

Department of Health consultation: Changing how healthcare education is funded

Chartered Society of Physiotherapy response

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 54,000 chartered physiotherapists, physiotherapy students and support workers.

CSP position and recommendations

There is a serious shortage of physiotherapists in England, caused by insufficient numbers of physiotherapy student places at a time of growing demand. This is creating difficulties in recruiting physiotherapists. In turn, physiotherapists' significant contribution to meeting changing population and patient needs in high-quality, sustainable, affordable ways is not being optimised.

A minimum of 500 additional physiotherapists need to be trained each year until 2020 to meet the current shortfall. Physiotherapy therefore needs to feature strongly in the ten thousand additional healthcare student places announced in the 2015 Comprehensive Spending Review (CSR).

The changed funding arrangements have the potential to enable this increase to happen. The CSP therefore supports the shift in arrangements, providing that

- There is an explicit, active commitment to expand physiotherapy student numbers
- All elements of the new arrangements are enacted to enable expansion of physiotherapy student numbers, while also upholding education quality and entry to the profession from all parts of society
- Success in redressing the current shortage of physiotherapists is kept under review
- Steps are taken to mitigate any risk to redressing the shortage, including through further increasing physiotherapy student numbers.

The CSP's recommendations for implementation of the changed funding arrangements are outlined below. Our substantive response to the consultation follows our recommendations.

I. Release practice education capacity across all sectors and settings

- The placement tariff must be retained and used to release and optimise practice education capacity across the whole health and care system
- The tariff - as a *per capita*, annual amount – must be reviewed to ensure that it fairly represents the costs that services incur through providing placements
- The total annual budget for the placement tariff must be increased to sustain the 10k student increase by 2020
- The benefits of services providing placements for students must actively be promoted, and appropriately embedded within service commissioning processes, specifications and contracts
- The tariff must be administered in a way that optimises the release and use of placement capacity; is responsive to changing service delivery models and workforce needs; minimises bureaucracy and overhead costs; supports placement delivery across all sectors and settings; aligns with student cohorts; and follows students onto their placements
- Community practice education networks (CEPNs) must be developed in ways that actively support and promote the delivery of physiotherapy student placements in primary care
- The arrangements must recognise the strong quality assurance and enhancement role that the CSP and other professional bodies play in relation to practice education.

II. Revise proposals on student finance for Master's level programmes

- Students on Master's level pre-registration physiotherapy programmes must have the same access to student finance arrangements (including repayment terms) as their undergraduate peers
- Established Master's level progression routes into the physiotherapy profession must be upheld, recognising the value they bring to workforce capacity and capability
- Master's level physiotherapy workforce supply must be upheld, recognising that a tenth of newly-qualified practitioners currently enter the workforce through Master's level routes.

III. Physiotherapy education providers receive funding to sustain programme delivery and viability

- The full cost of delivering physiotherapy pre-registration education must be established through a full costing exercise and reflected in the new arrangements, with education providers receiving a publicly-funded teaching grant to ensure programme viability
- The budget allocated by BIS to Hefce to ensure a smooth transition to new funding arrangements must be used and channelled in ways that reflect the full costs of programme delivery; enable the strategic development of physiotherapy education; and foster widening access, student success and progression into the physiotherapy profession
- There must be recognition of the CSP's role in assuring the quality of programmes, with a strong emphasis on quality enhancement and ensuring programmes' responsiveness to changing patient, service and workforce needs.

IV. Student receive realistic levels of financial support

- The intensity of physiotherapy programmes (in terms of hours per week, study year and placement learning) must be recognised in the financial support made available to students
- The particular nature and profile of physiotherapy students' practice-based learning must be recognised, including the need for students to stay away from their university base for periods of weeks to complete placements
- Students must receive financial support to meet all essential costs relating to their placement learning, including additional accommodation costs incurred through needing to be away from their university base
- Student support arrangements, for the reasons outlined, must go beyond the pre-existing travel grant
- The student support arrangements must avoid any individuals being deterred from a career in physiotherapy for reasons of financial background or circumstance.

