Annual Quality Review 2015/2016

UK Pre-registration Physiotherapy Education

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Annual Quality Review of UK Pre-registration Physiotherapy Education, 2015/16

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THE CHARTERED SOCIETY OF PHYSIOTHERAPY

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Foreword

Welcome to the tenth composite Annual Quality Review Report. This report forms a central component of the Society's quality assurance and enhancement arrangements. Drawing on data submitted through programme providers' submission of the annual quality review process, it provides a national profile of CSP-accredited programmes.

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

The report continues to reflect on quality enhancement. The theme for 2015/16 focused on how research activities and outcomes are embedded into programmes and how students are helped to become users and producers of research.

If you would like to provide feedback, please contact learning&development@csp.org.uk.

We would like to express our thanks to programme teams for providing the information that has enabled us to prepare this report, particularly during the challenging times currently facing physiotherapy education and the NHS. We would also like to take this opportunity to let you know how much we appreciate the hard work and commitment of all academic and clinical staff.

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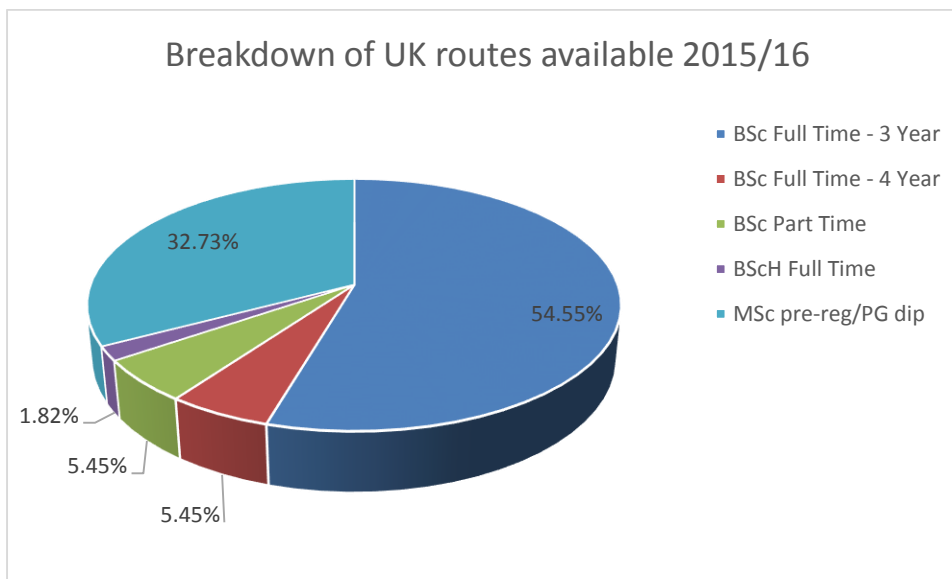
Qualifying Physiotherapy Education

HEIs OFFERING CSP-ACCREDITED PRE-REGISTRATION PHYSIOTHERAPY PROGRAMMES

Thirty-five higher education institutions (HEIs) in the UK currently offer pre-registration education programmes in physiotherapy. These all carry CSP accreditation, as well as approval from the Health & Care Professions Council (HCPC). They provide eligibility for chartered status and full membership of the CSP, as well as for HCPC registration, on their successful completion.

BSc (Hons) Physiotherapy can be studied through 4-year full-time, 3-year full-time and part-time routes. Taught postgraduate level study pathways can lead to an MSc or postgraduate diploma in Physiotherapy. **Figure 1** below shows the breakdown of the routes currently available throughout the UK.

The proportion of traditional three-year BSc (Hons) routes remains at 55%, with MSc courses increasing to 33% of routes. The overall percentage represented by these two routes has increased from 44% and 25% respectively since 2011/12. This proportional increase for both types of programme is mainly accounted for by the decrease in flexible and part-time routes over the same period (primarily because these were decommissioned).

Figure 1

Breakdown of UK routes available 2015/16

- BSc Full Time - 3 Year
- BSc Full Time - 4 Year
- BSc Part Time
- BScH Full Time
- MSc pre-reg/PG dip

54.55%
32.73%
1.82%
5.45%
5.45%

INTAKE FIGURES

Figure 2 shows the breakdown in the total number of students entering pre-registration physiotherapy programmes in the UK over a seven-year period (from 2009/2010-2015/2016).

For the year 2015/16, student intake rose from 2112 to 2238.

In previous years' intake to MSc pre-registration courses have accounted for most of the growth in places, having increased by 79% since 2010. However, for this year (2015/16), the increase in student numbers is evenly divided between BSc and taught postgraduate routes.

There was a marginal increase in physiotherapy student commissions in England, with 24 extra MSc-funded places, and a reduction of 3 places on Bachelor's programmes. At the same time, there has been an increase in the number of UK self-funding students from 113 in 2014/15 to 251 in 2015/16. This increase has led to a slight upturn in intake figures for 2015/16.

Figure 2
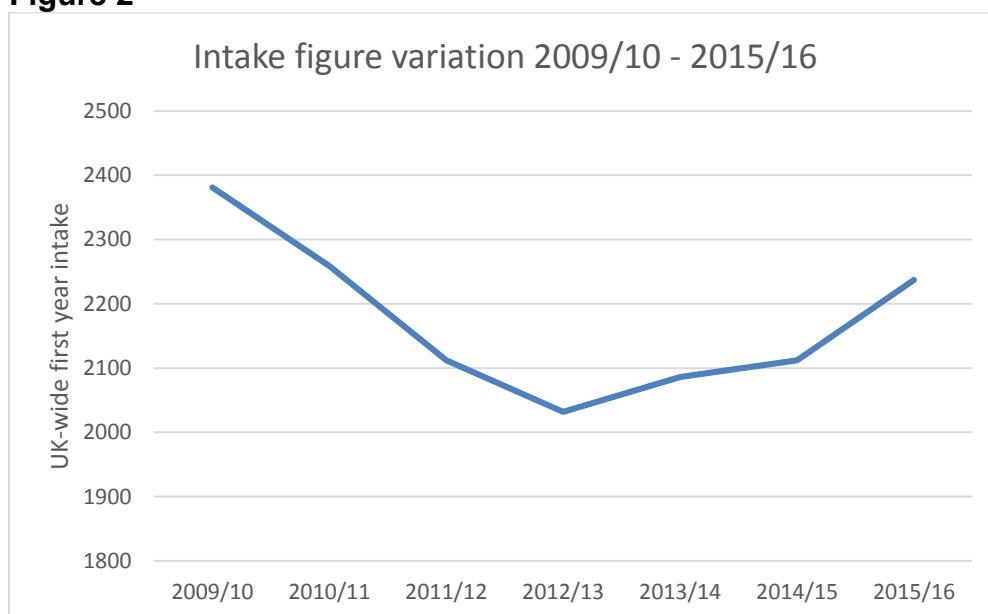
## RETENTION/ATTRITION

The number of students permanently withdrawing from pre-registration physiotherapy programmes in the first year of study has continued to decline. The attrition rate averaged at 2.41%, compared to 6.10% in 2010. The majority of permanent withdrawals occurs on BSc programmes - 1.94% (3.6% in 2010) compared with 0.47% (0.57% in 2010) from MSc programmes.

Figure 3

First-year attrition - 2010/11 - 2014/15
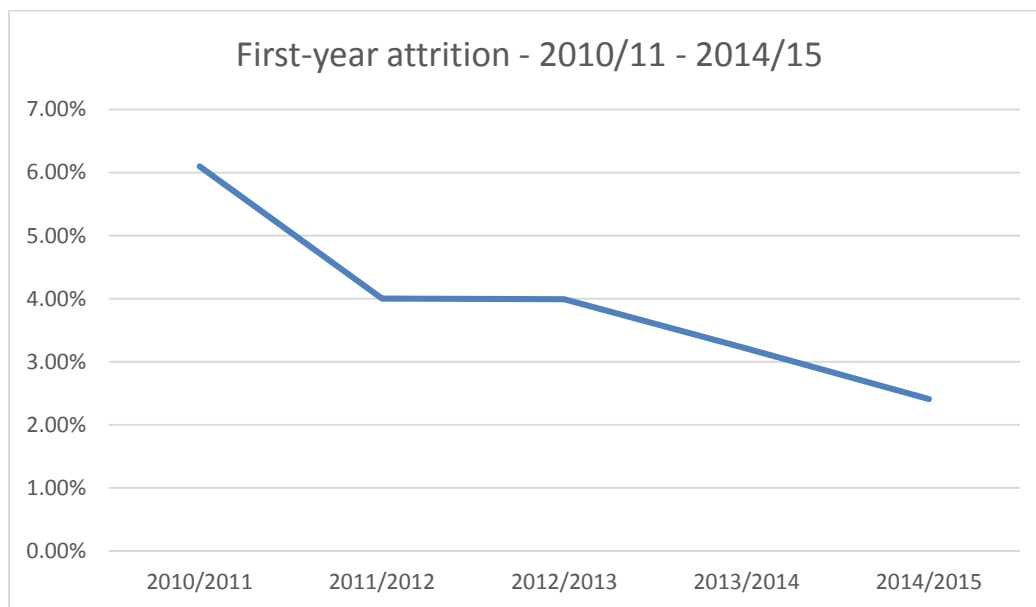
Resources

STAFF:STUDENT RATIOS

The CSP takes a flexible approach to staff:student ratios (SSRs), recognising that each HEI has different numbers of physiotherapy and non-physiotherapy staff, and varying configurations of staff (including lecturer-practitioners and visiting lecturers) who contribute to a programme's delivery. We also recognise that the precise mix of the staff profile impacts on the SSR for a programme, as does the number of other programmes and research activity in which members of staff are involved. Because all these factors impact on each other, the CSP does not consider SSRs rigidly or in isolation.

Furthermore, the translation of SSR figures to contact time and class size may be more pertinent, given considerations such as health and safety, staff workloads and student satisfaction. The NUS-QAA survey suggests that students primarily value interaction and staff -student interaction. This also links to perceived value for money; the 2016 Student Academic Experience Survey (HEA and HEPI) shows that health-related subjects have the highest contact hours, and workload, as well as the highest perception of value for money. However, the picture for this year shows some notable trends, as outlined below.

Figures 5 and **7** below show the 2015/16 SSRs across physiotherapy pre-registration programme provision. This data compiled was information received from HEIs and has been distilled anonymously so that the figures cannot be attributed to any particular institution. Institutions with particularly high SSRs in **Figure 5** do not necessarily have high SSRs for their practical classes. **Figure 6** shows the average ratios over the last six years.

The UK-wide average has increased fractionally since last year, with a ratio of 1:15.29 per programme, compared to 1:15.04 in 2014/2015.
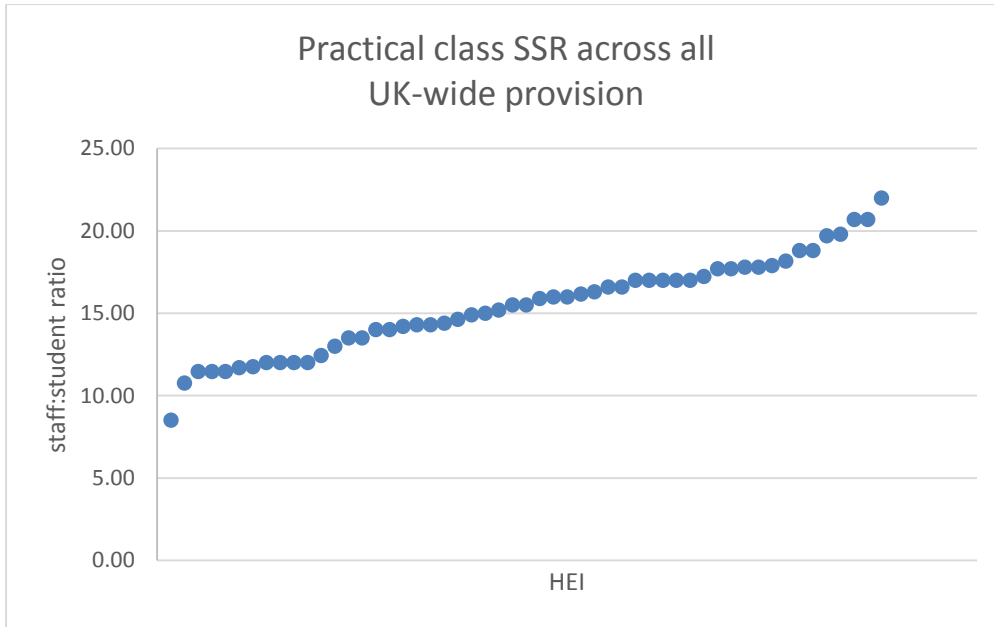
Figure 5

Practical class SSR across all UK-wide provision

Figure 6

Average SSR across all UK provision 2010/11 - 2015/16
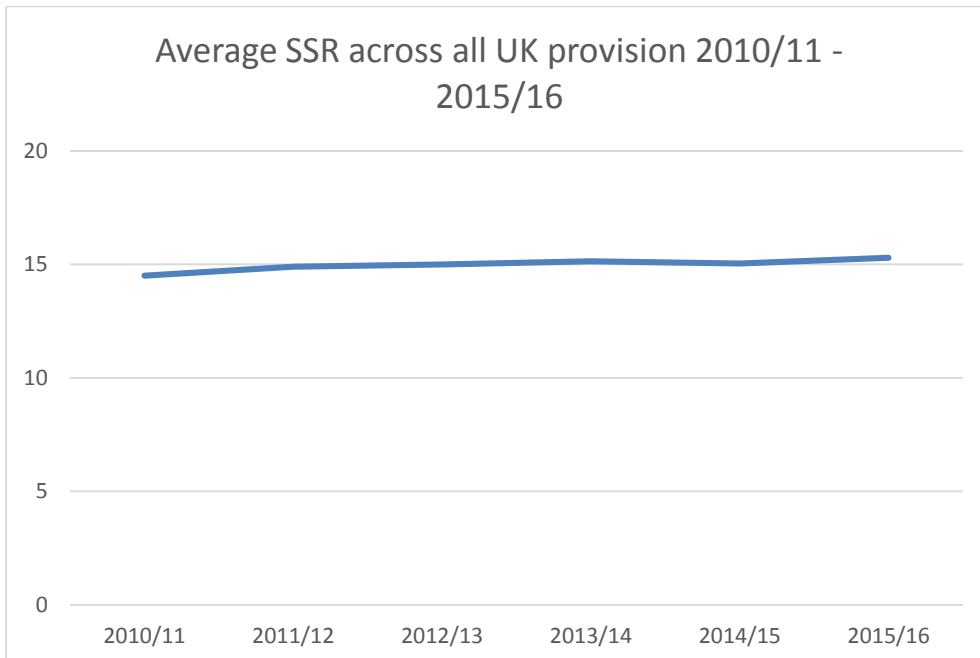
PRACTICAL CLASS STAFF:STUDENT RATIOS

The average practical class SSR across the UK was 1:17.31. This compares to a ratio of 1:17.54 in 2014/15 and 1:18.21 in 2013/14. **Figure 7** shows the SSR in practical teaching groups across UK-wide provision. **Figure 8** shows the SSR over the last five years.

