

CSP Evidence to the NHS Pay Review Body 2021

Overview of the physiotherapy profession

The CSP is the professional, educational and trade union body for the UK's 60,000+ chartered physiotherapists, physiotherapy students and support workers.

Physiotherapists are autonomous practitioners, able to independently assess, diagnose and prescribe medicines.

Physiotherapy maximises mobility, function, independence and quality of life. Physiotherapists facilitate early intervention, support self-management, provide rehabilitation, and help prevent episodes of ill health and disability developing into chronic conditions.

Physiotherapy plays a crucial role in delivering high quality NHS care to patients and is playing a growing role, as part of effective occupational health, in keeping the NHS workforce healthy and fit to work on behalf of patients.

Summary of CSP evidence

The CSP contributed to and supports the joint evidence submitted by the 14 NHS trade unions and welcomes the opportunity to provide additional physiotherapy specific information.

This submission provides further evidence of the issues facing physiotherapists, physiotherapy support workers, and their services: drawing on both quantitative and qualitative evidence gathered from CSP members employed within the NHS. We would be pleased to supply additional information on request.

Physiotherapy services have been a key part of the NHS response to Covid19, whether through specialist respiratory staff in the treatment of acutely ill patients, providing rehabilitation for those suffering from long covid, or maintaining other services. In addition, physiotherapy staff have been flexible throughout the pandemic, often being redeployed to areas of greater need, or adapting ways of working, with little notice and limited support.

However, our evidence indicates that whilst the pandemic has had a huge impact, it has only exacerbated already-present challenges in an already over-stretched system. The levels of stress reported by the physiotherapy workforce; the reliance on unpaid overtime to deliver a good quality service; and the systemic under-banding of job roles and the lack of resources, all point to the need to recognise these as long-term issues, not just a product of the pandemic.

77% of NHS-employed members frequently feel stressed or overloaded at work¹

80% of survey respondents undertake regular unpaid overtime in a typical week

53% of respondents do not feel their Agenda for Change band appropriately reflects their responsibilities

¹ 2020 survey, see below

The need to address the long-term workforce issues is also clear when looking at the number of physiotherapy staff who have left - or are considering leaving - the NHS, particularly as many of those most likely to leave are the more experienced staff at the top of their Agenda for Change (AfC) band. The need to retain staff in the NHS has never been more acute, and given the low morale reported along with the low levels of job satisfaction on a number of aspects, including pay and career progression, there has to be real concern that we could see significant numbers of physiotherapy staff leaving the NHS.

58% of survey respondents had at least seriously considered leaving NHS employment over the past year

The evidence shows that for physiotherapy staff, a significant and early pay rise would be a key factor in deciding whether to remain in the NHS, and would also have a significant impact on job satisfaction given the expectations and demands of services. This is particularly true for the more experienced workforce at the top of their bands who feel career progression and opportunities within the NHS are limited, and for the younger workforce who report significantly lower levels of job satisfaction overall.

60% of respondents report having worse morale than the previous year. Of those, 54% indicated that the value of take home pay contributed to their declining morale

The challenges for the NHS at the present time cannot be over-estimated, with the increase demand placed on the NHS' resources set to continue for a considerable time as it deals with the impact of the pandemic. A well-resourced, motivated and energised workforce is required to deal with the challenges of Covid 19, but also to ensure the NHS is fit for purpose going forward into the future. Delivering a significant pay rise will send a clear message to staff that they are valued and it will go towards the crucial aim of building the workforce for the future.

“To keep people engaged and motivated then people need to feel valued. Both in what they do in their job, but also through their pay” CSP Member

Online survey of NHS-employed physiotherapy staff

Methodology

In October and November 2020, the CSP ran an online census survey of all members employed by an NHS organisation.² It included both qualified physiotherapists, and physiotherapy support workers.

Respondents were asked to comment on:

- Satisfaction with take home pay, and other aspects of NHS employment;
- Cost of living expenses over the past year;
- Workloads and workplace resources;
- Workplace stress and moral;
- Overtime and additional employment;
- Career plans outside of the NHS.³

