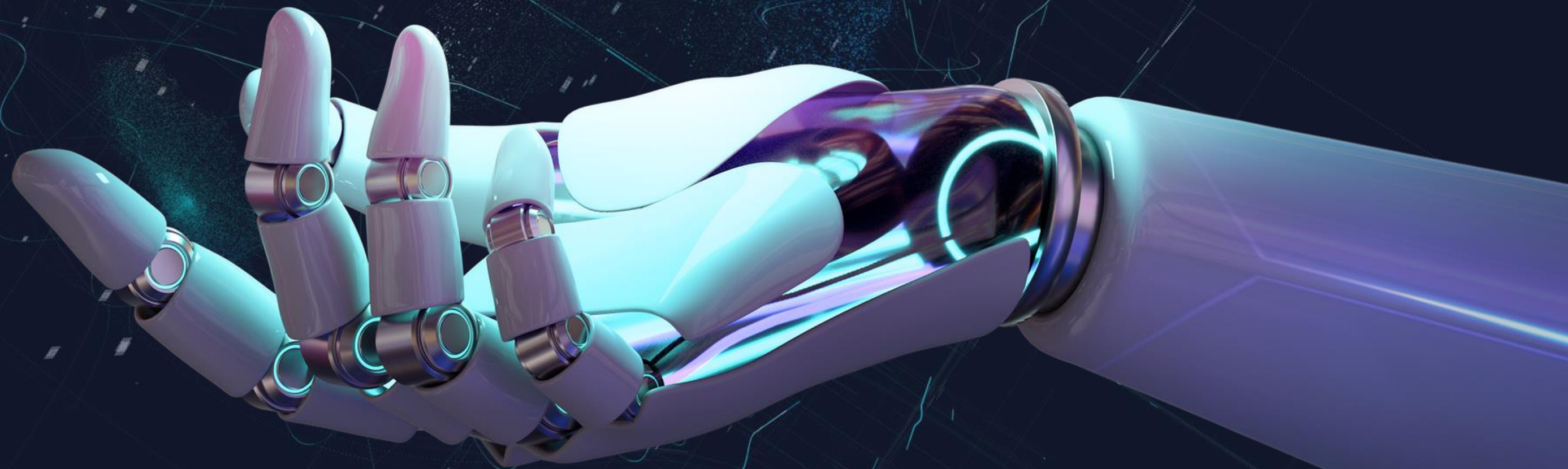


The Today & Tomorrow of Physiotherapy

SOUTHEAST COAST RN 2023



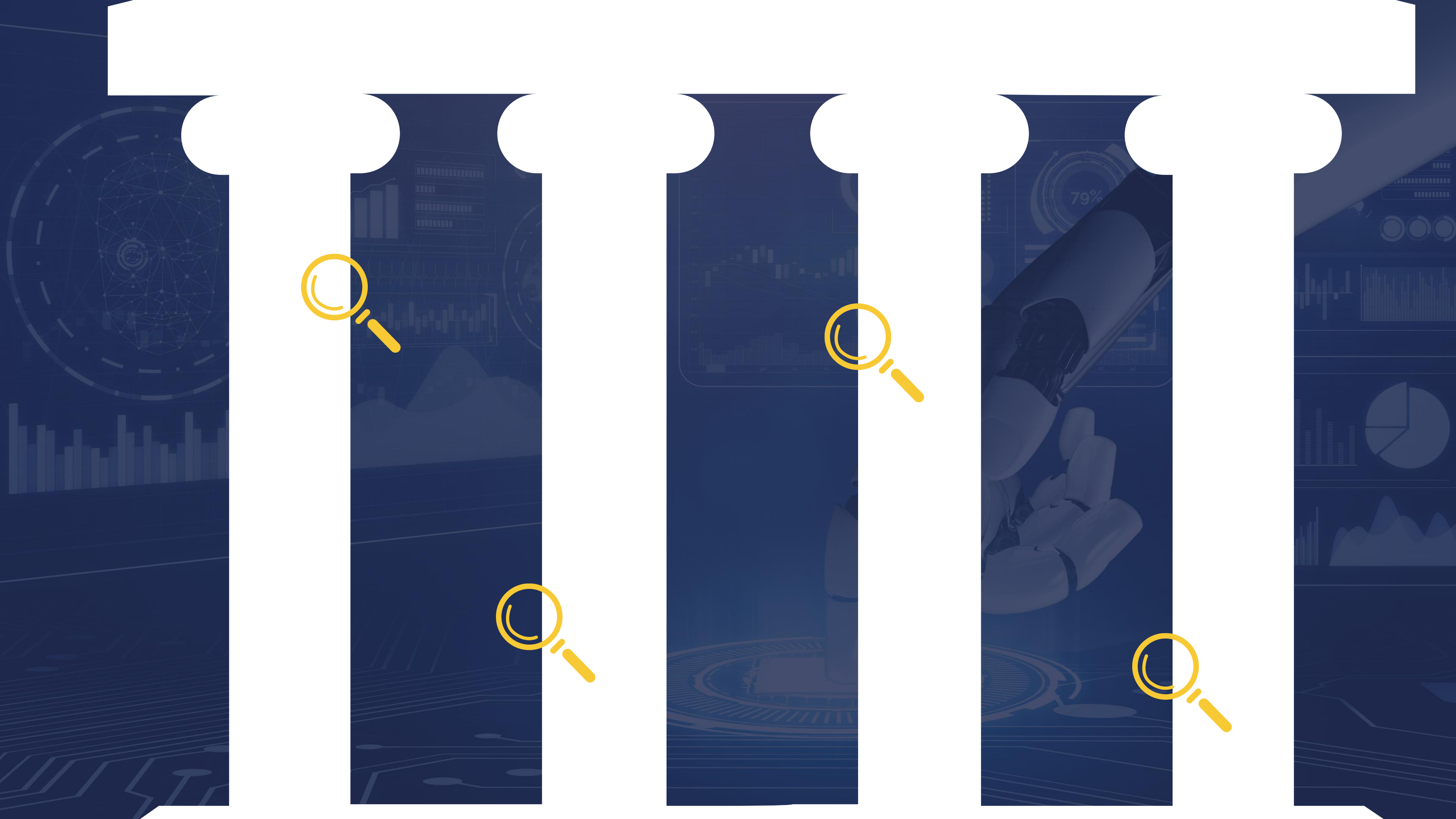
Pillars of Practice

Clinical

Education

Research

Leadership





1. what does it take?

What are the main issues facing the development of physiotherapy and what needs to happen for that to be a reality at scale?

2. education, training, workforce

What should the undergraduate curriculum look like? what are the issues? How should we collaborate? What are the routes for post grad training?

3. health inequality, health informatics & edb.

How do real world issues affect our profession and healthcare more widely? What can we do about them? How can we measure it and other things?

4. summary.

What does all that mean? What can you all take into your next clinic, what needs to be done more broadly?

Talking Points

what does it take?



routes to entry.



curriculum.



bridging the gap.



workforce.



diversity.



data focus.



collaboration.



location.



what things
need to be in
place for
patient care to
improve?



 **University**



 **Apprenticeships**

55 92

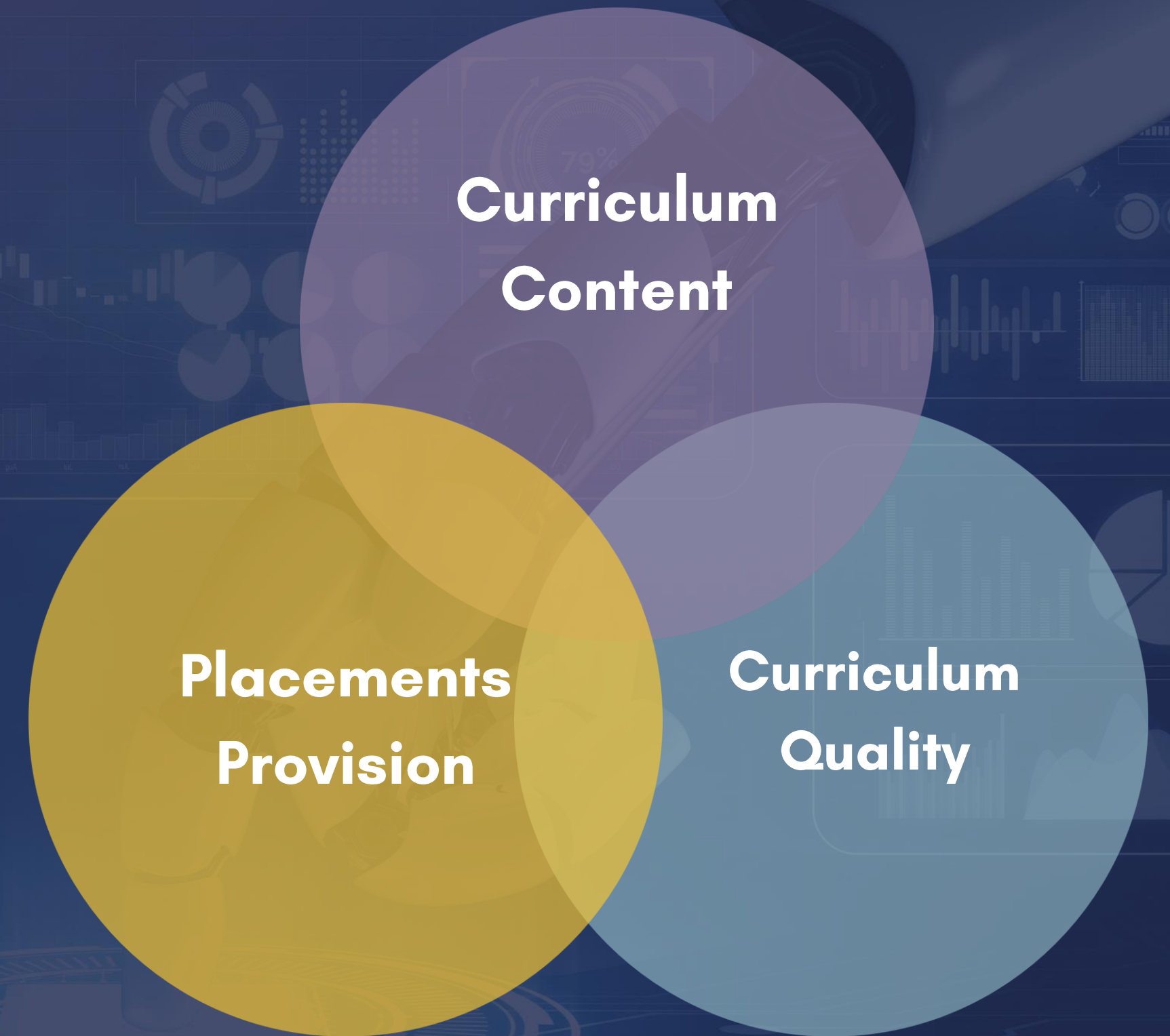
- 3 year Full Time BSc
- 4 year full time and part time BSc in Scotland
- BSc Degree Apprenticeship
- MSc Degree Apprenticeship (Pre-Reg)
- 4 year Integrated Masters
- 2 year Pre-Reg MSc
- 2 year Pre-Reg PGDip
- 3-4 year professional doctorate

entry to the profession.

undergraduate degree.

KNOWBEST Study Recommendations.

- 1000 hours placement
- Simulation Training
- Private & Independent providers increasing placement capacity
- All programmes need to map to 4 pillars of practice
- Improvement in content
 - Personalised Care
 - Broader Specialities
 - Broader environments (Community/Primary Care)
 - Population Health
 - Behaviour Change
 - Communication Skills
 - Experts in Exercise Prescription



workforce.

growth.

