Annual Quality Review 2018/2019

UK Pre-registration Physiotherapy Education

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

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Contents

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

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FOREWORD

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

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

The report continues to reflect on quality enhancement and the theme for 2018/19 focused on three CSP priorities; community rehabilitation, primary care, and physical activity.

It was an opportunity to demonstrate how pre-registration programmes embed these priorities and develop graduates that are prepared for contemporary and future practice.

Your feedback on this report is of value. Please forward any comments to learning&development@csp.org.uk.

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

CSP Education Team

Part 1: Pre-registration Physiotherapy Education

1.0 HEIs OFFERING CSP-ACCREDITED PRE-REGISTRATION PHYSIOTHERAPY PROGRAMMES

During the academic year 2018/2019, forty-four higher education institutions (HEIs) in the UK offered seventy-three pre-registration education programmes in physiotherapy. All are CSP accredited, as well as approved by the Health & Care Professions Council (HCPC), providing eligibility for HCPC registration on successful completion as well as chartered status and full membership of the CSP.

The number of pre-registration programmes at both new and established physiotherapy providers is rising in response to the continued demand for physiotherapists outpacing supply within the workforce. This is likely to continue into 2021 and beyond, particularly in the context of degree apprenticeship developments.

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

- 3-year full-time, 4-year full-time in Scotland and part-time BSc (Hons) Physiotherapy programmes
- BSc degree apprenticeship
- 4-year integrated master's programmes
- 2-year accelerated MSc programmes
- 3 - 4 year professional doctorate programmes

Figure 1a below shows the breakdown of the routes currently available throughout the UK.

Figure 1a

Breakdown of UK routes available in 2018/19

| Legend |
|--------|
| BSc - 3 years |
| BSc - 4 years |
| BSc - Part time |
| BSc Degree Apprenticeship |
| Doctorate of Physiotherapy |
| Integrated Masters - 4 years |
| MSc (pre-reg) - 2 years |

Figure 1b

Breakdown of UK entry routes from 2011/12
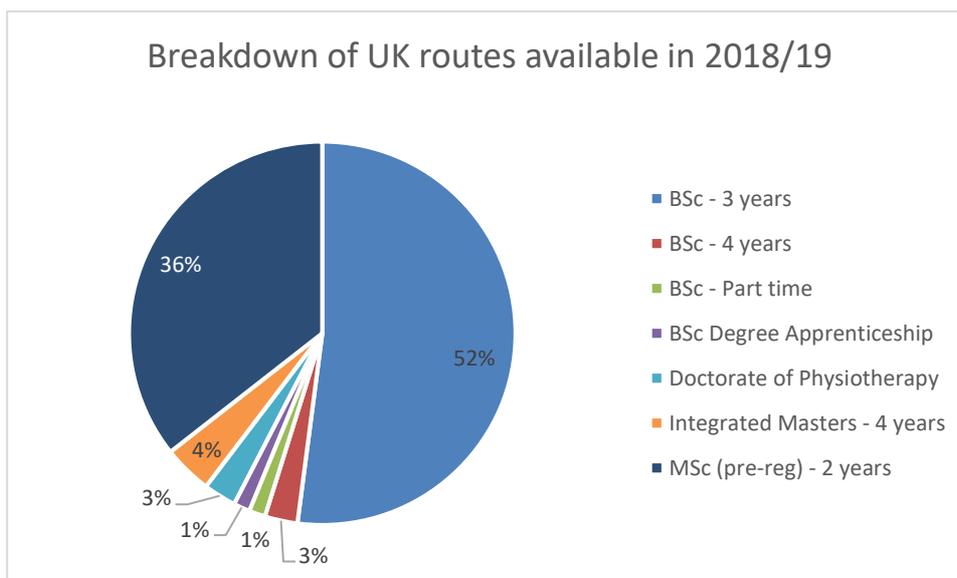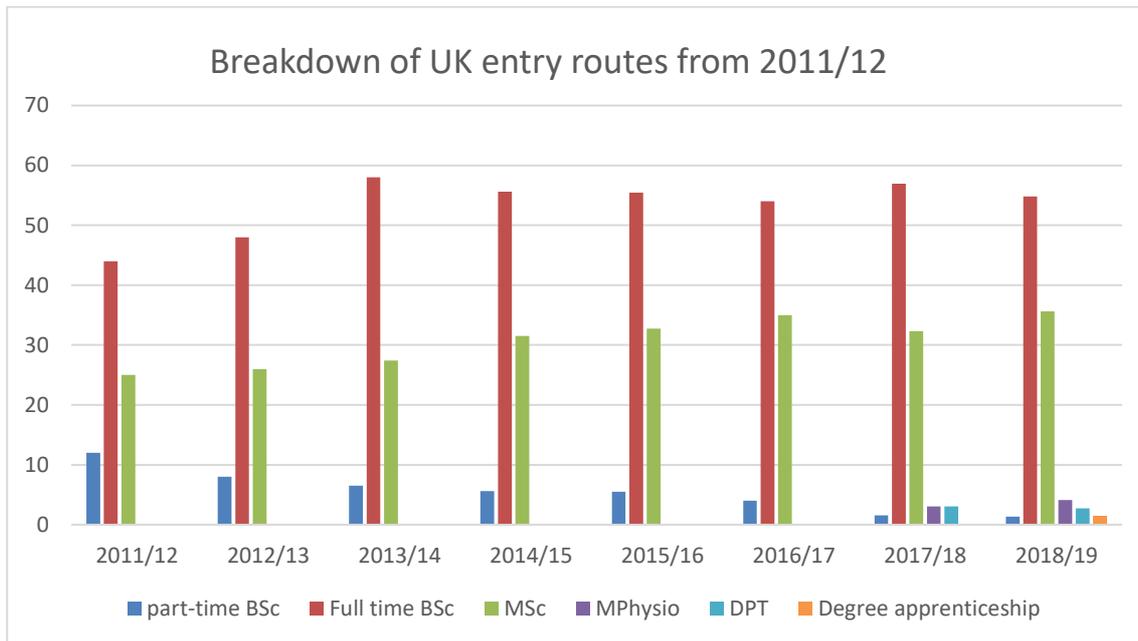
Figure 1b shows the breakdown of UK entry routes since 2011/12.

During this period, postgraduate pre-registration programmes have increased from 25% in 2011/12 to 40% in 2018/19. This is due to HEIs focusing on programmes at masters' and doctorate level, and the workforce needing to meet the increasingly complex service and population/patient needs.

Full-time BSc routes have also increased from 44% in 2011/12 to 55% in 2018/19.
Flexible and part-time routes have reduced from 12% in 2011/12 to 1% in 2018/19. This due to decommissioning during this period.
Degree apprenticeships account for 1% in 2018/19, and it expected this percentage would rise in the coming years.

2.0 INTAKE FIGURES

Figure 2 shows the total number of students entering pre-registration physiotherapy programmes in the UK per year from 2009/2010 - 2018/2019.

Figure 2

Intake figure variation 2009/10 - 2018/19
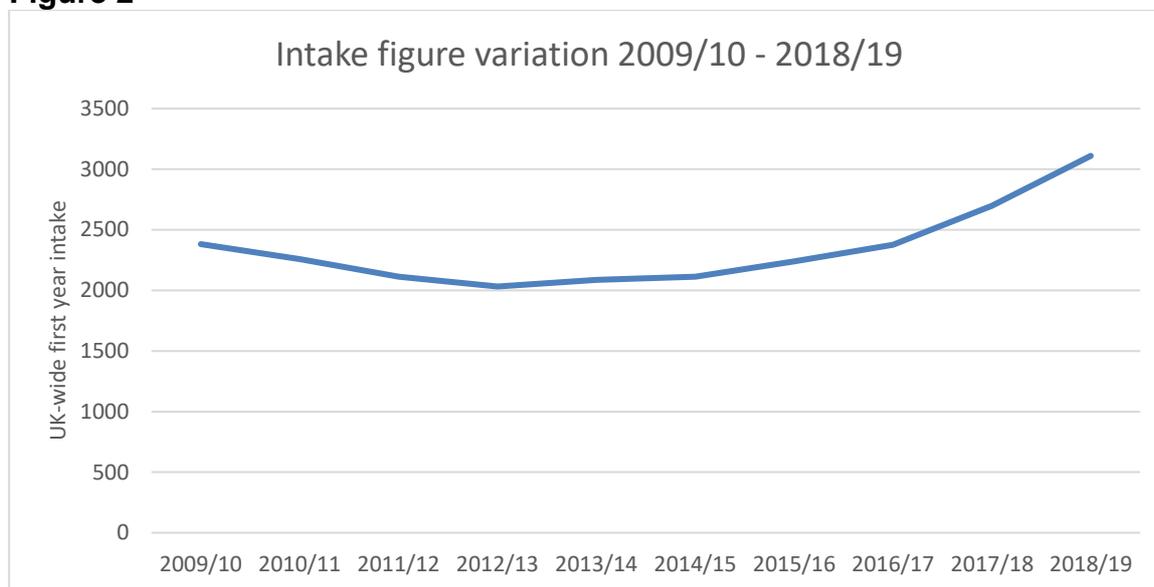
For the year 2018/19, student intake rose from 2698 to 3110 and is the highest for the period shown. With workforce shortages continuing within the profession (The CSP's workforce data modelling indicates an additional 500 physiotherapy students are required per year to address this shortfall http://www.csp.org.uk/professional-union/practice/evidence-base/workforce-data-model), it is encouraging to see the continued student intake increases.

Alongside this increase, it is also encouraging to note that, in the main, resources (staffing and physical) are following suit and practice-based learning capacity is keeping pace with the increasing demand. This is particularly important considering the changes to programme delivery required in response to the COVID-19 pandemic.

In 2018/19, student intake on postgraduate programmes accounted for the majority in growth of student places. Student intake increased by 25% (721) from 2017/18 (578).

Student intake on undergraduate programmes for 2018/19 was 2389, an increase of 13% from 2017/18 (2120).

3.0 RETENTION/ATTRITION

Please note that the following section is a retrospective review of trends up until 2017/18. Data for 2018/19 will be available in the next report.

The number of students permanently withdrawing from pre-registration physiotherapy programmes in their first year increased slightly from 2.19% in 2016/17 to 2.78% in

2017/18, shown in **Figure 3**. The majority of permanent withdrawals occurred on BSc programmes – 2.48% compared with 0.30% on MSc programmes. For comparison, in 2010, permanent withdrawals were 3.6% and 0.57% respectively.

Figure 3

First year attrition - 2010/11 - 2017/18
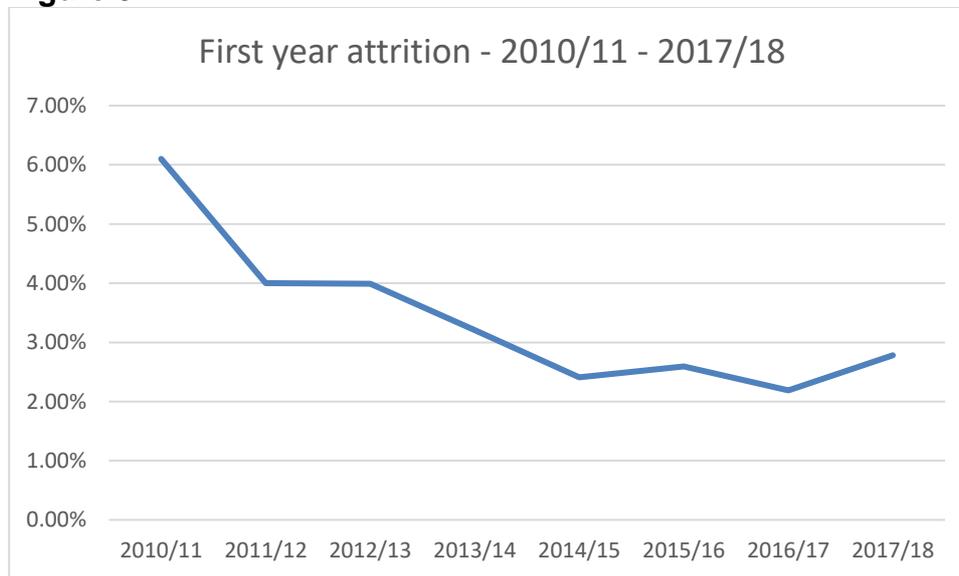
4.0 RESOURCES

Staff:Student Ratios

The CSP takes a flexible approach to staff:student ratios (SSRs), recognising that each HEI has varying configurations of staff (including lecturer-practitioners and visiting lecturers) who contribute to a programme's delivery. We also recognise that the precise mix of the staff profile affects the SSR for a programme, as does the number of other programmes and research activity to which members of staff contribute. Furthermore, SSR figures directly relate to other issues, such as students' experience of physical resources (such as classroom size and layout, staff workloads, student contact time).

The 2018 Student Academic Experience Survey (HEA and HEPI) reports students with longer contact hours are less likely to change programmes, suggesting a link between student satisfaction and staff-student interaction. It is unsurprising health-related subjects were reported to have the highest contact hours and workload and the highest perception of value for money.

Figures 4a and **4b** below show the 2018/19 SSRs across physiotherapy pre-registration programme provision. Data was compiled from information received from HEIs and has been distilled anonymously. It therefore does not necessarily follow that institutions with particularly high SSRs in **Figure 4a** will have high SSRs for their practical classes. **Figure 4b** shows the average ratios over the last seven years.

The UK-wide average has decreased since last year, with a ratio of 1:16.06 per programme, compared to 1:17.16 in 2017/2018. Although it is encouraging to note a

decrease of average practical class SSR for 2018/19, CSP continues to recommend ratios are maintained around **15:1**, to ensure sufficient resourcing to support the programme and good student experience.

This is particularly important during the COVID-19 pandemic. While we usually take a pragmatic approach, it is crucial HEIs keep this under close review, in light of national advice/guidelines relating to teaching size, use of PPE, social bubbles and social distancing.