Figure 7

Average practical teaching group SSR across all UK-wide provision

Figure 8

Average practical class SSR across all UK-wide provision 2010/11 - 2015/16

Widening Participation

GENDER

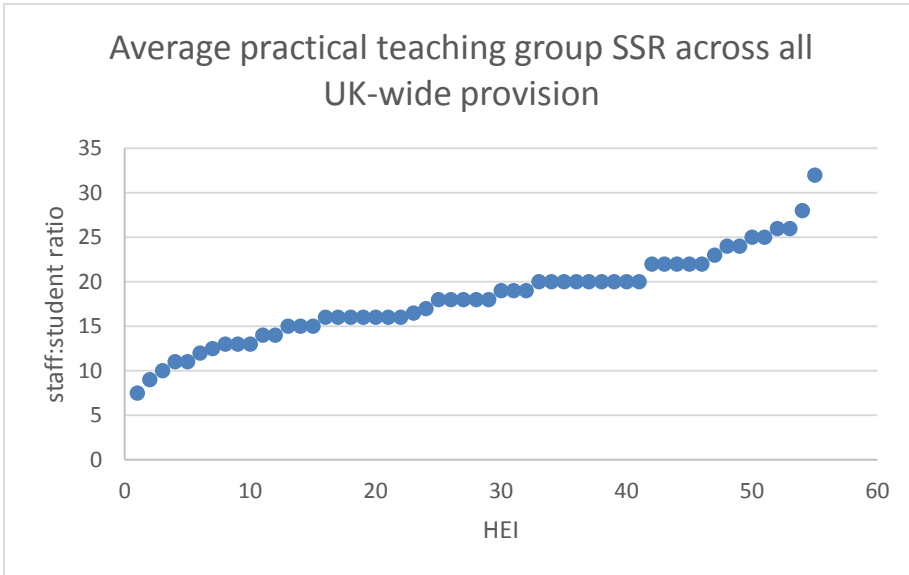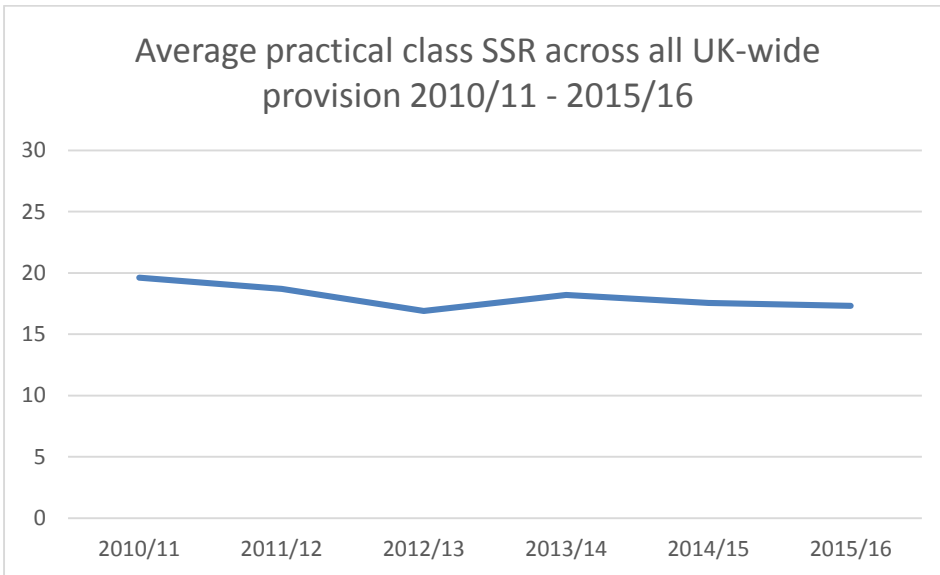The number of male students studying physiotherapy continues to increase. Although the proportion of the 2015/16 intake who are male (38%) represents an increase compared to 36% in 2014/15, this does not yet match the national average of male students (44%) reported by Universities UK (Patterns and trends in UK higher education 2015).

Figure 9 shows the increase from 30% in 2009.

Figure 9

Gender breakdown 2009/10 - 2015/16
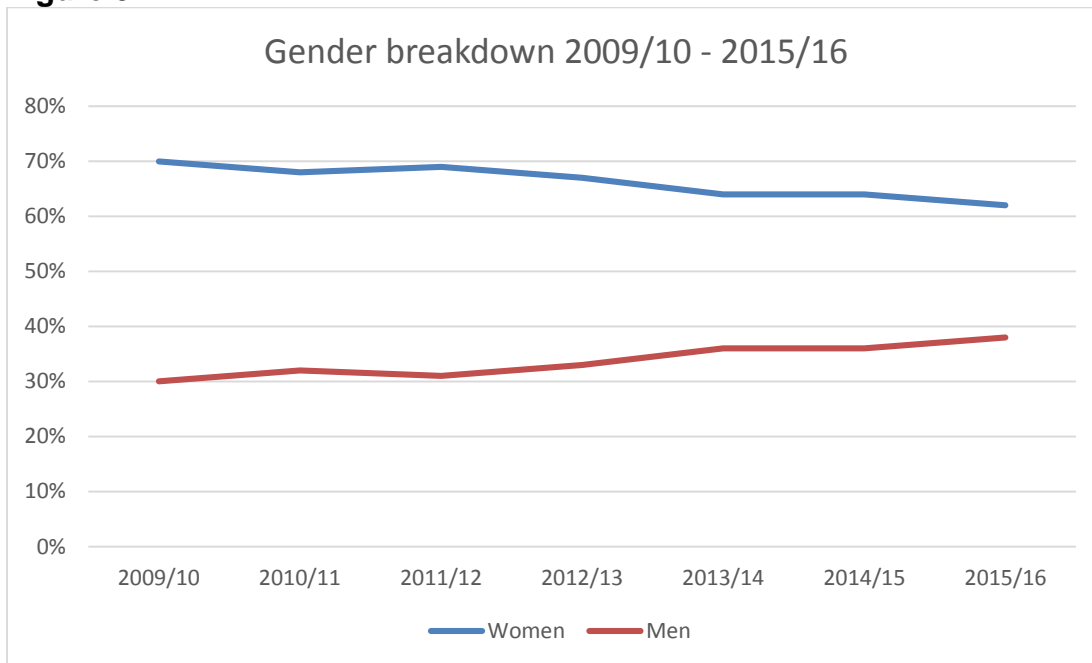
AGE

Mature student numbers have increased from 50% last year to 54% in 2015/16. As **figure 10** shows, this closely reaches the high of 57% in 2009/10. The average age of students on entering a physiotherapy programme is 23.01, compared to 21.71 in 2014/15.

In line with this, **Figure 11** illustrates that the numbers of students who are aged 17-20 at the point of entry has decreased to 46.25%, compared to 49.86% in 2014/15 and 55.32% in 2013/14.

Figure 10

Mature student intake
2008/09 - 2015-16

Figure 11

Percentage breakdown of Students by age
2010/11-2015/16
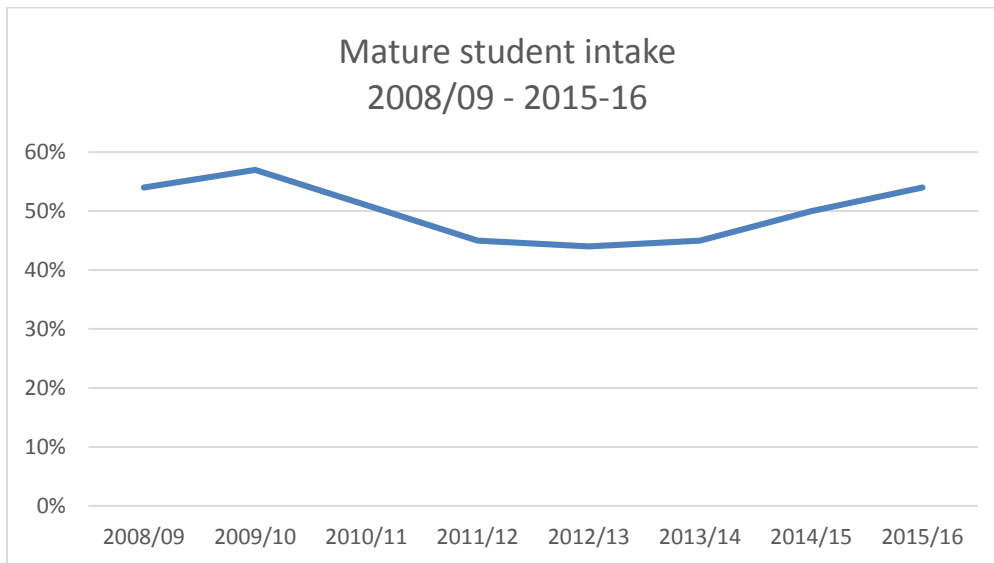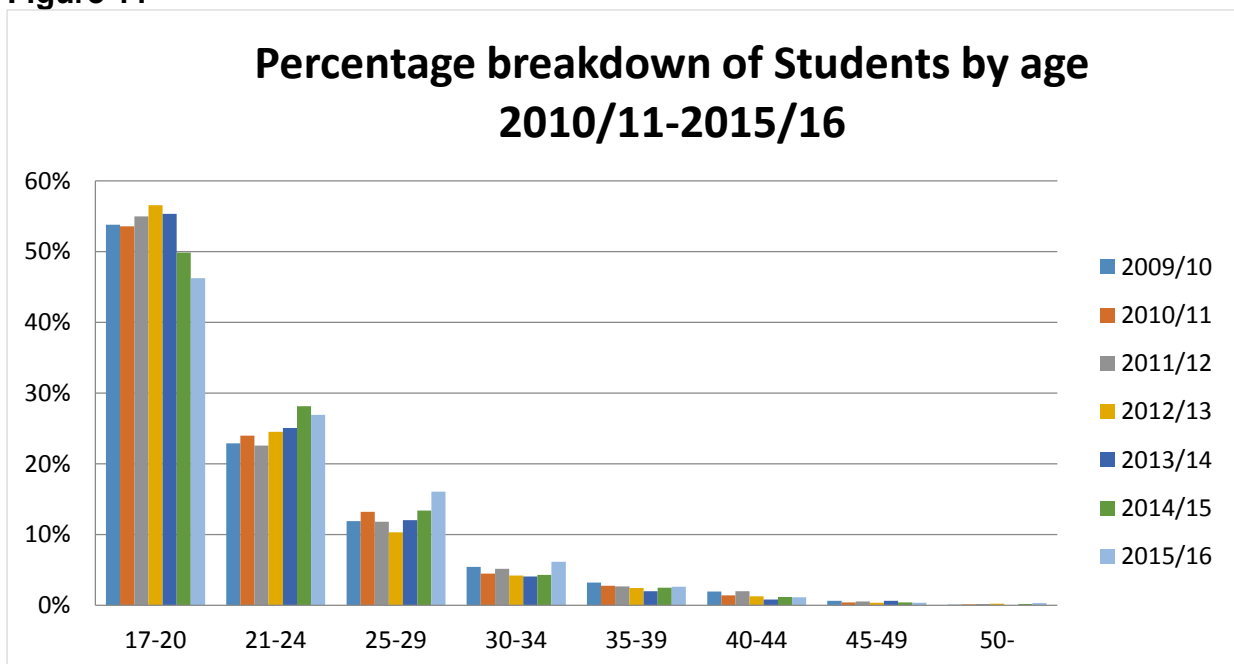
ETHNICITY

UCAS ethnicity codes have been used. These reflect the classifications used in the 2011 census. In 2015/16, 82.69% of students studying on a pre-registration physiotherapy programme were white. As shown in **Figure 12,** there has been a gradual increase in the percentage of BME students since 2010/11. However, ethnicity is not yet representative of minority groups (Ethnicity and National Identity in England and Wales: 2011, Office for National Statistics) and there is variation between programmes. It is important that work being done to attract and retain students from black and ethnic minorities continues. This

is essential to improve the learning experience for all students (Student Experience: Measuring expectations and outcomes, Universities UK) and to ensure that physiotherapy is a diverse, dynamic profession that reflects the national demographic and the communities that it serves.

Figure 12

Student ethnicity - 2015/16
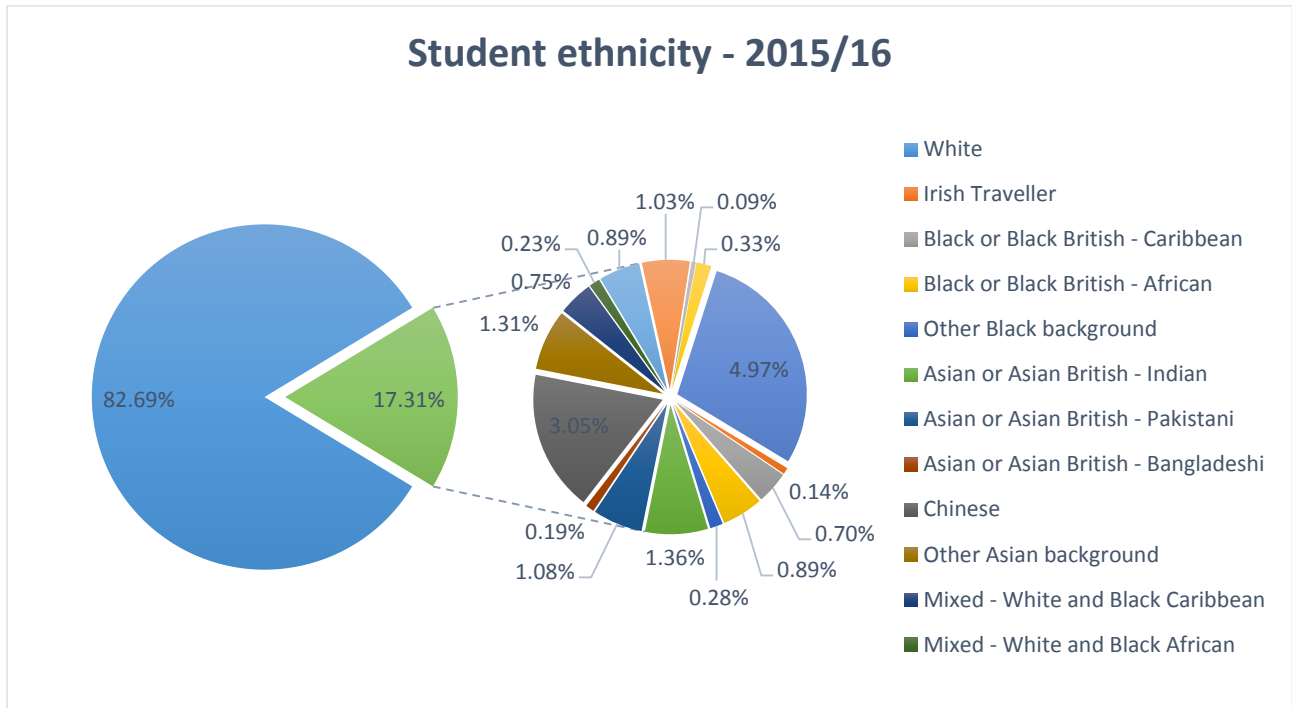
Key to Figure 12:

