

Apprenticeships

CSP position statement and principles of implementation

Summary

The CSP believes that when implemented well, apprenticeships offer a breadth of opportunity to grow, retain and progress the physiotherapy registered and non-registered workforce at all levels. Apprenticeships are one way of developing the workforce and, when considered as part of broader workforce planning at a local or system level, are an enabler to remodel and redefine the workforce to support transformation and innovation to meet changing population needs.

Apprenticeships offer a potential opportunity to diversify the physiotherapy workforce both in terms of pipeline into the profession and career progression, an aspiration to which the CSP is firmly committed. The CSP will monitor available data to ensure this aspiration is realised in practice.

Successful implementation of quality apprenticeships is dependent upon several factors that can be averted or mitigated at different levels of the system, which are described in this document. The CSP has a strong role to play to support the development and implementation of apprenticeships at all levels through its role as a professional body and trade union.

The CSP vision for apprenticeships

Our long term vision is that a greater proportion of prospective learners and the physiotherapy workforce across the UK have access to high quality apprenticeships, with appropriate employment terms and conditions, across the career spectrum, to deliver and retain a skilled and diverse workforce as part of a wider ambition to secure a workforce that can meet population health needs.

Principles of Implementation

The CSP believes there are core principles that should be followed for effective and sustainable implementation of apprenticeships. These are described below.

PRINCIPLE ONE – Workforce Planning

Apprenticeships should be part of strategic medium-long term workforce planning.

The CSP believes apprenticeships should be developed in an effective and sustainable way, as part of long-term workforce planning at a local and regional/system level and not in silos. This should include engagement with education providers. This is because apprenticeships are employer-led and should be implemented in accordance with workforce development needs to meet service and population health demands. We believe that analysing workforce need in an integrated way through a capability and system lens and across health and social care sectors, rather than one focused on profession or service, can create opportunities for transformation that apprenticeships can support e.g. at advanced practice level.

We are aware that there may be growing demand on the apprenticeship levy from a range of other health care professions including other allied health disciplines. The CSP urges physiotherapy leaders to ensure where there are physiotherapy specific education and training needs, they influence local workforce planning appropriately to ensure these needs are reflected in plans around apprenticeship delivery.

Commented [SC1]: Do we know this with any certainty. I get the theory but the last data I saw didn't support this aspiration.

Commented [RN2R1]: agree evidence so far doesnt support this so could say 'potential' opportunity. Think it should stay in there as an aspiration as fully implemented at all levels could change the current picture, and we will be monitoring.

Commented [AW3]: Just a question really? If a learner is supported by an apprenticeship levy for Level 6-can they receive it again for 7 and then for 8??

Commented [CH4R3]: @Anita Watson so long as they have completely finished their previous apprenticeship, and the new apprenticeship does not re-teach the same material, I believe they can.

Commented [RN5]: Additional point on factoring in time of apprentices, backfill and time of practice educators

Commented [RN6]: is it silo or silos? if silo then i need to remember this!

Commented [RN7]: Do we mean integrated in terms of health and social care sectors, and different parts of health? With development of social care workforce strategy in England and its relationship to the long term workforce plan it would be useful to include mention of social care

Commented [CH8R7]: I am not sure how many PT apprenticeships link with social care across the UK. My experience is that PT apprenticeship link with healthcare employers only, albeit in and out of the NHS. It does not mean it should not be included, it is just a bigger job, that is all.

PRINCIPLE TWO – Apprenticeship salary

Apprentices should be paid a fair wage.

The Agenda for Change terms and conditions handbook has been updated from 1/7/24 to reflect that where an existing employee commits to undertake a formal apprenticeship programme in agreement with their current or another NHS employer which, on successful completion, would qualify them for a role* where the evaluated pay band is the same as or higher than the band of their current post. In such cases, for the duration of that programme their basic pay will be the higher of the following:

- The rate for the apprenticeship role that new entrants to the service would receive.
- The pay step point they would receive had they remained in the role they were employed in immediately before commencing the apprenticeship programme. This will include eligibility for pay step progression during the apprenticeship as if they had remained in their prior role.

However, this agreement does not extend to those recruited directly into apprenticeship roles. The CSP believes 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 setting the apprentice has joined the apprentice scheme from.

PRINCIPLE THREE – Career Progression and Retention

Apprenticeships can be used to provide structured progression routes

The CSP believes apprenticeship growth can be one solution to vacancy rates, skills gaps and support retention with clear career pathways that support both development of the physiotherapy workforce and also support physiotherapists and support workers to work across and move between health and social care sectors.

Over recruiting within the nursing profession at different levels and utilising the apprenticeship route has allowed for a healthy pipeline supply. Employers of physiotherapists could consider a similar approach which also potentially mitigates risk of destabilisation of the workforce.

