



## Meeting with Members of the Chartered Society of Physiotherapy

**Monday 9<sup>th</sup> June 2008, 3-5 pm**  
**Committee Room 20, House of Commons, London**

---

Laura agreed to meet with members of the CSP to listen to their concerns and answer questions relating to a number of issues including pay, training and employment.

The session was an informal opportunity for members to put questions to Laura who is the MP for Crawley in West Sussex and Parliamentary Private Secretary to the Secretary of State for Health.

Laura nursed in the NHS for 25 years before being elected as an MP in 1997.

---

### Pay and conditions

98% of CSP members voted to reject the three year pay deal.

There is a general shortage of posts and a surplus of trained physiotherapists.

Professionally physiotherapy departments are rarely meeting the 18 week target in spite of the fact that this often results in prolonged periods of recovery for patients and prolonged time off work – in other words costing on all fronts.

Concern was expressed about 'privatisation' of the NHS but it was pointed out for context that currently private work amounts to 3% of the total.

### Banding

Real concern was repeatedly expressed about the effective down grading of posts from band 7 or 8 to band 5 or 6 with no consequent reduction in work load or responsibility.

On top of this it is increasingly common for people to be paid on the lowest possible band within their grade – to the extent that many are leaving the profession or going into the private sector.

### Education and Training

A newly qualified physiotherapist is a band 5 which requires supervision – such jobs are incredibly hard to find, are often advertised for less than a day and generally attract hundreds of applications.

A newly qualified physiotherapist needs a first job in the NHS because our training means you qualify at a level 5 and need supervision.

The NHS' investment in training is not currently being repaid because so few graduates can find employment; many are being actively recruited from overseas to countries like New Zealand and Canada.

Graduate 'Talent Pools' run by SHAs varied enormously in their effectiveness but it was felt that everyone should have to re-register monthly to keep them more up to date.

In Nurse training the student often does all his/her placements in one hospital and so builds up a relationship and knowledge which is often helpful in securing a job on qualification.

Physiotherapy students tend to move all over the place during their training placements and so never have the same opportunity to establish relationships.

*Ideas.....*

- The concept of 'indenture' training was discussed and CSP members were interested but more consideration needs to be given to how any such scheme could work.
- Distance learning has worked well for nursing and it is possible that more could be done with physiotherapy training in this area.
- An CSP student member suggested that the funding for training be removed in return for a guarantee of employment for 2 years post graduate. It was generally felt that this was a real indication of how desperately people felt.

### Workforce Planning

Some years ago there was a real shortage of physiotherapists now there is a surplus – the question is how do we avoid these problems and get workforce planning right for the future?

Much of the work currently being planned for Polyclinics ought to mean that positions are created for physiotherapists but the question will be at what grades?

There must be a better focus on retention of physiotherapists and that should include investing in posts at the correct grade and not keeping all grades on the lowest pay bands.

### Travel and mileage

There appear to be very different arrangements in place with different employers but some examples of poor practice in this area highlighted at the meeting are listed here;

- The mileage allowance has not gone up for over 10 years whilst the cost of petrol has clearly gone up considerably in that time.
- Some rurally based physiotherapists are travelling 100 miles a day but only get 43p a mile for the first 3,500 miles after which the rate drops off. This does not cover the cost of the work.
- Many trusts employ physiotherapists on the basis of them having no fixed base which means they can claim no travel expenses.
- One member who is blind reported that in her position, if they scrap access to work schemes the investment in her training will effectively be wasted as she will not be able to get a job.

---

Laura thanked CSP members for taking the time to come to London and meet with her.

She also agreed to produce a report of the meeting, to circulate that report and to ensure that it is brought to the attention of the Secretary of State for Health, Rt Hon Alan Johnson MP.

# **Departmental Response following on Laura Moffatt's meeting with CSP on 9 June 2008**

## **General**

The Department of Health (DH) has been working very hard with employers and the Chartered Society of Physiotherapy (CSP) to address issues around newly qualified physiotherapists entering the NHS Workforce. The success of this partnership working has been recognised by CSP with Phil Gray (Chief Executive) writing to the Permanent Secretary for Health (PS(H)) to thank DH for their work in supporting new qualified physiotherapists.

In responding PS(H) acknowledged that we still need to continue to work together to ensure that the issues around graduate physiotherapists continue to be addressed.

## **18 week target**

DH are aware of the issues raised and have been responding as follows -

- Actively promoting physiotherapy expansion, recognising that this can be better integrated in planning and delivering 18 week pathways locally.
- Implementing a therapies improvement programme to improve the available information and data management, improve access to AHP services and support the development of a competency based workforce.
- NHS Employers has an active work programme promoting the very important role that physiotherapists have in today's NHS and in developing solutions to maximise employment opportunities for the newly qualified physiotherapist.
- NHS Employers hosted a Physiotherapy Summit in May 2008 to raise the profile of physiotherapists in the delivery of priority services including stroke services, achievement of the 18 week target in trauma and orthopaedics care pathways and improving the health and well being of the population; to name but a few.