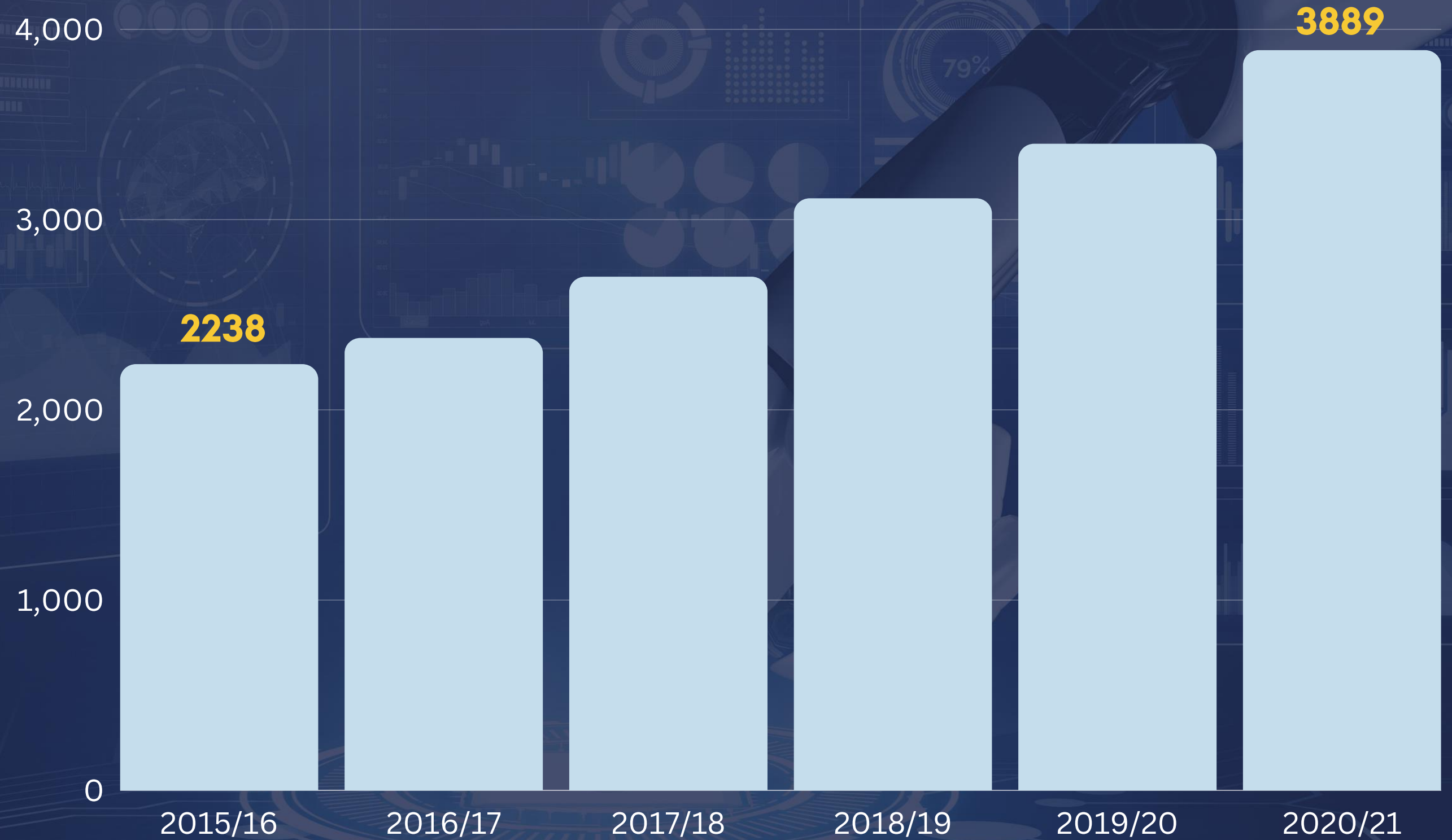
**sector
split**

attrition.

student graduates.

This is the total number of physiotherapy graduates from 2015/16 to 2020/21. An increase of 1651 (**74%**) over 5 years.

Physiotherapy has the lowest attrition rate (3-5%) of most healthcare courses including all other AHPs, Medics and Nurses.

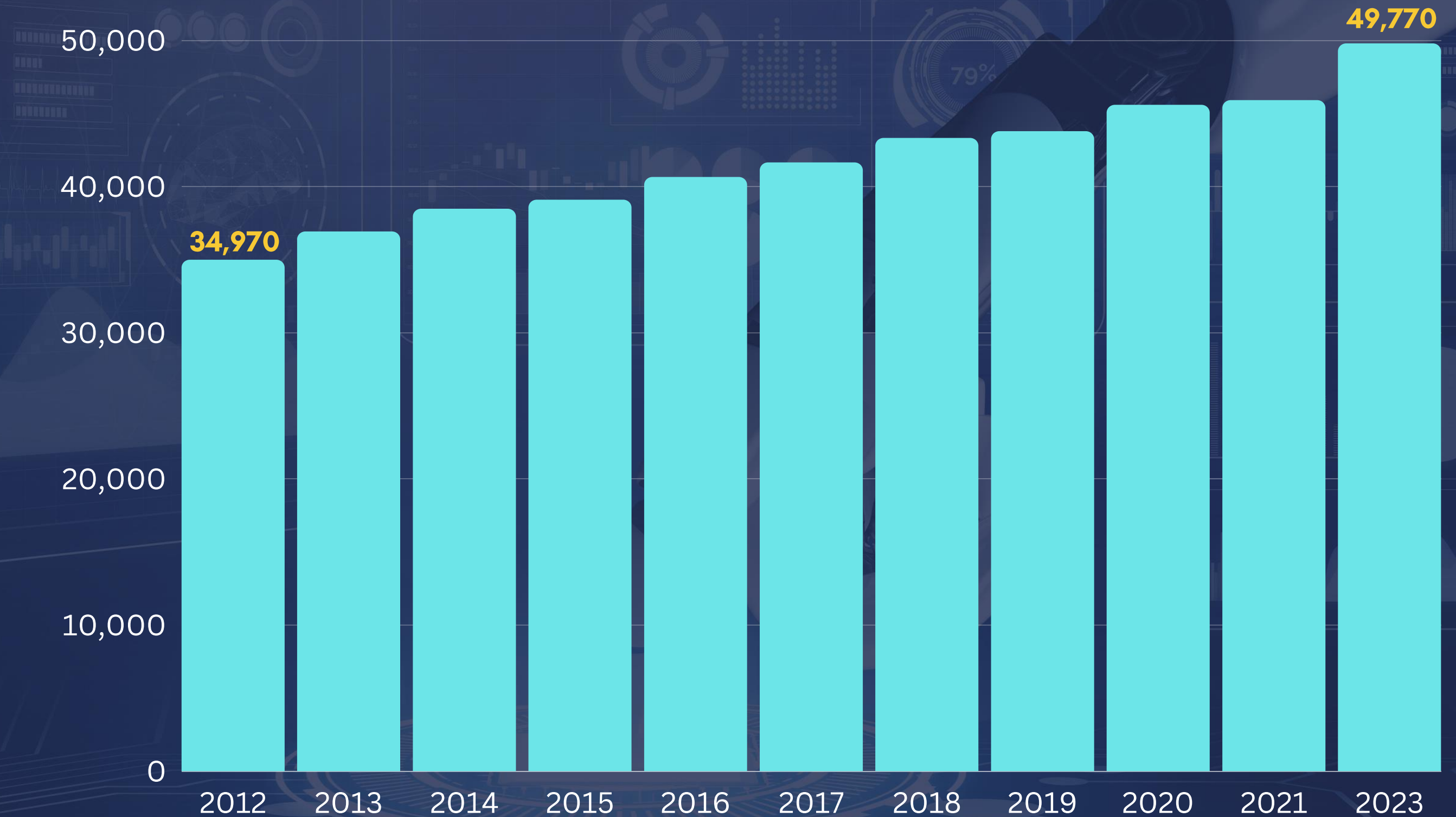


****Figures for England**

total workforce.

The total workforce has gradually increased over the last 10 years but has it increased enough?

Over the same time period multimorbidities, health inequality and long term conditions have increased significantly

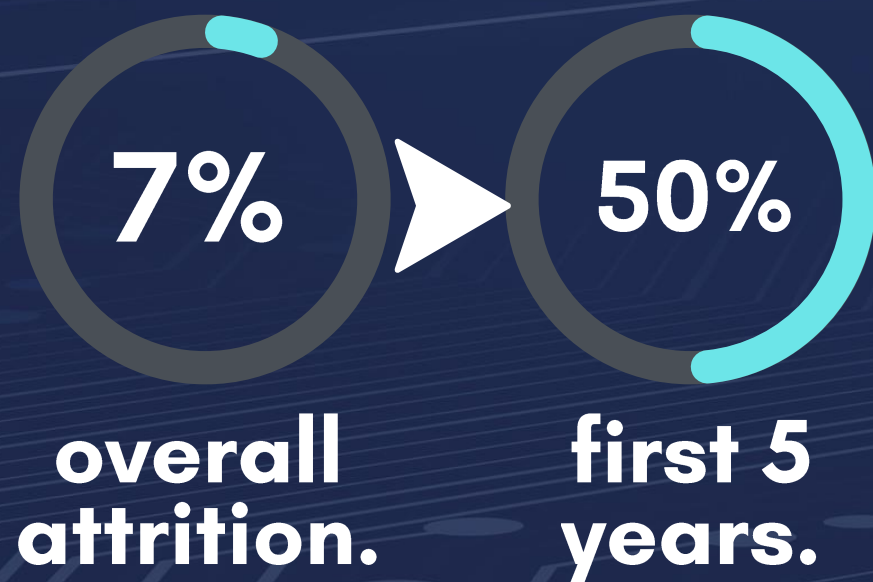
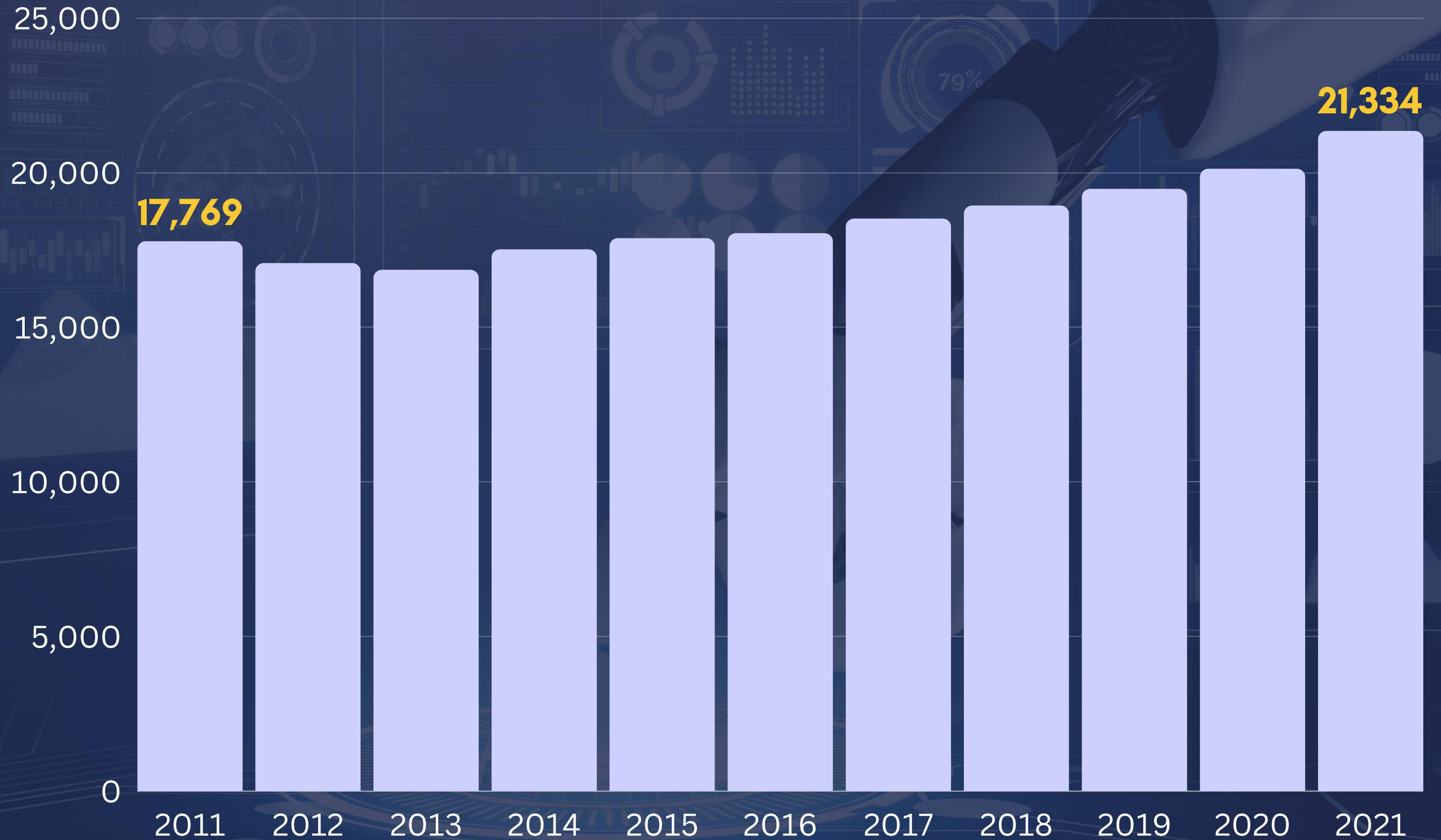


