

Higher education policy statement & reform
Department for Education consultation
Chartered Society of Physiotherapy response

About the Chartered Society of Physiotherapy (CSP)

The CSP is the professional, educational and trade union body for the UK's 63,000 chartered physiotherapists, physiotherapy students and support workers, representing 81% of registered physiotherapists.

All registered physiotherapists are educated to degree level, with a significant minority educated to post degree level. Physiotherapy support workers work under the delegation and supervision of statutory registered healthcare professionals, including physiotherapists. As well as being an essential role in itself, Support Workers are an important supply route for registered physiotherapists.

Key recommendations:

- Exempt physiotherapy and other health care courses from student number controls and minimum eligibility requirements – to maintain supply and diversify the workforce
- If minimum eligibility requirements are introduced mature students, part time students and students who have completed an access course must be exempt
- Widening participation and access to degree courses like physiotherapy should be encouraged, to address workforce supply and enable the NHS as the larger employer in most areas to play a role in levelling up.

Student Numbers Controls (SNCs)

1. What are your views on SNCs as an intervention to prioritise provision with the best outcomes and to restrict the supply of provision which offers poorer outcomes?

- 1.1 The healthy supply of physiotherapy graduates has come about with the removal of the bursary, which placed a cap on physiotherapy numbers until 2017. Since then physiotherapy supply has flourished, bringing it more in line with population demand and the needs of the healthcare system. It is essential that a new cap on physiotherapy places isn't introduced through this new measure.
- 1.2 The need to expand the health and care workforce is well-understood to meet population needs and demands from the NHS and social care. Physiotherapists have a critical role to play in this, given the part that they play – in enabling people to be safely discharged from hospital, to prevent people being admitted to hospital, and to support people to manage a range of long term conditions that reduces demands on parts of the health and care system most under stress.
- 1.3 Amid a crisis of supply in many parts of the health and care workforce, physiotherapy supply is a bright spot. There has been a growth in new graduates for many years, with a 64% increase in student intake since 2016/17. Health Education England (HEE) estimates anticipate continued growth of 6-7% every year for at least the rest of the decade. (HEE Physiotherapy workforce presentation, 2021 unpublished). This has largely been brought about by the decision to remove commissioned bursaries which held down supply in spite of significant demand for places and graduates. It is critical for the NHS and social care

system that this is maintained and that there is no new cap on numbers brought in that would reintroduce the problems of the past.

- 1.4 Expansion in provision of physiotherapy education has come about while maintaining and improving quality standards and outcomes. Expansion and diversification in providers has also contributed to the diversification of physiotherapy students (see 4.1). Courses have maintained a consistently low attrition rate (3% attrition of first years 2019/20) and a high translation to registration with the Health and Care Professions Council (the regulator).
- 1.5 The Government has promised to treat education of NHS and social care staff as a priority. The specific commitment to an exemption of health and care subjects in relation to student number controls is needed.

2. What are your views on how SNCs should be designed and set, including whether assessments of how many students providers can recruit should be made at: sector level; provider level; subject level, level of course, mode of course?

- 2.1 For the reasons set out above, the CSP strongly oppose student number caps on health and care subjects at all levels, for full time, part time and apprenticeships.

3. What are your views of the merits of these various approaches to consider outcomes and/or do you have any other suggestions?

- 3.1 No comment

4. Do you have any observations on the delivery and implementation of SNCs, including issues that would need to be addressed or unintended consequences of the policy set out in this section?

- 4.1 It is important that the physiotherapy profession reflects the diversity in society and as such the CSP sees the priority is to widen access to physiotherapy education. In the decade from 2010/11 the proportion of students from a black, Asian and minority ethnic background more than doubled, from 10% to 21%. In the same time period, the proportion of first year learners with a disability also more than doubled, from 6% to 13%. This was driven in large part by the lifting of the cap on places in 2016/17 and the diversification of provision that resulted from this. It is essential that SNCs do not act as a further barrier to potential students and undo the progress made in this area.

Minimum eligibility requirements (MERs)

5. Do you agree with the case for a minimum eligibility requirement to ensure that taxpayer-backed students finance is only available to students best equipped to enter HE? Yes or No.

