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Annual Quality Review 2019/2020

UK Pre-registration Physiotherapy Education

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

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Annual Quality Review of UK Pre-registration Physiotherapy Education, 2019/20

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FOREWORD

Welcome to the fourteenth 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 report useful in helping to put your provision in a national context.

The report continues to reflect on quality enhancement and the theme for 2019/20 focused on Digital Health – highly topical given the heavy emphasis placed on technology within the NHS Long Term Plan. It is also pertinent at this time during a global pandemic.

It was an opportunity to demonstrate how pre-registration programmes develop students to critically engage with and use technology in order to prevent, diagnose, treat, and manage diseases and to encourage, measure, track, and support wellness.

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. May we also take this opportunity to say how much we appreciate the hard work and commitment of all academic, support, and clinical staff.

CSP Education Team

Part 1: Pre-registration Physiotherapy Education

1.0 HEIs OFFERING CSP-ACCREDITED PRE-REGISTRATION PHYSIOTHERAPY PROGRAMMES

During the academic year 2019/2020, forty-nine higher education institutions (HEIs) in the UK offered seventy-five pre-registration education programmes 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.

The number of pre-registration programmes continues to rise due to the demand for physiotherapists outpacing supply within the workforce, and is likely to continue for forthcoming year.

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

- 3-year full-time, 4-year full-time in Scotland and part-time BSc (Hons) Physiotherapy programmes
- BSc degree apprenticeship
- 4-year integrated master's programmes
- 2-year pre-registration MSc programmes
- 2-year pre-registration PGDip
- 3 - 4-year professional doctorate programmes

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

Figure 1a

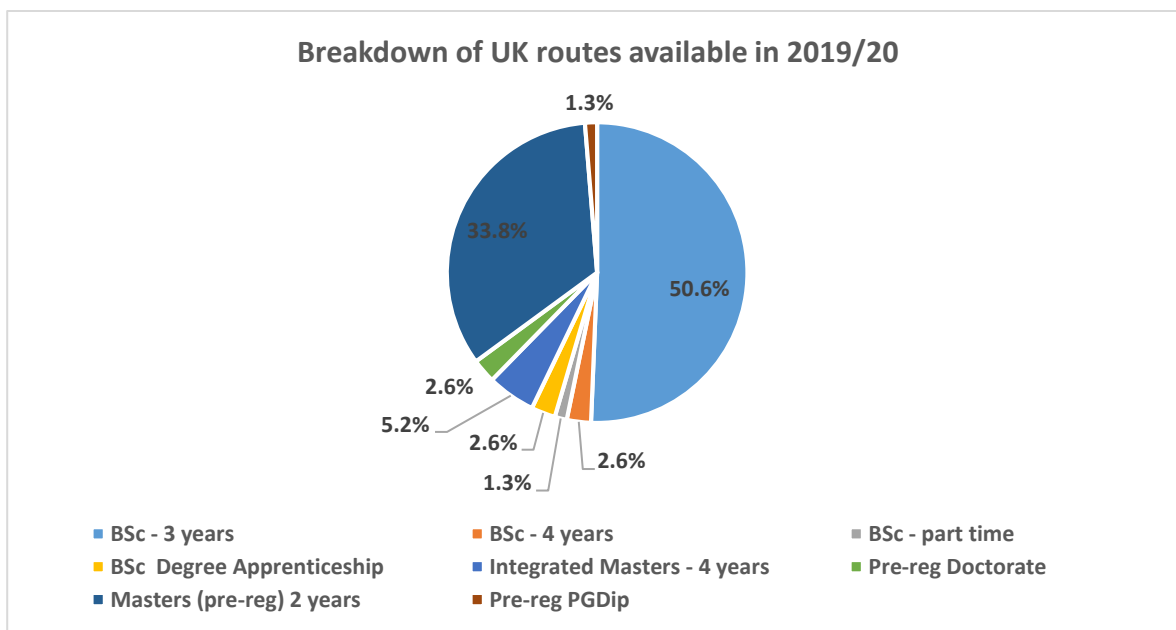


Figure 1b

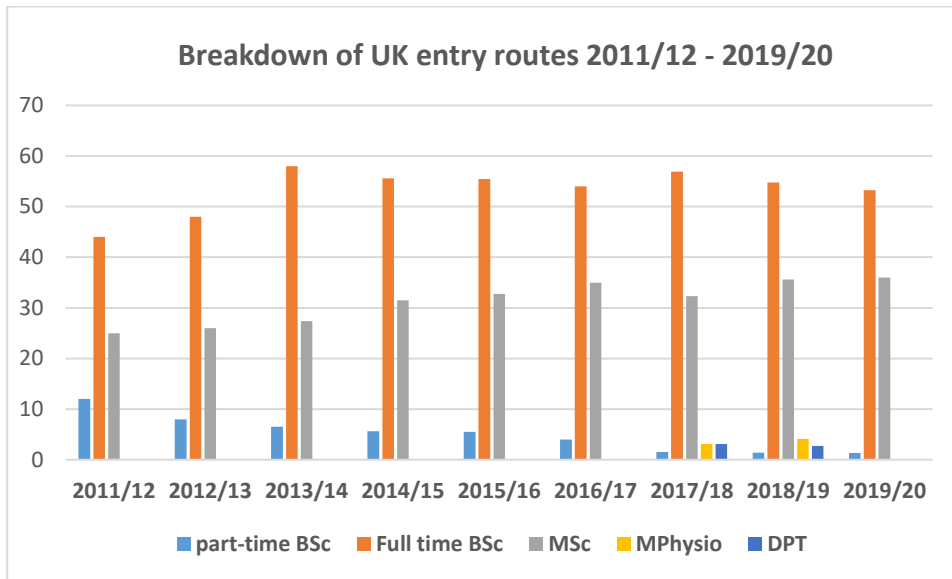


Figure 1b shows the breakdown of UK entry routes from 2011/12 to 2019/20.

During this period, postgraduate pre-registration programmes have increased from 25% in 2011/12 to 38% in 2019/20. This is due to HEIs focusing on programmes at masters' and doctorate level, and to the workforce needing to meet the increasingly complex service and population/patient needs.

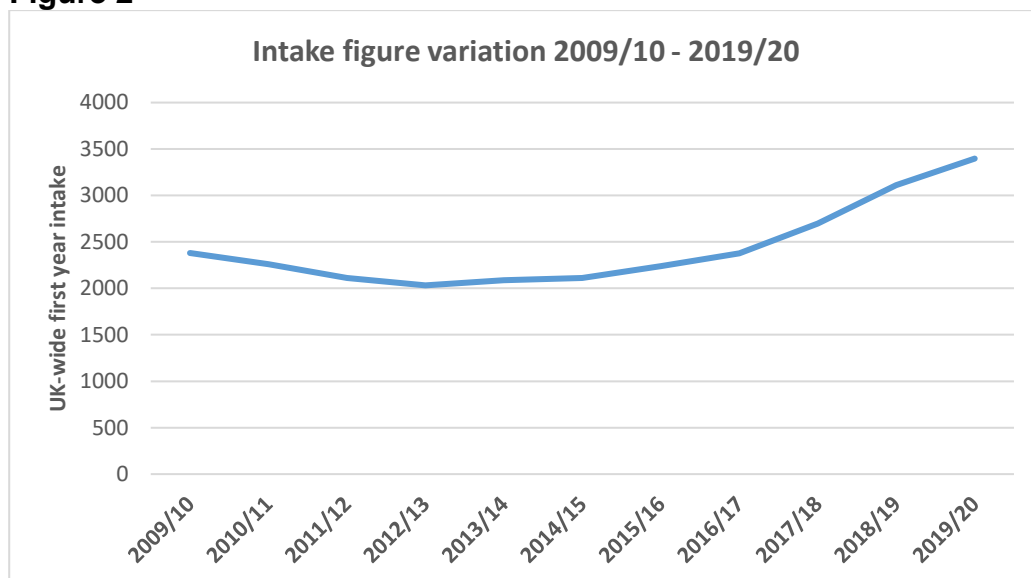
Full-time BSc routes have also increased from 44% in 2011/12 to 53% in 2019/20. Flexible and part-time routes have reduced from 12% in 2011/12 to 1.3% in 2019/20. This is due to decommissioning during this period.

Degree apprenticeships account for 2.6% in 2019/20, up by 1.3% from 2018/19, and it is expected this percentage will rise in the coming years.

2.0 INTAKE FIGURES

Figure 2 shows the total number of students entering pre-registration physiotherapy programmes in the UK per year from 2009/2010 - 2018/2019.

Figure 2



For the year 2019/20, student intake rose from 3,110 to 3,397 and is the highest for the period shown. With workforce shortages continuing within the profession (The CSP’s workforce data modelling indicates an additional 500 physiotherapy students are required per year to address this shortfall <http://www.csp.org.uk/professional-union/practice/evidence-base/workforce-data-model>), It is encouraging to see the continued student intake increases.

Alongside this increase, it is also encouraging to note that, in the main, resources (staffing and physical) are following suit and practice-based learning capacity is keeping pace with the increasing demand. This is particularly important considering the changes to programme delivery required in response to the COVID-19 pandemic.

In 2019/20, student intake on postgraduate programmes was 820 compared to 721 in 2018/19. 14% increase on 2018/19.

Student intake on undergraduate programmes for 2019/20 was 2577, an increase of 8% from 2018/19 (2389).

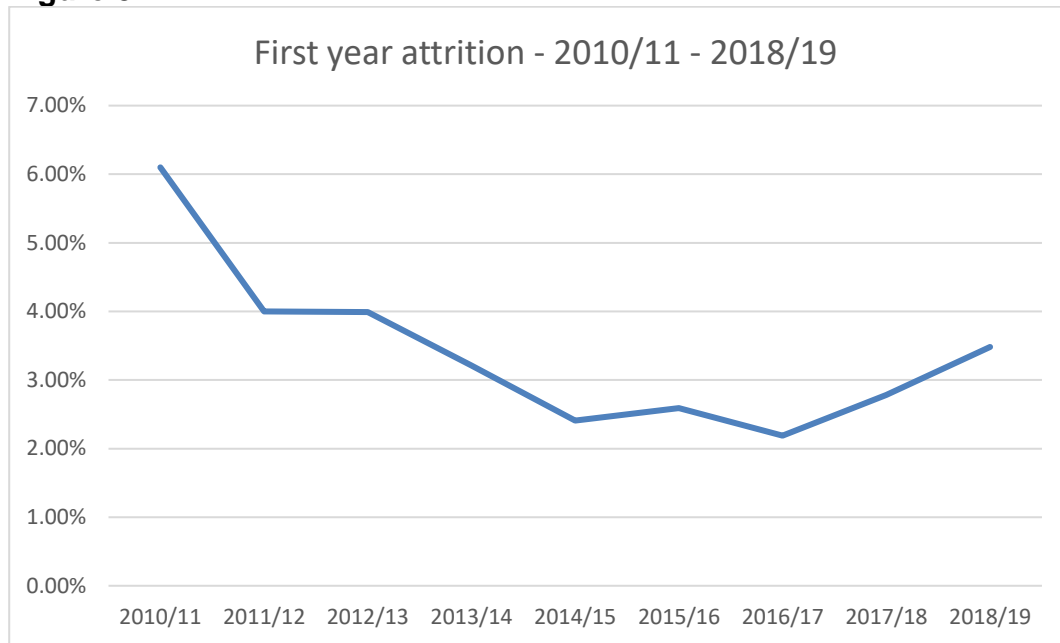
3.0 RETENTION/ATTRITION

Please note that the following section is a retrospective review of trends up until 2018/19. Data for 2019/20 will be available in the next report.

The number of students permanently withdrawing from all programmes in their first year was 3.48% in 2018/19 as shown in **Figure 3** (0.5% increase on previous year). The majority of permanent withdrawals in year 1 occurred on BSc programmes – 3.22%

compared with 0.27% on MSc programmes for all intakes in 2018/19. For comparison, in 2010, permanent withdrawals were 3.6% and 0.57% respectively. Since 2017/18, increases have been seen when physiotherapy education moved to the tuition fee and student loan model. Programme teams are encouraged to explore ways to identify failing students earlier and offer additional support.

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).

The 2019 Student Academic Experience Survey (HEA and HEPI) reports satisfaction levels are directly linked to the number of contact hours students, therefore students are less likely to change programmes, suggesting a link between student satisfaction and staff-student interaction.

Figures 4a and **4b** below show the 2019/20 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 seven years.

The UK-wide average has increased since last year, with a ratio of 1:16.56 per programme compared to 1:16.06 in 2018/2019. Similar increase is seen for average practical class SSR for 2019/20, CSP continues to recommend ratios are maintained around **15:1**, to ensure sufficient resourcing to support the programme and good student experience. This is particularly important during the COVID-19 pandemic. While we usually take a pragmatic approach, it is crucial HEIs keep this under close review, in light of national advice/guidelines relating to teaching size, use of PPE, social bubbles and social distancing.

