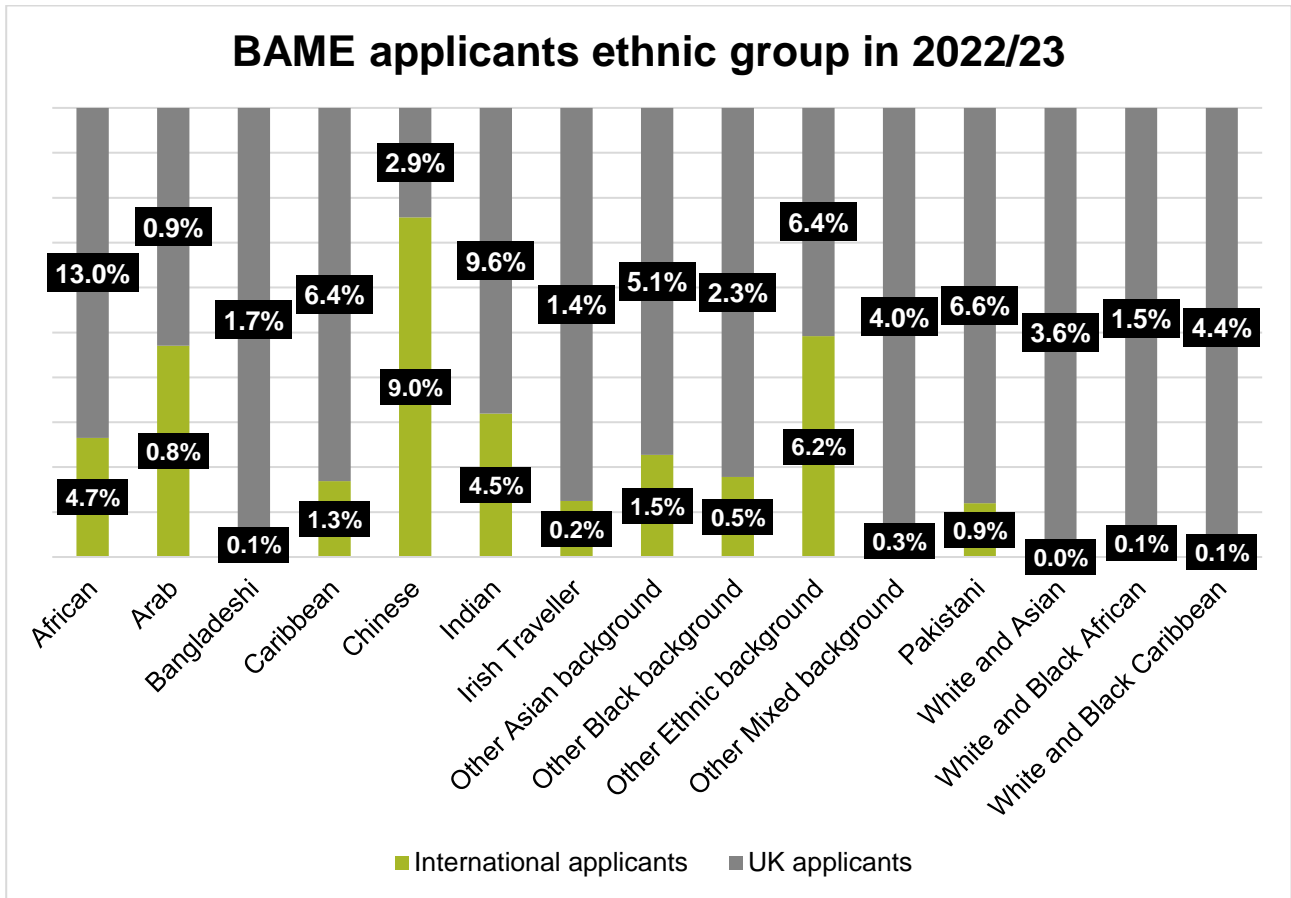
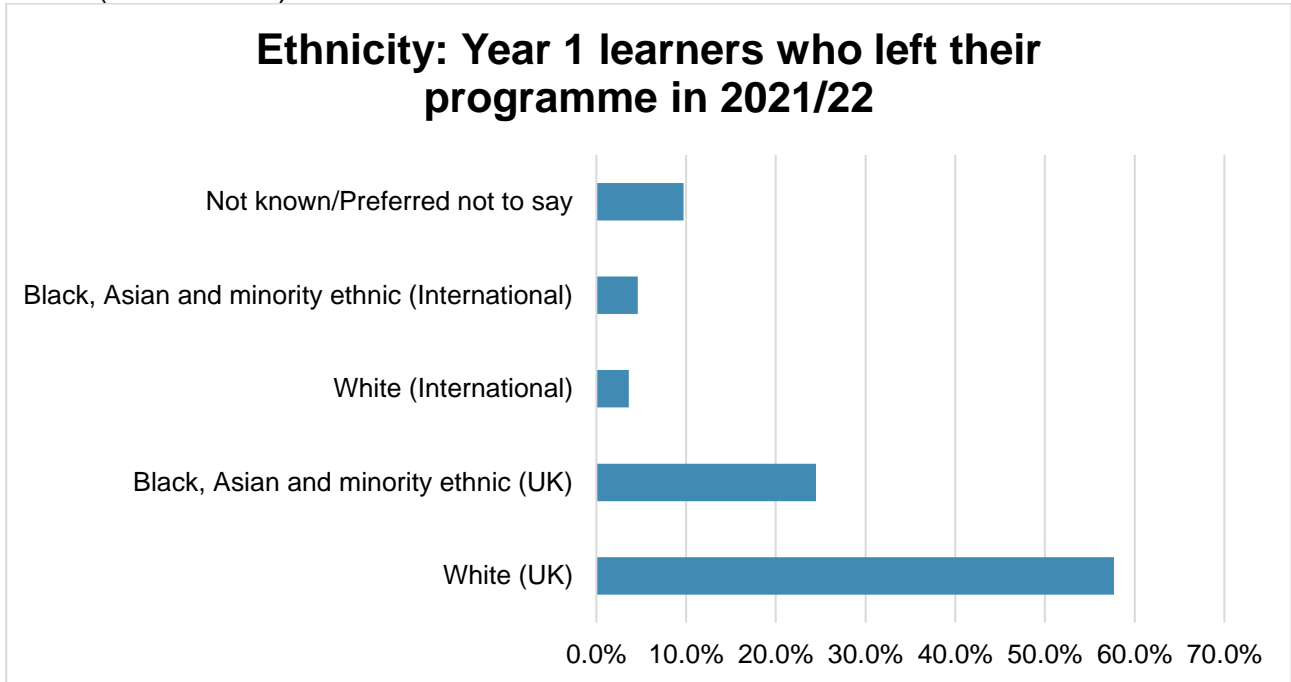
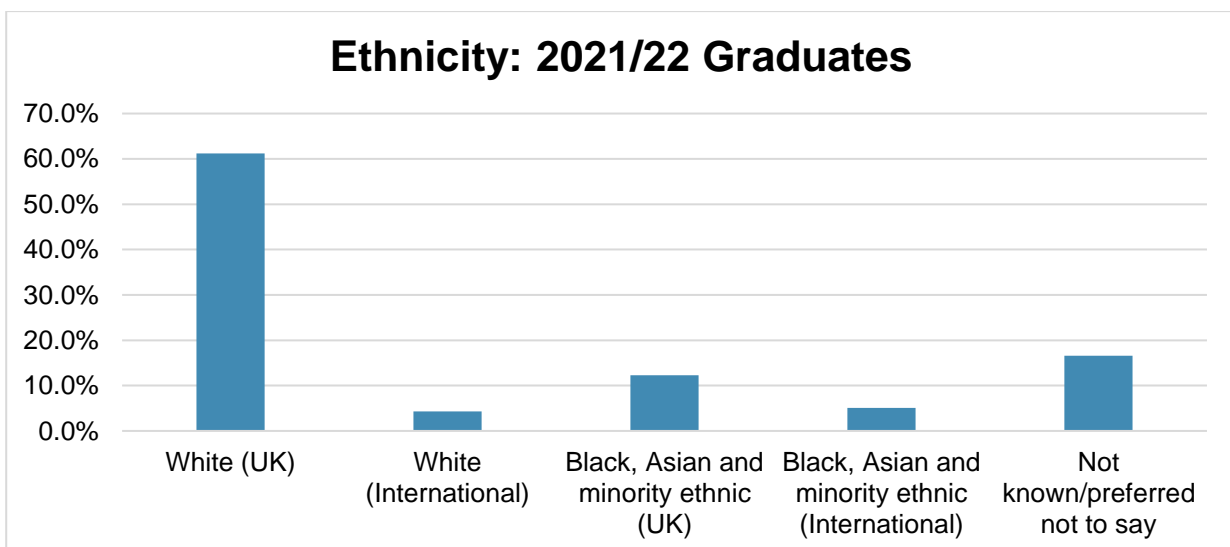