V. Minimise disruption to provision during transition

- The risk of disruption to student entry, education delivery and workforce supply must actively be mitigated
- A full implementation plan must be developed and enacted to ensure a smooth transition to the new arrangements within the tight timeframe presented
- Clarification and notification of the changed arrangements must be progressed as soon as possible
- Applicants/prospective students for 2017/18 must have access to full, clear and accurate information
- HEIs must be enabled to ensure their compliance with Competition & Marketing Authority regulations
- HEIs must receive clarification of Hefce funding arrangements (including any transition arrangements for 2017/18) as soon as possible, including to ensure the sustainability of education provision and to uphold education quality.

VI. Enabling entry to the profession from all parts of society

- Pre-emptive action must be taken to ensure that individuals from all parts of society are enabled to enter the physiotherapy profession, regardless of socio-economic background or circumstance, and to ensure the profession is representative of the communities it serves

- It should be ensured that HEIs' access agreements make specific provision for physiotherapy and other healthcare students, while recognising that additional, whole-system provision needs to be made to reflect the particular needs of healthcare students
- Arrangements must be in place and implemented to ensure that no one is deterred from entering, or enabled to progress through, a physiotherapy pre-registration programme for reasons of financial circumstance or background
- More specifically,
 - Postgraduate students must have access to the same student finance arrangements (including repayment terms) as their undergraduate peers
 - All students must have costs attached to their placement learning met
 - The potentially negative impact of proposed arrangements for students with dependants must be mitigated
- The effect and impact of all arrangements to widen access and to support student success and progression must be monitored and evaluated, including to identify and address any unintended consequences.

VII. Active engagement with the CSP

- Stakeholder engagement in enacting the changed funding arrangements must be achieved
- The CSP must have the opportunity for active involvement in shaping the new arrangements, including to ensure fulfilment of the shared goal of increasing physiotherapy student numbers
- The CSP's role in assuring and enhancing the quality of pre-registration education programmes must be recognised and drawn on to support implementation of the new arrangements, including during the transition phase.

VIII. Monitoring and evaluation

- The impact of the changes must be judged in terms of their success in delivering the 10k additional healthcare student places, and the profile of the additional student numbers against changing patient and service need
- Arrangements must be put in place to monitor and evaluate the impact of the changes from the perspectives of entry to the professions, education quality and workforce supply, with due accountability for reporting on progress, trends and issues
- All stakeholders must have the opportunity to input to the monitoring and evaluation processes, and have access to their outputs
- Mechanisms must be put in place and enacted to mitigate risks and unintended consequences arising from the arrangements' implementation.

Question 1: Scope of the consultation

Professions/disciplines included

1. The CSP has queries about to whom the new funding arrangements will apply. In particular, we seek clarification as to why paramedic science and physician associate students are not included within the scope of the proposals.
2. While we understand that these two student groups do not currently have access to the NHS student bursary and are therefore outside the scope of a transfer from this to tuition fee/student loan arrangements, we are unclear as to whether HEE will continue to commission and fund student places for these two groups.
3. If the case, we question the appropriateness of taking a variable approach to different disciplines and perpetuating difference, particularly when paramedic science and physician associate student cohorts will mostly be recruited by education providers that also deliver AHP, nursing and midwifery education.

4. We see the current consultation exercise as a key opportunity to achieve consistency and parity of approach, rather than a point at which exceptions and *ad hoc* arrangements are simply perpetuated.
5. We understand that a wide range of informal arrangements are currently being made at a local level (with LETB involvement) for the payment of fees and practice-based learning expenses for physician associate students (with some also being salaried). It would be preferable that arrangements are consolidated and standardised, both nationally and in line with other disciplines.

Sectors for which the healthcare workforce is produced

6. The consultation is ambiguous about the sectors and settings for which the healthcare workforce is produced. Throughout, the documentation is focused on meeting NHS provider needs, with passing reference to the workforce needs of social care, but no reference to other parts of the health and care system.
7. It is therefore unclear whether the consultation proposals recognise that significant numbers of AHP graduates, including physiotherapists, make an essential and highly valuable contribution to meeting population and patient needs across all sectors and settings. This includes in other parts of the public sector – which crucially includes NHS-funded care commissioned for delivery outside the NHS, and education, justice, defence, and social care - as well as across the independent, private and third sectors.
8. Across all sectors and settings, physiotherapy contributes strongly to public and occupational health and to illness prevention and behaviour change, early intervention, patient self-management, and fitness for work.
9. It is imperative that a broad approach to meeting workforce needs across the whole health and care system is factored into new education and student funding arrangements. This accords with fulfilment of the *Five-Year Forward View* and broader NHS England policy initiatives. The strong, and increasing, role that physiotherapists have to play - across all sectors and settings - in delivering high-quality, sustainable, affordable care must be recognised.