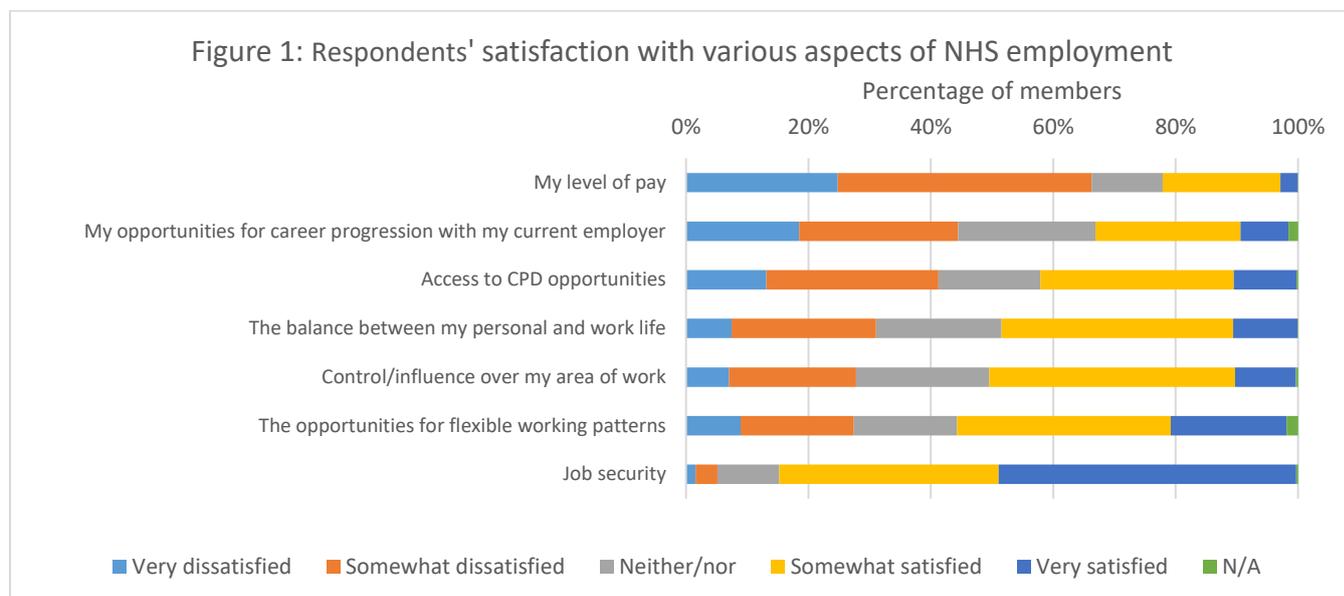
Analysis is based on the 5527 survey responses received from England, Wales, and Northern Ireland, given the anticipated remit of the PRB process.

Job satisfaction - Take home pay

² Inc. social enterprises delivering NHS services (<2% of respondents) & NHS-associated employers such as general practices (<1% of respondents).

³ CSP survey data gathered to inform previous Pay Review Body rounds are not directly comparable due to survey- and sample-design.

The survey showed a high level of dissatisfaction with NHS pay. As demonstrated in Figure 1, 66% of CSP respondents reported being either very or somewhat dissatisfied with their level of pay.



Statistically significant differences⁴ were seen between groups:

- CSP members employed on lower AfC bands were statistically less satisfied than more senior colleagues.
- Those working at the top of their AfC band were significantly less satisfied with pay when compared with those still working through their band's entry and mid pay points.⁵ This finding reflects comments raised in our qualitative research (see below) where members detailed how limited NHS career progression results in members – at all points within NHS career pathways – getting 'stuck' in grades not reflective of their workplace responsibilities.

Job satisfaction - other aspects of employment

Considering their main NHS role, respondents were asked to rate their satisfaction with further aspects of their employment, also detailed in Figure 1 above. Alongside take home pay, CSP members were least satisfied with career progression and CPD opportunities within the NHS.

The below bullet points summarise substantive - and statistically significant - findings from inter-group analysis conducted on the above data:⁶

- Regarding opportunities for career progression:
 - Satisfaction varied by AfC band, with members employed on bands 2-4 (physio support workers) and band 6 being significantly less satisfied than those members employed on band 5 (most entrant-level physiotherapists) and bands 7+
 - When AfC band and age are controlled for,⁷ respondents working at the top of their AfC were significantly and substantially less satisfied than colleagues still moving through their band's entry and mid points.
- Regarding CPD opportunities, respondents' AfC band was again predicative, with higher levels of satisfaction reported by those in higher bands.

⁴ Analysis of Variance, $p \geq 0.05$ (ANOVA), unless otherwise stated.

⁵ Having controlled for members' AfC band and age through Multivariate Linear Regression (MLR)

