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Document type **INFORMATION**  
Reference **PD140**  
Issuing function **PRACTICE & DEVELOPMENT**  
Date of issue **APRIL 2022**

# Annual Quality Review 2020/2021

## UK Pre-registration Physiotherapy Education

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**THE CHARTERED SOCIETY OF PHYSIOTHERAPY**

14 Bedford Row, London WC1R 4ED, UK [www.csp.org.uk](http://www.csp.org.uk) Tel +44 (0)20 7306 6666 Email [enquiries@csp.org.uk](mailto:enquiries@csp.org.uk)



# Annual Quality Review of UK Pre-registration Physiotherapy Education, 2020/21

## Contents

Foreword .....	3
Part 1: Pre-registration Physiotherapy Education .....	4
1.0 HEIs offering CSP-accredited Pre-registration Physiotherapy programmes.....	4
2.0 Intake Figures .....	6
3.0 Retention/Attrition.....	6
4.0 Resources .....	7
Staff:Student Ratios.....	7
Practical Class Staff:Student Ratios .....	8
5.0 Pre-registration Outcomes .....	9
Degree Classification.....	9
Graduating Student Numbers .....	11
Postgraduate Programmes.....	12
6.0 Equity, Diversity and Belonging .....	13
Gender.....	13
Age .....	15
Ethnicity .....	17
Disability .....	21
Sexual Orientation .....	25
7.0 Comparing physiotherapy programmes .....	27
UNISTATS Data .....	27
Part 2: Annual Quality Review 2020/21 .....	32
Practice-Based Learning .....	32
Quality Enhancement theme .....	38



# Annual Quality Review of UK Pre-Registration Physiotherapy Education, 2020/21

## FOREWORD

Welcome to the fifteenth composite Annual Quality Review report. This report forms a central component of the Society's quality assurance and enhancement arrangements, utilising data acquired through programme providers' submission of the annual quality review process to provide a national profile of CSP-accredited programmes.

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

The report continues to reflect on quality enhancement, and the theme for 2020/21 was a reflection on the impact of the COVID-19 pandemic on pre-registration programmes.

It was an opportunity to detail some of the COVID-19 related changes that will influence your programme's longer-term delivery, e.g. use of online teaching methods and placement models.

Your feedback on this report is of value. Please forward any comments to [education@csp.org.uk](mailto:education@csp.org.uk).

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

CSP Education Team

## Part 1: Pre-registration Physiotherapy Education

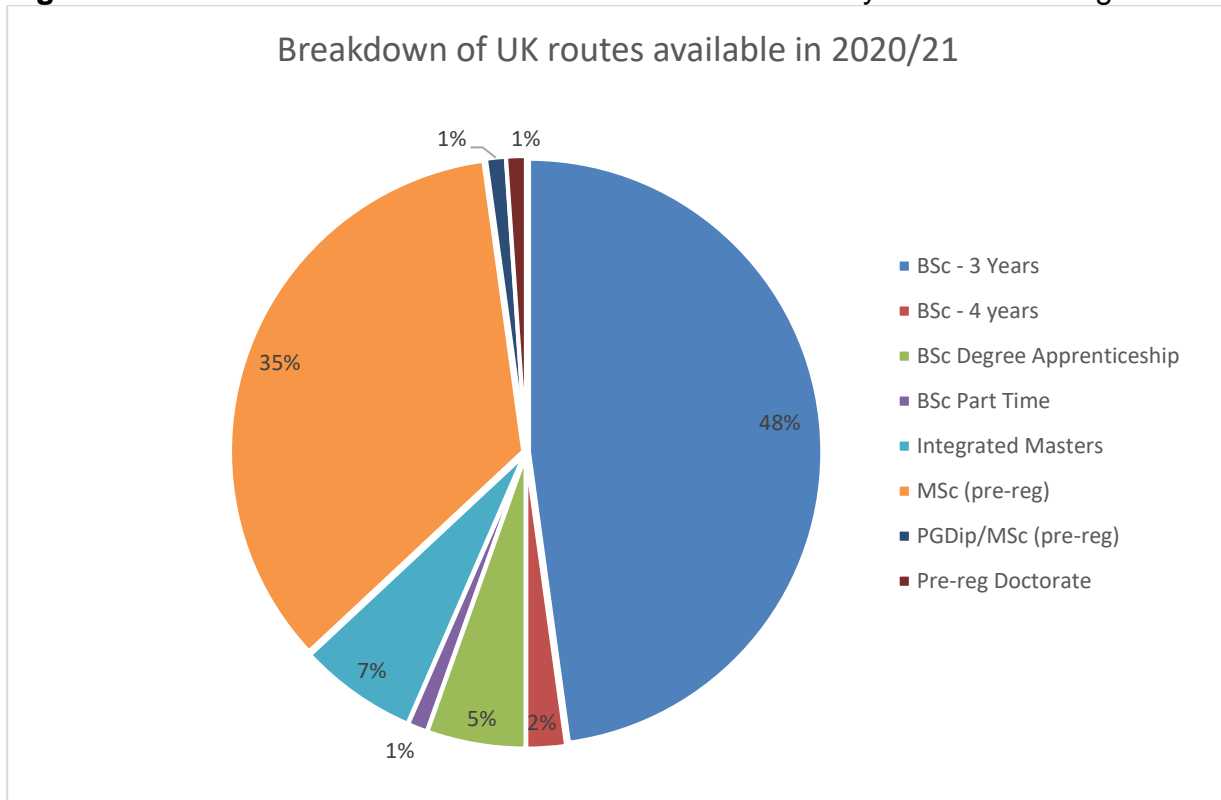
### 1.0 HEIs OFFERING CSP-ACCREDITED PRE-REGISTRATION PHYSIOTHERAPY PROGRAMMES

During the academic year 2020/2021, fifty-five higher education institutions (HEIs) in the UK offered ninety-two 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.

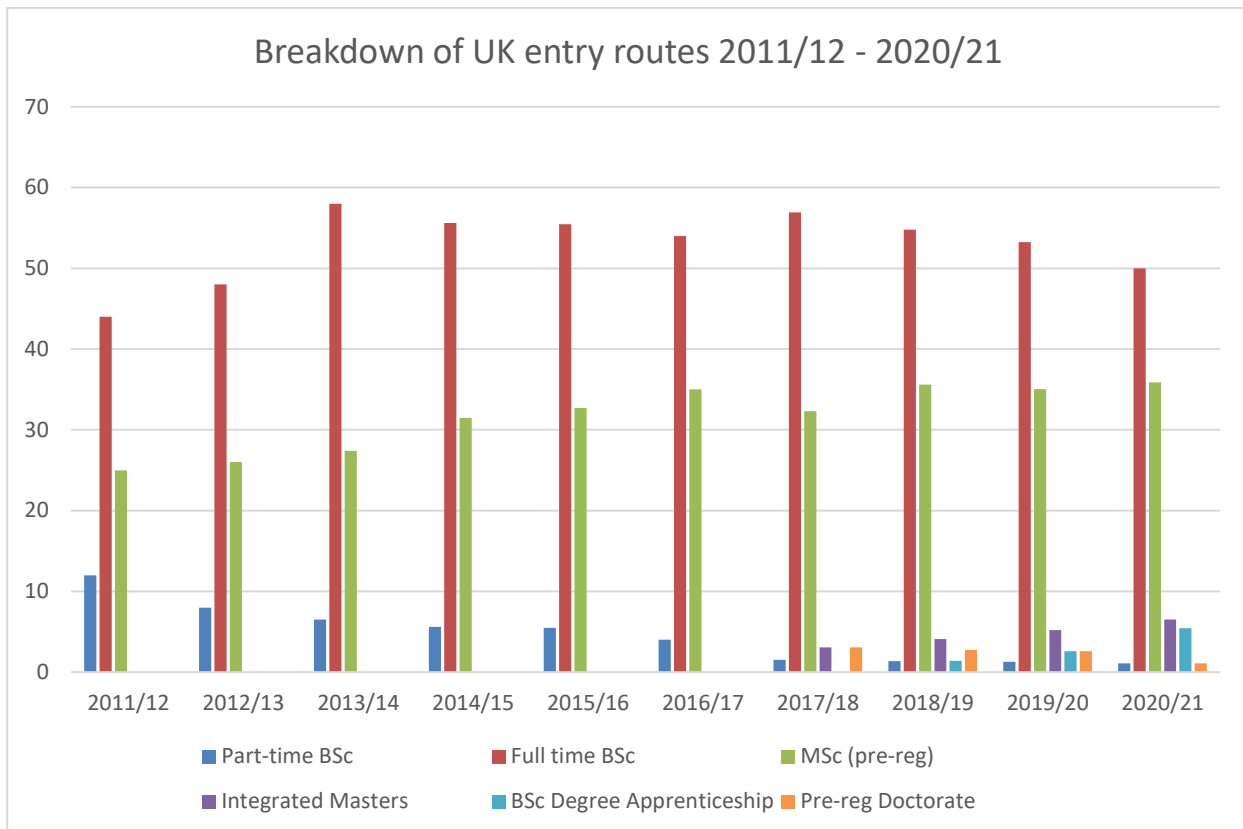
Physiotherapy pre-registration education is diversifying with an increasing number of entry routes into the profession. Pre-registration routes include:

- 3-year full-time, 4-year full-time in Scotland and part-time BSc (Hons) Physiotherapy programmes
- BSc degree apprenticeship
- MSc degree apprenticeship (pre-registartion)
- 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 1b**



**Figure 1b** shows the breakdown of UK entry routes from 2011/12 to 2020/21.

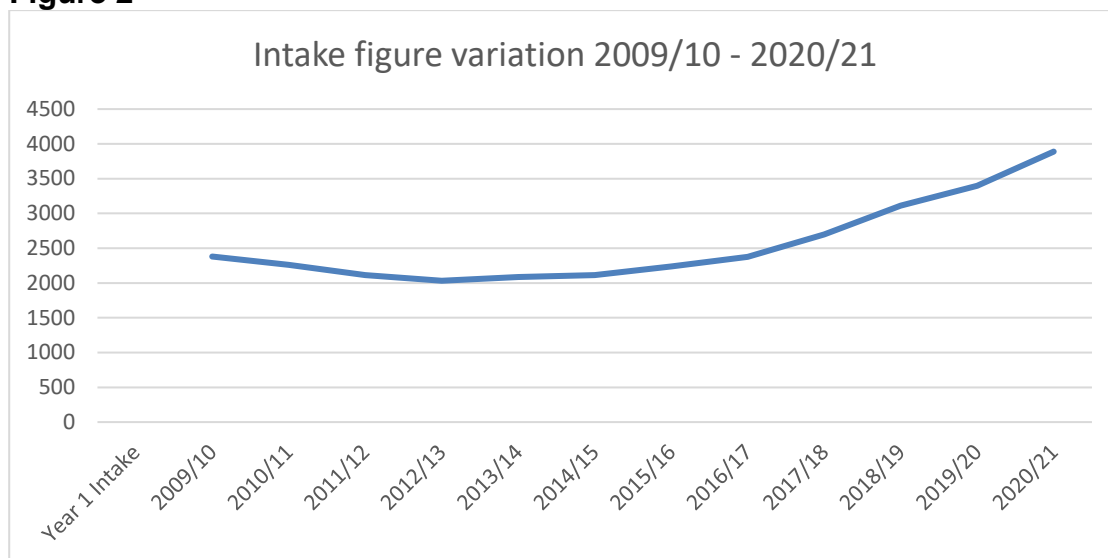
During this period, postgraduate pre-registration programmes have increased from 25% in 2011/12 to 37% in 2020/21. This is due to HEIs focusing on programmes at masters' and doctorate level, and to the workforce needing to meet the increasingly complex service and population/patient needs.

Full-time BSc routes have also increased from 44% in 2011/12 to 50% in 2020/21. Flexible and part-time routes have reduced from 12% in 2011/12 to 1.1% in 2020/21. Degree apprenticeships account for 5.4% in 2020/21, up by 4% 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 2020/21, student intake rose from 3,397 to 3889 and is the highest for the period shown.

Alongside this increase, it is 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 2020/21, student intake on postgraduate programmes was 905 compared to 820 in 2019/20, an increase of 10.4%.

Student intake on undergraduate programmes for 2020/21 was 2984, an increase of 13.6% from 2019/20 (2577).

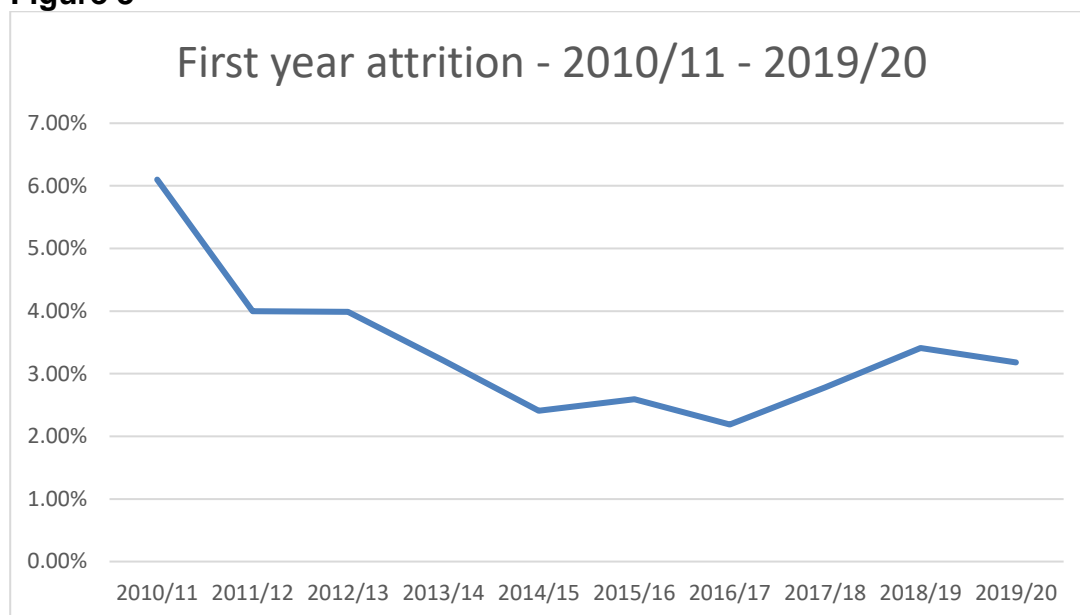
## 3.0 RETENTION/ATTRITION

Please note that the following section is a retrospective review of trends up until 2019/20. Data for 2020/21 will be available in the next report.

The number of students permanently withdrawing from all programmes in their first year was 3.18% in 2019/20 as shown in **Figure 3** (0.2% decrease on the previous year). The majority of permanent withdrawals in year 1 occurred on undergraduate programmes – 3.69% compared with 1.59% on post-graduate pre-registartion programmes in 2019/20. 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).

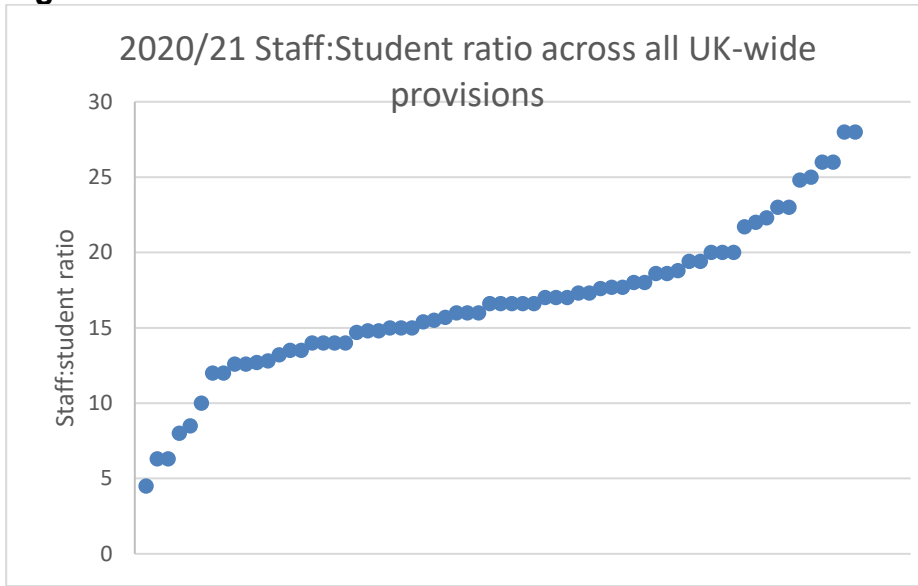
**Figures 4a** and **4b** below show the 2019/20 SSRs across physiotherapy pre-registration programme provision. Data was compiled from information received from HEIs and has been distilled anonymously. It therefore does not necessarily follow that institutions with particularly high SSRs in **Figure 4a** will have high SSRs for their practical classes.