Figure 6n shows the ethnicity breakdown for the learners who left their programme in 2021/22. 24.5% were Black, Asian and minority ethnic (UK domicile) compared to 57.7% White (UK domicile). 9.7% were unknown.



When comparing the percentage difference between intake versus attrition, the figures suggest more UK domicile Black, Asian, and minority ethnic learners leave their programme within the first year of study. In instances where this is the case, programme teams are encouraged to proactively explore the reasons behind this and design & implement measures to help mitigate for this disparity.

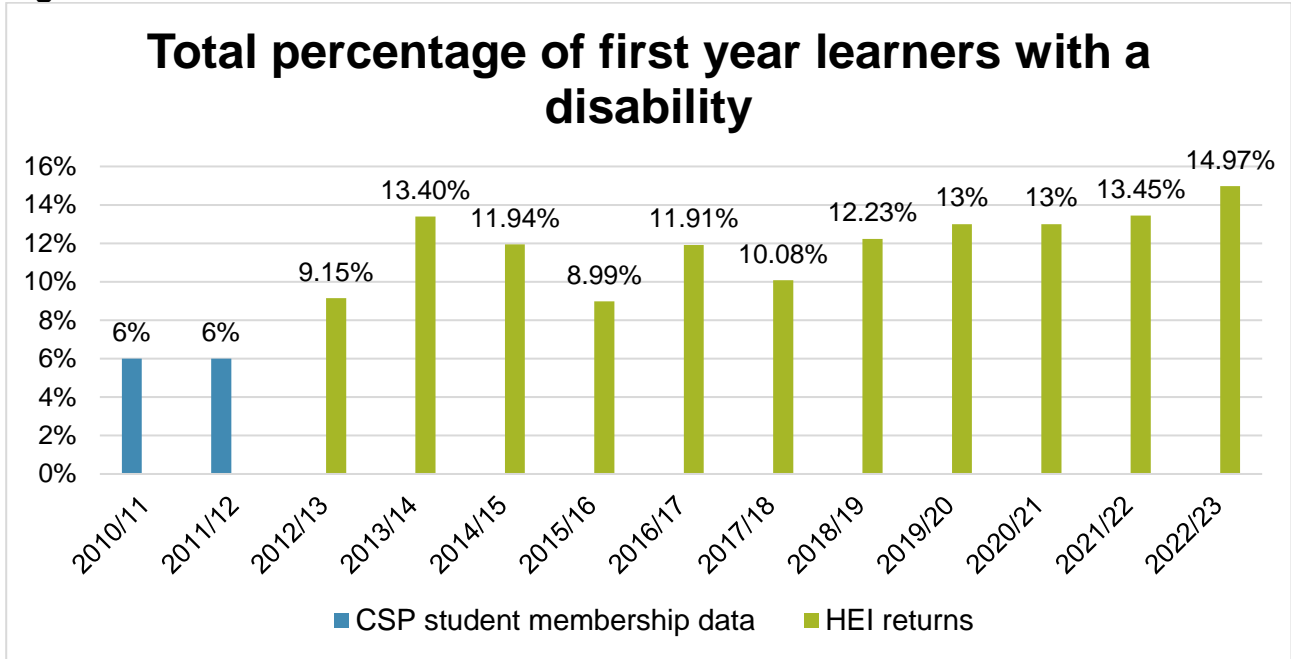
Figure 6m shows the ethnicity breakdown for 2021/22 graduates, showing White (UK domicile) students at 61.2%, followed by Black, Asian and minority ethnic (UK domicile) at 12.3%, Black, Asian and minority ethnic (International domicile) at 5.1% and White (international domicile) at 4.3%. 16.6% were unknown.



Disability

The criteria used for identifying disability trends among physiotherapy student cohorts are those used by UCAS. **Figure 6n** shows that the percentage of first-year students disclosing a disability has increased compared to last year and is now of almost 15%. Before 2012/13, CSP membership data was used, and figures stood at a consistent 6%.

Figure 6n



As shown in **Figure 6o**, 48% of students who disclosed a disability were reported as having a learning difficulty in 2022/23. As demonstrated by **Figure 6p** there has been no significant change in the overall profile of disabilities reported by students since 2013/14.