⁶ ANOVA, unless otherwise stated

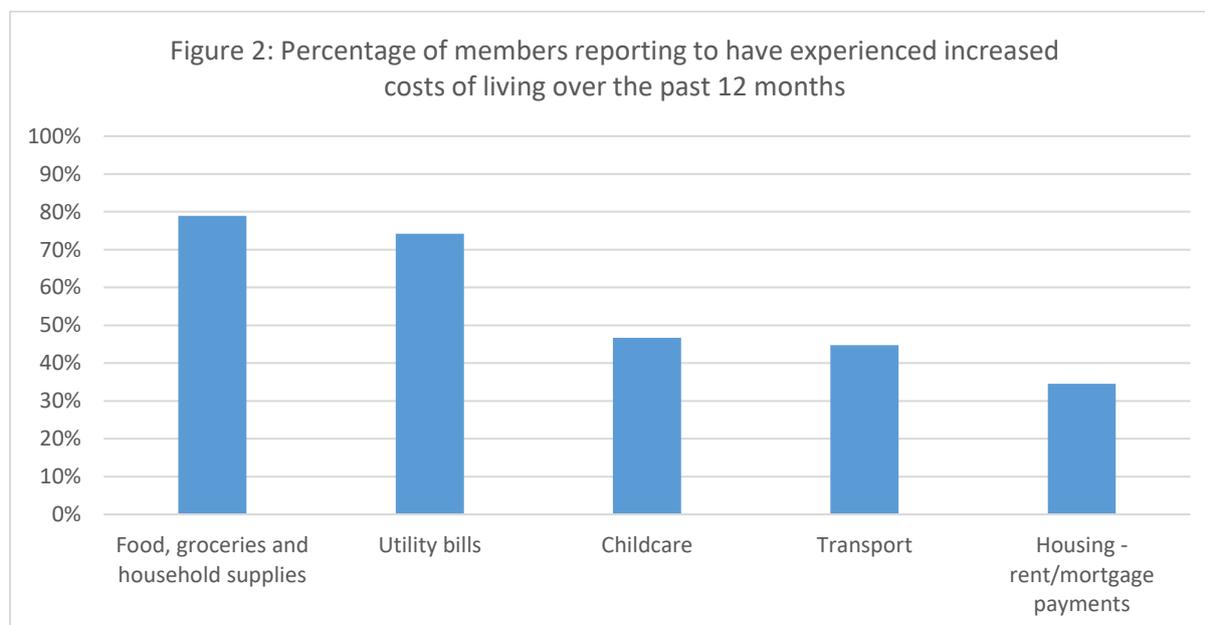
⁷ MLR

- Regarding work-life balance, part-time workers reported considerably higher levels of satisfaction than members on full time contracts.
- Regarding job flexibility:
 - Part-time workers reported substantially higher levels of satisfaction compared to members on full-time contracts.
 - Respondents under 30 years old reported having significantly lower levels of satisfaction compared with older NHS staff. This possibly reflects changing expectations of new and younger entrants to the NHS job market, posing a threat to future recruitment and retention.

Looking across all aspects of their role, 46% of respondents reported having worse satisfaction with their role when compared to the same time the previous year. This dissatisfaction was even more marked for those working at the top of their band.⁸

Costs of living

Compounding members' low satisfaction with take home pay, a majority of respondents reported being negatively impacted by changing costs of living this year, as demonstrated in Figure 2.⁹



Members were asked to comment on how their take home pay has changed relative to their costs of living over the past 12 months. 63% indicated it had deteriorated either somewhat or substantially, with only 4.5% indicating any improvement

Workloads and staff shortages

When asked how their NHS workloads had changed from 12 months previously, 74% of members reported that their workloads had increased. Asked to indicate what factors had led to increased workload, 79% of impacted members cited service demands arising from the NHS' covid response. The accrual of new responsibilities - and insufficient sickness, maternity or holiday cover - were also frequently given as contributing factors, cited by 71% and 49% respectively.