White	82.69%	Other Asian background	1.31%
Irish Traveller	0.14%	Mixed - White and Black Caribbean	0.75%
Black or Black British - Caribbean	0.70%	Mixed - White and Black African	0.23%
Black or Black British - African	0.89%	Mixed - White and Asian	0.89%
Other Black background	0.28%	Other Mixed background	1.03%
Asian or Asian British - Indian	1.36%	Arab	0.09%
Asian or Asian British - Pakistani	1.08%	Other Ethnic background	0.33%
Chinese	3.05%	Not known/Information refused	4.97%

Figure 13

**Percentage white physiotherapy students
2009/10 - 2015/16**
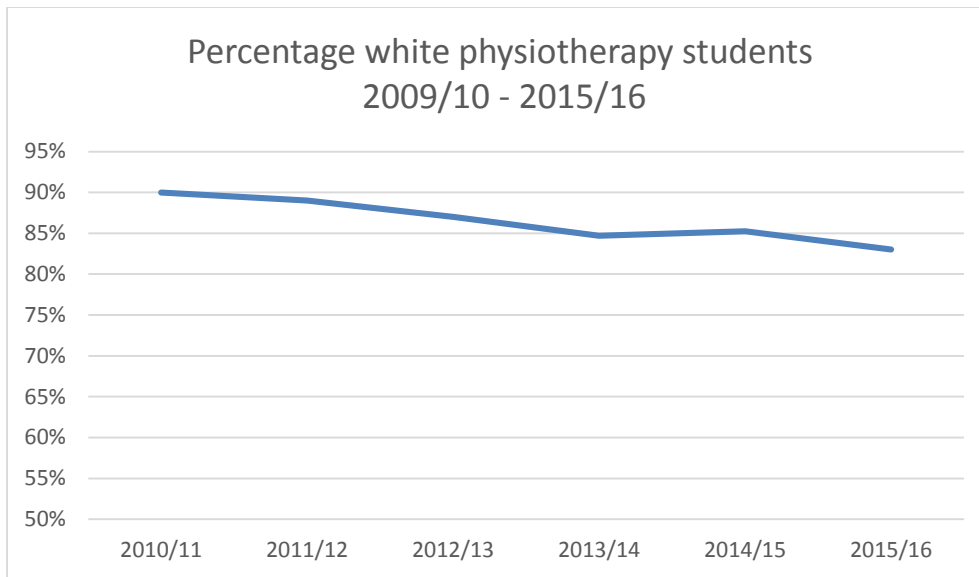
DISABILITY

The criteria used for identifying disability are those used by UCAS. **Figure 14** demonstrates that the percentage of first-year students disclosing a disability has decreased further this year to 9%, from a high of 13.4% in 2013/14. Data taken prior to 2012/13 was based on CSP membership data, and stood at a consistent 6%. The relative increase in the data now used is thought to be due to higher disclosure of disability to the universities at which students enrol than to the CSP as a membership body.

It can be seen that there has been a significant decrease in disabled students studying physiotherapy each year since 2013/14. It is disappointing to note this trend, given the excellent standard of teaching and pastoral support routinely offered by Physiotherapy programmes, including while on placements, physiotherapy should continue to be an attractive and viable offer. http://www.csp.org.uk/publications/physiotherapy-welcoming-supporting-disabled-students

As shown in **figure 15,** 63.18% of disabled students were reported as having a learning difficulty. Data suggests that the majority of these students are dyslexic. As demonstrated by **figure 16**, there has been no significant change in the overall profile of disabilities reported by students since 2013/14.

Figure 14

Total % of disabled 1st-year students
2011/12 - 2015/16

Figure 15

% breakdown of disabled 1st-year students

Legend:
- Social/comm
- Visual
- Hearing
- Long standing
- Mental Health
- Learning Difficulty
- Physical
- Other
- Two or more

Values: 2.99%, 1.00%, 1.99%, 2.99%, 4.48%, 8.46%, 7.96%, 6.97%, 63.18%

Figure 16
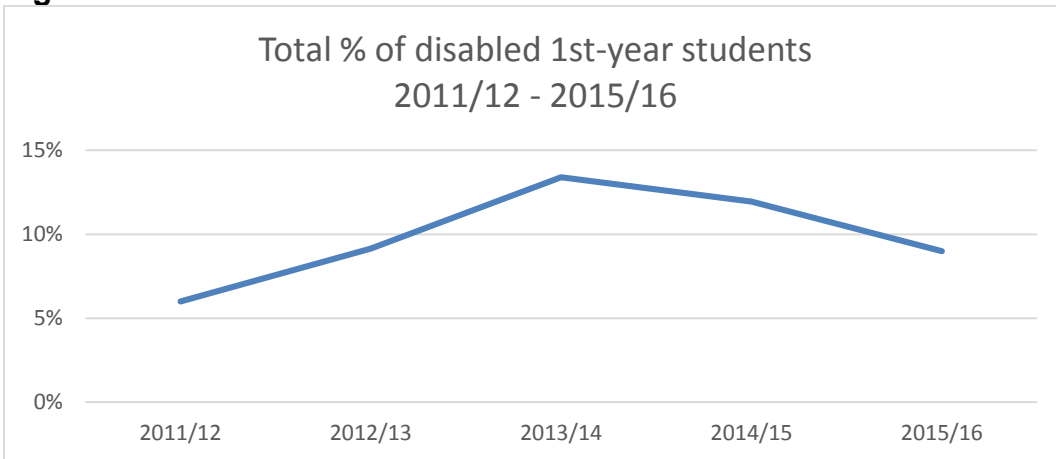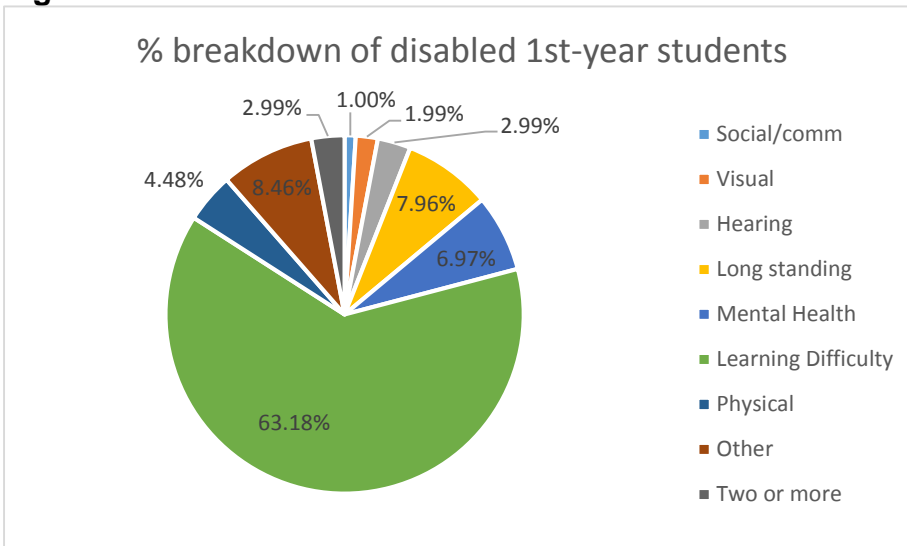
Breakdown of disabled first-year students
2013/14 - 2015/16
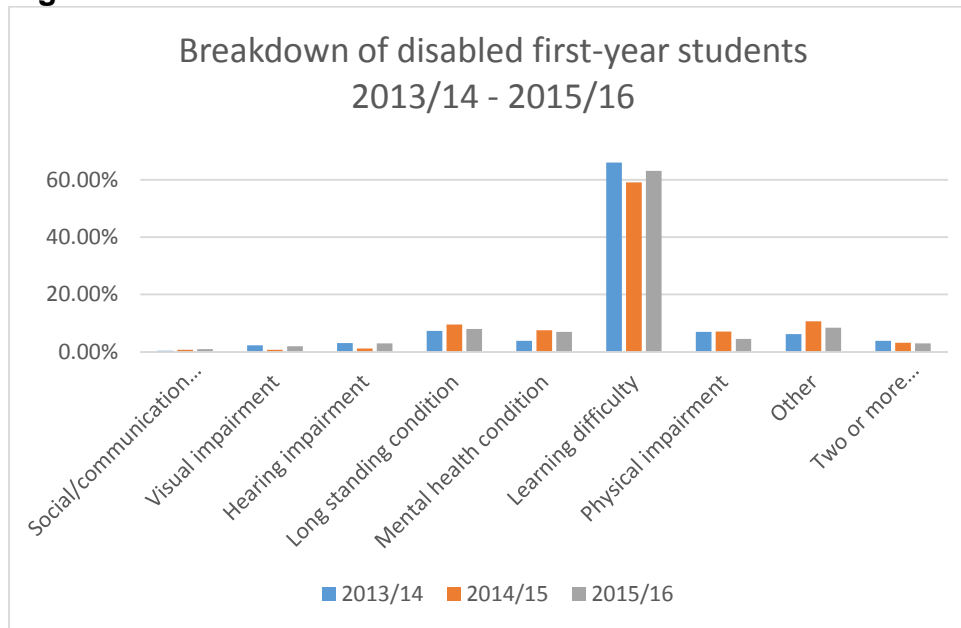
Key to Figure 16

	2013/14	2014/15	2015/16
Social/communication impairment	0.39%	0.79%	1.00%
Visual impairment	2.32%	0.79%	1.99%
Hearing impairment	3.09%	1.19%	2.99%
Long standing condition	7.34%	9.52%	7.96%
Mental health condition	3.86%	7.52%	6.97%
Learning difficulty	66.02%	59.13%	63.18%
Physical impairment	6.95%	7.14%	4.48%
Other	6.18%	10.71%	8.46%
Two or more impairments	3.86%	3.17%	2.99%

Pre-registration students

DEGREE CLASSIFICATION

Figure 17 shows the proportion of degree classifications awarded on BSc physiotherapy programmes in 2014/15 (Latest year at time of data acquisition) A comparison to previous years is shown in **figure 18**. The percentage of students achieving a first-class award now stands at 32%, an increase of 4% on 2013/14. This is 10% above the national average for UK programmes (as reported by HESA; https://www.hesa.ac.uk/sfr224 for 2014-2015). Reasons for the continuing increase in first-class awards and the potential implications of this in terms of standards/value need to be explored.

Upper-second class awards have decreased from 55% to 53%, whilst lower second awards have also decreased from 14% to 13%. The number of lower-second awards is significantly less than the national average of 22% at 2014/5 (HESA). These classification figures warrant consideration and debate within the profession.

For pre-registration taught postgraduate qualifications, the percentage of students achieving a distinction has decreased to 15%. This is a further decrease from 19% in 2013/14 and 22% in 2012/13. The percentage achieving a merit has increased again by 2% to 47%. The number of students achieving a pass increased by 1% to 36%. **Figure 19** shows a strong change in the profile of award classifcations given since 2009/10. Again, it will be helpful to explore and discuss possible reasons behind this trend.
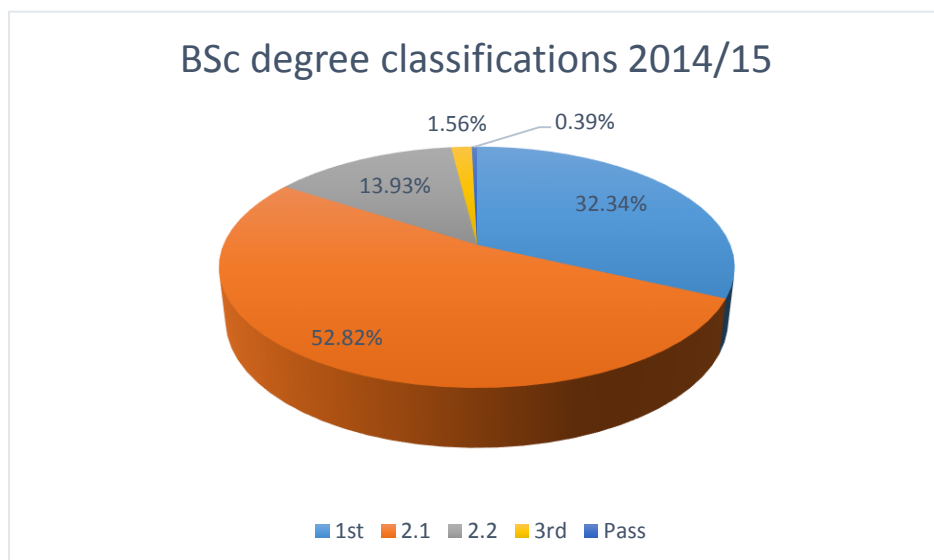
Figure 17