Figure 6o

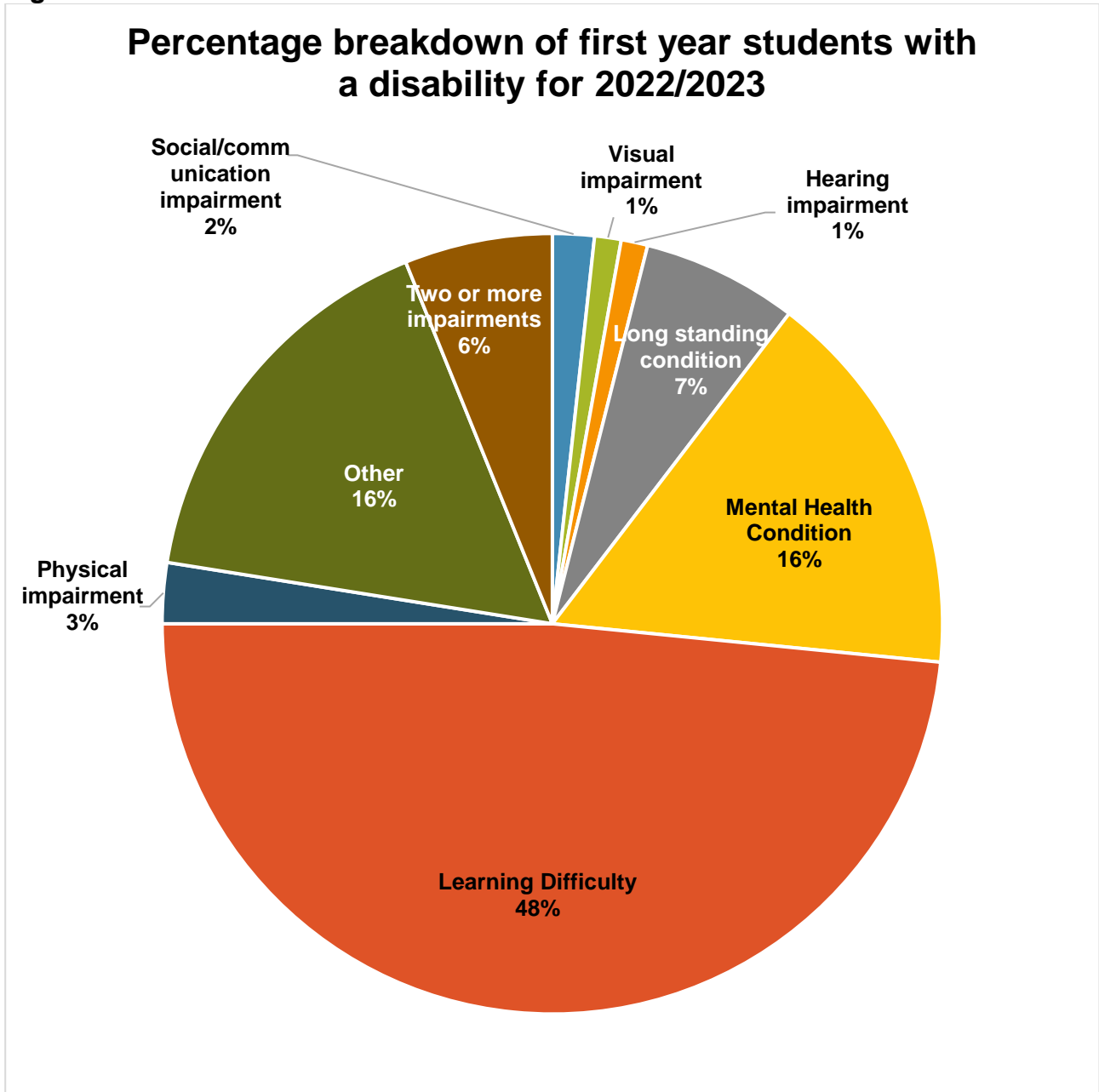
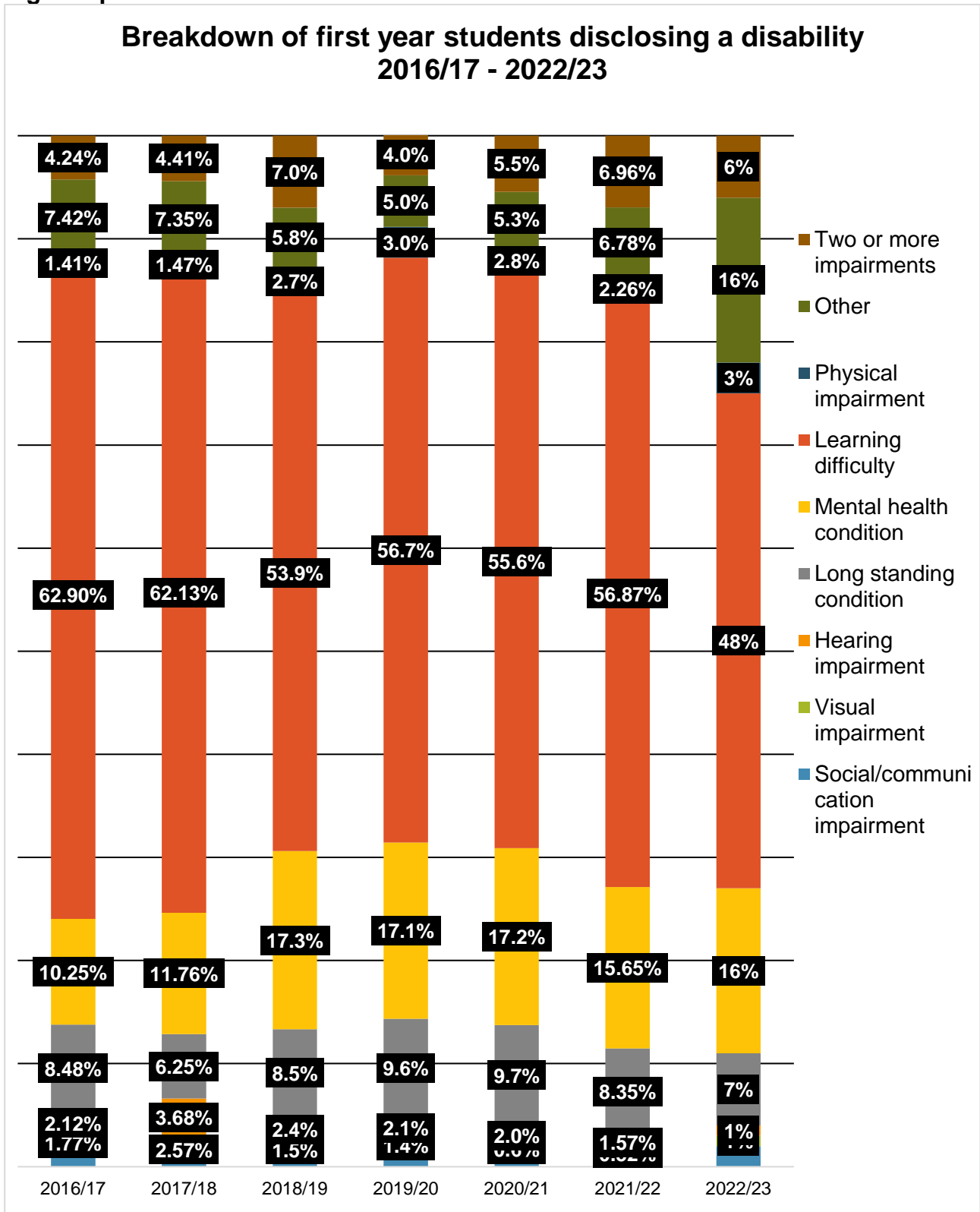