**Figure 4b** shows the average ratios over the last seven years.

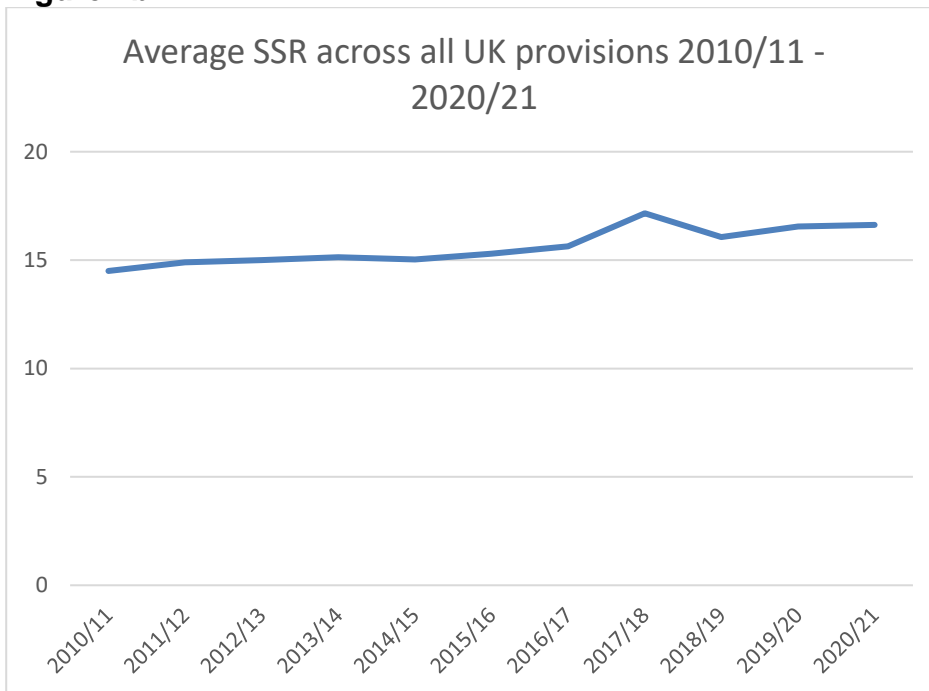
The UK-wide average has increased since last year, with a ratio of 1:16.62 per programme compared to 1:16.56 in 2019/20. CSP continues to recommend ratios are maintained around **15:1**, to ensure sufficient resourcing to support the programme and good student experience.

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**



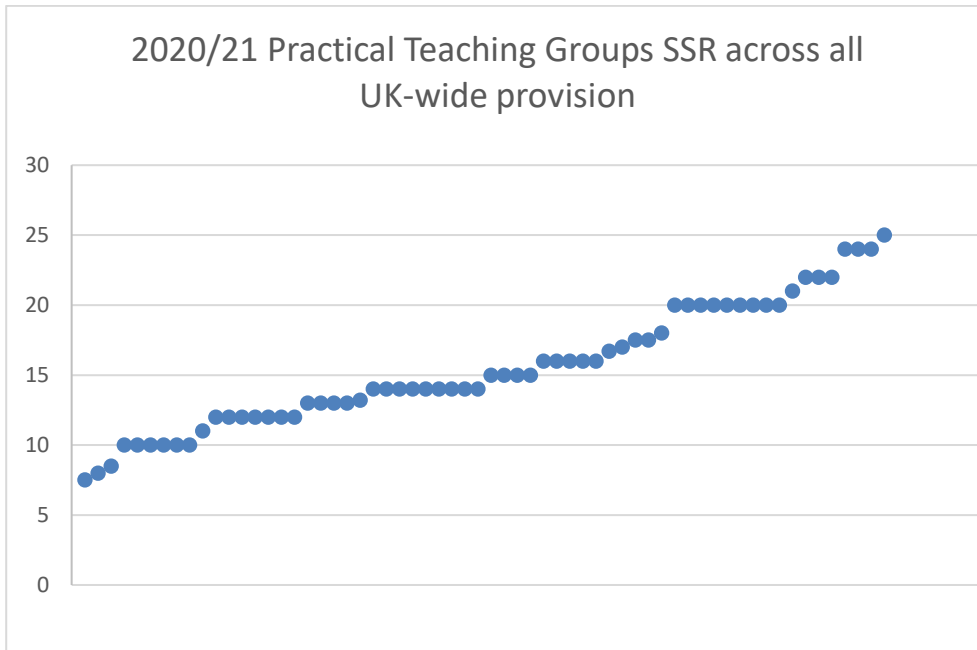
**Practical Class Staff:Student Ratios**

The average practical class SSR across the UK was 1:15.49. This compares to a ratio of 1:18.85 in 2019/20. **Figure 4c** shows the SSR in practical teaching groups across UK-wide provision. **Figure 4d** shows the SSR over the last eleven years.

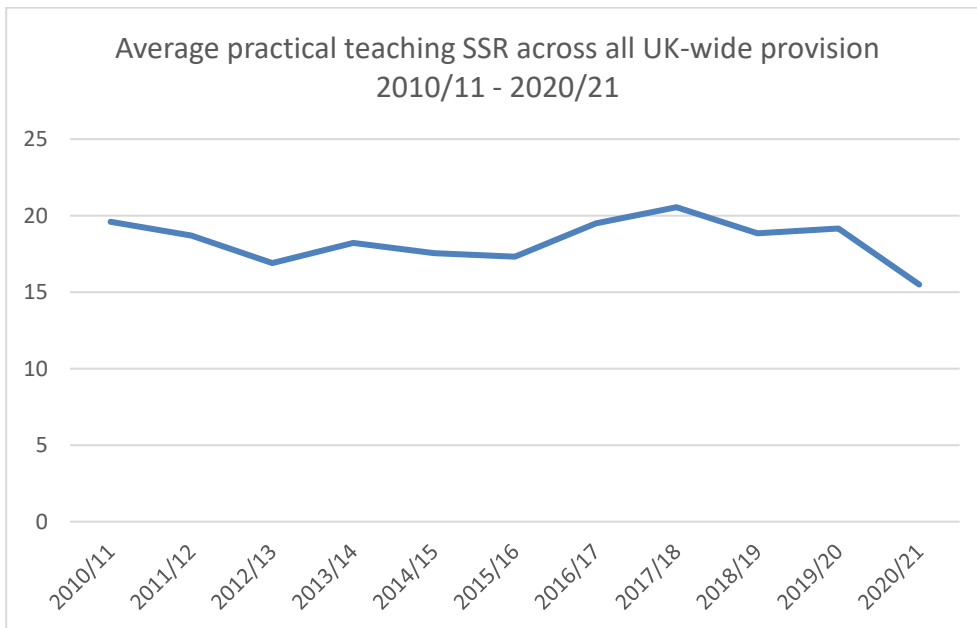
Again, CSP recommends ratios are maintained around 15:1 to ensure sufficient resourcing to support the programme and good student experience.



**Figure 4c**



**Figure 4d**



## 5.0 PRE-REGISTRATION OUTCOMES

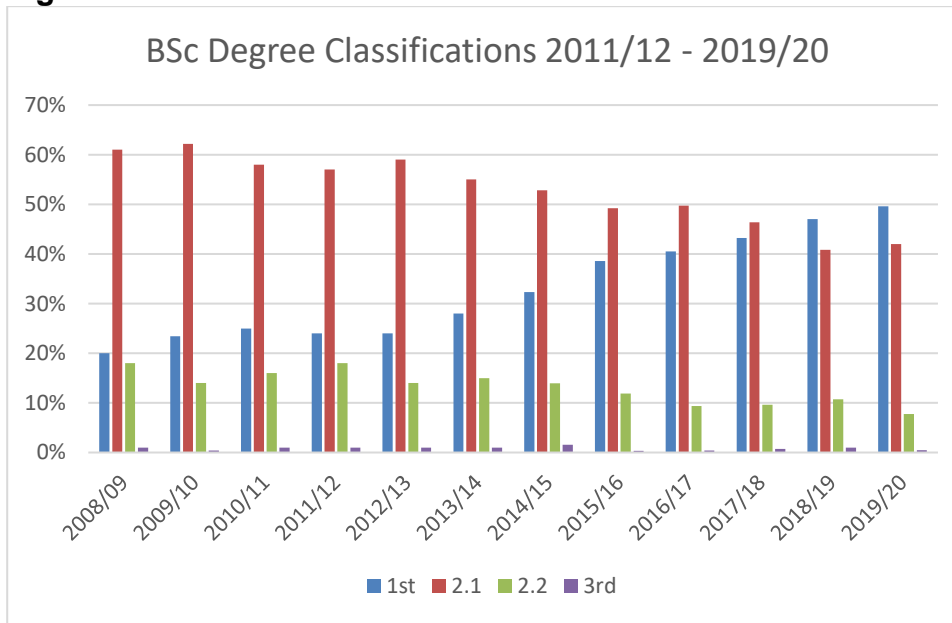
### Degree Classification

**Figure 5a** shows the proportion of degree classifications awarded on undergraduate physiotherapy programmes since 2011/12 to 2019/20, the latest year for which information could be provided at the time of data acquisition. For 2019/20, 50% of graduates from

undergraduate programmes were awarded first-class and 42% upper-second degrees compared to 47% in 2018/19 and 41% respectively.

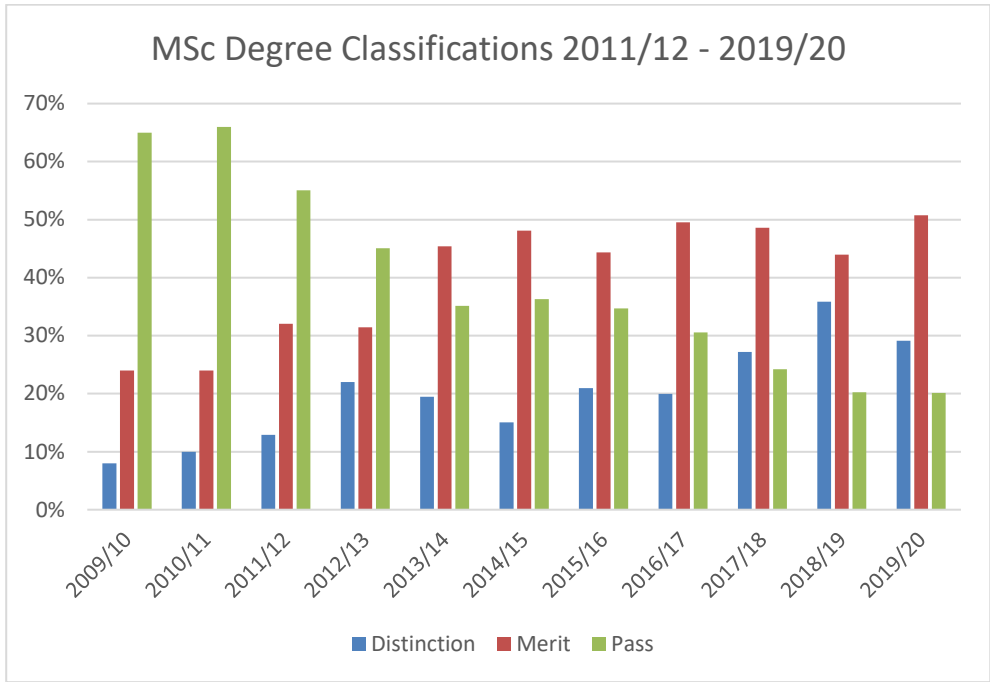
The proportion of first class awards is 22% above the national average for UK programmes (as reported by (HESA): **Data and analysis 2018/19 - Students and graduates.**

**Figure 5a**



For pre-registration postgraduate qualifications, the percentage of students achieving a distinction decreased by 7% in 2019/20 (29%) compared to 36% in 2018/19. 51% graduated with a merit degree classification, 5% more than in 2018/19 (44%). 20% achieved a pass degree classification, the same as 2018/19.

Figure 5b shows a changing trend of award classifications since 2009/10.

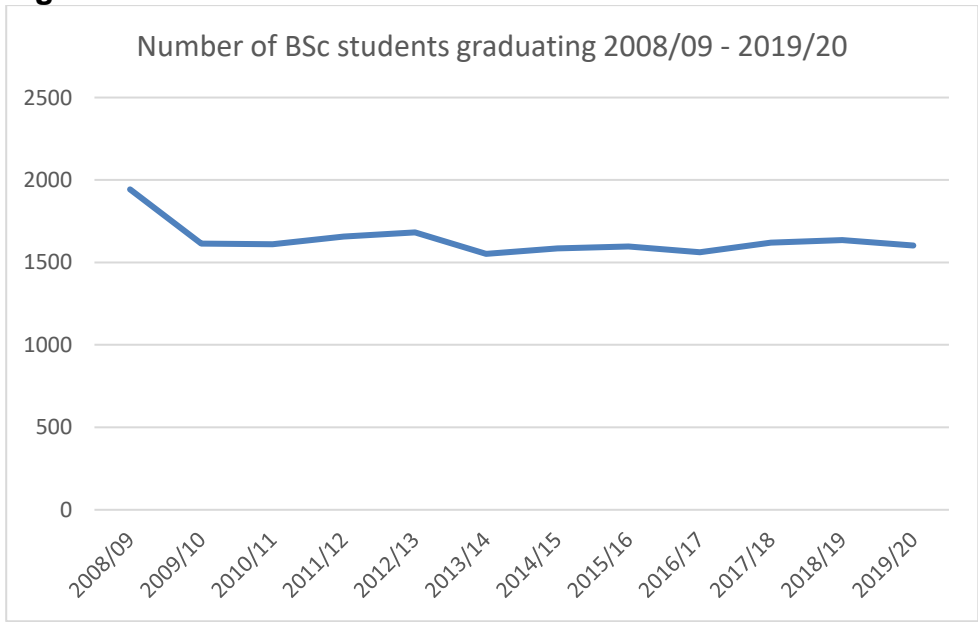


**Graduating Student Numbers**

**BSc (Hons) Programmes**

Figure 5c shows a decrease in the number of students graduating from pre-registration BSc (Hons) Physiotherapy programmes to 1602 in 2019/20 from 1636 in 2018/19.

Figure 5c

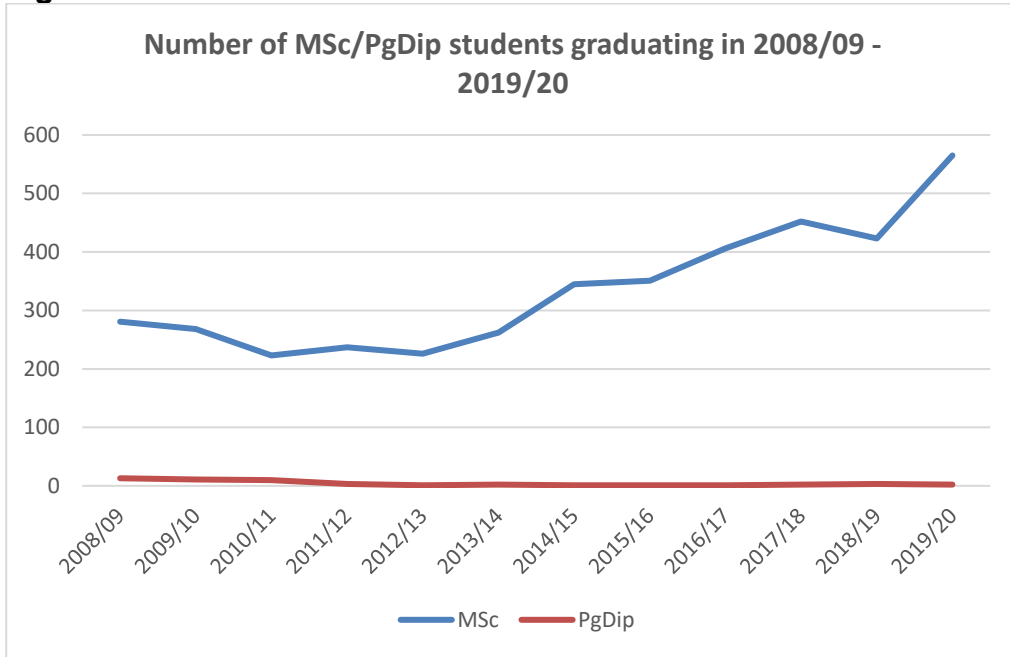


### Postgraduate Programmes

**Figure 5d** shows an overall increase of the number of students graduating from postgraduate pre-registration programmes. In 2019/20 565 graduated with an MSc, compared to 423 in 2018/19.