**Figures for England

NHS workforce.

The conversion of growth physiotherapists from university into the NHS is only around 50%

The total workforce within the NHS is under half of the physiotherapists available

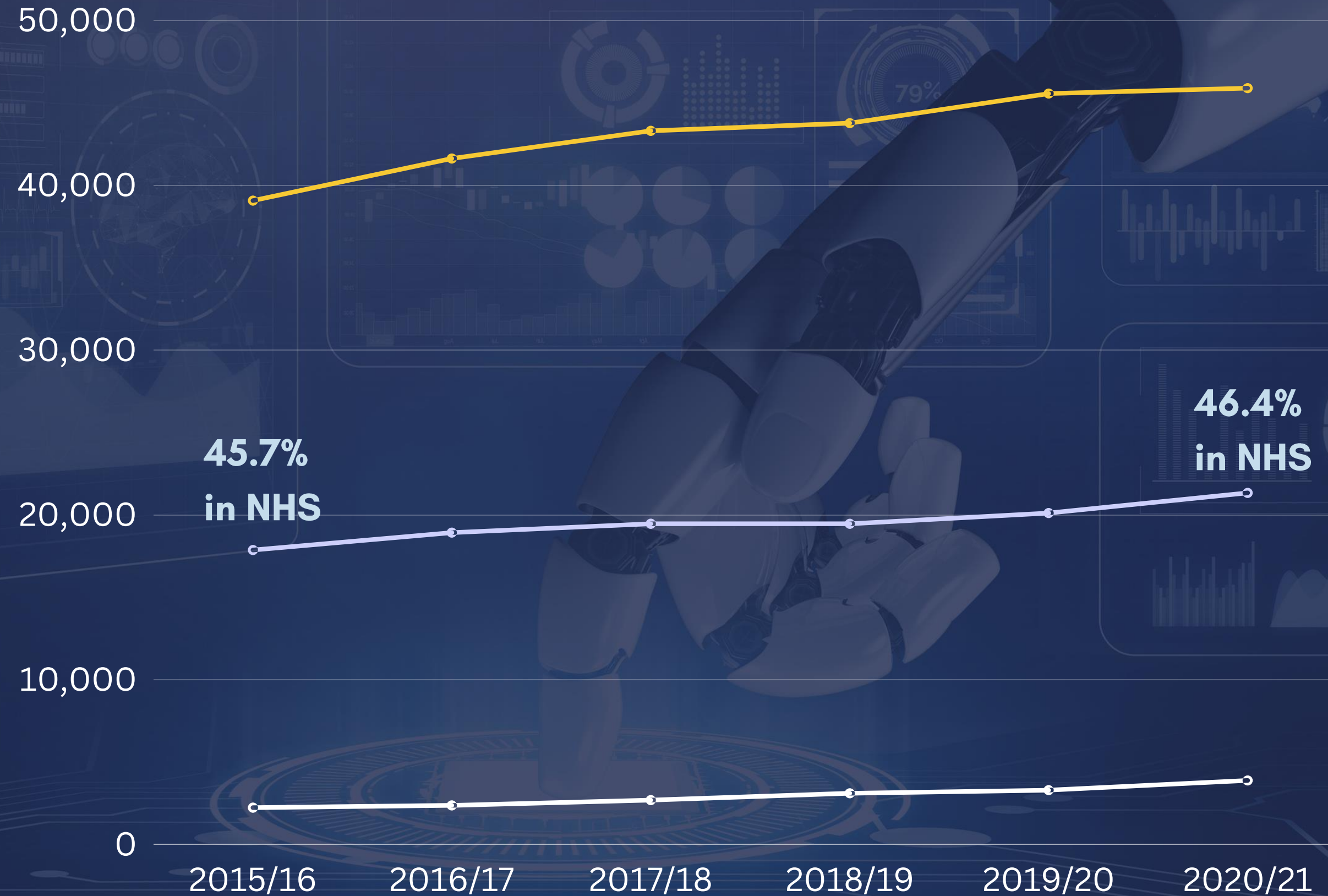


**Figures for England

total picture.

We have seen growth and have an estimated continued growth of 7% per year if we continue as we are

In the last 5 years we have seen approx. 20% growth in the overall register but only 10% of that go into the NHS (about 50%). We would like to see an increase here of 60% growth going into the NHS



**Figures for England

sectors.

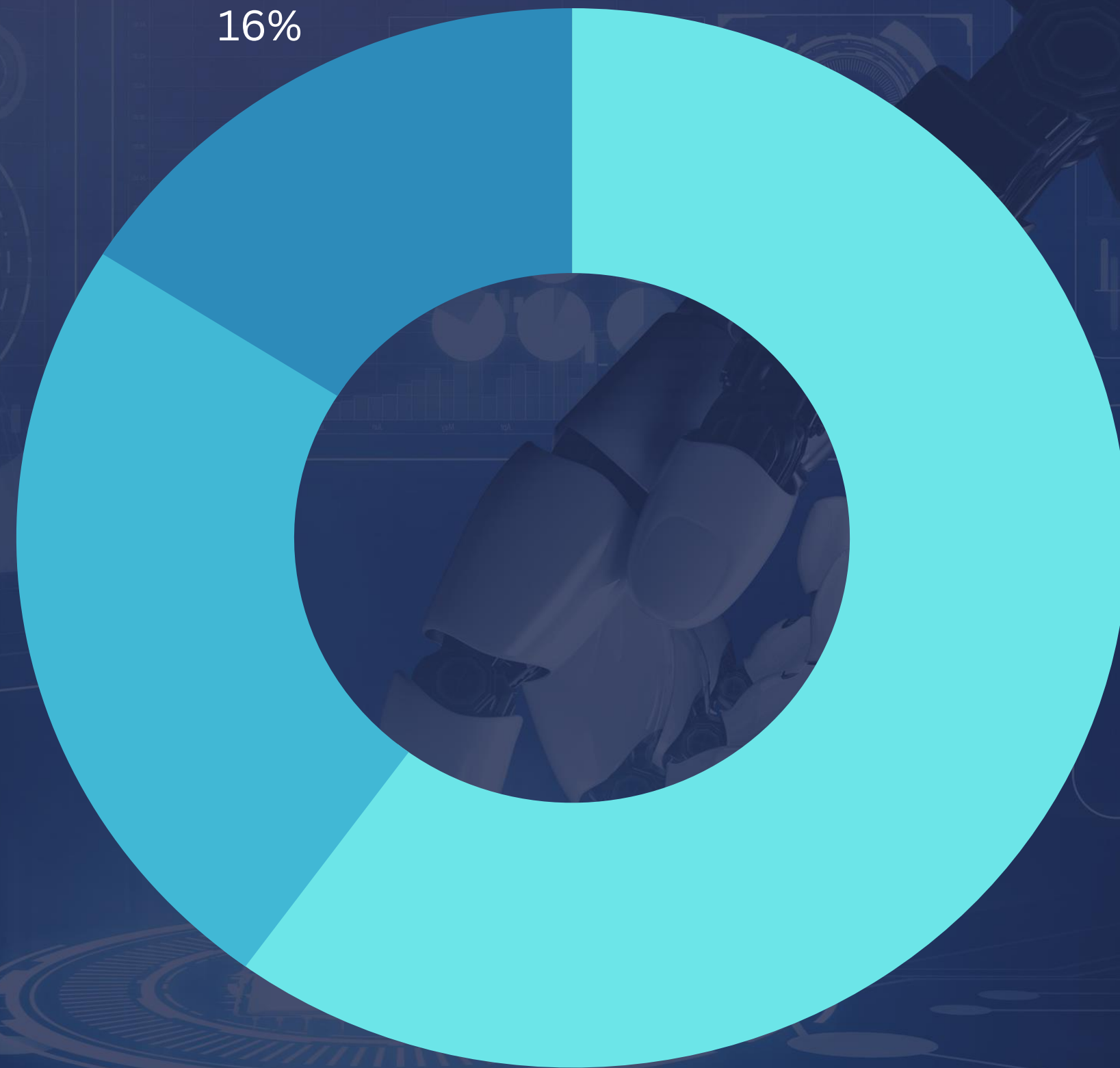
The split of physiotherapists between sectors

The 60% also includes independent providers who provide care for NHS services and includes an estimate of those who work across multiple sectors

Primary care is not included in the NHS numbers

Independent
(Non-NHS)
24%

Other
16%



NHS
60%

****Figures for England**

primary care.

Currently 1300 FCPs in the UK with a target of 5000

5000 would give us a 1 FCP per 10k population & allow FCPs to see 50% of the GP MSK workload

FCPs refer 24% less to orthopaedics and provide 44% less medicines prescriptions and 84% less repeat prescriptions

But, we can't rob Peter to pay Paul, we also need 3700 additional MSK physios to meet the target with AP skills and backfill into community services



international comparison.



1 physio to every 1136 of
the population



1 physio to every 742 of
the population



1 physio to every 430 of
the population

international comparison.



Leaked Workforce plan
20% Growth of AHPs



1 physio to every 742 of
the population



1 physio to every 430 of
the population

advanced practice.

 **4 pillars**

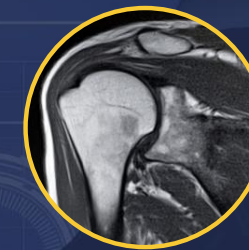
routes to AP.