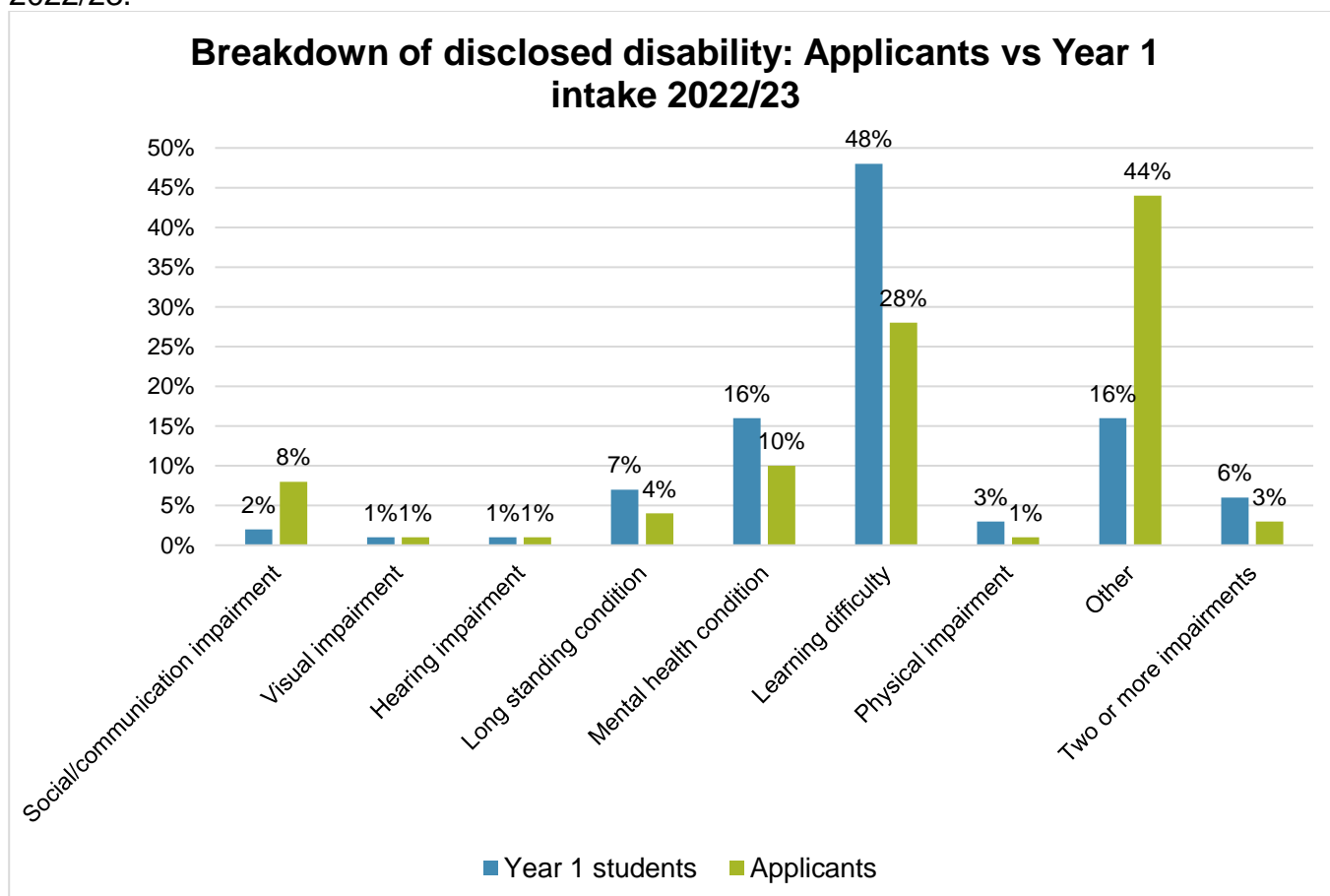
Figure 6p



Key to Figure 6p

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Social/communication impairment	1.41%	0.37%	0.9%	1.4%	1.4%	1.04%	2%
Visual impairment	1.77%	2.57%	1.5%	1.4%	0.6%	0.52%	1%
Hearing impairment	2.12%	3.68%	2.4%	2.1%	2.0%	1.57%	1%
Long standing condition	8.48%	6.25%	8.5%	9.6%	9.7%	8.35%	7%
Mental health condition	10.25%	11.76%	17.3%	17.1%	17.2%	15.65%	16%
Learning difficulty	62.90%	62.13%	53.9%	56.7%	55.6%	56.87%	48%
Physical impairment	1.41%	1.47%	2.7%	3.0%	2.8%	2.26%	3%
Other	7.42%	7.35%	5.8%	5.0%	5.3%	6.78%	16%
Two or more impairments	4.24%	4.41%	7.0%	4.0%	5.5%	6.96%	6%

Figure 6q details the disabilities disclosed for applicants against year 1 learners for 2022/23.



Key for **Figure 6q**

Disability	Year 1 students	Applicants
Social/communication impairment	2%	8%
Visual impairment	1%	1%
Hearing impairment	1%	1%
Long standing condition	7%	4%
Mental health condition	16%	10%
Learning difficulty	48%	28%
Physical impairment	3%	1%
Other	16%	44%
Two or more impairments	6%	3%

Figure 6r shows the disclosed disabilities for year 1 learners who left their programme in 2021/22. 53% a learning difficulty, 20% had a mental health condition, 10% were other disabilities or conditions.