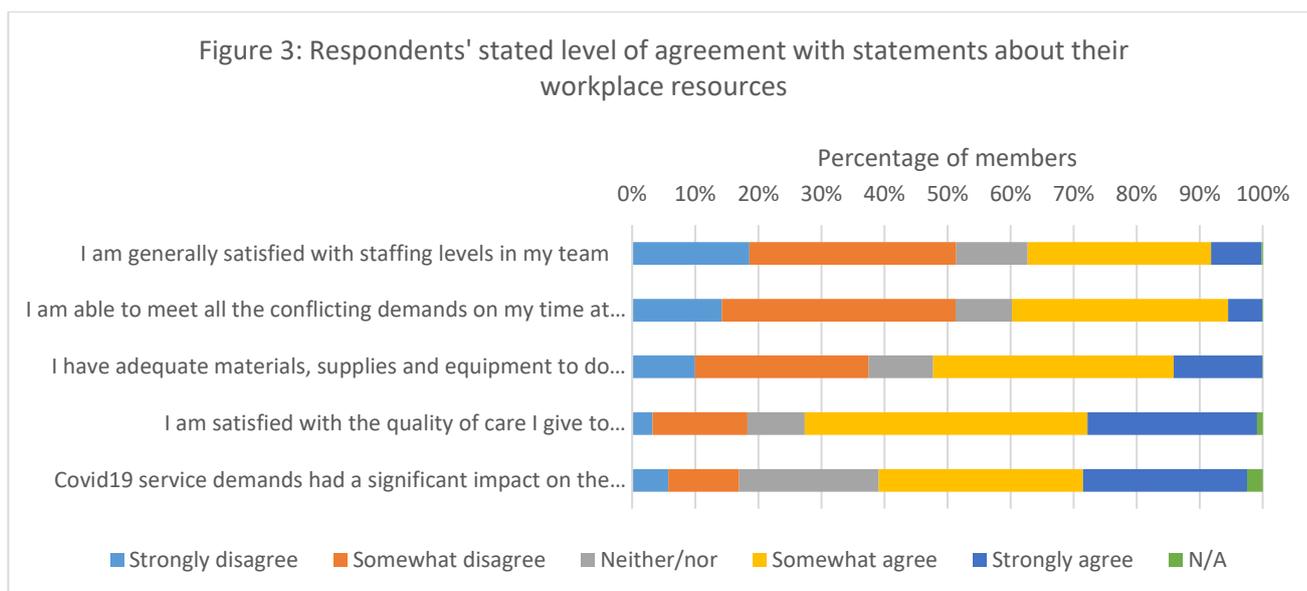
⁸ MLR

⁹ Respondents indicating a particular cost of living as "not applicable" to their personal circumstance removed from denominator.

Respondents were separately asked to comment on whether staff shortages had occurred in their working area or department over the previous year. 70% of respondents indicated that staff shortages had occurred either very frequently (29%) or frequently (40%). Only 1% of respondents indicated they had not experienced any staff shortage over the previous 12 months.

Workplace resources

In part due to these gaps in workforce, members indicated that they often lacked the necessary workplace resources to adequately perform their role, as seen in Figure 3:



Despite the considerable resource challenges faced by physiotherapy staff, members noted general *satisfaction with the quality of care [they] give to patients*, with only 18% disagreeing with this statement. However, as seen in the 'overtime' section below, in order to deliver this high quality care, our members have had to provide a large amount of unremunerated labour in order to make up for the health system's lack of funding and resources.

Overtime

Unpaid overtime is systemic in the physiotherapy workforce, with 80% of respondents reporting that they undertake regular unpaid overtime – i.e. work where neither overtime pay nor time off in lieu was received – in the course of a typical week. A total of 10% of members reported working five or more hours of unpaid overtime in a typical week.

Understaffing in the NHS – and the resultant health service's reliance on unpaid labour to maintain quality patient care – dominated the reasons given by members for working these additional hours. 66% of impacted respondents gave the need for *time to deal with workload and patient notes* as the principal factor that caused them to undertake regular unpaid overtime.

In addition, 16% of respondents reported regularly working paid overtime (not including on-call or emergency duties) in a typical week, with 4% of all respondents working five or more paid overtime hours in a typical week. Of those undertaking paid overtime, 22% of respondents identified the extra work as being necessary to meet their living costs as the single most important motivating factor.

Additional paid employment

14% of CSP respondents reported regularly working additional paid employment outside of their main NHS role. A further 13% reported working occasionally outside of their main role. Of those that reported taking additional outside work, 72% reported this as necessary in order to save money; 54% reported doing so as their main role's salary did not meet their costs of living; and a further 26% of those that undertook additional work did so to manage debt.

Workplace stress

The Covid19 pandemic has exacerbated already existing, endemic levels of stress among the NHS physiotherapy profession:

- 77% of members strongly (29%) or somewhat agreed (48%) with the statement that they *frequently feel stressed/overloaded at work*.
- 54% of respondents somewhat (38%) or strongly agreed (17%) that *the stress [they] experience at work has a detrimental impact on [their] personal relationships outside work*.
- 42% of all respondents agreed that *the stress [they] experience at work has a detrimental impact on relationships at work*.
- 42% agreed that *the stress [they] experience at work has a detrimental impact on [their] ability to do [their] work*

Roughly a third of members each reported agreement (35%), neutrality (33%) and disagreement (29%) with the statement that *Covid19 service demands had a significant impact on how [they] answered [these questions about workplace stress]*.

Inappropriate AfC banding

Only half of respondents (53%) indicated that they somewhat (33%) or strongly agreed (20%) that *the band/grade for [they are paid for their] job appropriately reflects [their] responsibilities*. Our qualitative evidence, described below, points to a systemic under- rather than over-banding on the NHS physiotherapy workforce. Between-groups differences were found, with those in lower bands¹⁰ – and those working at the top of their band¹¹ – least likely to feel their band appropriately reflects their job responsibilities.

Members were likewise asked to rank their level of agreement with a statement that that *have to regularly undertake duties which [they] believe should really be carried out by a higher grade/band*. 47% of members agreed with this point – 19% strongly, 28% – pointing to the systematic under- rather than over-banding of NHS physiotherapy staff. Again, between-groups differences were found with lower banded staff - and those working at the top of their band – again more likely to report the expectation that they carry out duties of a higher band.

