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# Annual Quality Review 2017/2018

## UK Pre-registration Physiotherapy Education

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**THE CHARTERED SOCIETY OF PHYSIOTHERAPY**

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# Annual Quality Review of UK Pre-registration Physiotherapy Education, 2017/18

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# Annual Quality Review of UK Pre-registration Physiotherapy Education, 2017/18

## FOREWORD

Welcome to the twelfth composite Annual Quality Review report. This report forms a central component of the Society's quality assurance and enhancement arrangements, utilising data acquired through programme providers' submission of the annual quality review process, to provide a national profile of CSP-accredited programmes.

Again, we were pleased to hear from so many of you after the last report. Thank you for your positive and valuable feedback. We are glad that you continue to find the report useful in helping to put your provision in a national context.

The report continues to reflect on quality enhancement. The theme for 2017/18 focused on cultural competence, looking at how programmes develop their students' ability to interact effectively with people of different cultures and address health inequalities, in ways that take account of their beliefs, behaviours and needs.

This year's report is presented in two parts, as the practice-based learning section will be included in a wider report, combining data from the practice-based learning campaign. This report will be available in Spring 2019.

Your feedback on this report is of value. Please forward any comments to [learning&development@csp.org.uk](mailto:learning&development@csp.org.uk).

We would like to thank programme teams for providing the information that has enabled preparation of this report. May we also take this opportunity to say how much we appreciate the hard work and commitment of all academic, support, and clinical staff.

Learning and Development Team

## Part 1: Pre-registration Physiotherapy Education

### 1.0 HEIs OFFERING CSP-ACCREDITED PRE-REGISTRATION PHYSIOTHERAPY PROGRAMMES

Forty-three higher education institutions (HEIs) in the UK currently offer pre-registration education programmes in physiotherapy. All are CSP accredited, as well as approved by the Health & Care Professions Council (HCPC), providing eligibility for HCPC registration on successful completion as well as chartered status and full membership of the CSP.

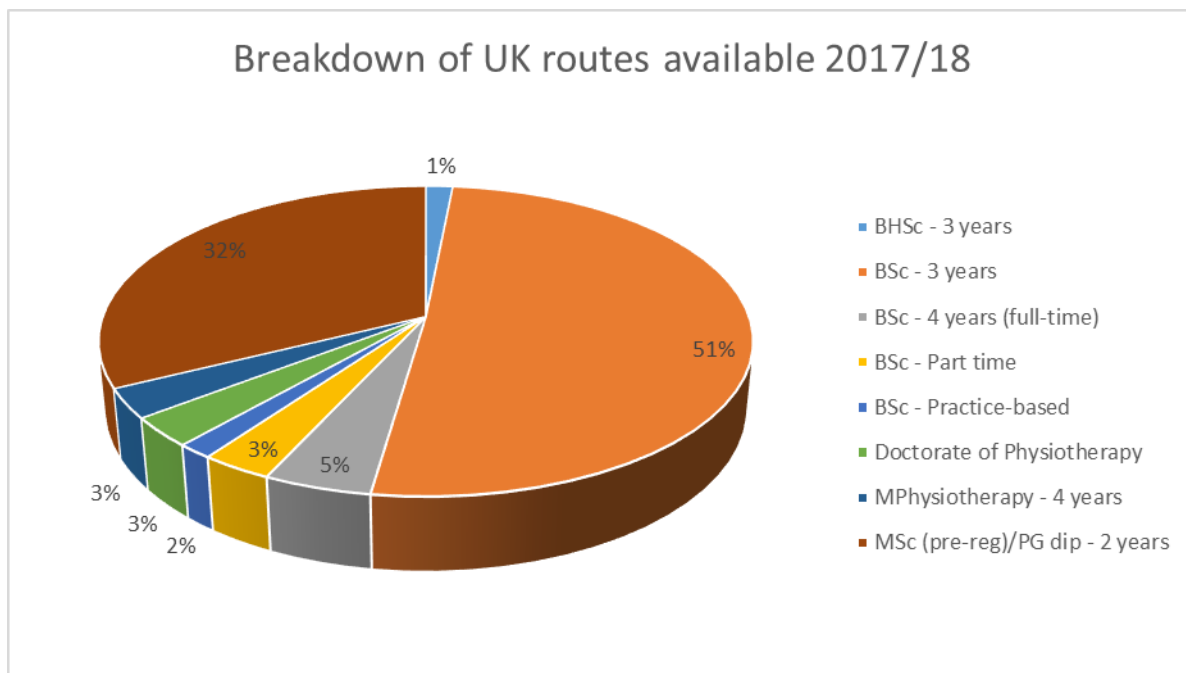
The number of HEIs offering pre-registration physiotherapy programmes is rising in response to the shortage of physiotherapists and the shift of physiotherapy education to the tuition fee and student loan model. This trend is likely to continue, particularly in the context of the degree apprenticeship developments and Welsh government initiatives to increase physiotherapy workforce to match demand.