Figure 4a

Staff:student ratio across all UK-wide provisions

Figure 4b

Average SSR across all UK provisions 2010/11 - 2017/18
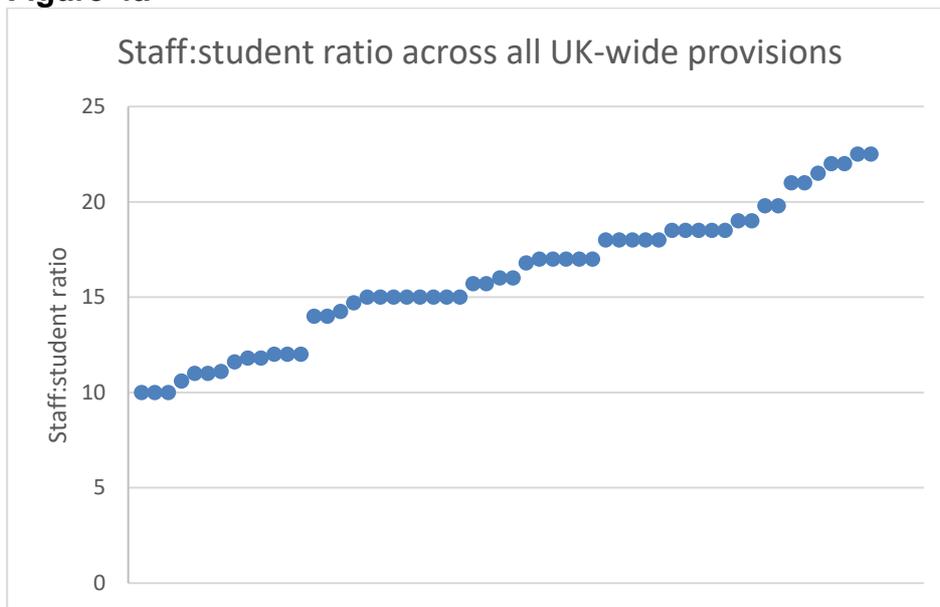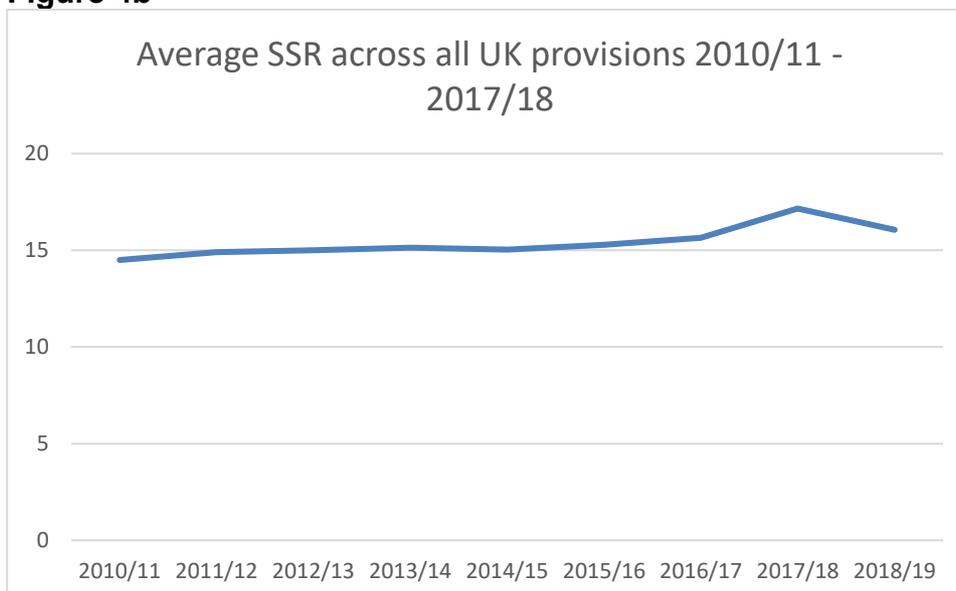
Practical Class Staff:Student Ratios

The average practical class SSR across the UK was 1:18.85. This compares to a ratio of 1:20.55 in 2017/18. **Figure 4c** shows the SSR in practical teaching groups across UK-wide provision. **Figure 4d** shows the SSR over the last six years.

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

Figure 4c
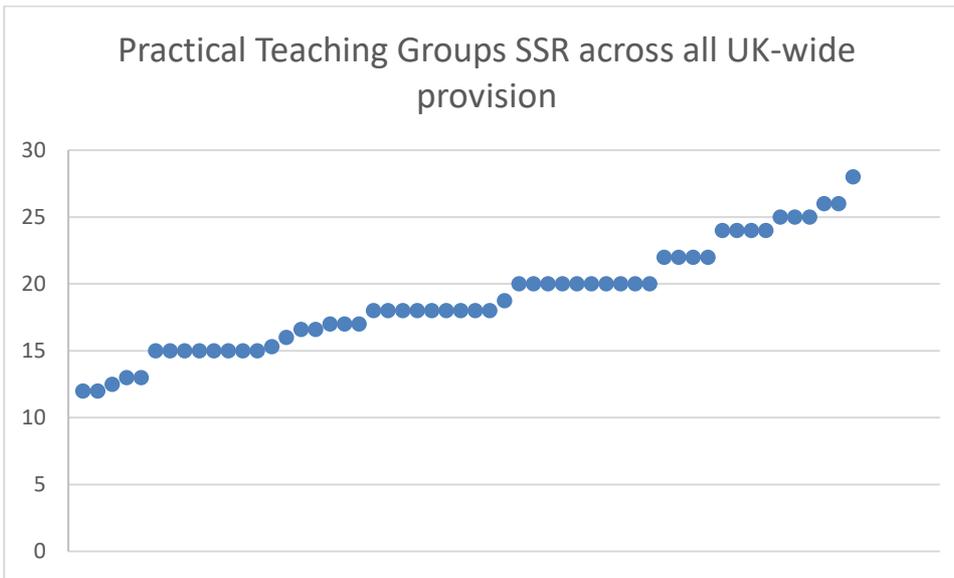
Figure 4d
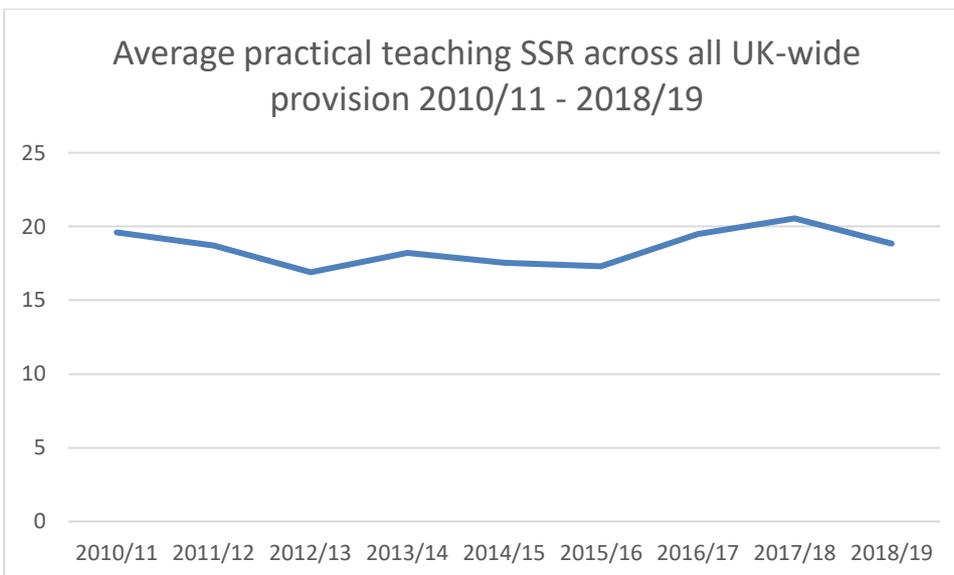
5.0 WIDENING PARTICIPATION

Gender

As seen in **Figure 5a,** the number of male students studying physiotherapy has increased to 39.5%, compared to 30% in 2009/10. Although this does not yet match the national male student profile (43%) reported by Higher Education Statistics Agency (HESA): Data and analysis - Students and graduates, it is encouraging to see the trends are reflecting a more even gender balance. In 2018/19 the gender categories were extended to include Transgender Male, Transgender Female, Gender variant/Non-conforming, not known and information refused. One student identified as Transgender Male and one student identified as Gender variant/ Non-conforming.

Figure 5a

Gender breakdown across all 1st years in UK-wide provision for 2018/19

- Male
- Female
- Gender variant/Non conforming
- Transgender Male
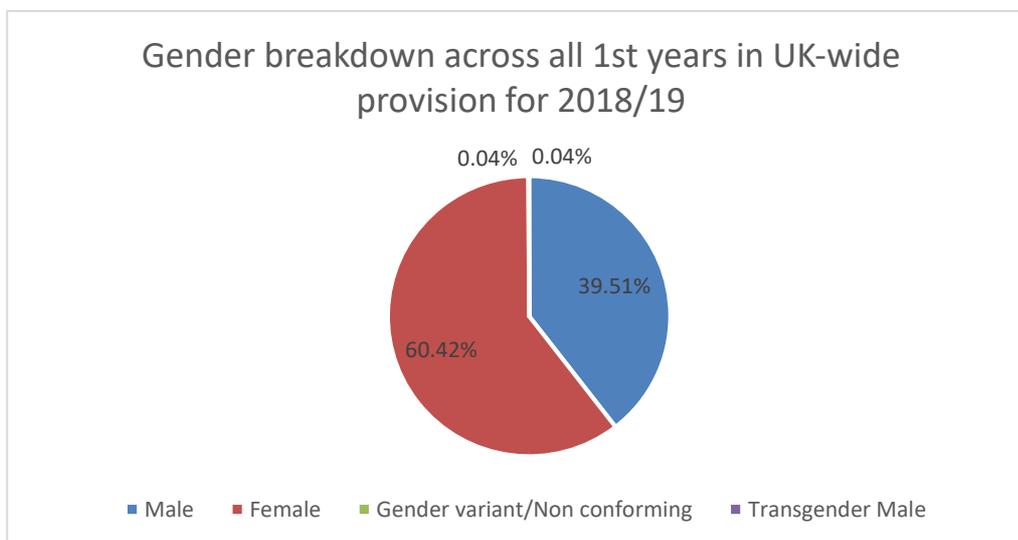
Figure 5b shows the increasing intake of male students from 30% in 2009.

Figure 5b

Gender breakdown 2009/10 - 2018/19

- Women
- Men
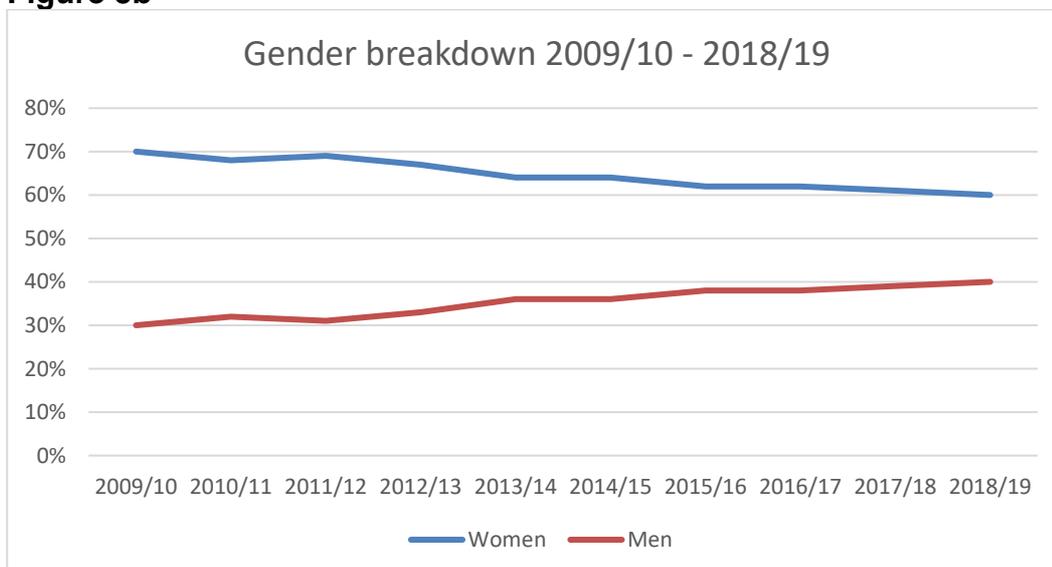
Age

Figure 5c shows the proportion of mature students has increased to 52% in 2018/19 from 51% in 2017/18. Before 2017/18, CSP student membership data was used for analysis and in 2017/18, breakdowns of age were included in HEI data returns.

CSP student membership details 78% of first year students were mature in 2018/19, an increase from 62% in 2017/18.

In 2018/19, the average age of a first year student joining the CSP was 25 years old.

Figure 5c

Mature student intake 2008/9 - 2018/19
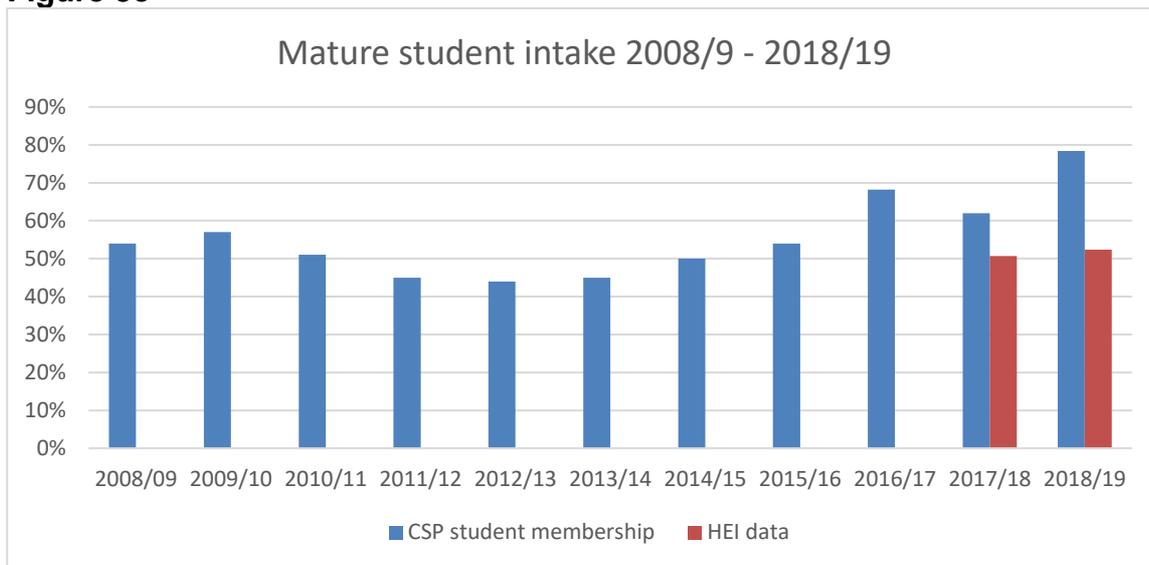
Figure 5d shows a slight decrease in percentage of students aged 17-20 at the point of entry from 49.24% in 2017/18 to 47.52% in 2018/19.

Figure 5d

Percentage breakdown of Students by age 2010/11 - 2018/19
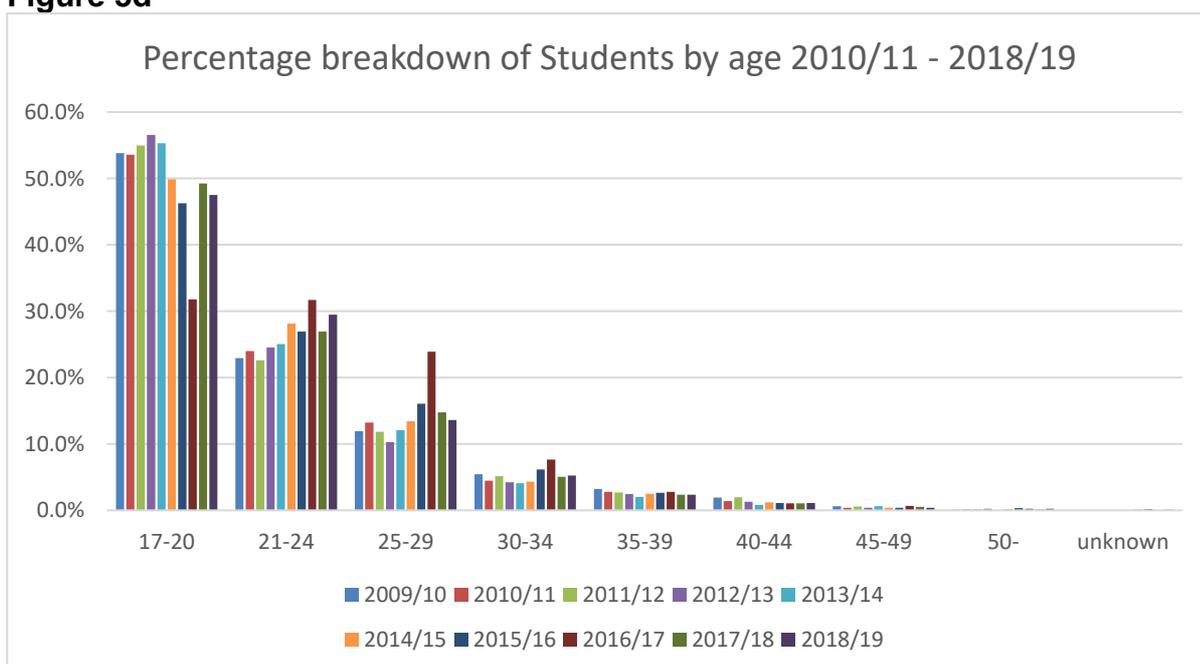
Ethnicity

UCAS ethnicity codes have been used and these reflect the classifications used in the 2011 census.