2 students graduated with a postgraduate diploma in 2019/20, rather than an MSc.

**Figure 5d**



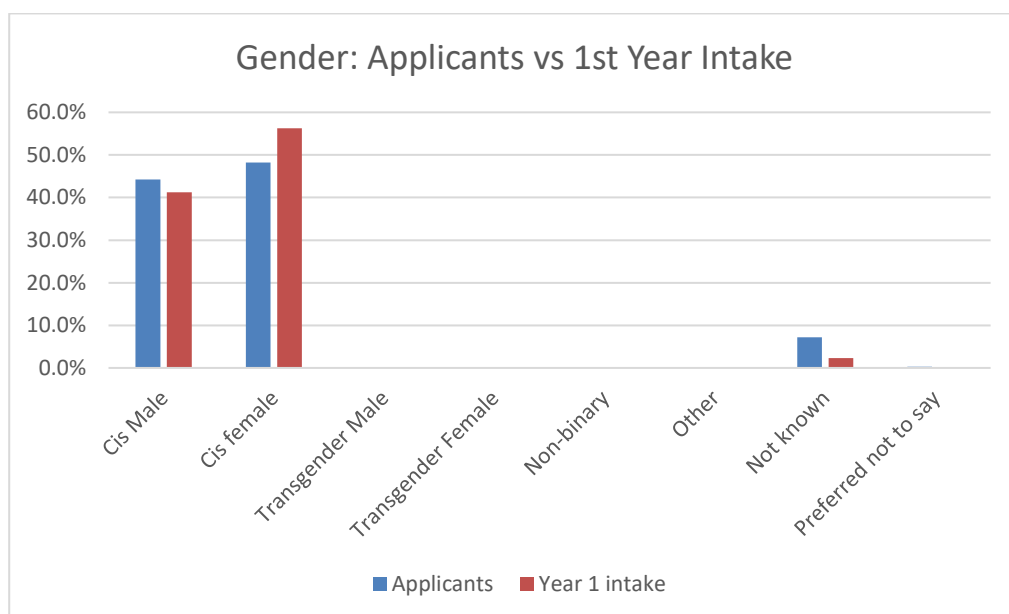
## 6.0 EQUITY, DIVERSITY AND BELONGING

The following section provides insight into the gender, age, ethnicity, disability and sexual orientation profile of year one physiotherapy learners in 2020/21 and applicants for the same intake year. We also look at the profile of year one attrition and graduates for 2019/20. Please note that some programmes could not provide information on various groupings due to the reporting mechanisms at their institution. Therefore the percentages are for information received rather than the whole student population.

### Gender

**Figure 6a** shows the gender breakdown of year one learners for 2020/21 against applicants for that year. 41% of year one learners are cis male, whereas 56% are cis female. In addition, 44% of applicants were cis male compared to 48% from cis female applicants.

**Figure 6a**

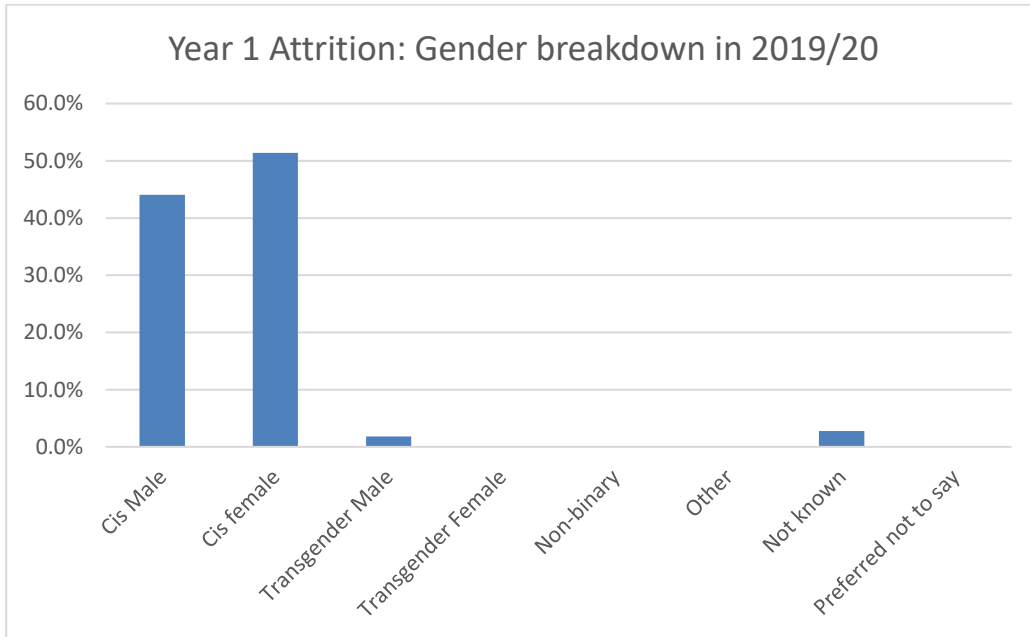


**Key for Figure 6a**

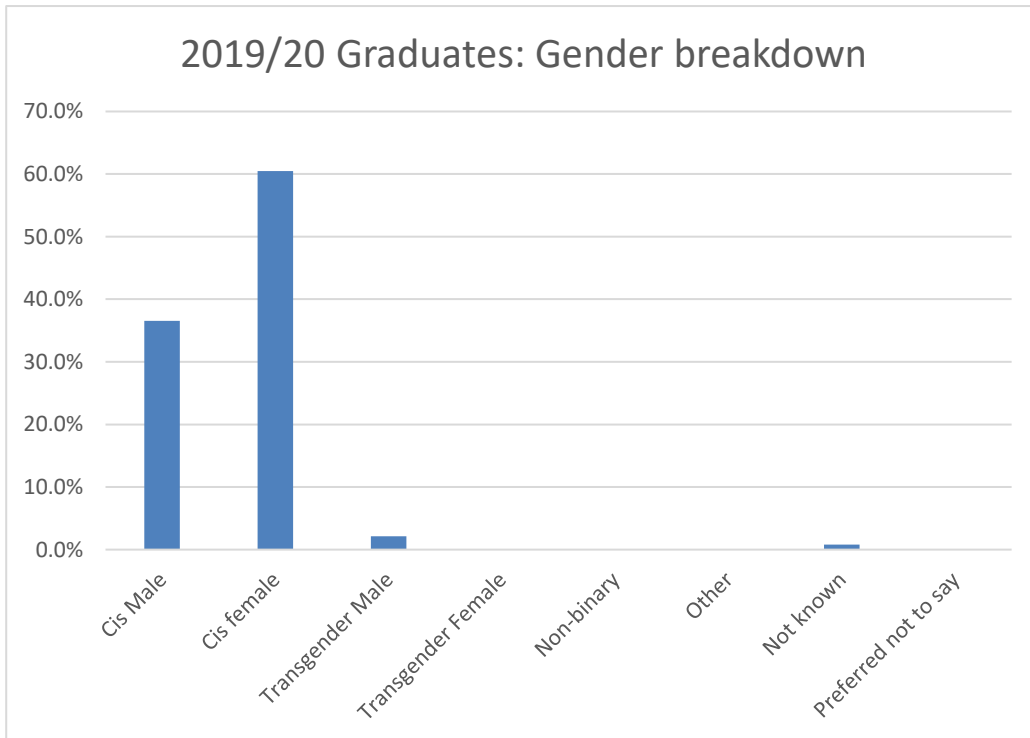
	Applicants	Year 1 intake
Cis Male	44.3%	41.3%
Cis female	48.3%	56.3%
Transgender Male	0.0%	0.0%
Transgender Female	0.0%	0.0%
Non-binary	0.0%	0.0%
Other	0.0%	0.1%
Not known	7.2%	2.3%
Preferred not to say	0.3%	0.1%



**Figure 6b** shows the gender breakdown for learners who left their programme in 2019/20, of which 44% were cis male and 51% cis female.



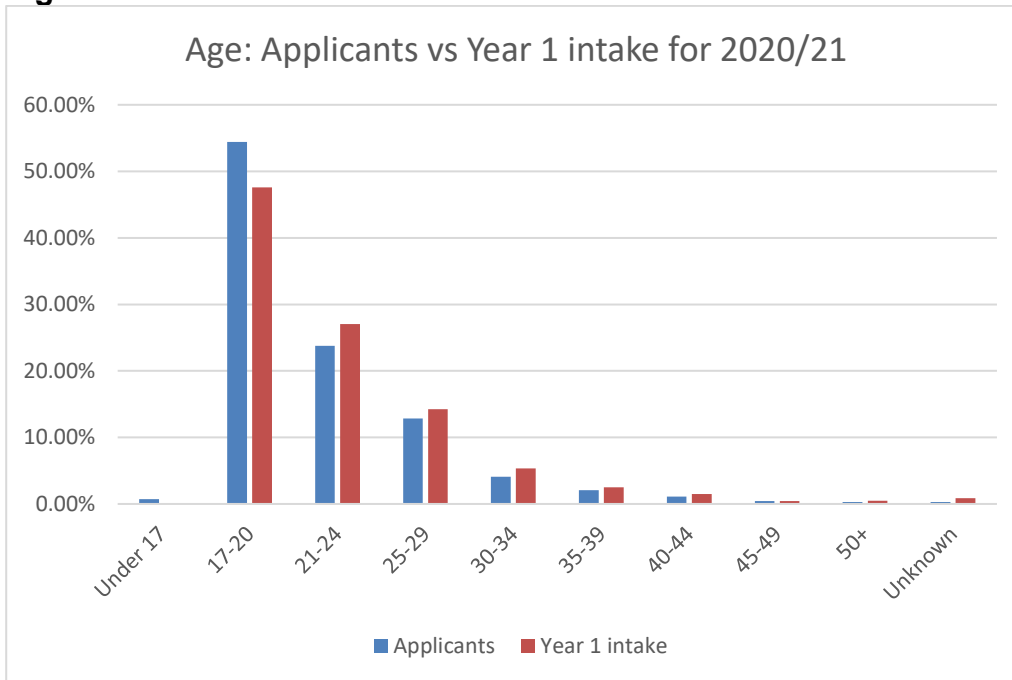
**Figure 6c** shows the gender profile for 2019/20 graduates, of which 36.5% were cis male and 60.5% cis female.



**Age**

**Figure 6d** shows the age breakdown of year one intake for 2020/21 against applicants for that year. 48% of year one learners were aged 17-20, compared to 54% for the same age group.

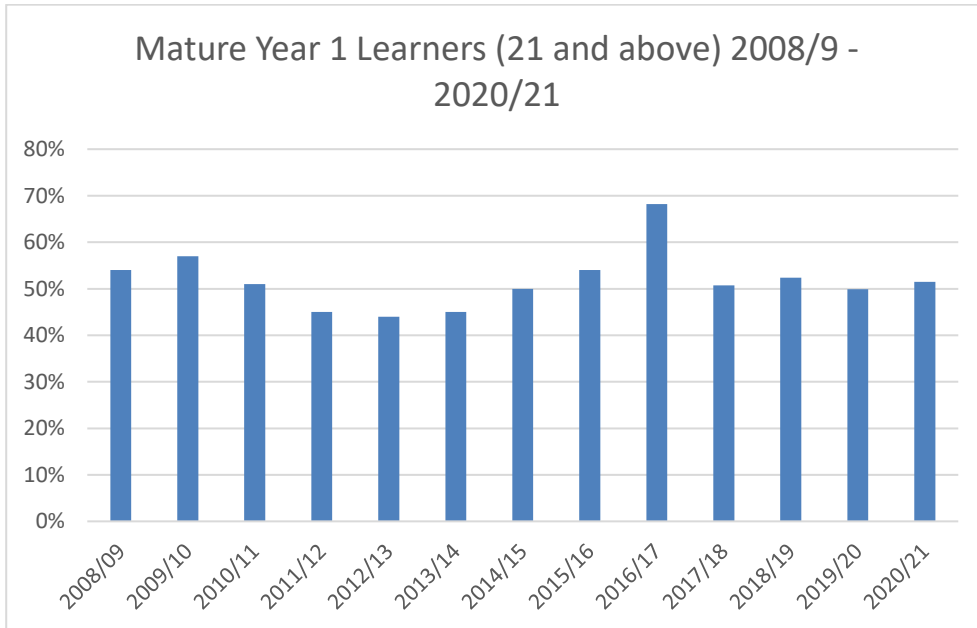
**Figure 6d**



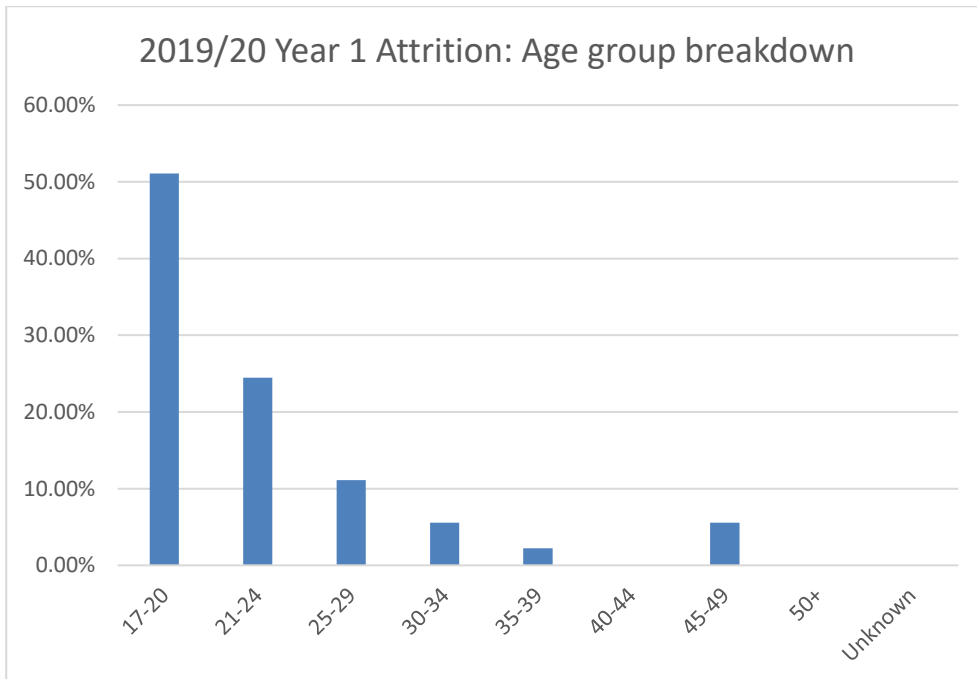
**Key for Figure 6d**

	Applicants	Year 1 Intake
Under 17	0.71%	
17-20	54.40%	47.59%
21-24	23.75%	27.07%
25-29	12.84%	14.24%
30-34	4.11%	5.33%
35-39	2.08%	2.52%
40-44	1.12%	1.48%
45-49	0.41%	0.44%
50+	0.29%	0.47%
Unknown	0.28%	0.86%