Fulfilment of the CSR target to increase student numbers

10. There is a serious shortage of physiotherapists in England, caused by insufficient numbers of physiotherapy student places at a time of growing demand. This is creating difficulties in recruiting physiotherapists. In turn, physiotherapists' significant contribution to meeting changing population and patient needs in high-quality, sustainable, affordable ways is not being optimised (CSP, 2015).
11. The changed arrangements for funding physiotherapy education have the potential to address this supply issue. Meeting the target of increasing the number of students studying to become and AHP, nurse or midwife needs to be an explicit goal through implementation. The success of the arrangements must be measured against this, and progress towards it kept under active review. Plans for this to happen are not evident in the consultation materials.
12. Increasing practice education capacity is key to achieving this shared goal. We have strong concerns that there is a risk of a narrowing, delimiting approach to how the tariff is made available. This would have the effect of inhibiting practice-based learning capacity, when it is imperative that all capacity is optimised.
13. A fully inclusive approach to how the practice education tariff is channelled and allocated is also essential for ensuring that all physiotherapy students receive the right balance of practice education to prepare them for changing service delivery models and workforce needs. Again, this is in line with the *FYFV*.

14. Implementation plans need to be clear on how HEE and other appropriate bodies will administer the practice education tariff in line with a system-wide, strategic and sustainable approach to workforce planning, development and investment. This needs to mean an approach that is premised on projections of changing population and patient need, rather than on projections of future NHS workforce demand and current service delivery models (as is the case currently).
15. Plans must also provide clarity on HEE's specific role in ensuring the goal to grow the workforce is achieved. This needs to include how HEE will oversee the allocation and channelling of the practice education tariff, and how it will be accountable for the impact and effectiveness of its approach.
16. The practice education tariff budget also needs to be increased. This is essential for expanding student numbers and for ensuring that the tariff enables, rather than inhibits, fulfilment of the government's target. Implementation plans must therefore include a review of the overall tariff budget, informed by a robust appraisal of actual costs to service providers. We explore these issues further below (see paras.44-47).

Cross-border issues

17. Active consideration must be given to the proposals' cross-border implications. This needs to include the following dimensions, through communication and collaboration with colleagues in Wales, Scotland and Northern Ireland:
 - Prospective students must have clarity on their eligibility for financial support/the nature of this within all possible cross-border permutations (e.g. a Wales-domiciled student studying in England; an England-domiciled student studying in Wales, etc.), with timely updates provided on any change to eligibility or entitlements
 - The potential impact and risks to cross-border practice-based learning capacity of the 10k increase in students in England must be appraised and appropriately managed; e.g. if student numbers increase in the north-east of England, this could create a significant draw on placement capacity in Scotland
 - There must be an appraisal of the potential risks to workforce supply across the UK that may arise through implementation of the funding proposals (e.g. if the changed funding arrangements were to generate a significant drop in student numbers in England in the transition period, this could create more of a draw on practitioners who qualified elsewhere in the UK, as well as beyond).
18. There should be active learning from, and account taken of, the impact of different approaches to widening access, quality of student experience, and workforce supply across the UK as the new arrangements in England are progressed.

Question 2 – postgraduate students

19. We have strong concerns about the applicability of the mainstream postgraduate student finance arrangements being introduced from 2016/17 to healthcare students studying for a Master's pre-registration programme. We do not see the arrangements' application to healthcare pre-registration Master's routes as viable.
20. The proposed arrangements for postgraduate student funding have the following limitations:
 - They only apply to students studying for a full Master's degree; a small number of physiotherapists in England qualify with a postgraduate diploma (specifically excluded from the loan criteria)
 - They only provide a loan of up to £10k over two years to cover both tuition fees and living costs; this is wholly insufficient for supporting students through an intensive full-time

programme (for which just the tuition fees are considerably higher than the maximum loan amount)

- The criteria indicate specifically that only students on programmes of up to two years of full-time academic study (or up to three years' part-time study) are eligible; physiotherapy postgraduate pre-registration programmes typically extend over 24 months of full-time study (with some being up to 26 months), given the breadth and depth of learning that they need to cover for students to be eligible for registration and able to practise autonomously on graduation
- They require graduates to pay back loans from their first degree and their postgraduate degree concurrently.