Figure 4a

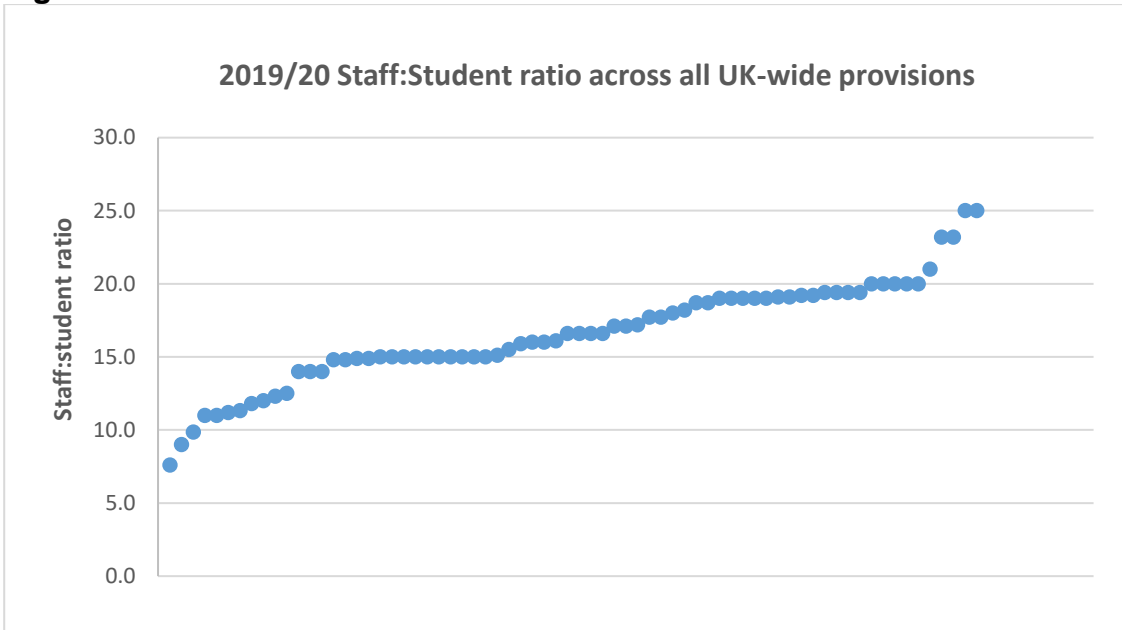
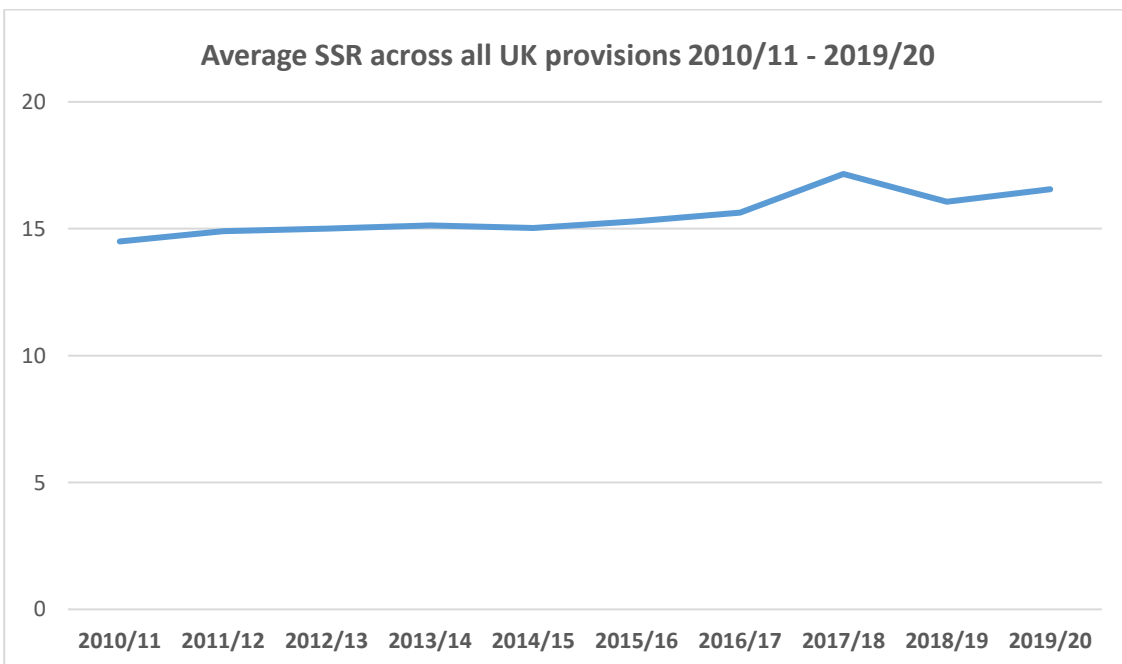


Figure 4b



Practical Class Staff:Student Ratios

The average practical class SSR across the UK was 1:18.85. This compares to a ratio of 1:20.55 in 2017/18. **Figure 4c** shows the SSR in practical teaching groups across UK-wide provision. **Figure 4d** shows the SSR over the last six years.

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

Figure 4c

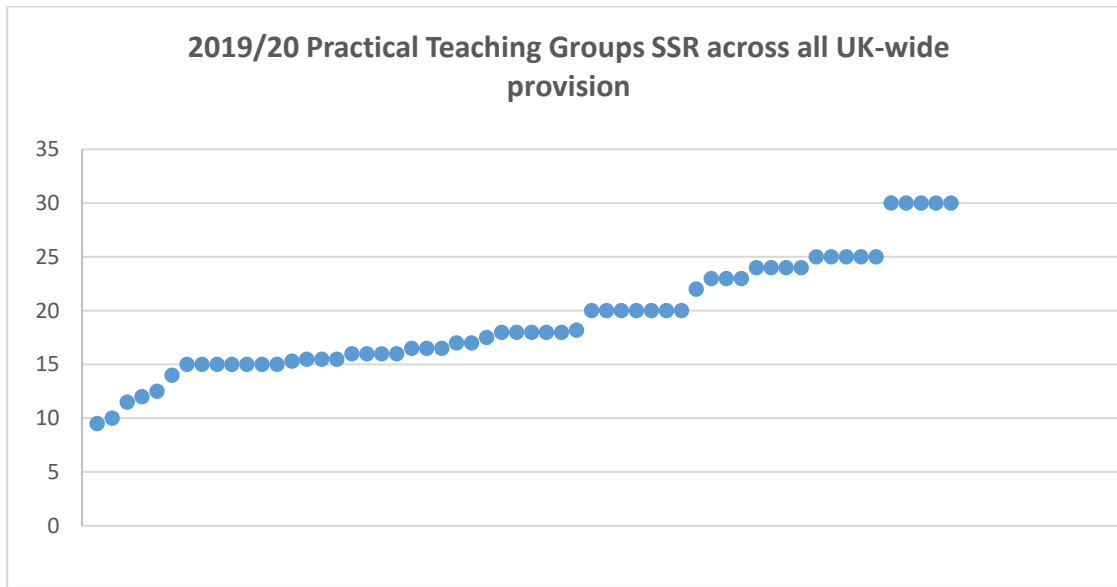
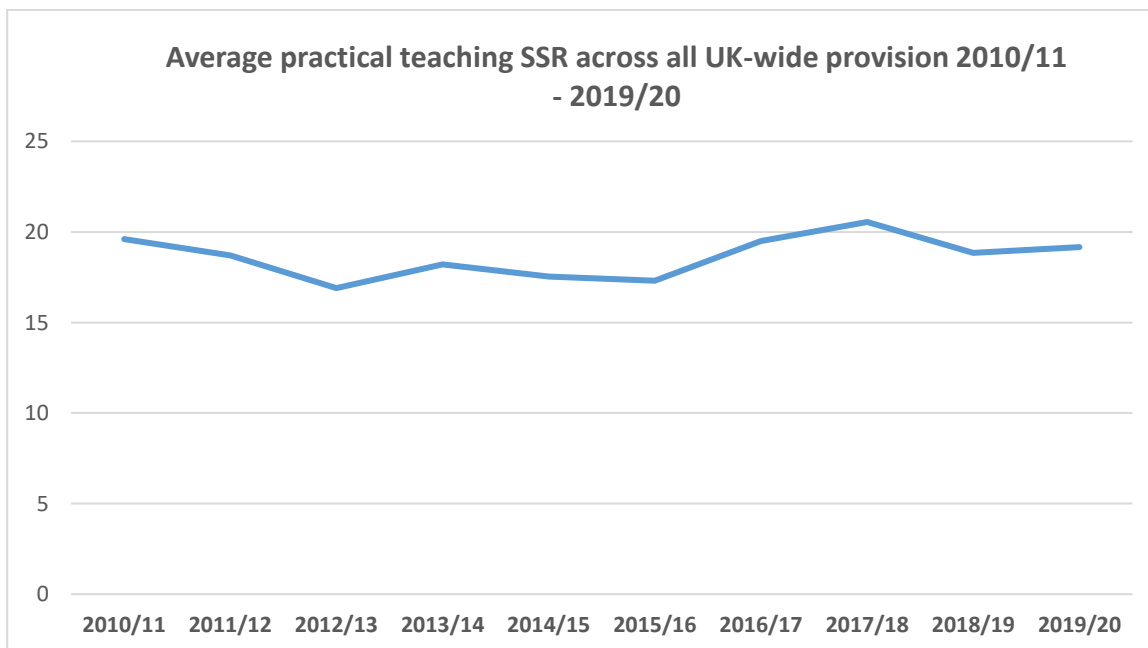


Figure 4d



5.0 WIDENING PARTICIPATION

Gender

As seen in **Figure 5a**, the number of male students studying physiotherapy has increased to 40.5%, compared to 30% in 2009/10. This is more in line with the national male student profile (42%) in 2019/20 reported by Higher Education Statistics Agency (HESA): [Data and analysis - Students and graduates](#). It is encouraging to see the trends are reflecting a more even gender balance. In 2019/20 the gender categories were extended to include Transgender Male, Transgender Female, Gender variant/Non-conforming, not known and information refused. One student identified as Gender variant/ Non-conforming, one other and two not known.

Figure 5a

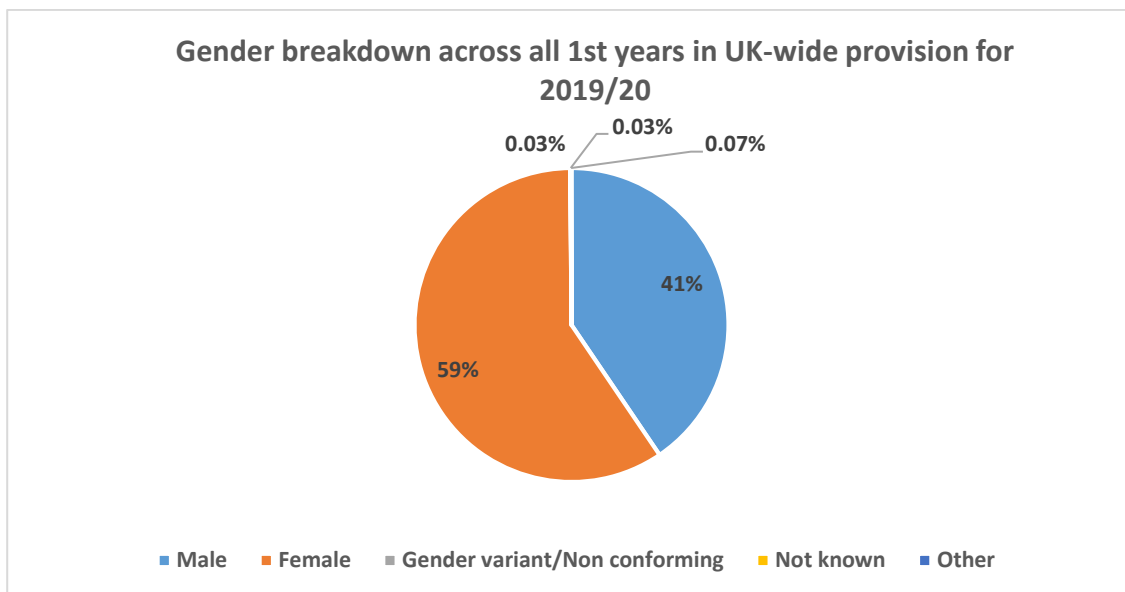
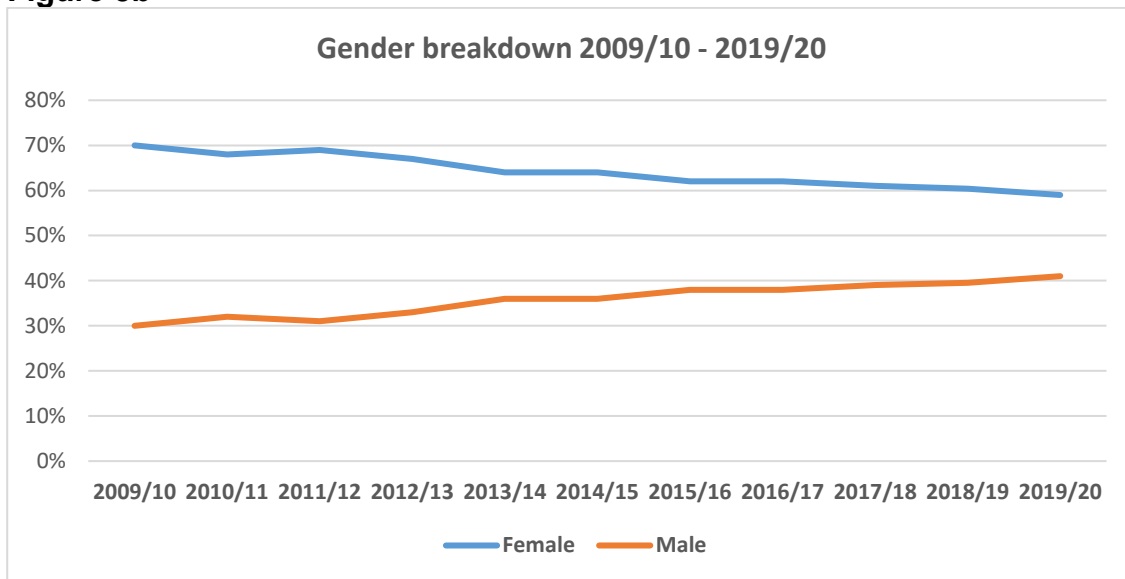


Figure 5b shows the increasing intake of male students from 30% in 2009 to 40% in 2020.

Figure 5b



Age

Figure 5c shows the proportion of mature students has decreased to 50% from 52% in 2019/20.

Before 2017/18, CSP student membership data was used for analysis and in 2017/18, breakdowns of age were included in HEI data returns.

CSP student membership details show 82% of first year students were mature in 2019/20, an increase from 78% in 2018/19.

In 2019/20, the average age of a first year student joining the CSP continues to be 25 years old.