**Figure 6e** shows the percentage of year 1 learners aged 21 and above from 2008/9 to 2020/21.

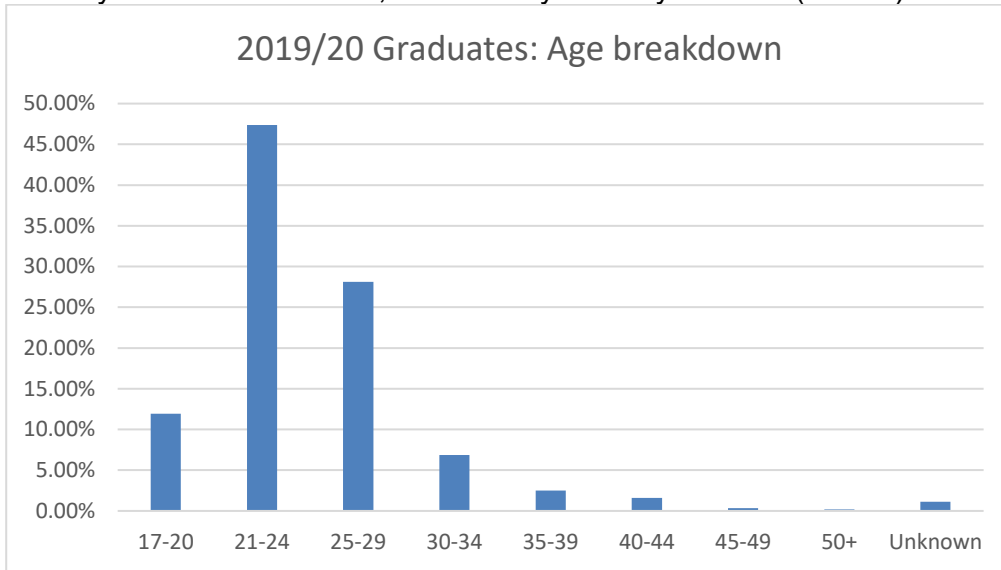


**Figure 6f** shows of the learners who left their programme in 2019/20, 51% were aged 17-20.





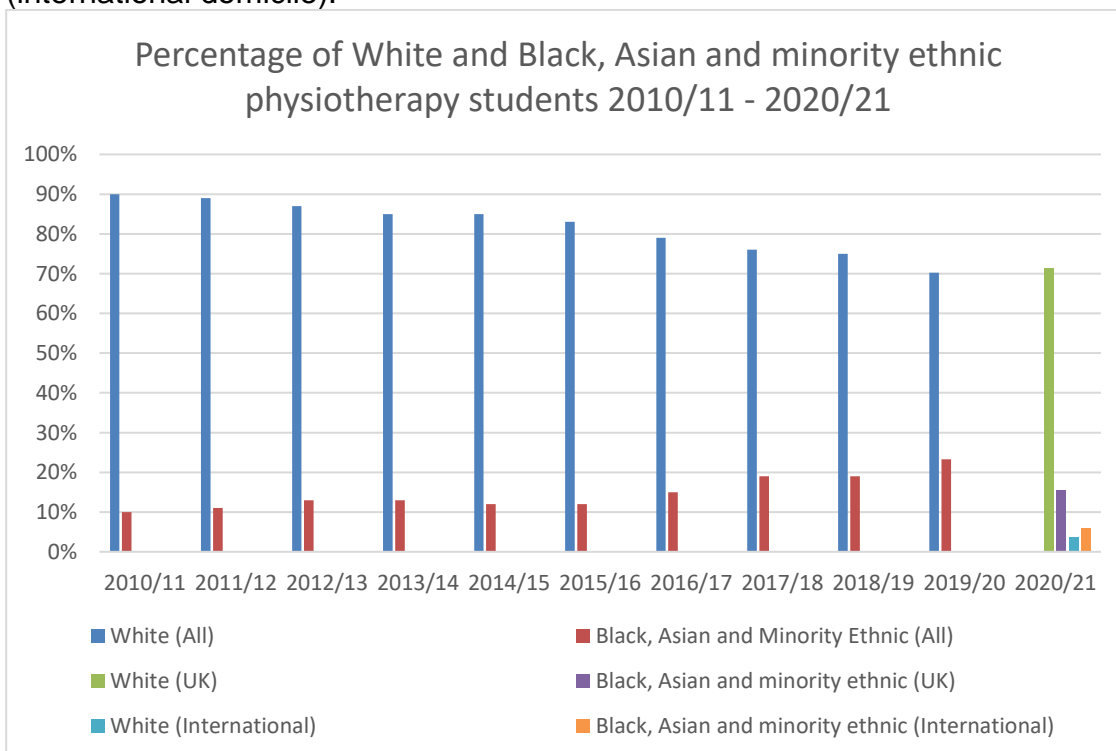
**Figure 6g** shows the age groupings for 2019/20 graduates, and the largest age group was 21-24 years olds at 47.4%, followed by 25-29 year olds (28.1%).



### Ethnicity

UCAS ethnicity codes have been used and these reflect the classifications used in the 2011 census. From 2020/21, ethnicity reporting will separate for UK domicile learners will from international domicile learners.

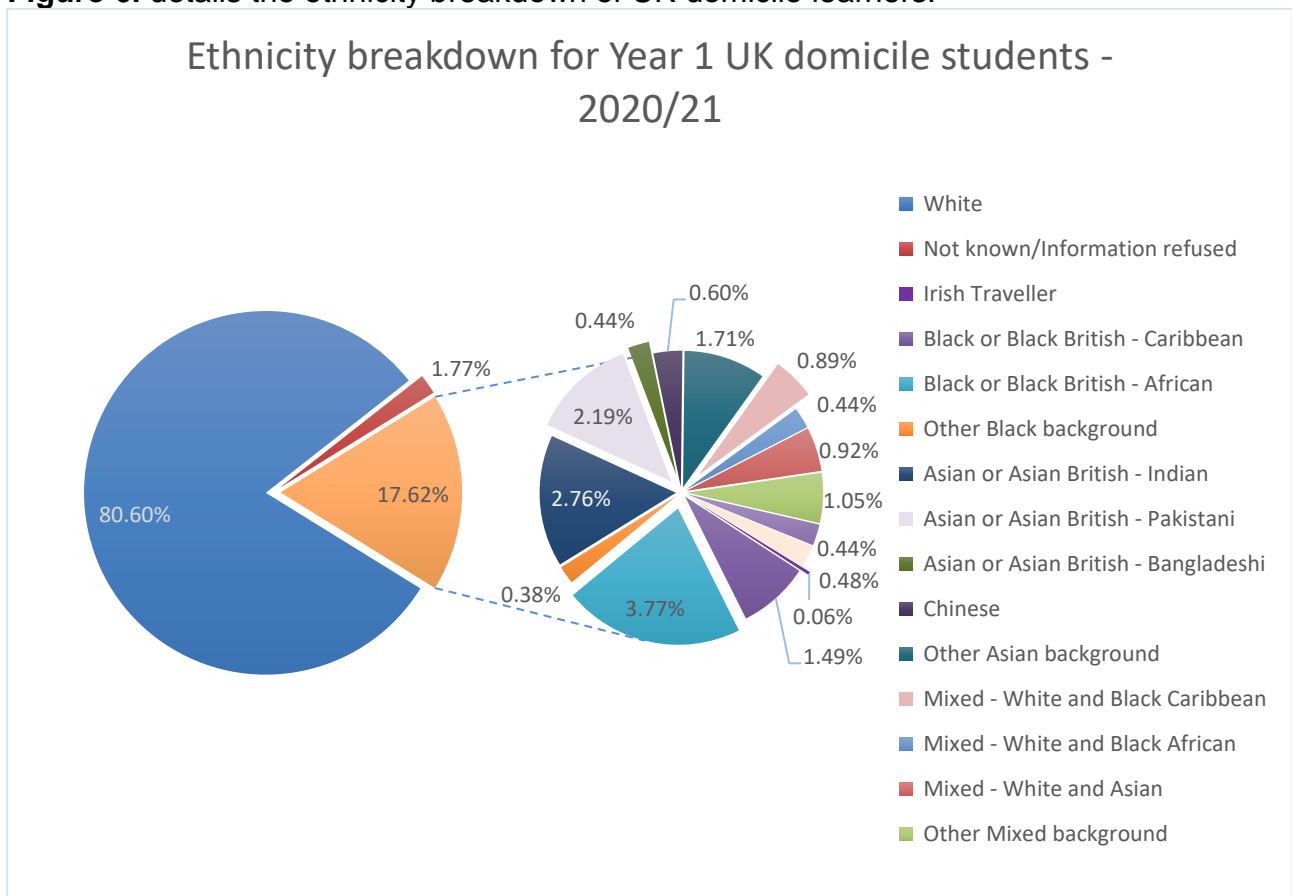
**Figure 6h** shows the percentage of White, Black, Asian and minority ethnic first-year learners from 2010/11 to 2020/21. For 2020/21, 71.3% of all learners were White (UK domicile), and 15.5% were Black, Asian and minority ethnic (UK domicile). In addition, 3.6% were White (international domicile), and 5.9% were Black, Asian and minority ethnic (international domicile).



It is encouraging to note an increase of ethnic diversity amongst the physiotherapy student population from 2010/11. 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 26% of all first year student in the UK are from BAME backgrounds.

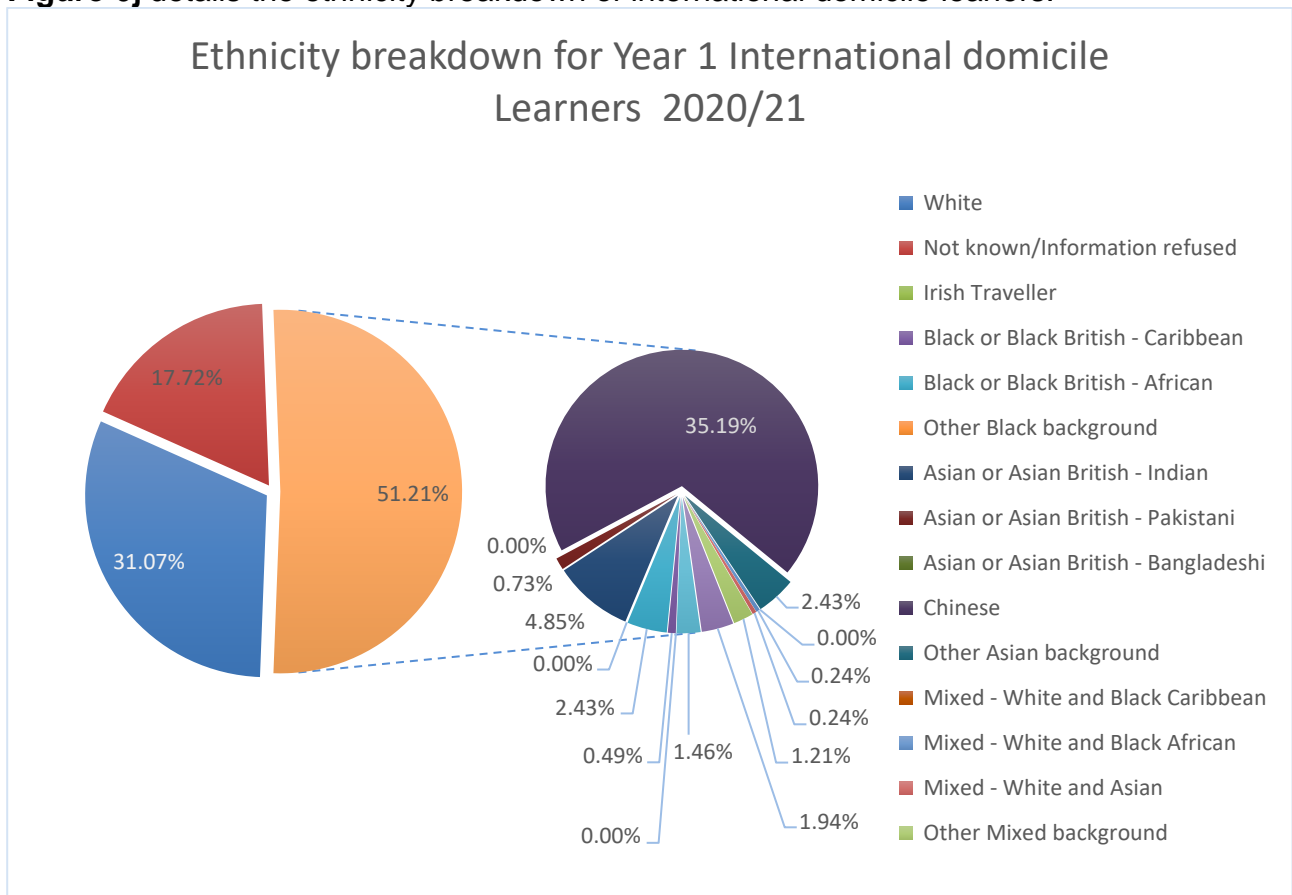
Figure 6i details the ethnicity breakdown of UK domicile learners.



**Key to Figure 6i**

White	81%	Other Asian background	2%
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	4%	Mixed - White and Asian	1%
Other Black background	0%	Other Mixed background	1%
Asian or Asian British - Indian	3%	Arab	0%
Asian or Asian British - Pakistani	2%	Other Ethnic background	0%
Asian or Asian British - Bangladeshi	0%	Not known/Information refused	2%
Chinese	1%		

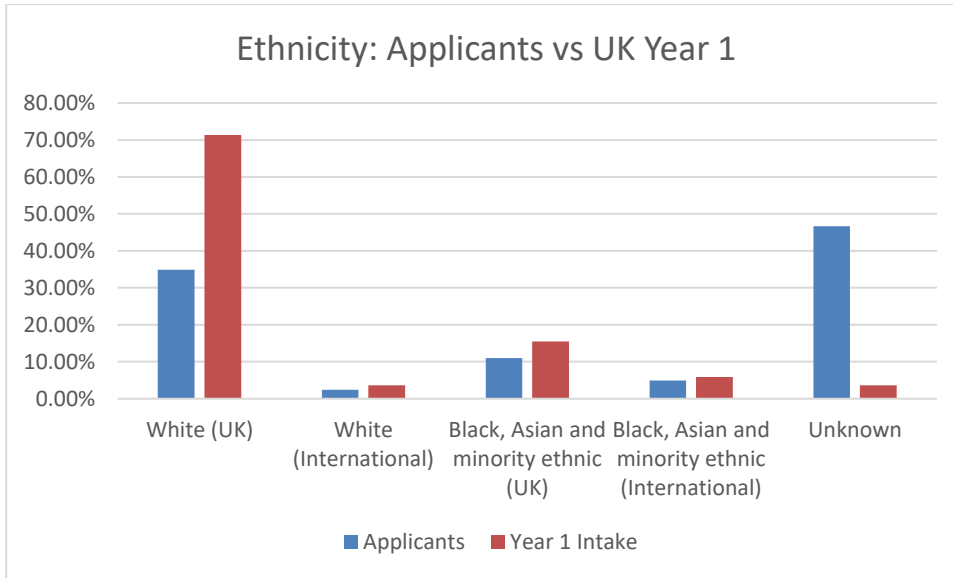
Figure 6j details the ethnicity breakdown of international domicile learners.