Figure 5e details the ethnicity of first-year student in 2018/19 and shows those from a black, Asian, and minority ethnic (BAME) background accounted for 19%.

**Figure 5f** shows a gradual increase in the percentage of BAME students since 2010/11. It is encouraging to note an increase of ethnic diversity amongst the physiotherapy student population. Programme teams are encouraged to continue to increase the diversity of their cohorts, as it is essential to improve the learning experience for all students (Student Experience: Measuring expectations and outcomes, Universities UK) and to ensure that physiotherapy is a diverse, dynamic profession that reflects the national demographic and the communities that it serves.

It is worth noting the Higher Education Statistics Agency (HESA): Data and analysis - Students and graduates reports 24% of all first year student in the UK are from BAME backgrounds.

Figure 5e

Student ethnicity - 2018/19

- White
- Not known/Information refused
- Irish Traveller
- Black or Black British - Caribbean
- Black or Black British - African
- Other Black background
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Chinese
- Other Asian background
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - White and Asian
- Other Mixed background
- Arab
- Other

Key to Figure 5e:

White	74.82%	Other Asian background	1.82%
Irish Traveller	0.16%	Mixed - White and Black Caribbean	0.42%
Black or Black British - Caribbean	1.22%	Mixed - White and Black African	0.47%
Black or Black British - African	2.66%	Mixed - White and Asian	1.09%
Other Black background	0.72%	Other Mixed background	0.96%
Asian or Asian British - Indian	2.70%	Arab	0.84%
Asian or Asian British - Pakistani	1.81%	Other Ethnic background	0.41%
Asian or Asian British - Bangladeshi	0.17%	Not known/Information refused	6.03%
Chinese	3.69%		

Figure 5f

Percentage white and BAME physiotherapy students 2010/11 - 2018/19
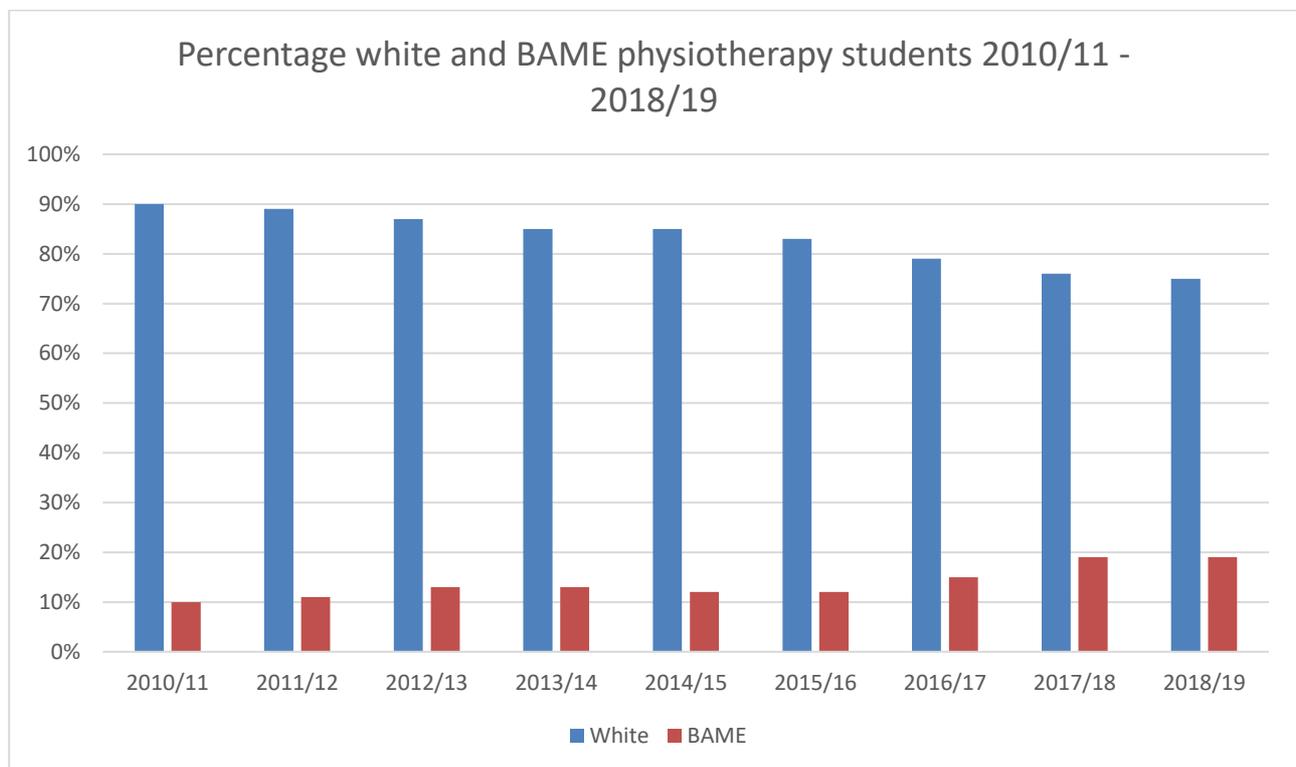
Disability

The criteria used for identifying disability trends among physiotherapy student cohorts are those used by UCAS. **Figure 5g** shows that the percentage of first-year students disclosing a disability has increased to 12.23% from 10.08% in 2017/18. Prior to 2012/13, data was based on CSP membership data, and figures stood at a consistent 6%.

Figure 5g

Total percentage of first year students with a disability
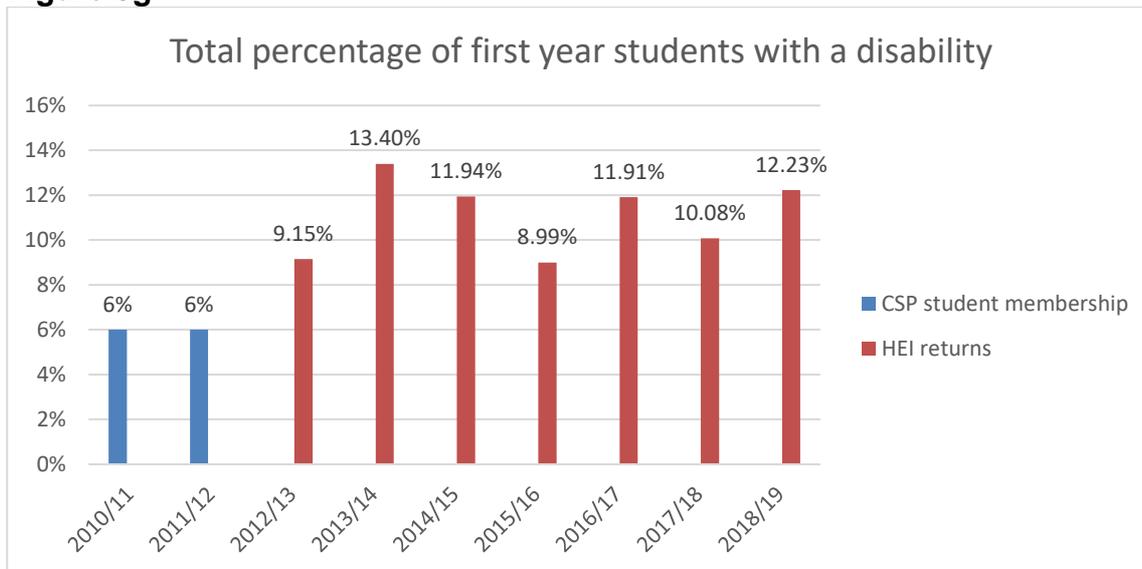
As shown in **Figure 5h,** 53.94% of students who disclosed a disability were reported as having a learning difficulty in 2018/19. Data suggests that most of these students made a disclosure of dyslexia. As demonstrated by **Figure 5m**, there has been no significant change in the overall profile of disabilities reported by students since 2013/14.

Figure 5h

Percentage breakdown of first year students with a disability 2018/19

Figure 5i

Breakdown of first year students disclosing a disability 2013/14 - 2018/19
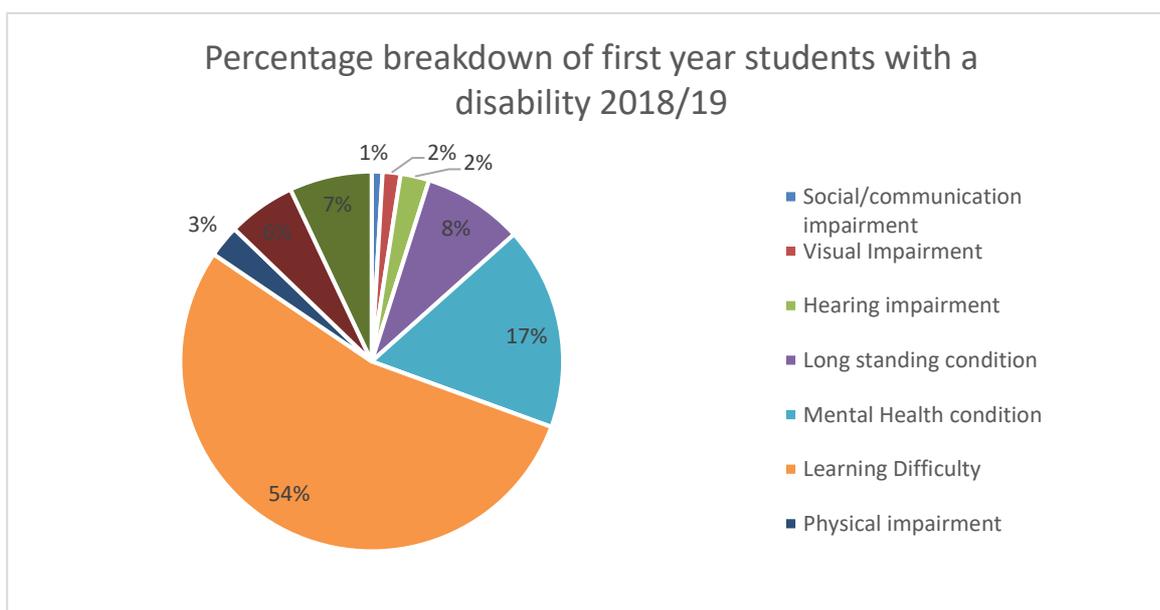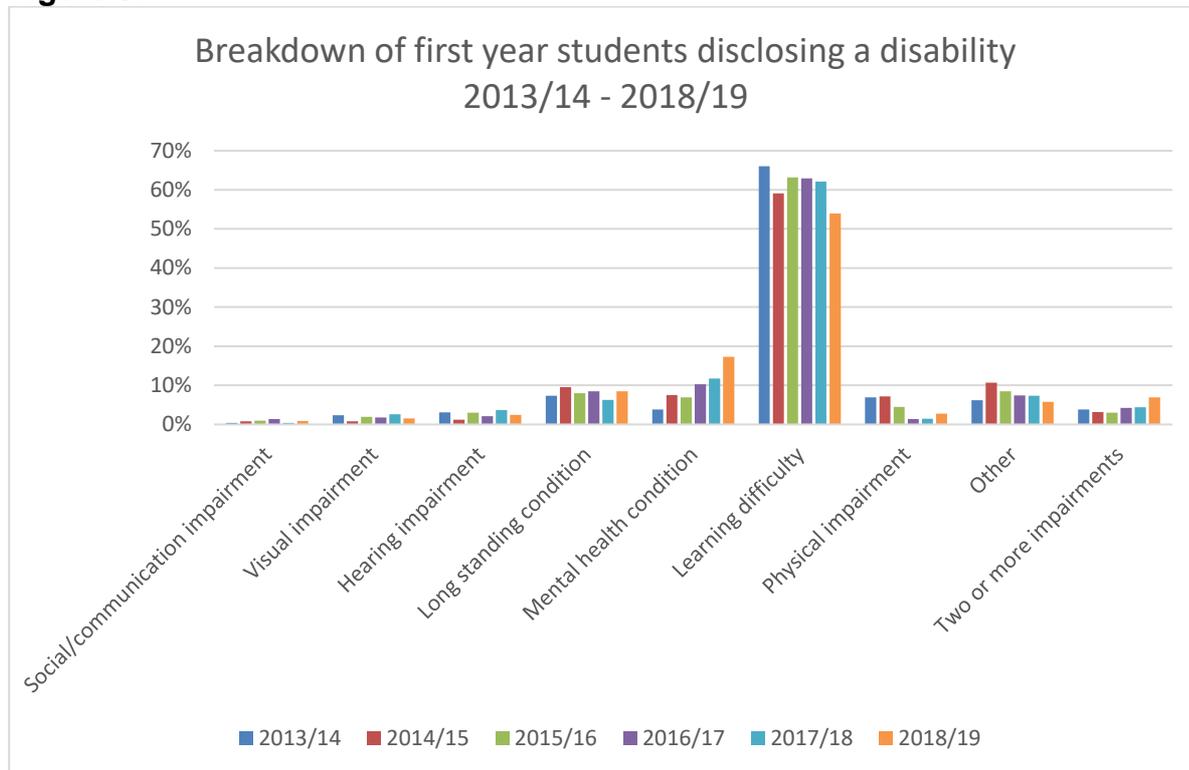
Key to Figure 5i

	2016/17	2017/18	2018/19
Social/communication impairment	1.41%	0.37%	0.91%
Visual impairment	1.77%	2.57%	1.52%
Hearing impairment	2.12%	3.68%	2.42%
Long standing condition	8.48%	6.25%	8.48%
Mental health condition	10.25%	11.76%	17.27%
Learning difficulty	62.90%	62.13%	53.94%
Physical impairment	1.41%	1.47%	2.73%
Other	7.42%	7.35%	5.76%
Two or more impairments	4.24%	4.41%	6.97%

6.0 PRE-REGISTRATION OUTCOMES

Degree Classification

Figure 6a shows the proportion of degree classifications awarded on BSc physiotherapy programmes in 2017/18, the latest year for which information could be provided at the time of data acquisition.