Figure 5c

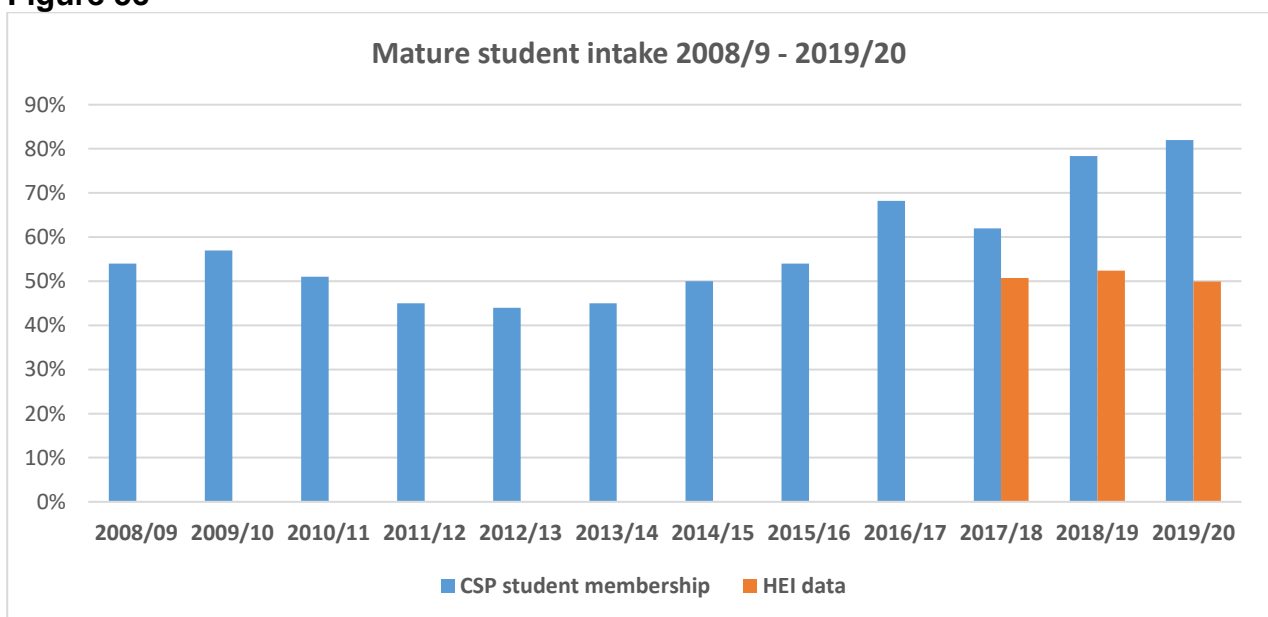
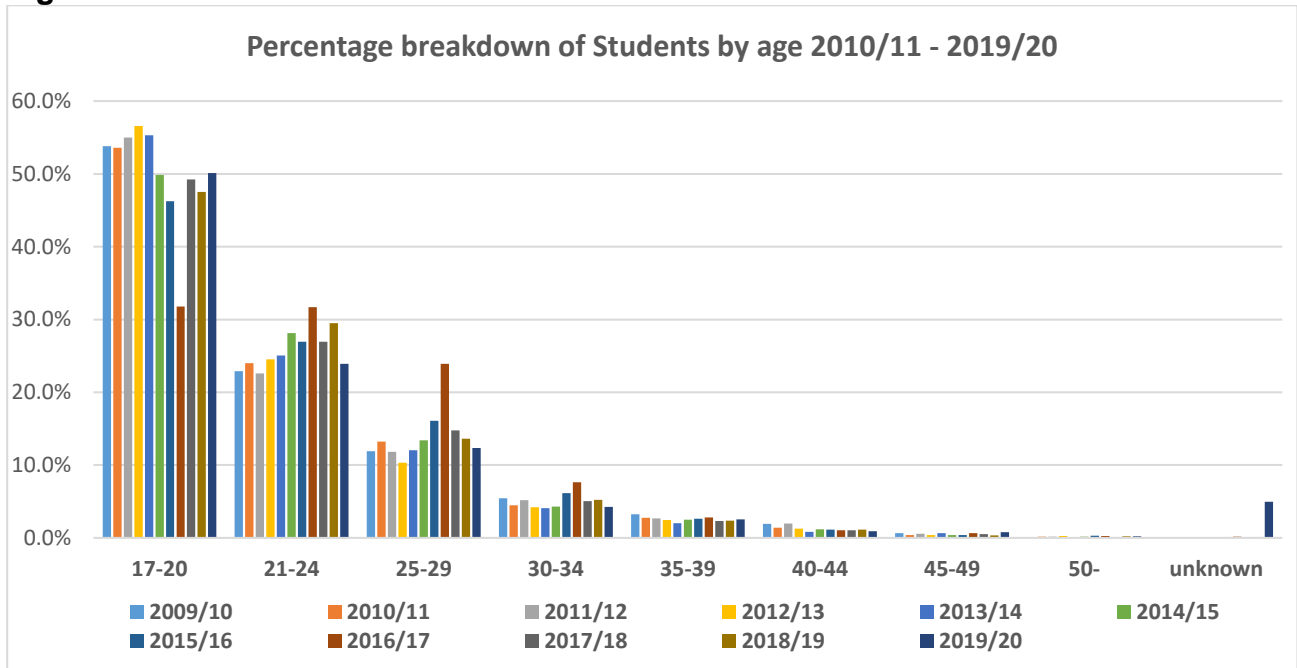


Figure 5d shows a slight increase in percentage of students aged 17-20 at the point of entry from 47.52% in 2018/19 to 50.1% in 2019/20.

Figure 5d



Ethnicity

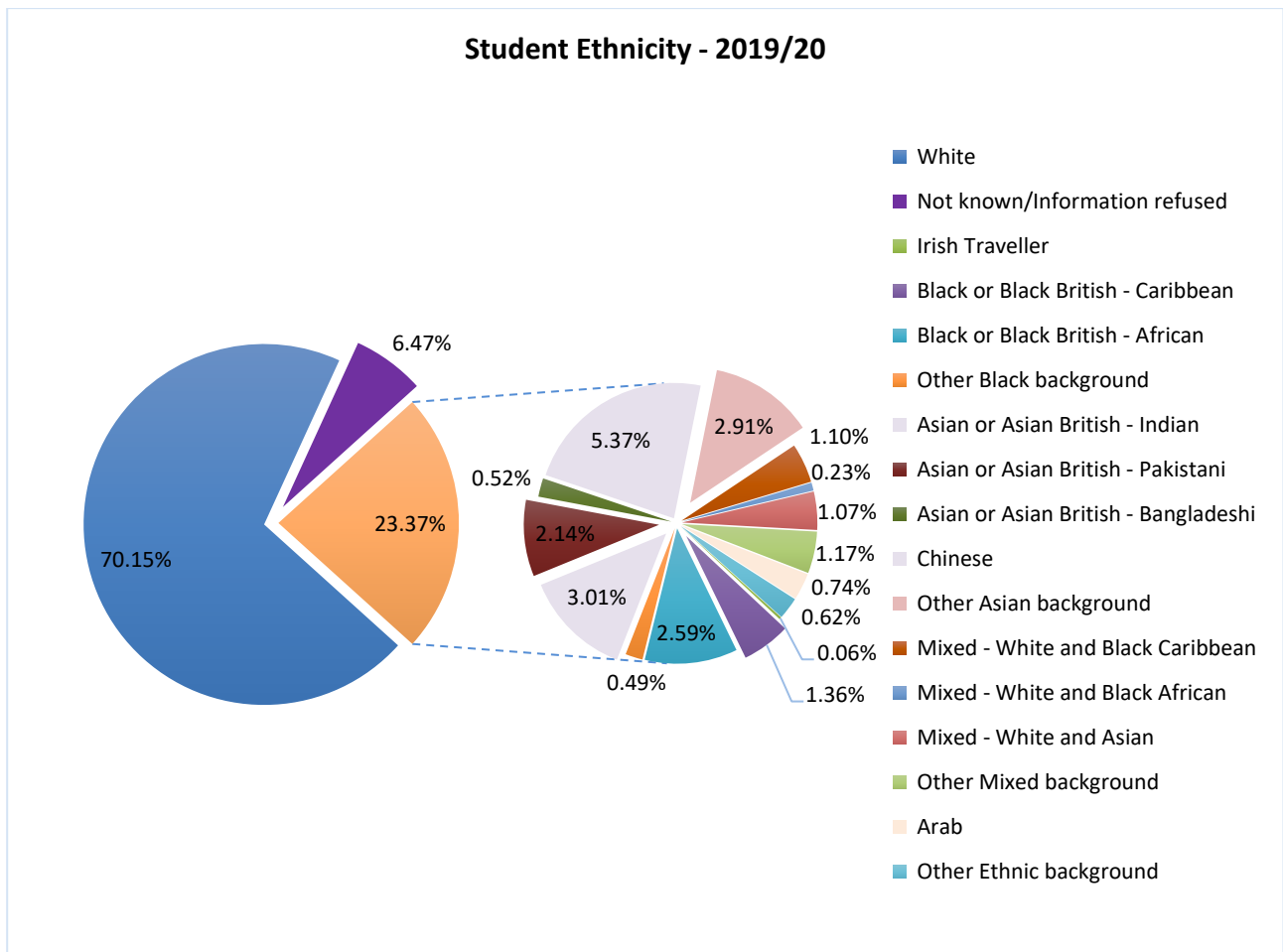
UCAS ethnicity codes have been used and these reflect the classifications used in the 2011 census.

Figure 5e details the ethnicity of first-year student in 2019/20 and shows those from a black, Asian, and minority ethnic (BAME) background accounted for 23%, twice the amount since 2010.

Figure 5f shows a gradual increase in the percentage of BAME students since 2010/11. It is encouraging to note an increase of ethnic diversity amongst the physiotherapy student population. Programme teams are encouraged to continue to increase the diversity of their cohorts, as it is essential to improve the learning experience for all students (Student Experience: Measuring expectations and outcomes, Universities UK) and to ensure that physiotherapy is a diverse, dynamic profession that reflects the national demographic and the communities that it serves.

It is worth noting the Higher Education Statistics Agency (HESA): Data and analysis - Students and graduates reports 24% of all first year student in the UK are from BAME backgrounds.

Figure 5e

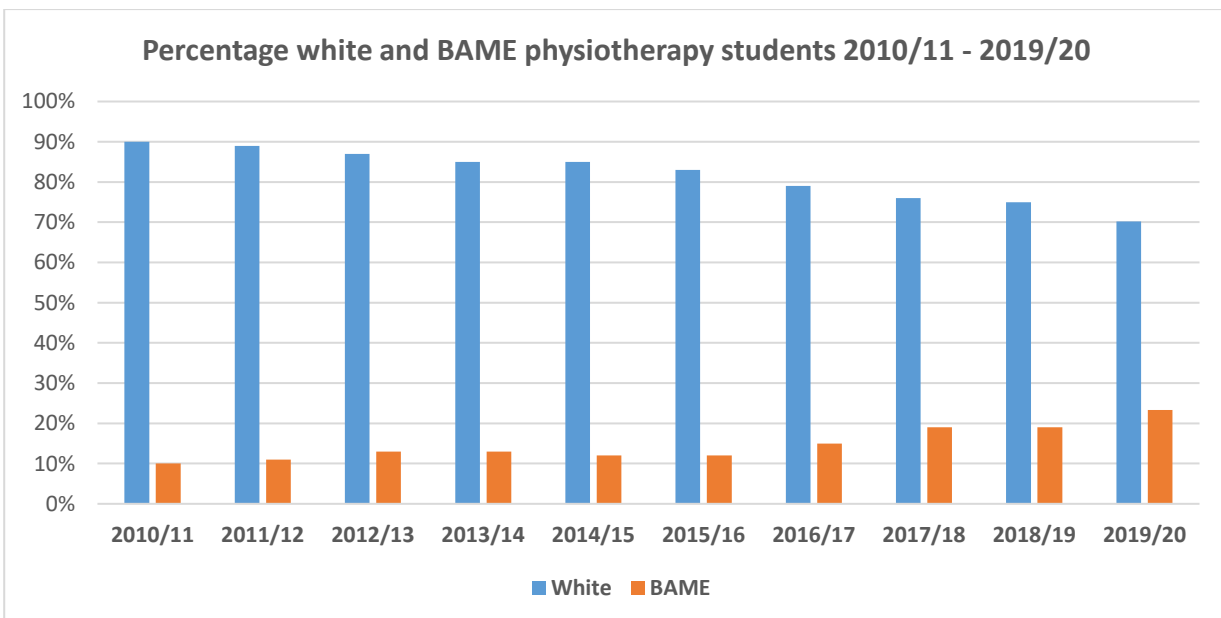


Key to Figure 5e:

White	70%	Other Asian background	3%
Irish Traveller	0%	Mixed - White and Black Caribbean	1%
Black or Black British - Caribbean	1%	Mixed - White and Black African	0%
Black or Black British - African	3%	Mixed - White and Asian	1%
Other Black background	0%	Other Mixed background	1%
Asian or Asian British - Indian	3%	Arab	1%

Asian or Asian British - Pakistani	2%	Other Ethnic background	1%
Asian or Asian British - Bangladeshi	1%	Not known/Information refused	6%
Chinese	5%		

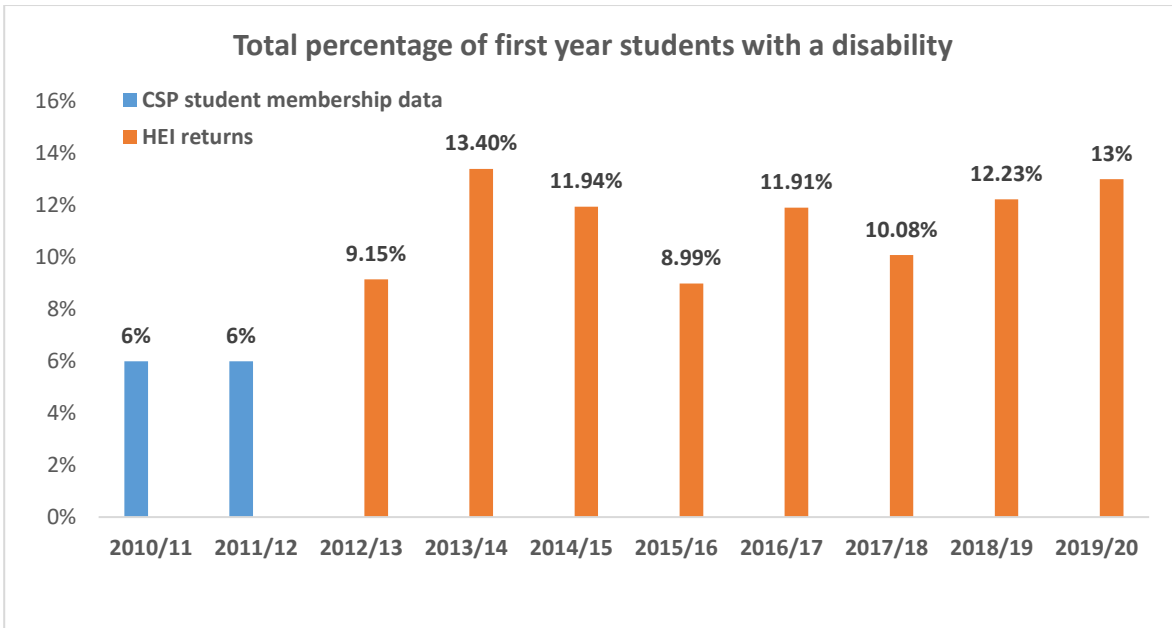
Figure 5f



Disability

The criteria used for identifying disability trends among physiotherapy student cohorts are those used by UCAS. **Figure 5g** shows that the percentage of first-year students disclosing a disability has increased to 13% from 12% in 2018/19. Prior to 2012/13, data was based on CSP membership data, and figures stood at a consistent 6%.