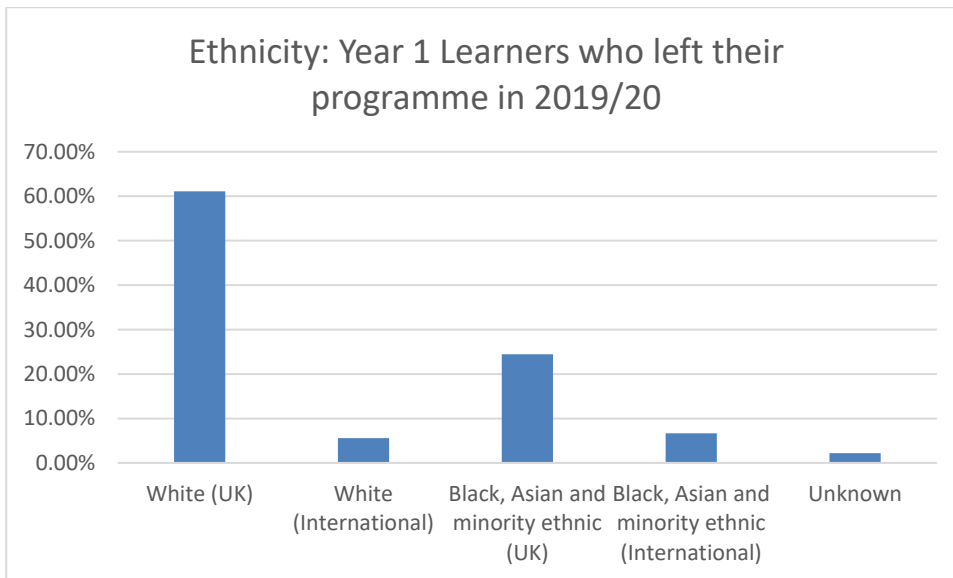
**Key to Figure 6j**

White	31%	Other Asian background	2%
Irish Traveller	0%	Mixed - White and Black Caribbean	0%
Black or Black British - Caribbean	0%	Mixed - White and Black African	0%
Black or Black British - African	2%	Mixed - White and Asian	0%
Other Black background	0%	Other Mixed background	1%
Asian or Asian British - Indian	5%	Arab	2%
Asian or Asian British - Pakistani	1%	Other Ethnic background	1%
Asian or Asian British - Bangladeshi	0%	Not known/Information refused	18%
Chinese	35%		

**Figure 6k** shows the ethnicity breakdown of year one intake for 2020/21 against applicants for that year. For applicants, 34.9% were White (UK domicile), 11% were Black, Asian and minority ethnic (UK domicile), 2.5% White (international domicile), 5% Black, Asian and minority ethnic (international domicile) and 46.7% were unknown.

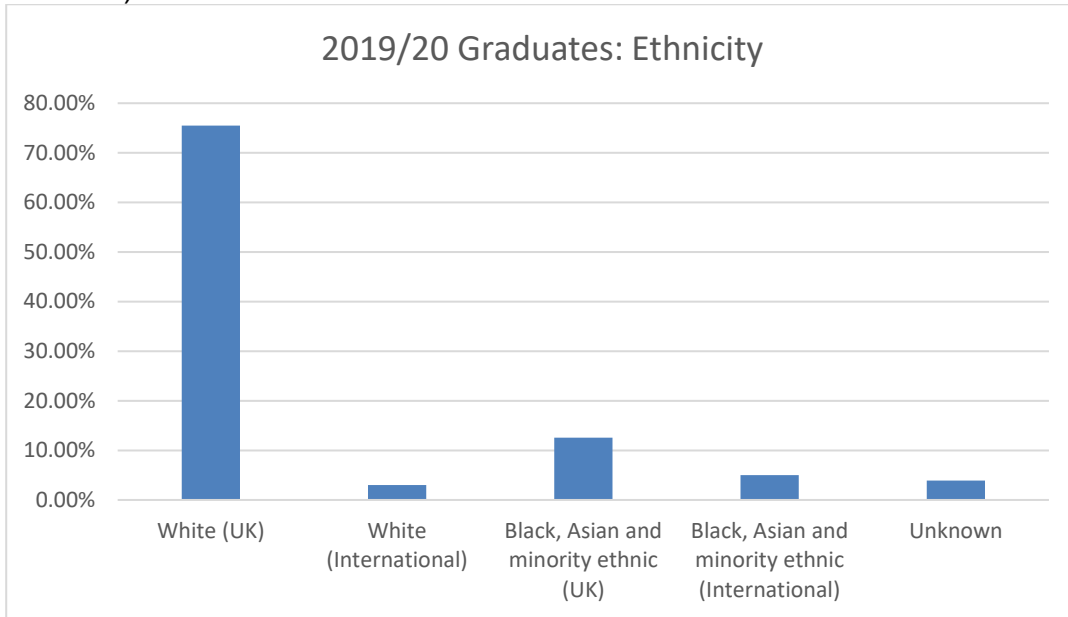


**Figure 6l** shows the ethnicity breakdown for the learners who left their programme in 2019/20. 24% were Black, Asian and minority ethnic (UK domicile) compared to 61% White (UK domicile).



When comparing the percentage difference between intake versus attrition, figures suggest more UK domicile Black, Asian, and minority ethnic learners leave within one year. In instances where this is the case, programme teams are encouraged to explore the reasons behind this and consider measures to help mitigate for this.

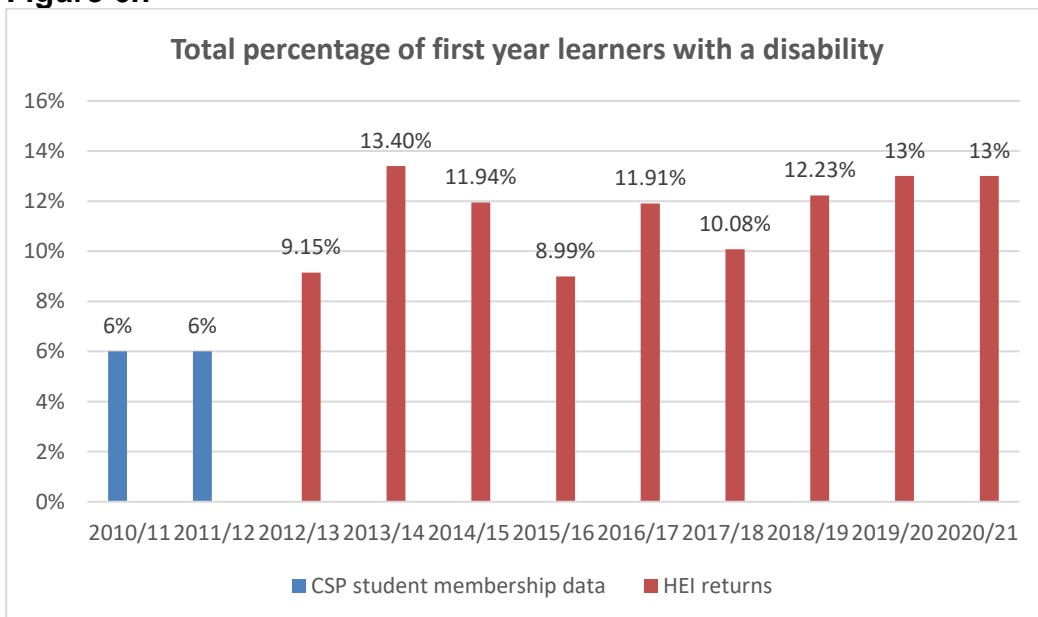
**Figure 6m** shows the ethnicity breakdown for 2019/20 graduates, showing White (UK domicile) students



### Disability

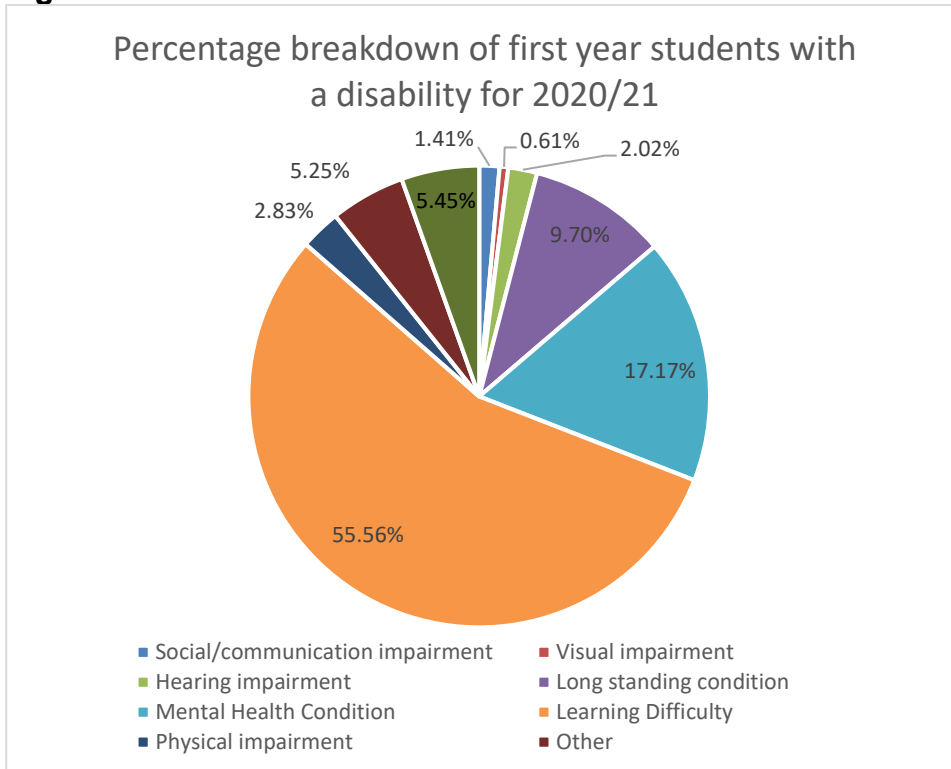
The criteria used for identifying disability trends among physiotherapy student cohorts are those used by UCAS. **Figure 6n** shows that the percentage of first-year students disclosing a disability has remained the same from 2019/20 to 2020/21 at 13%. Before 2012/13, CSP membership data was used, and figures stood at a consistent 6%.

**Figure 6n**

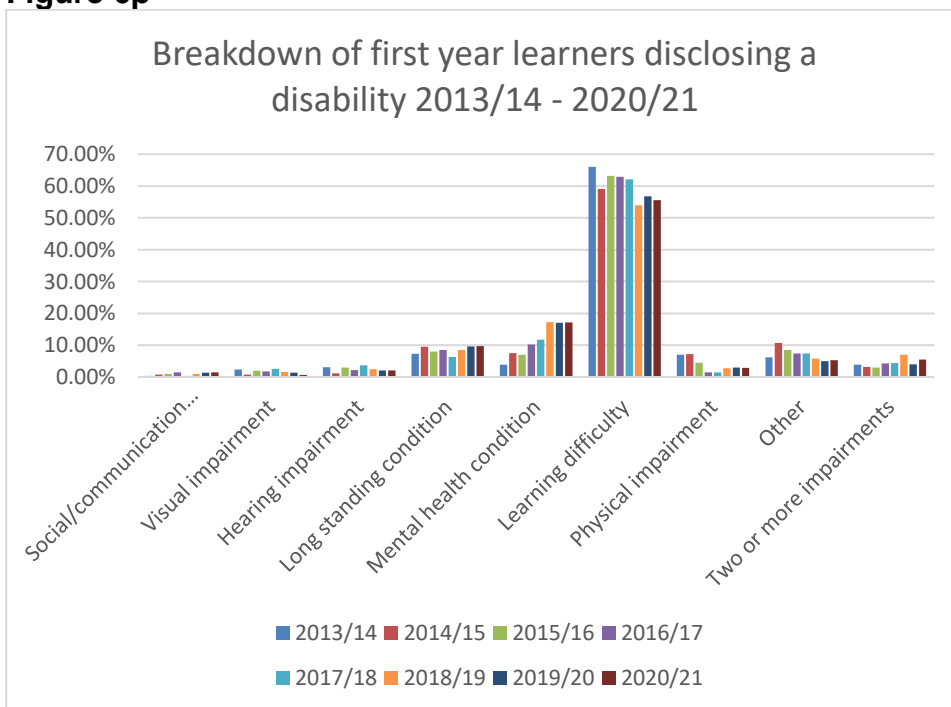


As shown in **Figure 6o**, 55.6% of students who disclosed a disability were reported as having a learning difficulty in 2019/20. Data suggests that most of these students made a disclosure of dyslexia. As demonstrated by **Figure 6p** there has been no significant change in the overall profile of disabilities reported by students since 2013/14.

**Figure 6o**



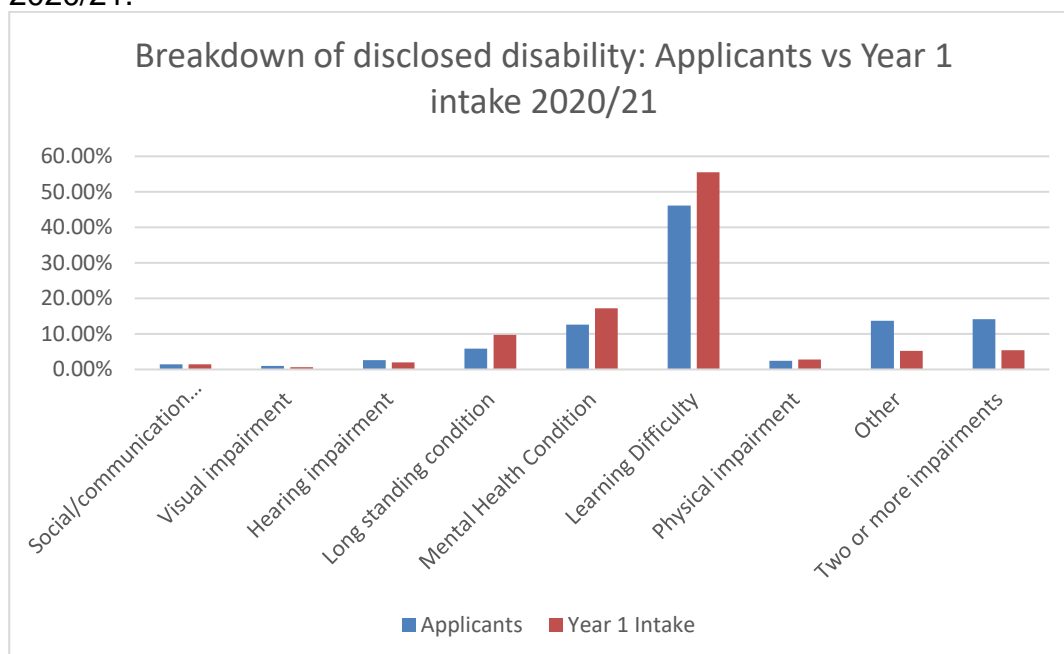
**Figure 6p**



**Key to Figure 6p**

	2018/19	2019/20	2020/21
Social/communication impairment	0.9%	1.4%	1.4%
Visual impairment	1.5%	1.4%	0.6%
Hearing impairment	2.4%	2.1%	2.0%
Long standing condition	8.5%	9.6%	9.7%
Mental health condition	17.3%	17.1%	17.2%
Learning difficulty	53.9%	56.7%	55.6%
Physical impairment	2.7%	3.0%	2.8%
Other	5.8%	5.0%	5.3%
Two or more impairments	7.0%	4.0%	5.5%

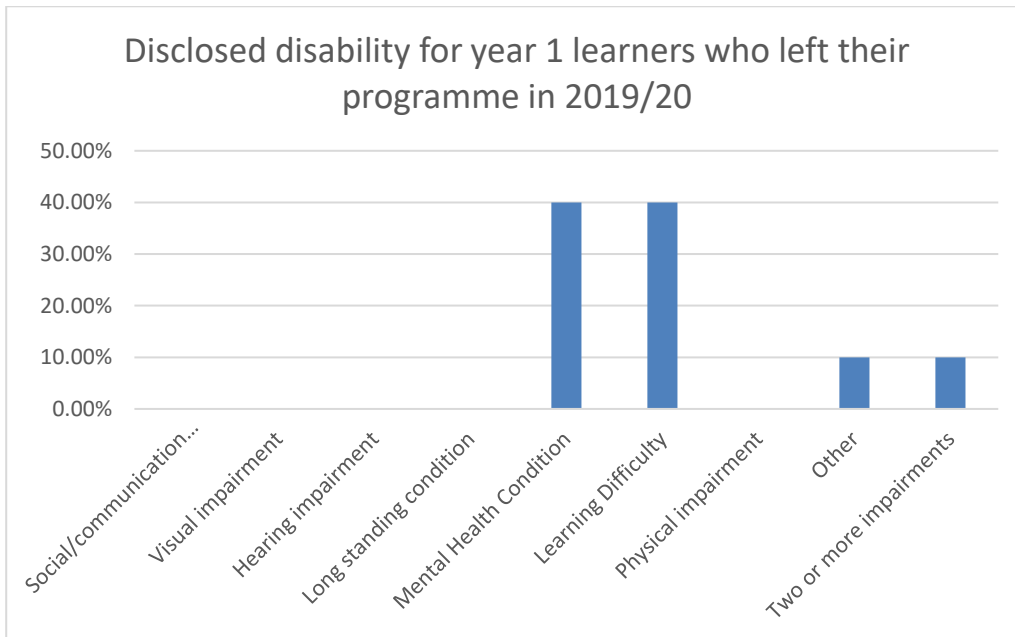
**Figure 6q** details the disabilities disclosed for applicants against year 1 learners for 2020/21.