Figure 6a
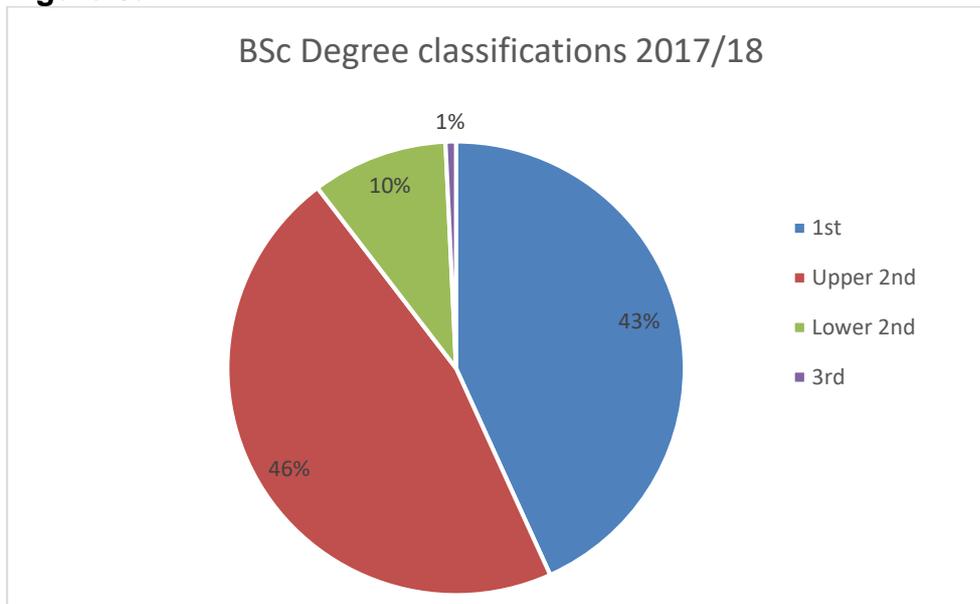
The percentage of students achieving a first-class award was 43% compared to 40% in 2016/17. This is 15% above the national average for UK programmes (as reported by (HESA): Data and analysis 2017/18 - Students and graduates.

46% of graduates were awarded upper-second degrees, compared to 50% in 2016/17. 10% achieved lower-second class degrees, a 1% increase to 2016/17.

Figure 6b compares the proportion of BSc degree awards since 2011/12.

Figure 6b

BSc Degree Classifications 2011/12 - 2017/18
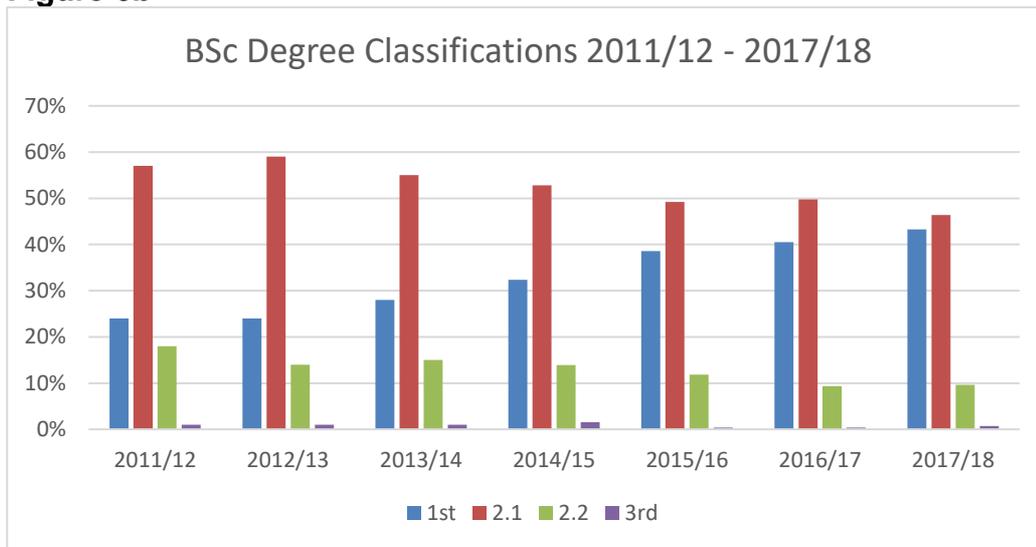
For pre-registration postgraduate qualifications, the percentage of students achieving a distinction increased by 7% in 2017/18 compared to 20% in 2016/17. 49% of graduated with a merit degree classification, 1% less than in 2016/17. 24% achieved a pass degree classification, 7% less than in 2016/17.

Figure 6c shows a changing trend of award classifications since 2009/10.

Figure 6c

MSc Degree Classifications 2011/12 - 2017/18
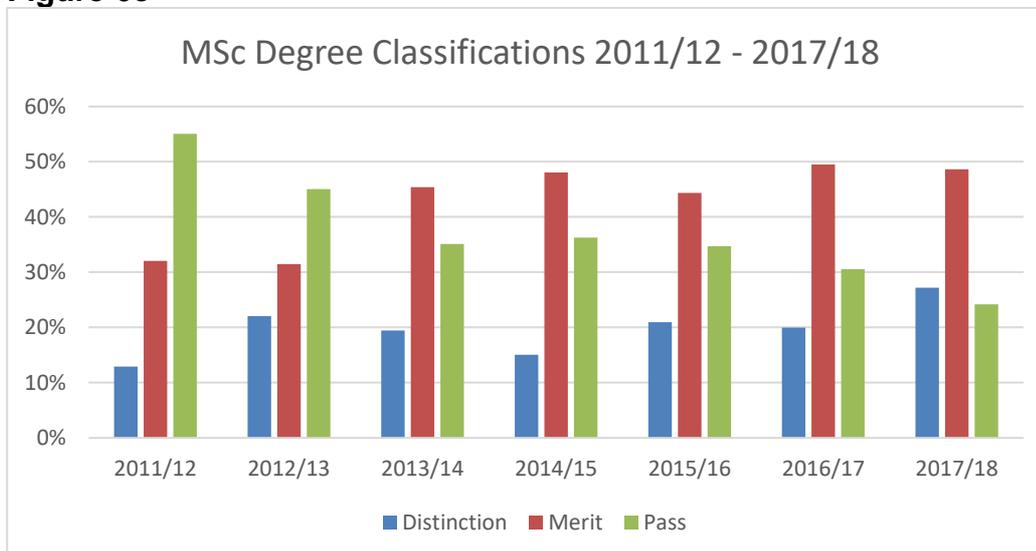
Graduating Student Numbers

BSc (Hons) Programmes

Figure 6d displays an increase in the number of students graduating from pre-registration BSc (Hons) Physiotherapy programmes to 1621 in 2017/18 from 1561 in 2016/17. Since 2009/10 the number of students graduating has averaged 1600 each year.

Figure 6d

Number of BSc students graduating 2008/09 - 2017/18
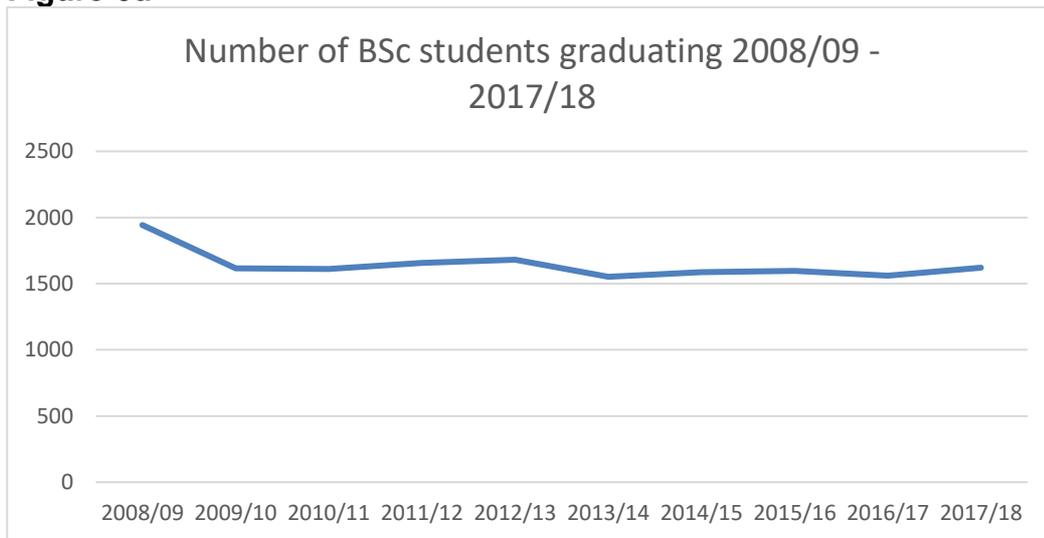
Postgraduate Programmes

Figure 6e shows the number of students graduating from postgraduate pre-registration programmes continued to increase from 407 in 2016/17 to 454 in 2016/17. This increase reflects the overall increase in intakes to pre-registration master's students in 2012/13.

Two students graduated with a postgraduate diploma in 2017/18, rather than an MSc. This is less than 1% of the total cohort compared to 5% in 2008/09.

Figure 6e

Number of MSc/PgDip students graduating in 2008/09 - 2017/18
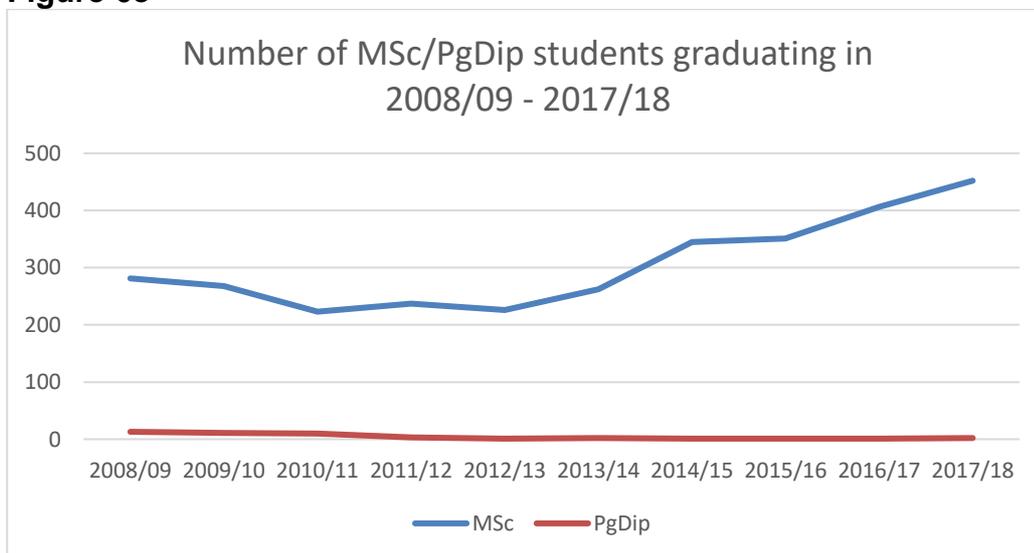
7.0 COMPARING PHYSIOTHERAPY PROGRAMMES

UNISTATS Data

The UNISTATS dataset is compiled from the National Student Survey (NSS), and the Graduate Outcomes Survey. The NSS is a survey across final-year undergraduates in all publicly funded HEIs across the UK. The Graduate Outcomes survey asks graduates who have completed higher education programmes within the last 15 months about their current activity, including work and further study. The Graduate Outcomes Survey replaced the Destination of Higher Education Leavers Survey (DLHE), which surveyed graduates six months after completing their programmes. The Graduate Outcomes Survey dataset reported is for physiotherapy students graduating in 2017/18.

For the NSS data for a programme is only shown when at least 23 students have completed the questionnaire, and where the respondents make up at least half of all the students on that programme. In cases where at least half, but fewer than 23 students have completed the questionnaire, UNISTATS combine the results with other related programmes at that HEI. Where this is the case, these programmes have not been included in this comparison, to prevent any skewing of the data. It is also worth noting that UNISTATS round percentages to the nearest five percentage points when information has been collected from fewer than 53 students.

Figures 7a-7h show the spread of feedback of student satisfaction for the criteria asked by the NSS, across HEIs offering physiotherapy programmes for which data was available.

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

Figure 7a

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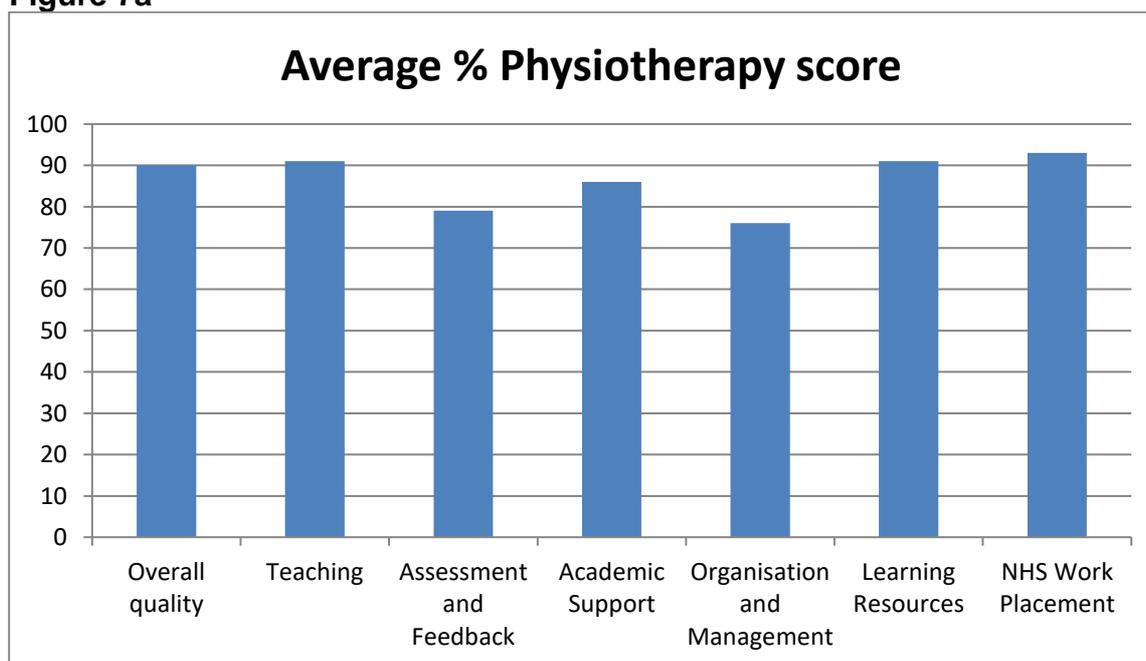
Figure 7b shows the average percentage score awarded by students for overall quality for each programme.

