

# CSP evidence to the MAC on EEA workers in the UK labour market

Physiotherapists are autonomous clinical practitioners, able to independently assess, diagnose, advise, treat and prescribe medicines. The Chartered Society of Physiotherapy (CSP) is the professional body, trade union and educational body for physiotherapy in the UK. We have over 56,000 members who are qualified physiotherapists, physiotherapy support workers, physiotherapy students or retired physiotherapists. Nine out of ten registered physiotherapists in the UK are CSP members.

An aging population, population growth, growing numbers of people with multiple long-term conditions, increased survival rates following stroke, trauma and cancer are all leading to a growing demand for physiotherapy. Addressing this is essential if the health and care system is going to make the changes necessary to meet needs in a sustainable way.

## 1. EEA Migration Trends - the physiotherapy workforce

### 1.1 Shortage of physiotherapists

We face a serious and immediate shortage of physiotherapists in the UK. In 2016 the CSP carried out a survey of physiotherapy managers which found widespread difficulties recruiting due to a lack of applicants. We estimate<sup>1</sup> there is a shortage of around 4,000 chartered physiotherapist across the UK as a whole.

The total active physiotherapy workforce is:

- 54,532 HCPC<sup>2</sup> registered physiotherapists, of whom we estimate 3,900<sup>3</sup> are EEA nationals (including Irish)<sup>4</sup>.
- Approximately 6,000 non-registered physiotherapy support workers<sup>5</sup>, of whom we estimate around 480<sup>6</sup> are EEA nationals (excluding Irish).

The CSP has developed a labour force model which suggests the level of staffing required, across all sectors, in each NHS commissioning or planning area<sup>7</sup>. This can be found at <http://www.csp.org.uk/professional-union/practice/evidence-base/workforce-data-model>

Based on this modelling, we have estimated that from 2015 we needed an additional 500 UK physiotherapists to qualify every year. This level of additional workforce has not been achieved (see below). Brexit was not factored into the model nor was the impact of visa changes (see section 3).

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<sup>1</sup> This is a broad estimate based on the proportion of vacancies we believe there are from surveys of members and the shortfall between our workforce needs and training provision. A full trawl on vacancy rates in the NHS is currently underway but the results will not be available until early November. A more accurate figure may be available then.

<sup>2</sup> Health & Care Professions Council, the statutory regulator covering physiotherapists. Registrants as at 5 September 2017.

<sup>3</sup> 7% of total qualified in the EEA. In addition, there are 50-60 EEA physiotherapists or similar professionals who have made a declaration to the HCPC. It is not known how many registrants are EEA nations but qualified in the UK.

<sup>4</sup> Includes Republic of Ireland nationals

<sup>5</sup> Based on compiling relevant job titles from the NHS workforce returns

<sup>6</sup> Based on assumption CSP membership profile is representative of this workforce. Of just over 2,000 associate members, we have nationality info for 1,544. 8.1% are EEA nationals (excluding Irish).

<sup>7</sup> CCG areas for England, Boards for Scotland, Wales and Northern Ireland.

### **1.3 Overseas workforce**

There are a growing number of overseas-qualified physiotherapists in the UK workforce. These are people with first or second degree level qualifications, or equivalent skills. 7% of registered physiotherapists qualified in EEA countries (including Ireland), and a similar proportion qualified in non-EEA countries. Around 500 more overseas-qualified physiotherapists apply for HCPC registration each year. In addition, there is an unknown proportion of the workforce which qualified in the UK, but who are EEA nationals.

In addition to the registered workforce there are around 6,000 staff fulfilling a wide range of roles in physiotherapy services. Approximately 8% of this workforce is thought to be from the EEA (excluding Ireland). They may be designated as technical instructors, therapy support workers, sports therapists, technicians or a range of other job titles. Their skills levels and qualifications vary but they include staff holding degree level qualifications, including overseas physiotherapy degrees which are not automatically recognised by the HCPC.

### **1.4 Where the workforce is concentrated ?**

We believe most EEA physiotherapists and support staff work in the NHS as most HCPC registered physiotherapists and physiotherapy support staff work in the NHS<sup>8</sup>. The remainder work in a range of other sectors including; private practice, education, sports, charities, the military, higher education, occupation health services and research.