BSc degree classifications 2014/15

1.56% 0.39%
13.93%
32.34%
52.82%

■ 1st ■ 2.1 ■ 2.2 ■ 3rd ■ Pass

Figure 18

BSc degree classifications - 2009/10 - 2014/15

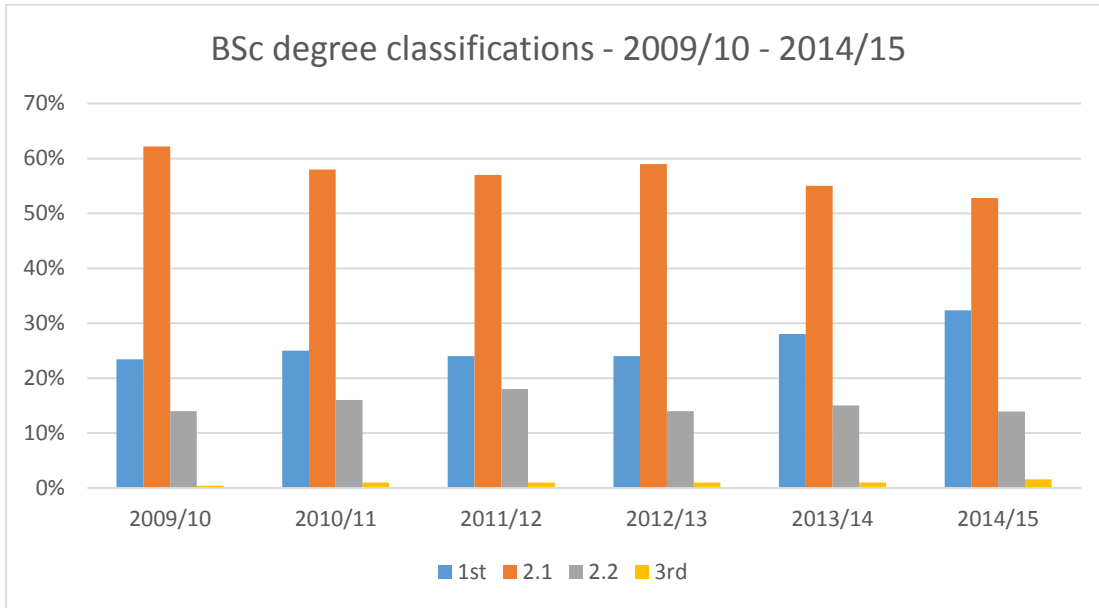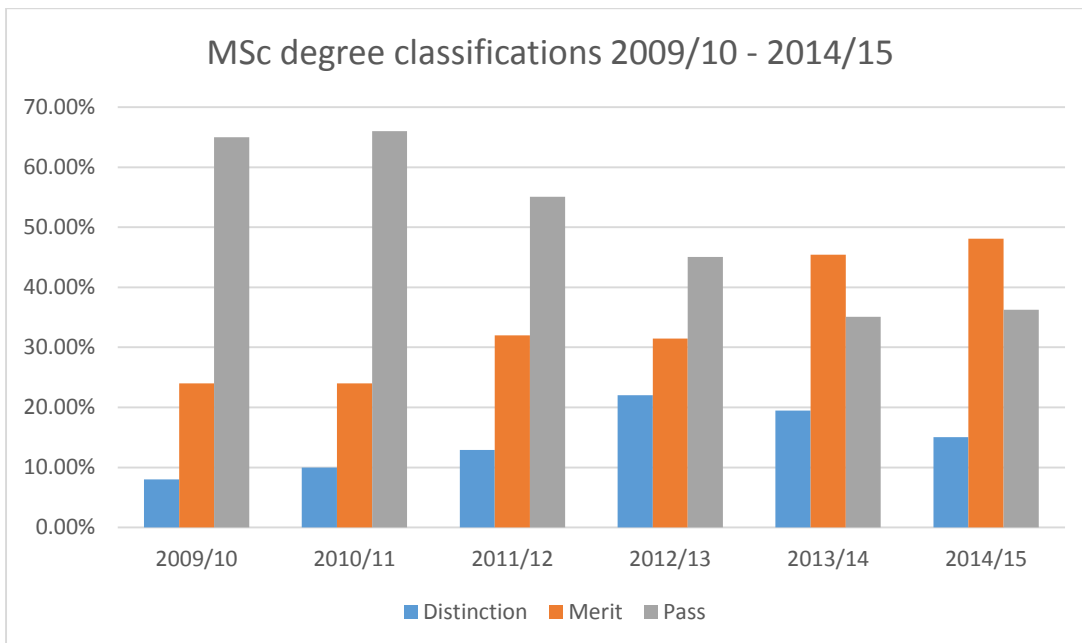**Figure 19**

MSc degree classifications 2009/10 - 2014/15

Graduating student numbers

BSc(Hons) PROGRAMMES

There is a marginal increase in the number of students graduating from pre-registration BSc (Hons) Physiotherapy programmes from 1552 in 2013/14 to 1586. In general, the number of students graduating reflects the decrease in student intake between 2008/9 and 2013/14.

Figure 20
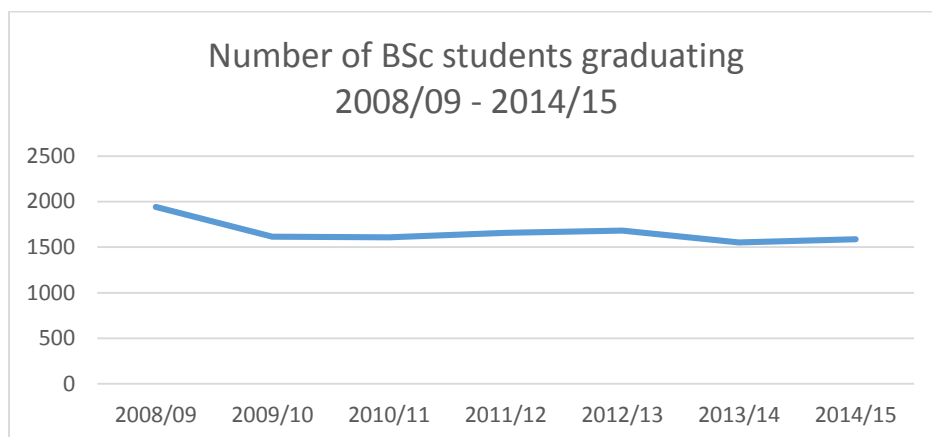
POSTGRADUATE PROGRAMMES

The number of students graduating from taught postgraduate pre-registration programmes increased strongly this year, from 262 in 2013/14 to 345 in 2014/15. This increase reflects the overall increase in intake in 2012/13.

Just one student graduated with a postgraduate diploma in 2014/15, rather than an MSc. This is less than 1% of the total cohort, compared to 5% in 2008/09.

This significant shift in the number of students studying on Master's level programmes and entering the profession, on qualification, with postgraduate level knowledge and skills needs to be considered carefully in the context of the changing education/student funding arrangements in England (from 2017/18). While uncertainty remains about the student support arrangements for postgraduate pre-registration programmes (including the number of funded places for 2017/18 and arrangements beyond), there is a risk that the value of postgraduate entrants to the profession's practice and development will be compromised.

Figure 21

Number of MSc/PgDip students graduating
2008/09 - 2014/15
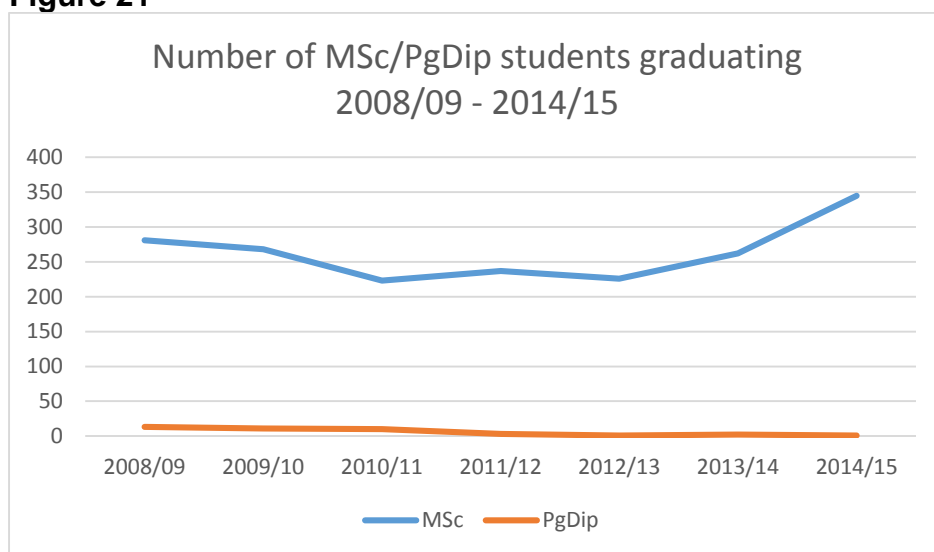
COMPARING PHYSIOTHERAPY COURSES

UNISTATS

The UNISTATS dataset is compiled from the National Student Survey (NSS), and the Destination of Higher Education Leavers Survey (DLHE). The National Student Survey is a survey across final-year undergraduates in all publicly-funded HEIs in England, Northern Ireland, Scotland and Wales. In the survey, statements are put to students who then rate their university/college and the course they took against these, answering on a five-point scale from 'definitely disagree' to 'definitely agree'. This is then converted into the percentage who are satisfied with each of the criteria. The Destination of Leavers from Higher Education (DLHE) survey asks those who have recently completed higher education courses about their current activity, including work and further study.

It should be noted that data for a programme is only shown when at least 23 students have completed the questionnaire, and where the respondents make up at least half of all the students on that programme. In cases where at least half, but fewer than 23 students have completed the questionnaire, UNISTATS combine the results with other related courses at the given HEI. In order to ensure the data presented here reflects solely the subject of interest, be it Physiotherapy, or another AHP, these programmes have been omitted. It is also worth noting that UNISTATS round percentages to the nearest five percentage points when information has been collected from fewer than 53 students.

Figure 22 shows the average scores awarded by students across all HEIs.

Figure 22

Average % Physiotherapy score
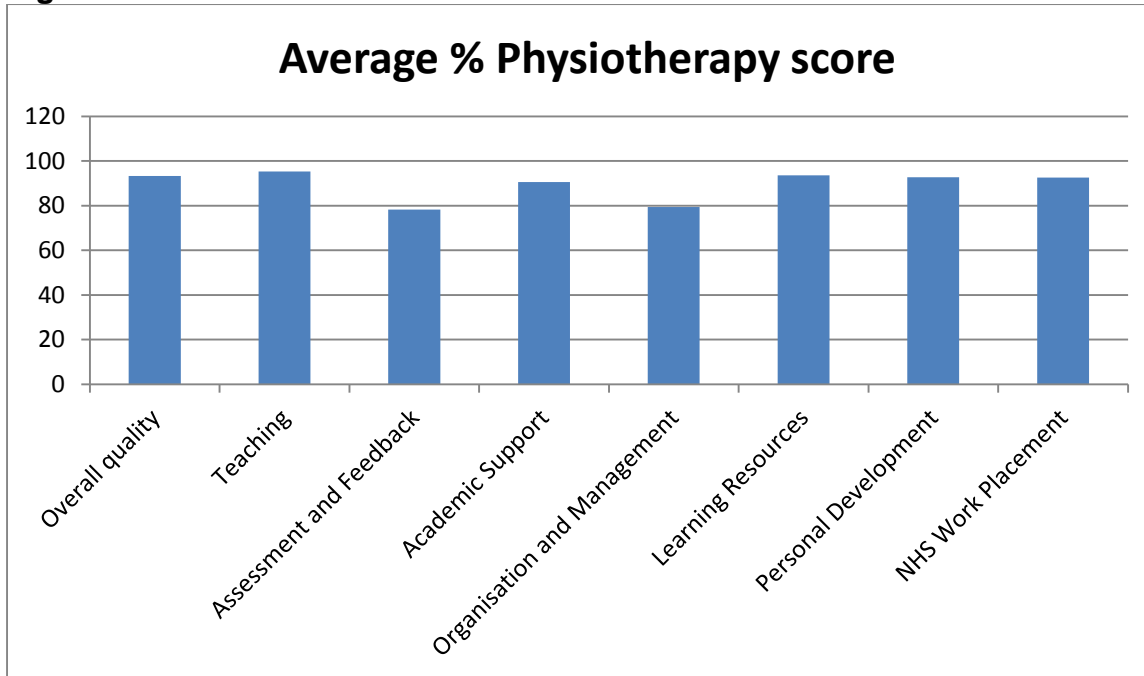
Figures 23-32 show the spread of feedback of student satisfaction for the criteria asked by the NSS, across HEIs offering physiotherapy courses for which data was available.

