

# Future shape of the physiotherapy workforce: Information paper

## Introduction

In a period of significant change to the health and care system, there are opportunities for UK physiotherapy, to grow as a workforce, to develop new roles and to influence how services evolve for the benefit of public health and patients.

Equally, there are significant risks: if the physiotherapy workforce does not seize these opportunities and show its relevance and value, it risks marginalisation. This could mean the growth of other professions at the expense of the physiotherapy workforce and reduced public access to physiotherapy services when savings to health budgets are being sought.

The purpose of this information paper is to underpin the *Future Shape of the Physiotherapy Workforce position statement* agreed by council, to help:

- Set out a vision of the future shape of the workforce to best meet population need
- Support the profession to be proactive in responding to changes taking place in health and care and how it engages with the risks and opportunities emerging from these
- Provide a framework that allows the CSP to develop more detailed policies on many of the issues set out in the statement

This paper is not seeking to address the many and fundamental issues relating to **how** changes to the workforce described can be brought about. These important issues include addressing the funding shortfall; reforming workforce planning; investment in workforce development; establishing a more enabling framework for career progression (including through the apprenticeship agenda). These important issues are all addressed elsewhere.

## Drivers of system change

We have a growing population. Most importantly, we have an ageing population and increasing numbers of people with long-term conditions and co-morbidities.

The current UK systems traditionally work on a medical, illness-focussed model, tending to treat illness as one-off events that happen in isolation. They are unbalanced, with inadequate preventative and health-maintaining services in primary, community and social care, driving people into the most expensive parts of healthcare provision.

The combination of changing needs and the way the system traditionally works, mean that as a society we are not providing ourselves with the care we need to fulfil our potential for health and wellbeing, or avoid unnecessary disability and pain. This is also financially unsustainable.

While there are major areas of contention - such as levels of public spending and the role of the market - there is a consensus among policy-makers, clinical leaders and politicians that this requires fundamental change to meet population need in effective, sustainable ways.

## Policies for system change

Insufficient spending across both health and care is exacerbating the features of the system that make it financially unsustainable

This also undermines our ability to transform the system in the way that it needs to. The CSP has strongly argued the urgency for a new settlement on funding as a prerequisite of transformation.

While the issue of funding is urgent and outstanding, many policies for changing healthcare being pursued by the UK governments are progressive. These include: greater investment in

primary care and prevention; place-based planning aligned to local population need; the drive towards more effective collaboration between providers and commissioners/ planners to deliver local system change; the integration of health and social care; and for provision of better support for the public to manage their own health.

### **The need to change and lead change**

The CSPs vision for system transformation is to embrace a social model of health care that is more rehabilitative, preventative and empowering of patients and communities. Support for this approach is gaining ground as a way to break the cycle of spiralling costs as well as to meet population need more effectively.

The core values of physiotherapy include taking a comprehensive approach to an individual's health and wellbeing and the wider determinants of health and recovery; working with patients as active partners in their own recovery and maintenance of health; and minimising the impact of illness or injury on individuals. These values are central to physiotherapy's clinical and cost effectiveness and have a strong correlation with the changes needed for the future health and care system.

Particularly because physiotherapy staff tends to be at the interface between different settings, they have a particular potential to improve efficiency and productivity across pathways and systems, while raising the quality and continuity of care.

The profession needs to maximise the opportunities for growth, development and leadership and in so doing avoid the risks of being marginalised and being reduced in size. Adapting to change relies on the physiotherapy workforce being resilient and flexible in its response and a strengthened leadership capacity and capability.

In short, the physiotherapy workforce has a particular responsibility and role to play in shaping and leading transformation – and much to gain from doing so.