Physiotherapy pre-registration education is diversifying with an increasing number of entry routes into the profession. Pre-registration routes include:

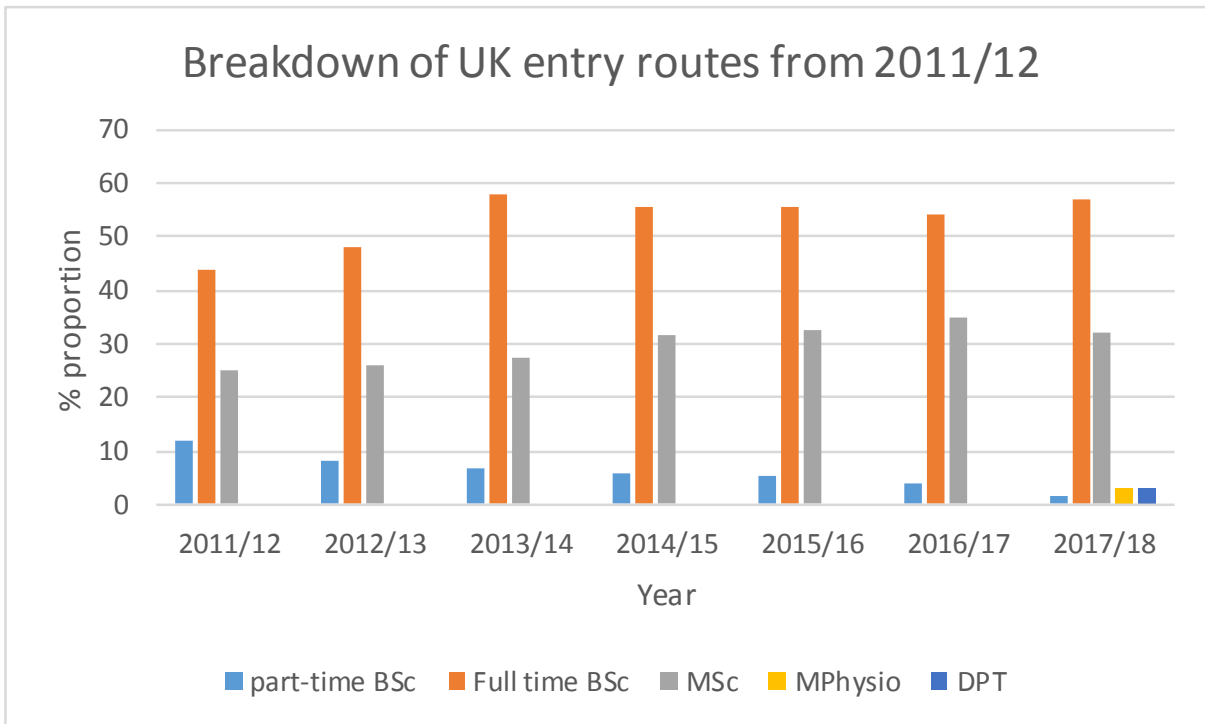
- 3-year full-time, 4-year full-time in Scotland and part-time BSc (Hons) Physiotherapy programmes
- 4-year integrated master's programmes
- 2-year accelerated MSc programmes
- 3 - 4 year professional doctorate programmes

Figure 1a below shows the breakdown of the routes currently available throughout the UK.

Figure 1a



**Figure 1b**



**Figure 1b** shows the breakdown of UK entry routes since 2011/12.

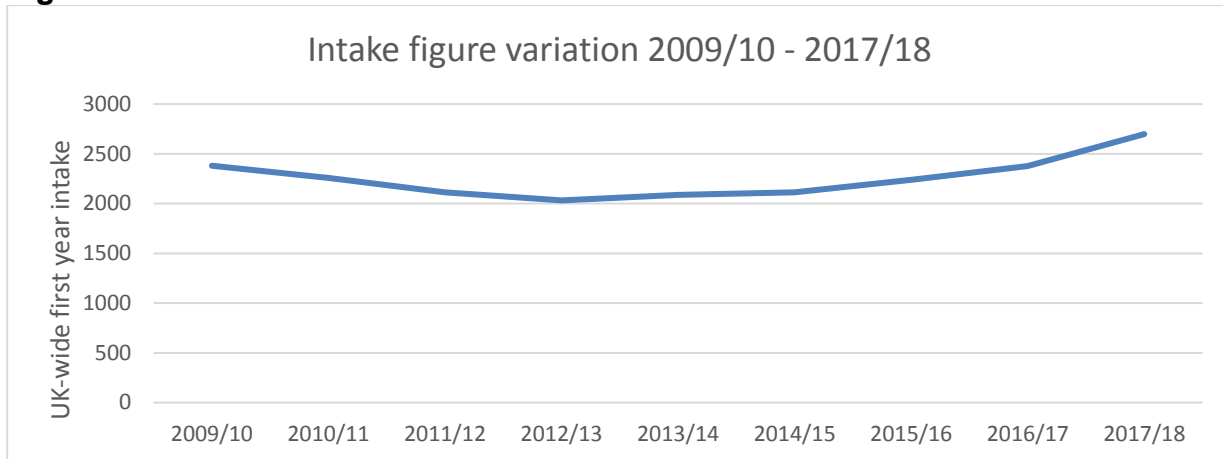
More HEIs are focusing on programmes at masters' level and above in response to the workforce meeting the increasingly complex service and population/patient needs. This is evident in the increases seen from 25% in 2011/12 to 38% in 2017/18. During the same period, the proportion of full-time BSc routes have also increased from 42% in 2011/12 to 57% in 2017/18.

Flexible and part-time routes have reduced from 12% in 2011/12 to 3% in 2017/18. This due to decommissioning during this period.

## 2.0 INTAKE FIGURES

**Figure 2** shows the total number of students entering pre-registration physiotherapy programmes in the UK per year from 2009/2010 - 2017/2018.

**Figure 2**



For the year 2017/18, student intake rose from 2376 to 2698 and is the highest for the period shown. It is worth noting the figures were lower than those seen in 2005/6, when intake figures peaked at 2931. With workforce shortages continuing within the profession (The CSP's workforce data modelling indicates an additional 500 physiotherapy students are required per year until 2020 to address this shortfall <http://www.csp.org.uk/professional-union/practice/evidence-base/workforce-data-model>), it is encouraging to see the continued student intake increases.