21. As they stand, the proposed financial arrangements for postgraduate pre-registration students pose significant risks. These relate to the following:

- **Entry to the profession:** Graduates in cognate subjects would not be able to qualify as a physiotherapist at postgraduate level because the finance arrangements would be prohibitive
- **Programme delivery and quality:** Education providers would not be able to sustain their delivery of established postgraduate pre-registration physiotherapy programmes (with 16 such programmes currently offered in England), including because of the significant risk to the student market
- **Security of workforce supply:** There would be a particular risk to short-term workforce supply; for the reasons highlighted, it is quite possible that education providers would shift more of their physiotherapy student numbers to three-year Bachelor's degree programmes, meaning fewer graduates from two-year Master's programmes in 2019 and 2020.
- **Quality of workforce supply:** The physiotherapy profession and its delivery of patient care has benefited significantly from Master's level graduates entering practice for more than twenty years; this has brought value in terms of newly-qualified practitioners having particularly strong critical thinking, clinical-reasoning and decision-making skills (including ability to deal with complex situations and information), significant engagement in evidence-based practice and preparedness for research-related activity as clinician, and bringing a broader range of experience, knowledge and skills into their contribution to service development and delivery (by virtue of their first degree learning, broader life experience and, in some cases, previous careers).

22. The de-stabilising impact of the funding proposals should not be under-estimated: currently a tenth of physiotherapy graduates qualify with a postgraduate level qualification in England. From raising this issue with HEE since the CSR announcement, we understand that this potential fall in supply has not been factored into workforce planning up to 2020

23. For the reasons outlined, mainstream postgraduate student loan arrangements are not a tenable form of support for postgraduate pre-registration physiotherapy students. Alternative arrangements must therefore be made. This is essential for

- Supporting student admission and progression in fair, enabling ways
- Safeguarding the viability of physiotherapy pre-registration Master's programmes
- Upholding workforce supply, in terms of both numbers and quality.

24. Alternative arrangements need to mean that postgraduate physiotherapy students have access to the following:

- **The same student loans as undergraduate students;** they therefore need to have access to loan arrangements that cover both their tuition fees and student loans
- **The same repayment terms as undergraduate students;** the loan from their postgraduate study should be payable after they have paid back the loan from their first degree.

Question 3 – Second degree students

25. We welcome the proposal that individuals who choose to do a physiotherapy pre-registration programme as a second degree (i.e. at the same level as a first degree in another subject) will have access to student finance arrangements, with this being an exemption from standard arrangements for study at an equivalent level.
26. We also welcome the proposal that graduates following this route into a physiotherapy career will not have to begin paying off the student loan attached to their physiotherapy degree until they have paid off the loan relating to their first degree.

Questions 4-7 Wider issues of student support

The implications of programme characteristics

27. Ensuring all physiotherapy students are fairly supported with the full cost of their programmes is imperative. Broadly, this means that account needs to be taken of the following:
- **The intensity of programmes;** information recently published by the Higher Education Policy Institute and the Higher Education Academy indicates that healthcare students study an average of 46 hours per week (HEPI & HEA, 2016)
 - **The length of study year within them;** physiotherapy students studying on average 43 weeks per year (therefore well beyond standard academic terms)
 - **The centrality of practice-based learning within pre-registration education;** this forms at least a third of students' learning hours, with physiotherapy students incurring significant additional costs relating to their placements (DBS checks, immunisations, uniform, travel and accommodation away from their HEI base) if these are not paid for from other sources
 - **The difficulties for physiotherapy students of working part-time to fund their studies** - for all the reasons above.
28. The consultation indicates that from 2017/18 healthcare students will be eligible to access student support arrangements relating to additional costs of study that are in place for other students who pay tuition fees. We understand that this means that physiotherapy students will have access to the travel grant.
29. The eligibility criteria for the existing travel grant have several significant limitations. In addition to being means-tested, students have to pay the first £303 of costs incurred in each year of study, and are not able to gain support for additional accommodation costs incurred as a result of completing placement learning.
30. The lack of alignment between the travel grant criteria and physiotherapy students' needs are highlighted by the following:
- **Physiotherapy students spend around 27 weeks on placement across their pre-registration programme,** with individual placements ranging in length from a couple of weeks to a couple of months
 - **Students often undertake placements some distance from their university base,** meaning that they have to take up additional accommodation while on placement and therefore incurring two lots of accommodation costs for specific periods; information supplied by our members indicates that additional accommodation costs could amount to £2775 (based on current figures) per student across a programme – none of which would be recoupable through the travel grant
 - **Individual students have very varying patterns of placement attendance,** which impacts upon the costs incurred. This depends on variables, including