Staff morale

A decline in staff morale was noted in the survey, with 60% of respondents reporting that their morale is either worse (45%) or a lot worse (15%) than this time the previous year.

When those respondents that noted declining morale were asked what factors had contributed to this decline, 78% reported that Covid19 service demands factored into the decline. Financial considerations also featured highly, with 54% indicating that the value of their take home pay

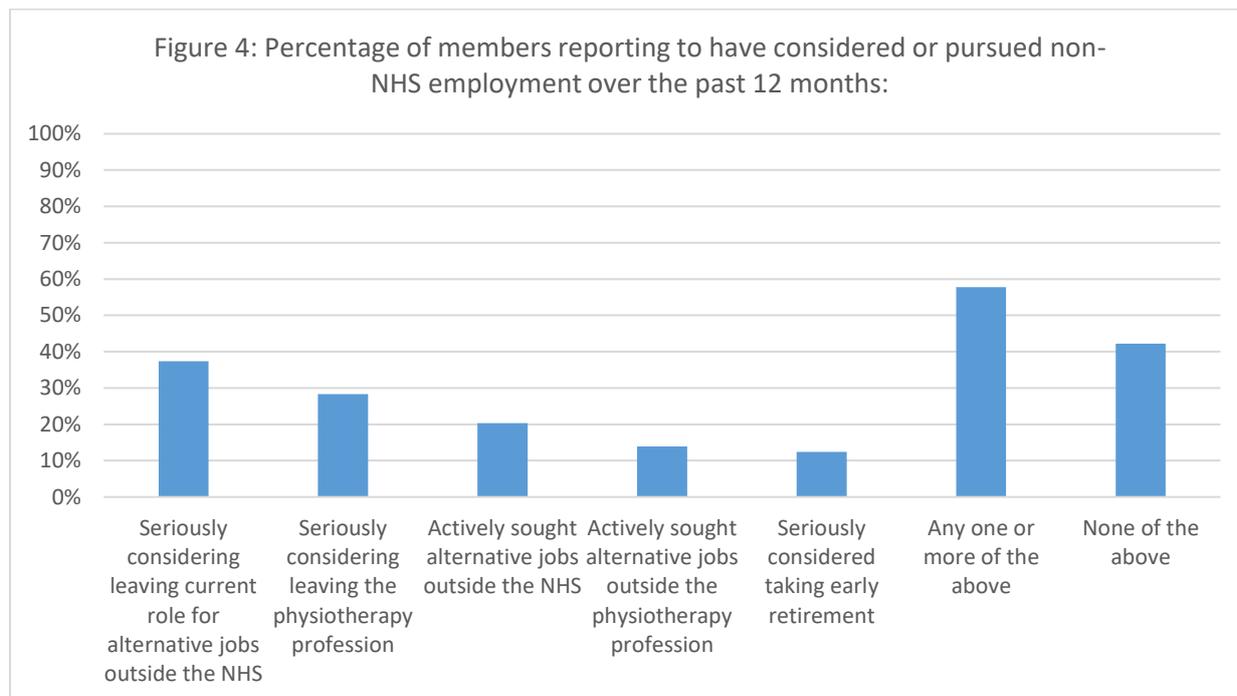
¹⁰ ANOVA

¹¹ MLR

contributed to their declining morale, and 15% indicating their current contractual terms and conditions contributed.

NHS retention

Responders were asked whether they had considered, or pursued, leaving NHS employment over the previous 12 months. As demonstrated in Figure 5, six in ten CSP members (58%) reported having - at a minimum - seriously considered moving outside the NHS over the past year:



Significant differences were again seen between groups.¹² 63% of those working at the top of their AfC band reported having at least seriously considered non-NHS employment in the previous year, compared to 53% of those still working through their band's entry and mid points.

Pay and other financial considerations rank highly among the primary motivations causing CSP members to consider working outside the NHS. Among those respondents that stated they had at least considered non-NHS employment or early retirement, 66% indicated the value of their take home pay factored into their thinking. Issues with workloads and workplace stress – both impacted by understaffing – also featured highly.

81% of those respondents that at least considered leaving NHS employment over the past year stated that an early and pay rise would have positively affected their decision-making.

3 Qualitative evidence

Research design

In September through November 2020, the CSP ran a series of online focus groups, to discuss members' experiences of NHS employment in more detail than our survey allowed. 12 meetings

¹² Chi square test, $p < 0.05$

were run across the UK, with care taken to ensure that participants' professional and demographic profiles was broadly – but not statistically – representative of the NHS physiotherapy workforce.

Members were posed a core set of questions concerning NHS pay, recruitment and retention, and both service and professional changes. The following provides an overview of the key themes.