## **Banding**

### **Pay**

- The Physiotherapy workforce are banded between bands 2 and 8, with a starting salary of £12,922 to £53,432 at the top of band 8B.
- A newly Qualified Physiotherapist will receive £20,225 starting salary
- List of all bands and profiles are attached at annex B

### **Accusation about downgrading from Band 8 to 7 and Bands 6 to 5**

The "NHS Job Evaluation Scheme" is a structured method of comparing job demands in order to allocate jobs within the pay structure. It covers the diverse range of demands present in NHS posts and is underpinned by equal pay principles to ensure that all jobs and job holders are treated equally.

It is not possible to have a job that is working at Band 8 level based on JE, but receiving Band 7 pay, however, an organisation might choose to look at the skill mix in their organisation and consider if it needs to be changed in order to have a more appropriate skill mix for their required service delivery. Where this means that this is requiring a more specialist skill-mix and jobs are likely to go up in banding staff then locally staff could be developed or brought in to new posts as individuals leave or move. However, where staff are being brought down in banding to deliver the new skill-mix requirements then changes could be made by a number of mechanisms -:

- Bringing in new staff at the lower banded level as staff leave in the higher band

- Offering redundancy for staff in the higher bands who wish to leave and are not wanting to continue work in a lower banded post
- Agreeing some form of protection for staff who's post is being changed to a lower band, if it is agreed that changes need to be made quickly

In all cases there will need to be a discussion with the trade unions to ensure that this is being handled in the normal way for other organisational changes.

### **Education and Training**

Physiotherapist training is provided in higher education institutions (HEIs) and consists of a three year full time course of study. The start dates of the courses are split between the summer (July/August) and winter (January) so that two cohorts of students graduate every year. The numbers of graduates are not split evenly, and the greatest problems in finding employment occur in the summer when the majority of students graduate. Successful graduates who wish to practice as physiotherapists must register with the Health Professions Council (HPC).

The number of training places were increased from 1,093 in 1996-97 to 2,400 in 2005-06 (with the support of the CSP). When it became evident there was a growing issue with over-supply of new graduates, training places were reduced in 2006-07 to 2,193.

### **Workforce Planning**

DH has been working very hard with employers and the Chartered Society of Physiotherapy (CSP) to address issues around newly qualified physiotherapists entering the NHS Workforce. There is more to be done to help existing physiotherapists to progress their careers, thus creating vacancies for new qualifiers, and improving access for graduates to opportunities across the wider health and social care sectors.

This has been supported by SHAs leading on a range of local delivered initiatives -

- in West Yorkshire, newly qualified physiotherapists are using their skills in new innovative roles, working as community care officers for local authorities, helping to support hospital discharge.
- the ring-fencing of £200,000 in East of England to create fifty full time physiotherapy posts for a year. These are specifically for new graduates, and so are restricted to applicants from the Talent Pool.
- the creation of twelve new physiotherapist posts in the North East SHA
- the recruitment of twenty five physiotherapists, some of which were new entirely new posts, in Leicester in East Midlands SHA
- the creation of thirteen permanent rotational Band 5 physiotherapy posts and eight physiotherapy bank staff for respiratory and orthopaedic staff in Yorkshire and Humberside SHA
- the development and funding of physiotherapy roles for cancer patients in conjunction with Macmillan Cancer Care.

### **Travel and Mileage**

At the NHS Staff Council on the 1st of July, new rates for mileage allowance with immediate effect were agreed with the unions. These changes will be reflected in the Agenda for Change terms and conditions of service handbook and published by NHS Employers on their website.

Regular user allowance was for staff who regularly use their car for work, typically community nurses, midwives services etc, and it includes a lump sum payment plus an agreed mileage rate. It is not anticipated that staff would exceed 9,000 miles which is why the rate is lower.

Standard users rates are for those who use their car less frequently e.g. mgrs for meetings etc. and they receive no lump sum but a higher rate.

Newly agreed rates attached at annex A for reference.

## Annex A

### Mileage allowances

#### 1. Public transport rate

24p per mile

#### 2. Regular user allowance

Cars:

Engine capacity:	Up to 1000cc	1001 to 1500cc	Over 1500cc
Lump sum	£508	£626	£760
Up to 9000 miles	29.7p Per mile	36.9p Per mile	44.0p Per mile
Thereafter	17.8p Per mile	20.1p Per mile	22.6p Per mile

#### 3. Standard rates

a. Cars:

Engine capacity:-	Up to 1000cc	1001 to 1500cc	Over 1500cc
Up to 3,500 miles	37.4p Per mile	47.3p Per mile	58.3p Per mile
Thereafter	17.8p Per mile	20.1p Per mile	22.6p Per mile

b. Motor cycles:

Engine capacity:	125 cc or less	Over 125cc
Up to 5,000 Miles	16.2p Per mile	25.3p Per mile
Over 5,000 miles	6.1p Per mile	9.0p Per mile

c. Pedal cycles:

For local agreement, subject to a minimum of 10 p per mile.

#### 4. Passenger allowances

Each passenger 5p per mile