- **Placement availability**; students in the same cohort will variously be posted for their placement learning, with some having to stay away from their HEI base more than peers (with HEIs having limited control over factors affecting this)
- **Where HEIs are based geographically**; some have to send more students to more distanced placements more frequently than others - again impacting differently on costs for students
- **Students' patterns of placement attendance are not clear prior to or at the start of their programme**; therefore, applicants/students cannot be fully advised on/appraised of placement costs in advance, making it difficult for HEIs to comply with Competition and Marketing Authority (CMA) requirements.

31. For these reasons, it is essential that the full cost to students of pursuing a physiotherapy programme is recognised. The pre-existing travel grant is not fit for purpose. Therefore specific provision needs to be made for physiotherapy students to have fair and full access to financial support for their placement learning.

32. The arrangements put in place need to ensure the following:

- **Physiotherapy students are not financially worse off through choosing to pursue a pre-registration physiotherapy programme**, rather than a degree that does not include large elements of practice-based learning (in whatever environment or discipline)
- **Students from less well-off backgrounds are not deterred from or disadvantaged by entering physiotherapy** because the real costs of undertaking a pre-registration programme inhibit this as a career choice.

33. Practically, the arrangements need to achieve the following:

- **Reflect the full costs of being a physiotherapy student**, including those attached to practice-based learning and the intensity of programmes (hours per week of study and the numbers of weeks of study in each year) that work against part-time working
- **Recognise the profile of practice-based learning that physiotherapy students need to complete** to gain a balanced exposure to diverse health and care environments, sectors and settings
- **Recognise that physiotherapy students often have to travel long distances and stay away from their HEI base** to undertake placements to gain the required depth and breadth of learning and, practically, to access placement availability
- **Provide financial support to physiotherapy to cover duplicate accommodation costs** arising from their fulfilment of programme requirements.

Entry to the profession/widening participation

34. The CSP is strongly committed to ensuring that entry to the physiotherapy profession is premised on individuals' potential to contribute to the delivery of high-quality care to patients; that issues of financial background or circumstance do not inhibit entry to the profession from individuals from all parts of society; and that the profession genuinely reflects the communities that it serves.

35. It is therefore essential that the shift in funding arrangements is enacted in ways that mitigate risks to individuals from all backgrounds choosing physiotherapy as a career. We are concerned that the consultation documents under-estimate the significance of these factors, and the potential impact of student support arrangements on particular student groups (e.g. mature students with dependants).

36. While we welcome the inclusion of a specific reference to addressing the needs of healthcare applicants and students in the Office for Fair Access guidance to HEIs for 2016/17, we are concerned that mitigating the potentially negative impact of changed financial arrangements will be left purely to individual institutions' initiatives.

37. We therefore seek assurance that the following will be progressed:

- Active, pre-emptive consideration is given to how the particular and specific needs of physiotherapy prospective/actual students can be addressed at a national level, such that the profile of entrants and graduates truly reflects all parts of society and contributes to social mobility
- The wealth of data available on entry to higher education and the impact of initiatives to promote social mobility are actively used to optimise widening participation and entry to physiotherapy and the healthcare professions more broadly (recognising specific trends and the growing body of knowledge relating to intersectionality)
- The particular workforce supply risks wrapped up in who enters the physiotherapy profession – and the potential impact of this on delivering services across the whole health and care system - are recognised and addressed
- The impact of the changed financial arrangements (including any unintended consequences) is kept under active review, including to address emergent issues and risks relating to who is enabled to enter physiotherapy education in responsive, timely ways.