Alongside this increase, it is also encouraging to note that resources (staffing and physical) are following suit and practice-based learning capacity is keeping pace with the increasing demand.

Changes to student funding models in England from 2017/18 enabled HEIs the capacity to increase the number of places offered. Consequently, student intake on undergraduate programmes accounted for most of the growth in student places in 2017/18. Student intake on undergraduate programmes for 2017/18 was 2120, an increase of 15% from 2016/17 (1842).

Student intake on to postgraduate pre-qualifying programmes increased in 2017/18 by 13% to 578 from 512 in 2016/17 and places have more than doubled since 2010/11.

## 3.0 RETENTION/ATTRITION

Please note that the following section is a retrospective review of trends up until 2016/17. Data for 2017/18 will be available in next year's report.

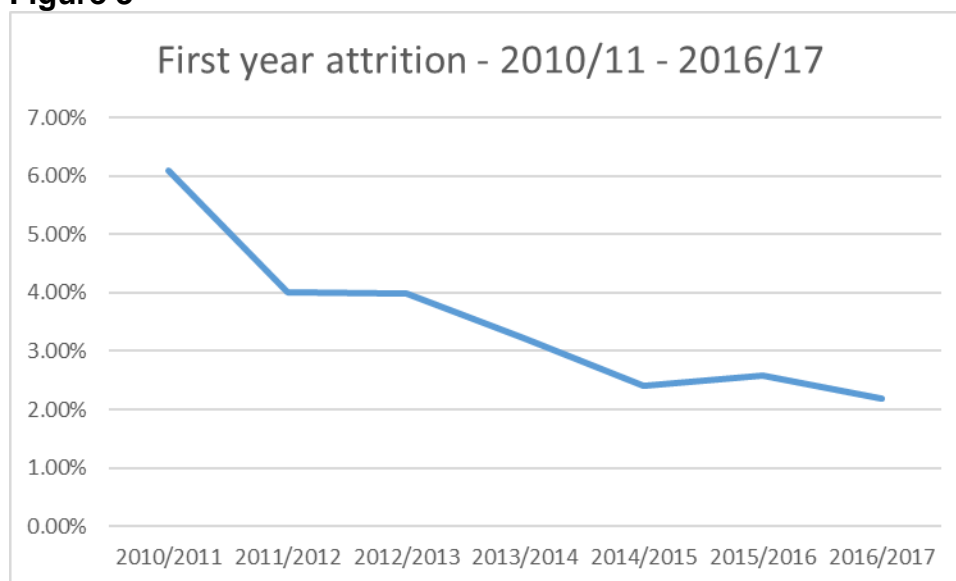
The number of students permanently withdrawing from pre-registration physiotherapy programmes in their first year decreased slightly from 2.59% in 2015/16 to 2.19% in 2016/17, shown in **Figure 3**. The majority of permanent withdrawals occurred on BSc

programmes – 1.98% compared with 0.21% on MSc programmes. For comparison, in 2010, permanent withdrawals were 3.6% and 0.57% respectively.

It is good to note attrition rates for physiotherapy programmes remain lower than the average non-continuation rates across the higher education sector, as published by HESA. <https://www.hesa.ac.uk/data-and-analysis/performance-indicators/non-continuation-summary>

There are a number of factors influencing a student's decision to permanently withdraw from a programme. Prior to 2015, CSP's data collection of student withdrawals (now ceased), constantly suggested that physiotherapy students were supported to withdraw temporarily and reintegrated into programmes after interrupting studies for a short period. It also showed that very few students left because they had chosen the wrong programme. Although this CSP data is no longer collected, the 2018 Student Academic Experience Survey (HEA and HEPI - <https://www.hepi.ac.uk/2018/06/07/2018-student-academic-experience-survey/>) confirms these findings, with the data showing that students studying subjects allied to medicine are the third least likely to transfer to another programme.

**Figure 3**



## 4.0 RESOURCES

### Staff:Student Ratios

The CSP takes a flexible approach to staff:student ratios (SSRs), recognising that each HEI has varying configurations of staff (including lecturer-practitioners and visiting lecturers) who contribute to a programme's delivery. We also recognise that the precise mix of the staff profile affects the SSR for a programme, as does the number of other programmes and research activity to which members of staff contribute. Furthermore, SSR figures directly relate to other issues, such as students' experience of physical resources (such as classroom size and layout, staff workloads, student contact time). Given the