### **The need to grow**

The CSP has identified increasing supply as a critical issue for the physiotherapy workforce's capacity to respond to current and projected need. Although the registered physiotherapy workforce has been expanding consistently for some time, this is not keeping pace with increasing demand. This is evident from current recruitment difficulties, as well as modelling of future need. Without an increase in the number of physiotherapists in the workforce of at least 500 each year up to 2020, the problems created by this shortage will worsen.<sup>1</sup>

While direct comparisons between health systems are difficult, the UK has a lower number of physiotherapists than most other European countries per head of population: It sits in the bottom half of all European countries.<sup>2</sup>

A study commissioned by the Department of Health in England to forecast future skills and staffing against population need has shown that, by 2025, 36% more hours of care will be required from the health and care workforce. While the modelling is for England, the population data used is broadly the same across the UK, with long-term physical conditions the primary cause of the projected growth in demand, followed by long-term mental health conditions. The study maps an increase in care hours required against different segments of the workforce, as set out in the table below.<sup>3</sup>

### **Projections of care hours required from the workforce**

Projections suggest that by 2035 the profile of the workforce in the UK will need to have changed – with nurses, AHPs, other non-medical professionals and support workers forming

a larger proportion of the overall health and care workforce, and the medical workforce forming a smaller proportion. This would be a significant change in the pattern of growth in the paid health and care workforce compared with the last two decades (60% of the 1 million additional staff created between 1996 and 2013 were doctors).<sup>3</sup>

| <b>Part of workforce</b>                               | <b>% increase in care hours by 2035</b> |
|--|---|
| Medical workforce                                      | 14%                                     |
| Health and care workforce, bands 7 & 8 (or equivalent) | 14%                                     |
| Health and care workforce, bands 5 & 6 (or equivalent) | 23%                                     |
| Support worker /care assistant workforce               | 31%                                     |
| Unpaid workforce (carers and volunteers)               | 42%                                     |

The CSP believes that the physiotherapy workforce must ensure it is expanded in line with these projections. This means significant growth across the whole registered physiotherapy workforce, and even greater growth of the support worker workforce.

The CSP also argues that the numbers of higher bands of physiotherapists need to grow at the same rate as the profession as a whole. In this way, the profession will be able to play an enhanced role in primary care and reduce pressure on GPs and consultants.

#### **More but not more of the same**

Increased workforce capacity to meet growing need cannot only come from an expansion of workforce numbers, but also from working in new ways. This includes through job role reconfiguration, stronger multi-disciplinary team working and all parts of the health and care workforce working to the height of their capabilities.

For the future physiotherapy workforce, there will be an increased significance in:

- use of assessment and diagnosis skills to provide expert advice
- engagement in care planning and case load management
- delegating and overseeing activities performed by others
- coaching patient self-management and behaviour change
- working within integrated multi-disciplinary community teams
- use of healthcare technologies
- evaluating the value and impact of services and using to lead service improvement

A greater number of physiotherapists will need to be more confident in practicing autonomously as first contact practitioners and being accountable for managing high levels of complexity, risk and uncertainty.

Within new models of care, physiotherapists will need to develop more remote forms of peer-to-peer support from within the profession, at the same time as working and learning alongside colleagues from other parts of the workforce on a day-to-day basis.

The CSP is already making a strong case for physiotherapists with advanced practice skills to take on some tasks currently performed by doctors; for example, in the emerging role of General Practice Physiotherapist,<sup>4</sup> and in the more established roles in A&E departments. The growth of the physiotherapy workforce will depend on developing the profession's capacity to take on these kinds of roles, in greater numbers, and to deliver care as well (or sometimes better) than more expensive parts of the workforce.

The necessary corollary of working to the height of capability and scope is to let go of roles that can be performed as clinically-effectively, and more cost-effectively, by others.

Support workers will be critical in this: they are already playing an increasingly direct and hands-on role in patient care and the recovery process, with greater delegation from physiotherapists. This trend will need to continue.

Support workers will need to develop higher-level skills in educating and advising others, and play a bigger role in supporting the unpaid parts of the workforce (e.g. carers) to perform tasks that support workers themselves might traditionally have done.

Physiotherapy staff will increasingly need to work in partnership with other occupational and professional groups who are also likely to grow in number. This includes, for example, other specialists in exercise - from gym instructors through to graduate sports therapists.