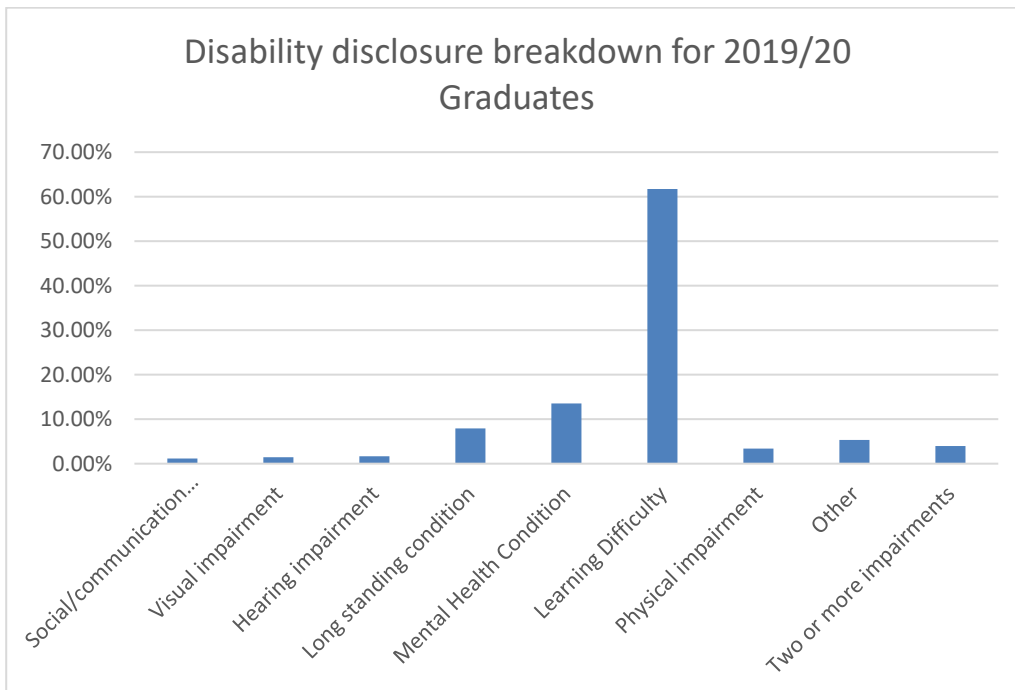
**Key for Figure 6q**

Disability	Applicants	Year 1 Intake
Social/communication impairment	1.42%	1.41%
Visual impairment	1.01%	0.61%
Hearing impairment	2.63%	2.02%
Long standing condition	5.88%	9.70%
Mental Health Condition	12.61%	17.17%
Learning Difficulty	46.15%	55.56%
Physical impairment	2.43%	2.83%
Other	13.73%	5.25%
Two or more impairments	14.13%	5.45%

**Figure 6r** shows the disclosed disabilities for year 1 learners who left their programme in 2019/20. 40% had a mental health condition, 40% a learning difficulty, 10% with two or more impairments and 10% were other disabilities or conditions.



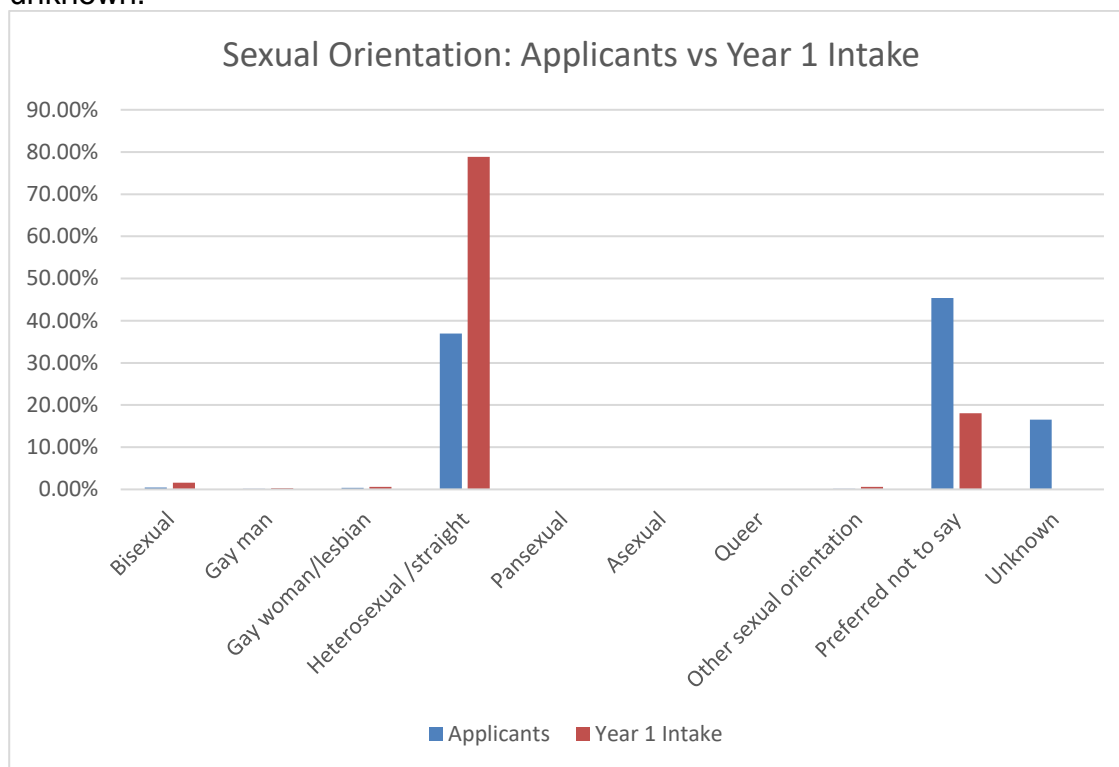
**Figure 6s** shows the age groupings for 2019/20 graduates, and the largest age group was 21-24 years olds at 47.4%





## Sexual Orientation

**Figure 6t** shows the sexual orientation of applicants for 2020/21 versus the year 1 learners intake for the same year. 79% of first year learners were heterosexual and 18.1% preferred not to say. Whereas for the applicants, 45% preferred not to say and 16.6% unknown.

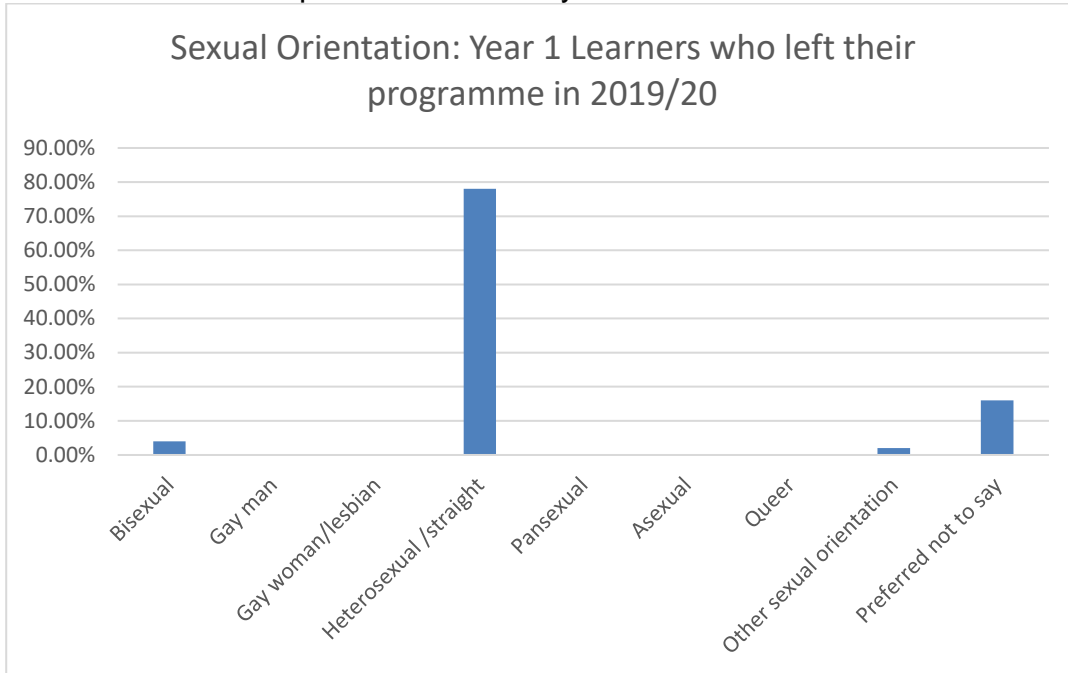


### Key for Figure 6t

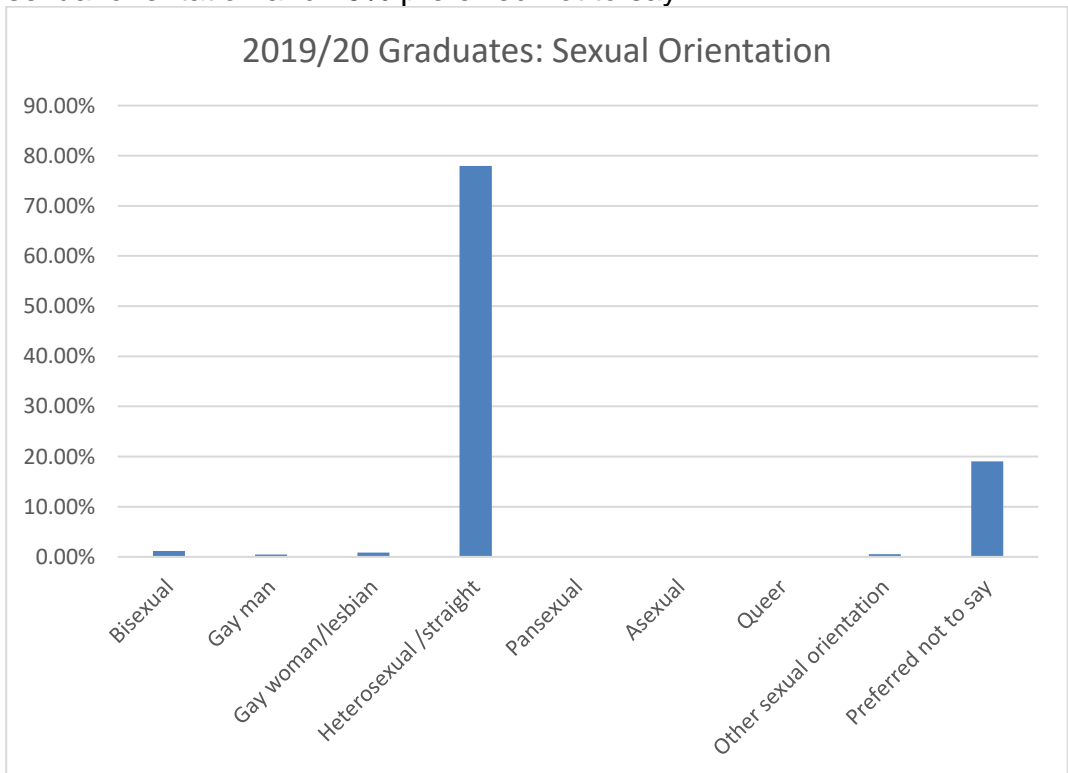
Sexual Orientation	Applicants	Year 1 Intake
Bisexual	0.5%	1.6%
Gay man	0.2%	0.3%
Gay woman/lesbian	0.3%	0.6%
Heterosexual/straight	36.9%	78.9%
Pansexual	0.0%	0.0%
Asexual	0.0%	0.0%
Queer	0.0%	0.0%
Other sexual orientation	0.1%	0.6%
Preferred not to say	45.4%	18.1%
Unknown	16.6%	



**Figure 6u** sexual orientation breakdown for the learners who left their programme in 2019/20. 78% of learners who left were heterosexual, 4% bisexual, 2% other sexual orientation and 16% preferred not to say.



**Figure 6v** shows the sexual orientation for 2019/20 graduates. 78% graduates were heterosexual, 1% bisexual, 0.4% were gay men, 0.9 were gay women/lesbian, 0.5% other sexual orientation and 19% preferred not to say.



## 7.0 COMPARING PHYSIOTHERAPY PROGRAMMES

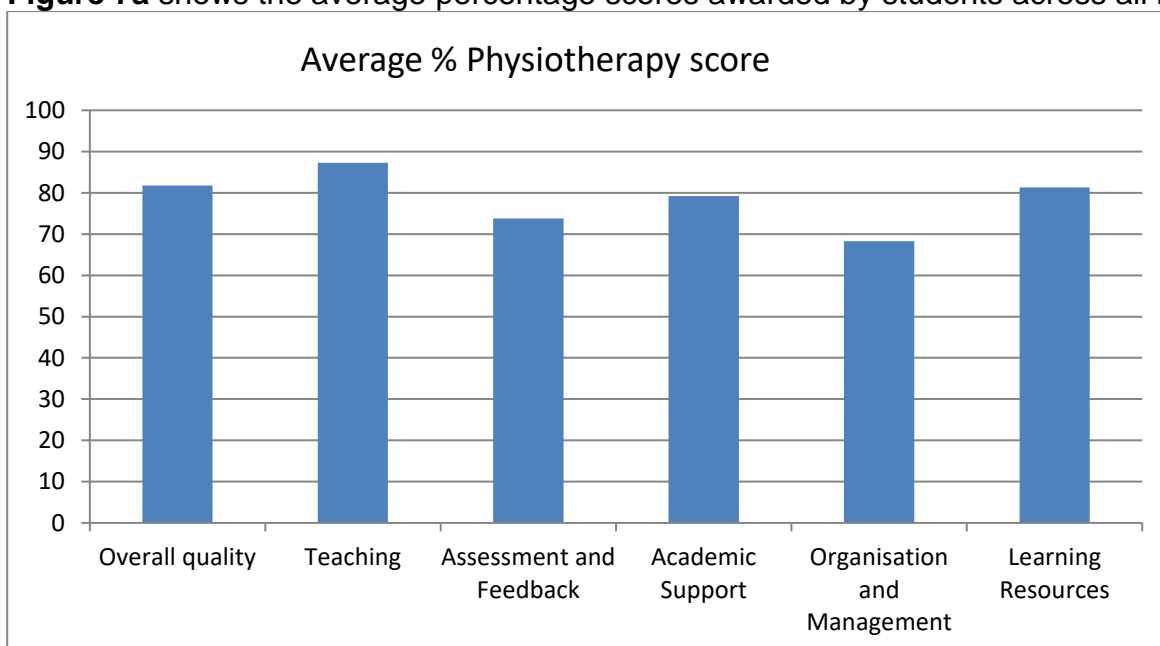
### UNISTATS Data

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 reported is for students graduating in 2018/19. The Higher Education Statistics agency will publish the dataset for 2019/20 graduates later this year.