Figure 5g



As shown in **Figure 5h**, 56.7% of students who disclosed a disability were reported as having a learning difficulty in 2019/20. Data suggests that most of these students made a disclosure of dyslexia. As demonstrated by **Figure 5i** there has been no significant change in the overall profile of disabilities reported by students since 2013/14.

Figure 5h

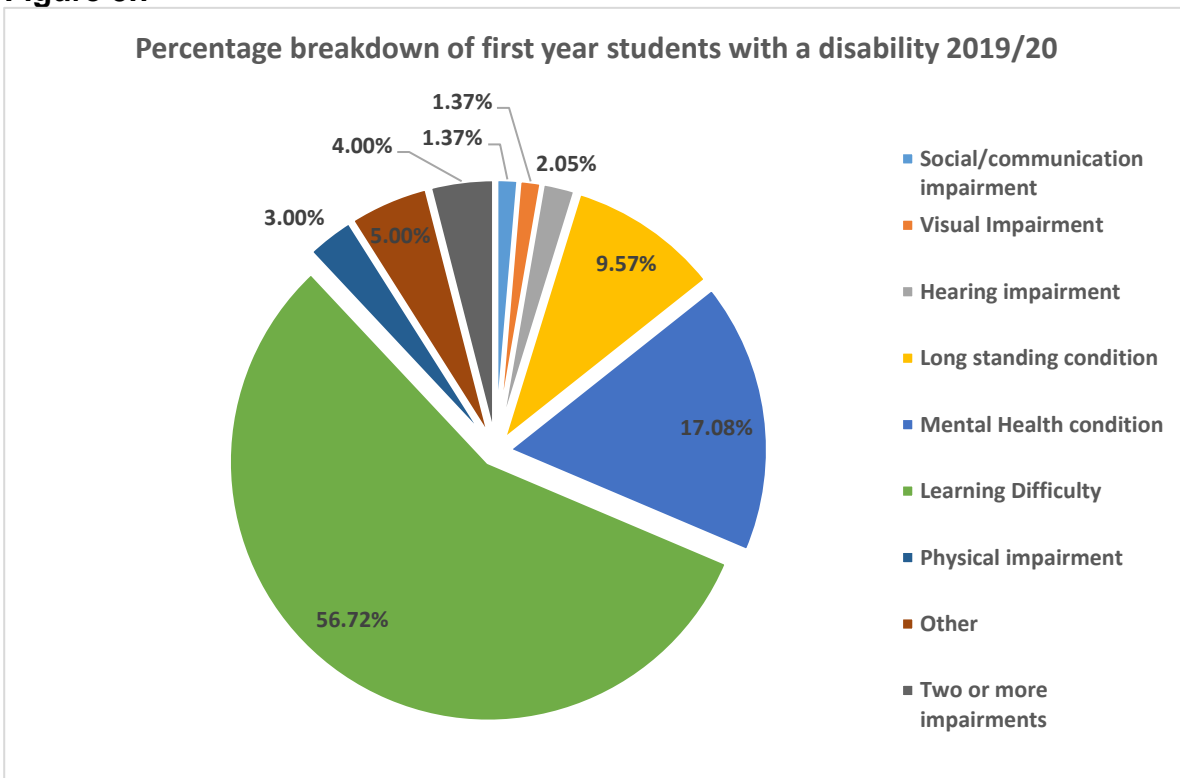
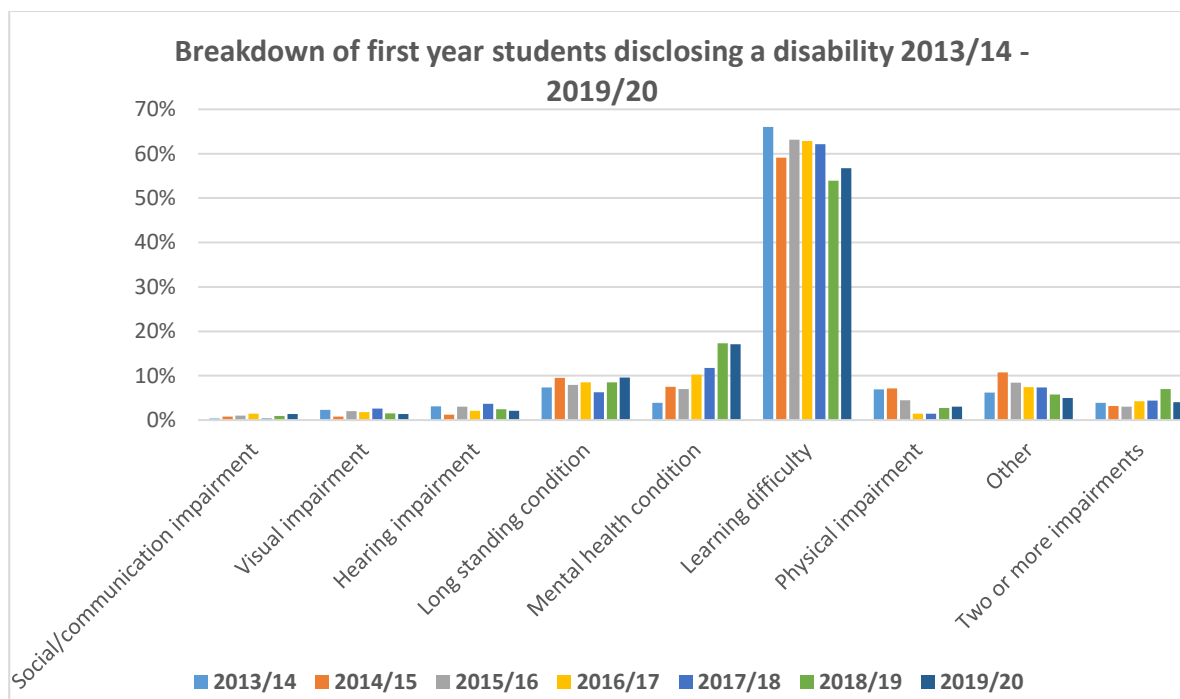


Figure 5i



Key to Figure 5i

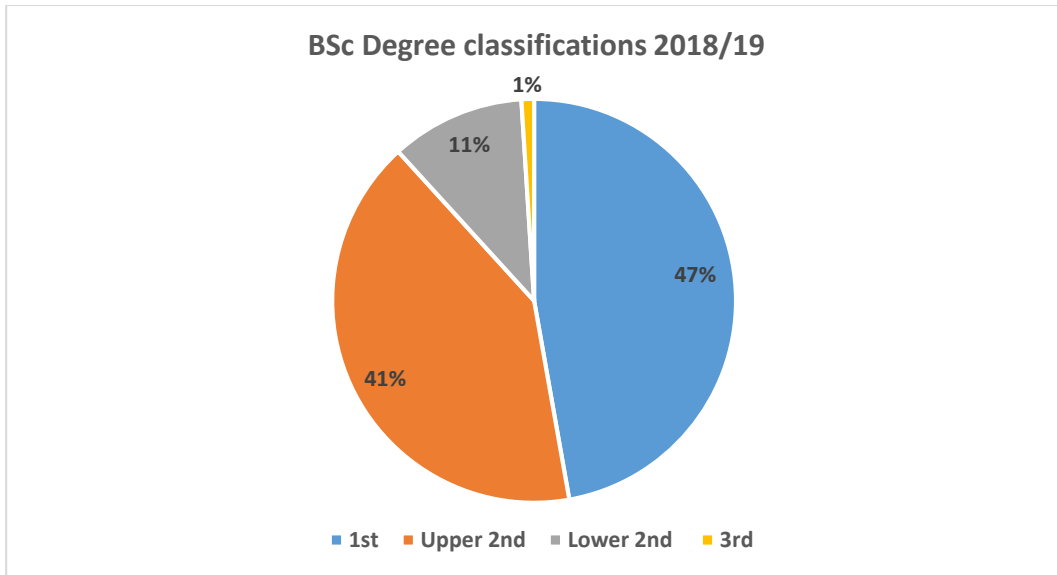
	2017/18	2018/19	2019/20
Social/communication impairment	0.37%	0.91%	1%
Visual impairment	2.57%	1.52%	1%
Hearing impairment	3.68%	2.42%	2%
Long standing condition	6.25%	8.48%	10%
Mental health condition	11.76%	17.27%	17%
Learning difficulty	62.13%	53.94%	57%
Physical impairment	1.47%	2.73%	3%
Other	7.35%	5.76%	5%
Two or more impairments	4.41%	6.97%	4%

6.0 PRE-REGISTRATION OUTCOMES

Degree Classification

Figure 6a shows the proportion of degree classifications awarded on BSc physiotherapy programmes in 2018/19, the latest year for which information could be provided at the time of data acquisition.

Figure 6a

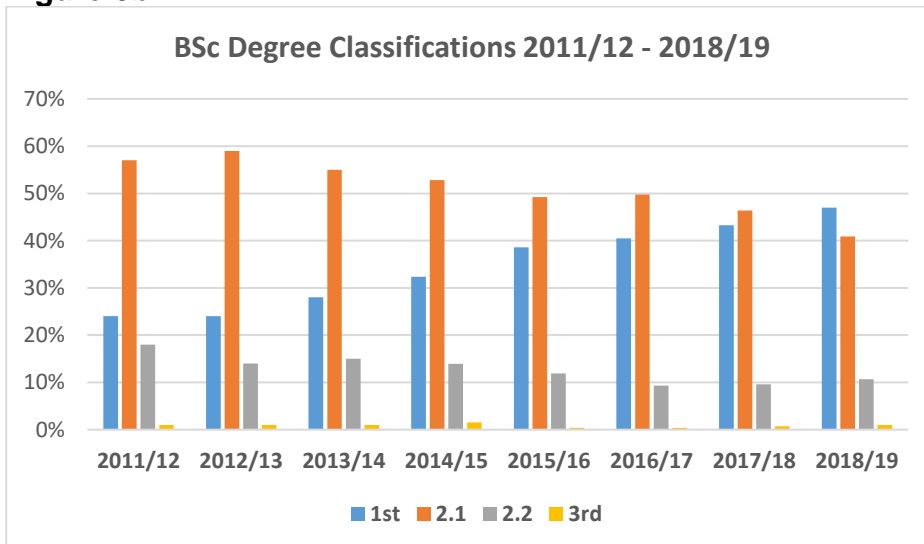


The percentage of students achieving a first-class award was 47% compared to 43% in 2017/18. This is 19% above the national average for UK programmes (as reported by (HESA): [Data and analysis 2018/19 - Students and graduates](#)).

41% of graduates were awarded upper-second degrees, compared to 46% in 2017/18. 11% achieved lower-second class degrees, a 1% increase to 2017/18.

Figure 6b compares the proportion of BSc degree awards since 2011/12.

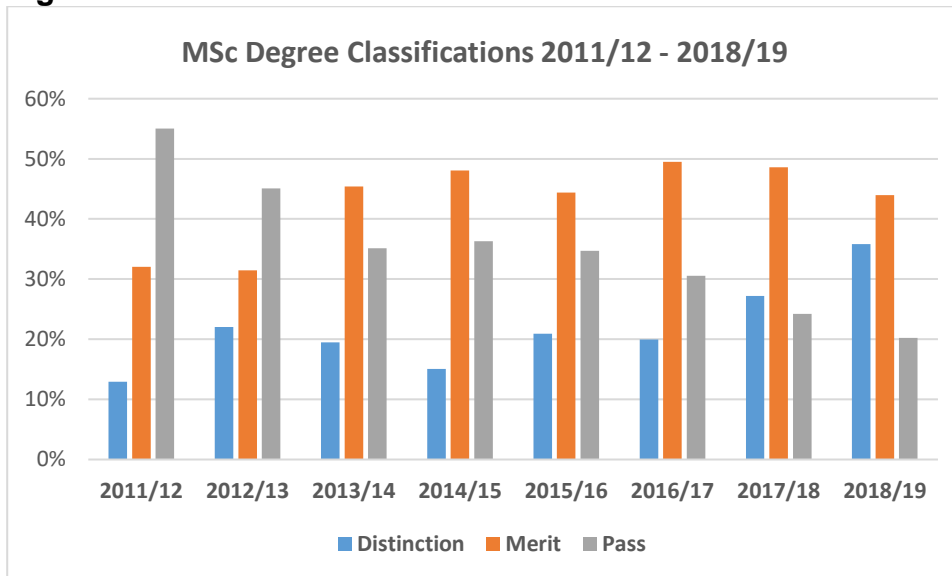
Figure 6b



For pre-registration postgraduate qualifications, the percentage of students achieving a distinction increased by 9% in 2018/19 compared to 7% in 2017/18. 44% of graduated with a merit degree classification, 5% less than in 2016/17. 20% achieved a pass degree classification, 4% less than in 2016/17.

Figure 6c shows a changing trend of award classifications since 2009/10.

Figure 6c

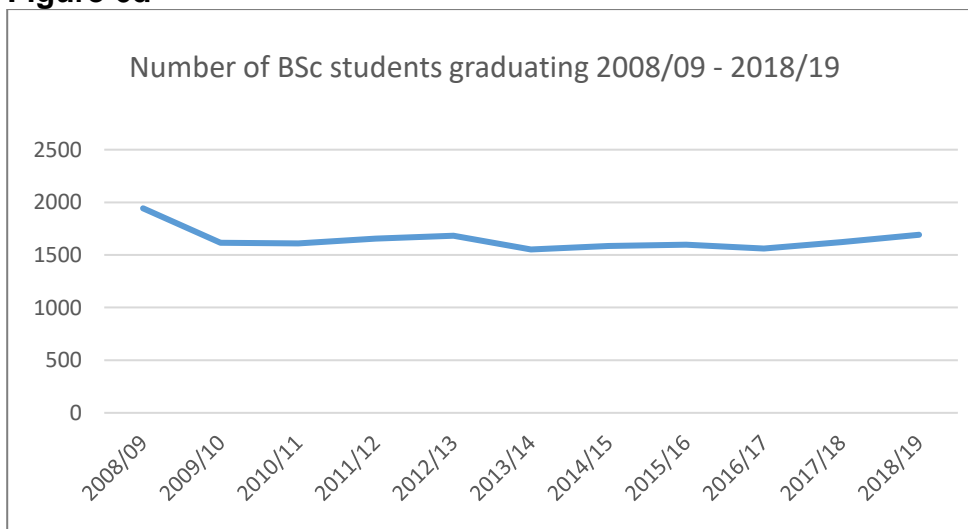


Graduating Student Numbers

BSc (Hons) Programmes

Figure 6d displays an increase in the number of students graduating from pre-registration BSc (Hons) Physiotherapy programmes to 1691 in 2018/19 from 1621 in 2017/18. Since 2009/10 the number of students graduating has averaged 1617 each year.

