

The Royal Liverpool and  
Broadgreen University Hospitals



NHS Trust

# Evaluation of provision of clinical placements for undergraduate physiotherapy students at RLBUHT

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# Background:

- Key drivers:
  - Removal of bursaries
  - Need to increase Physiotherapy workforce (CSP, 2017)
- Removal of caps on number of physiotherapy places at HEIs as move to self funding
- Projected increase in number of students requiring clinical placements over the coming years
- Awareness of local (Trust level) inequity in the provision of placements

## Our current situation:

- 5 HEIs
- Different placement models
- Different Assessment tools
- Increase in Physiotherapy student numbers

## Aims and Objectives:

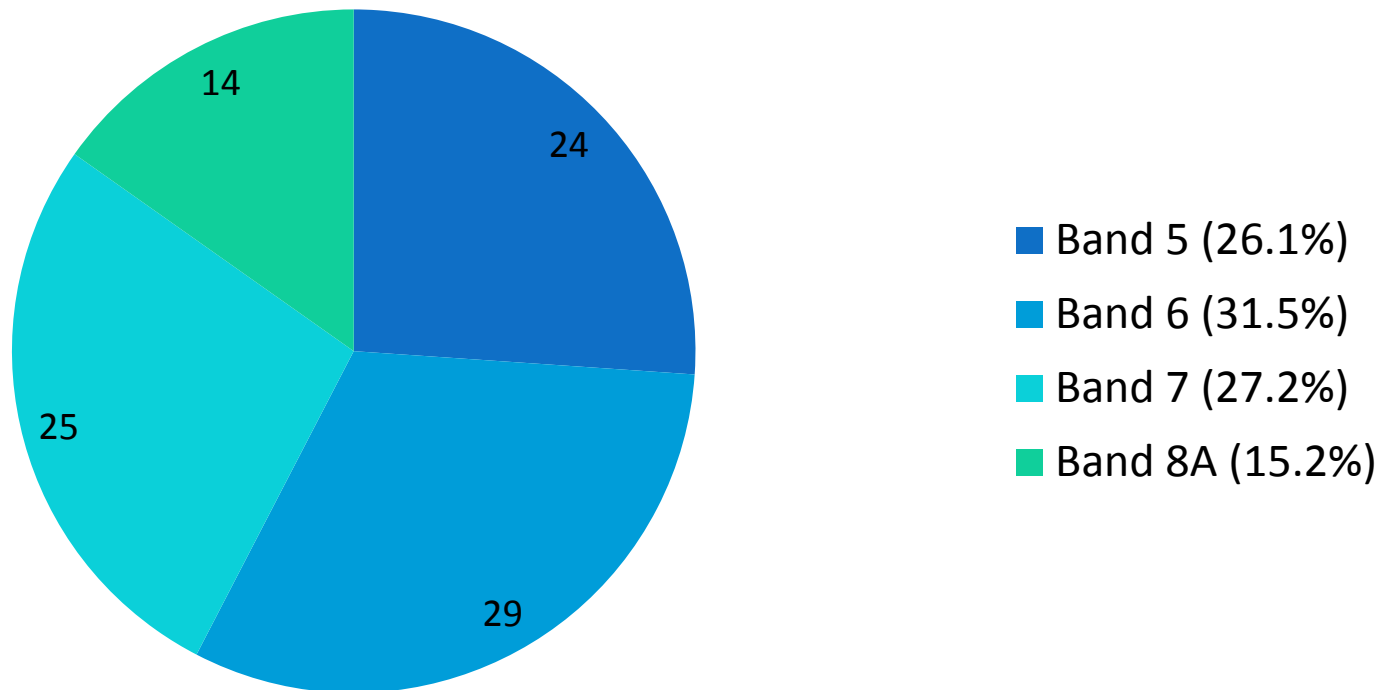
- Conduct a questionnaire survey locally to establish the nature of the problem
- Examine the barriers to provision of student clinical placements
- Understand local attitudes and beliefs around clinical placements
- Identify possible solutions to increase placement capacity