Pay as a proxy for professional recognition

One of the most frequently cited concerns of members was how their and the profession's contribution to the health service - and health and wellbeing - was often poorly recognised.

Members report how the profession's contribution to the pandemic bolstered its reputation among healthcare professionals and the public, but this had not extended to policy makers or acknowledged in NHS pay rates:

- *Everybody rose to that challenge. It was quite phenomenal. We were changing rotas on a daily basis. Staff were doing 12 hour nightshifts. We were upskilling people at an alarming rate. Covid19 highlighted just what the unique skills that we all have and how resilient [we are as a profession] and [the] transferability of our skills.¹³*
- *We give up a lot, make personal sacrifices for our roles. I think that was sort of highlighted to the public during Covid, but actually it's something that we've been doing for years and years. We do give up lots of our weekends. We do work the long days. And then, like, I'm [under 30] and single, I go home to a grotty flatshare because I can't afford to buy a flat or home.*

Members described how a pay rise would contribute to a better recognition of the profession, improving recruitment, retention and job satisfaction among the NHS workforce:

- *A pay rise would certainly help in terms of recognition, if we were seen to receive a significant rise this will reflect the level at which we are working.*
- *To get the recognition out there along with a pay deal will open people's eyes again and raise awareness about the profession [helping recruitment into the NHS].*
- *A pay rise will give a distinct moral boost as people have been working way above their hours of which they are contracted and paid, a pay rise would help us to get through these very difficult times. Teams have worked extra hours and not submitted an overtime claim. It makes me think 'why do I want to stay in physio if I'm not getting any recognition'.*
- *To keep people engaged and motivated then people need to feel valued. Both in what they do in their job, but also through their pay.*
- *It is not so much the money, it's that recognition of how much your role is worth.*

Lack of real term pay rises over the past decade

Members across the UK raised the need for the 2021/22 PRB process to address the decade of lost pay rises experienced by the profession:

- *We are worse off in real terms than we were in 2008. This is not inconsiderable...[and] does not include the additional losses caused by increases PAYE and pension contribution costs. We have been the people paying for economic mismanagement and austerity.*
- *Our pay has obviously not increased in line with inflation... [and] private sector pay increased faster than NHS pay. The incentive to shift across to the private sector is a temptation there for people.*

Three year pay deal's reception among those working near or at the top of their AfC pay band

¹³ Here and below, Italicised text notes direct quotes from members, edited for comprehension and to safeguard anonymity.

Members reported that the NHS' preceding three year pay deal was not perceived to have benefited those working at or towards the top of their AfC band:

- *Quite a lot about people at the top of the bands seem to have been missed on many years of the pay rises. You've got lot of experienced staff at the top of the bands that feel there has been no progression for them, or consideration.*
- *All anyone saw are more junior colleagues jump massively, which was lovely. You are always happy to see your colleagues do well, but most people are stuck at the top and didn't really see anything. It was like another kick in the teeth.*

The changing role and contribution of physiotherapy services

Members discussed how demographic change within the population is producing greater care needs, placing new - and currently unremunerated - pressures on the profession. In addition, NHS service transformations have required physiotherapy services to take on a more central and advanced role within the NHS.

- *The complexity of the patients that are coming through is nowhere near what it was ten years ago on all of our wards patients generally are living longer, they've got more comorbidities. We're doing a fantastic job from a medical perspective, but... the impact that has on in-patient or community care is huge.*
- *The NHS has its long term and short term goals... [But] they are only looking at, like, 5 years... As physios we are looking at long term health implications. We're looking at 20, 30 years' worth of [demographic change in the population] and helping them not need that ongoing healthcare. We are looking at providing patients with long term fixes for their issues, so that they can self-manage their conditions themselves rather than keeping coming back through that revolving door process... ultimately that self-management role that is going to save the NHS and the government long-term. None of that is ever taken into account when they are basing their one year, three year, pay deals.*
- *I'm expected to wear multiple hats, keeping myself skilled to the level where I can manage a team and implement service development. If I went into a private sector private practice boasting those skills I would expect a different level of treatment in a way in terms of protected time, your pay.*

Professions' contribution to the NHS' Covid response

Members commented on the profession's ongoing Covid response, with it not being replaceable with other professions or workforce groups:

- *Lots of patients will be experiencing long term effects of covid, or just simply the results of lock down and furlough. As a profession, whether that be MSK or community staff, we are going to have to rehabilitate a lot of these people. We are going to be central and key to our improving the public health... I think that has to be something that needs to be recognised when looking at this next round of pay.*
- *We won't be seeing the total impact of Covid for 3 to 5 years - this is about the long term not just the here and now. [NHS Pay needs to ensure] retention by valuing experienced staff, to deal with what we will be facing in years to come*

Whether redeployed, or backfilling understaffed services, members described taking on responsibilities not adequately recognised by their AfC grade or pay, typified during both waves of the pandemic.