Figure 6d

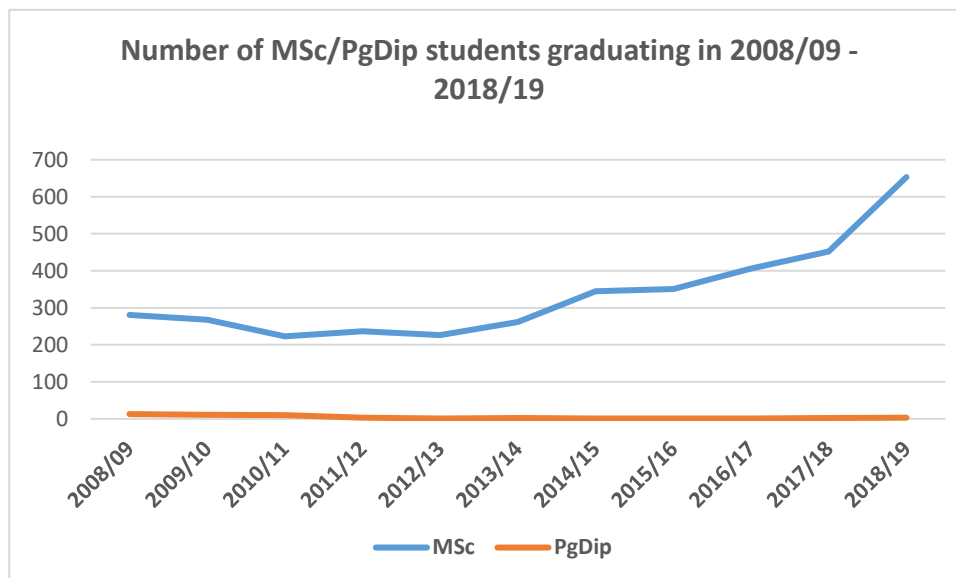


Postgraduate Programmes

Figure 6e shows the number of students graduating from postgraduate pre-registration programmes continued to increase from 454 in 2017/18 to 656 in 2018/19. This increase reflects the overall increase in intakes to pre-registration master's students in 2012/13.

3 students graduated with a postgraduate diploma in 2018/19, rather than an MSc. This is 1% of the total cohort compared to 5% in 2008/09.

Figure 6e



7.0 COMPARING PHYSIOTHERAPY PROGRAMMES

UNISTATS Data

The UNISTATS dataset is compiled from the National Student Survey (NSS), and the Graduate Outcomes Survey. The NSS is a survey across final-year undergraduates in all publicly funded HEIs across the UK. The Graduate Outcomes survey asks graduates who have completed higher education programmes within the last 15 months about their current activity, including work and further study. The Graduate Outcomes Survey replaced the Destination of Higher Education Leavers Survey (DLHE), which surveyed graduates six months after completing their programmes. The latest Graduate Outcomes Survey dataset was reported in the 2018/19 Annual Quality Review composite report for physiotherapy students graduating in 2017/18. The Higher Education Statistics agency will publish the dataset for 2018/19 graduates later this year.

For the NSS data for a programme is only shown when at least 23 students have 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 that 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.

Figures 7a-7l 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 in 2019/20.

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

Figure 7a

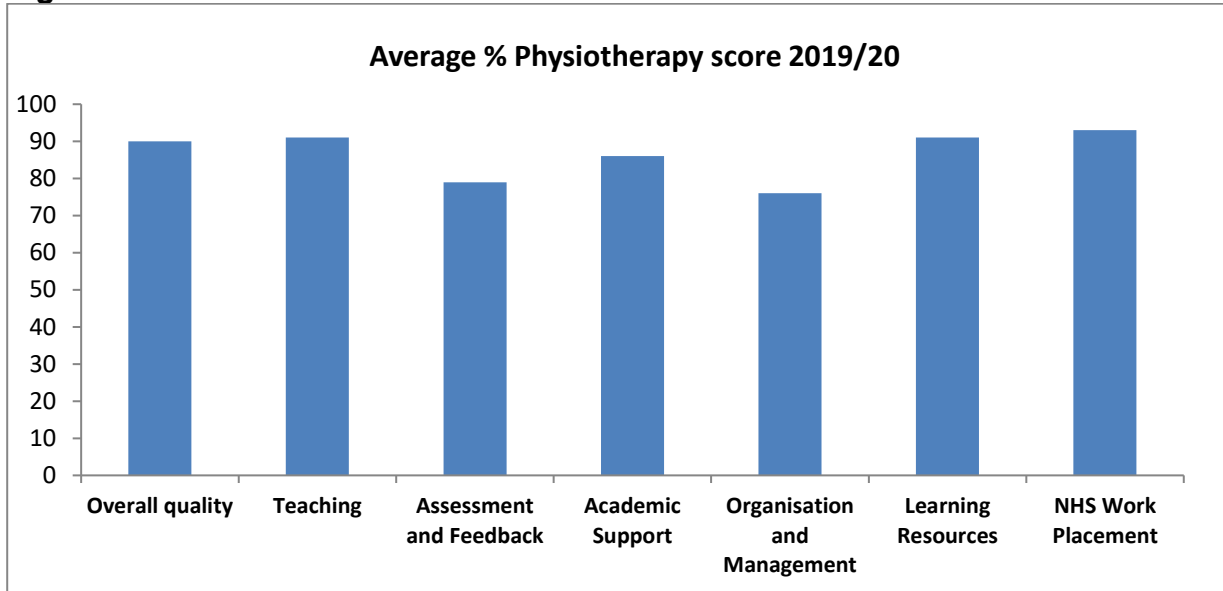


Figure 7b shows the average percentage score awarded by students for overall quality for each programme.

Figure 7b

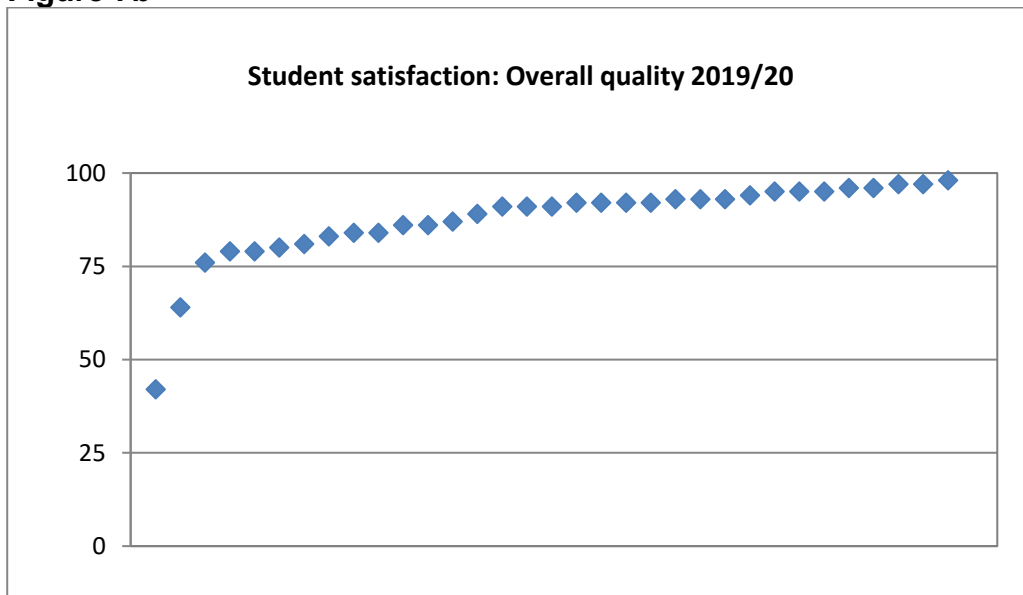


Figure 7c shows the average score awarded by students for teaching for each programme.

Figure 7c

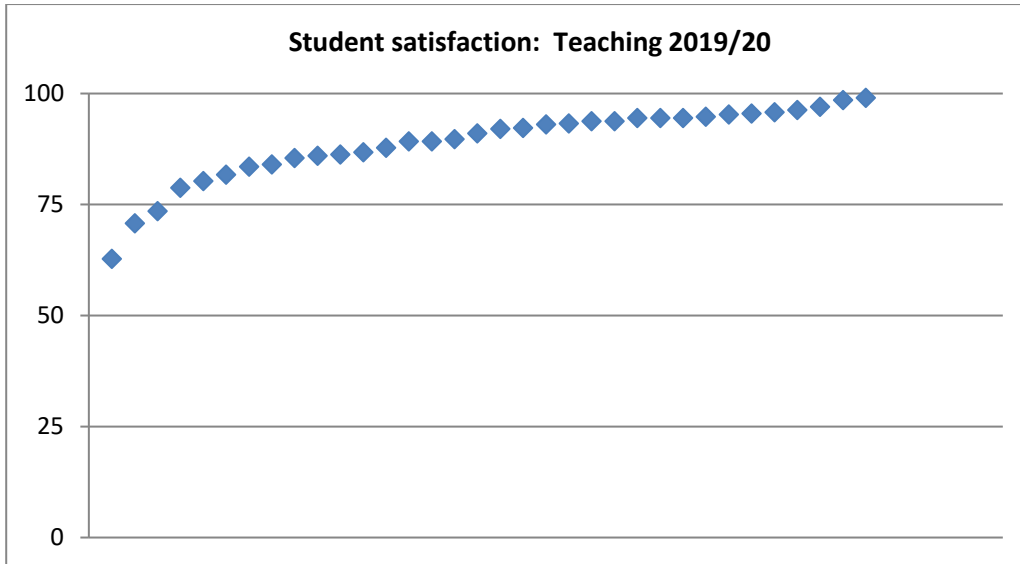


Figure 7d shows the average percentage score awarded by students for teaching for each programme.

Figure 7d

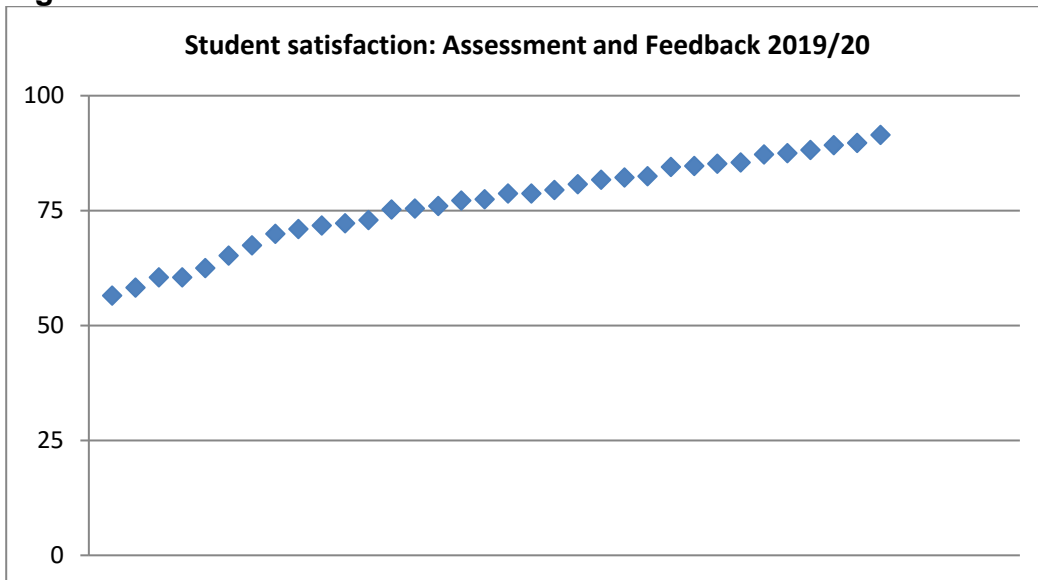


Figure 7e shows the average percentage score awarded by students for academic support for each programme.

Figure 7e

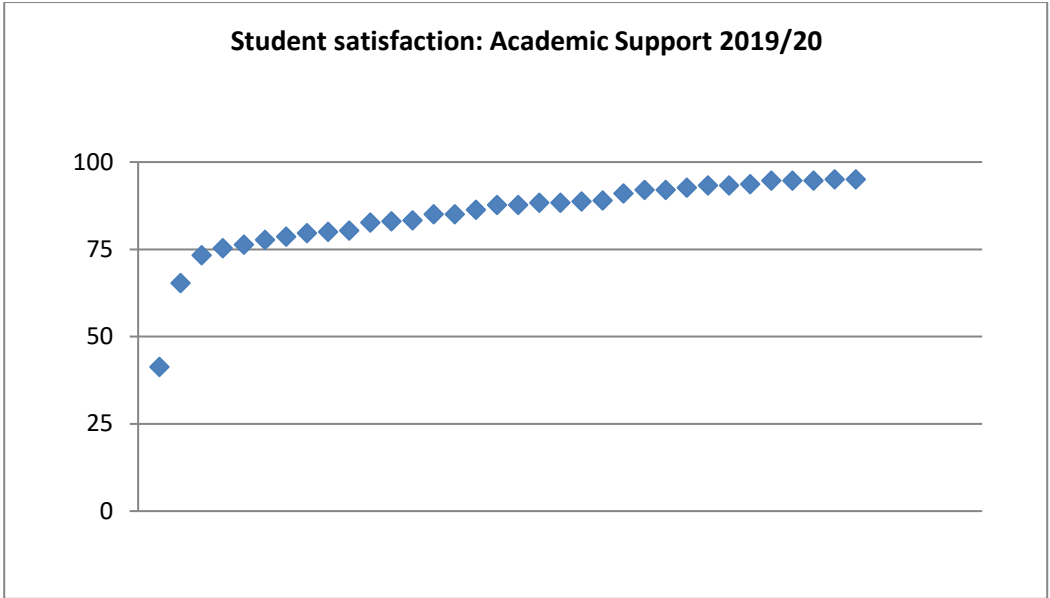


Figure 7f shows the average percentage score awarded by students for organisation and management for each programme.