Figure 7b

Student satisfaction: Overall quality
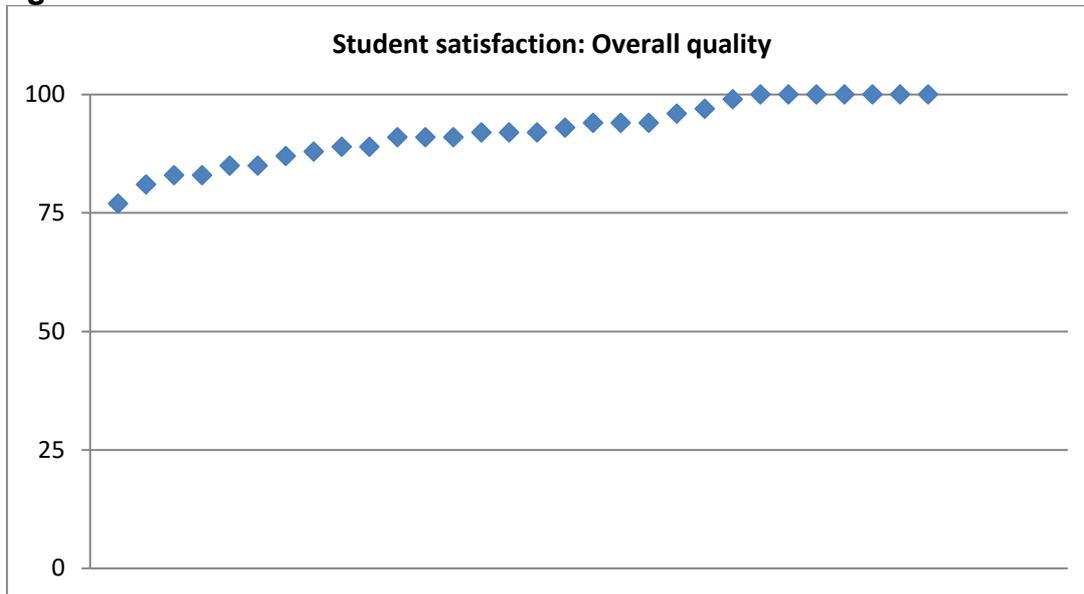
Figure 7c shows the average score awarded by students for teaching for each programme.

Figure 7c

Student satisfaction: Teaching
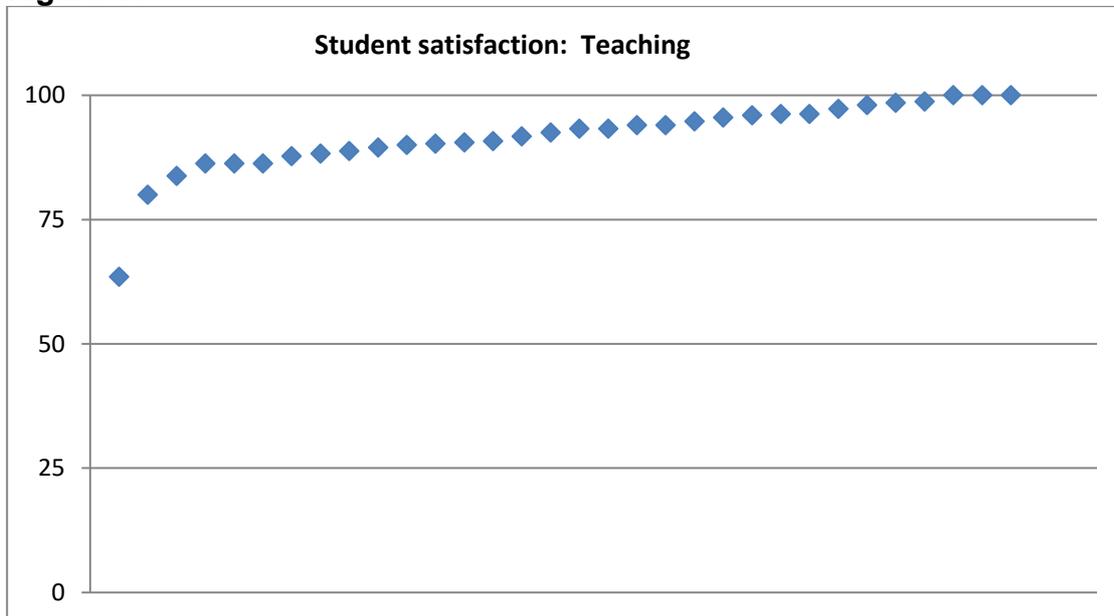
Figure 7d shows the average percentage score awarded by students for teaching for each programme.

Figure 7d

Student satisfaction: Assessment and Feedback
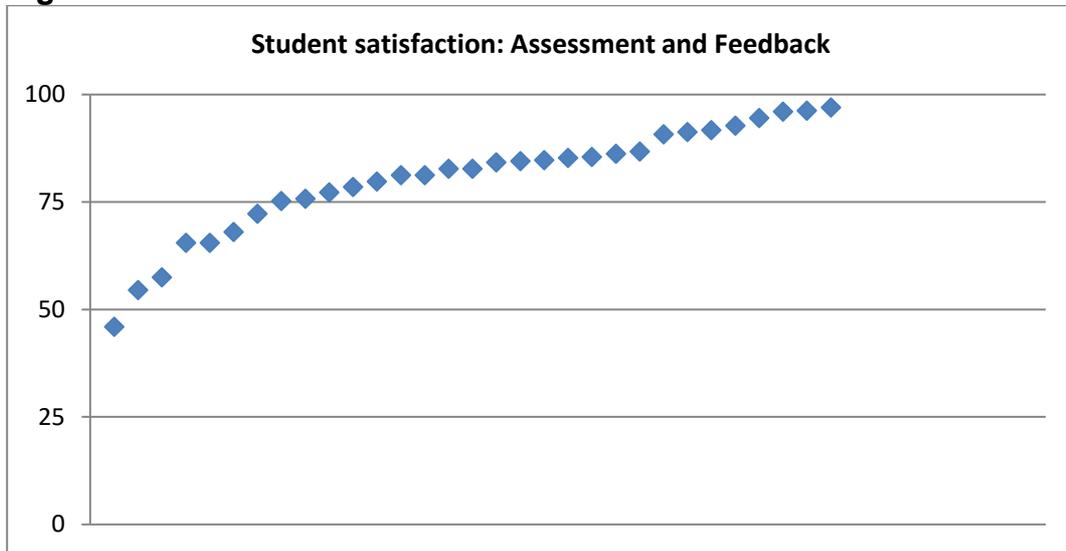
Figure 7e shows the average percentage score awarded by students for academic support for each programme.

Figure 7e

Student satisfaction: Academic Support
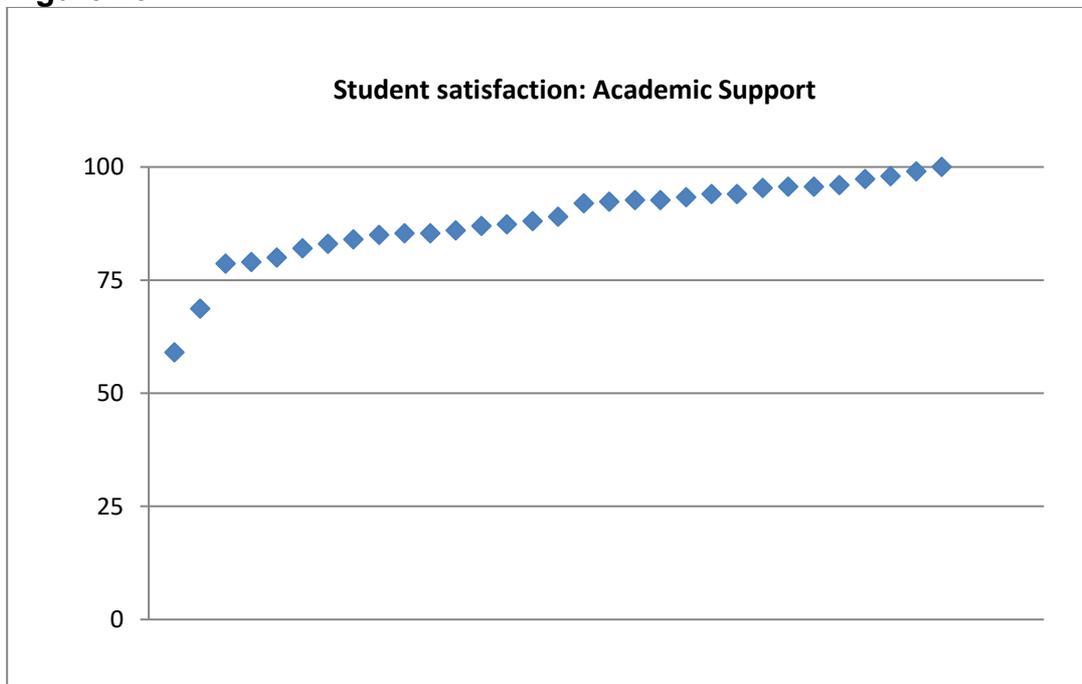
Figure 7f shows the average percentage score awarded by students for organisation and management for each programme.

Figure 7f

Student satisfaction: Organisation and Management
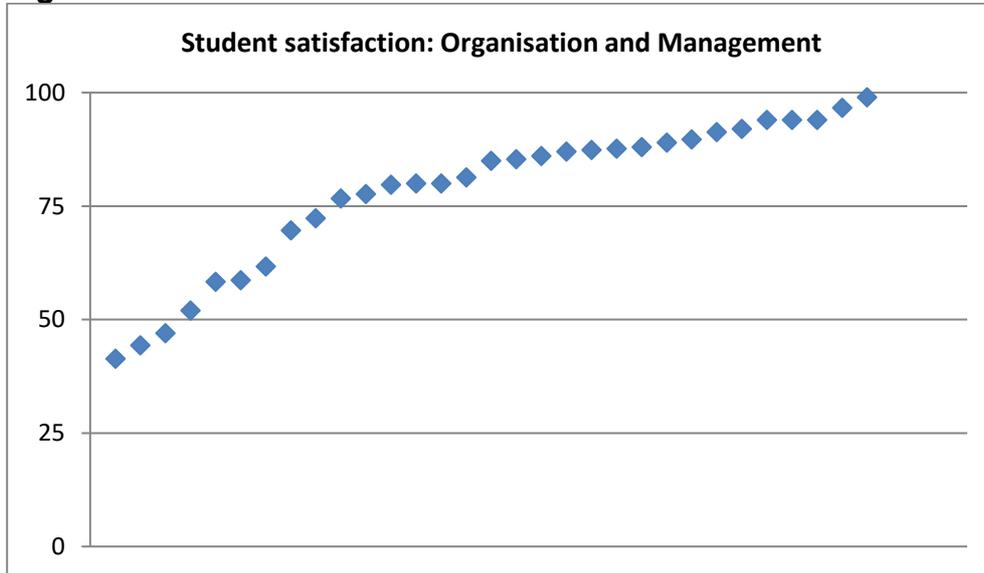
Figure 7g shows the average percentage score awarded by students for learning resources for each programme.

Figure 7g

Student satisfaction: Learning Resources
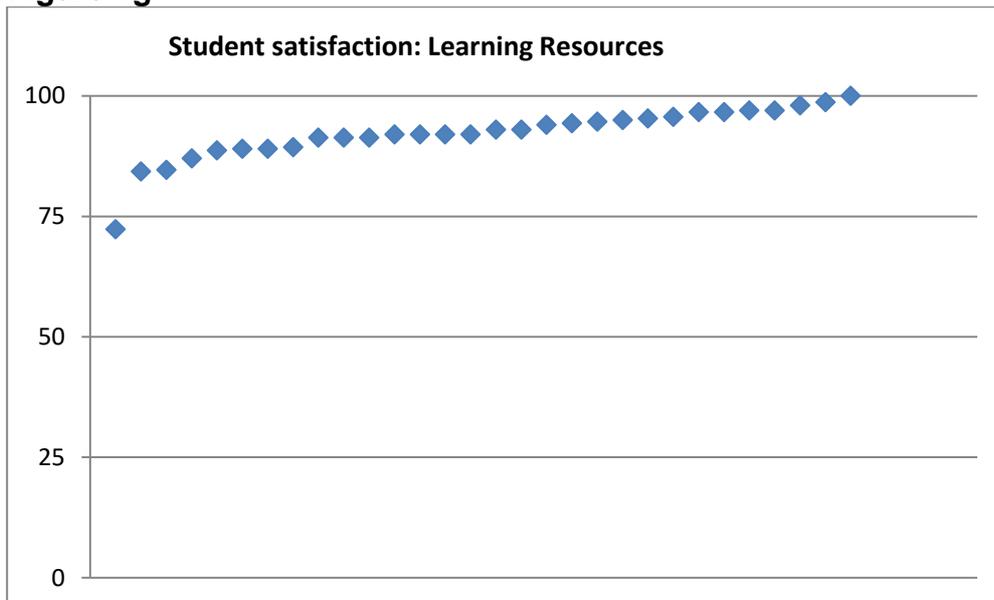
Figure 7h shows the average percentage score awarded by students for NHS work placements for each programme.

Figure 7h

Student satisfaction: NHS Work Placement
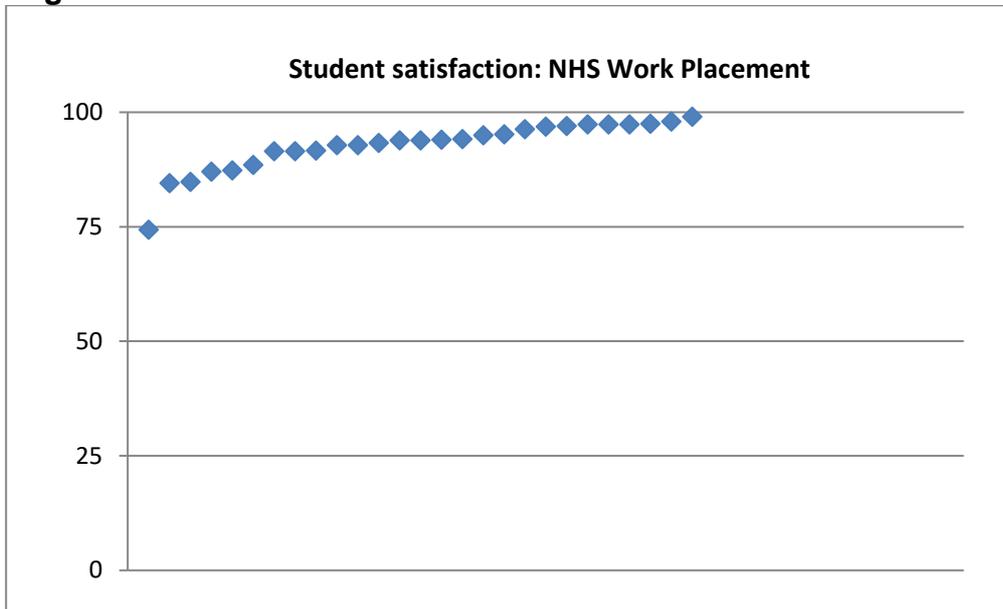
Figure 7i shows the average percentage score awarded by students for type of employment opportunities after 15 months for each programme.

Figure 7i

Employment after 15 months

- In a professional or managerial job
- Not in a professional or managerial job
- Unknown job type

Figure 7j shows the average percentage score awarded by students for type of opportunities after 15 months for each programme.