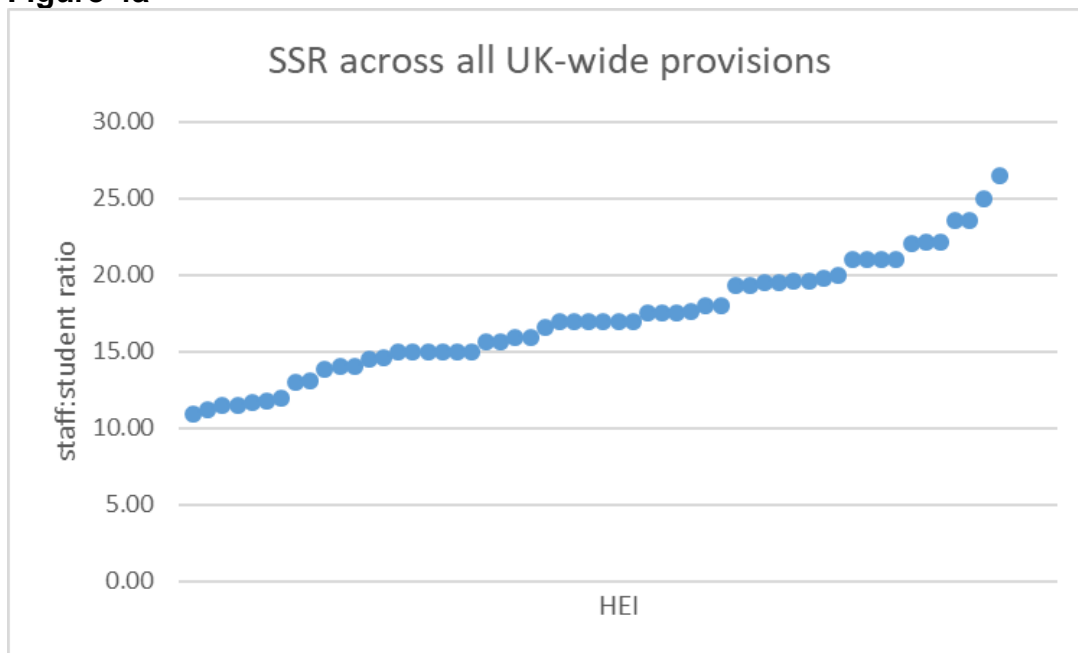
interconnectedness of these issues, the CSP does not consider SSRs rigidly or in isolation. That said, the CSP does encourage the SSR be maintained around **15:1**.

The 2018 Student Academic Experience Survey (HEA and HEPI) reports students with longer contact hours are less likely to change programmes, suggesting a link between student satisfaction and staff-student interaction. It is unsurprising health-related subjects were reported to have the highest contact hours and workload and the highest perception of value for money.

**Figures 4a** and **4b** below show the 2017/18 SSRs across physiotherapy pre-registration programme provision. Data was compiled from information received from HEIs and has been distilled anonymously so figures are not ascribed to any particular institution. It therefore does not necessarily follow that institutions with particularly high SSRs in **Figure 4a** do not necessarily have high SSRs for their practical classes. **Figure 4b** shows the average ratios over the last seven years.

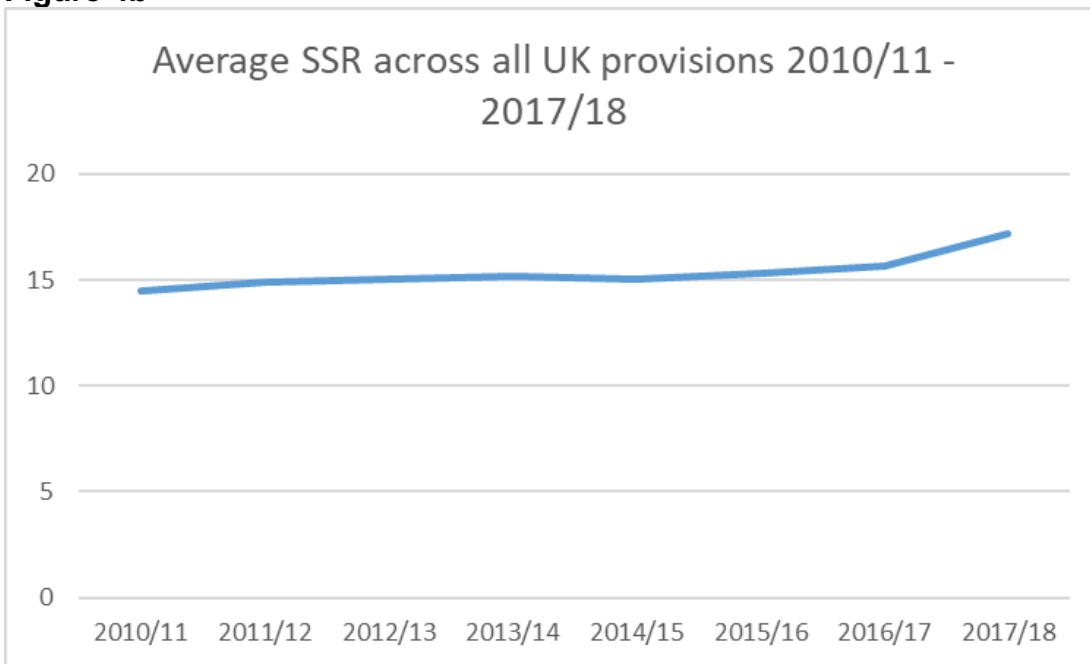
The UK-wide average has increased since last year, with a ratio of 1:17.16 per programme, compared to 1:15.39 in 2016/2017. Although it is becoming increasingly common for programmes to have slightly higher SSRs, CSP continues to recommend ratios are maintained around 15:1, to ensure sufficient resourcing to support the programme and good student experience. The CSP's Quality Assurance and Enhancement group noted the need for average SSRs to be monitored in the forthcoming reports.

**Figure 4a**





**Figure 4b**



**Practical Class Staff:Student Ratios**

The average practical class SSR across the UK was 1:20.55. This compares to a ratio of 1:17.93 in 2016/17 and 1:17.31 in 2015/16. **Figure 4c** shows the SSR in practical teaching groups across UK-wide provision. **Figure 4d** shows the SSR over the last six years. Again, CSP recommends ratios are maintained around 15:1 to ensure sufficient resourcing to support the programme and good student experience.