Figure 23

Student satisfaction: Overall quality

Figure 24

Student satisfaction: Teaching

Figure 25

Student satisfaction: Assessment and Feedback

(◡) **THE CHARTERED SOCIETY OF PHYSIOTHERAPY**

Figure 26

Student satisfaction: Academic Support

Figure 27

Student satisfaction: Organisation and Management

Figure 28

Student satisfaction: Learning Resources

Figure 29

Student satisfaction: Personal Development

Figure 30

Student satisfaction: NHS Work Placement
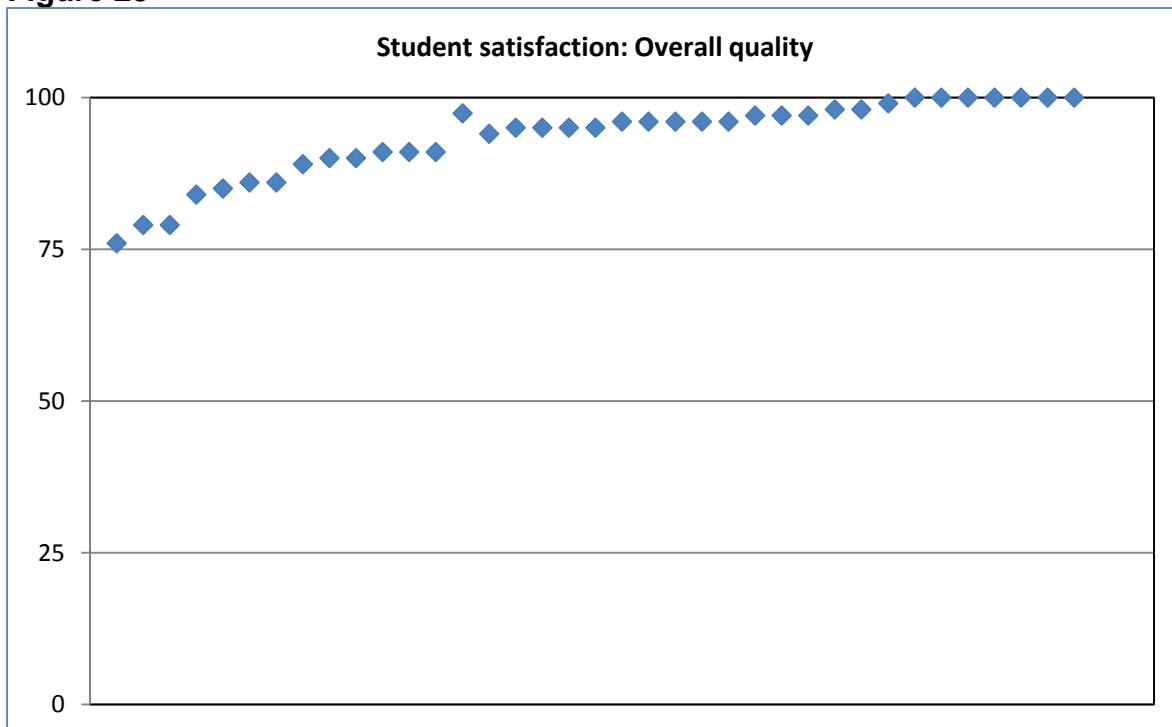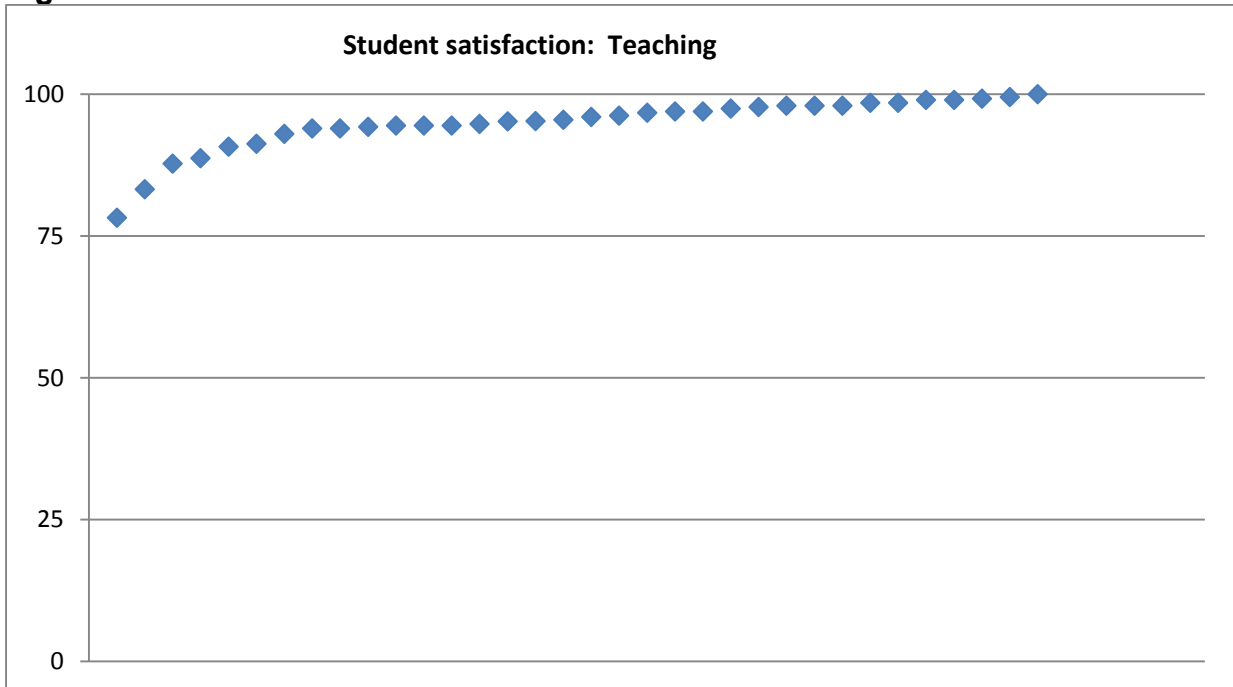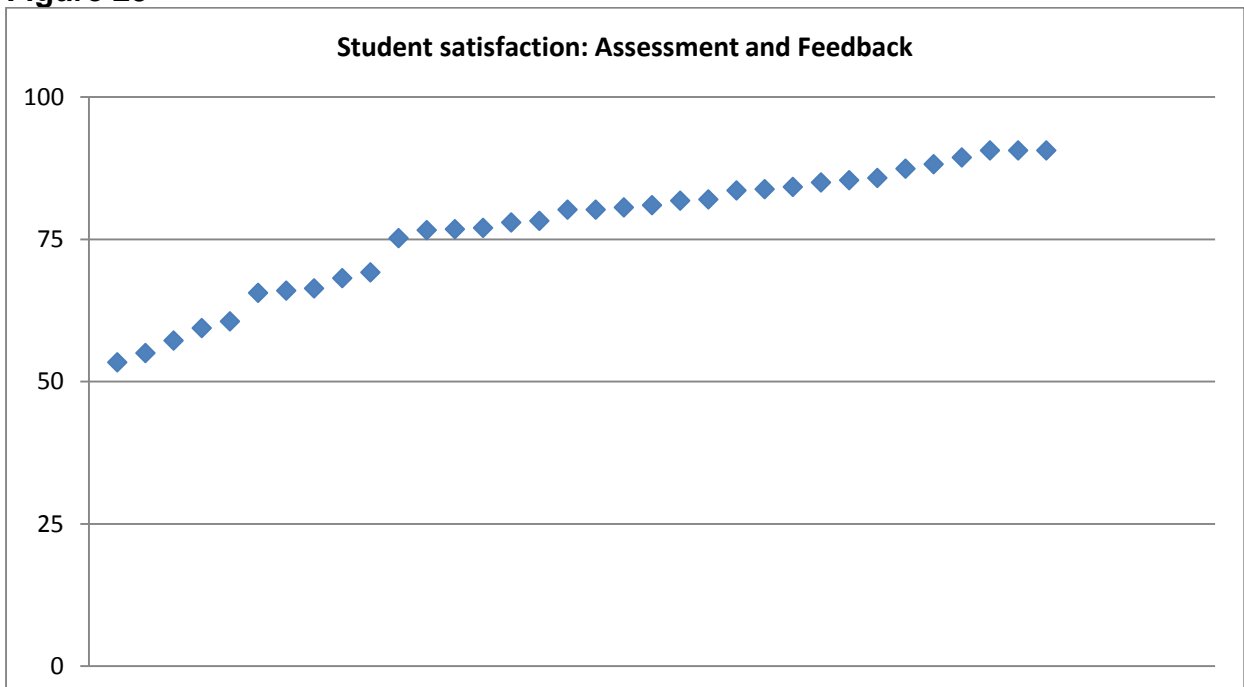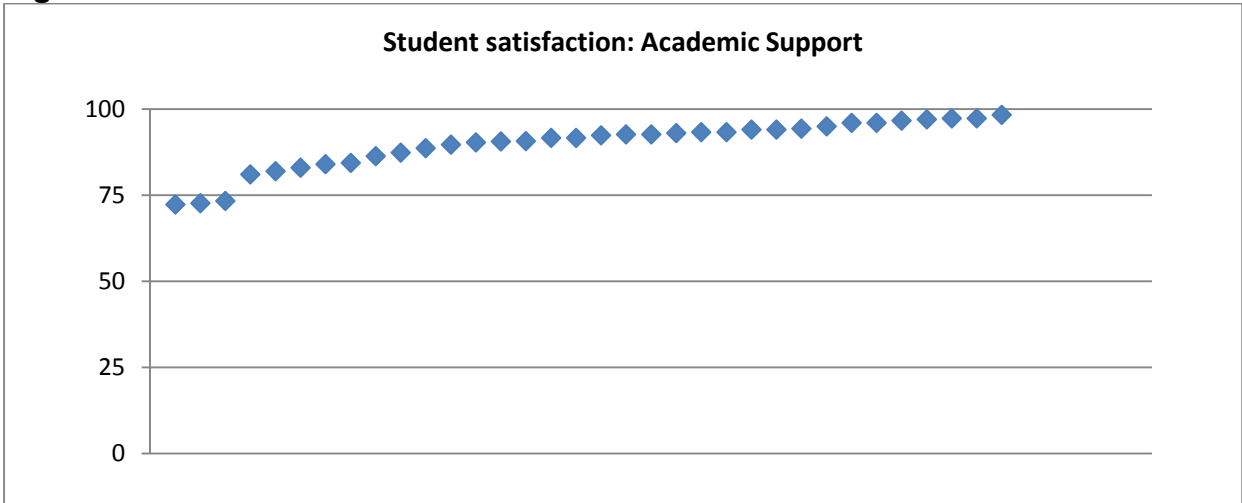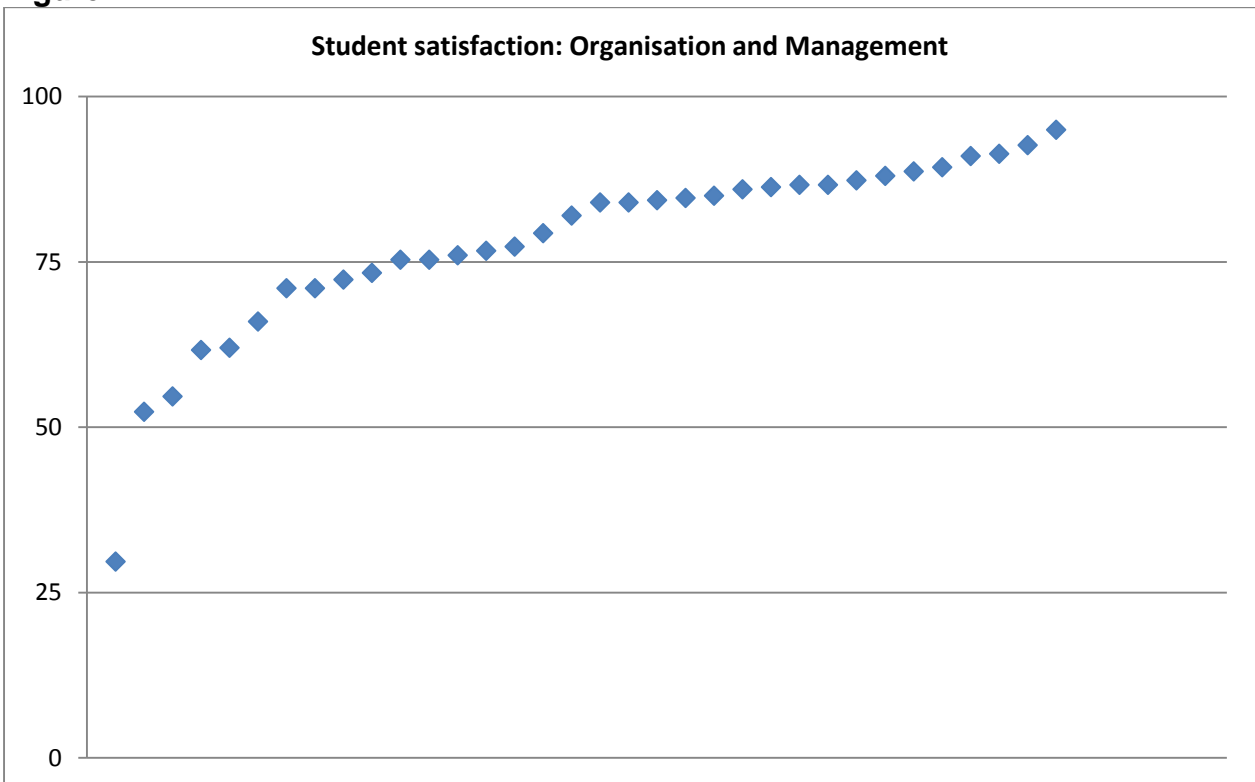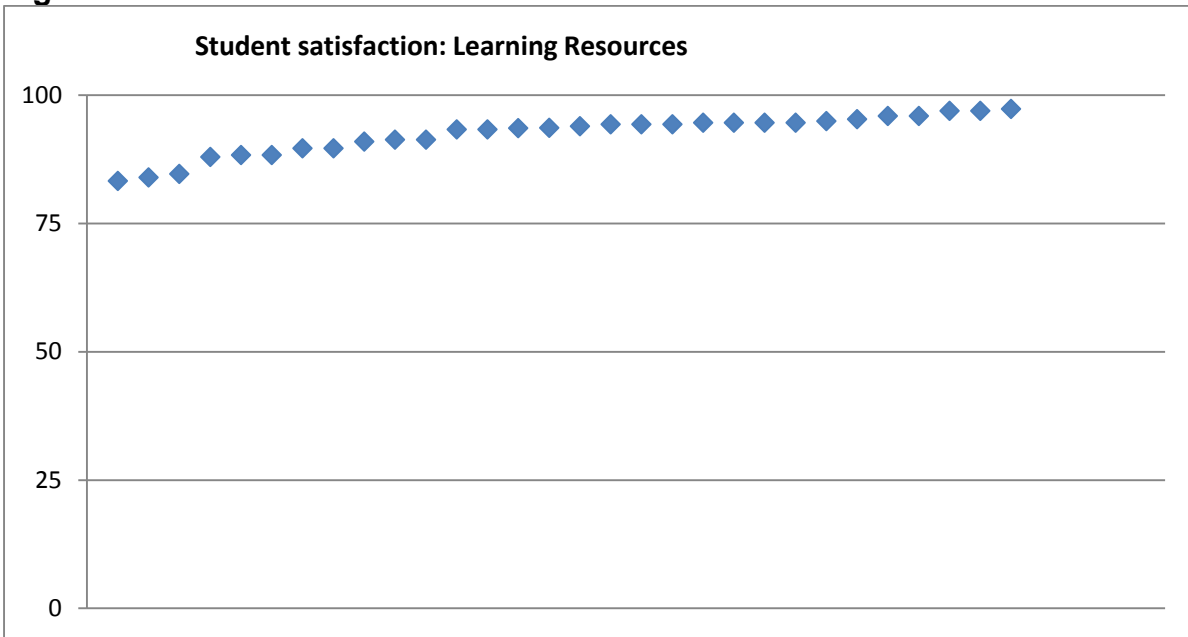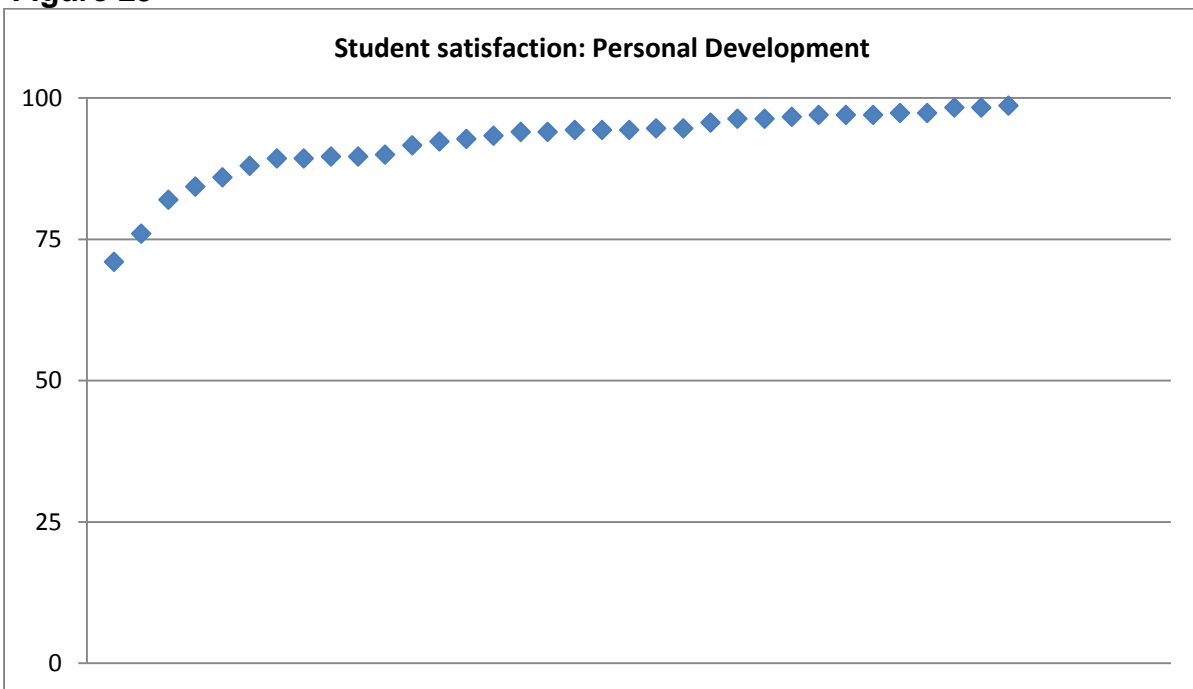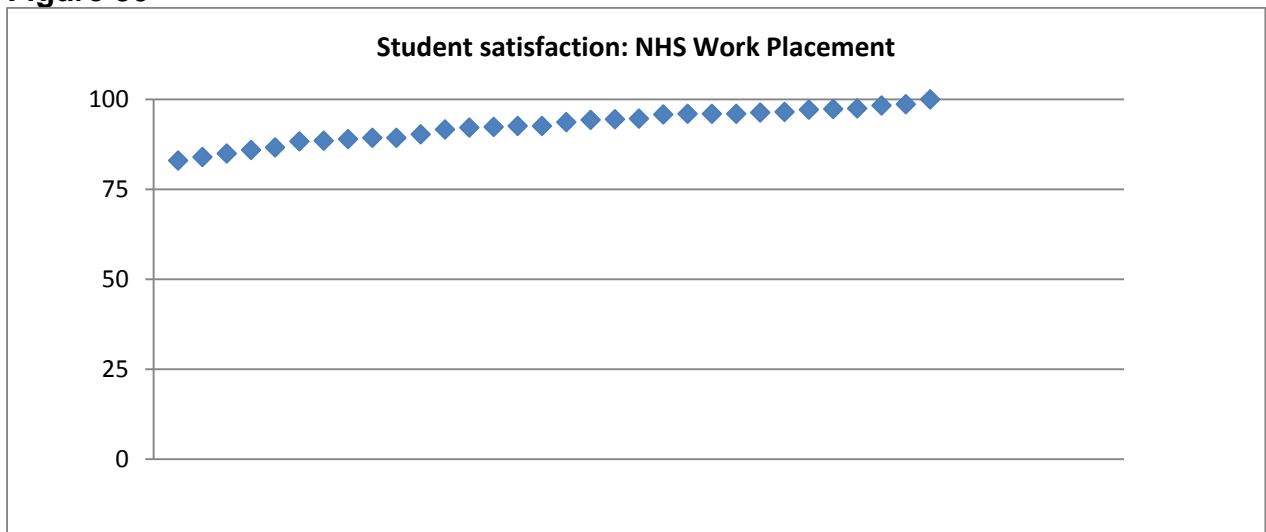
Figure 31 shows the employment status of the physiotherapy graduates who responded to the DHLE survey six months after graduating.