Figure 7j

Employment/Study after 15 months 2019/20

- Now working
- Doing further study
- Studying and working
- Unemployed
- Other
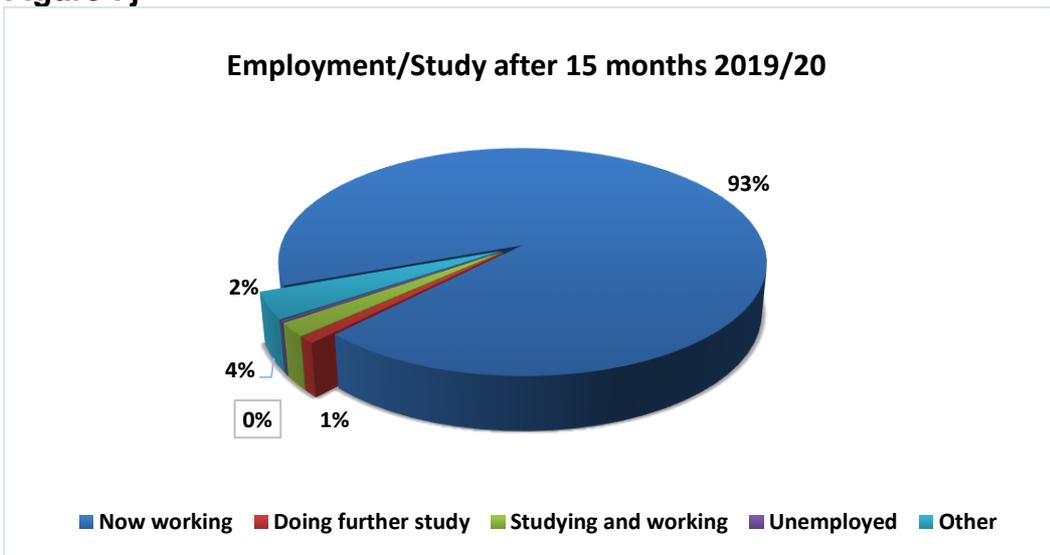
The Graduates Outcome survey classifies jobs using the Standard Occupational Classification 2010 system, grouping responses into particular job titles. The current 93% of physiotherapy graduates described as a therapy professional, 1% in health associate professionals and 6% other.

Figure 7k

Most Common Jobs

- Therapy professionals
- Health Associate professionals
- Other
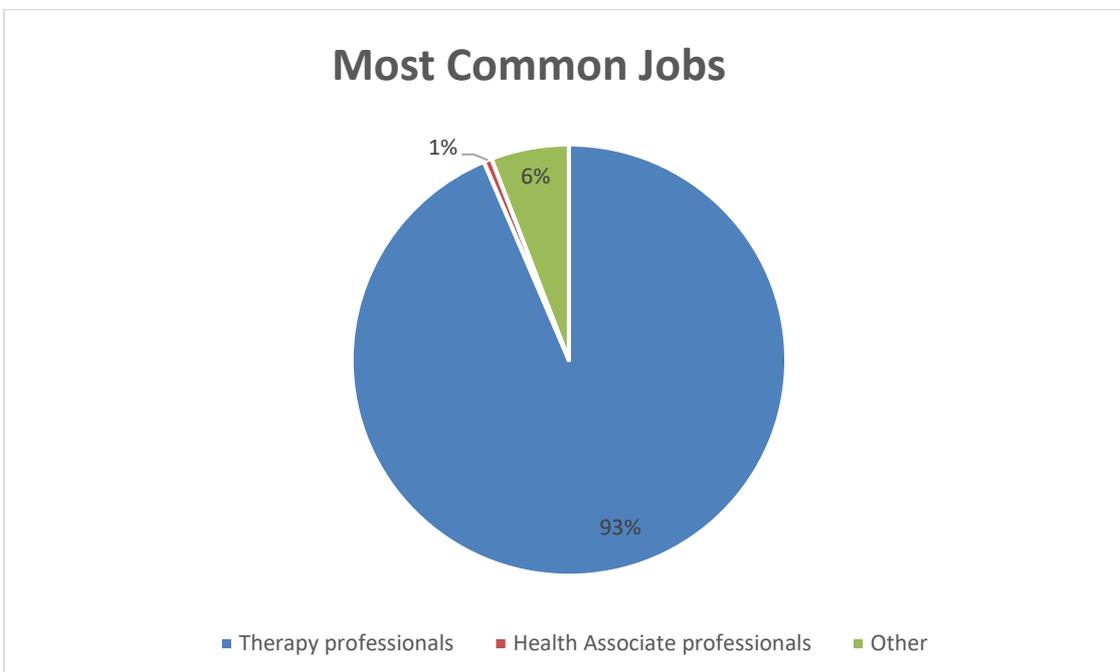
Part 2: Annual Quality Review 2018/19

PRACTICE-BASED LEARNING

This section of the report draws on AQR responses to present a descriptive account of how programme teams are working to ensure students gain quality practice-based learning experience within contemporary physiotherapy practice. It demonstrates how HEIs and physiotherapy services are working together to ensure that the supply, quality and diversity of placement opportunities continues to meet demand and to expand into new areas of practice. It shows how changes to the design, delivery and organisation of physiotherapy services impacts on the supply, quality and diversity of practice-based learning.

However, the following caveats apply; the report is an interpretation of the collated data from responding HEIs, it cannot include what was not reported. As with any interpretation of data, it is susceptible to bias. The amount of detail given by HEIs differed, not only between HEIs, but also across individual HEI responses. Programme teams generally appearing to report on innovation and developments in more detail than that they considered to be 'business as usual'. In the report specific HEI response examples are used to add to the narrative and either illustrate a representative response or as a demonstration of an innovation.

Presentation follows the structure adopted in previous reports, in that, responses are presented under the information requests/questions put to programme teams. However, due to the complexity of delivering practice-based learning, it is obvious that responses to questions are interconnected and interdependent.

Q19a Please outline the opportunities provided for learners to gain experience and develop a profile aligned with the shifting organisation, delivery and role of contemporary physiotherapy practice e.g. in primary care, social care, research, independent and third sector, private practice, public health, CSP placement, and physiotherapy roles that are not involved in direct patient contact.

Programme team responses show that placement experience is gained across a range of diverse settings, with students having increasing opportunities to develop a balanced portfolio of experience aligned with contemporary physiotherapy practice. All HEI responses reported student placement provision across most of the following areas:

- Secondary care and tertiary care.
- Primary care, including telephone triaging and telephone advice services.
- Community-based settings.
- Social care, including care homes and independent living facilities.
- Private healthcare providers; both primary and secondary care providers.
- Charitable organisations.
- Sport environments.

- End of life care.

Many HEIs also reported students completing placements in one of more of the following:

- Clinics managed within HEIs by staff and students.
- Military centres.
- International healthcare settings.
- Industry and occupational health services.
- Mental health services.

HEI responses generally agree that their profile and availability of placements is heavily influenced by the changes in the delivery of physiotherapy services within their geographical area. Overall, the responses to the AQR suggest that the movement of contemporary physiotherapy practice into community-based settings, as well as to private and third sector providers, is being reflected in the profile of placement opportunities available. As demonstrated in this example:

'Most of the expansion of placements involves NHS community settings, private health care provision, and independent and third sector placements and charity funded rehabilitation centres for people with long term conditions. Having close links with one of our large Community Trusts has resulted in engagement with a variety of community-based specialist teams that would normally not have taken students on placement.' (Brighton)

The shifts in the location and organisation of practice combined with the pressure for increased placement provision is creating opportunities for programme teams and physiotherapy services to be innovative. The examples below are representative of the numerous responses that show innovation within placement provision:

'Students will all experience core placements in MSK, Neuro, Cardiorespiratory and Community. Many students have been able to participate in supervised on-call experiences on placement and others have been placed in A&E departments working on prevention of admissions. A recent addition to the portfolio offered includes a part research, part clinical placement in an Intensive Care setting in South Wales. Student mobility has become a priority of the University and increasing numbers of students are choosing to explore placement opportunities abroad. In the last academic year Cardiff Physiotherapy students have been on placement in Namibia, Nepal and Fiji.' (Cardiff)

'We use a number of private providers and charities, e.g. a Brain and Spinal Injury Centre, and two professional football club academies as well as long-arm placements in social care settings. Students also have the opportunity to apply for summer student research internships.' (Central Lancashire)

Only a few HEIs reported on specific established placement opportunities within physiotherapy roles that are not involved in direct patient contact, for example:

'We have developed a research placement at level 6. This placement is clearly mapped against the practice placement learning outcomes but allows the students to work as part of a research team for 6 weeks. The students need to be able to justify the role/impact of research in clinical practice as part of their final assessment.' (East Anglia)

However, various HEIs reported the ongoing development of placement opportunities in this area:

'It is the ambition of the placement coordinator to continue to build links with Physiotherapists in emerging and non-traditional roles to allow students to experience a breadth of professional experiences, e.g. public health, research and leadership positions.' (Birmingham City)

'We are currently in discussion with the CSP to provide student placements within the professional body.' (East London)

Overall programme team responses suggest a breadth of opportunities provided for students to gain experience within contemporary physiotherapy practice. They generally reported an increase in placements offered in a variety of services outside of the NHS. These include placements that are not involved in direct patient contact and placements within social care and third sector settings that necessitate the creation of role-emergent placements. (Role-emergent placements are covered in more detail in the next section.)

Q19b. What is your strategy for developing and expanding practice-based learning provision? Please indicate how are you building capacity outside the NHS, and particularly within in the sectors and settings noted above?

Many HEI responses reported the increasing difficulty in obtaining enough placements for their students. This was largely attributed to the nationally increasing student numbers, compounded by workforce shortages within established placement providers. This is specifically addressed in the section for Q19f so will not be addressed here. Conversely, a few HEIs reported already reaping the benefits of their developmental work and having excess placement availability, for example:

'Closer development of "host" trusts in the region and a focus on employability have facilitated more placement provision than required and allowed students to have their allocation across a year at the beginning of the academic year.' (York St John)

Most programme teams reported their aims to expand practice-based learning provision. They principally reported the following approaches:

- Building placement capacity within existing providers.
- Sourcing placements in NHS sectors that are not traditional providers.
- Sourcing non-NHS placements from other appropriate sectors.
- Developing HEI-based lead roles or units dedicated to sourcing placements.

Some HEIs also reported using the following approaches:

- Developing role-emerging placements.
- Developing international placement opportunities.
- Using alumni networks.
- Developing HEI-based physiotherapy practice.

Most HEIs reported ongoing collaboration with current practice partners to gain new learning opportunities for their students, in conjunction with actively sourcing additional placements outside of traditional NHS settings. The following example illustrates a typical strategy:

'staff work closely with current NHS, private, independent and voluntary placement providers and, via a snowball method, identify potential new providers.' (Leeds Beckett)

A strategy often reported, e.g. Plymouth, was the development of specific roles or teams dedicated to sourcing and securing future placements, usually employed within the physiotherapy team at the HEI, but other models were also reported, i.e. Bradford has a central university placement unit that works on this. Examples of different successful approaches include; Salford and Coventry report utilising strong alumni networks to establish new placement provision, while Central Lancashire report that the employment of lecturer practitioner staff has increased placement capacity due to the excellent links established. Several HEIs, e.g. Queen Margaret, reported working with local health stakeholder networks, for example:

'The Placement Coordinator works closely with the Employers' Liaison Group to expand the placement sites offered. This group is made up of private practitioners, practice educators and physiotherapy managers from the 5 Health Care Trusts.' (Ulster)

Several HEIs, e.g. Sheffield Hallam, described aiming to build capacity within existing, predominantly NHS, providers. By delivering educator training to encourage innovative thinking around placement provision and specifically the benefits of alternative models of placement supervision. Some HEIs gave examples of their success with this strategy:

'We are developing a 2:1 system for some NHS placements where there is one practice educator and two students.' (Bournemouth)

'Placement block 3 and placement block 6 run at the same time so that year 2 learners on placement block 6 can support year 1 learners out for placement block 3.' (Lincoln)

Numerous HEIs, e.g. Northumbria, reported developing a variety of international placement opportunities and Liverpool reported students taking part in an Erasmus exchange. Several programme teams mentioned having HEI-based clinics in which their students experience practice by providing physiotherapy for staff and students. The following detailed example demonstrates the successful use of this approach:

'The University of Bradford team consists of 14 permanent staff who all contribute to the supervised student-led Physiotherapy Clinic. Having a physiotherapy clinic in a university providing some clinical experience for students is not unique. However, through collaboration the team have developed a distinctive clinical learning experience. Due to the dedication and engagement of the team all staff now have an active role in the clinic providing full-time assessed placements for our students. The clinic provides the local community with an affordable, convenient and accessible service. The wider involvement of the staff team means that a neurology service is offered that is now well established, and a breathing clinic is now in its infancy. The clinic also provides a physiotherapy service for a local sports specialist school, both on site and at the clinic facility. The clinic allows current students and graduates to run both the administration and clinical aspects of the clinic, with the teaching staff in an educational support role. Our students are working with client groups usually reserved for more experienced staff such as those with wider health and wellbeing issues, neurology, occupational health and even healthcare insurance work.' (Bradford)

Various programme team responses suggested they were trying to expand placement provision by tapping into the increasing need for social care, in settings where residents or service users could potentially benefit from physiotherapy. However, responses showed that expanding placement provision into this area is complex and challenging as these settings rarely have existing physiotherapy provision. One consequence of this expansion strategy has been the need to think innovatively about alternative models of placement supervision. This has led to the adoption of long-arm supervision in role emerging placements as part of physiotherapy placement delivery. Several HEIs, e.g. Sheffield Hallam and Oxford Brookes, reported developing long-arm supervision or role emerging placements as part of their placement strategy. This detailed example demonstrates the type of innovation reported by programme teams:

'We created a temporary secondment for a clinical colleague from one of our partner trusts in community practice to enhance our links and opportunities for community placements and to explore and develop role emerging placements and elective placements internationally and in health & social care environments and Public Health. The project included evaluating student feedback, current evidence and views from a

variety of potential new stakeholders. As a result, we have identified two specific projects for current development that will act as models for developing and establishing sustainable partnerships with potential organisations and services. The first is with a homelessness charity and a trust based interprofessional homelessness pathway and the second is with Transport for London. We will be piloting placements working with clients who are homeless, where students shadow key worker sessions supported by trained mentors to develop understanding of homelessness and communication skills to identify and support client's needs. In addition, we anticipate that students working with partners in these role emerging placements would be able to bring skills for health promotion, physical activity and physiotherapy to provide evidence for future service development within the partner organisations.' (Kings College)

Q19c Please outline the opportunities provided for inter-professional learning in practice-based learning, e.g. learning with learners from other disciplines who are on placement at the same time, being supervised by an educator from another profession.

The AQR responses show ongoing development of placement opportunities for inter-professional learning (IPL). Many of the reported IPL opportunities are informal and some HEIs identified that their students have no formal IPL opportunities during practice-based learning. However, there are a growing number of examples in which IPL is integral to the design and delivery of placements. The programme team responses show various examples of placement teams and services working to design placements that embed IPL. In some areas e.g. Salford, this appears to be led by NHS employed Practice Education Facilitators whose remit includes providing IPL opportunities for students on placement. Equally, some developments are HEI led, for example, Brighton have appointed an inter-professional lead for placements to establish interprofessional collaboration at all levels of placement management.

Principally, placement IPL opportunities were reported in the following categories:

- Informal IPL due to working with clinicians of other professions in an MDT.
- Learning with students from other professions during placement.
- Learning from students from other professions during placement.
- Learning from and being supervised by educators from other professions.
- Placement assessment criteria explicitly including IPL.