All the above requires the physiotherapy workforce to be willing to make full use of its capabilities and have the confidence to let other parts of the workforce perform tasks where they can do so as effectively and safely, and more cost efficiently.

### **Valuing generalists as much as specialists**

There is a strong emphasis and value placed on specialisation within professional and healthcare cultures and structures. The degree of a practitioners' specialism is routinely assumed to denote a high level of expertise. This is an established and engrained feature of the medical model of health care.

However this may not necessarily be the case - working in a narrow area of practice does not mean that activity must be at an advanced or complex level. Among doctors it is increasingly recognised that more expert generalists are required. In 2011 the RCGP led a commission into this issue and the Royal College of Physicians has emphasised the importance of generalist training.<sup>6</sup>

The culture of specialisation also exists in physiotherapy, with specialisation seen as a career goal for the majority of the physiotherapy workforce.

With increasing numbers of people with long-term conditions, co-morbidities and complex needs, and a shift to out-of-hospital care, in the future more physiotherapists will need to have developed generalist skills and the capability to practise as generalist practitioners (see explanation of terms in appendix).

One area of this is the need for advanced level generalist skills and the development of more expert generalist roles. In primary care and in A&E, these practitioners can undertake tasks that might currently be carried out by doctors. Key capabilities include being able to manage undifferentiated conditions and diagnosis for a wide range of conditions prevalent in the population; deal with high levels of risk, complexity and uncertainty; take responsibility for decisions and actions in this context; and manage complex caseloads and service delivery safely and effectively as first-contact practitioners.

There is an equally pressing need for the profession to promote and place greater value on the work of generalist domiciliary and community rehabilitation teams supporting people to manage a range of long-term conditions.

Specialist advanced practice and specialist rehabilitation physiotherapists for different condition areas will continue to be just as necessary and valued, and there will still be opportunities for consultant level physiotherapists within specialist areas in acute care, as well as in the primary and community sectors.

However, physiotherapy generalists at all levels will need to increase in number and to be valued far more than they are at present, on the basis of parity with specialists. This is a significant cultural shift that the physiotherapy profession will need to make.

### **Generic roles vs flexibility**

In spite of some initial concerns from the profession, generic AHP support worker and AHP/nurse manager roles are now well-established and rather than diluting skill mix, job roles have often been configured to better meet patient need.

Furthermore, physiotherapy support worker roles have continued where this is what specific services require in order to meet patient need.

With generic manager posts, further work is still needed to ensure access to professional mentoring, advice and support from outside their immediate team. This relies on the profession devising ways to achieve this and it being built into service design.

Policy-makers have floated the possibility of generic therapist and nurse-therapist roles. The CSP opposes this, and does not believe that generic therapist and nurse-therapist roles would be a positive development for patients or services. Treating these professions as interchangeable would reduce the impact and value of their professional expertise.

Required instead is the development of a mix of skill-sets, both within inter-disciplinary teams and individual practitioners' development, in line with models of care.

Also required is increased level of inter-professional flexibility, within which it is recognised that the different professions have overlapping capabilities, and that members of more than one profession are being able to fulfil particular job role requirements. Utilising these creates greater efficiency, and most importantly, streamlines patients' access to good quality care.

In practice this means physiotherapists in integrated multi-disciplinary community teams being willing to undertake tasks which might historically have been undertaken by another profession. Whether this is appropriate will depend on tasks being within scope of practice and competence of an individual, and the need to fit into the needs of the service or locality. It also means recognising the validity of other professions working in the same way.

Contrary to generic therapy roles, this flexibility and better use of a mix of skills requires practitioners to be able to confidently demonstrate and articulate the value of their distinctive professional expertise, and to share this expertise with others.

### **Conclusion**

There is a growing consensus that for the health care system to thrive, two things need to happen. A new funding settlement to invest in services and expand the workforce; and a rebalancing of the health care system to better meet modern population needs.