**Figure 4c**

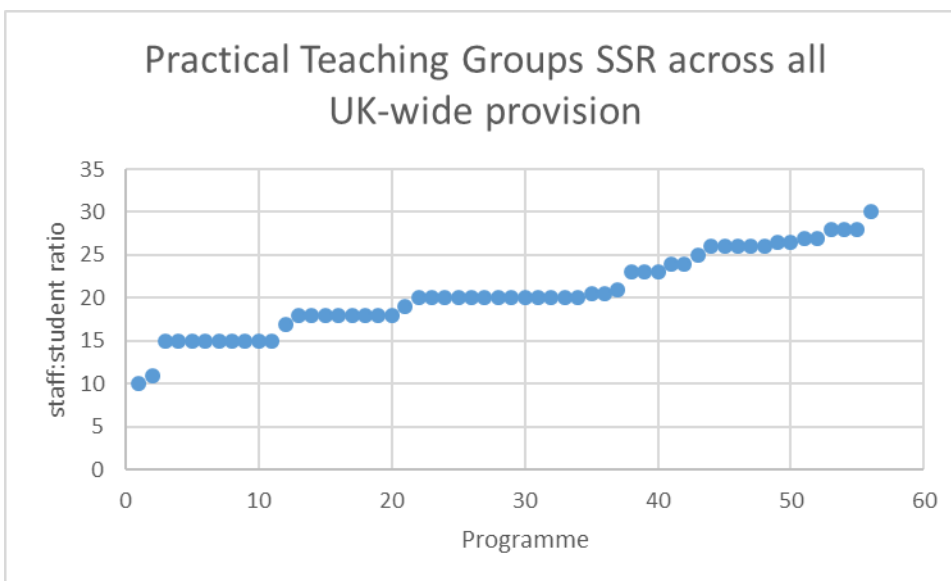
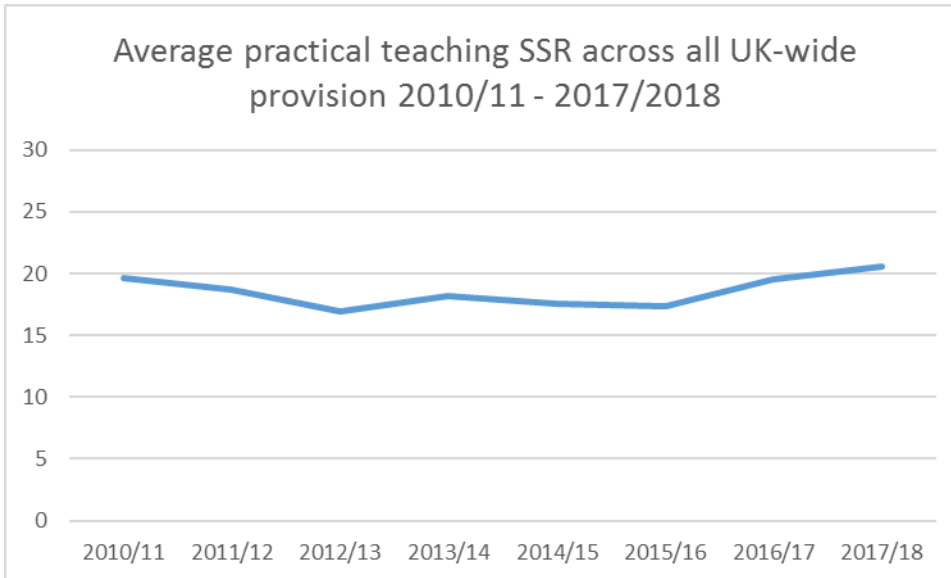


Figure 4d



## 5.0 WIDENING PARTICIPATION

### Gender

As seen in **Figure 5a**, the number of male students studying physiotherapy has increased to 39%, compared to 30% in 2009/10. Although this does not yet match the national male student profile (43.49%) reported by Higher Education Statistics Agency (HESA): [Data and analysis - Students and graduates](#), it is encouraging to see the trends are reflecting a more even gender balance.

Figure 5a

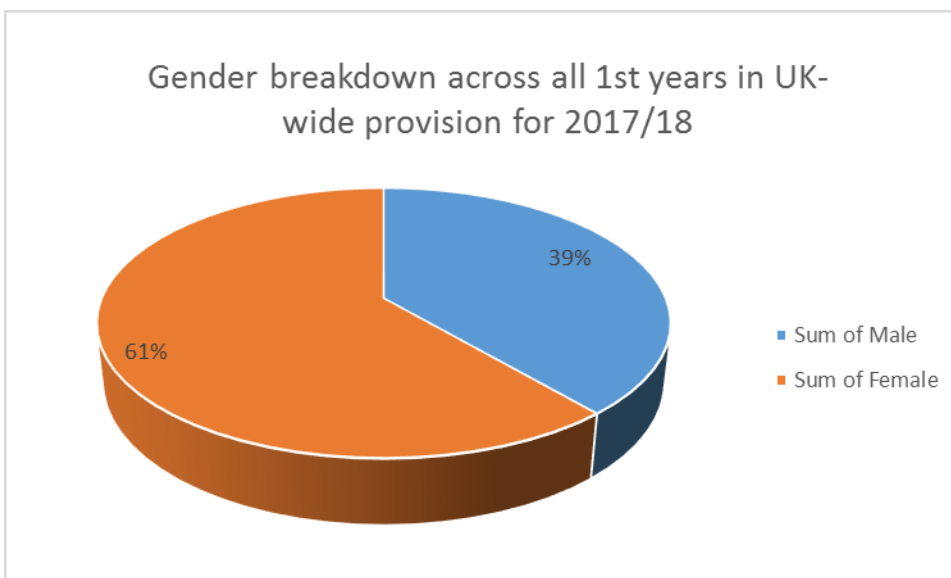
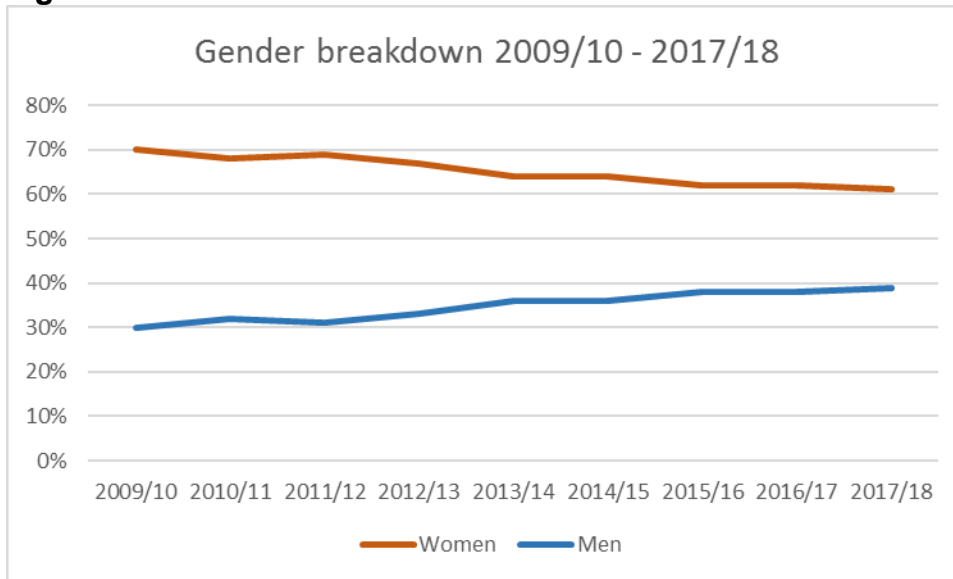