Figure 31

Employment/Study after 6 months

- 93% — Now working
- 2% — Doing further study
- 2% — Studying and working
- 1% — Unemployed
- 2% — Other
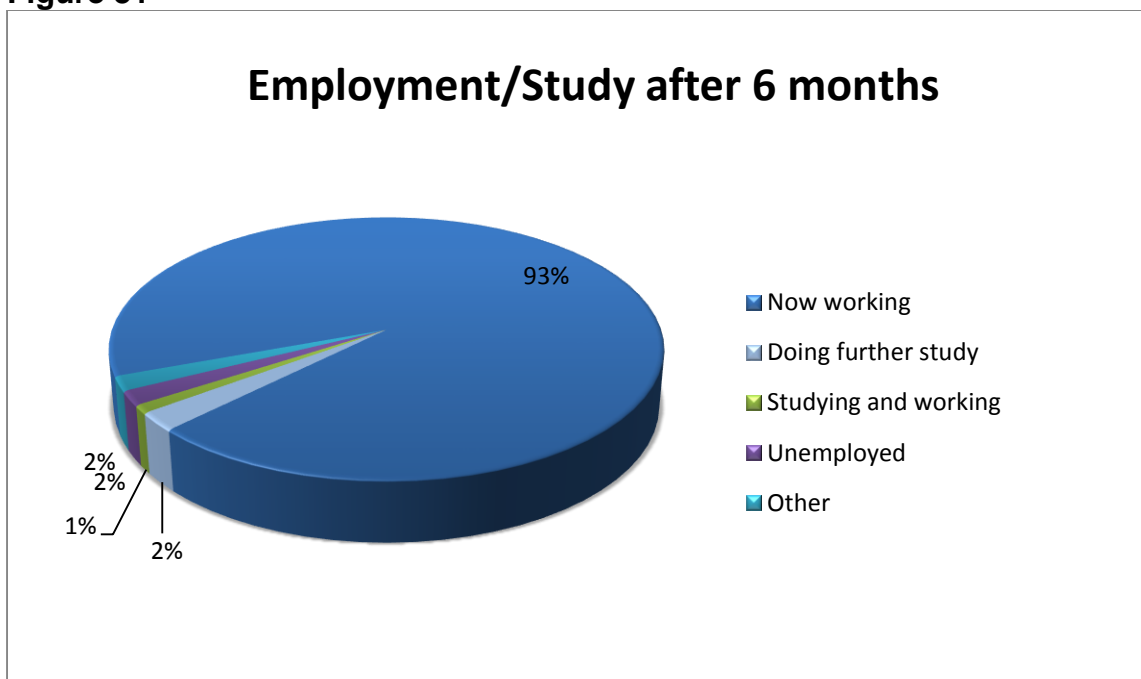
The DLHE survey classifies jobs using the Standard Occupational Classification 2010 system, grouping responses into particular job titles. As **Figure 32** shows, the vast majority of physiotherapy graduates described themselves as a therapy professional. The most frequently occurring alternative terms used to describe roles are listed in the chart below.

Figure 32

Most Common Jobs

- Therapy professionals
- Elementary occupations
- Other

4%
5%
91%
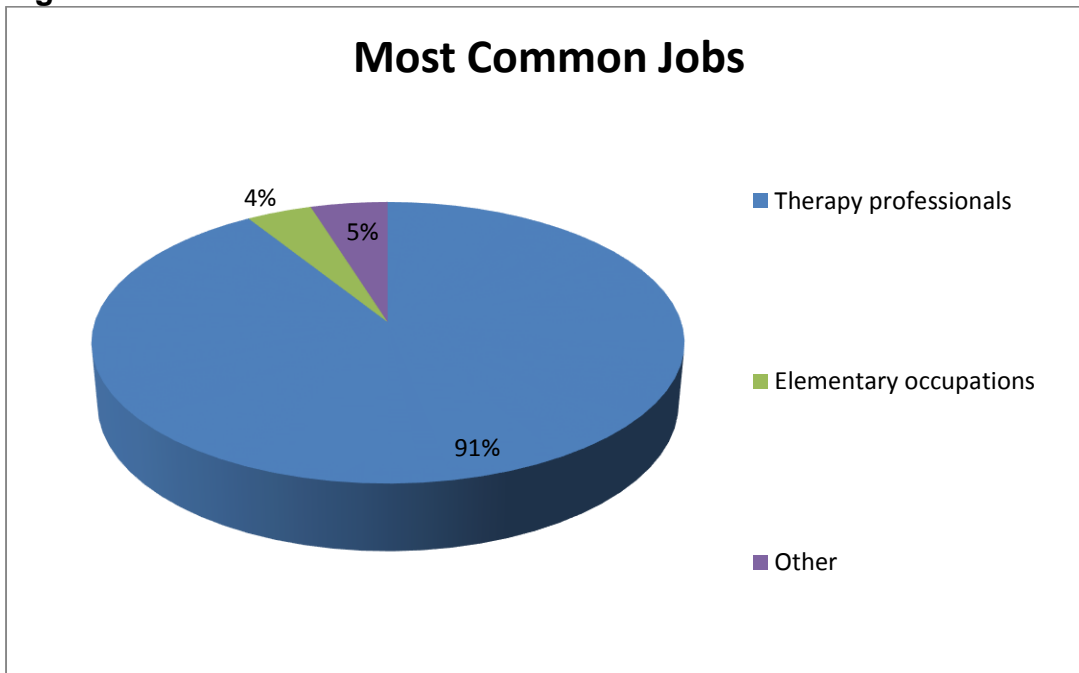
UCAS

Universities and Colleges Admissions Service (UCAS) is a UK-based organisation whose main role is to manage the application to Higher Education courses in the UK. The UCAS data set consists of admissions information for undergraduate physiotherapy courses.

Figures 33 – 42 summarise the sum of applicants broken down by entry routes, domicile, disability, ethnic group and age band for application cycles years 2013, 2014 and 2015.

Figure 33

Accepted applicants by entry routes
for 2013 - 2015

Figure 34

Sum of applicants vs sum of accepted applicants
by domicile
for 2013 - 2015

Figure 35

Applicants and accepted applicants by age for 2013 - 2015

Figure 36

Applicants and accepted applicants by gender for 2013 - 2015

Figure 37

Applicants and accepted applicants by ethnicity for 2013 - 2015

Figure 38

Sum of Applicants compared to sum of accepted applicants by tariff bands

Figure 39

% breakdown of applicants with disability for 2013-2015

- Social/communication impairment
- Blind or have a serious visual impairment
- Deaf or have a serious hearing impairment
- Long standing illness or health condition
- Mental health condition
- Specific learning difficulty
- Physical impairment or mobility issues
- Other
- Two or more impairments

Figure 40

% breakdown of accepted applicants with disability for 2013-2015

- Social/communication impairment
- Blind or have a serious visual impairment
- Deaf or have a serious hearing impairment
- Long standing illness or health condition
- Mental health condition
- Specific learning difficulty
- Physical impairment or mobility issues
- Other
- Two or more impairments

Figure 41

Breakdown of applicants by region for 2013 - 2015

Figure 42

Breakdown of accepted applicants by region for 2013 - 2015

Part 2: Annual Quality Review 2015/16

Introduction

These are changing times for physiotherapy education, once again bringing both opportunities and challenges. To reflect this and to facilitate the quality assurance and enhancement role of the CSP, we have decided to slightly change the presentation of Part 2 of the AQR this year. We have returned to providing more details of HEI responses in order to provide as accurate a picture as possible of practice and current issues affecting pre-registration physiotherapy programmes. This is to inform CSP priorities and to enable the sharing of good practice/ideas.

Completed AQR proformas were received from all 35 UK HEI pre-registration physiotherapy programme providers representing 52 programmes: 35 BSc (Hons) and 17 MSc (pre-registration).

It is important to note that the analysis contained in the report can only reflect the detail of the responses provided. Although it may be assumed that teams have brought current issues to the fore, from other activities (such as programme re/accreditation events), the CSP is aware that physiotherapy programmes offer much more than can be provided in AQR responses.

The AQR, and the responses received to it, offer a contribution to the enhancement of pre-registration physiotherapy education as part of a wider, iterative process overseen by the CSP Education Committee and the Quality Assurance and Enhancement Group. In addition,

- The CSP Learning & Development (L&D) team supports quality enhancement via a range of activities, including the provision of resources and opportunities for HEIs to network and share good practice
- CSP Education Representatives and the build relationships with programmes/programme teams, review and report on individual programme AQR responses
- Both the representatives and the L&D team are available to support and advise teams throughout the year and through programme accreditations/approvals.

Summaries of teams' AQR responses are provided below under the information requests put to teams (which are are presented in italics). Where appropriate, commentary is provided.

Analysis

AQR Question 14. Staff support and development: *Please indicate how you are supporting your academic and clinical staff to engage in CPD appropriate to their role (eg through providing protected time for research, scholarly or clinical activity, professional networking and involvement in CSP activities, or registration for a further qualification, such as a teaching qualification, professional doctorate).*

All responses indicated that academic and clinical staff are encouraged and supported to engage in CPD appropriate to their role. However, the level of detail provided in responses was variable. A broad overview of the nature of support indicated generally by HEIs is provided here.

Academic staff

CPD opportunities
- Doctoral presentations;
- Research development programmes/seminars/forums;
- Courses/training run by Learning and Development Centres/HR departments/Professional Development Units;
- Peer review of teaching and learning/team teaching;
- Leadership courses;
- Teaching and learning conferences/forums (presenting/sharing good practice);
- Professional conferences (e.g. Physiotherapy UK, WCPT Conferences);
- Academic and clinical staff exchanges;
- Opportunities to practise/engage clinically;
- Roles in HEI committees;
- Erasmus staff exchanges;
- External networking (e.g. on CSP committees, CAHPR roles, HEA, international events/conferences);
- Roles for other bodies (e.g. CSP, HCPC, NICE, WCPT);
- Volunteering opportunities with agencies outside the HEI;
- Social engagement and knowledge transfer partnerships with local communities;
- Contributing to quality assurance mechanisms at other HEIs (e.g. as CSP external examiner, CSP education representative or subject reviewer);
- Mandatory training (CPR, manual handling, Health and Safety);
- Consultancy work for external organisations and services.

Practical support available
- Access to staff development programmes;
- Workload model/ workload planning tariff in place;
- Time for scholarly /research/enterprise activity;
- Rolling programmes of study leave;
- Support to achieve HEA/Senior HEA fellowships;
- Sabbaticals;
- Mentorship schemes;
- Studentships;
- Citizenships (external professional activities);

- Research support from research centres/institutes;
- Teaching and learning support from Centres for Academic Practice/Learning and Development Centres;
- Funding for CPD/programmes/further study.

Qualifications achieved/aimed for
- PhD
- MSc
- MPhil
- Post-graduate Diploma/Certificate in Teaching and Learning

Support for clinical staff (contributing programme delivery)
- Practice educator programmes;
- Clinical and academic staff exchanges;
- Funded MRes programme;
- Teaching opportunities;
- Assisting with practical examinations;
- Assisting with student recruitment;
- Opportunities to provide feedback related to programme development;
- Exchange of academic and clinical staff;
- CPD opportunities in return for practice placements.

Continuing professional development in teaching and the role of teaching staff has a major impact on student satisfaction (Student Academic Experience Survey, HEPI and HEA, 2016) and is a key indicator of teaching and learning standards (UK Professional Standards Framework 2011). Given the vital role of physiotherapy academics and clinicians in providing high quality physiotherapy education, it is essential for CPD opportunities for these groups of staff to continue/be preserved/increase throughout times of change and uncertainty (A false economy: Cuts to Continuing Professional Development funding for nursing, midwifery and the Allied Health Professions CODH 2016).

AQR Question 15. Placement provision

15a. *Please outline the variety of placement opportunities available. What is your strategy for developing and expanding practice education provision into areas such as primary care?*

Most HEIs (28) reported offering practice placements in the community/primary care. However, in one case, '*discussion around primary care placements is in its infancy'.* One HEI is unable to accept all the offers of placements in community settings due to their geographic/rural location. Whilst their primary care placements are increasing, one HEI reported challenges in maintaining placements in acute settings.

As well as practice placements in 'standard' NHS settings, HEIs offer a variety of opportunities in:
- Private practice/sports clubs/elite sport (15)
- Charities/voluntary sector (8)
- Hospices/palliative care (6)
- Playgroups and schools (6)

- Care homes (3)
- Integrated health and social care/social care (3)
- Local hospitals for nursing experience (2)
- Industry/occupational health (2)
- Ministry of defence/armed forces (2)
- Pain management teams (2)
- Firefighter/Police rehabilitation service (2)
- Health promotion in mental health (1)
- Integrated musculoskeletal services (multi-disciplinary physical and mental health approaches) (1)
- Student-led neurology clinic (1)
- Day centres (1)
- Forensics (1)
- Proactive care teams (1)
- Remote and rural settings (1)

Teams reported exploring new practice placements in:

- Primary care/community (2)
- Charities/ third sector (2)
- Health and social care (1)
- Public Health England (1)
- Mental Health (1)
- Third sector (1)

Strategies for developing and expanding practice education provision into areas such as primary care included:

- Ongoing collaboration and communication with practice-placement providers/PELs in health and social care /private practice/sports clubs/third sector (19 HEIs);
- Tapping into national/regional support structures/support mechanisms; for example central, shared placement provision models/systems (3);
- Work with practice education facilitators (PEFs) and Practice education leads (PELs) (2) or national practice placement agreements (1);
- Liaison between/within HEI practice-placement and employment/employability groups (3);
- Appointing HEI practice-placement coordinators/leads (3);
- Establishing placement liaison meetings/short-term working groups (2);
- Involving practice partners in HEI business such as course committee meetings and value based recruitment (2);
- Making strategic-level HEI appointments to develop and support practice education (2);
- Expanding the HEI practice-placement liaison team (1);
- Offering CPD incentives to practice educators (1);
- Seeking opportunities at CSP Professional network meetings (1);
- Negotiating contracts for fee-paying students (1);
- Bidding for, and receiving LETB (Health Education England) funding to pursue initiatives to increase community practice placement capacity (1);
- Increasing flexibility of practice-placements (1).