HEI Funded
Portfolio
Supported Portfolio

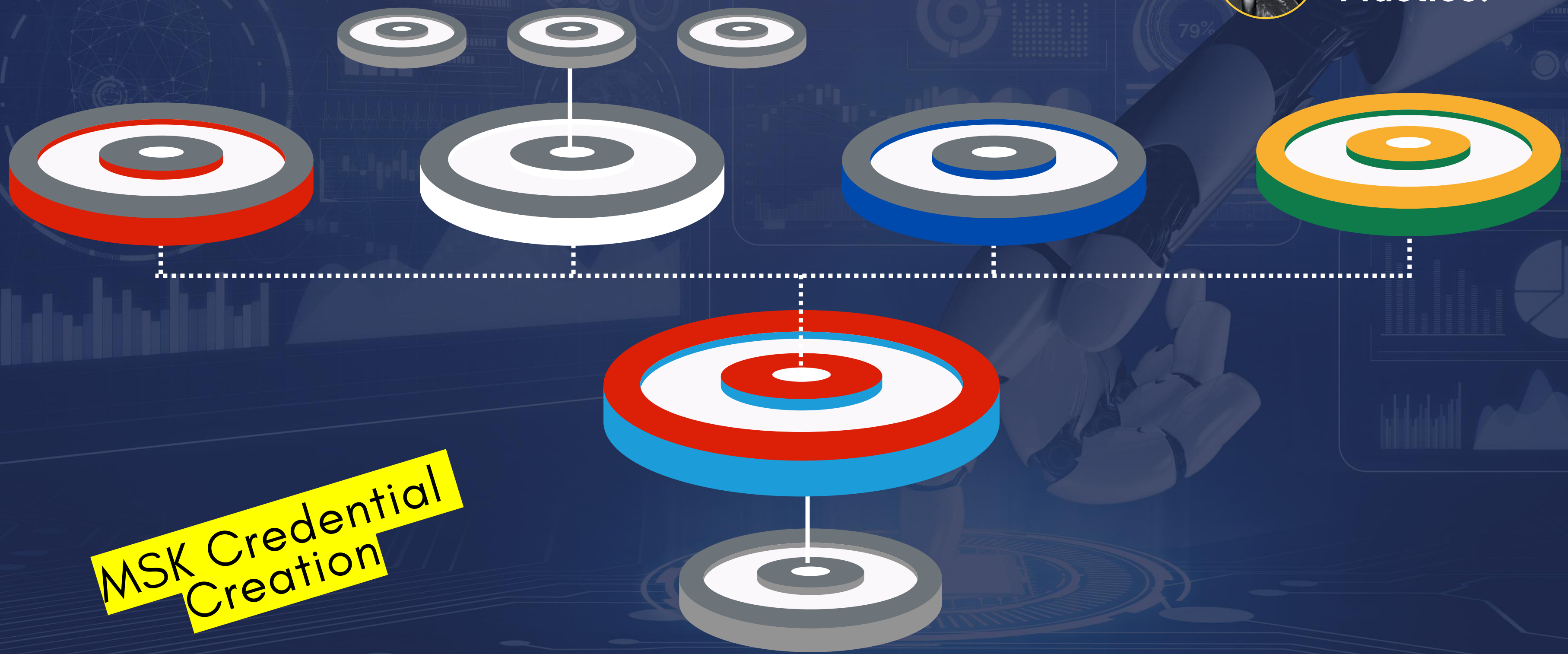
Community Rehab
Mental health
Older People
Acute Medicine
End of Life Care
Pelvic Health
MSK (New**)**

Clear view in the LTP to
increase the number of AHP
AP's however, funding and
availability for training and
education varies

 **standards**

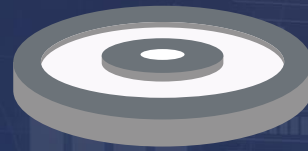


Advanced Practice.

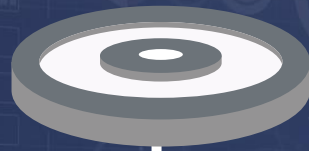


MSK Credential Creation

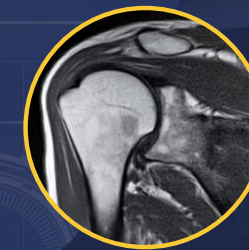
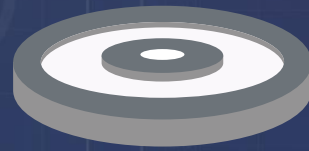
**Neuro
Rehab AP
Credential
for England**



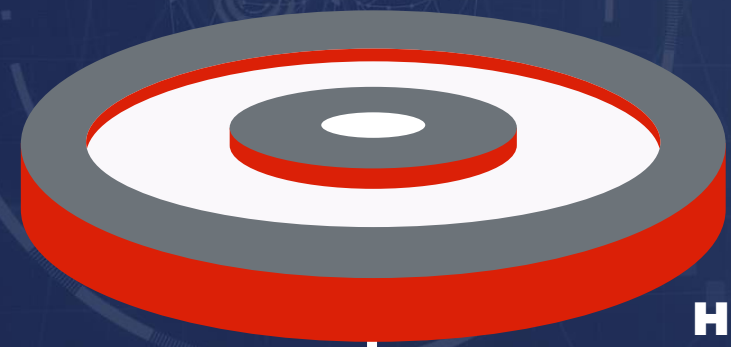
**MSK AP
Credential
for England**



**Public
Health AP
Credential
for England**



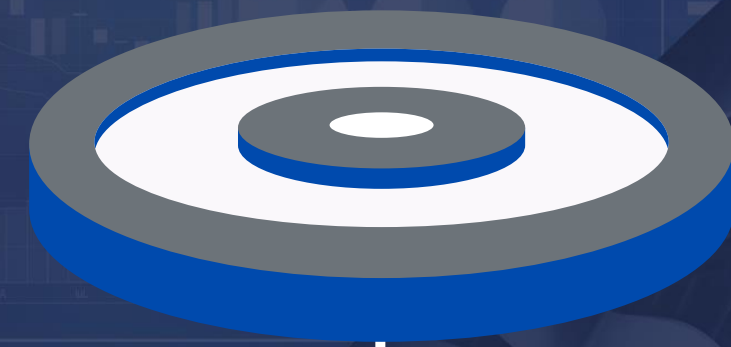
**Advanced
Practice.**



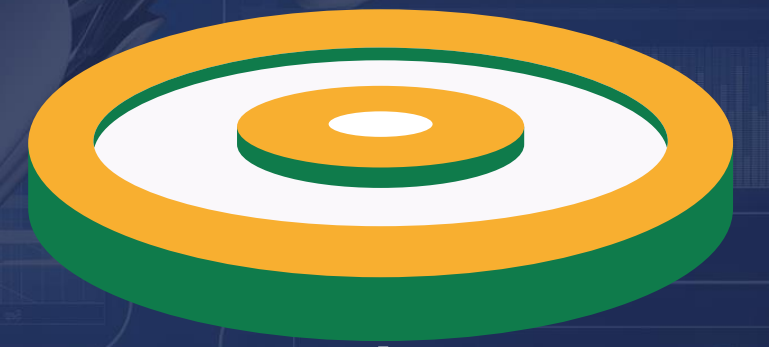
HEIW



HEE



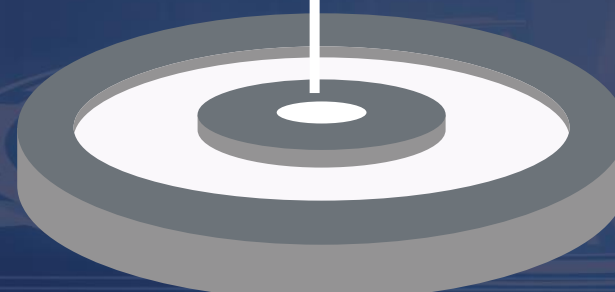
NES



DoHNI

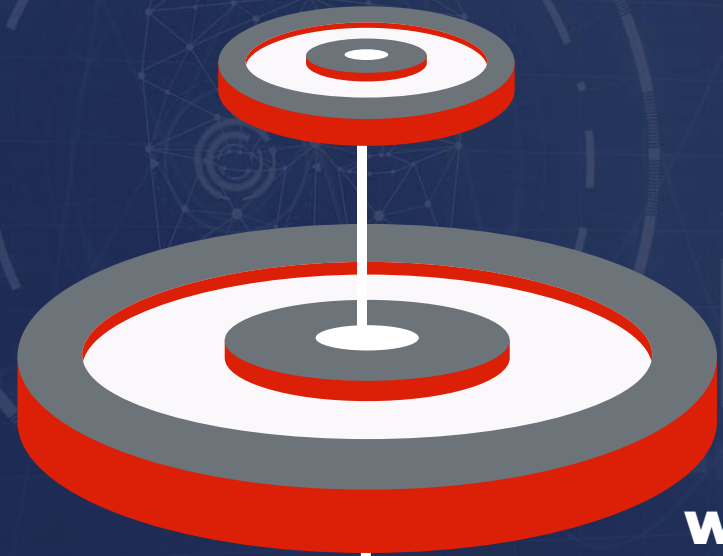


UK MSK Standards of Advanced Practice

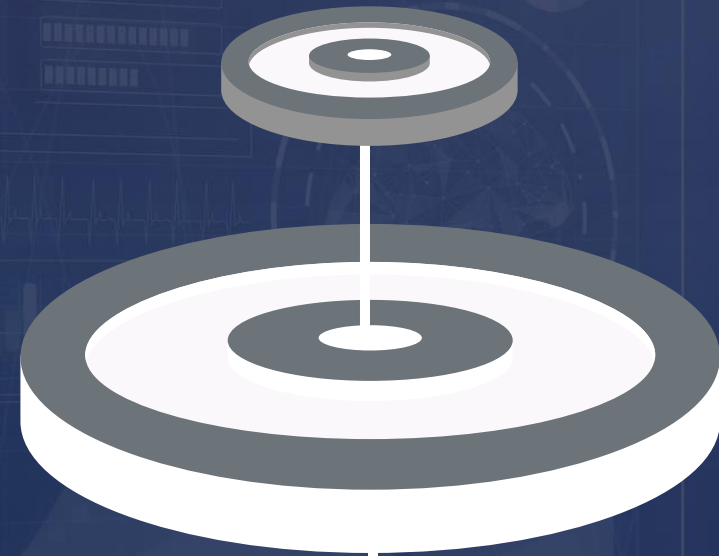


IFOMPT Standards

No funded places on HEI courses via HEIW. NLIAH AP Framework and Portfolio route available and used together.