Figure 5b shows the increasing intake of male students from 30% in 2009.

Figure 5b

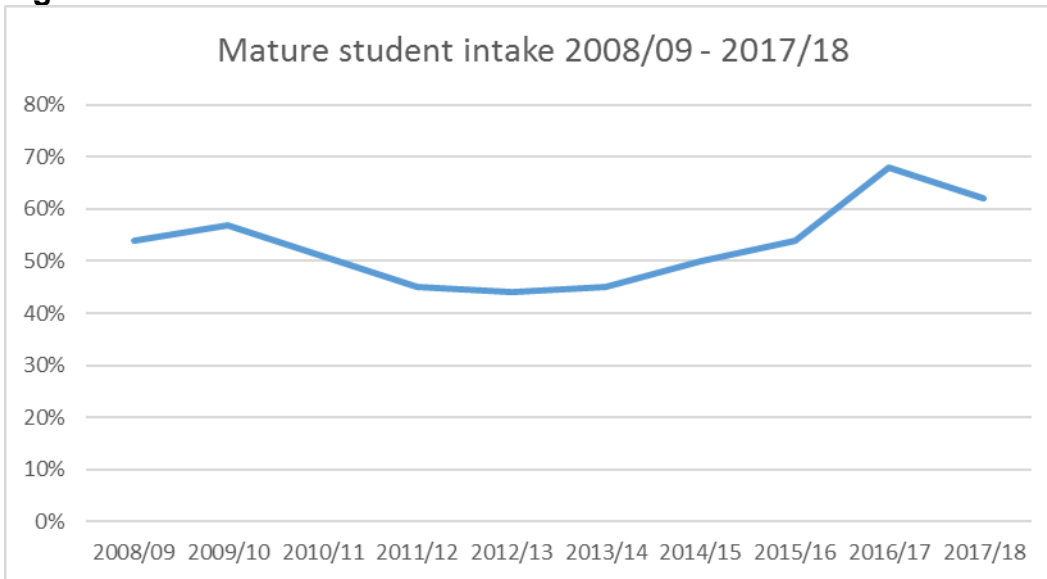


## Age

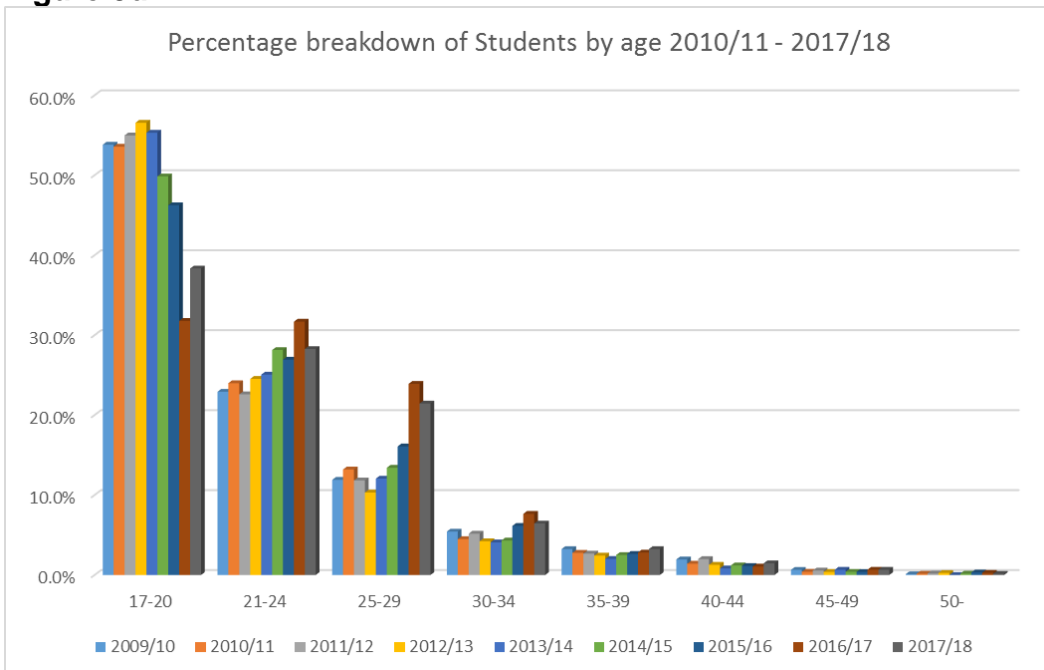
Figure 5c shows the proportion of mature students has decreased to 62% in 2017/18 from 68% in 2016/17. Although the proportion of student intake on to undergraduate programmes has increased, the average age of students on entering a physiotherapy programme remains at 23. It will be interesting to review any potential impact in the forthcoming years, in the context of the changing education/student funding arrangements in England.