- 5.1 No. Minimum eligibility requirements are a short-sighted mechanism that will fail to address the underlying issues in poor performing disciplines. What would be more useful for academic programmes in general would be placing value on the accreditation of prior learning and focusing attention of pastoral and academic support enabling students to succeed.
- 5.2 In any case the argument for eligibility requirements as a means to ensure greater value for money from courses is irrelevant to physiotherapy. Physiotherapy has high outcomes and presents strong value for money, with over 97% of physiotherapy students graduating. In spite of growth in provision physiotherapy courses are still over-subscribed. This means universities are able to take students with high grades, typically the equivalent of 136 UCAS points.

- 5.3 The CSP is committed to making sure that the physiotherapy workforce is representative of the populations that it serves. We therefore see the priority is to widen access to physiotherapy education. It is essential that minimum eligibility requirements do not act as a further barrier to potential students whose readiness to enter a physiotherapy degree course comes from valuable experience in the workplace. What would be more useful is establishing industry standards for the accreditation of prior learning.
- 5.4 As the largest employer in all regions, including those with the highest levels of deprivation and lowest economic productivity, the NHS has a major potential role to play in the levelling up agenda. Widening participation and access to courses like physiotherapy is a prerequisite for this.
- 5.5 The Government has promised in general to treat education of NHS and social care staff as a priority. The specific commitment to an exemption of health and care subjects in relation to eligibility threshold for student finance is needed.

6. Do you think that a grade 4 in English and maths GCSE (or equivalent) is the appropriate threshold to set for eligibility to student finance, to evidence the skills required for success in HE degree (L6) study? Yes or No.

- 6.1 No. This is normally a prerequisite for admission onto a physiotherapy degree course. However, given the importance to physiotherapy workforce supply of the growing numbers of mature students and students whose prior learning has been gained from the workplace, equivalent qualifications should also be accepted e.g. functional skills.

7. Do you think that two E grades at A-level (or equivalent) is the appropriate threshold to set for eligibility to student finance, to evidence the skills required for success in HE degree (L6) study? Yes or No.

- 7.1 No. (see 5.1). However, as above, given the importance to physiotherapy workforce supply of the growing numbers of mature students and student whose prior learning has been gained from the workplace, equivalent qualifications should also be accepted e.g. functional skills.

8. Do you agree that there should there be an exemption from MERs for mature students aged 25 or above? Yes or No.

- 8.1 Yes. If MERS are introduced it will be essential for physiotherapy supply that mature students are exempt as an essential part of physiotherapy workforce supply. 51% of first year physiotherapy students in 2020/21 were mature (over 21 years).

9. Do you agree that there should there be an exemption from MERs for part-time students? Yes or No.

- 9.1 Yes. If MERS are introduced it will be essential for widening participation and levelling up, that part time students are exempt. While there are few part time physiotherapy courses, they are an important route into the profession, and one that needs to expand.

10. Do you agree that there should be an exemption to the proposed MERs for students with existing level 4 and 5 qualifications? Yes or No.

- 10.1 Yes, for all health and care subjects

11. Do you agree that there should be an exemption from any level 2 eligibility requirement to level 6 study for students with good results at level 3? Yes or No.

11.1 Yes, for all health and care subjects

12. Do you think there should be an exemption to MERs for students who enter level 6 via an integrated foundation year, or who hold an Access to HE qualification? Yes or No.

12.1 Yes. A significant number of physiotherapy departments in HE and FE providers run Foundation Year /Access courses and the CSPs experience is that students who enter the degree course through these routes do well. While we don't have the breakdown, the evidence from all student performance is that all students do well (in 2020 50% graduates were awarded first class degrees, and 40% awarded 2:1). Those entering through an Access or Foundation route achieve these at the same rate.

13. Are there any other exemptions to the minimum eligibility requirement that you think we should consider? Yes or No.

13.1 No comment

Fees for foundation years

14. Do you agree with reducing the fee charged for foundation years in alignment with Access to HE fees? Yes or No.

14.1 No. While we would support reducing the costs to the learner, this cannot be at the detriment of overall funding levels for course providers.

15. What would the opportunities and challenges be of reducing the fee charged for most foundation years, and of alignment with Access to HE fees?

15.1 Many Higher Education Institutes provide foundation years for physiotherapy education. There is a risk that this measure would reduce the commercial appetite for Higher Education Institutes to provide foundation year provision. This would impact negatively on widening access opportunities for students.