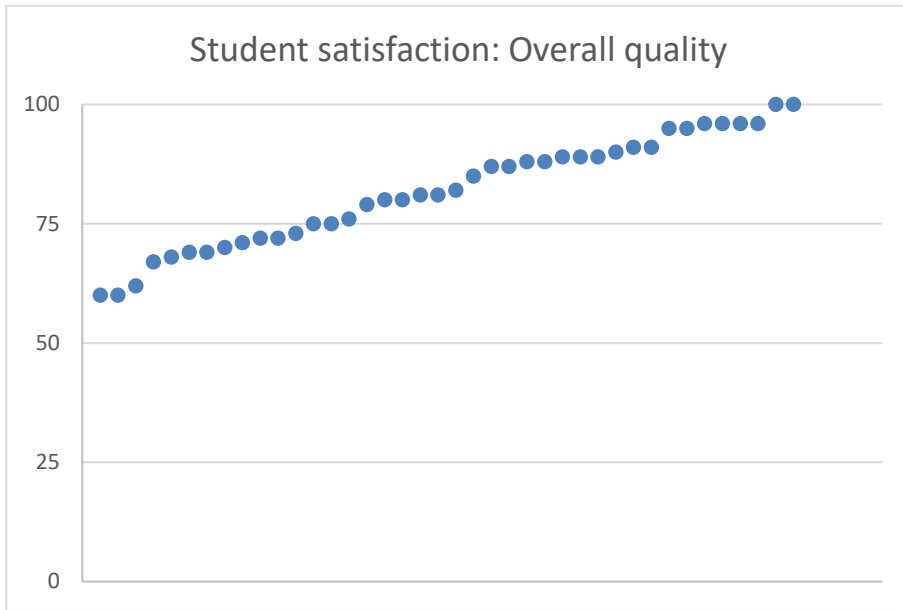
For the NSS data for a programme is only shown when at least 23 students have completed the questionnaire, and where the respondents make up at least half of all the students on that programme. In cases where at least half, but fewer than 23 students have completed the questionnaire, UNISTATS combine 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 2020/21.**

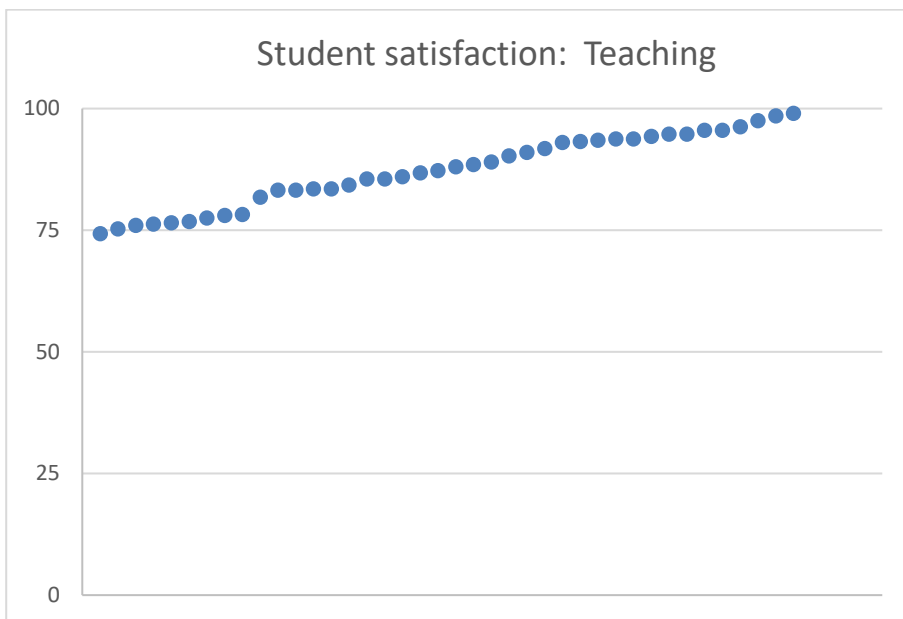
**Figure 7a** shows the average percentage scores awarded by students across all HEIs.



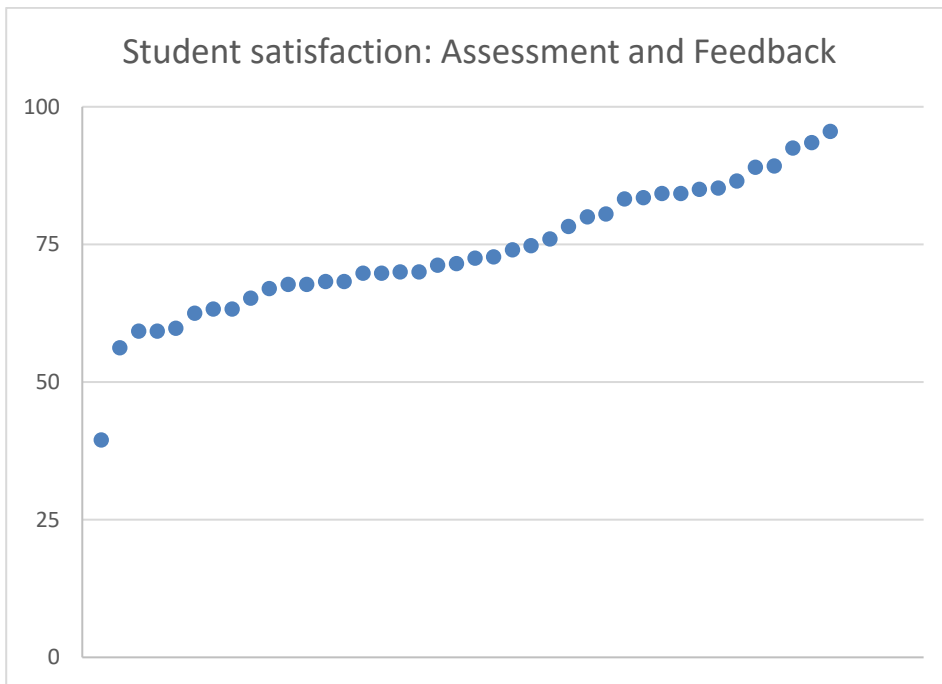
**Figure 7b** shows the average percentage score awarded by students for overall quality for each programme.



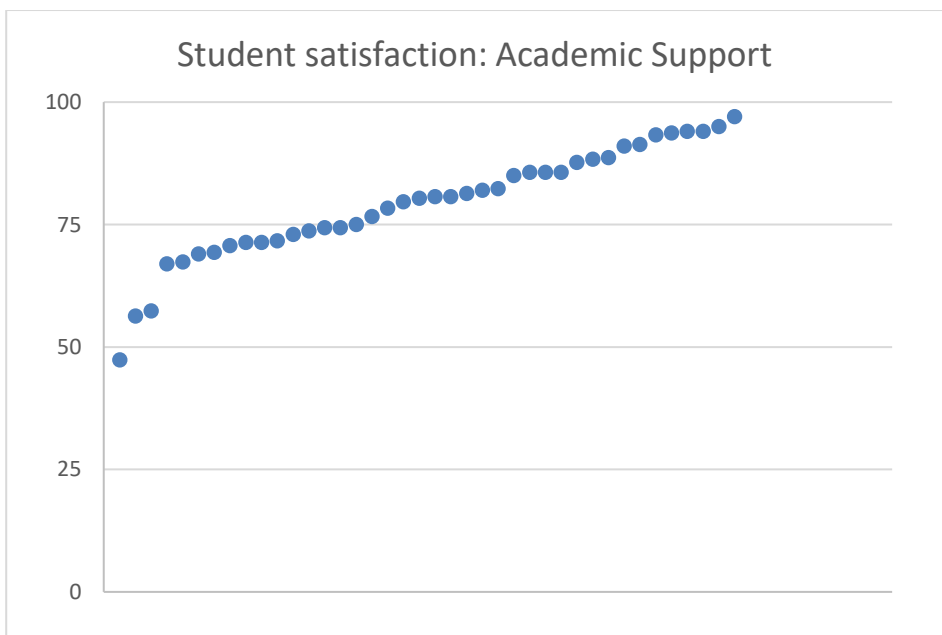
**Figure 7c** shows the average score awarded by students for teaching for each programme.



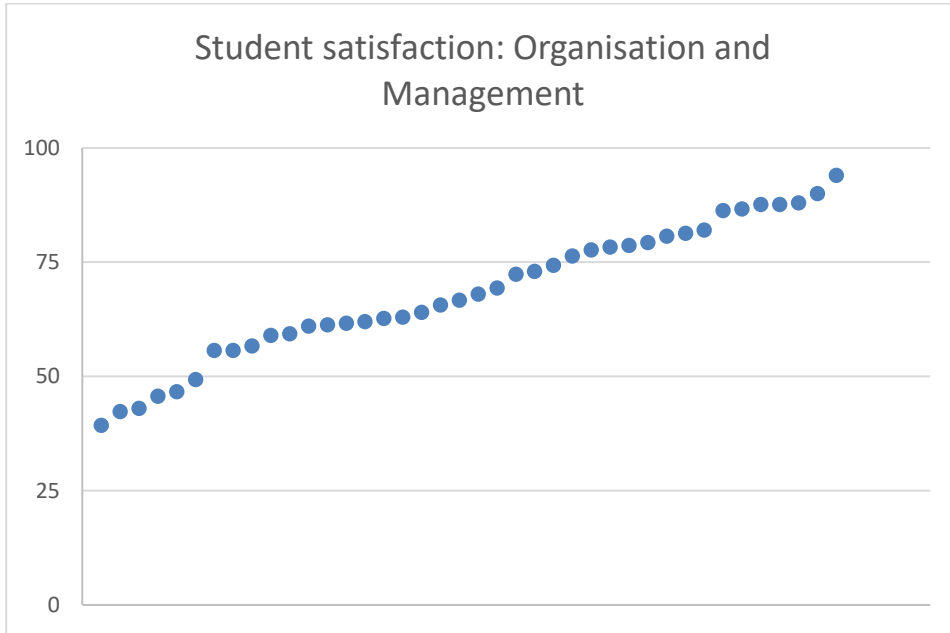
**Figure 7d** shows the average percentage score awarded by students for quality of assessment and feedback for each programme.



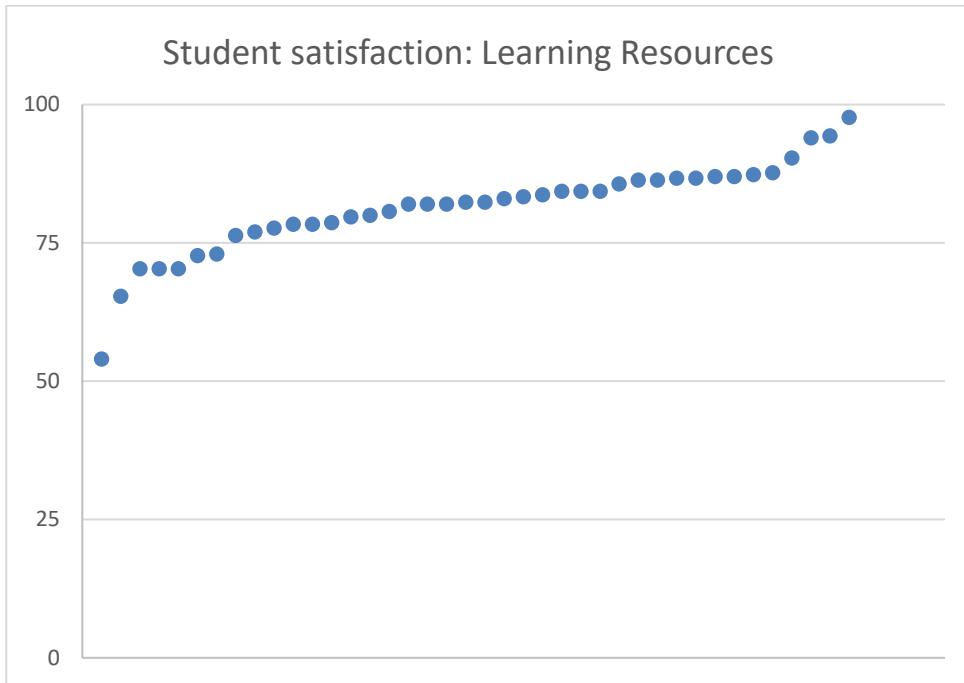
**Figure 7e** shows the average percentage score awarded by students for academic support for each programme.



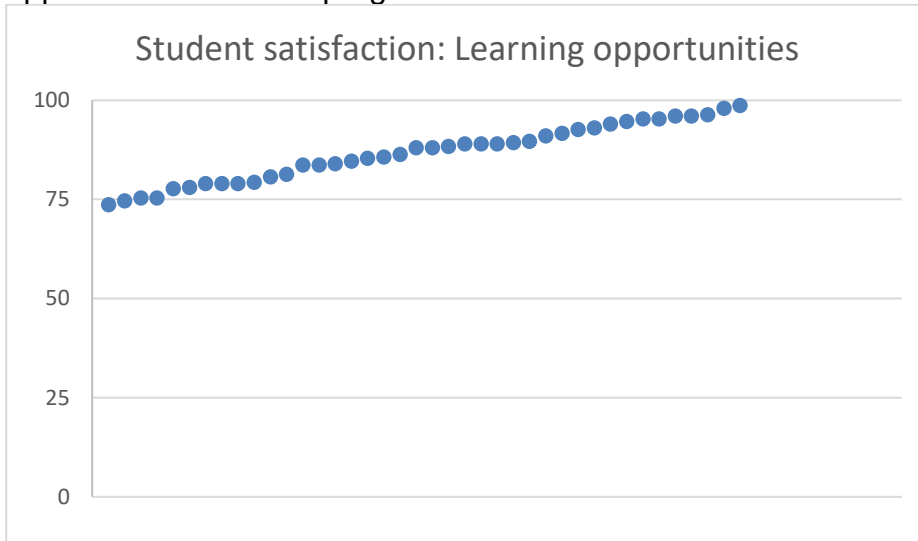
**Figure 7f** shows the average percentage score awarded by students for organisation and management for each programme.



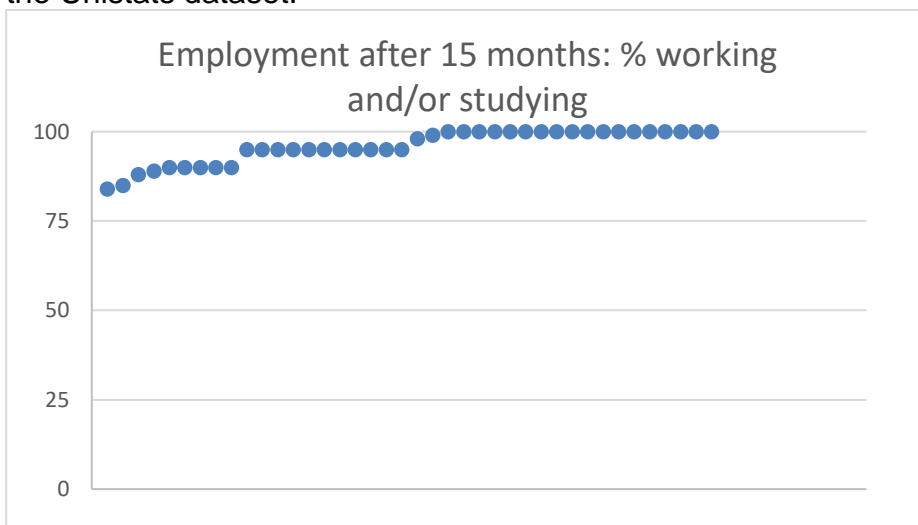
**Figure 7g** shows the average percentage score awarded by students for learning resources for each programme.



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



**Figure 7i** shows the average percentage score awarded by students for employment opportunities after 15 months of working and/or studying for each programme according to the Unistats dataset.



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 2018/19 reports 93% of physiotherapy graduates in a highly skilled job.

According to information received from HEIs, and their latest data sets, 83% of their graduates are now working. 2% are doing further study, 1% studying and working, 0.25% unemployed, 7% preferred not to say, 2% other and 3% unknown.

89.7% of their graduates that are working reported to be in a physiotherapist role, 1.6% in a therapy assistant/health care assistant role, 1.8% other 6% preferred not to say and 1% unknown.

## Part 2: Annual Quality Review 2020/21

### 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 an 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.

**Q38a Please outline the opportunities provided for learners to gain inter-professional 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.**

The development of opportunities for interprofessional learning (IPL) in practice reported by AQR 2019/20 have been maintained. Variability exists amongst the responses regarding how and the degree to which IPL has been integrated into the curriculum.

