



## **Student finance and health care bursaries in England – advisory note**

### **Introduction**

The Chartered Society of Physiotherapy is the trade union, professional body and educational body for physiotherapists, physiotherapy support workers and physiotherapy students in the UK. We have 57,000 members. 80% of student physiotherapy students are members.

Physiotherapy is integral to achieving change across the health and care system. From prevention and support for physical activity for those with long term conditions, through relieving pressure on GPs through first contact physiotherapy, to reducing demand on social care through better community rehabilitation, a sustainable, well-resourced and well-qualified physiotherapy workforce is vital.

### **Physiotherapy education**

Physiotherapists in the UK qualify through either an undergraduate or postgraduate pre-registration physiotherapy degree. Unlike some other unions and professional bodies, we did not contest the recent change to the educational funding model for nurses and Allied Health Professionals – from NHS bursaries to mainstream student loans – because we saw the shift as a way to tackle the acute shortage of physiotherapists.

This workforce shortage had largely been caused by an artificial cap on NHS-funded physiotherapy student places and inadequate NHS funding to universities to meet the higher costs associated with providing intensive, clinical degree programmes.

An additional issue was the insufficient level of the NHS bursary in the context of a degree course that limits students' ability to work part-time to earn extra money. All physiotherapy students must successfully complete a minimum of 1000 hours of practice based learning in order to graduate and qualify, with students' placements often away from their university base or home.

### **Impact of loans on physiotherapy**

Physiotherapy is a highly popular profession, and therefore choice of university course. The move to tuition fees and student loans has removed the cap on bursary-linked places. University costs have also been better recognised, including through the public funding allocation made by the Office for Students to physiotherapy student places. This has led to a significant expansion of student places. Since 2015/16 we have seen a 41% increase in the number of physiotherapy students entering pre-registration programmes in England.

We are now seeing the number of students entering physiotherapy programmes keeping pace with future workforce demand. However, there is a backlog of under-recruitment to address. Further growth may also be needed to enable the transformative potential of physiotherapy roles to be fully

realised (e.g. first-contact roles in general practice) and to help mitigate under-recruitment for some other professions.

***We are not opposed to a return to bursaries, but we would have concerns about any changes that undermined the scale or quality of education for physiotherapists and other Allied Health Professionals.***

### **Impact of bursary reform on equality and diversity**

In its 2016 response to the public consultation on reforming healthcare education funding, the Government committed itself to:

*Monitoring, in detail, data regarding application rates, diversity statistics and workforce supply following the implementation of the reforms [to the tuition funding model]*

In its accompanying equality analysis, the Government further stated it:

*Will carefully monitor application and attrition rates for students from disadvantaged backgrounds... [and] evaluat[e] data in real time... for all diversity characteristics.*

We see this as essential for ensuring that the physiotherapy profession is enabled to develop such that it fully represents the population groups and communities that it serves.

However, there is currently a lack of clarity from Government on when this analyses will be published. A first tranche of this analyses could and should be made available with the release of higher education application data from UCAS on 13 December 2018.

### **CSP's view on further funding reform**

In judging any proposals for changes to the funding model, we would apply the same test we set when the Government-introduced loans. Namely, whether any proposed reforms to education funding safeguard the following across the UK:

- Entry to the profession from all parts of society
- Supply to the profession to deliver high-quality patient care
- The quality of education, including practice-based learning, as a key part of students' learning experience.

If bursaries are reintroduced for health care students:

- No limits should be placed on the numbers of students able to benefit from a bursary to study physiotherapy. Where caps are in place – such as in Scotland – we see problems with supply.
- Bursaries should be available for students undertaking physiotherapy as a second or higher degree.

- The level of the bursary must be adequate for physiotherapy students to live on, bearing in mind the particular challenges they face in working part-time and the additional costs they incur on placements. At the very least it should provide as much money as the existing maintenance loan, the additional funding made available to cover placement costs, and to keep pace with inflation.
- The funding available to universities must continue to recognise the additional costs faced in providing intensive, clinical programmes like physiotherapy. If tuition loans are abandoned or lowered, a clear commitment to the sufficient funding of HEI programmes must be made.

### **Other issues**

The introduction of a wider range of complementary policies would enhance the learning and development and training of physiotherapists, therapy support workers, and other health & social care staff. Priority areas include:

- Ensuring we upskill the therapy support worker workforce, through ensuring a major rebalancing of investment in the training and development of existing support workers, and that the development of the new nursing associate workforce is not progressed at the expense of developing other parts of the health and care workforce at the same level. Currently 60% of the NHS's training budget is spent on just 12% of the workforce (doctors), there is no national training budget for support workers, while we are aware that employers are currently incentivised to create nursing associate trainee posts.
- Support for apprenticeships at all levels (including at support worker levels as entry routes into the professions and to develop the registered workforce) to support the development and delivery of rehabilitation and therapy services, and to enhance recruitment and retention. However, employers' investment in skills development via their use of the apprenticeship levy should not be confused with investment in CPD; the two are fundamentally different and meet different workforce development needs
- A requirement for public sector employers, and those contracted to the NHS, to offer clinical placements for students and returners to practice.
- A requirement for NHS trusts and CCGs to appoint Allied Health Profession lead directors, as is already the case in Wales. This could help ensure that the AHP workforce is properly developed, and used more effectively. The Department of Health and Social Care must support NHS Improvement and other key stakeholders to fully implement the recommendations within NHS Improvement's [Leadership of Allied Health Professions in Trusts](#) report.

***Chartered Society of Physiotherapy, 19/11/2018***