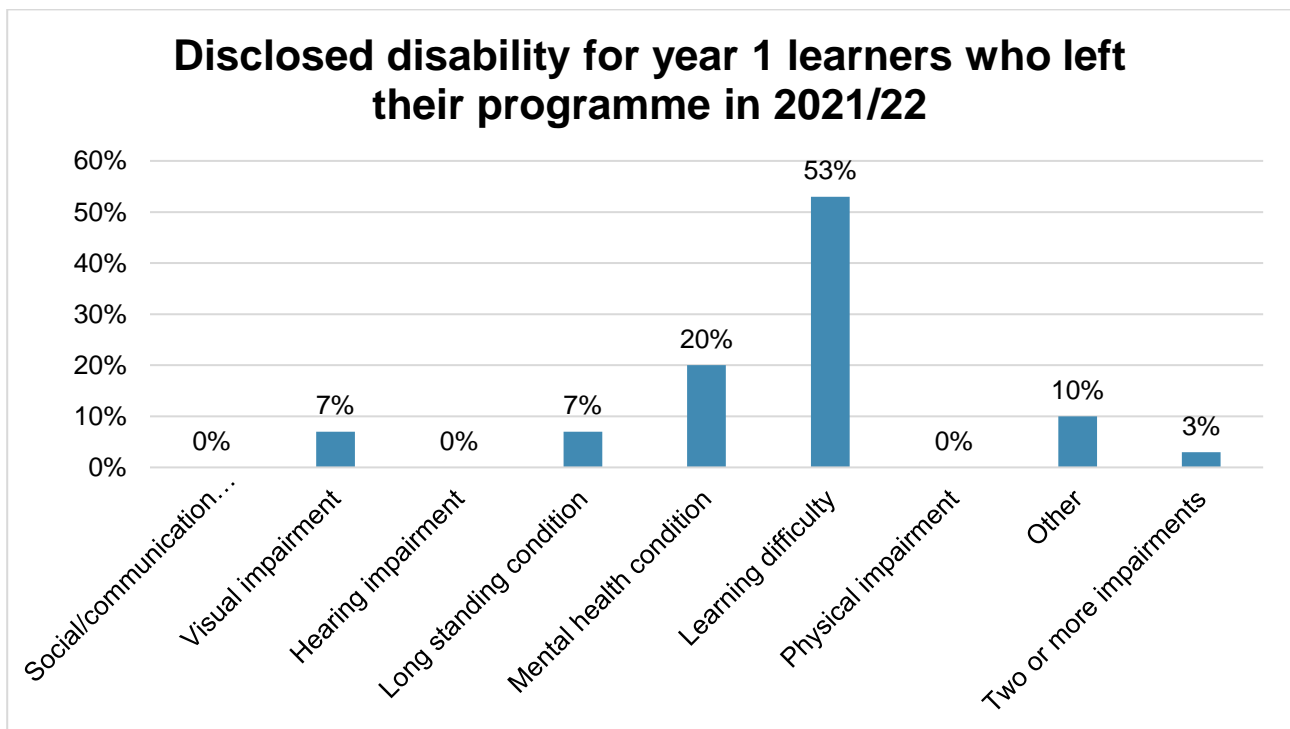
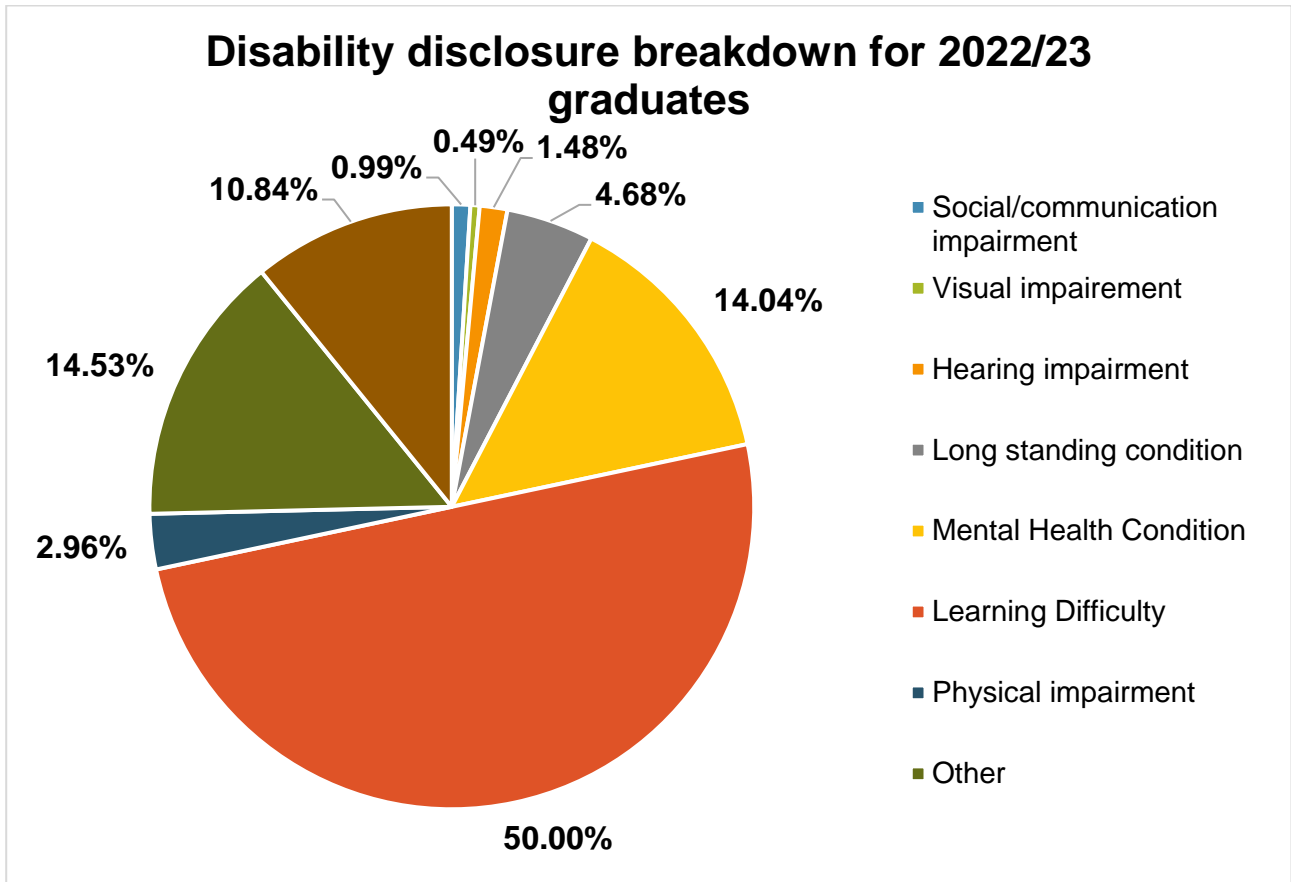
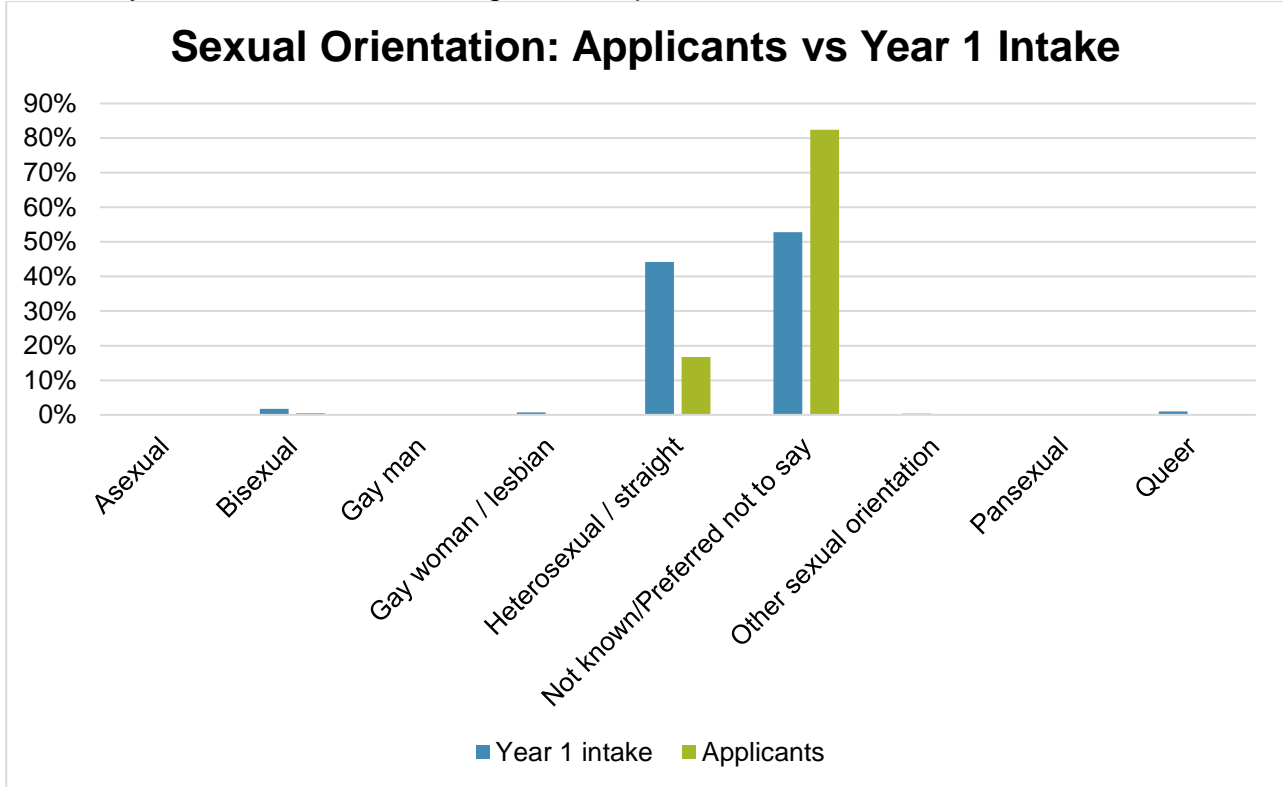