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The King's College London team provided an excellent example of collaboration; their practice placement strategy being '*informed by and developed with, reference to evidence and information gleaned from feedback from: (i) students; (ii) clinicians and clinical managers; (iii) service users; (iv) academics and (v) commissioners through both (i) formal processes (the stakeholder reviews and KCL course review) and (ii) informal mechanisms which essentially include close collaboration with students and clinicians during the placement periods and an open door policy for all*.'

University of Liverpool innovatively uses a 'hub and spoke' model to allow greater flexibility for placement provision and give students more varied clinical experiences: '*An example of a 'hub and spoke' arrangement for a musculoskeletal placement would be the hub in outpatients with two possible spokes of a GP clinic, hydrotherapy, inpatients or community. The number of spokes and the time spent in each varies, depending on the experience which can be gained*.'

One HEI is currently developing a placement capacity strategy.

In further response to this question, nine teams reported challenges with practice placement capacity/work. The challenges included:

- students experiencing placement delays (2);
- uncertainty around LETB/local placement provider response to the Comprehensive Spending Review/funding changes (2);
- placement offers not always being acceptable as it is not always feasible for students to travel to localities (2);
- working to increase placements outside the NHS to allow for increasing numbers of international students (2)
- ensuring that students gain experience across all core areas of practice (1);
- maintaining placements in the acute sector (1)
- lack of support within HEI for a practice learning support role (1)

Student practice placement capacity is therefore an ongoing concern. However, this is not the case for all HEIs and practice education was the area most commended by CSP Education Representatives.

All CSP members are expected to work collaboratively to develop and diversify student practice-placements in primary care/other developing areas of practice (see CSP 'Practice Education' Position Statement) (http://www.csp.org.uk/press-policy/policy). The CSP resource, 'Practice Education Information, Support and Guidance' is available to assist with this. (https://atlas.pebblepad.co.uk/atlas/csp/Viewer/ResourceRef/View/Workspace/494/17424/0/6jqbh3H5jdt c4d8m7t3qfZZWzy/6jqbh3H5jdtc4x7M7wyxr8Gf6h). The CSP will be launching a campaign to convey more strongly the message that contributing to the education of future members of the profession is a key professional responsibility, and to strengthen member engagement in optimising practice-based learning and capacity.

15b. *Please outline the opportunities provided for students to gain experience and develop a profile aligned with the shifting organisation, delivery and role of contemporary physiotherapy practice (eg public health, social care, independent and third sector, primary care).*

In response to this question, sixteen teams felt that this was achieved by giving students broad experiences across sectors and with a wide variety of client groups. Some (12) HEIs highlighted the role of academic modules in developing students' awareness of the changing healthcare agenda and contemporary and future practice developments. As a part of academic modules, some (6) HEIs provide short

community/service learning placements/experiences. Examples of these include participating in public health sessions to primary school children (1), health promotion activities in public spaces (1), health promotion activities with HEI staff (1), providing support for underserved communities (1), two-days in a care home (1) and voluntary work (1).

The benefits of this type of exposure for physiotherapy students were highlighted by the University of Birmingham:

'*Some of this work involves promoting public health as well as gaining insight into the health needs and lives of marginalised communities e.g. the homeless, enabling development of a more patient-centred approach to care. We believe that this gives students a broader view of healthcare….and helps them appreciate the links between health and sociocultural factors more effectively, enabling patient-centred and collaborative care*.'

HEIs reported increases in student placements in primary care (7), the private sector (3), schools (2), the sports arena (2), nursing homes (2), social care (1), learning disability services (1) and industry (1). Three HEIs indicated that student practice placement assessments contain criteria relating to health promotion, and students are expected to engage with schemes like 'Making Every Opportunity Count' (MECC).

Eleven HEIs reported that they are actively developing links for student placements within areas such as the private/independent sector (4), third/voluntary sector (3), public health (2), industry/businesses (2), social care (1), educational organisations (1), schools (1) and sports and leisure services (1).

Submissions to the AQR have provided examples of innovative, dynamic education practice to support physiotherapy students to gain experience and develop a profile aligned with the shifting organisation, delivery and role of contemporary physiotherapy practice; e.g. public health, social care, independent and third sector, primary care.

However, AQR responses and CSP Education Representative comments indicate that this is an area of development for physiotherapy education. Further discussion and on-going support is needed across the profession for this. Two teams highlighted that they have to balance contemporary student experiences with the expectations of clinicians and graduates; one of these expressed that they were experiencing resistance and disapproval of contemporary practice placements (in nursing homes, mental health, learning disability services and dementia services) from some practice colleagues. There may therefore be barriers to progress in this area that need to be acknowledged and debated more fully by stakeholders across the profession.

Networking/peer support opportunities for physiotherapy educators are highlighted in the CSP 'Educators' webpage. (http://www.csp.org.uk/professional-union/careers-development/educators)
Further examples of contemporary practice placements and supporting information are provided in the CSP 'Practice Education Information, Support and Guidance' resource (https://atlas.pebblepad.co.uk/atlas/csp/Viewer/ResourceRef/View/Workspace/494/17424/0/6jqbh3H5jdtc4d8m7t3qfZZWzy/6jqbh3H5jdtc4x7M7wyxr8Gf6h).

Exploring perceptions of appropriate practice-based learning environments and experiences for physiotherapy students, and how learning can best be derived from all placements, will be one of the focuses within the CSP's practice education campaign.

15c. *Please outline the opportunities provided for inter-professional learning (IPL) in placements*.

In response to this request, teams from 15 programmes contained details of HEI-based inter-professional programmes/frameworks and assessments to promote IPL in practice. In 15 programmes, opportunities were considered to be part of inter-disciplinary working and learning on practice placements. However, in 13 programmes, students experienced specific IPL activities in practice.

In eight of these, IPL programmes are PEF-led. Four programmes indicated that they run specific HEI-lead projects in practice. One of these, at the University of Brighton, is a 'Compassion Project', in which students '*work together on placement and observe and discuss experiences of compassion'*. The other, at Plymouth University, is a '*peer-assisted learning project with nursing and physiotherapy students on placement'*. The University of Huddersfield provides physiotherapy students with an inter-professional ward-based experience, while Queen Margaret University has recently piloted an inter-professional student practice placement.

In 15 programmes, IPL opportunities in practice are more ad hoc in nature. For example, students may attend PEF-lead sessions if they are available when they are on placement; students may negotiate IPL experiences with their practice educators, or the opportunities for IPL depend on the nature of individual placements.

Learning outcomes associated with inter-professional working are part of 22 programme practice placement student assessments, with four of these involving written assignments/reflections. One programme assessment has a section for other professionals to comment on students' performance. In one programme, students are occasionally supervised by an occupational therapist.

It may be useful to remind all programme teams that '*opportunities for inter-professional learning with students from other disciplines should be made available in both university and practice settings*.' (CSP Learning & Development Principles) (http://www.csp.org.uk/professional-union/careers-development/career-physiotherapy/learning-principles) As illustrated above and in the CSP 'Practice Education Information, Support and Guidance' resource, excellent examples of student IPL in practice are available to share across the profession.

15d. *Please outline how you help students prepare for placement.   Please explain how you facilitate staff and students sharing good practice or raising concerns about a placement*.

In response to the first part of this question, most teams (28) reported that students are prepared for practice-placements in specific HEI-based 'preparation for practice' modules and/or pre-placement seminars/briefings. HEIs gave varying levels of details of these sessions, but content included the following:

- Mandatory training (moving and handling, basic life support, infection control)
- Data protection and information management
- Issues relating to duty of care, safeguarding, ethics, legal issues, professional codes/standards of practice/regulation, professional behaviour, and raising concerns
- Dealing with complaints
- Working with others, professional socialisation, managing relationships and conflict resolution
- Mental capacity
- Record-keeping
- Breaking bad news and dealing with death
- Personal safety
- Risk assessment
- Fitness to practise (including criminal record and vaccination checks)

- Equality and diversity
- Identifying and addressing learning needs, including reflection, CPD, how to use a portfolio, skills training and practice
- Practice-placement assessment
- Review sessions relating to placement areas
- Addressing feelings and expectations of placements
- Briefings with more senior students who have completed similar placements.

Three teams indicated that they expose students to service users and carers to hear about their care journeys. At the University of Bradford, students '*participate in service user cafes to aid communication skills*'. One HEI timetables a clinical preparation week.

Two teams indicated that they introduce students to practice with pre-placement visits. Prior to substantive placements, students at St. George's, University of London benefit from '*a taster of practice in order to have an understanding of what to expect when on placement. This is a Peer Assisted Learning (PAL) experience and the first year students are supervised by a final year student*.'

Three teams reported that they use simulated practice environments to prepare students for practice placements. Information to prepare students for practice-placements comes from pre-placement information from practice educators, handbooks, virtual learning environments, websites and pod casts.

At Queen Margaret University: '*In response to student feedback regarding their uncertainty with regards to expectations of placements, video clips of interviews with senior students talking about experiences of going on their first placement have been developed in 2014-2015. These videos are shown to all new students in their pre-placement preparation sessions as well as being available on their Hub site.*'

In response to the second part of this question, students are supported in sharing practice (good and bad) at pre and post-placement briefing sessions with HEI staff, although fewer (18) teams reported running post-placement sessions with students.

Five HEIs indicated that good practice is shared with practice educators at practice educator days/update sessions/training. Three of these indicated how they give students a voice at these PE sessions. Students at the University of Hertfordshire '*have the opportunity to nominate their educators for an Educator's Award where good practice is outlined within the nomination form. This info is then shared at the Annual Educator day and within the newsletter as well as posted on the notice boards in the department.*' Similarly, Oxford Brookes University '*run a placement of the year award ceremony…where placement areas can be nominated by students as being excellent learning environments with supportive teams.*' At the University of Worcester, students share their experiences with practice educators at an annual practice learning evaluation day.

Eighteen teams proposed that students are facilitated to raise concerns at post-placement briefing sessions with HEI staff (four teams indicated that these are 1:1 sessions between students and personal academic tutors). Eighteen teams also indicated that there are opportunities for students to raise concerns occur during contacts with HEI visiting tutors. Other opportunities cited included

- Student placement evaluations (15)
- Staff/student liaison committee meetings (1)
- Post-placement written reflections (1).

Eleven teams shared their response to students' concerns. These all involved communicating concerns and feeding back to partners/stakeholders, such as practice educators, trusts, heads of service, practice leads, NHS Education for Scotland, academic heads and the wider academic team for learning and action. The University of Hertfordshire includes responses to student concerns in placement newsletters.

Team responses, perhaps as a result of how this question was worded, did not give a clear indication that all physiotherapy students are prepared to report issues of concern relating to patient care promptly. Programme teams are invited to consider how students are facilitated to report concerns about practice while they are in practice (see Section 7 of HCPC Guidance on conduct and ethics for students, 2016-http://www.hpc-uk.org/assets/documents/10002c16guidanceonconductandethicsforstudents.pdf).

The responses above indicate examples of good practice and that HEIs may benefit from sharing practice in these areas. Teams are reminded of opportunities for this via CSP-facilitated (both face-to-face and on-line) meetings.

15e. *Please outline how you support those involved in practice education to offer quality placement learning experiences. Please explain how you support your practice educators to assess students.*

All HEIs provide practice educator training days/study days/conferences/workshops/updates. These may be delivered at HEIs, taken out to clinical sites (11), or made available online. Six HEIs provide bespoke practice educator training in response to arising needs/issues. Not all teams provided the content of practice educator training sessions, but those that did indicated that they include the following:
- Student assessment training (9)
- Teaching and learning styles/approaches/theories (5)
- Supporting the failing student (4)
- Facilitating student learning/development (3)
- Providing constructive feedback (3)
- Varying learning needs (3)
- Programme content and requirements (3)
- Roles and responsibilities of the practice educator (3)
- Planning for placements (2)
- Reflection/reflective practice (2)
- Details of contacts and resources available (2)
- Professional development (1)
- Patient primacy (1)
- Dealing with difficulties (1)
- Professionalism (1)
- Placement allocation process (1)
- Setting learning outcomes and expectations (1)
- Placement evaluations (1)
- Models of supervision (1)
- Productivity (1)
- Emerging practice education settings (1)
- Transferable skills (1)
- Sharing good practice (1)
- Learning opportunities and challenges (1).

Two teams indicated that they promote and support an informal practice educator mentoring network.

Thirty HEIs emphasised the role of HEI visiting academic staff/tutors in supporting practice placement providers to assess students and offer quality learning experiences. A quality enhancement role for HEI tutors was also indicated, as exemplified by St Georges, University of London:

'*In addition, Link Tutors are prompted to comment generally on their impression of the placement e.g. supportive; novice educators and serves to alert the Practice Education Team if additional support is necessary.*'

Some other HEIs also identified the role of feedback (6), from students and/or academic staff and/or clinical staff and audit (6), followed by information sharing and action, in promoting good practice/quality placements.

To enhance relationships and shared learning with practice colleagues, two teams indicated that they invite practice educators to attend programme board meetings and two that they invite practice educators to help formulate student practice assessment forms.

At The University of Central Lancashire practice educators are '*encouraged to assist with university-based examinations in order to develop their awareness of how students are assessed in the university, and to translate these processes (in terms of style of questioning, level of knowledge to be expected) into the clinical placement environment.*'

HEIs provide practice placement handbooks/workbooks, online resources and newsletters to support those involved in providing practice placements.

As acknowledged by CSP Education Representatives, HEIs work hard to meet HCPC Standard of Education and Training 5.8: '*Practice placement educators must undertake appropriate practice placement educator training*'. The CSP would like to promote awareness of new Health and Care Professions Practice Education Guidance that has been developed by the Health and Care Professions Education Leads Group in collaboration with the National Association of Educators in Practice and the Council of Deans of Health.

