

Treasury Select Committee Student Finance Inquiry

Evidence from the Chartered Society of Physiotherapy

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 57,000 Chartered Physiotherapists, physiotherapy students and support workers.

Physiotherapists are autonomous practitioners, able to independently assess, diagnose and treat. The contribution of physiotherapy can be seen at many points of a care pathway as physiotherapists work as clinical leaders and multi-professional team members, to support people to recover and maintain health in hospital, home, community work, and leisure environments.

Registered physiotherapists require a physiotherapy BSC or Master's degree. These were previously funded through NHS bursaries. In the Comprehensive Spending Review (CSR) 2015 bursaries were replaced by student loans from 2017/18 for nurses; allied health professions (of which physiotherapy is the largest); and midwives.

Summary of points

- Workforce expansion is required to make savings in health and care spending – this includes a growing need for physiotherapists with advanced practice skills (achieved through Master's level education).
- The Departments of Health and Education urgently need to agree and clarify how Master's level pre-registration students for physiotherapy, other AHPs and midwifery will be funded from 2018/19 – the lack of clarity is putting these courses at risk
- The Departments should consider extending the financial support being provided for Master's level student nurses to physiotherapists and other allied health professions
- In taking accountability for the changes to health education funding, the Government must evaluate what the progress has been towards the intended expansion of 10,000 additional healthcare students by 2020 by profession.
- The Departments of Health and Education need to work together to support a reformed approach to workforce planning for the NHS and wider health economy.
- This needs to inform deployment of government subsidy for health education and training, including through the new Office of Students

1. What impact have student loan reforms had on the finances of the higher education sector?

- 1.1 The supply of graduate physiotherapists has failed to keep up with demand from the NHS and wider health and care system for many years. There is no shortage of people wanting to join the physiotherapy profession: Physiotherapy pre-registration programmes are over-subscribed; have low attrition rates; and a high translation of graduates into clinical practice.
- 1.2 The problem has been insufficient numbers of student places commissioned by the NHS over a number of years, and the level of funding per student place. Therefore, under the previous system, NHS commissioning was acting as an artificial cap on physiotherapy

graduate numbers, preventing it from meeting demands of employers or potential employees.

- 1.3 The good news is that the market for physiotherapy education has responded strongly since the removal of NHS commissioning. Physiotherapy student places in England have expanded by over 15% in 2017/18 since the CSR announcement in 2015, with further growth expected in 2018/19.
- 1.4 However, with respect to Master's level pre-registration courses (an important workforce supply route for physiotherapy) there is an on-going lack of clarity regarding the student finance arrangements for 2018/19 onwards. Students are entering Master's pre-registration programmes in 2017/18 continuing to receive the NHS bursary as an interim measure. But the prolonged uncertainty regarding funding arrangements is having a material impact on both prospective students and HEIs. This risks creating a significant workforce supply shortage in physiotherapy by 2020. The lack of certainty is therefore untenable and presents a real risk of the market for these programmes imploding.
- 1.5 Furthermore, the impact of the removal of bursaries and introduction of student finance for nurses, allied health professionals (AHPs) and midwives is not consistent. While it has undoubtedly supported necessary expansion of physiotherapy education, for nursing and some other AHP courses there has been a significant decline in applications to study. This is potentially de-stabilising for universities' provision of health education overall (including in terms of their human and physical resourcing). It risks undermining their capacity to provide the kinds of inter-professional and shared learning opportunities that are essential for preparing students for practice in a context of change. It also risks impacting negatively on research capacity and outputs, just when an increasing, welcome emphasis is being placed on inter-professional research activity and knowledge exchange.
- 1.6 The Department of Health and the Department for Education urgently need to agree and clarify how Master's level pre-registration students for physiotherapy, other AHPs and midwifery will be funded from 2018/19. It would also be valuable to consider the value of extending the support being provided to nursing through Nurse First to physiotherapists and the other allied health professions.
- 1.7 When the Government announced the changes to health education funding in the 2015 CSR, it pledged that the changes would realise 10, 000 additional nurse, allied health profession and midwifery graduates by 2020. The impact of the introduction of student loans in this area on the ability of universities to expand and maintain the range of different profession courses affected needs to be evaluated. The issues also need to be considered carefully within the NHS Workforce Strategy and its implementation.
- 1.8 It is also not sufficient for the solution to expanding student numbers to be seen to rest with increasing the practice education tariff budget for nursing, as announced by the Secretary of State for Health in October. It needs to be considered how the tariff can support services to provide practice-based learning for all healthcare students, in line with patient, service and workforce need. It is also essential that this support to services is not confused with recruiting sufficient numbers of students to meet workforce requirements.
- 1.9 It is essential that the impact of the funding changes for healthcare students and education are reviewed thoroughly and in a timely way, as indicated by the Public Accounts Committee in its NHS workforce inquiry in May 2016. This evaluation needs not only to consider the impact of number of applicants and students on healthcare programmes, but the profile of applicants and students from a equality and diversity and widening participation perspective.
- 1.10 It is also essential that the effectiveness and impact of the new specific arrangements made for healthcare students in terms of the additional costs they incur (including through undertaking clinical placements often away from their university, and the impact of their