Figure 6s shows disability disclosure for 2022/23 graduates. The largest group of declared disabilities was learning difficulties (50%) followed by mental health conditions (14%).



Sexual Orientation

Figure 6t shows the sexual orientation of applicants for 2022/23 versus the year 1 learners' intake for the same year. 52.8% of the reported returns were unknown/preferred not to say and heterosexual / straight was reported at 44.2%.



Key for Figure 6t

Sexual orientation	Year 1 intake	Applicants
Asexual	0%	0%
Bisexual	1.7%	0.5%
Gay man	0.2%	0.1%
Gay woman / lesbian	0.7%	0.2%
Heterosexual / straight	44.2%	16.7%
Not known/Preferred not to say	52.8%	82.4%
Other sexual orientation	0.3%	0.1%
Pansexual	0%	0%
Queer	1%	0%

Figure 6u sexual orientation breakdown for the learners who left their programme in 2021/22. 42.651% of learners who left were heterosexual / straight, 55.6% were unknown/preferred not to say.

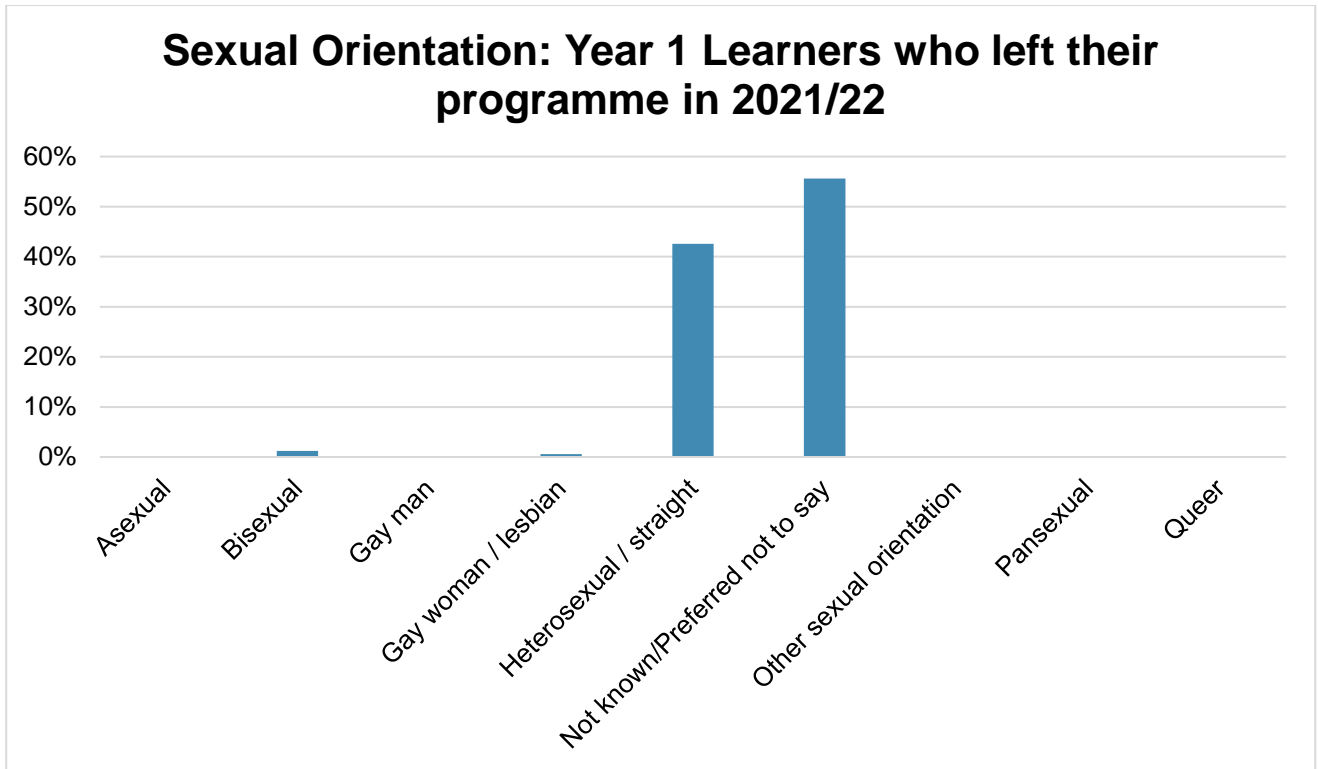
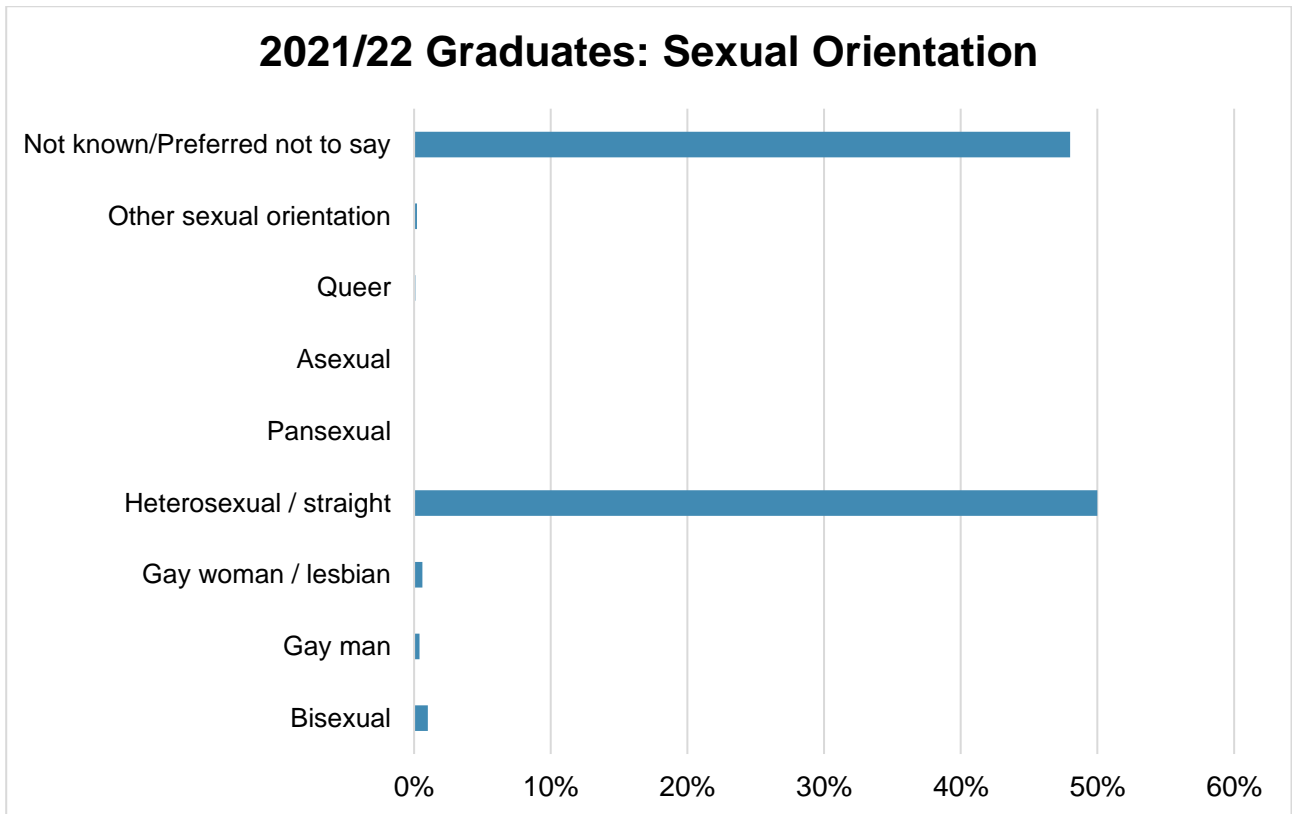