Figure 5d illustrates an increase of the numbers of student members aged 17-20 at the point of entry to 38.33%, compared to 31.78% in 2016/17. However, this proportion is still lower than 46.25% seen in 2015/16. The number of student members in age groups 21 – 24 and 25 – 29 decreased marginally to 28.27%, 21.45% in 2017/18 respectively, compared to 31.69% and 23.91%.

**Figure 5c**



**Figure 5d**



**UCAS Data**

The UCAS data set represents half of physiotherapy provisions as it consists primarily of undergraduate admissions information. It therefore contains a snapshot from thirty-nine undergraduate physiotherapy programmes and one postgraduate pre-registration programme.

**Figure 5e** shows the proportion of UCAS applicants by age groups for 2015 – 2017. The data may well differ from HEI data submitted through the AQR, as UCAS define a year in terms of when an application was processed, rather than the entry year.

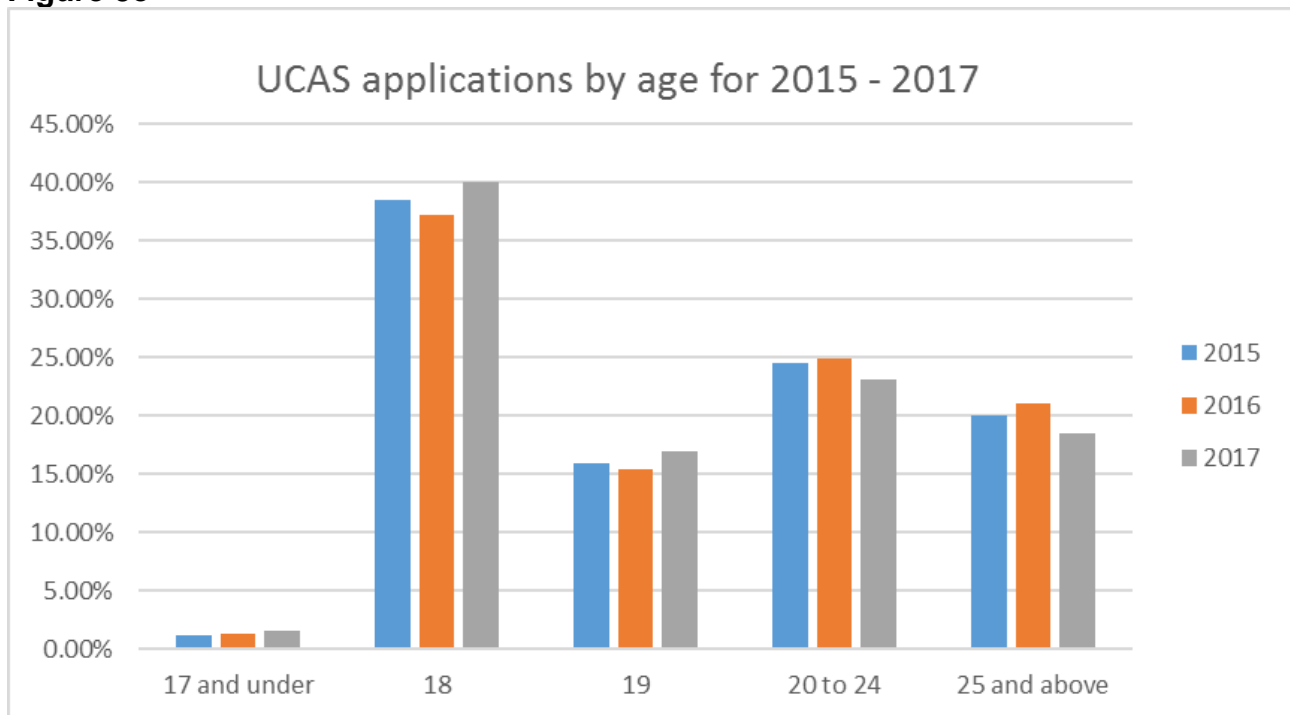
**Figure 5f** shows the proportion of UCAS applicants accepted onto physiotherapy programmes by age groups for 2015 – 2017.

Applications from school leavers (aged 18) continue to be the largest age group with 40% of applications and 39% acceptances.