In response to this question HEIs broadly reported students working within MDTs across a breadth of practice and reported IPL as a consequence of working in these MDTs. In this sense IPL involved learning from shadowing clinicians from other professions and by collaborating with other disciplines in shared assessments and treatments, as this example illustrates:

'The changing face of the NHS, which now includes MDT huddles and white board meetings, ensures the students have an excellent inter-professional learning experience on placement.' (Ulster)

Several HEIs observed that increasing placements within community care teams, and rapid assessment services involved working in teams rooted in inter-professional working, thereby increasing opportunities for IPL, for example:

'Our community placement mental health and learning disability placements have created exciting opportunities for students to be co-supervised by physiotherapy and other AHP practitioners. In addition, the very nature of these areas of practice has meant that students have had numerous opportunities to work alongside a wider selection of AHPs.' (London South Bank)

Various HEIs reported developing formal IPL opportunities during placements often in partnership with other stakeholders. These opportunities involved students learning together who were from more than one profession, and often from different HEIs. Several HEIs reported students participating in IPL via interdisciplinary conferences and others focused on IPL via scenarios and simulation. There were few formal peer-led IPL placement opportunities reported, though the following illustration involves nursing and physiotherapy students learning from each other while on placement:

'Nursing students teach physios the likes of wound and pressure sore care and the physio students teach nurses about walking aids and mobilising patients.' (Plymouth)

An increasing number of HEIs reported the use of IPL placement opportunities involving supervision by an educator from another profession, including the use of long-arm supervision. This example of IPL describes both peer-learning and supervision from another profession:

'Many of our contemporary role emerging placements have a student team, comprising of physiotherapy, OT and paramedic students. We are currently trialling the use of an OT long arm educator for a physiotherapy student in our new housing association placement.' (Worcester)

Various programmes, e.g. Northumbria and Robert Gordon, report IPL being embedded throughout the student journey and consequently embedded within placement assessment. Several other HEIs e.g. Bradford, Lincoln and Southampton also reported explicitly including IPL as part of placement assessment criteria and some, such as Robert Gordon included written reflection on IPL as an additional assessed component.

AQR responses also show the breadth of ways HEIs are working with placement providers to further develop and embed IPL into organisational cultures and practices, demonstrated by the variety in the following examples:

'*The new curriculum from 2019 allows students from our different AHP disciplines (physio, OT, podiatry) to be on placement at the same time, thus maximising the opportunity for students from different disciplines, who are already used to working together, to learn together in practice.*' (Southampton)

'*In some placements, students work with students from other professions e.g. OT and SALT, to assess and treat patients together. These opportunities are increasing, and we seek to develop these through the inter-professional education steering group which partners with clinicians working in IPE in health trusts.*' (Birmingham)

Overall the responses suggest that the innovative development of IPL during placements has both increased placement capacity and improved student learning. The reported developmental work going on in this area suggests this will continue, thereby enhancing the potential to produce graduate physiotherapists capable of working within contemporary interprofessional practice.

Q19d Please outline how you help learners prepare for practice-based learning. Please explain how you facilitate staff and learners to share good practice or raising concerns.

Responses to Q19d and Q19e covered much of the same information as some HEI responses merged facilitating the sharing of good practice and supporting quality learning experiences. Information supplied to explain how staff and learners are facilitated to share good practice, or raise concerns, was dependent on the interpretation of the word 'staff'. Many responses included practice educators within this definition, some focussed solely on HEI staff.

Responses on preparing students for practice-based learning were similar across all HEIs. Programme team responses largely showed that students are prepared for practice-based learning via:

- Specific timetabled HEI-based sessions.
- Information and guidance resources to support the process of learning.
- Support for students with a known disability or specific learning difficulty.
- Placement support from a HEI staff member.
- HEI-based post-placement debrief sessions.

Programme team responses largely showed that staff and students are facilitated to share good practice or raise concerns via:

- Placement visiting from a HEI staff member.
- HEI-based post-placement debrief sessions.
- Specific process for raising concerns.
- Placement evaluation.

The responses to this AQR question broadly remained unchanged from previous years. All HEIs that responded reported preparing their students for placement in some format of timetabled HEI-based sessions. The broad content and delivery of these sessions is generally consistent across HEIs. A small number of HEIs reported that students who have placement experience facilitate sessions for pre-placement students, for example:

'The 3rd year students help prepare 1st years with Q & A sessions and discussion of their experiences on placement.' (Sheffield Hallam)

Some HEIs specifically mentioned delivering mandatory training, usually via blended learning, as part of student preparation, for example:

'Students complete all core/mandatory training to UK Core Skills standards by in-house teaching and by engagement with e-learning/e-assessment provided by e-learning for health.' (Manchester Metropolitan)

All HEIs reported providing information and guidance to support the students' learning in practice, generally hosted on the HEI's virtual learning environment or website, with some hardcopy documents. Generally, HEIs reported that students with known disabilities, or specific learning difficulties, are supported by staff to ensure they understand the demands of each practice environment, and to reach agreement about adjustments needed to optimise their learning. Many programmes reported having specific processes for students to raise concerns, these were broadly similar to the following example:

'Students are supported on placement by an academic tutor who can be contacted at any point if the student (or educator) has concerns. The academic tutor also normally undertakes a mid-way visit as a means of offering placement support. There is also a process of raising concerns in the University that the students are made aware of prior to placement.' (Huddersfield)

All HEI responses indicated that they contact their students and their practice educator at least once during each placement and that this contact involved some discussion on the student's learning as well as offering an opportunity for any concerns to be raised. The responses suggest that the majority of HEIs conduct one face to face placement visit per placement, with further support being provided via technology/telephone. However, some, e.g. Coventry and Central Lancashire, reported routinely visiting twice per placement, while others such as Glasgow Caledonian and King's College use technology for many of their placement contacts rather than a visit in person.

Most programmes report providing a post-placement debriefing session, although few programmes gave details of session content or length. Therefore, the example below may not be typical to all HEIs, but both the theme of debriefing to supporting feed-forward learning, and the use of it to share good practice, were often cited.

> *'Following each placement, learners take part in week long post-placement review to help share good practice and identify areas for improvement.'* (Wolverhampton)

Some HEIs reported using written reflection as a part of the placement debrief to further student learning, in some cases, this was also viewed as a mechanism for raising concerns. As seen in this example:

> *'Students submit a reflection from their placement to their personal tutors, which also helps filter out issues which may require further attention.'* (Essex)

A small number of HEIs described encouraging students to share good practice by nominating practice educators for an award, for instance:

> *'A good practice award for educators has recently been introduced which allows students to nominate educators who have provided an outstanding level of guidance and support.'* (Liverpool)

Many HEI responses indicated that as a component of sharing good practice and raising concerns the HEI staff responsible for practice-based learning review students' placement paperwork at the end of each placement. This review included, but was not limited to, assessment documentation and placement evaluation. Many HEIs highlighted the students' responsibility to evaluate each placement as part of the quality assurance and enhancement process. HEIs reported that the issues and concerns raised within this review process are shared with the relevant placement provider as part of the quality cycle. This is addressed further in the next section.

Q19e Please outline how you support those involved in practice-based learning to offer quality learning experiences. Please explain how you support your practice-based educators to assess learners.

Programme team responses largely showed that practice-based educators are typically supported to assess students and to offer quality learning experiences via:

- Practice educator study days run by HEIs.
- Placement support from a visiting HEI staff member.

Some HEIs also reported that practice-based educators are supported via:

- Provision of resources to support supervising learning and assessment.
- Regional use of shared assessment criteria and paperwork.
- Access to postgraduate education.
- Placement provider audit and placement evaluation.

The AQR responses suggests that 'practice-educator training' sessions are the primary mechanism used by HEIs to support practice educators in delivering quality learning experiences and student assessment. Responses suggest that sessions are offered at HEIs and at placement provider sites as and when required. The content of training sessions has been broadly agreed across all HEIs in some regions i.e. Scotland, but generally the sessions tend to cover topics including; introduction to practice education, assessment and placement marking criteria, giving feedback, managing underachievement, and reflective skills. Training sessions vary in length, many HEIs e.g. Bradford and East Anglia reported a two-day introductory course and one-day refresher, while others were one-day and a half day respectively. Several HEIs, e.g. Worcester, who reported using a two-day introductory course, reported that it was delivered interprofessionally. Some HEIs reported that clinicians must have attended training before supervising students, e.g. Plymouth, while others encouraged it but did not make it obligatory. Likewise, some HEIs reported requiring practice educators to participate in regular training updates, the timeframe varied across those that did, from every two years to every five years. Various HEIs reported developing online training to increase accessibility for educators and enhance uptake, for instance:

'Online training is offered to educators to access remotely to allow for all clinical partners to access the same support and education. This includes international partners and those who are a considerable distance from the University.' (Keele)

Aside from practice-educator training sessions the most cited support mechanism for the development of practice educators was the HEI staff visit to the student and educator during placement. This was reported as integral to the process of supporting practice educators to improve the quality of their supervision of all their students and especially those who may be underachieving, for example:

'University Link Tutors are available at all times to provide informal and formal support and advice and are involved in supporting both student and Practice-Based Educators if a student is having difficulty learning on placement.' (Northumbria)

'Practice placements have a designated practice placement tutor who visits and monitors the placement to give support and advice, as necessary, to ensure quality placement experiences. Students and educators are visited during the placement. Educators and students can contact a member of the practice education team if they have concerns about the assessment process, and visits will be carried out if needed and/or requested to support the assessment process.' (Birmingham)

Ensuring fair and equitable student assessment was a recurrent theme as part of the visiting HEI staff role, as this example demonstrates:

'The tutor will interview the student and the practice educator in order to determine that the assessment of the student is being carried out in a fair and objective manner and the practice placement meets the intended learning outcomes expressed within the validation document.' (London South Bank)

Several HEIs reported using common assessment paperwork across the HEIs within their region to promote familiarity for practice educators and consistency of student assessment, for example:

'Membership on a regional Practice Lead forum where common assessment paperwork has been developed across the region to promote consistency and familiarity for the educators.' (University of Hertfordshire)

Several HEIs reported that practice-based educators are supported via the provision of technology-based resources, e.g. a 'placement app' at Coventry and 'online resources' at Manchester Metropolitan, to support the process of learning and assessment. Responses showed that there appears to be a blurred boundary between educational support and essential training for practice educators as this example demonstrates:

'Extensive information is available to all practice-based educators on the Practice Support Net website. This includes an on-line quiz relating to the assessment and marking of UWE Bristol students. It is a requirement that all practice-based educators supporting 3rd year UWE Bristol Physiotherapy students successfully complete this quiz but, in line with best practice, all practice-based educators are encouraged to do the quiz.' (West of England)

Several HEIs reported developing varying approaches to enhancing the personal development of practice educators in tandem with enhancing the quality of practice-based learning. Lincoln offers all practice educators access to the University library. King's College is developing a package of support to provide practice educators with a route to apply for Associate Fellowship of the Higher Education Academy. Brighton reported a mentoring network in their local trusts for staff to undertake a Post-Graduate Certificate in Practice Based Learning and Teesside and the West of England report having established a practice education module at master's level which local practice educators can access.

Many HEIs responses reported feedback mechanisms to gather evidence from students, educators, and members of staff to ensure the quality of placement provision, i.e. placement provider audit and placement evaluation. How HEIs undertake these processes is broadly similar, in that, information is analysed and shared, usually annually, with placement providers and other stakeholders. Programme teams reported that the issues and concerns raised within this review process are shared with the relevant placement

provider as part of the quality cycle. However, by what means these processes directly support practice-based educators to offer quality learning and assessment experiences was less clear. Although, some HEIs also reported that they used the information to refine and develop the training and support they offer to practice educators.

Q19f *Please outline the factors that are influencing your ability as a programme to expand the volume and breadth of the practice-based learning opportunities you are able to offer, e.g. changes to physiotherapy service delivery creating opportunities to move into 'new' settings, organisational policies and practices creating time and space for staff to review placement design and delivery.*

Responses to this question overlapped with those given in previous sections and, in the main, focused on factors limiting expansion. The common themes that negatively influenced programmes ability to expand placement provision were interconnected and complex. They included:

- Increasing pre-registration programme provision.
- Reluctance of practice educators to change models of placement supervision.
- Shortage of staff in the qualified workforce.
- Changing health service provision.
- Continuing perceptions of 'core' placements.

Another cited barrier was the resistance to change from the 1:1 model of placement support among practice educators. Birmingham City reported a reluctance to develop more collaborative and interdisciplinary models of supervision, whilst Nottingham noted a reluctance to try a 2:1 model, despite its success when tried. The West of England reported that an issue linked to the resistance to change from the 1:1 model of placement supervision is the fragmentation of services into small teams involving a lot of part-time working, these in combination have a negative impact on placement provision. Aligned with this, the fragmentation of services and the increase in community-based provision, has caused issues around the physical size of primary care clinics, domiciliary working and the costs of travel involved, for instance:

> *'Space and resource to support students has been reported by placement providers to often be a challenge. Beyond the geographical central belt of Scotland, it can also be challenging for students to travel to remote and rural placements with suitable accommodation being expensive and public transport limited.'* (Queen Margaret)

Some HEIs reported concerns among practice educators and students that a lack of 'core placements' and the use of 'non-traditional' learning experiences would neither enable clinical competency nor prepare students for clinical practice. Similarly, several HEIs

reported clinician perceptions that some specialities are not suitable for students, for example:

'Perceptions that some specialities are 'too complex' for students at particular levels means that offers for placements that could, with development, be entirely suitable for level 5 students are not offered.' (Manchester Metropolitan)

Several HEIs reported that local workforce vacancies and low staffing levels in provider organisations was an issue, not only limiting expansion but also causing a decrease in current placement provision. The response from Sheffield Hallam linked workforce pressure to decreased placement numbers because educators are not attending training updates and are therefore losing confidence in their own ability to supervise students. Potentially linked with this is an issue with 'student tariff' monies paid to organisations not being allocated to the staff involved in student supervision, denying them use of it for their own professional development. The continuing development and reorganisation of NHS services was also seen as a limiting factor. Oxford Brookes reported that the outsourcing of musculoskeletal services to private providers poses a threat to the expansion of practice-based learning opportunities, as these providers seem unwilling to accommodate students.

The intertwined nature of the issues above highlights the complexity involved in increasing the provision of practice-based learning and ensuring that physiotherapy graduates are fit for contemporary practice. The programme team responses suggest that cooperating across HEIs at a regional level to share placement capacity would be a positive way forward, however, difficulties have been reported with this in the current climate of higher education:

'Whilst programme leads and staff within the region's Physiotherapy programmes are looking for collaborative opportunities regarding placement provision, differences in culture and vision of the higher management in HEIs has meant that these opportunities are not always supported at a strategic level.' (Northumbria)

QUALITY ENHANCEMENT THEME

The AQR quality enhancement theme focuses on the variety of ways pre-registration programmes develop their students' abilities to ensure they are prepared for contemporary and future practice. This year, in a departure from the norm, three priority areas were chosen to focus on in detail:

- Physical activity.
- Community rehabilitation.
- Primary care.

These three areas were chosen because they are contemporary topics that the physiotherapy workforce is instrumental in shaping and delivering. They are also the focus of current CSP campaign activity. Programme teams were asked to provide a detailed example of how one of these key areas is embedded in their programme, and then to provide a brief overview outlining their approach to ensuring that the other two areas were embedded also.