undertaking more intense programmes of study with fewer opportunities to earn income through part-time work) are reviewed and evaluated. Again, this needs to be undertaken with close attention paid to equality and diversity and widening participation.

2. What are the impacts of higher education funding on the public finances?

- 2.1 Workforce expansion to meet demand is required for public spending on health and social care to be financially sustainable. The current difference between workforce supply and demand has created difficulties in recruiting to physiotherapy posts. Physiotherapists play a core role in preventing hospital admissions and getting people ready to be discharged from hospital, driving up costs.
- 2.2 Patient care is affected by services overstretched as a result of the shortfall in the workforce, which also has a knock on effect on public finances – for example, delaying physiotherapy support for musculoskeletal health issues means increased sickness absence, and delaying rehabilitation in the community means more people needlessly becoming disabled.
- 2.3 At a time when the NHS is seeking to transform its services, the shortfall in staff is an inhibitor to this – for example, the roll out of first-contact physiotherapists in general practice to improve musculoskeletal health care, reduce costs and free up GP time.
- 2.4 In taking accountability for the changes to health education funding, the Government must evaluate what the progress has been towards the 10,000 additional healthcare students by 2020, and the impact on workforce supply by profession.
- 2.5 A key aspect of this evaluation has to be addressing the complexity of projecting and addressing future workforce needs and ensuring these needs are met within a market-based system and anticipated multiple pipelines of workforce supply (i.e. conventional university degrees to which student finance applies, and degree apprenticeship routes). This heightens the need for a strategic approach to be taken jointly by the Department of Health and the Department for Education.

3. Should all university courses receive the same level of government subsidy?

- 3.1 University courses vary significantly in the amount that they cost to deliver, and they vary in the impact that they have on society and the economy.
- 3.2 Public subsidy is required to ensure that the actual cost of healthcare programmes' delivery continues to be recognised. This is essential for maintaining workforce supply to the health and care system and to address current shortfalls in the health and care workforce. These shortfalls are already being exacerbated by Brexit and immigration restrictions on overseas' right to remain in the UK, based on income.
- 3.3 Workforce planning for health services has failed to deliver the workforce required. Where accountability for workforce planning sits has been a matter of confusion, and the approach taken by Health Education England has not been strategic.
- 3.4 The lack of a strategic approach has meant that workforce planning has largely been based on the status quo, and only the status quo of providers within the NHS. This is out of step with the pluralisation of health service provision from all sectors and with trends in population need and system demand. This has been widely acknowledged, including by other parliamentary committees. (National Audit Office/Public Accounts Committee. Managing the supply of NHS clinical staff in England. 2016. House of Lords Select Committee on the Long-term Sustainability of the NHS. The long-term sustainability of the NHS and adult social care. 2017).

- 3.5 For physiotherapy degree courses, as with health degrees generally, tuition fees do not meet the full costs of delivery, and necessary expansion can only take place with government support. It is therefore essential that the results of the costing exercise undertaken by HEFCE for healthcare programmes in 2016/17 are kept under regular review, and with sufficient public funding continuing to address the higher cost of healthcare programmes' delivery.
- 3.6 Deployment of government subsidy needs to be integrated with a reformed approach to workforce planning for the NHS and wider health economy. This needs to also take account of the degree to which apprenticeships will provide another workforce supply route.
- 3.7 The Office for Students will have an important role to play in continuing the work of HEFCE in investing in University health programmes, including physiotherapy.



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