Figure 7f

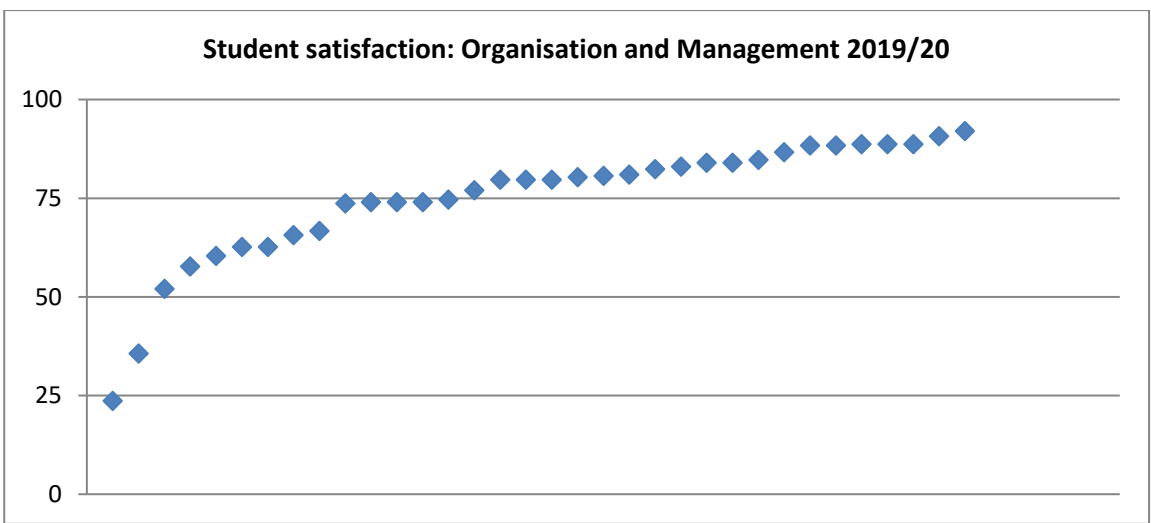


Figure 7g shows the average percentage score awarded by students for learning resources for each programme.

Figure 7g

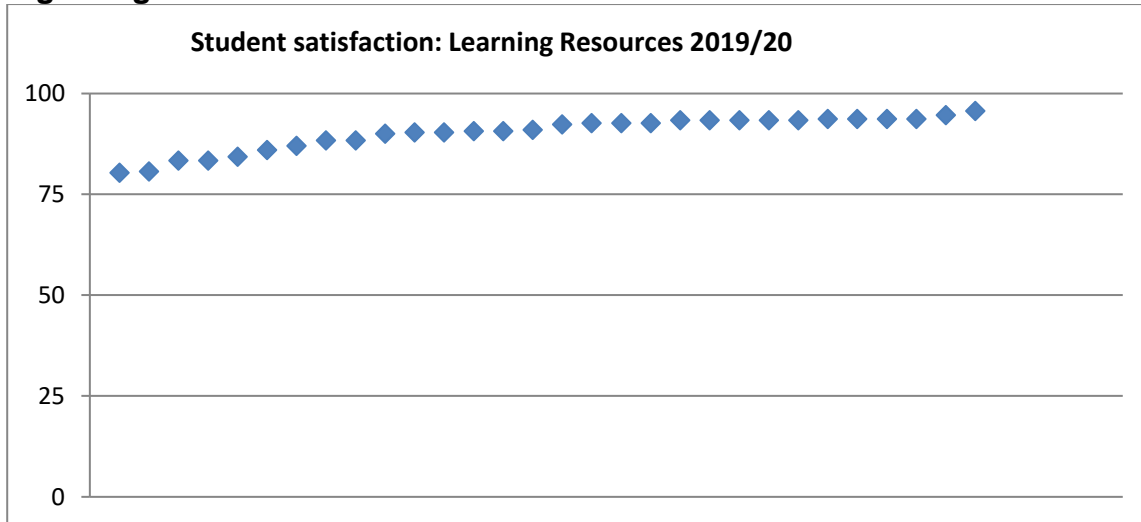


Figure 7h shows the average percentage score awarded by students for NHS work placements for each programme.

Figure 7h

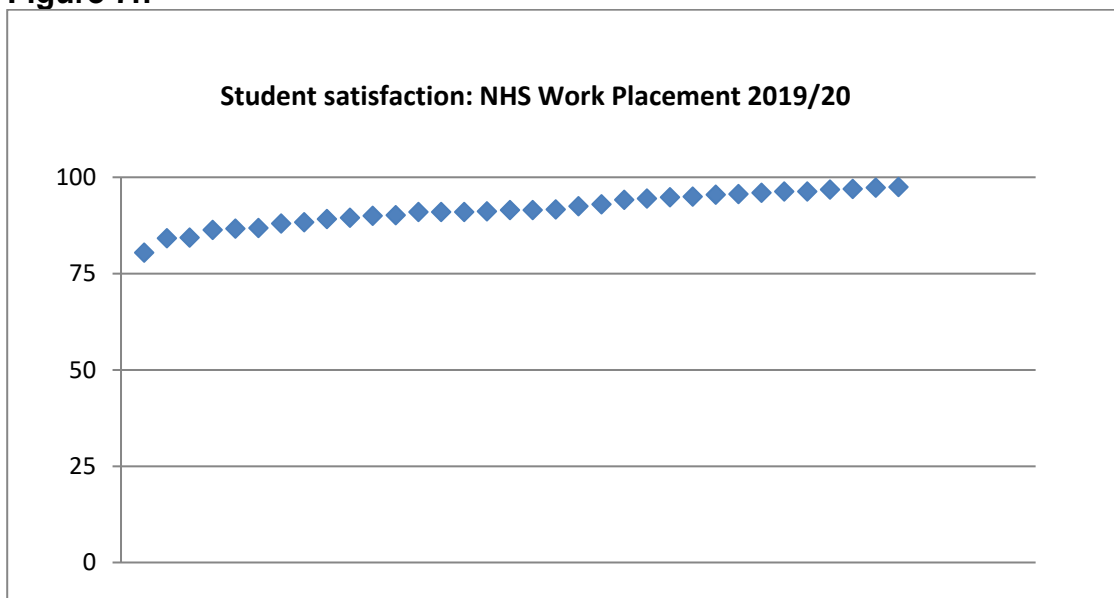


Figure 7i shows the average percentage score awarded by students for learning opportunities for each programme.

Figure 7i

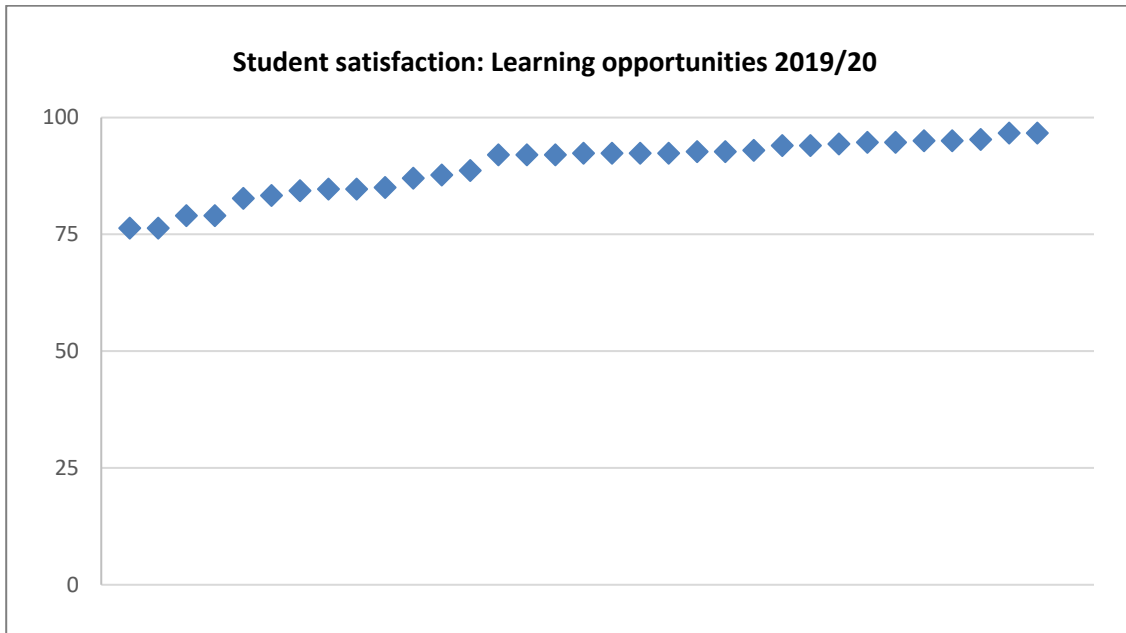
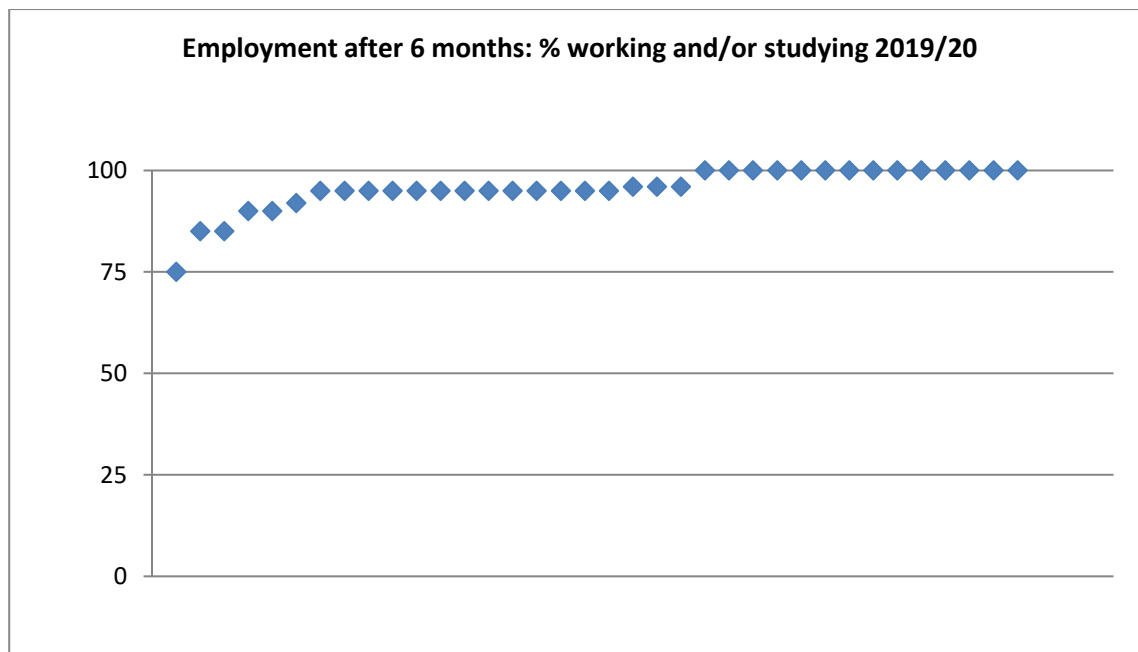


Figure 7j shows the average percentage score awarded by students for employment opportunities after 6 months of working and/or studying for each programme.

Figure 7j



The Graduates Outcome survey classifies jobs using the Standard Occupational Classification 2010 system, grouping responses into particular job titles. The first dataset for students graduating in 2017/18 reports 93% of physiotherapy graduates described their roles as therapy professional, 1% in health associate professionals and 6% other.

The Higher Education Statistics agency note the dataset for 2018/19 will be available later this year.

Part 2: Annual Quality Review 2019/20

Practice-Based Learning

This section of the report draws on AQR responses to present a descriptive account of how programme teams are working to ensure students gain quality practice-based learning experience within contemporary physiotherapy practice. It demonstrates how HEIs and physiotherapy services are working together to ensure that the supply, quality and diversity

of placement opportunities continues to meet demand and to expand into new areas of practice. It shows how changes to the design, delivery and organisation of physiotherapy services impacts on the supply, quality and diversity of practice-based learning.

However, the following caveats apply; the report is an interpretation of the collated data from responding HEIs, it cannot include what was not reported. As with any interpretation of data, it is susceptible to bias. The amount of detail given by HEIs differed, not only between HEIs, but also across individual HEI responses. Programme teams generally appearing to report on innovation and developments in more detail than that they considered 'business as usual'. In the report specific HEI response examples are used to add to the narrative and either illustrate a representative response or as a demonstration of innovation.

Presentation follows the structure adopted in previous reports, in that, responses are presented under the information requests/questions put to programme teams. However, due to the complexity of delivering practice-based learning, it is obvious that responses to questions are interconnected and interdependent.

At the time of writing this report the UK was in its second national lockdown due to the coronavirus pandemic, this has resulted in a number of challenges as well as opportunities for physiotherapy pre-registration practice education. Information was collected in the 3rd quarter of 2020 from programme teams regarding the immediate impact of Covid-19 on practice-based learning including shortfall in placements and recovery plans. The longer-term impact of these changes remains unknown and this data will be collected as part of the 20/21 AQR quality enhancement theme.

Q19a Please outline the opportunities provided for learners to gain experience and develop a profile aligned with the shifting organisation, delivery and role of contemporary physiotherapy practice e.g. in primary care, social care, research, independent and third sector, private practice, public health, CSP placement, and physiotherapy roles that are not involved in direct patient contact.

Programme team responses reflect the diverse range of practice settings in which physiotherapists are now working and a concerted effort to ensure programmes are preparing students for contemporary practice.

Placement provision within primary care as part of FCP implementation is a growth area. All HEI responses reported student placement provision across most of the following areas:

- Secondary care and tertiary care.
- Primary care, including telephone triaging and telephone advice services.
- Community-based settings, intermediate care
- Social care, including care homes and independent living facilities.
- Private healthcare providers; both primary and secondary care providers.
- Charitable organisations.
- Sport environments.
- End of life care.

Many HEIs also reported students completing placements in one of more of the following:

- Clinics managed within HEIs by staff and students.
- Military centres.
- International healthcare settings.
- Industry and occupational health services.
- Mental health services.
- Social enterprise settings
- Social care
- Public Health
- Local councils

There was a focus on providing students with a good profile of placement experience that covered primary areas of practice but also developed experience within different contexts of practice. This breadth of experience ensures that students are able to apply therapy skills and theory to a range of practice areas in preparation for the transition to qualified practitioner. There is evidence of progression of transferable practice-based learning throughout the programmes with many HEIs including a nursing placement. This is illustrated in the quotes below:

'Students complete a nursing placement typically within the acute sector to develop a basic understanding of contemporary health care practice. Other relevant placements across the Programme include those in adult and children's hospices, private hospitals and with the Stroke Association. We seek to provide students with a range of experiences including public health, social care and charity involvement where possible' (University of Birmingham)

'Last year for the first time in year 1 our BSc students completed a 2 week placement in a nursing home. This was a new initiative developed to increase student's confidence with communication, personal care and team working. Also allowing the students to develop the grey skills and confidence in the monitoring vital signs. This worked very well and is planned to continue subject to restrictions of Covid-19.' (University of East Anglia)

Overall, the responses to the AQR suggest there is an increasing presence of placements within the Private, Independent, Voluntary Organisations (PIVO), this is being reflected in the profile of placement opportunities.

"Learners can experience a variety of placements within both the NHS and the private and voluntary sectors. There are variety of community placements where students experience innovative service delivery to prevent hospital admission. Third sector placements include a SCOPE college; Fire Fighters Rehabilitation centre and Leonard Cheshire Homes. Private providers include the local professional football club. Last year an emerging role placement was successfully developed at a community hydrotherapy pool.' (University of Cumbria).