- *When it hit I was pulled to respiratory, and had to up-skill very quickly to know what I was doing there... I've been doing part-time outpatients and part-time respiratory inpatients, so I've had to have two different skill sets and swap between both quite quickly.... So it's been a lot more effort in terms of CPD and keeping up with everything,... I feel like I've done beyond what's expected of me.*

- *We've rotated between Departments. We've moved from five day to seven day services. Worked weekends, long days, short days. A reflection of that in pay is needed.*
- *It was physically demanding...I'd often get in at the end of end of the day, after dinner I pretty much went straight to bed and then do the same thing the next day. It wasn't really much of a life to be honest.*

Members described how the nature of physiotherapy care changed with new and changing PPE procedures, the closure of physical spaces, and the move to remote treatment. These developments have led to the profession taking on new responsibilities *en masse* - again without proper recognition or remuneration:

- *We've had to completely change the way that we've been working. We have had these level one patients with such high needs without a physio gym, without basic equipment. We just don't have the resources... we've done incredibly well to keep rehabilitating these extremely complex patients, but without any kind of rehab equipment, any rehab space.*

Members reported that the intensity the profession has been working at during the NHS' Covid response is not sustainable:

- *We are at that stage where staff are being asked to do a second role, but staff are still not necessarily fully recovered from first wave of the pandemic. Dealing with winter 2nd wave will be far harder, as we will also be dealing with respiratory winter viruses too, having a demotivated, demoralising, anxious group of staff is not going to help. A pay rise would help alleviate these feelings.*
- *We're all barely hanging on for the second surge at the moment because our mental health and well being has taken such a battering and all of that clapping was wonderful. It was great. But it has not translated in the government into pay.*

Members commented on the unique impact Covid service demands have had on healthcare professionals' personal lives:

- *When you've got family at home, small children, a partner, or anything - they know what you do. They know you work in the red zone. They know you put yourself at risk. They don't think about it when we're not in the middle of a pandemic: my partner doesn't know that we saw TB patients or patients with Hep C or HIV. But in the middle of a pandemic, they know about it. You can't hide it from them when you're being coded, swabbed, or saying 'I think I'm unwell'... So it does have an effect on you.*
- *It makes you feel bad around your extended family. My in-laws are always a bit cautious about me because I work here. It doesn't feel so great. It impacts on your health and well being.*

High workloads and understaffed services

Members across the UK reported high workloads - only exacerbated by the Covid19 pandemic – linked to high vacancy rates, limited funding and low staffing levels felt across the NHS:

- *We're always operating a vacancy somewhere across all bands... We have had a band 6 post in neurosurgery vacant for whole year and don't have funding to make it full-time.*
- Members describe pressure from hospital managers to reduce staffing levels due to underfunding. When presenting a service specification for their clinical specialism, one service lead reported "hospital management were like You need to lock those [workforce] numbers down.

Members reported these high workloads lead to a culture of long, unpaid overtime hours, risking staff burnout:

- *If you're eating your lunch, you're doing your emails. You come in 10 minutes early so you can open your emails, to see who sent you an email from the night before because they were working late doing their emails. It's just a merry-go-round. That's where you're going to get the burnout.*

Members reported their primary concern with understaffed services is the impact on patients and other healthcare professionals:

- *As soon as you start carrying vacancies, patient care and staff satisfaction vastly reduce... stress levels go up.*
- *We're not able to do the role that we want to do. All we're doing is crisis management and seeing patients once a week, and not being able to fill the role that we're employed to do because there might be one band 5 physio covering two wards of 30 patients. And they're just like not really getting the job satisfaction because there isn't enough staff. I think a lot of that comes down to pay as well.*

Limited NHS career progression

Members uniformly reported that there was too limited career progression within the NHS, representing a retention risk to the NHS:

- *In terms of job satisfaction, it's just much, much lower than it used to be I think because there's just no chance to even progress yourself.*

Particular issues were raised with the limited clinical opportunities for higher-band career progression:

- *10 years ago, five years ago, there was a clear career progression. Newly qualified to band 6. Band 6 to Band 7. Now people are waiting their entire life for a job opportunity, for promotion to come up, and that's from [band] Five to Six. Six to Seven. And then it all stops at seven.*
- *On the ward or in the community... unless you become a manager, you can't be above band 7 anymore. Specialists aren't really respected anymore. You've got to be a manager, otherwise you can't be above [band] 7. You feel like you're hitting a brick wall there. I'm working with highly specialist band 6s and I'm thinking 'why are you not Band 7s. You should be Band 7 you work at that level'.*
- *If you're at top of [Band] 6 and there isn't an option to go onto 7 or 8 without going into managerial roles. So if there is a [private] place that's developing the rehabilitation aspect of vision therapy... I see people going off to these places, definitely*