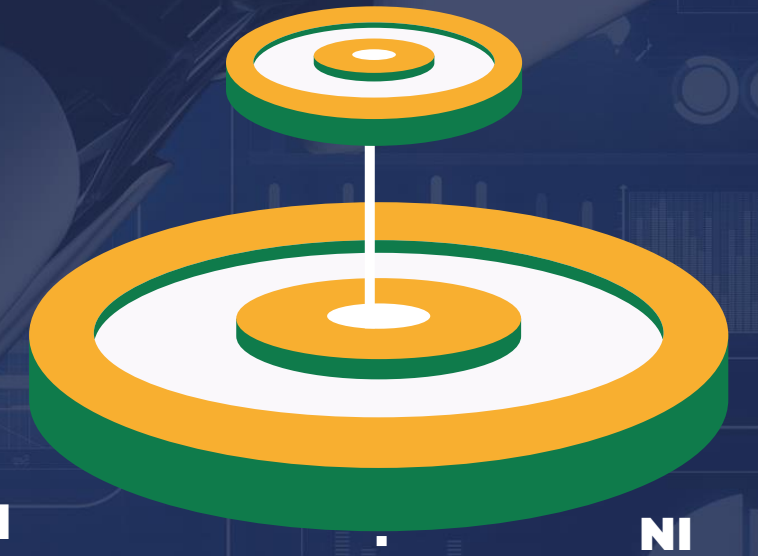
Wales



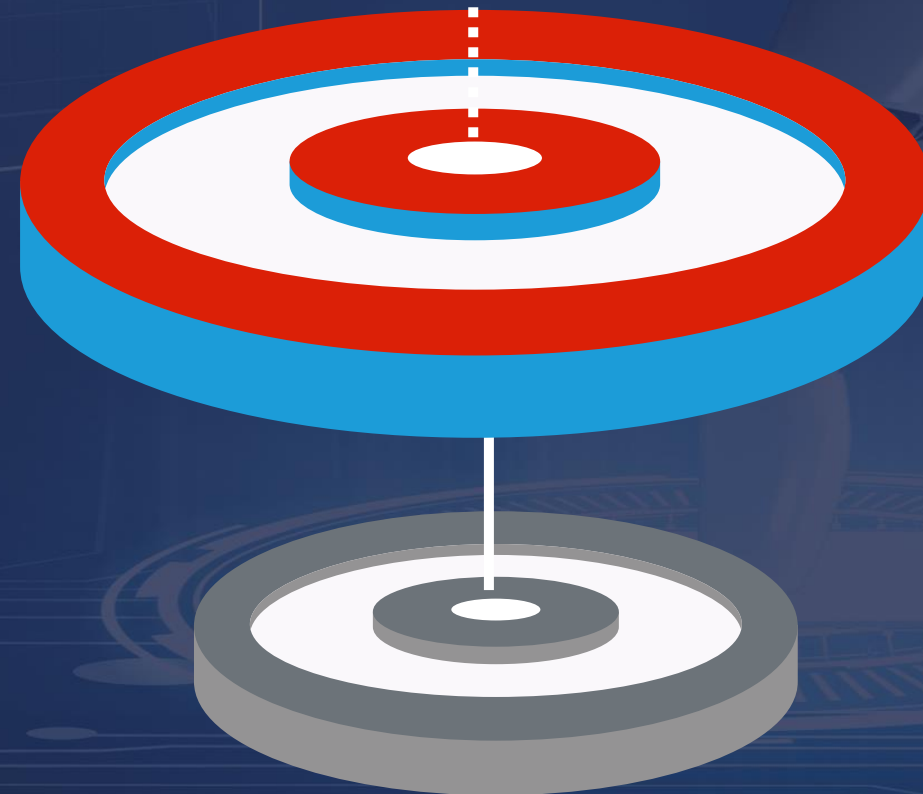
England



Scotland

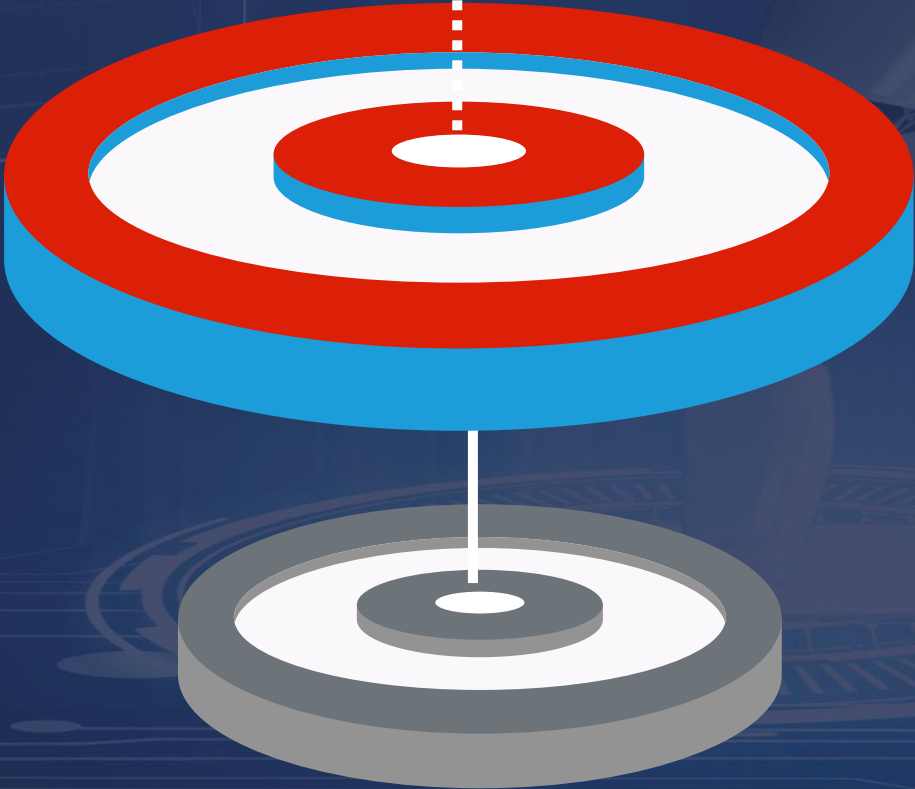
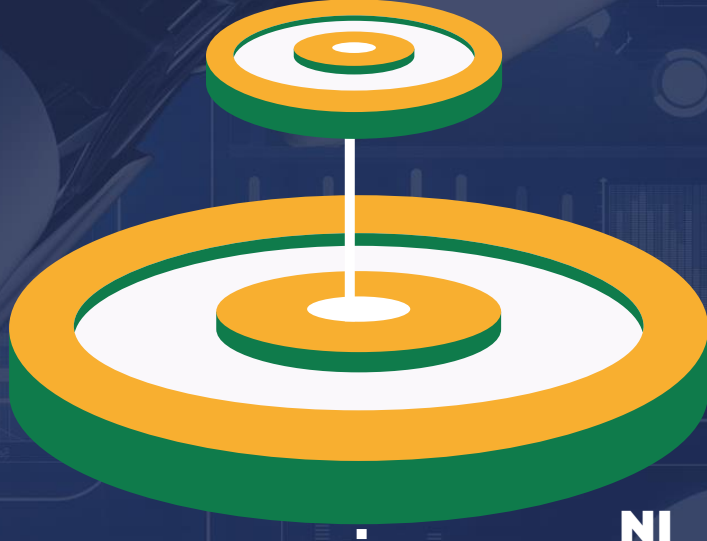
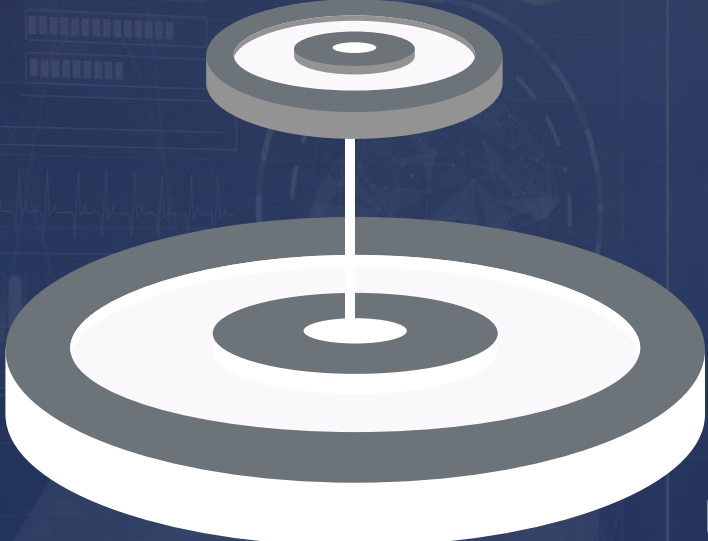
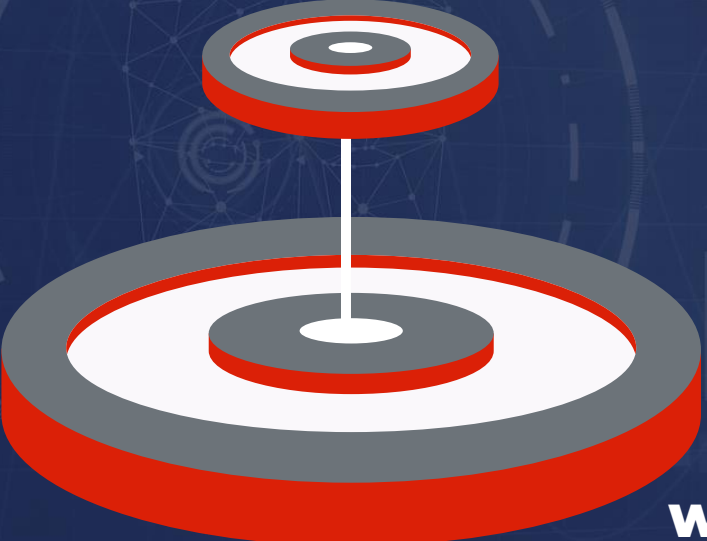


NI



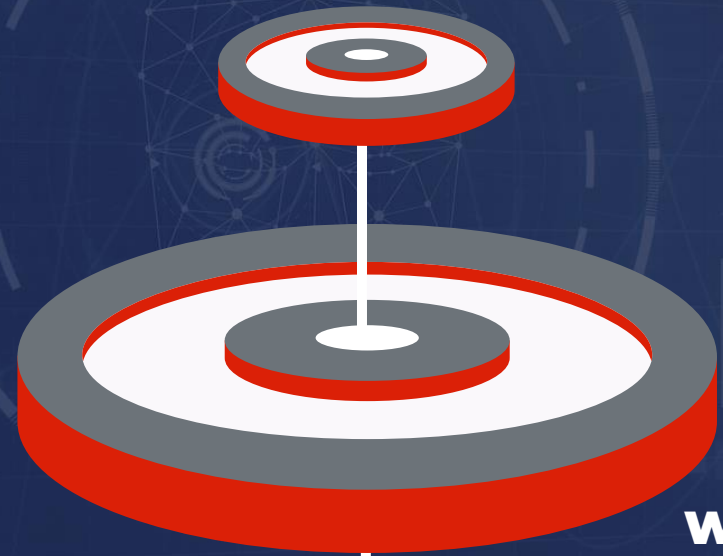
Advanced Practice.

**Funded places in HEI's available.
HEE portfolio route outlined and
defined. ACP funded via the
apprenticeship levy.**

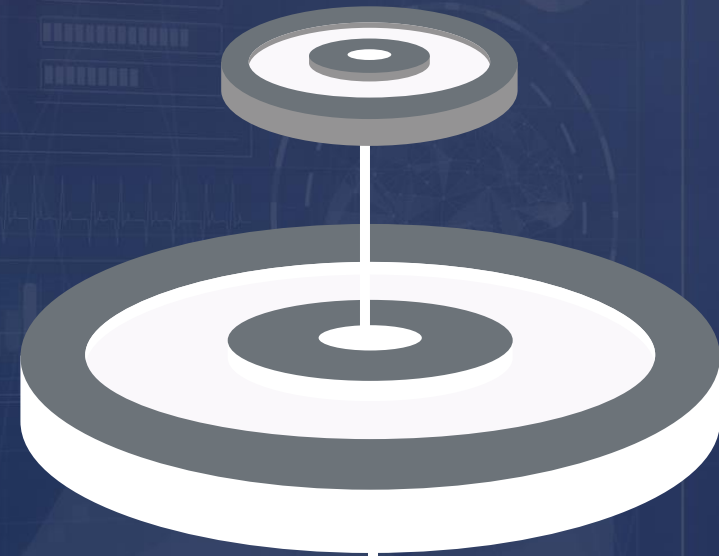


**Advanced
Practice.**

**No funded places on HEI courses via
NESS. Work continues with the
CAHPOs office to ensure the AP
agenda remains important in Scotland.**



