



CSP position statement on apprenticeships

Introduction

The CSP believes that apprenticeships have the potential to provide a new, employer-led pipeline to develop and grow the registered and unregistered physiotherapy workforce in all parts of the UK. Apprenticeships form one way in which physiotherapy workforce development can be increased and sustained how opportunities for members' career progression can be strengthened at all levels.

However, we are also aware that there are actual or potential pitfalls relating to how apprenticeships are implemented that need to be averted or mitigated. These are set out in this position statement.

Apprenticeship developments are currently further progressed in England than in the other UK countries. We are keen to ensure that learning on apprenticeship development and implementation across the UK is shared, recognising that the apprenticeship structures and processes are different in each.

1. Potential to provide structured progression routes

A principle underpinning apprenticeships needs to be that they are used to develop the workforce to meet service and population needs in sustainable ways (rather than the apprenticeship levy being used in ways just to ensure that it is spent).

Support workers have an increasingly important role to play in meeting population need as a core part of the physiotherapy workforce and multi-disciplinary team. The therapy support pathway through the level 3 support worker apprenticeship in England can provide a useful way for physiotherapy support workers to be supported and recognised in their knowledge and skills development.

Likewise, the level 5 assistant practitioner apprenticeship has the potential to enable support workers to develop in their role and move into positions of greater responsibility, enhancing the productivity of the physiotherapy workforce and patients' access to safe, effective and timely care.

The CSP is aware of the intention of many employers to commit a significant amount of their levy to funding Nurse Associate apprenticeships, with investment in this part of the workforce currently being pump-primed. This risks deceleration in the growth and development of other parts of the support worker workforce. This needs to be prevented, as it would impact negatively on the ability of the physiotherapy support worker workforce to fulfil its potential to meet population and patient care needs now and in the future.

The Physiotherapist Degree Apprenticeship provides a useful additional route for individuals (including existing support workers) to enter the physiotherapy profession. We see this as part of an increasing diversity of entry routes into the profession and the opportunity to contribute to the workforce growth required, providing that it is delivered in ways that uphold the high education and professional standards of the profession.

For registered physiotherapists, the level 7 Advanced Clinical Practitioner (ACP) apprenticeship should enable an increasing number of physiotherapists to develop their advanced practice skills; for example, to take up first-contact roles in primary care and A&E.

It is critical, therefore, that the profession takes full advantage of the ACP apprenticeship as this goes live.

It is also important to consider the potential value of further apprenticeships being developed; for example, this could include a level 8 (doctoral level) apprenticeship for consultants.

2. There needs to be CPD opportunities for the whole physiotherapy workforce

It is essential that continuing professional development (CPD) for the whole physiotherapy workforce is invested in, and that levels of investment are increased as required to develop the workforce to meet population and system needs.

There is a risk that employers will cut CPD budgets because they are paying the apprenticeship levy. The CSP has already heard reports that this has happened. It is difficult enough for registered physiotherapists, and even more so for support workers, to gain support for their CPD. Given the need for the existing workforce to deliver transformation of the health care system, dis-investment from CPD of the workforce must not be allowed to be a consequence of the levy. Also, given that cuts to CPD budgets impacts on the professional development of apprentices' supervisors and mentors, investing in staff development is a pre-requisite for delivering high-quality workplace learning to apprentices.

It is also essential that practice-based learning opportunities for students in traditional degree programmes are expanded to sustain expanded provision, and that services plan their provision of practice-based learning opportunities for both students and apprenticeships together.

3. Apprenticeships must be in addition not alternative to other measures to expand the workforce

In the future, apprenticeships may provide an additional supply line of registered physiotherapists. This is most likely to arise through employers that experience difficulties recruiting newly-qualified staff because of a shortfall in graduates coming through the traditional route investing in the physiotherapist degree apprenticeship to 'grow their own' professional workforce.

However, degree level apprentices will generally take longer to produce registered physiotherapists than full-time, university-based pre-registration education programmes. Furthermore, physiotherapy apprenticeships are at a very early stage, and will not be a substantial supply pipeline anytime soon.

For both these reasons, it is important that degree apprenticeship are *in addition to*, not instead of growth in 'conventional' pre-registration education provision. The CSP strongly believes that if they substitute for existing routes, they will exacerbate supply problems not help to solve them. It is also essential that all types of provision are developed through collaboration, such that they complement rather than compete with one another.

4. Apprenticeships will often need to be multi-disciplinary to be viable

The CSP believes that apprenticeships relating to the development of the support worker workforce and at post-registration level are most likely to be useful where they are multi-disciplinary/-professional in nature, with physiotherapy or AHP specific pathways (options).

This is because of the very real issues of economies of scale and viability of provision. It is also in line with the direction of travel in terms of how population and patient needs are met, service delivery models and individuals' preparation for job roles.

It is also important that recognition is given to the value of apprenticeships across a range of occupational areas for physiotherapy workforce development. This includes in relation to leadership and management and preparing individuals for roles in the university sector. The level 7 Academic Professional apprenticeship for example, can contribute to developing physiotherapy learning & teaching and research capacity within the university sector.