Apprenticeships can provide a structured progression route that supports the physiotherapy workforce develop into positions of greater responsibility, enhancing productivity and patients' access to safe, effective and timely care. The contribution of support workers is recognised through the development of apprenticeships standards from level 3 to level 5 in England and Wales.

The CSP welcomed the development of the physiotherapist degree apprenticeship (level 6; 2019) as an entry route to the profession. We have seen the career opportunities this has created and believe continued growth in physiotherapy apprenticeships will add further value for individuals, employers and systems.

In the post-graduate space, the CSP supports the continued development of level 7 advanced clinical practitioner apprenticeships, and the enhanced practice offers that will soon be available in England. This is because we believe these standardised routes of education and training offer career development to members. Building expertise at these

Commented [RP9]: Within this section can we articulate contract agreements which support evolving scope of practice e.g Annexe 21

Commented [JF10]: we will be able to update this in 1-2 months, circa July?

Commented [JF11R10]: @Abigail Henderson I have updated this ready for implementation on 1 July

Commented [RN12]: either here or in above point on whole system lens could point in a point on supporting physios and support workers to work across sectors and have careers that move between sectors.

levels of physiotherapy practice is also critical to enable the workforce transformation required to meet changing population health needs. Advanced and enhanced practice capacity must be developed across the full range of physiotherapy settings, including primary care and community.

Apprenticeship training providers should reflect this need by embedding flexible learning options to accommodate the different needs of sectors of the profession. This includes provision for either geographical or clinical areas where employers can only support a few starter numbers but still have a clear workforce need that could be supported by apprenticeships e.g., rural contexts.

The impact on retention and career development should be monitored by employers.

The CSP believes apprenticeships can support retention. This is because they can create a sense of investment and value, whilst offering structured training and career opportunities. Embedding growth-based career conversations as part of annual personal development plans is important to ensure that the right level of apprenticeship is chosen in line with service needs and career aspirations. For registered staff this should start within the preceptorship stage. The forthcoming CSP Physiotherapy Career Framework will be a useful guide to employers.

The impact of apprenticeships on retention and career development is too early to assess. We urge employers to collect and monitor vacancy and retention data, including staff satisfaction, in the short, medium and longer term. They should consider how they collect and share this data across systems, regions and nationally to build a body of evidence. The CSP will monitor retention data as evidence builds and hopes to commission insight work in 2024/2025.

PRINCIPLE FOUR – Growing Diversity in the Profession

Apprenticeships are one enabler to improved diversity within the profession.

The CSP believes apprenticeships should be used as an enabler to improve equity, diversity and inclusion within the workforce. This is because apprenticeships provide opportunities for individuals from various backgrounds to access training and careers. Apprenticeships can help develop a workforce with varied experiences and skills which supports a more inclusive and equitable workplace.

We believe the physiotherapy degree apprenticeship provides a useful additional route for individuals (including existing support workers) to enter the physiotherapy profession. This diversity of entry routes into the profession is an opportunity to contribute to workforce growth and social mobility. The CSP is aware that organisations may need to look outside their current support worker workforce for apprenticeship appointments and view this as an opportunity to further increase the diversity of the physiotherapy workforce to better reflect local populations.

The CSP expects equitable and fair selection processes to be adopted by employers and HEIs to ensure members are not unfairly disadvantaged. Where available, employers should use the funding identified for care leavers and disabled people and engage with local communities to make roles more accessible.

Commented [CH13]: Should there also be something about supporting leaders and senior leaders into the profession too? As reflected in the Workforce plan.

Commented [JF14]: should we mention social mobility as well

The CSP will monitor workforce data to ensure the equity and diversity aspirations of apprenticeships within the profession are being realised. Again, we advocate that education providers and employers do the same at local levels in order to critically assess the impact of their own apprenticeship strategy with a view to continuous improvement.

PRINCIPLE FIVE – Apprenticeship Funding

Apprenticeship tariff levels should be centrally funded to cover the cost of delivery and support sustained provision.

The CSP is aware that some education providers are reporting financial barriers to the development of apprenticeships.

We hold that funding bands and tariffs for all apprenticeships must be of an appropriate level to ensure they are viable for education providers to make and sustain offers. We will proactively look to initiate reviews of the apprenticeship bandings when indicated.

Physiotherapy utilisation of the apprenticeship levy should be maximised to support service development across patient pathways.

The CSP believes that AHP leads should maximise their share of the apprenticeship levy (where available) and where appropriate, to support optimal patient care and career development across the spectrum of the physiotherapy career. This may require different areas to work together to pool apprenticeship funding for cost-effective procurement.

AHP leaders should support the transfer of any remaining levy (where permitted) to alternative organisations (including the voluntary sector) in their system that will support population health. This could also positively impact on physiotherapy demand within the NHS or social care sectors.

PRINCIPLE SIX – Upholding the quality of patient care.

Apprentices are learners and should receive appropriate supervision, training and mentorship.