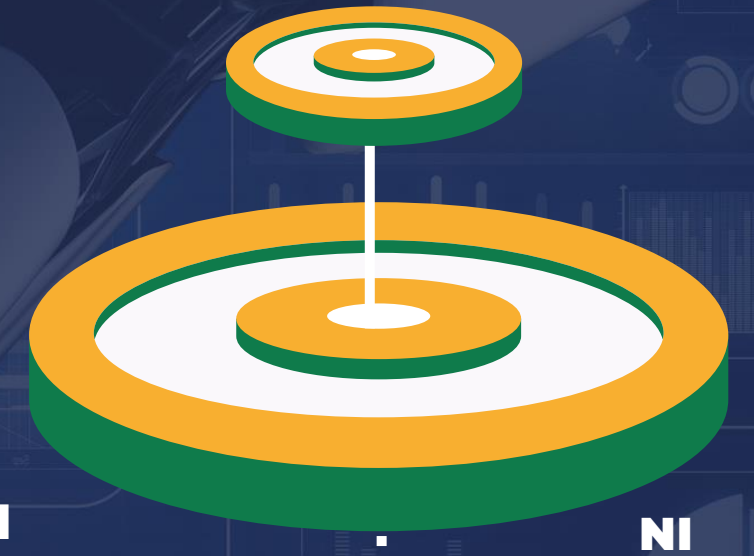
Wales



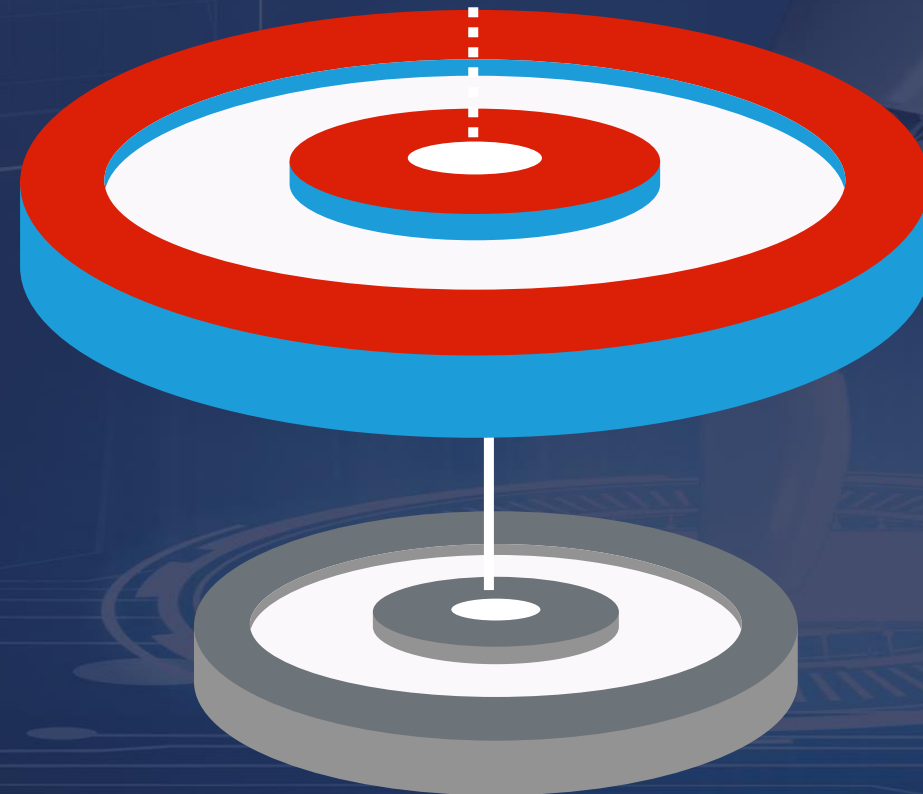
England



Scotland

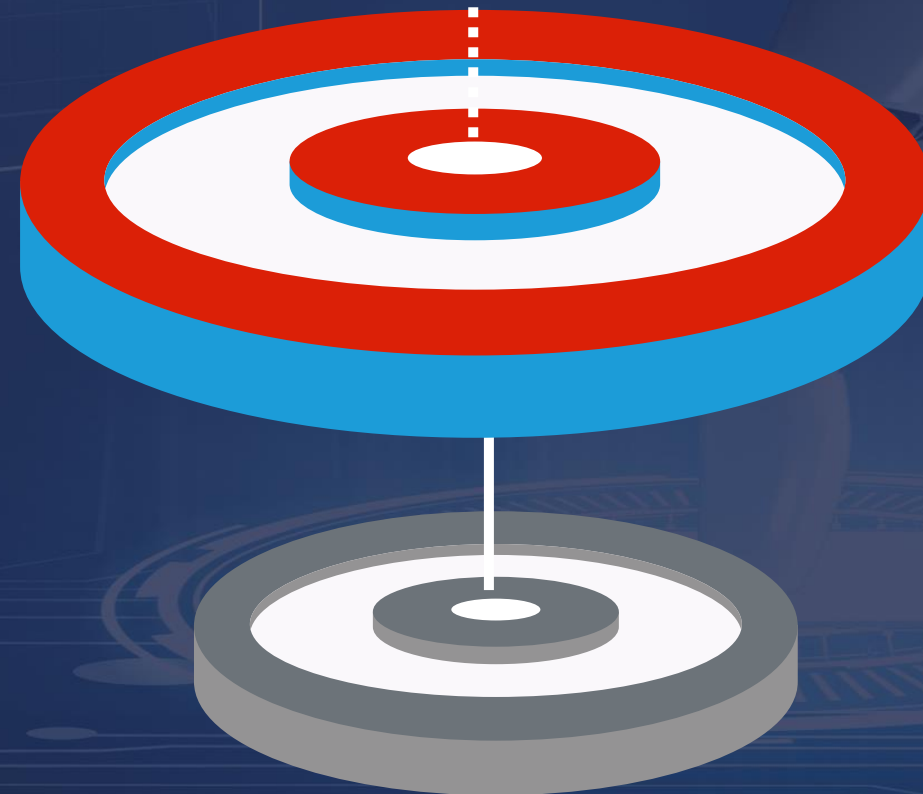
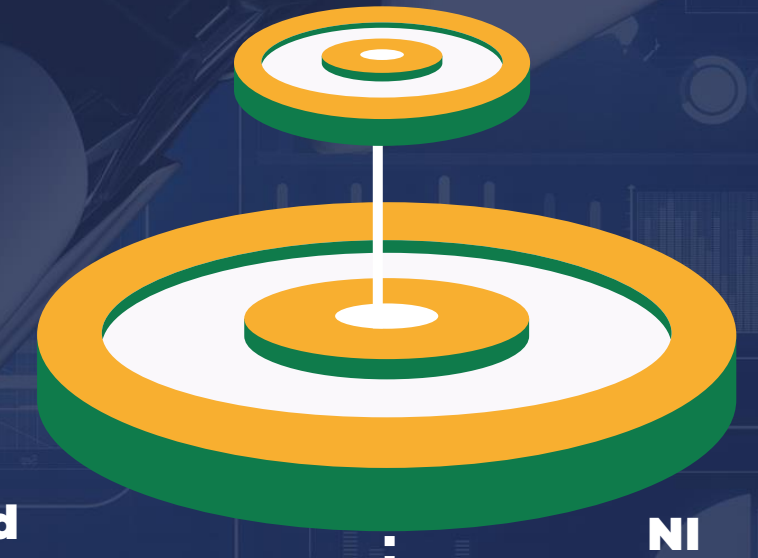
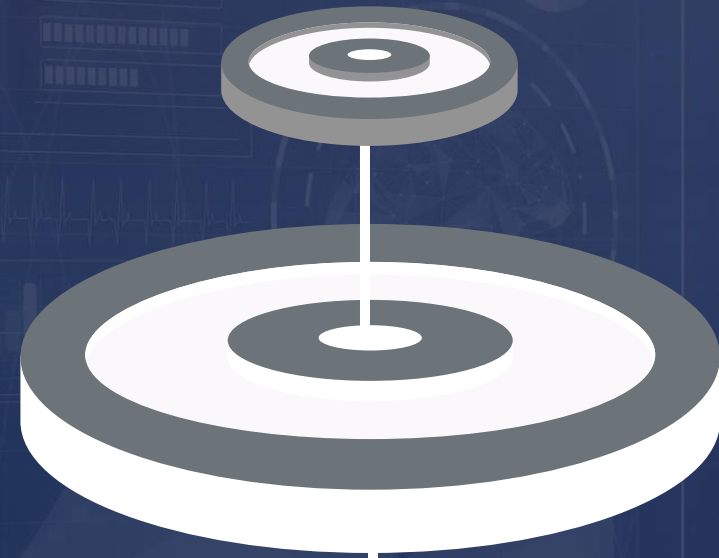
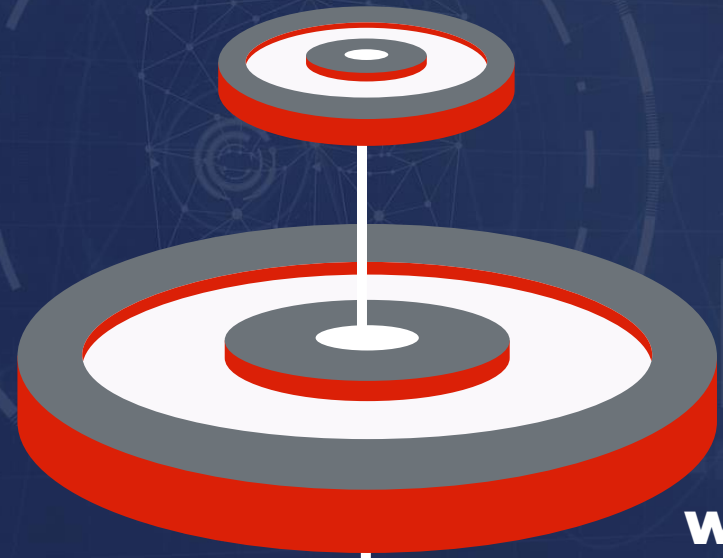


NI



**Advanced
Practice.**

Masters modules available through Ulster University and some funding available through the Education Commissioning Group. Heads of service for each profession meet and decide on training & development across the region and allocate funding accordingly.



Advanced Practice.



equality, diversity & belonging.

At the moment, your race, gender, sexual orientation, age, religion, class and disability **matter in physiotherapy.**

Middle-class patients find it **easier to access** physiotherapy.

Your **chances of successfully graduating** as a physiotherapist are greater if you are white.