Figure 6v shows the sexual orientation for 2021/22 graduates. 50% of graduates were heterosexual and 48% were not known.



Part 2: Annual Quality Review

The Annual Quality Review (AQR) continues to reflect on quality enhancement, and the theme for 2022/23 was innovations, including (i) Programme innovation; (ii) Health inequities; (iii) Equality, Diversity and Belonging (EDB) and (iv) Health and Wellbeing. All programme teams were asked to provide descriptive information to detail how they support programme innovation reflective of contemporary physiotherapy.

This section provides an overview of the responses provided, identifying emerging themes and showcasing innovative approaches in physiotherapy programmes. It highlights curriculum innovations, placement innovations, digital innovations, and efforts to address health inequities, equity, diversity, and belonging.

50 responses were received for this section of the AQR, representing a response rate of approximately 75% of all UK HEIs running a pre-registration physiotherapy programme with representation from HEIs in all four nations; and representing 45% of all programmes. It is important to acknowledge that the information presented below is representative of a significant sample of HEIs but not all and therefore is susceptible to bias. This includes self-reporting confirmation bias, as those who are innovators in this space are more likely to respond to showcase their work, and non-response bias, as we do not know what we do not capture.

BROAD INNOVATIONS

As the landscape of healthcare education has continued to evolve, the requirements for programmes to acknowledge and incorporate novel approaches to delivery and meet the changing needs of learners, practice educators and HEIs has become a key driver for innovation. Of the responses some key areas of focus relating to programme innovation included:

- Simulation-based learning at all levels.
- Use of case examples to facilitate person-centred and complex case management.
- Involvement of national and international experts via online teaching.
- Development of content with key stakeholders including learners and service users.
- Integration of four pillars of practice: clinical, education, leadership and research.
- Addressing social inequalities and inclusion in the curriculum.

Intersectionality between themes were also noted, resulting in the building of skills utilising digital technologies with the purpose of addressing health inequality, wellbeing or equality, diversity and inclusion.

Further examples of innovation in assessments included website development, blogs around topics such as health inequalities, production of digital artifacts such as documents, videos, infographics and podcasts and public health interventions such as developing health promotion materials.

Another notable theme within the AQR reports was the move towards developing and capitalising on interprofessional education opportunities as they present themselves for benefit of staff and learners; and moving towards integrated skill development and a holistic approach by use of complex cases to facilitate critical thinking and management.

A key theme highlighted by the majority of respondents was that of Digital Innovation where a number of digitally based approaches and considerations were woven into programme curricula. These included:

- Blended learning approaches.
- Use of virtual reality for enhancement of teaching and learning.
- Development of digital resources and use of online forums to support impact of learner voice and building of community.
- Use of digital tools and technology in practice as part of the current and contemporary healthcare environment.

PRACTICE BASED LEARNING INNOVATION

Practice based Learning (PBL) as a key part of pre-registration physiotherapy education, saw an expansion into new sectors and the use of alternate models of supervision or a re-structure of the placement experience. Key themes related to innovations in PBL which emerged from the responses were:

- Simulation-based placements.
- Modes and models of placement.
- Research-based practice placements.
- Innovative placements in novel sectors and HEI-based clinics.
- Development of hybrid placements combining clinical practice experience with research or leadership.
- Use of digital platforms for placement skills development.

Simulation (SIM) was a key area of innovation showcased by many of the respondents mainly as an adjunct to teaching and learning, and in preparation for practice-based learning placements. However, five respondents highlighted that they had developed SIM placements where learners would undergo supervision and assessment processes within the SIM experience with these PBL hours forming a contribution to the 1000-hour quota.

Six of the respondents had developed or continued to utilise on-site physiotherapy clinics in support of enhancing learner experience and placement capacity, 2 of these clinics were 'student-led' which would provide additional opportunity to develop skills across the pillars of practice.

Many respondents included development of placement experiences across 4 pillars as part of their programme innovation. In particular, research placements development was specifically noted by 25% of respondents, leadership placement innovation by 12% respondents and placements in education by 6% of respondents.

A number of respondents reported the development of new networks within the clinical pillar of PBL resulting in placements in partnership with the Ministry of Defence, 3rd sector organisations and within care home settings.

Hybrid placements also appeared with increasing frequency which featured the sharing of time between clinical settings and research or leadership opportunities within specific PBL placements. This more flexible approach has utilised pockets of placement capacity resulting in novel PBL experiences and a broad placement profile for learners.

Increasing examples of flexibility with mode and model of PBL were shared as examples of innovations including the introduction of longitudinal placements where, for example, learners completed their PBL 1 or 2 days a week over 12 weeks instead of full time over 4-6 weeks. Respondents described development of 4-day-a-week placements where hours are compressed, alongside long arm placement supervision, and 2:1 or 4:1 models that enabled further capacity to be accessed.