5. Apprenticeships should be integrated into workplace and area-based planning

It is essential that apprenticeships are integrated into and inform local decision-making in relation to workforce planning, development and investment.

For example, employers need to look at the demands within the workplace and target apprenticeship training appropriately – avoiding the temptation to make hasty decisions not based on need, in a bid to claw back levy funding. Furthermore, regional health and care decision makers need to incorporate the development of apprenticeships into strategic area plans.

6. The quality of patient care must be upheld in services with apprenticeships

Apprentices are learners and should be supervised. Properly supervised and supported in the development of their learning and competence, they can provide additional patient care. However, they should not be used to replace qualified or experienced registered physiotherapists or support workers that would risk poorer patient care.

7. The quality of education must not be compromised

It is essential that all apprenticeship provide high-quality learning and development opportunities for all parts of the physiotherapy workforce.

Employers need to consider carefully how they invest in staff development, time and backfill arrangements, such that the quality of all apprentices' learning experience can be assured. This is essential for apprentices to be enabled to engage both in on-the-job and off-the-job learning, with the time for and quality of each not jeopardised by service delivery pressures.

Employers also need to ensure that other staff are enabled and supported to act as apprentices' supervisors, mentors and assessors. They need to be provided with appropriate professional development opportunities relating to these roles and to have the time and support, in turn, to support apprentices' learning. This needs to be included in their job roles and job planning processes, again to guard against the quality of apprentices' learning being compromised.

For the Physiotherapist Degree Apprenticeship, which will provide a new entry route into the profession, CSP accreditation will need to be secured for all provision. As with our involvement throughout the development process, the CSP is concerned to ensure that delivery of the apprenticeship upholds the high education and professional standards of the profession and that all apprentices are enabled to gain the breadth and depth of learning required to prepare for their future practice as a physiotherapist in the UK.

The CSP is keen to continue to influence how new apprenticeship standards are developed that are relevant to physiotherapy workforce development. This is to ensure their quality, inclusiveness and responsiveness to changing population, patient and service delivery needs.

8. Apprenticeships should be paid a fair wage and not classed as supernumerary

There is a demonstrable link between quality of care and quality employment.

Apprentices should be paid a fair wage for the work they do while training, in line with Agenda for Change terms and conditions, regardless of the type of contract the apprentice has.

Apprenticeships should not be classed as being supernumerary to the workforce. This is because of the increase cost burden that supernumerary posts place on an organisation, which diminishes and outweighs the contribution that apprentices can make to service delivery. More specifically, the CSP expects apprentices on the Physiotherapist Degree Apprenticeship to be an integral part of an employer's support worker staffing, but recognised as supernumerary to the registered physiotherapy workforce.

Potential additional costs placed on organisations for supernumerary status of apprenticeships are increased by the level of apprenticeship being undertaken which may have a negative impact on the broader engagement with apprenticeship programmes.

9. Tariff levels need to cover the costs of delivery

It is essential that education providers are funded in line with the costs of delivery. The funding for education providers to deliver apprenticeships needs to be sufficient to enable them to deliver high-quality educational input. Otherwise, there are the dual risks that apprenticeship standards approved for delivery will not be made available to employers because they are not financially viable for education providers to run, and that the quality of apprentices' learning experience and outcomes will be compromised because the tariff banding attached to them does not reflect the true costs of delivery.

The CSP is aware that the low tariff currently set in England for the level 3 senior healthcare support worker has precluded its delivery education providers, and that uptake of this apprenticeship is therefore poor due to limited providers.

As well as the levels of funding, it is likely to be cost-effective for procurement to be streamlined, with employers, STPs / Health Boards across different areas working together, and pooling of apprenticeship levy funding.

10. Member organisations have a strong role to play in apprenticeships

As a professional body and trade union, the CSP has a strong role to play in the development and implementation of apprenticeships. This is to ensure their quality, to optimise their value for workforce development and workforce supply, and to enhance opportunities for individuals' development. This engagement is kept under review.

Current priorities for CSP engagement are:

- Directly inputting to apprenticeship developments, providing feedback on proposals, standards and assessment plans and advising on our expectations (including via trailblazer groups)
- Working with other Trade Unions through the NHS Staff Council in order to set nationally agreed criteria for apprenticeship pay rates, and more generally seek to ensure apprentices access to quality employment
- Seeking to influence the development and implementation of apprenticeships so that it is in line with the needs of the workforce, patients and system, and to strengthen the focus of processes and requirements on quality
- Advocating for the contribution that CSP can make to the quality and relevance of apprenticeships at all levels of the workforce (including through enacting our key role in asserting expectations for entry to the UK physiotherapy profession)

- Seeking to raise understanding, awareness and engagement with the apprenticeship agenda among our members to support physiotherapy workforce development
- Helping to identify potential areas of learning on apprenticeships in one UK country that may be useful and relevant to the apprenticeship developments and implementation in others.

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