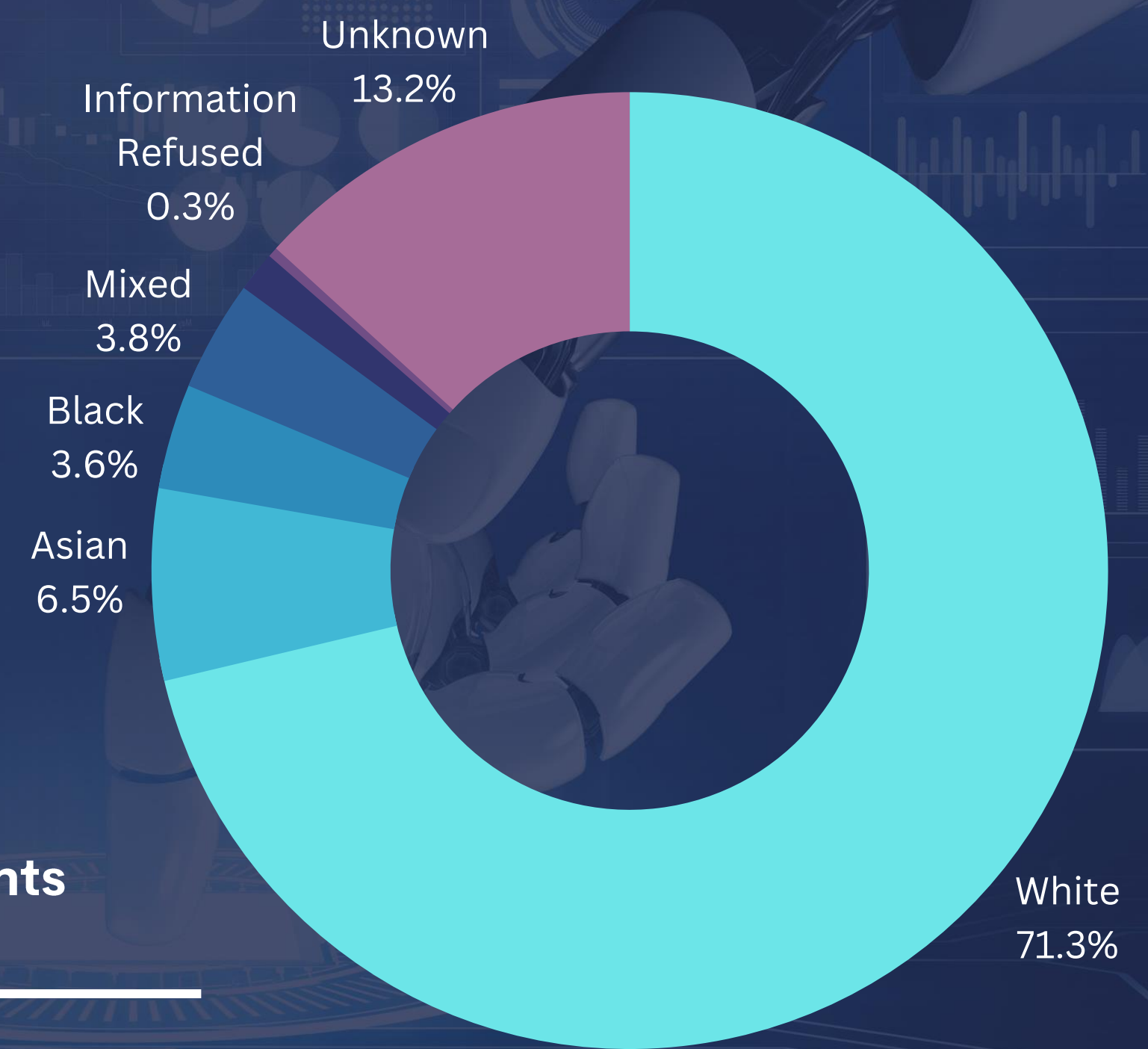
Lack of adaptations can drive people with disabilities out of the profession.

LGBTQIA+ physios can face **harassment at work.**



equality, diversity & belonging.

ethnicity.

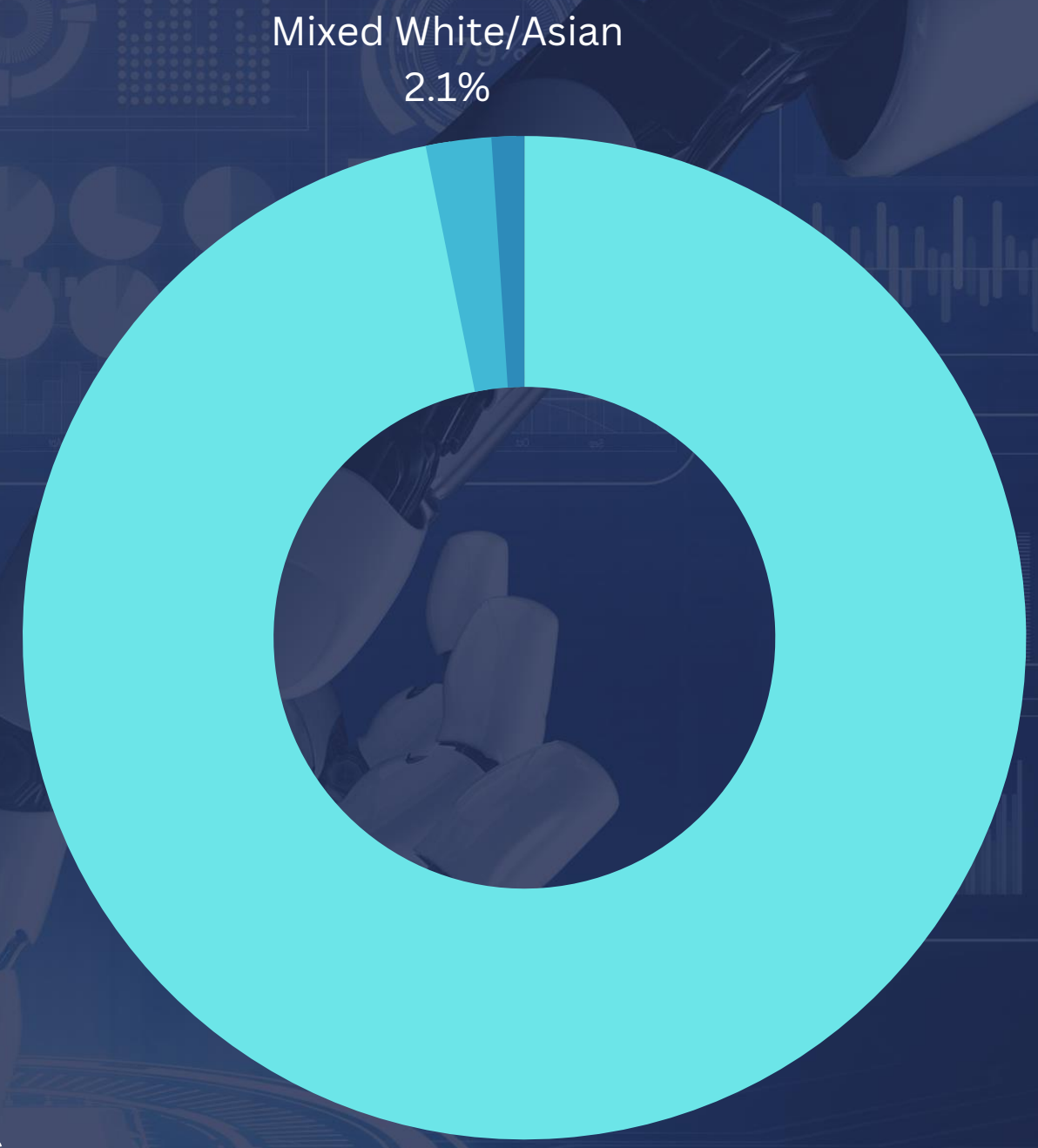


Students



equality, diversity & belonging.

ethnicity.



Consultants

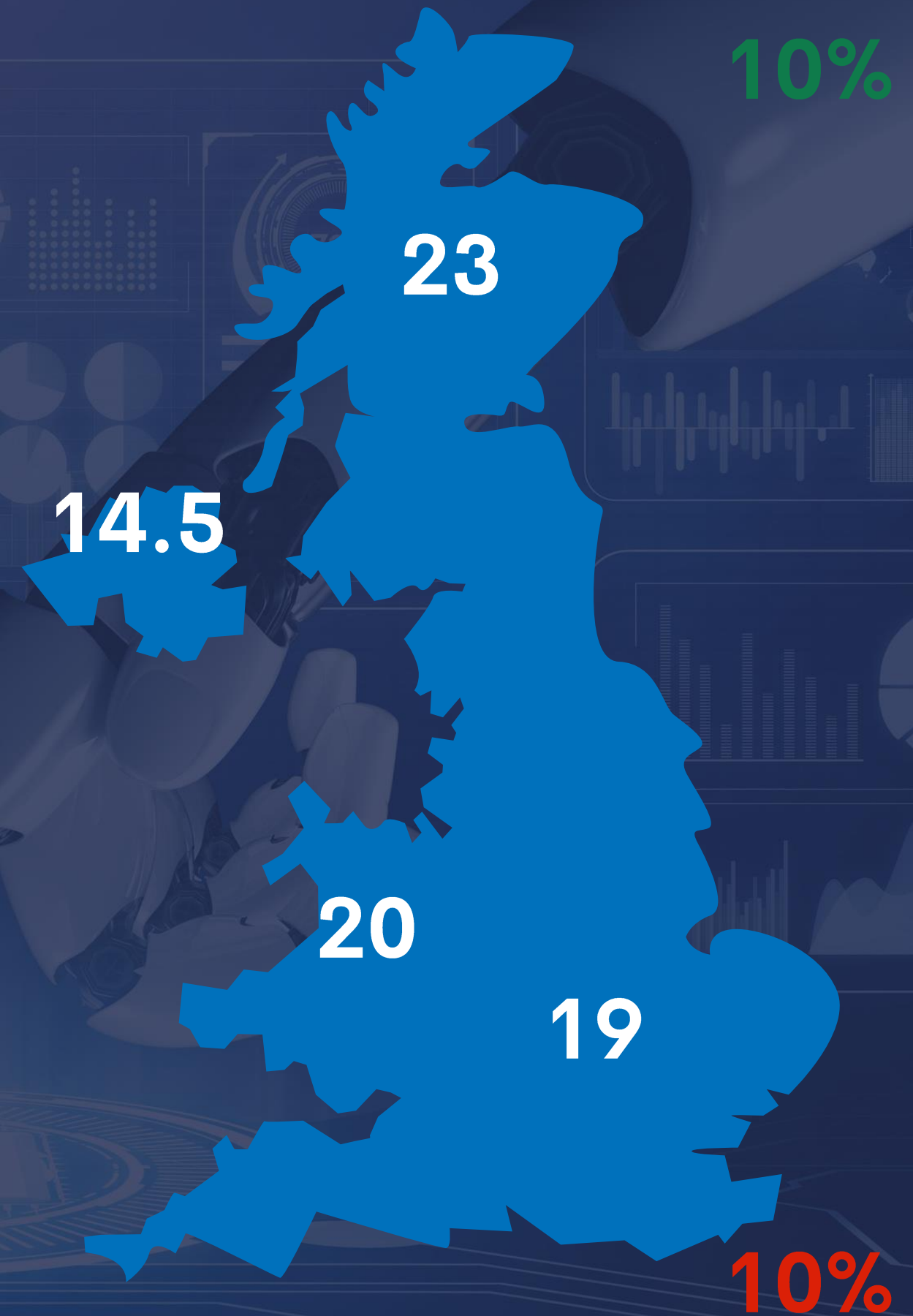
White
96.8%

health inequality.

43% of people in the UK are managing a LTC with people in the poorest communities being **60% more likely** to be diagnosed with a LTC. They also have a **30% higher chance** that their condition will be more severe.

Conditions are often **clustered**, for example, more than a third of patients with chronic obstructive pulmonary disease (COPD) also have osteoporosis and depression. People with **osteoarthritis have a 24% higher risk of cardiovascular disease** and for people with rheumatoid arthritis this risk is **50-70% greater** than for the general population.

People in the **bottom fifth** of deprivation levels are nearly **twice as likely** to have musculoskeletal and/or respiratory conditions and four times as likely to have mental health issues..



health informatics.





health informatics.



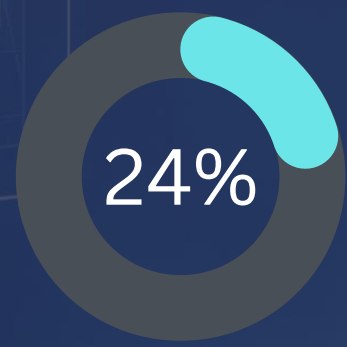
35% of physios responded their digital competence was good or very good



Confidence in using tech



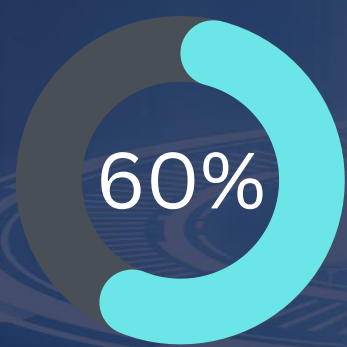
Motivation to use tech



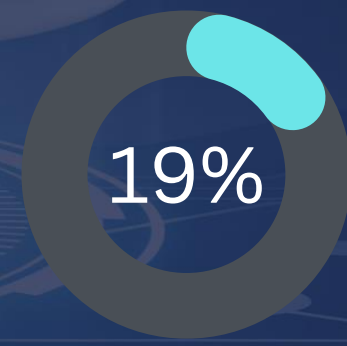
Systems in their org did what they wanted them too



Knew the process to develop or request change in their org



Clinical processes & procedures limited because of systems



350 record keeping systems reported (19% of them still paper!!)

collaboration.