The physiotherapy workforce is a UK wide workforce with significant mobility between countries and regions. Most physiotherapy data is not therefore routinely published on a regional or country basis. Our workforce data model can provide needs data at CCG or Health Board levels <http://www.csp.org.uk/professional-union/practice/evidence-base/workforce-data-model>

Some other data may serve as a proxy for regional supply data. For example, our own membership data given we estimate given around 90% of registered physiotherapists are CSP members. This could be reported on regionally if that would assist the MAC.

## **2. Recruitment Practices, Training & Skills**

### **2.1 Qualification and registration**

To practice as a physiotherapist in the UK a practitioner must be registered with the HCPC. A recognised UK BSc or MSc in physiotherapy qualifies someone for registration. There is no equivalence of qualifications for EEA physiotherapists. EEA physiotherapy qualifications do not entitle people to registration.

Overseas trained physiotherapists, including those from Ireland and the rest of the EEA, can join the register if their levels of education, scope of practice and knowledge, match UK standards. This is judged by the HCPC. It is therefore common for EEA trained physiotherapists to have to undergo a “period of adaption” prior to registration in the UK. This is a supervised work based practice period where physiotherapists develop skills and knowledge which were not covered in their original training or subsequent professional practice and development.

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<sup>8</sup> Based on data provided by our members at least seven out of ten registered physiotherapists work in the NHS.

A small number of overseas practitioners provide limited and temporary services in the UK through a system of declaration to the HCPC. This involves only around 50-60 people at any given time.

## 2.2 Changing models of funding for training

A challenge in workforce planning for physiotherapy is the ambivalence of agencies such as Health Education England to demand outside the NHS. This is despite the same pool of graduates providing staff to both the NHS and other sectors and the NHS increasingly commissioning independent providers. Historically this has led to under provision of training places and a shortage of UK trained practitioners.

The system for training the UK physiotherapy workforce is university based and differs across the four UK countries. The table below shows the number of student physiotherapists entering training over the last four years. Physiotherapy courses have a very low attrition rates and very high translation of graduates into practice. We have modelled a need of over 2700 graduates a year since 2015/16 to meet service demand. Our modelling assumed that current EEA and overseas staff remain in the UK workforce. There is a clear disparity between the potential supply of newly qualified physiotherapists and the numbers required.

	2014/15	2015/16	2016/17	2017/18
England	1708	1822	1899	2035
Scotland	155	224	252	230
Wales	99	121	134	134
Northern Ireland	63	59	50	51
UK	2025	2226	2335	2450
Estimated shortfall at graduation	-	500	391	276
Cumulative estimated shortfall	-	500	891	1167

England is the primary source of new graduates. Historically there has been insufficient supply of new graduates to meet market needs. This was entirely due to under commissioning by Government. In 2017/18 England moved from Health Education England commissioning physiotherapy places and paying bursaries to an uncapped loans based system. There has been a welcome increase in physiotherapy degree (BSc and MSc) course provision in 2017/18 as a result of the removal of the cap on student places. However, this level of increase does not meet the levels our workforce data model predicts are required to meet service demands.

There are further risks to the English supply side. There is uncertainty over how pre-registration Master's degrees will be funded from 2018/19. Physiotherapy MScs are a significant route into the profession. There are also concerns about the practice education tariff. This supports services to provide the practice-based element of training. Expansion of courses is also subject to continuing public funding for teaching costs for higher-cost subjects such as physiotherapy.

The current funding arrangements rely on different funding streams from different government departments. This creates both added risk for universities and a challenge in co-ordinating action to safeguard workforce supply. Changing responsibilities between agencies creates uncertainty. Support for clinical professions where growth is most needed, including physiotherapy, needs to continue to be a focus as responsibilities move to the new Office of Students.

Northern Ireland directly commissions places and has cut them in recent years. Wales also commissions places but is trying to expand places, but has faced HEI capacity issues, which have so far limited the scale of expansion. Scotland does not directly commission places but there are controls on funding which limits places.

Degree level apprenticeships and return to practice initiatives may help to increase domestic supply. However, these are in their early stages of development and they will therefore not provide significant numbers of physiotherapists for many years.

We do expect to see, and support, the use of healthcare support workers to improve capacity in services by freeing up registered physiotherapists to perform those duties that only they can provide. However, significant use is already made of non-registered support staff working to registered healthcare professionals. This has been factored into our workforce modelling. Substitution of unregistered staff is not therefore going to address supply problems.