16. Do you agree there is a case for allowing some foundation year provision to charge a higher fee than the rest? Or is there another way for government to support certain foundation years which offer particular benefits?

16.1 Foundation year provision for healthcare courses, including physiotherapy have a clear benefit to society as well as the economy. There is a well understood workforce shortage in most parts of the health and care system (see 1.2). Furthermore, as the largest employer in most if not all areas of the country, the NHS has a significant role to play as an anchor organisation to stimulate local economic activity. This policy ambition of NHS England supports the Government's levelling up agenda (NHS Long Term Plan 2019).

17. If some foundation year provision were eligible to attract a higher fee, then should this eligibility be based on: particular subjects, such as medicines and dentistry; or some other basis (for example by reference to supporting disadvantaged students to access highly selective degree-level education)?

17.1 See 16.1

National scholarship scheme

18. What are your views on how the eligibility for a national scholarship scheme should be set?

- 18.1 The CSP would welcome scholarship opportunities for high achieving students from disadvantaged backgrounds. We suggest in how this is set post code, pre/post 16 education setting, parental socio-economic status, protected characteristics and intersectionality are considered.

Government support for providers

19. How can the Government better support providers to grow high quality level 4 and 5 courses? You may want to consider how grand funding is allocations, including between difference qualifications or subject areas in your response.

- 19.1 The improved access to education at levels 4-5 that the LLE affords will likely stimulate expansion of courses aimed at healthcare support workers or those seeking to become a support worker.
- 19.2 However, if education providers do not work with local employers to match provision to the knowledge and skills required of the local workforce, learners on these modules or courses will undertake learning that does not adequately prepare them to progress or step into a career in healthcare. They would also incur unnecessary personal debt. The Government needs to put in measures to ensure that this does not happen.
- 19.3 The Government should also ensure the level 4 and 5 courses carry the academic currency to support transition onto professional degree programmes.

20. What drives price differences at level 4 and 5, where average fees in FE providers are significantly lower than in HEIs?

- 20.1 No comment

21. To what extent do the drivers of fees at levels 4 and 5 differ from those for level 6 (including between universities, further education colleges and independent providers)?

- 21.1 Physiotherapy and other health and care courses are more expensive than level 4 and 5 courses and most degree courses, largely due to practice-based learning (placements) being such a crucial part of courses. It is essential that high cost health and care course degrees be prioritised for Strategic Priorities Grant Funding. Any failure to do this will make the current workforce crisis in the NHS and social care sectors worse.
- 21.2 For physiotherapy until 2017 the combination of a cap on places and insufficient funding in England created a significant supply shortage as universities had not financial incentive to expand to meet demand.
- 21.3 There is also the risk that universities respond to insufficient funding by increasing the numbers of international students who do not add to domestic supply, as is currently the case in Scotland.
- 21.4 The need for prioritisation for funding of physiotherapy course provision in England universities is even more important now with tuition fees being frozen for a further two years at £9,250. With inflation this equates to as much of a cut as recommended in the Auger report, but without replacing the lost income through the teaching grant as originally recommended by Auger.

22. How can we best promote value for money in the level 4 and 5 market to avoid an indiscriminate rise in fees?

22.1 No comment

23. What learner types are more or less price-sensitive and what drives this behaviour?

23.1 No comment

24. What are your views on the current barriers, including non-financial barriers, that providers face in offering and marketing level 4 and 5 courses?

24.1 Employers releasing time for staff to undertake additional qualifications especially if the role does not require the additional skills in an individual's current role but for career progression.

24.2 Lack of integration between level 4/5 courses with Level 6 degree programmes.

Flexible study models

25. We want to ensure that under a flexible study model, learners studying HTQs still develop occupational competence. We also want the quality and labour market value of individual higher technical modules to be signalled. Which of the approaches below, which could be introduced separately or together, do you prefer for delivering these aims, and why?

25.1 In order to answer this question the CSP would need more detail on how this would work for professional courses. The key to this will be how HTQs map across to existing professional standards.

26. How would these approaches align or conflict with OfS and/or university course approval requirements?

26.1 No comment.

27. Are there any other approaches we should consider?

27.1 No comment.

28. How should any of these approaches be applied to qualification already approved as HTQs?

28.1 No comment.