## Method:

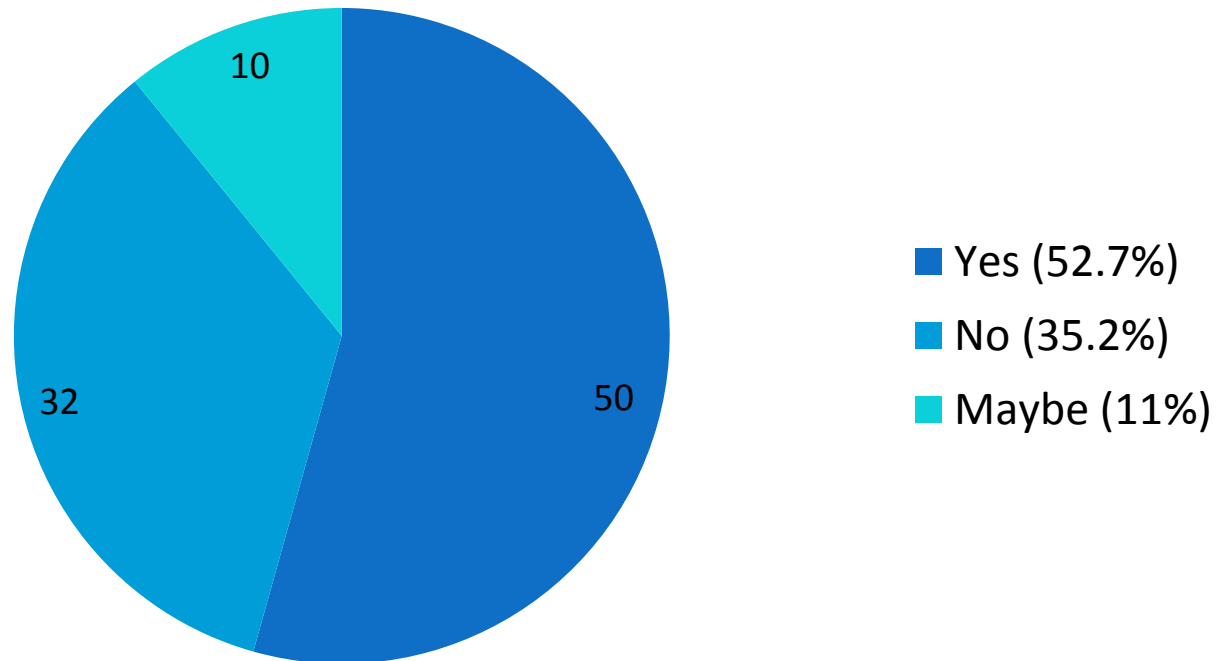
- Electronic questionnaire (Google form) to all trust physiotherapy staff
- Conducted over a 4 week period (November 2017)
- Also surveyed members of a regional physiotherapy network group to ascertain regional practices and variations

# Results:

## Clinical Banding Responses:



## Clinical staff currently taking students:

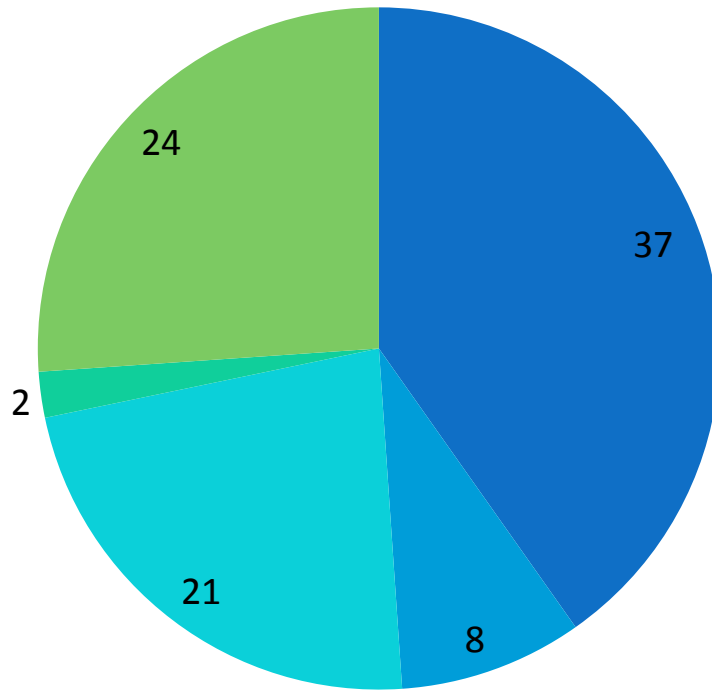


## Staff Grade responses for clinical area:

Grade	MSK	Resp	Rehab	Management	Rotational
8A	8	1	3	2	
7	15	3	7		
6	14	4	11		
5					24