38. More specifically (and in line with other points in our consultation response), we ask that the following actions are taken:

- The financial arrangements made available to postgraduate pre-registration students are aligned with those put in place for their undergraduate peers
- Practice placement costs are fully met for students on all programmes to avoid anyone being put off studying to become a physiotherapist for reasons of finance
- The particular risks to affordability for individuals with dependants are actively addressed.

Questions 8 and 9 – Part-time students

39. The CSP welcomes that the consultation addresses the mismatch between the introduction of access to student finance arrangements for individuals studying part-time from 2018/19 and the proposed shift of funding arrangements for healthcare students from 2017/18, with the proposal for interim arrangements for part-time students entering programmes in this first year of the changed arrangements.

40. The current availability of part-time pre-registration physiotherapy education provision is very small. This is something that we have repeatedly raised as a point of concern with HEE and its predecessor bodies, as most flexible study routes have been de-commissioned, under present NHS funding arrangements. Therefore, only a small number of physiotherapy students are set to be affected by the transition. However, it is clearly imperative that proper provision is made for them.

41. Given the small number of students affected, particular care is needed to ensure the following:

- Applicants/students entering programmes in 2017/18 on a part-time basis are made fully aware of the arrangements in place for them
- The support received by the part-time students concerned is administered in timely, transparent and efficient ways (given the risk that, due to their small numbers, their needs and interests could be overlooked)
- Part-time students entering physiotherapy programmes from 2018/19 have access to full information about their eligibility and the terms and conditions of the student finance arrangements from the earliest point.

42. More broadly, we are interested to explore how, in the context of changed funding arrangements, there is the scope to develop a more diverse range of pre-registration education

provision in physiotherapy, including part-time and flexible study routes that can strengthen entry to the profession from all parts of society.

43. At the same time, we are concerned to ensure that the quality of students' preparation for future practice is upheld. This is essential for ensuring that patient safety and access to high-quality physiotherapy services continues to be assured, and that new physiotherapy practitioners have the capabilities, aptitude and resilience for leading and contributing to new models of care and meeting the increasingly complex needs of patients and population groups.
44. As a professional body, the CSP enacts a programme accreditation scheme in which we have a strong focus on programmes' responsiveness to changing patient, service and workforce needs. We will continue to implement this to uphold the quality of pre-registration education, and to ensure that changed funding arrangements in England do not compromise any element of quality.

Questions 11 and 13 - Support for placement providers and education providers

Practice education tariff

45. The CSP welcomes the proposal that the NHS practice education tariff will continue to support the provision of practice-based learning. This is an essential underpinning for the expansion of student places, and a crucial recognition of the invaluable role that services and practitioners play in educating future members of professions.
46. The arrangements for channelling and allocating the practice education tariff must ensure the following:
 - A *pro rata* amount of the tariff follows physiotherapy students onto each placement that they undertake
 - All organisations/services that provide placements (regardless of the sector or setting in which they sit) receive the practice education tariff (proportionate to their placement contribution).
47. The arrangements therefore need to do the following:
 - Support the provision of placements across all sectors and settings (not just in the NHS)
 - Enable an increasing diversity and expansion of placements to be accessed
 - Support the strengthened delivery of placements in primary care settings, including through ensuring that the community practice education networks (CEPNs) are genuinely inclusive of all professions and student groups
 - Promote the benefits of services providing placements for students
 - Integrate expectations that services deliver placements into service commissioning processes, specifications and contracts
 - Achieve equity of practice education provision across professions
 - Support the co-ordination of students enrolled on programmes and available placements (across disciplines, geographical areas and services)
 - Sustain an increase in physiotherapy student numbers – with the total amount of funding made available for the practice education tariff increased to enable the government target for an additional 10k students to be reached
 - Ensure the tariff is administered in a way that optimises the release and use of placement capacity; is responsive to changing service delivery models and workforce needs; minimises bureaucracy and overhead costs; aligns with student cohorts; and follows students onto their placements.
48. While we recognise the challenges attached to increasing the overall budget to support AHP, nursing and midwifery students' practice-based learning, both the level of *per capita* funding

and the overall annual budget must be reviewed. This is essential for ensuring that the budget does the following:

- Reflects the true costs to services of delivering practice education; it is not sustainable that the tariff for AHPs - on a *per capita*, annual basis - is a tenth of the amount that supports the provision of practice-based learning for medical students
- Supports the 10k increase in healthcare student numbers by 2020.