Inappropriate AfC banding

Entwined with the perceived lack of career progression was the experience - reported across all AfC bands - that NHS physiotherapy staff are routinely expected to perform duties that should be paid a higher AfC rate:

- *Unfortunately some top of band 6s have been there a while and many are on a par with band 7s in terms of skills and effectiveness for patients, but are rewarded with much less pay. band 5 staff can be stuck at their banding for years - doing essentially the same role as more senior colleagues, due to lack of opportunity.*
- *One respiratory lead noted that [health service transformation is seeing the profession] upskilling and branching out... and I think that's really positive. There is a lot of staff coming through with more multidisciplinary roles. However, it does mean that people taking on a lot of new skills... and taking on those roles within their trust without pay.*
- *Members reported this issue affected staff across the AfC system. One physiotherapy support worker reported that they had now: hit the top of my pay scale and continuing to pick up more and more responsibilities. At times I am quite busy, running a ward. I don't feel my pay reflects that. I think everyone, regardless of banding, has had to perform a notch higher than expected of them.*

NHS retention

Physiotherapists and physiotherapy support staff discussed how the above combination of high workloads, limited career progression, and limited opportunities for professional learning and

development, was causing physiotherapy staff to look outside of the NHS more frequently - and at an earlier point in careers - than in preceding years:

- *At the moment, I'm still wanting to experience at band 5 level and just rotate around different [clinical] areas [in the NHS,] but if in the future there was a position outside of the NHS that provided me with the pay rise then I think I go for that over staying.*
- *The more experienced band 5s and 6s in neuro - some of them migrate across to the private sector, just because there are more training opportunities, more opportunities for progression... [In the NHS] you don't necessarily have the clear developmental opportunities and the leadership and the structures to provide opportunity, and as such they [go to work in] the private sector. They perceive the pace, the pay, as better. But also there's better structure in terms of going on external courses, having different opportunities.*
- *I have personally thought about leaving the NHS on numerous occasions over the last few years. This was due to the fact of increasing demands on my role, insufficient staffing levels, increasing caseload... additional unpaid hours, minimal pay, etc etc. When I went into physiotherapy, I did not think for a second that after 2-3 years in service that I would be thinking of re-training into another profession - most likely teaching - or leaving the NHS to go private.*

Chief among the reasons given for physiotherapy staff to look outside NHS for employment was the perception of low pay in relation to the demands of NHS employment:

- *If you look at private sector jobs, not in healthcare but in in in another sector, if you take the comparable job expectations, the supervision of juniors, the providing of education to juniors... having a responsibility not only for your own actions, but also the actions of those others. There is a great disparity on what we then take home at the end of the month.*
- *I have friends who have far less responsibility in roles that aren't in healthcare. They can't believe that that's our days and we just kind of take in our stride and carry on as normal because that is our role and that is our profession. It's just not reflected in our pay. Covid was great to highlight all these things, but it's not just Covid where people have made sacrifices. It's been going on for a lot longer.*

Recruitment risks to NHS

Members report how, following clinical placements in NHS teaching hospitals, early career registrants are not 'naturally' staying in NHS employment as they reportedly had previously, due to perceived low pay, limited development opportunities, and high workloads and stress within the NHS:

- *[Non-NHS employment at comparable rates of pay is] perceived as less taxing. Less stressful. Somebody would not necessarily think about a career in the health service, because they'll associate it with just real-world tough grind. If our pay levels still remain at this level, [NHS] employment is not going to be very attractive.*
- *Having a decent pay rise will be that main attraction and that appeal for people to say 'yeah I fancy coming into the profession and I will stay in the profession' rather than just dipping their toe in.*
- *One early career physio commented that they know a lot of students who have graduated at my time. They have either gone either abroad or potentially into private practice where they thought the grass was slightly greener.*

Furthermore, members reported that comparatively low starting pay within the NHS is making international recruitment difficult:

- *Overseas recruitment has diminished massively. Potential because of people's inability to travel [due to the Covid19 pandemic] and the pay obviously is a factor. I trained in Ireland and [role-equivalent] pay was significantly less [in the UK] but the ability to progress within the NHS [was] a lot higher than in the Republic of Ireland. That isn't the case anymore.*

- One physiotherapist, themselves early in their career, commented they've *currently got a [Canadian] student at the moment... he says he won't work in the NHS because of the wage and salary.*

Other members report how the unique circumstances of the Covid19 pandemic has proved unattractive to new entrants to NHS employment:

For nearly qualified staff... It's not what they expected, not what they signed up for. [They] haven't been doing the normal rotation, so they've not necessarily had the same opportunities that they would have had 12 months ago and therefore their development has been stalled a little bit.

-- Ends --