16. *Please provide any information of any other known or projected changes relating to your programme for 2016/17 and beyond (eg flexible entry/exit routes; inter-relationship with other programmes; overseas involvement). If changes are expected, please state how you attend to manage this change (eg through appropriate increases to resources, or changes or re-scheduling to how resources are used in academic and practice settings with particular reference to the potential impact on your staff and their development).*

Most teams reported no projected changes to programmes for 2016-7. However, it is of note that one HEI is developing a new entry-level DPT programme. Responses from HEIs in England revealed a strong sense of uncertainty relating to funding changes because of the Comprehensive Spending Review, but with some teams responding to/planning to respond by:

- Increasing their number of student places (on BSc and MSc pre-reg programmes and for home and international students);
- Developing MSc pre-reg programmes to be more competitive and allow more flexible recruitment;

- Exploring/improving cost effectiveness; suggestions include looking at alternative pathways, more integration of programmes (physiotherapy and other) and international collaboration;
- Re-assessing the viability of programmes.

Funding changes in England have implications for:

- The nature of physiotherapy programme programmes (level, degree of integration with other programmes, part-time/full time options);
- Widening participation;
- Internationalisation of the curriculum;
- Practice placement capacity/the nature of practice education;
- Student expectations;
- Student recruitment and retention;
- Staffing levels/workloads.

It is notable that these are contemporary quality issues for UK Higher Education (HEA, QAA, UK Universities benchmarks) and are therefore areas that require careful monitoring and evidencing. For example, although health-related subjects have the highest contact hours, and workload, as well as the highest perception of value for money, falling levels of students' perceptions of value for money represents one of the main year-on-year differences in the Student Academic Experience Survey (HEPI and HEA, 2016).

USEFUL RESOURCES

Evaluating teaching development activities in higher education (HEA 2016)
(https://www.heacademy.ac.uk/system/files/evaluating_teaching_development_in_he_-_toolkit1.pdf)

Health and Care Professions Practice Education Guidance 2016 (Health and Care Professions Education Leads Group)

Supporting and Enhancing the Experience of International Students in the UK: A Guide for UK Higher Education Providers (QAA 2015)

(http://www.qaa.ac.uk/publications/information-and-guidance/publication/?PubID=2953#.V8arE8XzM5d)

Quality Enhancement Theme

Thank you in advance for taking the time to fill in this section. We hope that you recognise the value of this activity for physiotherapy education. Facilitating the sharing of innovative and good practice forms an important part of the CSP's quality enhancement role.

Embedding research theme

This year's quality enhancement theme explores how research is embedded within pre-registration education programmes. It asks about the approach to integrating research and the skills underpinning research activity into your programme and learning and teaching provision, to provide students with the ability to critique research outcomes and to become contributors to the body of research evidence. The information provided in this section will help the CSP to share and showcase good practice.

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1. Approach to including research in the curriculum

1a. How do you ensure that your curriculum is both informed and led by research outcomes?

In response to this question:

- Most (20) teams highlighted that research is embedded in their HEI/programme philosophies and structures. Research themes run through programmes and programme content is underpinned by contemporary evidence;
- Some (9) teams emphasised the importance of students having to show research skills, critical awareness and meet appropriate level learning outcomes in module assessments;
- Most (19) teams underlined the value of staff research activity/development and outcomes. Research staff contribute to programme content, delivery and development;
- Some (9) teams highlighted the importance of research-informed physiotherapy education was highlighted by 9 teams.

2. Supporting your programme team to engage with research

2a. How do you support your team to undertake research? _Please provide examples of integrating their research outcomes into your programme content or delivery._

In response to this question:

- Fifteen teams highlighted the availability of staff research programmes of activity, support and development. These include practice-sharing, peer support, buddy schemes, seminars, staff/faculty research conferences involvement with HEI research institutes/centres, support to undertake grant applications, opportunities to work with others (including across other professions) under HEI research themes;
- Fourteen teams gave information on time given/available to apply for to staff for research activities. Where detail was provided, depending on contracts (research or teaching) and level of individual staff activity, this ranged from 20 days/year to 40% of staff time. In three cases, the availability of research secondments was indicated;
- Eleven teams indicated support for staff to achieve post-graduate/higher degrees;
- Six teams specified staff support and leadership provided by professors, readers, mentors and appointed research leads;
- Six teams revealed that they had available funding for staff research activity/development;
- Four teams did not provide clear information on the nature of support for teams to undertake research.
- Two teams acknowledged that it is challenging to support staff with research activities in the current climate.

2b. Does your team engage with your local CAHPR hub to enhance support to students in developing their research awareness and understanding? _If yes, please outline the team's key learning points from this. If not, what are the barriers and what could usefully be done to address them?_

In response to this question, most HEIs reported engaging with CAHPR. Of these, ten have team members with formal CAHPR connections/roles (chairs, committee members, hub coordinators/leads, hub contacts). However, the extent of engagement varies. In 11 cases, this involves publicising information about CAHPR

events to staff and students. In two cases, students are invited to attend meetings and participate. Two HEIs host CAHPR seminars. The following ways of engaging with CAHPR were cited by one HEI each:

- Academic team provides seminars;
- HEI staff arrange 2 events/year and review grant applications;
- Staff develop proposals for CAHPR funding;
- One small discussion.

Several benefits of HEI engagement with CAHPR are recognised. For example the Queen Margaret University hub leader '*makes use of contacts developed through CAHPR to inform the development of teaching and learning in relation to research. Examples include the development of student research projects, enhancement of the research methods curriculum and highlighting of post-graduate research opportunities*.'

Other HEIs reported benefits of HEI engagement with CAHPR including:

- Learning cascading to students in teaching;
- Developing student awareness of research and opportunities for post-graduate support;
- Increasing awareness of research and research opportunities in the region;
- Supporting HEI staff to present at conferences with funding available;
- Linking research partners (for example clinicians and HEI mentors);
- Further involvement with research or further study as a result of small grant scheme;
- Opportunities for HEI staff and students to engage with research.

Seventeen HEIs do not engage with CAHPR but of these, five have identified that links need to be developed and two are already working on this. Barriers to engagement were not explained but one HEI team was reportedly unaware of CAHPR and another felt it would be more likely to engage once doctorates had been achieved (the current priority).

3. **Preparing your students for engaging with research**

3a. **How does your programme develop research-related knowledge and skills that build the profession's capacity for demonstrating its impact and value?**

In the responses of 30 programmes (BSc and MSc), research was identified as a core curriculum theme; with research module content and assessments focussing on research knowledge, tools and skills. In some cases (3) research modules are branded as inter-professional.

Twenty-nine responses indicated that research is integrated throughout programmes and across 'clinical' modules to promote evidence-based practice, clinical reasoning, decision-making and clinical effectiveness. Examples of student learning experiences provided included lectures, seminars, discussions, wiki sessions, inter-professional research conferences, sessions provided by Learning and Development centres (e.g. on data searching, academic/critical writing).

Manchester Metropolitan University illustrated how progressive student assessment requirements move students from being '*consumers of research*' earlier in the programme to becoming '*more innovative and able to develop research ideas*'. Details of student learning outcomes/assessment requirements were not always given but examples from some programmes were provided to illustrate their contribution to the profession's capacity for demonstrating its impact and value. Assessment products include research projects/dissertations, literature reviews, research proposals, research posters, papers for publication, conference presentations and clinical guidance. In two programmes, students are expected to undertake audit and service evaluation projects. An excellent example of an innovative module assessment to develop students' capacity for demonstrating the profession's impact and value was provided by Ulster University.

This is summarised below:

Groups of students are each given one topic from the CSP's 'Physio Works briefings' and they then have to create two 'elevator pitch' videos based on their topic. The first pitch is to an employer and starts with the question 'What can physios do in the area of ….?'. The second pitch is to a politician and starts with the question 'Why should we spend money on employing physios in the area of ….?'. Students are marked on their individual video pitches and then tested orally test on one of the other 20 pitches.

3b. How do you develop students' awareness of and engagement with research as integral to professional practice?

In response to this question:

Similarly to responses above, most (29) HEIs indicated that this was achieved by programme design; placing research at the heart of the curriculum and making connections between 'research' and 'clinical practice' modules. Robert Gordon University gave an example of fully integrated research and clinical modules: '*As all teaching of research methods is embedded and threaded within modules this is contextualised in a range of specialities/settings and areas and therefore is able to facilitate learning about the breadth and depth of research and evidence-based practice within a professional context*.'

Fifteen HEIs indicated that student assessments [written (15), clinical (2) and portfolios of practice (2)] require research to be related to practice. The University of Nottingham provided a useful example of practice-placement-based student activity: '*During year 2 placements students are required to develop and present a critically appraised topic (CAT) related to the area of practice in which they are based*.'

Ten HEIs highlighted that contact with (in teaching or research supervision) research active-staff helps to develop students' awareness of and engagement with research as integral to professional practice. Eight HEIs promoted research as part of clinical reasoning/decision-making.

3c. How do you equip your students to develop a discerning approach to research so that they can critique its value for application to practice?

In response to this question:

Thirty-four HEIs indicated that a discerning approach to research and critical application to practice are requirements of physiotherapy programme curricula and module assessments. For example, at Glasgow Caledonian University: '*research enquiry and critical thinking are integral to all modules*.'

Some HEIs gave examples of specific learning activities to support this. These were:
  • Journal clubs (4)

- Reflections (2)
- Employing 'critical appraisal' tools (1)
- Research supervision (1)
- On-line discussions (1)
- Presenting abstracts to a School research conference (1).

3d. What opportunities do your students have to engage in primary data collection and to develop other research skills? *Please share key learning and good practice about how you make this feasible within the time constraints of the programme and research approval requirements.*

In response to this question:

Most (45) programmes offer the opportunity/opportunities for physiotherapy students to engage in primary data collection; although this could be in different ways. For 27 programmes this is part of their research project/dissertation although in some cases, students may choose to submit systematic reviews/research proposals instead. In eight programmes, opportunities for primary data collection arise in other teaching modules, such as concerning physiology or biomechanics. Students on 10 programmes are offered opportunities to experience data collection as research participants (staff or student projects) and students on 5 programmes may engage/assist with staff research projects. Three HEIs offer student research assistantships/internships in vacation periods. Some HEIs offer multiple opportunities, for example Bournemouth University runs a *Volunteer Student Research Project Programme,* offers opportunities for students to apply for *Co-creation studentships* (where students may apply for small amounts of funding towards projects which may involve data collection) and *Undergraduate Research Assistantships*.

Examples were provided of how primary data collection for research projects/dissertations is made feasible within the time constraints of programmes. These are by:
- Carrying out student research projects/dissertations as part of bigger staff/external partner trials (7);
- Using students or staff as volunteers (7)
- Inviting participation from non-NHS local service-user groups and volunteer patients (2)
- Making the dissertation module a year-long (1);
- Making projects lab-based (1);
- Allocating projects to groups (1).

However, it is important to recognise that not all physiotherapy students experience primary data collection as part of their physiotherapy programmes. Three programme teams are looking to develop primary data collection opportunities for students; one being to expand to inter-professional research projects/dissertations.

3e. How are they equipped to understand the career development opportunities in research-oriented roles?

In response to this question:

The most common response related to student exposure to researcher academics, clinical academics, AHP consultants and PhD students (via teaching input, dissertation links or opportunities to assist with research activity); with possibilities for this reportedly available in 29 physiotherapy programmes. The University of

Huddersfield have '*two joint professoriate appointments with local NHS Trusts who are able to demonstrate to the wider inter-professional student group the breadth of clinical research opportunities*.'

In twenty-one programme responses, it was indicated that career development opportunities in research-oriented roles are addressed and discussed in specific modules; for example, '*Emerging Practice'* and '*Professional Practice*' modules at Brunel University London.

Thirteen HEIs specified that career development opportunities in research-oriented roles are promoted at careers fairs and employability workshops for physiotherapy students. Eleven HEIs highlighted that they make students aware of opportunities for post-graduate study/research/studentships/CPD opportunities. In addition, four HEIs specified that they give students opportunities to attend student, staff, professional body conferences or specialist lectures.

Key Points

The following key points arise from HEI responses to the questions posed above as part of the AQR Enhancement Theme 'Embedding Research':

Research is core to physiotherapy programmes. Physiotherapy students develop the research knowledge and skills to meet relevant, appropriate level learning outcomes in research specific modules, in 'clinical' modules and sometimes in an integrated fashion. Academic teams promote the concepts of evidence-based practice, clinical reasoning and clinical effectiveness, often across 'research' and 'clinical' modules of teaching.

- HEIs have provided some excellent examples of learning activities and assessments which promote the integration of research and practice. However, although some dynamic opportunities are available, not all physiotherapy students have the opportunity to engage with primary data collection/analysis as part of their pre-registration programmes. Furthermore, students' end-of-programme research outputs vary. Some HEIs aim to provide their students with the knowledge and skills ready to embark on postgraduate research/study (for example, research studies may be theoretical and culminate in a systematic review/research proposal), whilst others actively move students from consumers of research to providers (studies carry out a research project, engage in data collection and analysis and disseminate their work in various ways). Sometimes a choice is made between these options for individual students. As highlighted by the Council for Allied Health Professions Research (CAHPR), this '*can affect the readiness and confidence of some newly-qualified AHP practitioners to embark on Master's level research, or to prepare for doctoral level education. In addition, variable exposure to research activity within pre-registration education may mean that practitioners do not have the awareness or interest to consider research as a career pathway, either as an alternative or as an adjunct to clinical practice*.' ('Developing research skills within AHP pre-registration education' Draft position statement, Council for Allied Health Professions Research, 2016:).

Access to and contact with research role models in teaching and research projects is seen as beneficial by HEIs, i.e. that research role models draw their research into teaching, support staff (academic and clinical) and students with research activity and development and help students to identify possibilities for future research careers. However, where institutions believe that students benefit from being taught by active researchers, advantages of this may need to be explained more to students. A recent survey of UK undergraduate students ([2016 Student Academic Experience Survey](#), HEPI and HEA) indicates that students place a premium on staff demonstrating teaching skills, ahead of research expertise. This survey report highlights an apparent disconnect between '*student expectations and reality in terms of staff demonstrating they are research active, with a higher proportion of students (38%) feeling that this is well*

demonstrated by their teachers, compared to the proportion of students (26%) who feel it is a very important characteristic. This gap between expectations and reality is particularly evident among Russell Group institutions, providing evidence of differing priorities for institutions compared to their students.'

Although most HEIs support academic staff to conduct research, support arrangements and structures vary. Not all HEIs provided clear information on the support available to staff.
Most HEIs reported engaging with CAHPR. Of these, ten have team members with formal CAHPR connections/roles (chairs, committee members, hub coordinators/leads, hub contacts). However, the extent of HEI engagement with CAHPR varies considerably and the CSP is keen to see this develop and progress.

USEFUL RESOURCES
The Researcher - The Researcher is a new digital publication made by health researchers for health researchers.
https://hee.nhs.uk/our-work/developing-our-workforce/clinical-academic-careers/researcher

Final comments

We are keen to have your feedback on this resource, particularly areas that would be useful to you as education providers or suggestions for how it could be strengthened. Please send all comments to learning&development@csp.org.uk.