Overseas nationals will continue to be an important part of the solution to supply. Whilst physiotherapy has not seen organised worldwide recruitment, in the last 18 months we have heard of employers launching recruitment campaigns in the Republic of Ireland to try to address shortages in the UK.

### **3. What might the impact be if EEA physiotherapy workers were lost to the workforce?**

Removing EEA physiotherapists from the workforce could effectively double the scale of the recruitment problems facing physiotherapy services. Our best estimate for the EEA workforce in registered physiotherapy is at least 3,900 HCPC registered physiotherapists<sup>9</sup>. Our estimate of the current UK shortfall is around 4,000.

Lack of supply is already causing problems for services and patients. In some parts of the country we see long waiting times for physiotherapy. There is a strong patient care and financial case for the expansion of physiotherapy in prevention and primary care. Economic modelling has shown, for example, that £1 invested in physiotherapist led falls prevention services saves the NHS £4. Similarly, having first contact physiotherapists in GP practices has been shown to reduce demand on GPs, reduce referrals to acute services and cut the demand for expensive diagnostic tests. Yet we see delays to transformation of health services in some areas due to concern about a lack of physiotherapists to fill new roles.

### **4. Future visa system for EEA physiotherapists**

The CSP would be concerned if the existing Tier 2 visa system were applied to EEA physiotherapists. Tier 2 visa rules are already having a negative impact on workforce supply. We are seeing regular queries from individual members and managers about problems with overseas staff securing Tier 2 visas, despite the shortage of staff.

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<sup>9</sup> 7% of total qualified in the EEA including Ireland. In addition, there are 50-60 EEA physiotherapists or similar professionals who have made a declaration to the HCPC. It is not known how many registrants are EEA nations but qualified in the UK.

A growing problem is the inability to extend visas after five years due to the rising level of minimum salary required for renewal. The £35,000 minimum excludes all but the highest paid Band 6s and above in most parts of the UK. Health service pay has been artificially held down by the Government, which has exacerbated this problem. An extension of the same system to EEA nationals post Brexit would have negative impacts on the size of the workforce.

We would be happy to provide additional information to the MAC if required.

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## **ANNEX A – CSP Policy Position**

### Support for developing healthcare systems

There has long been international mobility amongst physiotherapists. This has enabled physiotherapists to work across the world and has encouraged the sharing of best practice internationally. Whilst we welcome the ability of physiotherapists to move between countries, the CSP believes that the UK should not be a net importer of physiotherapy professionals.

We support WCPT and WHO policies to protect developing healthcare systems from large-scale recruitment of healthcare professionals by developed healthcare economies. In the long-term the UK should meet its own workforce needs though training more physiotherapy staff.

We believe the UK has a responsibility to support physiotherapy education in developing health systems and to train overseas physiotherapists in the UK. Whilst the UK continues to rely on overseas physiotherapy staff, it is especially important that we support the development of physiotherapy internationally.

### Supporting overseas-qualified physiotherapists in the UK

We face a serious and immediate shortage of physiotherapists in the UK. Colleagues from around the world are vital to meeting the needs of patients. They are welcomed and supported by the CSP.

HCPC processes ensure that overseas-qualified physiotherapists practicing in the UK are safe, competent and equal to those trained in the UK. The CSP supports these processes.

Given the failure workforce planning to ensure adequate training of UK physiotherapists, the loss of overseas-qualified physiotherapists from the workforce will add particular pressure to services, affecting both the public and colleagues. We therefore support:

- the right of European physiotherapy professionals working in U.K. or Crown Dependencies to remain after the UK leaves the European Union.
- lowering of the salary level at which health workers are eligible for visa renewal beyond five years, to the national average salary.
- allowing overseas physiotherapy students who qualify at U.K. institutions to automatically be able to work in the U.K. after graduation.

We will keep under review the option of seeking shortage occupation listing for physiotherapy.

### UK physiotherapists and Europe

The prospect of the UK leaving the European Union could have negative implications for our members living or working in Europe and for their patients. We therefore support:

- the right of British physiotherapy professionals working in the EEA to remain in Europe after the UK leaves EU
- the continuation of the Common Travel Area between the Republic of Ireland, UK and Crown dependencies.