The healthcare workforce has always needed to change and adapt as society's needs develop over time. The profession has a pivotal role to play in this now, which relies on a developed view on what it believes the future workforce should look like.

The organisation also need an agreed framework from which to develop more detailed policies about the future workforce. These include.

- How to increase the value placed on generalism within physiotherapy
- How to work with other groups in the workforce with areas of overlapping capabilities
- How roles for physiotherapists and support workers need to be developed

## **Appendix: Explanation of key terms**

### **Advanced practice skills**

Advanced practice physiotherapy denotes a level of practice, within the general scope of the physiotherapy profession. Those skills enable advanced practice physiotherapists to address complex decision-making processes and to manage risk in unpredictable contexts.

Physiotherapists with advanced practice skills have completed an advanced programme of studies and/or able to demonstrate the ability to work at an advanced/ Master's level of practice.

### **Apprenticeships**

Across all UK countries, steps are being taken to expand apprenticeships in the health and care sectors. These offer structured work-based opportunities (of a minimum of one year's duration) linked to a defined occupational role. Apprenticeships are increasingly being developed and offered at different levels. New apprenticeship structures, funding processes and targets are due to be implemented in England from April 2017.

### **Generalist**

Generalist roles and skills are increasingly critical for the health and care service to adapt to changing population and patient need. The Medical Schools Council uses the term 'expert generalists' which it defines as 'doctors prepared to deal with any problem presenting to them, unrestricted by particular body symptoms and including problems with psychological or social causes as well as physical ones'.

Applied to physiotherapy, generalist practitioners support individuals with a wide range of conditions. They need a skill set that enables them the flexibility and resilience to manage a breadth of client groups or conditions, well developed problem-solving skills, a developed knowledge of surrounding local health and care services to which to refer to if specialist expertise is needed and the ability to deal with high levels of uncertainty and possibly risk. Physiotherapists can be in generalist roles at any point in their career – from new graduate to expert practice.

### **Professional autonomy**

All physiotherapists (including newly-qualified) are autonomous practitioners, meaning that they are responsible and accountable for their decisions and actions. In exercising autonomy, physiotherapists need to

- Have a strong awareness of their personal scope of practice and competence, the limits of these, and how their scope and competence develops and changes over time
- Understand the importance of practising within the limits of their personal scope and competence as a cornerstone of their professionalism and professional accountability
- Exercise professional judgement about whether, when and how they seek advice from another practitioner
- Have access to support and advice on how they can best manage the needs of individual patients, including by referring an individual patient on to a colleague or other service to optimise the care delivered
- Have access to structured opportunities for their professional development, to consolidate existing knowledge and skills, acquire new knowledge and skills, and engage in peer-to-peer review and reflective learning and practice.

### **Social model of health care**

A social model of health care is one that designs support with a consideration of the overall physical and mental health and wellbeing of an individual, the context that they live, and an understanding of what shapes their recovery and maintenance of health. This concept is often contrasted with a bio-medical approach that defines ill-health as a malfunction of the

body, focused on biological causes and solutions and interventions on separate disease pathways, where an expert in that particular area goes in and 'fixes it', usually in a hospital.

### **Specialist**

Specialist roles and skills are focused on a narrow area of specialised practice, on specific conditions or parts of the body. Traditionally, becoming more specialised has indicated career progression. However, with the growing need for generalist skills and roles at all levels, it is increasingly recognised that for the workforce of the future, the degree of specialism should not equate to level of expertise. As with generalists, physiotherapy specialists can be in roles at the start of their career and they can be expert specialists as advanced practitioners.

### **Unpaid workforce**

The 2011 Census figures for the UK showed that 6.5 million people were carers, a rise of 11% in 10 years.<sup>7</sup> Around 1 in 4 of the adult population is engaged in formal volunteering on a regular basis. 27% of these are engaged in helping health, disability and social welfare organisations and 16% are involved in supporting older people. This equates to around 3 million regular volunteers in health and care, in both the voluntary and public sector.<sup>5</sup>

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