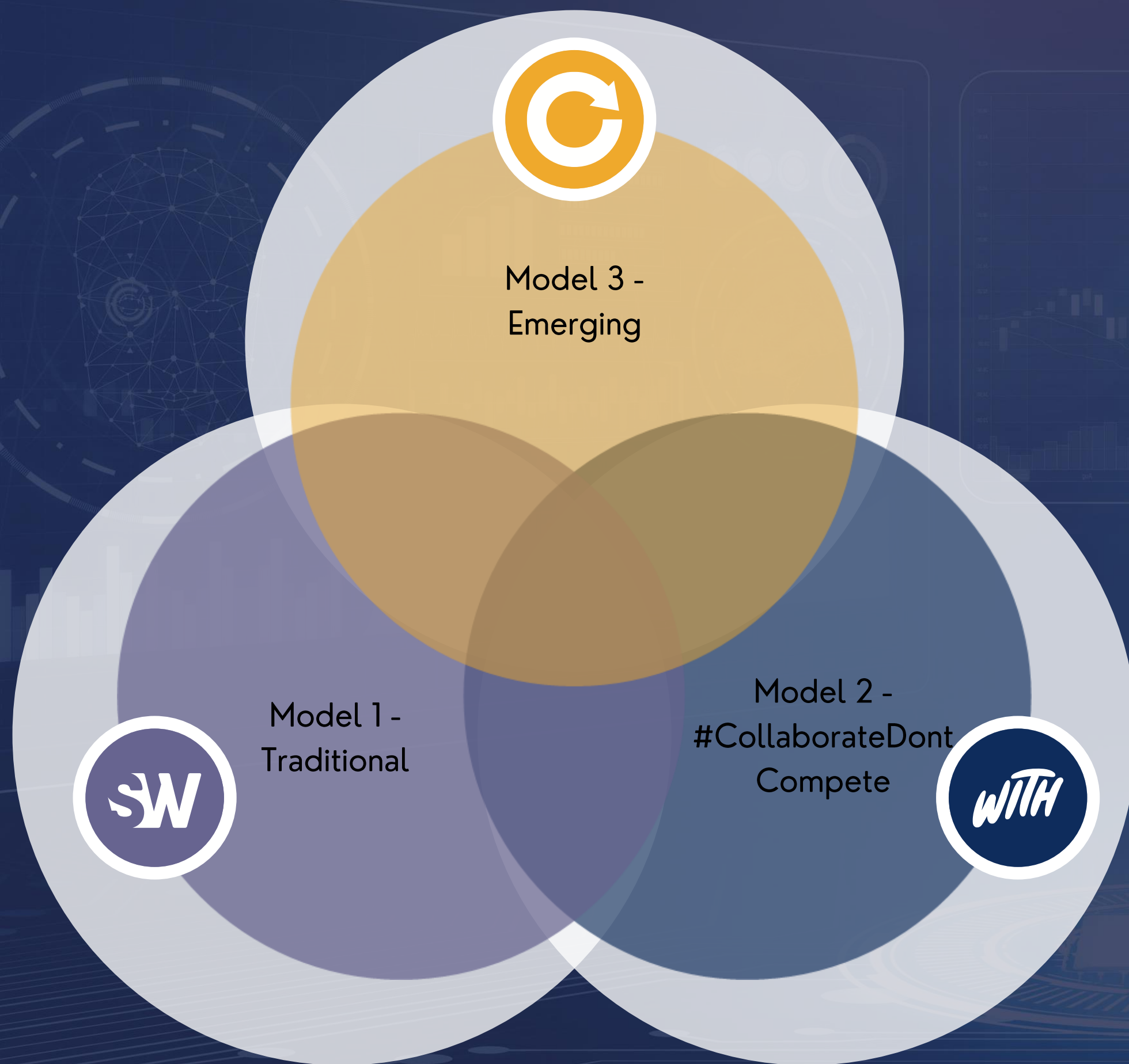


Model 1

Model 2

Model 3

collaboration.



Model 1

Traditional SW and Physio model. Exercise professionals working to Physiotherapists under direct supervision/instruction

Model 2

Exercise Professionals working alongside physiotherapists autonomously (exercise physiologists in cardiac rehab for example)

Model 3

Exercise Professionals (Sports Rehabilitators/Therapists) working in roles traditionally held by physiotherapists - often in MSK environments and increasingly in the NHS



collaboration.

A multiprofessional registered MSK workforce working collaboratively together is paramount to the success of the system.

task shifting

GP

FCP

**"Physio
Rehab"**

"Rehab"





location.

primary care & the community.



summary.



routes to entry.



curriculum.



bridging the gap.



workforce.



diversity.



data focus.



collaboration.



location.



what things
need to be in
place for
patient care to
improve?

CSP Corporate Strategy 2023-27

A

B

C

D

Aim A: Improve the health of communities through high quality physiotherapy

When we have a sustainable organisation, a confident, able membership, that is able to reach its potential, we are truly able to work with and for our members to maximise the health of the nation through high quality physiotherapy.

Aim B: Enabling members to achieve their full potential

We must ensure we work with and on behalf of members to maximise their working conditions in every way. Not only that, we must ensure that every member has the ability to progress and reach their potential.

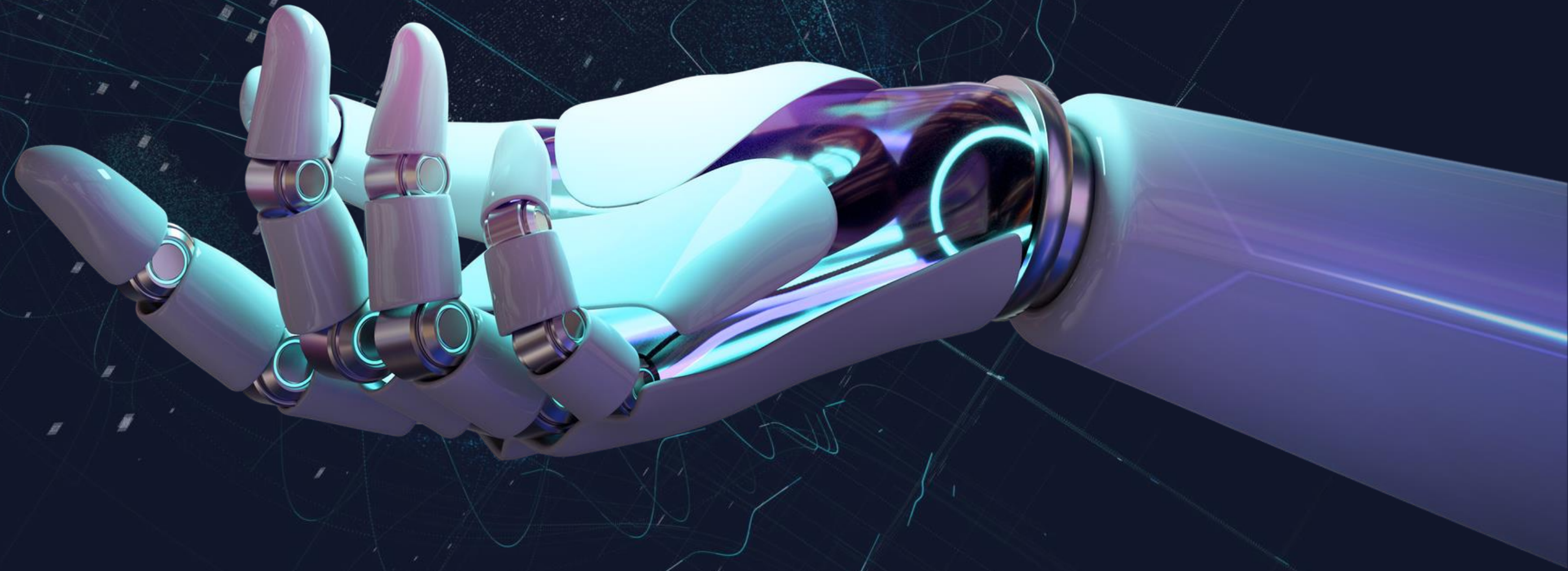
Aim C: Build a confident and influential community

For the CSP to be effective at influencing the wider healthcare agenda it must have a membership that is vibrant and feels like it belongs. It must want, to varying degrees promote and engage with activities of the CSP for us to thrive.

Aim D: Create an agile & sustainable organisation, able to pre-empt changing member needs

Creating an agile sustainable organisation must be the foundation of everything we do at the CSP. The CSP needs to not only exist, but have an engaged capable workforce, that works efficiently to deliver any of the other aspirational aims within the strategy

Questions?



Workshop Leadership

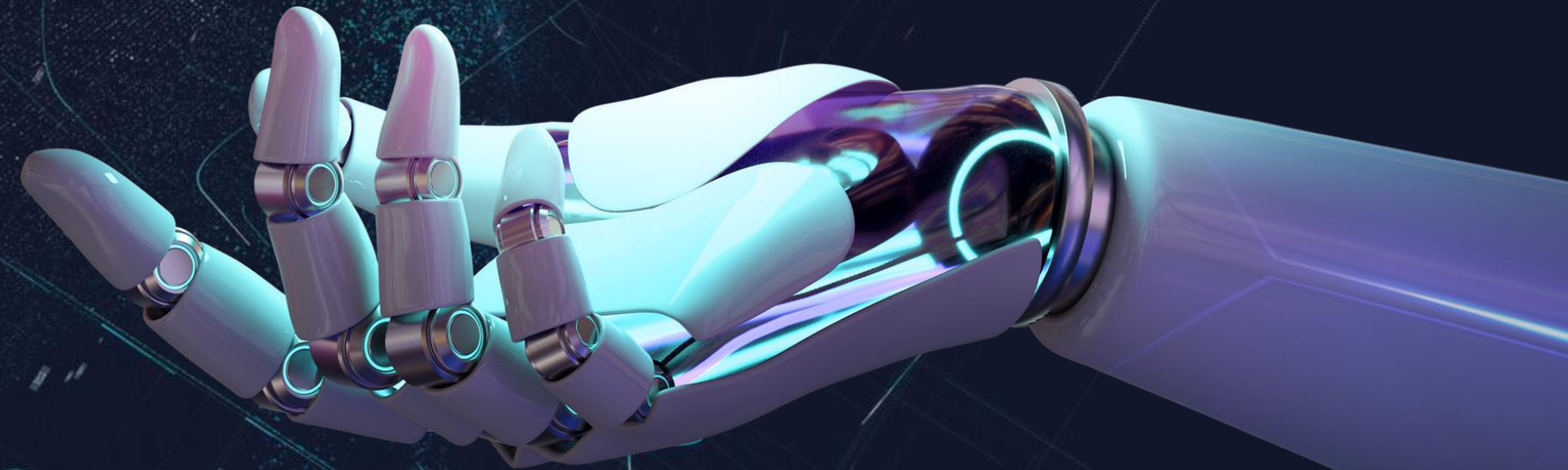


Workshop Leadership

1 What does leadership mean to you?

2 Should we continue to develop 'Leadership Placements' to foster this in undergraduates?

3 What are the local and national opportunities to develop in this pillar?



**Workshop
Leadership**

**Group
Feedback**



Workshop Leadership

*Great leaders don't set out to be a leader, they set out to make a difference. Its **never** about the **role** and **always** about the **goal!***