'In year 1 students complete work experience in the voluntary or charity sector with organisations such as Mencap, Age UK, local hospices, and health promotion projects for children and older people, for example, gardening projects: these experiences give students an insight into the current non-NHS health and social care provision locally.' (University of Brighton)

There appears to be a shift of thinking beyond 'core placements' and a greater recognition that practice-based learning opportunities need to diversify as exemplified below;

'Our approach to practice-based learning looks to build a profile that looks beyond the traditional 'core areas' of physiotherapy practice (cardio-respiratory, musculoskeletal and neurology). Each placement offer we receive is classified across the following dimensions: Settings, Sectors, Clients/populations, Body systems, Workflow, Working patterns, Organisation/service delivery, Educator, student ratio/models of supervision and Geographical location. This matrix approach provides flexibility that allows us to build personalised placement profiles that ensure individuals are exposed to a variety of learning opportunities that reflect the expectations of contemporary physiotherapy practice.' (London South Bank University)

It was cited regularly that expanding role emerging placements does require additional resources to ensure sustainability of the model; this will be further explored within Q19f.

Q19b. What is your strategy for developing and expanding practice-based learning provision? Please indicate how are you building capacity outside the NHS, and particularly within in the sectors and settings noted above?

It was frequently reported that an increase in physiotherapy training places is increasing the challenge in securing sufficient volumes of placement. Most programme teams reported their aims to expand practice-based learning provision. They principally reported the following approaches:

- Different models of supervision
- Adopting a multi-disciplinary approach to practice based learning opportunities
- Developing capacity within role emerging environments

Some HEIs also reported using the following approaches:

- Regional practice assessment document
- Regional collaboration
- HEE funding to support practice based initiatives.
- International placements
- Elective opportunities
- On-site physiotherapy clinics

Different models of supervision

A number of supervision models are being encouraged across the programmes, these include:

- 2:1, 3:1 etc.
- Long-arm supervision
- Peer supervision
- Collaborative Learning in Practice (CLiP)
- Team supervision

The University of Cumbria are trialling placements using the Collaborative Learning in Practice (CLiP) model with a local NHS trust. In this model, up to four students can be accommodated in a ward setting working together with an allocated workload. In addition to a named mentor, staff act as coaches and students are facilitated in independent decision-making. This model enabled patients on an elderly care ward to receive rehabilitation that is more intensive. Students gained confidence in their abilities and were tasked with developing an innovation to improve patient care.

The University of Brighton, University of East Anglia, University of Essex and University of Salford are working closely with colleagues working in charitable and non-standard environments to develop/deliver long-arm supervision placements in non-NHS placement environments.

An emergent theme that may differ from previous years is the regional funding initiatives that are in place to support programme teams with placement capacity.

Kings College are piloting various placement models within a homelessness charity as well as occupational health placement opportunities with Transport for London. These new placement opportunities will initially involve a small number of students to pilot and evaluate

the initiatives and ongoing funded work with a project co-ordinator and Health Education England (HEE) to identify and ultimately operationalise scaling up to enhance placement capacity.

Northumbria University are involved in two regional initiatives, the first is through the Health Education England, North East and North Cumbria, Allied Health Council who secured funding to explore AHP placement provision in the coming year. The second is through the Clinical Research Network, with a group of Nursing, Midwifery and Allied Health colleagues from across the region exploring the potential of developing research placements. The university are already piloting this in a small number of areas with the intention to expand this further.

Currently, the Greater Manchester (GM) placement group have been allocated HEE monies to appoint a project lead to look at scoping capacity and building a GM clinical placement strategy. This project will be led by one HEI but will have representation from all key stakeholders and will ensure that practice colleagues are accountable for current capacity and building new capacity. One strand of this working group will be devoted to focusing specifically on primary care, PIVOs and public health/social care agendas. This GM wide project will then be reported via the North West placement group and with the development of the InPlace placement management system, allocations will be held in a centralised system with the opportunity to share capacity and be clear at any given time, exactly what the current capacity is. Working with PEF colleagues, the new NW streamlined audit process will enhance the opportunity to build new placement capacity within a more reasonable period, with clear quality assurance processes and accountability.

On site clinics

A number of HEIs are offering or proposing to deliver on-site physiotherapy provision as part of their placement strategy, which is also addressing local population health needs. University of Bradford are hosting a number of speciality clinics with a view to expanding further.

'We have developed full time placements in our own physiotherapy clinic which helps to maximise our placement capacity. These placements are audited, meet all the necessary quality assurance measures and as a consequence are now being funded by Health Education England in line with other physiotherapy placements. Our Student led Physiotherapy clinic works as an outpatient clinic for primarily both MSK and Neuro patients, allowing students to gain a variety of experience in one placement setting. Recently we have also expanded the provision in clinic and have delivered some health and wellbeing and mental health initiatives through clinic in the form of a class based activities. We are also in the early stages of developing a respiratory service in the clinic to further increase the variety of experiences available in the clinic environment'. (University of Bradford).

The University of Gloucestershire offer students the opportunity to get involved with local service initiatives that have been developed collaboratively with local NHS Trusts;

Students have the opportunity to volunteer for additional work experience to support the delivery of ESCAPE pain and cardiac rehabilitation programmes at the University campus to gain an insight into the management of these group programmes. We are looking to expand these opportunities on our campus as rehabilitation groups grow in number. We are currently in discussions with the local health Trusts to develop a

cancer programme, which will form part of the research agenda for the University. (University of Gloucestershire).

Collaboration

There was evidence of collaborative working both internally and externally to the university environment. The University of Brighton are part of a large multidisciplinary school and work together to share interprofessional opportunities across all placement provision. This includes practice educator training sessions with AHPs and nurses.

Amongst some of the responses, there was clear evidence of external collaboration within London and South East and North West regions, to share good practice across the universities and work collaboratively to minimise the impact on clinical colleagues.

The responses highlighted the ongoing need for programme teams to create new links and relationships as well as enhance existing connections e.g. Alumni team. A new feature this year was the use of social media platforms as a form of networking and increasing placement capacity e.g. twitter/LinkedIn encouraged liaison with other professional teams.

Diversifying placement models

Several HEIs reported that placements have been designed to offer greater flexibility for practice educators and students. For example, at the University of Cumbria students will have an elective placement in the second year. This placement has been designed to be flexible allowing students to organise short placement experiences throughout the year or a longer experience at the end of the year. For example, students might wish to work with a sports physiotherapist over a series of weekends. Previously these experiences did not contribute towards practice hours; such opportunities will recognise the transferable skills these work experiences provide for student development. Students will also be encouraged to seek elective placements outside of the usual NHS provision and explore novel or innovative areas of practice.

Finally, there is an increasing desire to develop volume and breadth of international practice based learning. Amongst the responses, there is evidence of developing supervision, governance and auditing approaches for international placements to support students who are interested in further diversifying their experiences, or gaining experience closer to home for international students.

Q19c Please outline the opportunities provided for inter-professional learning in practice-based learning, e.g. learning with learners 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 2018/19 have been maintained. Variability exists amongst the responses regarding how and the degree to which IPL has been integrated into the curriculum.

Principally, placement IPL opportunities were reported in the following categories:

- Informal IPL due to working with clinicians of other professions in an MDT e.g. cross professional working patterns
- Learning with students from other professions during placement.
- Learning from students from other professions during placement.
- Learning from and being supervised by educators from other professions.
- Placement assessment criteria explicitly including IPL.
- Role emerging placements in which IPE learning can be more profound

The AQR responses show ongoing development and prioritisation of opportunities for inter-professional learning (IPL). Many of the reported IPL opportunities are during practice-based learning as well as within the HEI setting. However, there are a growing number of examples in which IPL is integral to the programme design and delivery. For example, the University of Cumbria and the University of East Anglia both report that placements are aligned with those of occupational therapy to facilitate learning together on placement.

The programme team responses show various examples of placement teams and services working to design placements that embed IPL. In some areas e.g. University of Birmingham, IPE (Inter-Professional Education) is led by a steering group, which collaborates with clinicians working in IPE. Equally, some developments are HEI led, for example, within the School of Health and Life Sciences at GCU there is an Inter-Professional Education (IPE) framework resulting in the presence of an IPE module within each level of every healthcare programme.

At the University of Northumbria, IPL is integral to the programme curriculum, whereby students have the opportunity to learn with those from other professions in the university environment. The IPL agenda is part of a larger overarching theme that crosses programmes and is overseen at a strategic level. The programme has a specific cross discipline plan that develops students' IPL opportunities to develop understanding that progresses throughout the 3 years of study. As such, IPL is also embedded within the placement experience, with learning outcomes that reflect this.

At Kings College, examples of IPE during academic study include high and low fidelity clinical simulation in a variety of practice education settings e.g. intermediate care, falls clinics, neurological rehabilitation, sports medicine and MDT meetings. The activities are designed to develop skills that are required for effective interdisciplinary team-based working in practice.

Simulated learning opportunities, with students from a number of different professions e.g. nursing, medical, paramedic, ODA and other professional groups are available to some students. For example, at the University of Plymouth a Peer Assisted Learning project involving nursing and physiotherapy students whilst on placement and within the university setting. The learning involved nursing students teach physiotherapy students wound and pressure sore care and the physiotherapy students teach nurses about walking aids and mobilising patients.

Based on the responses, assessment of IPL frequently took place during the practice placements. Students are often expected to learn about other professions as part of their placement experience and to use tools of reflection and collaborative learning to develop their understanding of interactions between professions. HEIs broadly reported students working within MDTs across a breadth of theory and practice and reported IPL because of working in these teams. In this sense, IPL involved learning from shadowing clinicians from other professions and by collaborating with other disciplines in shared assessments and treatments.

Inter-professional learning was positively encouraged whilst on placement. Specifically students were encouraged to set learning objectives that would maximise the opportunity for inter-professional working and encourage reflection on their experiences of this. Prior to each placement, this featured as part of the preparatory work and was included in the marking criteria for the placement.

The diversity in placement environments has also enhanced these opportunities. At the University of Brighton, the development of diverse placements in local schools has enabled students to work with other professional groups such as teaching and support staff to identify, develop and deliver a physiotherapy service.

To further enhance these opportunities placements were coordinated in such a way that students from different professions were on placement at the same time, maximising opportunities for peer assisted learning. For example, at the University of West of England, students were often on placement at the same time as students from other professions such as Nursing or Occupational Therapy, and will have opportunities to engage in peer assisted learning where possible, e.g. multi-professional case conferences, board rounds, home visits. Placements, especially in the community and in rapid response teams (primary care) and in assessment/triage services in secondary care increasingly involve working in integrated care teams, where inter professional working is fully embedded.

Some of these opportunities were coordinated and led by the NHS trusts for example, Brighton and Sussex University Hospital Trust has developed an IPL programme, which allows all students in that Trust at any one time to come together and discuss cases from their practice. The programme is usually in the form of a case conference approach with students attending from a wide variety of professions.

Q19d Please outline how you help learners prepare for practice-based learning. Please explain how you facilitate staff and learners to share good practice or raising concerns.

Responses on preparing students for practice-based learning were similar across all HEIs. Programme team responses largely showed that students are prepared for practice-based learning via:

- Specific timetabled HEI-based sessions.
- Information and guidance resources to support the process of learning.
- Support for students with a known disability or specific learning difficulty.
- Placement support from a HEI staff member.
- HEI-based post-placement debrief sessions.

Programme team responses largely showed that staff and students are facilitated to share good practice or raise concerns via:

- Placement visiting from a HEI staff member.
- HEI-based post-placement debrief sessions.
- Specific process for raising concerns.
- Placement evaluation.

The responses to this AQR question broadly remained unchanged from previous years. All HEIs that responded reported preparing their students for placement in the format of timetabled HEI-based sessions. The broad content and delivery of these sessions is generally consistent across HEIs.

Pre-clinical briefing sessions was a consistent theme amongst all responses. This was an opportunity to highlight policies/processes, paperwork, how to maximise learning opportunities, stress management strategies amongst other topics. In advance of all placements. Bangor University arrange for clinical colleagues to run a ½-day session on behaviour, learning and expectations when on practice placements.

Peer-learning is an important aspect of the pre-preparation. Coventry University use simulation as part of their pre-placement preparation. During the module Year 1 students work with Year 3 students in a simulation called the Virtual Ward. Year 3 students act as patients and educators for Year 1 students in a simulated ward and OPD environment prior to starting placement, as a preparation exercise. Year 3 students find this a critically reflective and confidence building exercise when they benchmark their own knowledge and experience against Year 1 students. Year 1 students value the real-world insights from year 3 students, who help them to normalise what they are feeling as they prepare for practice.

Students and staff were able to share good practice and share concerns via the following mechanisms:

- Post-clinical de-briefing sessions, where reflection on challenges and good practice on placement can be shared
- Students are visited, by a university visitor (practice placement tutor), on placement where concerns may be discussed.
- Informal feedback mechanisms via the Practice Education lead enable students and practice educators to raise concerns and to share good practice.

The University of West England describe the annual quality monitoring process and its iterative nature informs practice module developments. Students are required to evaluate each placement using the ARC system before being able to access their next placement allocation. They answer questions and have the opportunity to provide both positive and negative comments as well as suggestions for improvement. This information is shared three times a year with Trust/Organisation contacts for each placement provider, and should be passed on to relevant Physiotherapy staff within each organisation. The evaluations for the previous year are discussed at the annual individual coordinator meetings with each placement provider, and further actions are identified where necessary. The feedback generated from these formalised opportunities are fed into placement briefing sessions and inform conversations about module review/development, while any specific issues raised are addressed as appropriate with the individual(s) concerned. There is also an opportunity to discuss the evaluations for all Physiotherapy placements over the last year at the annual coordinator forum.

All responses refer to an escalating concern procedures, which highlights the process for students and educators to raise concerns regarding the placement in the event that informal feedback mechanisms have been unsuccessful.

Over the past academic year, the University of Brighton has been working more closely with students who identify themselves as being from a BAME background and offering them the opportunity to discuss their placement experiences. One of these graduates has also delivered an optional session to current BAME students in preparation for their first placement to share experiences and offer support and guidance. This has resulted in year two students forming a BAME peer support group.

The University of Brighton have developed initiatives to help support the communication between the student and practice educator. Their students use a placement passport whereby students send their passport to the practice educator prior to starting placement. This includes information related to previous physiotherapy experience (and non-physiotherapy experience if relevant), a SWOT analysis and action plan, the students' preferred learning style, and information related to completion of mandatory training and vaccinations. Students also include information about any Learning Support Plans that have been put in place to support their learning. Feedback from practice educators suggests they find this a valuable tool to help them prepare for the placement and optimise the students' learning experience.