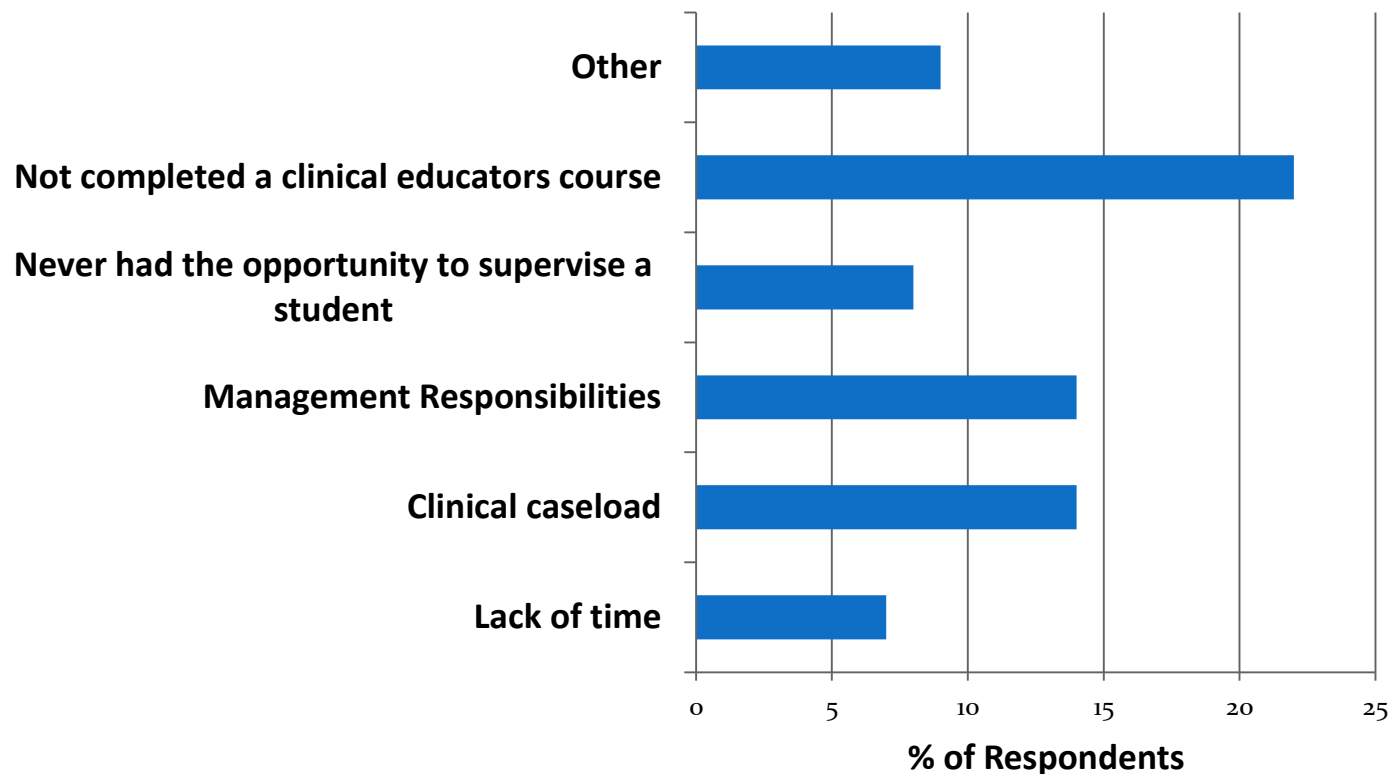


## Breakdown of clinical area:

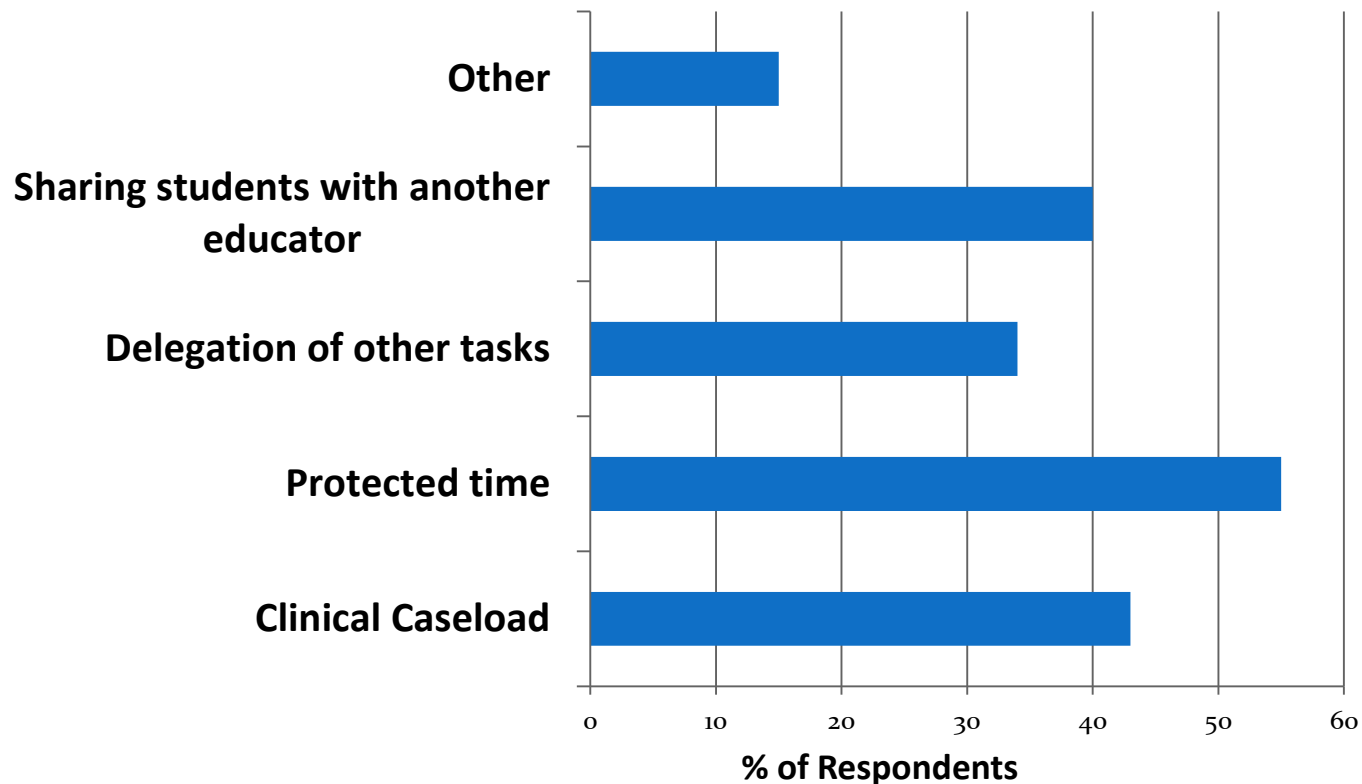


- MSK (40%)
- Respiratory (9%)
- Rehab (23%)
- Management (2%)
- Rotational (26%)

## Reasons given for not being involved in clinical placement provision:



# Factors that would enable staff to take students on clinical placement:



## Comments from staff:

- Impact of student supervision on waiting lists
- More specialist clinical areas making it difficult to ensure students gain a broad range of experiences
- Pressure on staff with waiting list targets and other clinical commitments impacts on student supervision

“My team is too short staffed to treat the patients and this presents a clinical risk and is unfair to the students as we are too busy to support them”

“Students not appropriate for band 8a staff as level of training for students is different to complexity of the patients”

“Not my role as a clinical physiotherapy specialist to take on a teaching role for students”

“I lack confidence in supporting students”

## Conclusions:

- Issues of culture and custom of practice
- Huge variations across clinical areas with staff involved in student supervision- grades and specialities
- Biggest variation in MSK services
- Some staff engagement around how issues of clinical supervision and education can be tackled. Empowerment of staff
- More work to be done- placement models, ratios
- Linking and collaborating with HEIs

# Moving forward:

- Collaboration with the HEIs to offer alternative placement models
- Engagement with staff – specific clinical groups / grades / training requirements
- Use of more specialist clinical services for elective placements
- Area for future Research

# Any questions?

## Thank you