Cost of education delivery

49. It is essential that the full cost of delivering physiotherapy programmes by HEIs is recognised. This needs to mean the following:

- Physiotherapy as a discipline is included in a price grouping that ensures a publicly-funded teaching grant to support the resourcing and delivery of programmes
- It is essential that healthcare programmes are fully factored into the review exercise that we understand the Higher Education Funding Council for England (HEFCE) is due to undertake relating to price groupings
- The full costs attached to the proper resourcing of physiotherapy programmes are recognised; this includes the physical resources, accommodation and human resources required for high-quality learning and teaching and physiotherapy students' preparation for safe, effective practice and the onward, strategic development of pre-registration education (including the importance of its strong links with research)
- A full, true costing of physiotherapy programmes must be established and reflected in this exercise; the risk must be avoided of any assumption that the current NHS benchmark price tariff for physiotherapy (which has remained at a static level for a number of years, and has been regularly challenged) is a fair reflection of the true cost of programmes' development and delivery
- The exercise to allocate funding from the Department for Business, Innovation and Skills to Hefce to ensure a safe transition to the new arrangements must take full account of the full cost of physiotherapy programme delivery
- There is strong recognition of the inter-dependencies between different healthcare programmes and their development and delivery, with risks to one programme's viability potentially impacting significantly on the stability and sustainability of others (including in terms of delivery of opportunities for inter-professional learning, research collaborations and effective and efficient resourcing).

Question 14 – The broader context

50. The CSP is concerned that very little is included in the consultation documents that acknowledges the pace of change within health and social care, higher education and the progression of the skills/apprenticeship agenda. We see the following as being key elements:

- Workforce planning, development and investment - including to address changing workforce requirements arising from new models of care; the shift of more services to primary care settings; ensuring high-quality patient care within a context of financial constraint; and achieving stronger investment in the existing workforce as a key component of workforce transformation
- Ensuring the safe transition to new funding arrangements, particularly from the perspectives of upholding education quality, expanding student numbers, safeguarding workforce supply
- Ensuring the effective run-out of current arrangements for student cohorts that enrol up to 2016/17
- Promoting collaboration in enacting new arrangements, including in ways that optimise practice education capacity to expand student numbers

- Professional bodies' key role in upholding education quality through enacting our quality assurance and enhancement roles
- The progression of the Higher Education bill and white paper and the implementation of its key components, including the introduction of the Teaching Excellence Framework, the replacement of Hefce by the Office for Students, and the opening up of the higher education market to new and alternative providers.

51. We seek clarity on how the changes will be enacted and evaluated in the context of significant change across policy areas and sectors and settings.

Other issues

Engagement with the CSP

52. We are strongly committed to engaging in the next stages of the funding changes. Our commitment is focused on ensuring that the new arrangements are implemented in ways that achieve our shared goal of increasing physiotherapy student numbers and that safeguard entry to the profession and education quality.

53. In this context, we would like to register our concern that no efforts have been made to date to engage us in discussing the proposals, or to inform the preparation of the consultation materials. This is poor stakeholder engagement, which we believe has impacted on the quality of the consultation documents, the analyses contained within them, and the proposals made.

54. In particular, the materials

- Include only fleeting reference to AHPs (with the primary focus being on nursing and midwifery)
- Contain factual inaccuracies and misplaced assumptions
- Under-estimate the significance of particular features of the AHPs (collectively and individually) and their education and student profiles
- Do not appear to recognise that we (and other AHP professional bodies) play a significant role in assuring and enhancing the quality of pre-registration education programmes (including through considering programmes for accreditation and re-accreditation; enacting related annual quality review exercises; and supplying curriculum guidance for use by the statutory regulator, the Health & Care Professions Council).

55. We seek assurance that we will have the opportunity for strong engagement with relevant policy-makers in crucial activity post-consultation. This will be key to ensuring that implementation of the arrangements achieves

- A safe transition
- An increase in physiotherapy student numbers as part of fulfilling the government's 10k target
- An expansion of practice-based learning capacity to underpin this.