Q19e Please outline how you support those involved in practice-based learning to offer quality learning experiences. Please explain how you support your practice-based educators to assess learners.

The AQR responses suggests that practice-educator training and support visits were the primary mechanism used by HEIs to support practice educators in delivering quality learning experiences and student assessment. The following approaches enhanced the relationship and communication further:

- The practice placement team review all assessment and evaluation forms.
- Feedback cycle between academic staff, clinical staff and the student body.
- All new sites complete an audit and they are reviewed every two years to ensure the quality of placement provided.
- Staff/Student Forums
- Practice Learner meetings/forums
- Annual Quality Days hosted by the HEI
- Practice Education Newsletter

Practice Educator Training

There appears to be an increasing presence of onsite bespoke training events for practice educators as releasing staff for training is proving to be increasingly more difficult.

Amongst the responses, the practice educator training is offered either on a rolling or adhoc basis and was designed for those new to the role of practice educator as well as refresher updates for experienced practice educators. Delivery varied from HEI site delivery, off site delivery and a move towards virtual delivery, particularly for international placements and placements further afield. They also varied in duration Bradford offered 2 day introductory and 1-day refresher, whilst Coventry University offered 1 day for new educators and established educators. There was also evidence of regional collaboration for practice educator training for example, Bangor University were looking to collaborate with colleagues at Wrexham Glyndwr who currently run the Undergraduate programme.

There was consistency in the content of the training, which was designed to provide theoretical learning and practical experience of student practice placement education. This can include discussion of the assessment process and all the associated paperwork, managing students with learning support plans to optimise learning, supporting struggling students or those with additional learning needs and provide the opportunity to discuss any issues that may have arisen with students since their last update. Practice educator update requirements varied between two (Bournemouth University) and 3 years (University of Bradford and Southampton).

The learning is supported by handbooks/on-line resources hosted on the HEI website or VLE. For example, UWE have extensive information available to all practice educators on the Practice Support Net (PSN) website. This includes an on-line grading in practice quiz relating to the assessment and marking of UWE Bristol students.

A small number of HEIs (University of Cumbria and Teesside University) are offering university accredited modules on practice education that local educators can access.

Visiting/Link Tutor

All HEI responses indicated that they contact their students and their practice educator at least once during each placement and that this contact involved some discussion on the student is learning as well as offering an opportunity for any concerns to be raised. The responses suggest that the majority of HEIs conduct one face-to-face placement visit per placement, with further support being provided via technology/telephone. The long-term impact of Covid-19 on face-to-face placement visits is still yet to be determined.

HEIs are using a hybrid model based on the needs of the student, as illustrated below:

'We have contact with every student and educator for every placement. If a placement was classed as being for telephone support, educators or students can also request a visit if appropriate and if there are any concerns identified a visit (or visits) will then be arranged, including specific support for assessment if required. Placement visits usually include a clinical observation of the student and informal moderation with the educator using the criteria, where possible.' (University of Plymouth)

Some trusts employ practice placement facilitator and university placement coordinator who works closely with the visiting tutor to support quality assurance and monitoring within the placement environment supports most NHS placement locations.

Q19f Please outline the factors that are influencing your ability as a programme to expand the volume and breadth of the practice-based learning opportunities you are able to offer, e.g. changes to physiotherapy service delivery creating opportunities to move into 'new' settings, organisational policies and practices creating time and space for staff to review placement design and delivery.

Responses to this question overlapped with those given in previous sections and, in the main, focused on factors limiting expansion. The common themes that negatively influenced programmes ability to expand placement provision were interconnected and complex. Common factors limiting expansion include:

- Concerns from practice re new models of supervision (a feeling sometimes that more students = more work)
- Student demands and expectation for 'close to home' placements
- Reorganisation of service provision e.g. outsourcing of MSK services to private providers
- Lack of available academic staff capacity to pursue alternative and wider placement opportunities
- Vacancies / staffing levels within partner organisations
- New HEIs / programmes coming on board and using the same placement providers
- Community/MSK placements – rooms in clinics only permit 1 student / community placements only 1 learner / patient home / travelling in the care with Practice Education

Furthermore, as it is not a requirement for physiotherapists to be involved in student education, many potential educators working at organisations that already provide student placements, opt out of the opportunity. Money paid to organisations for taking students (student tariff) is not being seen by any of the staff involved in taking students, so they cannot use it for CPD.

With the exception of Wales where placement numbers are inherent within the commissions. The most stated limitation to expansion of placement provision for an individual HEI was the increasing pre-registration programme provision within their region causing a need for more placement opportunities than currently available. This example is typical of many responses:

'Changes in course funding, uncertainty in placement/bursary funding and the subsequent potential changes in placement geographical boundaries has resulted in more competition for placements but more opportunities too. We are working very closely with our current placement providers to secure future placement

opportunities. The development of our diverse placements in schools and plans for expansion of this model is an exciting development for both staff and students, and reflects changes in practice.' (University of Brighton)

As exemplified in the quote above, in response to these challenges programmes have considered flexible placement models e.g. part-time placements.

There is also evidence of regional collaboration (e.g. Northwest, London and South East) with neighbouring universities to ensure fair allocation and full utilisation of placement capacity across the region.

In some instances there has been an increase in staffing resource and development of on-site clinics (please see Q.19b).

Secondly, pressures on services was a recurrent theme in last minute placement cancellations:

'The pressures on services means that our offers for placements are continuing to reduce from local trusts and offers are often withdrawn at the last minute due to staffing issues.' (University of East Anglia)

Within the responses, it was evident that maintaining placement provision is a very time intensive role and teams are dedicated increasing amounts of time to this. Staff workloads and academic priorities do not always enable staff to have the time to source new sites

'As a small team, the time spent working with PMP/placement providers to negotiate sufficient placements for existing cohorts of students reduces the time/energies we have as a team to develop relationships with potential service providers.' (London Southbank University)

Finally, Covid-19 has resulted in significant pressure within the health and social care sector and continuing with practice-based learning has been a challenge, it has also resulted in many innovative placement models. The long-term sustainability of these models is yet to be determined and will be explored as part of the 20/21 AQR.

Quality Enhancement theme

Spotlight on Digital Health

This report is a summary analysis of the qualitative responses supplied by pre-registration programmes as part of their ongoing commitment to continual improvement. Each year the theme changes. This year we chose to shine the spotlight on digital health.

This summary report is based on 69 programmes out of 75 based throughout the UK. It is therefore drawn from the experiences of 92% of all physiotherapy pre-registration programmes – from degree apprenticeships through to pre-registration doctorates.

Context

It is important to note that the submission of these responses came before the pandemic and even in the space of one year, programmes themselves have changed beyond recognition particularly in relation to digital technologies. It could be argued that out of necessity, students graduating from programmes post-COVID are better equipped to meet the aspirations of digital-first healthcare outlined within [NHS long-term plan \(LTP\) for England](#) and [Scotland](#) than their predecessors. Time will tell, however many of these aspirations have become a reality or simply a short-term fix. Given the need for greater adoption of digital technologies set out within these visions, it would be shame if there were to be a rolling back from the innovations that have occurred throughout 2020 and into this year.

We highlight this simply to acknowledge that even at the time of writing, the delivery of digital health with pre-registration physiotherapy education has again moved on.

Putting the pandemic aside, the information provided by the programme teams shows that digital health was already firmly embedded within pre-registration programmes in the main. There were only a small number of outlier programmes who did not have digital health as an explicit theme within their curriculum and of those programmes, all are looking to address this as part of their upcoming programme reviews. Cross-referencing later information provided by teams outlining how their programmes have evolved in response to the pandemic, those teams who may have needed further encouragement have quickly moved in line with other UK pre-registration programmes. We therefore have confidence that pre-registration teams are ensuring that graduates have sufficient opportunities to enter the workforce digitally prepared.

It is important to recognise the context within which pre-registration physiotherapy education operates – programmes are encouraged to take into account national drivers and while there is a clear steer from Scotland and England's NHS vision and plans, there is a slightly different emphasis in Wales for example. Teams are rightly responding to these drivers along with a steer or feedback from their local employers practice partners and crucially service users. Programmes are also influenced by the resources and/or opportunities available to them within their own institution or within their region.

This makes for a varied picture throughout the four countries and even within regions within England. This is why the CSP retains a flexible outcomes-based approach to education, enabling teams to pursue the goal of educating the next profession for current practise as well as preparing them for the future needs of the profession, services and patients. It does mean though that there is no set way to deliver any part of the curriculum, meaning that for those interested in the detail for each programme would be well advised to delve into their local HEIs programme aims and module learning outcomes for fuller understanding of how, when, where and why digital skills are taught.

How embedded is digital health within the curriculum?

100% of respondents confirmed that digital health was embedded within the curriculum.

Drilling down further it is worth highlighting that

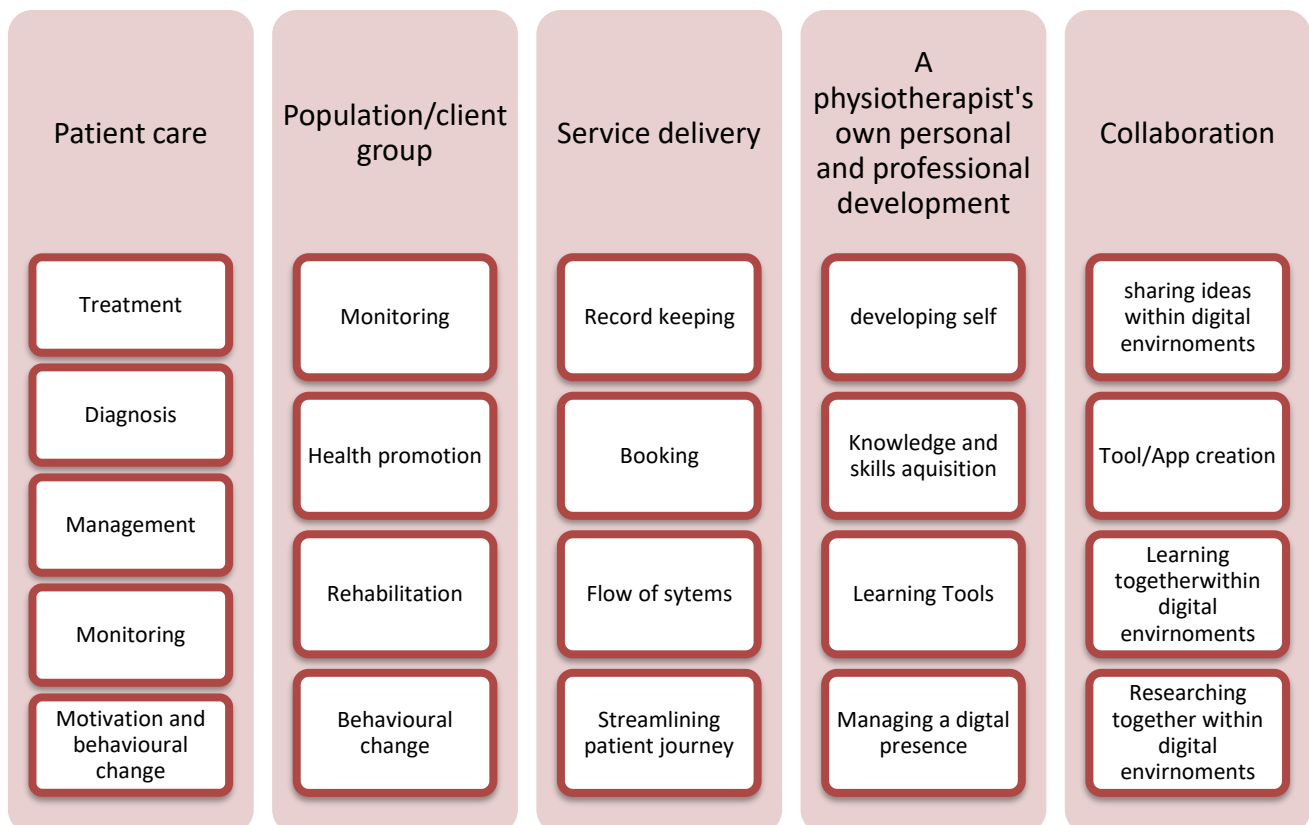
- Three of the newly established programmes were only able to give an indication of what they planned to teach as students move through the programme as they haven't yet delivered the modules. This is as expected.
- Five of the programme submissions used the term digital literacy to describe their activity, referencing the 7 key areas of digital literacy as set out by JISC. Others referenced NHS LTP or TOPOL Review as their main driver however while, not mentioning these areas explicitly were following similar themes of exploration.

JISC expectations

That students can

1. Critically appraise and use media to communicate
2. Find interpret, share, evaluate and manage information
3. Develop professionally within digital environments
4. Learn within digital environments
5. Use and adapt devices, technologies and applications
6. Manage their personal and professional identities
7. Interact with others online to learn or research together

Whatever they referenced, all talked about introducing students to similar concepts. Digital environments, technologies, media, social media, collaborative tools were used to explore the potential to reshape, enhance or improve the following –



While there are some programmes who have specific modules focused on digital health, most are phasing these out in favour of an integrated approach. All teams therefore talked about how digital literacy/health was embedded throughout the programme so that students explore digital themes during sessions spread across the full programme. Many teams outlined not just the teaching and learning but also the associated assessment of these skills.

Teams look to introduce students to the principles early on in a programme and then look to consolidate this learning, making that consolidation as applied as possible. Teams discussed the need to develop activities that encouraged creativity and innovation along with encouraging the evidence and ethical implications around the use of digital technologies.

What was also good to see in a number of programmes was the collaborative nature of some of this activity with students working across professions as well as with service users to co-design, co-produce tools or technology designed to support patients or populations. Learning is not confined to university-based modules but is occurring throughout placements as well. Some teams have placed a heavy digital technology focus into their service improvement modules while others are making the most of modules with a neurological or complex clinical case focus to explore use of rehabilitation technologies or use of gamification as patient motivator/incentive. But wherever it is being taught, the emphasis is on its application and justifying its use and evidencing its benefits. Many teams recognised that even while focusing on digital health, transferable skills being taught that are just as applicable to any other area of a student physiotherapists learning – the ability to find, evaluate, use, create and communicate with and to a wide range of stakeholders is an important skillset to have whether that's through a digital medium or not. Digital literacy, essential in its own right, when used strategically within the curriculum is another lens/tool with which to consolidate the core skills of critical appraisal, systems analysis and communication which lie at the heart of patient centred care and cost-effective, efficient service delivery.

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 learninganddevelopment@csp.org.uk.