Properly supervised and supported in the development of their learning and competence, apprentices can contribute to service capacity. However, they should not be used to replace registered physiotherapists or support workers as this could compromise patient care.

The CSP is aware that backfill for apprenticeship roles remains a barrier to implementation in places. Employers must carefully consider the potential impact and mitigations for teams when apprentices are both undertaking off the job learning and the support apprentices require during their on the job learning. This should be discussed with all parties involved in the support of the apprentice but specifically line managers and mentors, before an apprenticeship is agreed.

Employers must establish appropriate governance structures to capture the growing scope and skills of apprentices, particularly as they progress through the programme. The

PRINCIPLE SEVEN – Apprenticeships should be of high educational quality.

Commented [CH15]: Perhaps also consider adding they should consult with their teams to consider the impact of, not only off the job learning, but also the support the learner will require during their 80% on the job working.

Commented [CH16]: These governance structures, such as Work based Learning Plans (which cover what the apprentice needs to do at work) need some more guidance and they need to be discussed in collaboration with the HEI involved.

Physiotherapy Degree Apprenticeships must meet CSP Quality Assurance requirements.

Delivery of all apprenticeships should uphold the high education and professional standards of the profession. The CSP will continue to accredit Physiotherapist Degree Apprenticeship programmes. We do not currently accredit other apprenticeships but are considering our role within the level 5 assistant practitioner course in England. This is because we are aware that this apprenticeship can be an entry route into a pre-registration physiotherapy programme with accreditation of prior learning (APL) being offered in places. The CSP is currently exploring the need for further guidance around this process. In the meantime, HEI's should have robust governance in place to assess how prior learning and experience maps appropriately to the learning outcomes of the pre-registration programme.

See ["Guidance on CSP expectations of delivery of the Physiotherapist Degree Apprenticeship"](#).

Commented [RP17]: This needs checking for currency

Employers must create a learning culture for high quality workplace based education.

The CSP firmly believes employers must broadly invest in the practice-based educator workforce to ensure there are the skills and capacity to support all types of learners, including apprentices. This is to ensure a sustainable supply into the future workforce whilst fostering an environment that supports retention and capability building of the existing workforce to meet population needs.

Establishing a learning environment that integrates opportunities for applying skills acquired during off-the-job training within the workplace is fundamental to any apprenticeship programme. Employers should identify individuals who will provide supervision and mentorship, ensuring that work-based learning is optimised to encourage continuous skill development for apprentices whilst maintaining appropriate governance.

Apprentice learners have specific learning and pastoral needs and employers should ensure they develop the team expertise and capacity to meet these needs, with the support of the education provider. At an organisational level, this needs to be articulated within integrated workforce and service planning processes. On an individual level, a learning needs analysis for prospective and existing supervisors, mentors and educators should be a part of personal development plans.

All involved in the workplace support of an apprenticeship should have a job plan that allows sufficient time to do so, but also time to develop the knowledge, skills and behaviours required to offer high-quality and innovative education, grounded in the principles of equity, diversity and belonging.

The education provider who is delivering the apprenticeship should work closely with the employer to provide training, guidance and support to establish clear roles and responsibilities of those involved. A strong, tripartite relationship between the education provider, the employer and the apprentice is critical in the successful implementation of apprenticeships at any level.

The CSP holds that integrated local workforce strategies that invest in and acknowledge the value of all those involved in the development of others, will enhance capability and capacity to support and develop the wider physiotherapy workforce.

PRINCIPLE EIGHT – Additionality of Apprenticeships

Apprenticeships should offer additionality rather than replace existing training and development offers.

Whilst the CSP welcomes the investment in the apprenticeship model and the widening number of relevant apprenticeship standards available in England, we recognise this is only one route of training and development.

Apprenticeship routes should be an additional offer and not replace existing conventional pre-registration provision or continuing professional development (CPD) opportunities and funding for all levels of learners. Any cuts to CPD budgets would be detrimental to the breadth of need within the workforce to develop the skills to meet population health need.

In parallel, systems should continue to expand and broaden pre-registration practice-based learning capacity in line with local need to sustain expanded provision. System level integrated placement mapping and planning, in liaison with education providers, is critical and should consider the traditional pre-registration and degree apprenticeship requirements together. This assists in capacity planning but can also ensure apprentice learners have access to a breadth of placements through reciprocal rotations across different providers, for example.

The CSP is aware that the tariff paid in England to host organisations for pre-registration student placements does not apply to apprenticeship placements. We believe this is a barrier to the expansion of apprenticeships and will actively seek to influence a change in this position at a national level.

Commented [AH18]: Should we mention payment for apprenticeship placements in countries from the start? Do we actively influence for placement tariff in these countries?

Commented [CC19R18]: There is no influencing taking place for placement tariffs in Wales

Commented [SC20R18]: Or Scotland...

Commented [CH21R18]: The lack of an apprenticeship tariff is a HUGE barrier to placement planning.