The detail given in many of the programme team responses, and the breadth of examples provided, showed innovative approaches to embed all areas within current pre-registration programmes. The majority of HEIs focused their leading detailed response on physical activity, with some focusing on community rehabilitation. None focused principally on primary care, though most provided a brief overview outlining their approach to including primary care within the curriculum. It was clear from the examples provided that the delivery of pre-registration learning around community rehabilitation, primary care, and physical activity is, at least partially, interlinked and indeed interdependent across these three priority areas. The responses have been drawn together focusing on the three priority areas individually, combining detailed and less detailed responses. Detailed examples have been showcased to highlight different approaches. However, the following two responses are given to show the interdependency across these three priority areas:

> *'An example of how community rehabilitation, primary care and physical activity are built into our programme is through a GP referral exercise class that is run by our students. Patients are referred by a local GP practice into a Gentle Exercise for Health class. Patients often present with complex rehabilitation or prehabilitation needs which we hope to improve through physical activity and exercise prescription. This example of social prescribing helps students to put theoretical lessons that they have learnt across a range of modules into real-life practice. The drive now is to utilise the learning around assessment and exercise prescription that takes place in these group sessions to create primary care placements where students are able to offer this service on a one-to-one basis.'* (Wolverhampton)

'Our year 2 module 'Management of Long-Term and Complex Cases' best highlights how we are tackling this theme. This module covers all aspects of the themes; community rehabilitation, primary care and physical activity. The students are presented with cases from practice who have a complex and/or long-term condition. They use their practical classes and seminars to problem solve the case in small groups. The assessment for this module is presentation of an assessment plan, problem list and short-term/long-term goals for a patient with a long term or complex condition. They also have to write a physiotherapeutic management plan for the patient. They should consider the availability of services within the community and the physical activity levels of the individual as part of the management plan.' (Nottingham)

Physical Activity

The majority of HEIs gave detailed examples of how physical activity is built into their programme. These examples showed how much innovation is taking place to ensure students become health professionals who can deliver appropriate and effective physical activity messages and prescription across the population. There was broad agreement that physical activity should be introduced early in the curriculum and embedded throughout both HEI-based learning and practice-based learning. Many HEIs e.g. Southampton, Salford, Keele, Liverpool, and East London stated physical activity as a key component of their pre-registration curriculum and some, such as Robert Gordon and Coventry, stated they had enhanced it during recent validation or reaccreditation processes.

Many responses showed that physical activity was explicitly delivered via modules, usually in the first year, that linked it with Health and Wellbeing, e.g. Bradford, or Health Promotion i.e. Huddersfield and Cumbria. Other common modular links were Human Function and Movement at East Anglia, or in Foundations of Physiotherapy Practise at Hertfordshire. The following examples showcase various types of module delivery:

'In the first module Physiotherapy in Health and Rehabilitation, one of the learning outcomes is "Demonstrate comprehensive understanding of the role of physical activity and exercise in health, health related fitness, rehabilitation and wellbeing of population and individuals across lifespan". During the module in the half of the cohort visit primary school and the other half retirement home. Both groups assess their target group's motor skills/development /health related fitness, and design and implement a six-week physical activity/exercise programme to focus on the appropriate dimensions of those. This is integrated into the assessment; to design a proposal for a physical activity community project to improve and maximise a population groups' health and/or prevent long term/communicable diseases. This is presented via a group presentation for assessment.' (Brighton)

'At level 4 we have a unit on Exercise, Movement and Rehabilitation. This year a senior lecturer from sports therapy is contributing, which has helped to further embed the promotion of physical activity. The unit lead worked with a psychologist on a physical activity programme that incorporates behaviour change techniques to promote physical

activity. These theories are included as the promotion of physical activity is about understanding and overcoming barriers and including behaviour change techniques.' (Bournemouth)

'Within the first-year module an interactive seminar is delivered entitled 'Exercise as a treatment tool'. Students are introduced to the evidence base behind the use of exercise and physical activity as a treatment tool and positive lifestyle component. Students analyse a systematic review of 'The promotion of Physical Activity by Physiotherapists' along with the evidence base on exercise to treat specific conditions e.g. OA, stroke, pulmonary rehabilitation and falls rehabilitation. They are introduced to, and reflect on, the WHO and Chief Medical Officer's physical activity guidelines. Students explore barriers and facilitators to exercise, links between physical activity and mental health as well as reviewing anti-obesity and pro-physical activity public health messages. Students then link this all to their role as a physiotherapist, considering 'every contact counts' and the promotion of physical activity campaigns, they explore how they can be influencers in their future practice. Students work in groups to design exercise and physical activity programmes for a variety of basic clinical scenarios and then feedback to the group. Knowledge of exercise prescription is a learning outcome for this module and assessed via the OSCE examination at the end of the module.' (Birmingham City)

However, it was clear that physical activity was not addressed exclusively within individual modules but was revisited in a multitude of ways embedded throughout curricula and explicitly within assessment. Several programme teams referred to using CSP campaigns as triggers for learning, Wolverhampton exploring 'making every contact count' and the West of England cited using 'Love activity, hate exercise?' Other exercise resources were also mentioned, East Anglia reported using 'Movement for Movement' resources, while Hertfordshire has embedded Register of Exercise Professionals training throughout its programme, with students able to dual qualify. Pre-registration programmes that have graduate students, e.g. Birmingham and Leeds MSc teams, mentioned that students coming from sports therapy and sports science backgrounds bring a rich source of knowledge and skills that aids peer learning when applied within the teaching of physical activity.

Several HEIs reported the importance of incorporating behavioural change within their delivery of student learning on physical activity, with many mentioning NICE guidelines and UK policy documents. A small number of HEIs, including Birmingham City and Northumbria, reported facilitating students to consider the role of their own, and other healthcare professionals', physical activity and its impact on physical activity promotion. Southampton, amongst others, reported using simulated patients to aid students to achieve module goals on behaviour change:

'The focus of this module is helping future clinicians to 'engage' their patients; to involve them more fully in their own healthcare, and to help them initiate and maintain helpful health behaviour change. The module takes an interpersonal perspective on

patient engagement and motivation; through carefully constructed exercises and follow-up discussions students evaluate how their attitudes and beliefs about patients and the way they approach discussions about increasing physical activity can assist or undermine engagement and change. The module also provides opportunities to practice some of the skills derived from motivational interviewing and cognitive behavioural psychology as in the latter stages of the module students undertake a simulated clinical consultation with a trained actor during which their task is to motivate the 'patient' to increase their physical activity.' (Southampton)

Physical activity as a central component of practice-based learning was a recurring theme, usually within placements but also as a facilitated voluntary experience. Some HEIs host student delivered exercise, such as at Robert Gordon where students design and deliver weekly chair-based exercise programmes to older people. Other HEIs reported their students gaining experience leading physical activity sessions in the voluntary or charity sector, for example:

'Students have opportunities to volunteer and lead the Walking Group for the Homeless Project which has been set up and running successfully for over 12 months. This community engagement project encourages physical activity in populations that are often neglected. Students are also actively volunteering in the Pedal Power project - a local charity which encourages and enables children and adults of all ages and abilities to experience the benefits of cycling.' (Cardiff)

'We have a thriving Student-Led Clinic that is inter-professional (with our OT colleagues), that provides physiotherapy for people with long-term neurological conditions, and MSK conditions in an out-patient setting. However, the biggest (and growing) provision of placement opportunities is within health promotion, including exercise classes. All projects are student-led, and the most recent project has designed and delivered a support and exercise group for people with fibromyalgia.' (Worcester)

Community Rehabilitation

Several HEIs gave detailed examples of community rehabilitation being built into their programme, and nearly all responders gave at least an overview. The detailed examples again showed how much innovation is taking place to ensure students become health professionals who can deliver appropriate and effective physiotherapy within contemporary practice. There was broad agreement that community rehabilitation is embedded within programmes via practice-based learning, with most HEIs, such as Southampton, Leeds Beckett, Birmingham City, Oxford Brookes, Sheffield Hallam, and Brighton, reporting that all students complete at least one community-based placement.

Several programme teams, e.g. Queen Margaret, reported that community rehabilitation is integrated in all clinically themed modules. Most responders reporting its inclusion via the patient pathway in neuro-rehabilitation, cardio-pulmonary practice and neuro-

musculoskeletal management. These pathways prepare students for the assessment and treatment of patients in a range of settings, including community rehabilitation. Also mentioned were the roles of physiotherapists in admission prevention, the stroke pathway, early supported discharge teams and community rehabilitation MDTs.

Many responses, e.g. Bradford and East Anglia, reported that the theme of community rehabilitation was threaded throughout modules via scenario-based learning incorporating complex clinical presentations and long-term conditions. Other responses gave specific module examples in which it is linked with Health and Wellbeing, e.g. Coventry, or Health Promotion, as Glasgow Caledonian described in the following innovative example:

'Health Promotion is a 15 credit, 13-week, module on the MSc pre-registration programme. The aim is to develop students' knowledge, skills and attributes to provide collaborative community-based health promotion. It involves the development and delivery of an interactive health promotion 'activity' and website by groups of students, community partners and the module team. For example, one group developed a game of 'falls bingo' for a community group; combining basic exercise with the provision of information about falls. Students create the website to support the activity, providing additional information, available community resources and practical suggestions to facilitate behaviour change. The activity is then carried out at the community site as summative assessment. All materials developed for the activity are made available to the community partner for future use. Students enjoy the practical application of academic knowledge and skills in a real world setting and they facilitate potential behaviour change in very deprived hard to reach communities, or in settings where health promotion is not considered a priority. The success of this module lies in effective partnership working with community partners and this has changed departmental culture regarding the practice of involving service users and community partners in quality procedures. Both are now part of our programme boards; are involved in programme development; and are part of student recruitment interviews. The module is now an example of good practice as part of the University's Ashoka-U application.' (Glasgow Caledonian)

Bournemouth described their specific 20 credit Community Rehabilitation module as follows:

'Practice simulation sessions take place in skills rooms designed to include the challenges of treating patients in the home environment (e.g. low divan bed, sofa, cramped bathroom). Clinicians from the local community trust contribute to the teaching and the cases used for the practical assessment are based on actual cases. Resources have been developed with clinicians, e.g. interviews with clinical teams using student generated questions and service-users with complex needs who live in the community are also involved. The community rehabilitation module is closely aligned with student placements which are in both acute and community settings. We have strong links with the local community trust (Dorset Healthcare Trust) and an exercise class for people who are receiving treatment in the community brain injury service is delivered in the university sports centre by a specialist physiotherapist and our students.' (Bournemouth)

Rarer examples mentioned included; Lincoln's use of the 'Rehab Matters' video with new students, students at Liverpool completing 'Dementia Friends' training, students from Central Lancashire having the opportunity to visit community equipment stores and the use of simulation as described by Cumbria below:

'A current teaching innovation to support community working is a simulation of a community scenario within the home using a university owned property. This has been developed over the year as a voluntary CPD opportunity for students. Physiotherapy, occupational therapy and social work students have worked together on a realistic scenario. There has also been interest from the local medical school and medical students have been involved in some sessions. Due to the success and positive feedback from students, further events are planned with GP trainees to join our students. It is planned to develop this further and to integrate it into a module on the newly validated programmes.' (Cumbria)

The programme team responses show acknowledgment that the changing face of contemporary practice necessitates graduates being prepared for work within the community setting and that programmes are increasing their focus on this area, as demonstrated:

'The move towards more community-based rehabilitation is reflected in a number of different areas in the course. For the BSc students the Pathology, Health Promotion and Rehabilitation has a significant focus on the role of health promotion as part of community-based rehabilitation. These sessions are reflected in the MSc Essentials of Physiotherapy module. This theme is then picked up in the clinically focused cardio-respiratory, musculoskeletal and neurology modules in the 1st year of the MSc and 2nd year of the MSc. These modules have developed over recent years to reflect the increase in pulmonary rehab and community based respiratory care, as well as changes in community-based neuro services. An increased focus in pulmonary rehabilitation and work to increase placements in this area. Changes within the musculoskeletal module have been more focused on the shift to primary care. The changing nature of health care is discussed from a policy and quality perspective in the final year.' (St Georges)

Primary Care

Few HEIs gave detailed examples of primary care being explicitly built into their programme, though most gave a brief outline. Again, there was broad agreement that primary care is embedded within programmes via practice-based learning, with most HEIs, such as Worcester, Cardiff, Robert Gordon, Oxford Brookes, and Hertfordshire, reporting that all students complete at least one placement in primary care i.e. placements within A&E, placements with physiotherapists in first contact roles and placements that included telephone triage services. HEI-based student lead clinics were also mentioned.

In conjunction with practice-based learning HEI responses also generally agreed that primary care is embedded, explicitly and implicitly, via a spiral curriculum and/or enquiry-based learning. A recurring theme was primary care skills being taught within various modules that teach the skills of assessment, diagnosis and the recognition of physical and psychological complicating factors. The following examples are representative of responses given:

'Primary care is embedded, gradually built upon as the students learn in both class and clinically, with the aid of the spiral curriculum of the course. There a mixture of primary care base placements both within the NHS and in the private sector, they enable the students to explore the diverse range of settings physiotherapists can work in within primary care. There are modules with a primary care / Outpatients / MSK focus throughout the three years; in year 1: Guiding principles of physiotherapy practice and promoting health and well-being, year 2: Applied Science (MSK) and year 3: Managing patients with complex needs.' (Worcester)

'We currently have numerous practice experience opportunities in primary care where students can gain skills and experience in this specific setting. Throughout the duration of the programme students are taught about the structure of the NHS and their role as Physiotherapists within it to include primary, secondary and tertiary care. Our spiral curriculum allows students to develop skills of autonomy, self-management and leadership enabling them to work as first point of contact clinicians in a primary care setting. Integration of case scenarios, which increase in complexity throughout the programme, allows students to gain experience of clinical reasoning (differential diagnosis, problem identification and treatment planning) in a supported structured environment. These skills are then taken and applied out in clinical practice to consolidate learning.' (Keele)

Several programme teams referred to more recent inclusions to their teaching of primary care, such as Teesside introducing sessions led by primary care service users and the use of visiting lecturers from primary care settings. The term 'first contact role' was often cited in developmental examples, for instance:

'A talk from a first contact practitioner was included in our student enrichment programme this year and was well attended by physiotherapy students.' (Cumbria)

'As part of the level 3 'Research Studies for Physical Therapies' module, students work in groups to plan and conduct a research project. This year one group's title is, 'Preparedness for practice in the First Contact Physiotherapy (FCP) role: Mapping post-graduate Continual Professional Development (CPD) provision against the Musculoskeletal Core Capabilities Framework'. This is being supervised by one of our senior lecturers who is currently seconded as project manager to a study on the evaluation of first contact physiotherapy.' (West of England)

'One module focused on MSK and outpatients has been developed to include sessions on vestibular rehabilitation and Women's and Men's Health, areas that were not previously considered explicitly within the course but that are growing areas of practice in the primary care setting. Physiotherapy colleagues form primary care actively contribute the teaching on the programme in year 2 and 3 modules. One member of the academic team is involved with the local CSP regional network, setting up a study day focussing on first contact practitioners and this developing role is being taught within our modules. We are also working closely with clinical colleagues to see how we can develop practice-based opportunities for our students in GP practices.' (Brighton)

Conclusion

In conclusion, programme team responses show that primary care, community rehabilitation and physical activity are embedded in, and generally throughout, pre-registration programmes. All three areas are inseparably interlinked and are gradually built upon within the spiral curriculum via a variety of HEI based learning approaches and a diversity of practice-based learning experiences. HEIs have differing methods of delivery but show a breadth of innovation enabling graduates to gain the skills and attributes necessary to work within contemporary practice.

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 learninganddevelopment@csp.org.uk.