Timescales

56. We have strong concerns about the tight timeframes for finalising, formalising and implementing the changed funding arrangements. We therefore seek assurance on the following:

- Active consideration is being given to how timely information can be supplied to applicants and education providers on arrangements for students enrolling on programmes in 2017/18
- Particular consideration is given to how HEIs can be enabled to comply with CMA regulations in promoting physiotherapy programmes, including to ensure that full, accurate

information is supplied to applicants and students on the cost implications on specific programmes and available financial support

- Education providers have clarity on the teaching grant support that they will receive from Hefce (in the first instance) in ways that reflect the full cost of delivering physiotherapy programmes – with transition arrangements made for 2017/18 if this is the only practical way of ensuring appropriate resourcing in the immediate term, and with physiotherapy programmes fully factored into new price groupings for the receipt of the teaching grant
- Education providers are enabled to develop and implement access agreements in timely ways to support individuals from entering healthcare programmes from all backgrounds
- There is clarity at the earliest opportunity on arrangements for channelling and allocating the practice education tariff; these arrangements must be established well before 2017/18 in order for the expansion of student numbers to begin to occur.

Evaluation of impact of the changed funding arrangements

57. The CSP is concerned that the consultation materials say very little about how implementation of the proposed changes will be evaluated. At the least, evaluation of implemented changes must include careful consideration of the following:

- **Whether the arrangements enable the expansion of student numbers**, including in line with the 10k target by 2020, with staged consideration of the fulfilment of the target, such that timely mitigating action can be taken at key points, as needed
- **How the arrangements enable expansion of student numbers, including in terms of the profile** - including across specific disciplines, geographies and specialisms, and the profile of student numbers against changing population, patient, service and workforce needs
- **The impact across and between different professional pre-registration programmes**, recognising their strong inter-dependency within HEIs' structures and resources
- **The profile of students enabled to enter pre-registration programmes**, taking strong account of widening participation, intersectionality and social mobility issues
- **The effectiveness of measures to promote entry to the professions from all parts of society**, regardless of financial background and circumstance and including mature students
- **The profile of pre-registration education programmes**, including the balance between those at undergraduate and postgraduate levels, and the impact of this on the profile of graduates entering the professions and workforce supply
- **The particular impact of support for students' practice-based learning**, including for individual students and for the profile of placement learnings that they are able to complete
- **The particular impact of practice education funding**, including the sufficiency of overall funding to support the expansion of student numbers and the channelling and allocation of the practice education tariff to ensure that students are enabled to undertake placements across all sectors and settings
- **The quality of pre-registration education**, including in terms of its on-going responsiveness to changing needs, sufficient resourcing and position within the higher education sector
- **The cross-border implications of the funding changes**, including for student recruitment, student support, the sustainability of education programmes (including access to practice education placements), and workforce supply
- **The security and effectiveness of transition arrangements, including for students, education providers and workforce supply**, and including through the safe run-out of current arrangements for all student cohorts enrolling up to 2016/17.

58. We note the expectation contained in the Public Accounts Committee's report on NHS workforce supply, published in May 2016, that it will receive a full report on the impact of the changed financial arrangements by December 2017 (House of Commons PAC, 2016). For all

the reasons highlighted above, we welcome and strongly support the Committee's oversight of how the changes' implementation will be evaluated.

59. We seek further assurance that the PAC and other bodies will monitor implementation beyond December 2017, including to ensure that timely action is taken to mitigate risks to workforce supply.



Professor Karen Middleton CBE FCSP MA
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17th June 2016

References

Chartered Society of Physiotherapy (2015) *Workforce data modelling tool*. London: CSP;
<http://www.csp.org.uk/professional-union/practice/evidence-base/workforce-data-model>

Higher Education Policy Institute & Higher Education Academy (2016) *HEPI-HEA Student Academic Experience Survey*. Oxford: HEPI; <http://www.hepi.ac.uk/wp-content/uploads/2016/06/Student-Academic-Experience-Survey-2016.pdf>

National Audit Office (2016) *Managing the supply of NHS clinical staff in England*. London: NAO;
<https://www.nao.org.uk/wp-content/uploads/2016/02/Managing-the-supply-of-NHS-clinical-staff-in-England.pdf>

House of Commons Committee of Public Accounts (2016) *Managing the supply of NHS clinical staff in England*. London, House of Commons;
<http://www.publications.parliament.uk/pa/cm201516/cmselect/cmpubacc/731/731.pdf>

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