Respondents highlighted progress in developing links and networks with other local physiotherapy education providers and respective placement providers such as Integrated Care Systems to create a more joined up approach to placement development and capacity, particularly in areas where the density of education providers creates pressures in demand. These links extended into the preparation of learners for practice via the integration of access to modules hosted within the digital platforms of large placement providers and the opportunity to familiarise themselves with operating systems for documentation used within specific settings.

HEALTH INEQUITIES

Broad themes of innovations reported in addressing health inequities within the pre-registration programmes included concepts detailed below:

- Embedding health inequalities concepts from the start of programs.
- Introduction of International Classification of Functioning, Disability and Health (ICF) frameworks.
- Inclusion of health promotion and population health in the curriculum.
- Addressing cultural competence and cultural safety.

Health promotion in particular was mentioned by many respondents as a key aspect being addressed within programmes, examples of which included seeing physiotherapy learners involved in preventative health services being developed for target populations.

Specific modules targeting the subject of public health and inequities faced by specific populations were highlighted within the AQR responses and 20% of respondents reported inclusion of population health as a specific topic addressed within the programme.

The integration of awareness around themes such as cultural safety and understanding of the needs of a diverse population service users was noted and addressed in programmes by exploring the causes of health inequities and promoting inclusive practices to target them. In particular, the impacts of internal factors, such as race, gender or disability, and

external factors such as socioeconomic or environmental on health equity were highlighted by respondents. Wider issues such as NHS funding, staffing pressures and impact on services were also mentioned as discussion points through the lens of health inequity for different population groups.

The professional role of physiotherapy was mentioned within the responses in terms of opening up the discussion with learners about widening scope of practice to address public health as part of their role in practice.

EQUITY, DIVERSITY, AND BELONGING

The need for a physiotherapy programme to reflect equity, diversity and encourage belonging is critical to the delivery of an effective and relevant teaching programme. The programmes surveyed shared a wide variety of innovations in practice to encourage these important elements in their organisations.

The themes of the findings from this survey can be broadly separated into 3 areas:

- Equality and encouraging diversity in admissions process and career planning.
- Departmental structure to support EDB.
- Addressing EDB through curricula planning and design.

Admissions processes and career planning

Some institutions have considered their early approach to admissions planning and have developed outreach materials and events which target low participation secondary schools. They aim to disseminate information about AHP, specifically physiotherapy, to those considering their next educational step. Some have hosted introduction days for students from a widening participation background.

Some universities are doing research and projects into how they can identify inequities in their admissions process and others have investigated how they can include more experiential learning in their admissions criteria to include learners from a wider variety of backgrounds into the profession. It is important that the student can work at the correct level, but it does challenge the usual academic approach to applications allowing other important skills to be assessed.

To encourage a diversity of graduate choices, one organisation hosts a careers day, with an emphasis on qualified physiotherapists from a diverse background and in diverse healthcare contexts to encourage diversity when joining the profession. One example we learnt of one university adding UCAS points to a learner's profile by earning them through the student being actively engaged and for open day attendance.

Departmental structure to support EDB

Structures and systems within universities can encourage a strong equity, diversity and belonging culture and there have been several innovations reported from universities who have invested in such mechanisms.

In this report, we see a variety of university-wide approaches that encourage pioneering of new approaches and support of EDB – for example:

- New E&D champion.
- A new department anti-discrimination lead.
- University-wide allyship programme being established.

Such top-down approaches will likely lead to system change and ultimately in culture change.

One university has looked at its EDB policy to integrate equality and diversity and improve inclusion and another institution has changed its consent procedures to reflect a more dynamic and inclusive approach.

Other universities have looked at how they can improve communication between those individuals looking after the learner by, for example, increasing liaison between programme teams and student wellbeing services.

Addressing EDB through curricula planning and design

Many universities have managed to enhance EDB through the programme design and delivery of their programmes.

We have reports of several taught modules, often placed at the start of the course, which directly speak to the issues of EDB – examples of these are social inequalities and inclusion and transgender awareness, both being taught in year 1. Many programme teams are making sure that the skills needed to manage diverse patient population are at the front of teaching and that principles such as anti-discrimination are a spiral throughout the whole curriculum.

Curriculum choices can also be used to support staff as well as students to understand EDB issues – with some programmes running cultural competency and anti-discriminatory practice within modules for both staff and students.

A sense of belonging for students is also nurtured with some universities running staff and student social events and establishing strong communities of practice with students and other stakeholders – making their programmes relevant and with a strong sense of community.

HEALTH AND WELLBEING

The sustainability of the educational and practice workforce relies on the good health and wellbeing of the staff that work within it and the students who learn there. This survey showed the innovations programmes have adopted to ensure the health and wellbeing of their staff and students.

The themes of the findings from this survey can be broadly divided into 3 main areas:

- Staff wellbeing.
- Student wellbeing.



- Support embedded within curriculum.

Staff wellbeing

There are huge variety of ways that staff are being supported within physiotherapy programmes. Some examples of these are:

- A wellbeing support co-ordination officer specifically appointed to support new staff members when they join the programme.
- A physio-specific new staff starter session, supported by experienced staff.
- Structured support to allow staff to share their best practice within the department and help others.

There is acknowledgement that, in some areas, more staff numbers have helped staff and their wellbeing and that supporting staff in their personal development has also aided the wellbeing of the team. In addition, ensuring flexible working patterns for all staff is also a method adopted to support the staff in the department.

There is a range of specific training tools which also help with health and wellbeing, including:

- Access to general staff support services.
- Suicide alertness training.
- Menopause support group.
- Discounted gym membership.

Student wellbeing

There has been an increase in focus on the experience of the learner, including ensuring the student is well supported during their time on the course. There have been many innovations shared that support the wellbeing of the student, including:

- A review of how best to offer support to the student.
- A review of the personal tutee system to offer more tailor-made support.
- A comprehensive university policy system including personal tutors, link tutors, counselling and raising concern awareness training.
- A new Associate Head of school for student experience, overseeing student welfare.

In addition, universities also reported innovations they use to support the feeling of belonging, which intersects with wellbeing. Some examples include:

- Opportunities to form communities and develop bonds with other groups and years.
- Encourage a culture that is “OK not to be OK” and encouraging students to ask if they need help or feel unsupported.

Supporting health and wellbeing through curriculum design

There are some excellent examples of innovation within the curriculum that support the health and wellbeing of both staff and students. Some examples of these innovations are:

- Integrated wellbeing sessions within a module to ensure this topic is explored well, including asking students to explore their own well-being.



- The use of Placement Wellbeing Toolkits across all programmes.
- All students to have mandatory Personal Management of Violence and Aggression training before their first placement.

FINAL COMMENTS

The AQR data collected within part 2 gives an overview of good practice and programme delivery relating to the 4 areas of Programme innovation, Health inequities, Equality, Diversity and Belonging (EDB) and Health and Wellbeing. These are critical elements of consideration to ensure that physiotherapy programmes remain relevant, sustainable and fit for purpose to deliver healthcare in the communities they serve. It is hoped that by sharing good practice amongst those delivering physiotherapy education will help support people to do their best work and to spark ideas and conversation to enhance physiotherapy education provision.

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 education@csp.org.uk.