Principally, 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 whilst at university
- Learning from students from other professions during placement.
- Learning from and being supervised by educators from other professions.
- Module descriptors/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). The responses represent a breadth of opportunities including but not limited to working with osteopaths, chiropractors, exercise and rehabilitation practitioners and psychologists. Many of the reported IPL opportunities are during practice-based learning as well as within the HEI setting.

Many of the responses commented that 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. Simulated learning opportunities was a regular feature within the responses, with students from a number of different professions e.g., nursing, medical, paramedic, ODP and other professional groups are available to some students.

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.

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, some HEIs report that placements are aligned with those of other healthcare professions to facilitate learning together on placement.

Programme team responses are reflective of 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. Thinking beyond 'core placements' and a greater recognition that practice based learning opportunities need to diversify is frequently mentioned in the majority of the responses.

Placement provision within primary care and university-based clinics is a growth area for practice-based learning opportunities.

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.
- International healthcare settings.
- Industry and occupational health services.
- Mental health services.
- Social enterprise settings
- Social care
- Public Health
- Local councils
- Academic/education-based placements
- Virtual placements
- Social prescribing
- Project based placement
- Care Homes



- Student led wards
- Role emerging where currently no physiotherapy services exist

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. Although the supply of placement has been severely restricted by the impact of the Covid pandemic, there have also been significant changes in the culture of practice learning which has been welcomed. It has allowed development of placements beyond the traditional 'list of placements', to encompass all 4 pillars of professional practice

The quotes below illustrate how the Covid pandemic has accelerated these innovations:

*This year we have increased opportunities for physiotherapy practice learning in private practices (who have a range of health and fitness professionals, as well as physiotherapists) and in primary care teams (although the low tariff in comparison to medical students remains a barrier). In addition, physiotherapy and occupational therapy students have worked together in social care with a care home outreach team. We are involved in the HEE funded project to set up physiotherapy placements in osteopathy clinics (St Georges, University of London).*

*We have seen a rise in non-traditional placements this year and have worked closely across our local organisations to develop clinical leadership, hybrid placements, clinical research, leadership, and diverse placements in the last 6 months (University of Brighton).*

Although these opportunities were developed as a response to the covid pandemic, it is hoped that this continues to develop and become integral to students training and development.

HEI led clinics and simulation are a growth area for PrBL opportunities and will be further expanded upon in 38b.

It was commented that the CSP support in reducing the expectation of 1000 clinical hours has been a significant aid to progressing students through to graduation.

**Q38b. 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:

- Adopting a multi-disciplinary approach to practice-based learning opportunities
- Developing capacity within role emerging environments
- Regional practice assessment document
- Regional collaboration
- HEE funding to support practice-based initiatives.
- International placements
- Elective opportunities
- On-site physiotherapy clinics
- Simulated practice



### 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
- Long arm supervision

Many of the responses commented on the HEE regional funding initiatives and the provision of a new network of dedicated AHP education roles which are now starting to have an impact on both quality and capacity of placements, the longer-term impact on placement capacity is unknown. This and AHP faculties have enabled a more strategic as well as localised approach to placement provision as well as a shift in the culture of practice-based learning as illustrated in the quotes below;

*The HEE London Expanding AHP Practice Learning Programme has been an excellent opportunity to develop relationships with providers and grow capacity and quality. Alongside the new AHP Faculties, these dedicated educational posts are the first step to building the educational faculty that physiotherapy and AHPs need. Despite the huge pressures of Covid, the level of engagement with the HEE CPEFS and the AHP Faculties has been inspiring and we are seeing great enthusiasm and an exciting shift in the culture of practice learning (St George's, University of London).*

### On site clinics

An ongoing trend is the increasing number of HEIs who are offering or proposing to deliver on-site physiotherapy provision as part of their placement strategy, which is also addressing local population health needs.

*In addition, we will be able to provide further placements outside of the NHS with the development of our on-site integrated rehabilitation centre along with our current on-site clinic, where we aim to develop a physiotherapy service (AECC University College).*

*A COVID clinic is being set up at the University in collaboration with our NHS partners in order to provide contemporary inter-professional placements for our students. Also, we are exploring the implementation of a Telehealth promotion clinic to work with private partners. Not only will this provide more placement capacity with a strong inter-professional experience but will also give students experience of a contemporary form of delivering a physiotherapy service (Coventry University).*

*A student expansion bid with HEE, has allowed us to collaborate with Northern Care Alliance to develop a student led clinic aimed at supporting patients with post-Covid. This will involve physiotherapy and occupational therapy students initially but there are plans to extend this to other students in the School of Health & Society. We have*

*placed some students within non patient contact areas such as management and HEE placements (anonymous).*

In some responses appointment of staff to support this additional provision is in place, this has taken the form of strategic e.g., appointment of a Faculty Lead for Work-based Learning (WBL) or at operational level e.g., work-based learning tutors.

### Regional Collaboration

There was evidence of collaborative working both internal and external to the university environment. 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.

### **Q38c. Please outline how you support those involved in practice-based learning to offer quality learning experiences. Are you able to share examples of how you facilitated practice educators and learners to share good practice or raise concerns?**

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
- 1:1 support
- Practice Educator 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.

Educator training is occurring virtually and this is being arranged with the team or Trust at times that are convenient to them to ensure that this is the least disruptive to their clinical practice. Many of the responses noted the increased the amount of university support that has been offered to students on placements during Covid.

Practice educator training is offered either on a rolling or ad Hoc 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. Whilst they varied in duration, 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.

The University of the West of England intend to further develop their provision of support/training for unconscious bias and anti-racism and allyship within their educator training sessions. This has come from the review of our programme strategy for equality, diversity and inclusion which is developing as a collaborative project with students.

There was also evidence within the responses of inter-professional and regional collaboration for practice educator training.

**Q38d 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 influenced programme's 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
- Impact of Covid on staffing and service delivery

Covid-19 continues to place 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. Whilst the pandemic has accelerated innovation in practice-based learning it has also challenged the historical donation-based system of AHP placements which is no longer sustainable and long due for a review. Working with NHS Trusts to move towards an allocation model rather than ‘offering model’ to ensure fair and equitable across trusts. An example of this one Trust went from offering 6 placements a year to 44 (Anonymous).

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:

*‘Other providers increasing numbers of pre-registration physiotherapy students within the university; not in the past year, but in the past 5 years. These numbers have clearly increased the number of placements we require.*

*(ii) Other providers have also increased their intakes, and new providers have emerged in the city and region creating a more competitive ‘playing field’ when acquiring placement opportunities.*

More courses are opening and expanding which is placing increased pressure on placement capacity. However, the increased focus on student placements this year, especially in the light of the covid-19 pandemic and its effect on the NHS, has helped to increase communication with HEE, local HEI's and practice partners.

The ongoing impact of the pandemic is illustrated below;

*At present the pandemic is the main limiting factor with students unable to return to placement due to availability of space in physiotherapy departments to facilitate social distancing, staff unavailable due to re-deployment and the increased health and safety requirements of placement at present. As lockdown eases it will be critical that placement provision needs are communicated to all practice educators so staff are aware of the need to take on students as soon as possible (Glasgow Caledonian University).*

*IT limitations Staff burnout and lack of space and resources have been key issues raised by providers as reasons for limiting offers of placements. Changes to service delivery for example going to online provision has been challenging for providers to support students due to limited numbers of laptops/phones/IT (anonymous).*

## **Quality Enhancement theme**

### **Impact of COVID-19 pandemic on pre-registration programmes: A reflection**

This year we asked programme staff to reflect on course delivery methods employed in 2020-21 and what elements programme teams planned to continue following lockdown periods of the pandemic. Respondents detailed the tools used for online delivery, the benefits and limitations of blended learning and how changes impacted pedagogical decisions, assessments and practice-based learning.

This summary report is based on respondents covering 59 pre-registration programmes across 50 HEIs.

#### **Blended Learning and the use of digital tools**

88% of respondents indicated that blended learning would definitely or be very likely to become a permanent mode of delivery. The proportion of expected online teaching per programme varied, with one HEI indicating that all theoretical delivery moving online was true for the majority of courses at their university, except for in the first year, when student feedback indicated that relationship building with peers and staff was most important. Two respondents intend to return to in-person learning fully when permitted, with four HEIs undecided at the time of writing.

A wide variety of platforms, collaboration, virtual reality and gaming tools to deliver learning were used, including:

- MS Teams
- Blackboard Collaborate
- Mediastream
- Panopoto
- Wakelet
- Padlet



- Mentimeter
- Flipgrid
- Moodle
- Kahout!
- Verbela
- Bespoke VLEs

As well as VLEs and collaborative tools, HEIs have invested in many additional subject-specific online resources to support learning, with a view to continue newer subscriptions as permanent tools for students. Most HEIs have included student feedback when making decisions on the continuation of various tools and modules.

The majority of respondents noted that online teaching allowed for both synchronous and asynchronous delivery allowing staff and student to optimise their time. This appears to have most positively affected students in rural areas, international students, students with caring responsibilities and students with disabilities. While the task to set up online resources has been extremely challenging for all teams, once created and mapped out, many respondents reported that staff have been able to spend more time with students in tutorials and attend online spaces to share best practice and network with peers than if all activity were face to face. One respondent indicated that they were keen to return to face-to-face delivery when possible, as online delivery is more time-consuming for their team. A range of digital tools were reported as being used for live and pre-recorded material for transmission delivery. Pre-recorded materials are allowing teaching staff to build up a “bank” of resources, and give students the opportunity to assimilate information at their own pace. An interesting addition to some live sessions is easier access to guest speakers who no longer have to travel to interact with student groups, allowing for even greater access to expertise and a positive experience for students.

Positive impact on delivery to prepare students for placements through simulated clinical learning was referred to by many HEIs. Birmingham City University’s response is a good example of the developments and benefits reported by many HEIs:

*The use of on-line recorded lecture material has been successful and has allowed staff time to be used for live smaller group tutorials to check the understanding and application of information.*

*The use of other online resources that we now have a bank of will also be useful going forwards. So, the development of more practical skills-based videos to act as a resource and a revision aid is certainly something we will continue to make more use of.*

*Across the faculty of health, we are working to develop a bank of shared on-line resources around cross-professional materials that can act as a resource to use within programmes and then to add professional specific activities and examples. These have included things like; Communication skills, human factors, leadership, professionalism and professional behaviours, digital health, equality and diversity and research methods.*

*We have also used the opportunity of better access to technology to enhance our ‘real’ case scenarios and develop more service user stories that have multiple facets such as a video interview, clinical notes, investigation results etc.*

It is clear that online delivery is beneficial depending on the HEI's location, culture and support available to sustainably create and maintain digital resources. Access to a digital learning team was repeatedly acknowledged as integral to developing robust blended programmes, and both the essential input from and difficult impact on newer staff was noted. Two HEIs reported that the space to evaluate each module and decide on the best mode of delivery, thereby creating a clear roadmap for both staff and students has afforded greater clarity and communication for all involved with their programme.

### **Student experience, attainment and engagement**

HEIs reported that where feedback from students had been collected, it was largely positive. It was noted by several institutions that understanding the impact on student experience is ongoing both for new and long-running courses. Newer courses where the first year was largely theoretical was reported to have been relatively simple to transfer online but in some cases there was still a need to manage students' expectations of face-to-face teaching hours.

Several respondents indicated that online classroom learning seemed to (unexpectedly) positively increase student participation in discussion, with more "raised hands" and questions asked than they had experienced when delivering in-person sessions. Two respondents showed concern for online delivery potentially negatively affecting attendance or engagement. We can deduce from the detail in these responses that online sessions may make students' decision to either attend and engage or be absent from lectures easier, demonstrating the far-reaching impact of programme changes on the experience and engagement of individual students.

Several HEIs indicated that there was a consistent or even improved level of attainment by students who completed their learning through hybrid delivery in 2020-21, reporting that this was possibly due to the introduction of varied methods of delivery, allowing students to tailor their learning according to their own learning styles and around other commitments.

Supervision and personal tutorials via online platforms also appear to have fostered effective relationships, with all respondents who mentioned this indicating these would continue online. The University of Hertfordshire have implemented an "open-Zoom policy" to replace their open-door policy, at least for the time being.

Two HEIs expressed some concern for a lack of in-person learning for theoretical learning may impact informal learning, connections and peer support.

Some HEIs indicated that as well as formal online learning, student groups initiated informal activities to boost morale and form social connections such as at the University of Brighton:

*What we wanted to address was the limited ability students had to socialise with their wider cohort and across year groups and we have managed this with optional weekly drop in sessions across and between year groups. The Physiotherapy Society also organised online lectures and are currently organising 2 FTF courses for later this year. The University and the Students' Union also launched an extended welcome week programme across both semesters called 'Belong at Brighton' to help student feel part of the wider university.*

### **Placement models**

It was reported that a wide variety of placement types were implemented, initially to enable the completion of placement hours for students who were vulnerable to being severely affected if they contracted COVID-19, were shielding a close personal contact or who could not travel from their home due to local or national restrictions. Several instances of





cross-institutional working, or working with non-NHS placement providers for the first time were reported to be essential in ensuring students were able to undertake the placement components of their course.

Innovative placements could generally be categorised as Telehealth, Digital, Leadership or Research-focussed, with wide acknowledgement that these additions offer a broader perspective of the profession. All respondents are planning to continue or increase the offer of placements in these categories.

*The Leadership and Research placements are new opportunities that have arisen from COVID and both will continue in the future.*

*In the past many of our practice placements allowed students to gain experience in non-direct patient contact, for example, telephone triaging and telephone advice services whilst patients are waiting for their first appointments, and virtual fracture clinics so they can begin to see how technology is influencing practice and service provision. This opportunity has expanded this year with practice changing from FTF to virtual MSK outpatients students were still able to gain MSK skills in particular, subjective assessment, triaging Rx, giving education and advice. The Leadership and research placements are new opportunities that have arisen from COVID and both will continue in the future.*

(University of Brighton)

Newly introduced placements allowed students to develop skills including but not limited to data analysis, motivational interviewing, mindfulness education and goal-setting, and allowed for opportunities not usually afforded such as cross-institutional collaboration and presenting and sharing best practice in a variety of internal and external fora.

Much like the efficiency recognised in online teaching, programme staff time was optimised by delivering supervision and placement “visits” via online platforms where possible. All who reported this aspect plan to continue this style of supervision with supplementary in-person visits where necessary.

While the above changes are welcomed and provide a breadth of experience and an understanding of the Physiotherapy profession and career path possibilities, it was noted by some HEIs that the completion of placement types per student would need to be monitored to ensure face to face placements were sufficient to prepare students for clinical employment.

In addition to the above, other placement types are being considered, such as peer-enhanced models and possible paid opportunities for Doctoral students at Glasgow Caledonian University.

*In terms of placement opportunities, we will be exploring simulation as a long-term alternative to placement capacity, leadership and remote/online placement opportunities. We will also be looking at a CLiP model as an alternative to traditional placement 1:1 ratio.*

(University of Winchester)

Placement capacity continues to be a challenge and the benefit of more efficient staff to student ratios on leadership and research placements was found to be valuable. HEIs have managed the completion of placement hours in a variety of ways depending on their local circumstances. Some HEIs have implemented placement extensions, or increased face-to face provision for their middle and final year students in 2021-22. Others reported an increase in the number of hours per placement day or weekly placement hours to ensure and plan to continue this to provide a “bigger buffer” to ensure placement

completion, while another HEI moved placements to longer blocks of weeks which had the additional benefit of allowing time for the development of new modules to address contemporary issues.

### **Admissions, timetabling and assessments.**

As well as the expected amendments to lectures and placements there were some notable revisions to other aspects of programme management.

Several HEIs indicated that they had moved entirely, or partly to online interviews as part of their admissions process which has received positive feedback from staff and students alike.

There was a general shift to more online assessments than had been conducted pre-pandemic, with some HEIs indicating that this prompted a wider review of their learning outcomes, module content and assessments to reflect current Physiotherapy practice. Shorter assessments that are able to be carried out online will do so to allow for greater efficiency.

Some amendments to programming were indicated, for example a cohort that necessarily had to commence in January rather than the expected September start-date has now become a permanent fixture relieving the burden on administration for admissions and graduation.

## **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 [education@csp.org.uk](mailto:education@csp.org.uk).