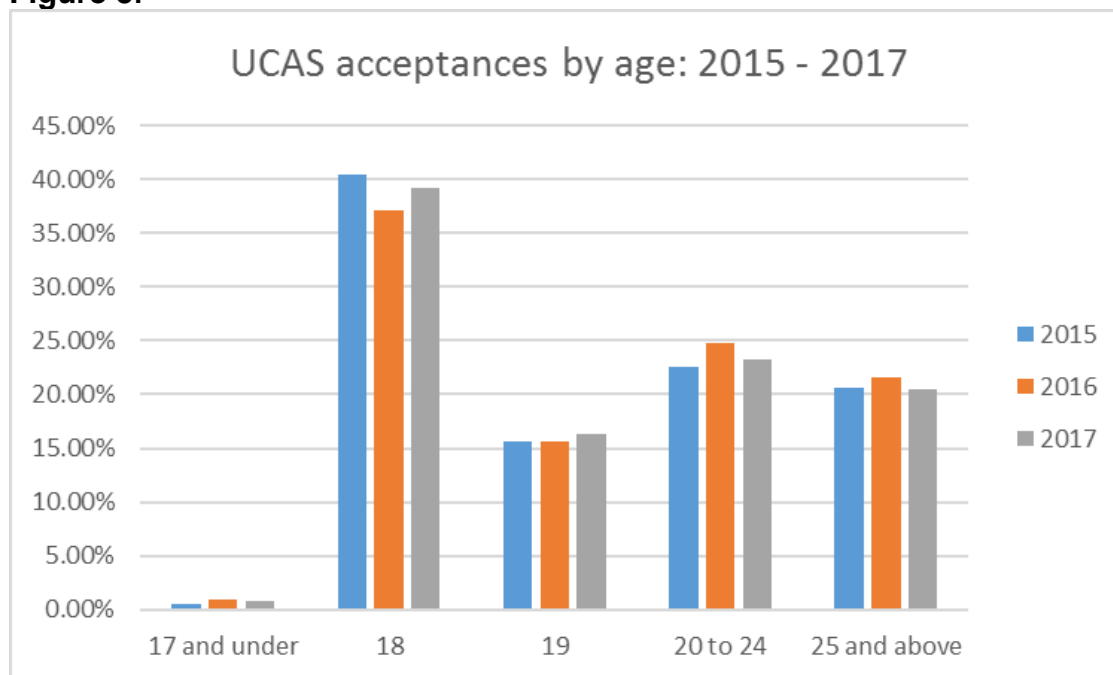
The proportion of applications from those aged 25 and above decreased to 18.48% in 2017 compared to 21.10% in 2016. However, in 2017 20.43% of accepted applicants were aged 25 and above, compared to 21.16% in 2016.

There have been a number of factors both internal to the profession (such as a greater emphasis on values-based recruitment), internal to individual HEIs (such as changing tariff points), or external to the profession (including the funding changes in England) that will have influenced these trends. Universities, as always, are encouraged to keep under review their admissions policies and processes to ensure equal access to entering the profession.

**Figure 5e**



**Figure 5f**



## Ethnicity

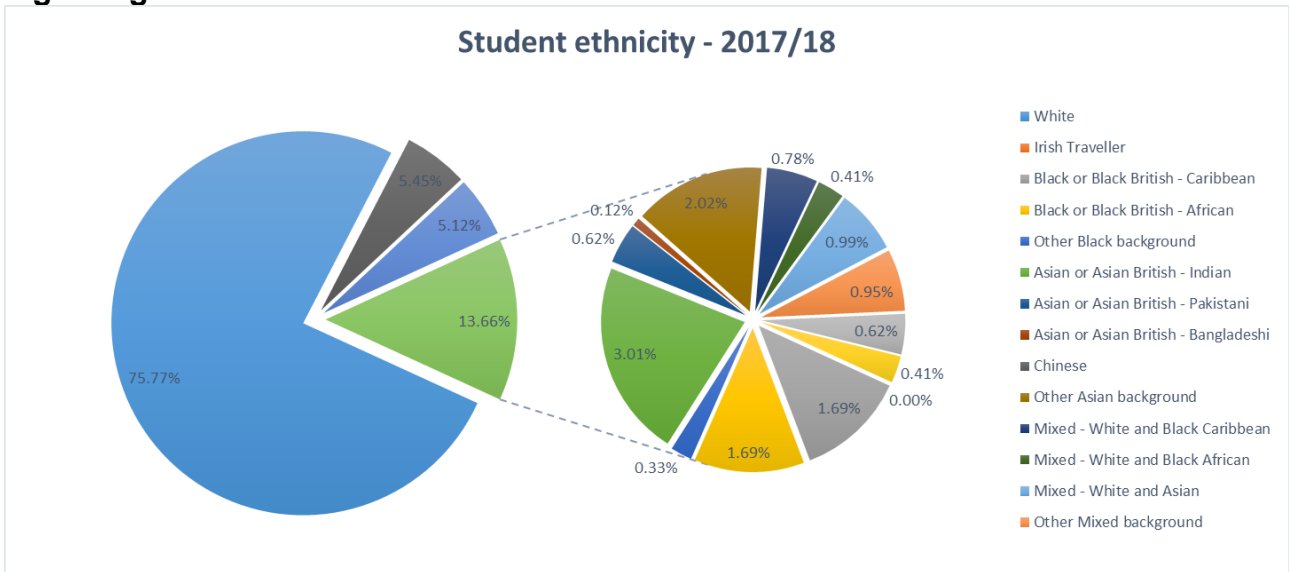
UCAS ethnicity codes have been used and these reflect the classifications used in the 2011 census.

As shown in **Figure 5g**, in 2017/18, 19% of students studying on a pre-registration physiotherapy programme were from a Black, Asian, and Minority ethnic (BAME) background compared to 15% in 2016/17.

**Figure 5h** details the gradual increase in the percentage of BAME students since 2010/11. However, ethnicity is not yet representative of minority groups (Ethnicity and National Identity in England and Wales: 2011, Office for National Statistics - <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/ethnicityandnationalidentityinenglandandwales/2012-12-11>) and the variation between programmes.

Diversity within cohorts improves the learning experience for all students (Student Experience: Measuring expectations and outcomes Universities UK, 2016 - <http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2016/student-experience-measuring-expectations-and-outcomes.pdf>).

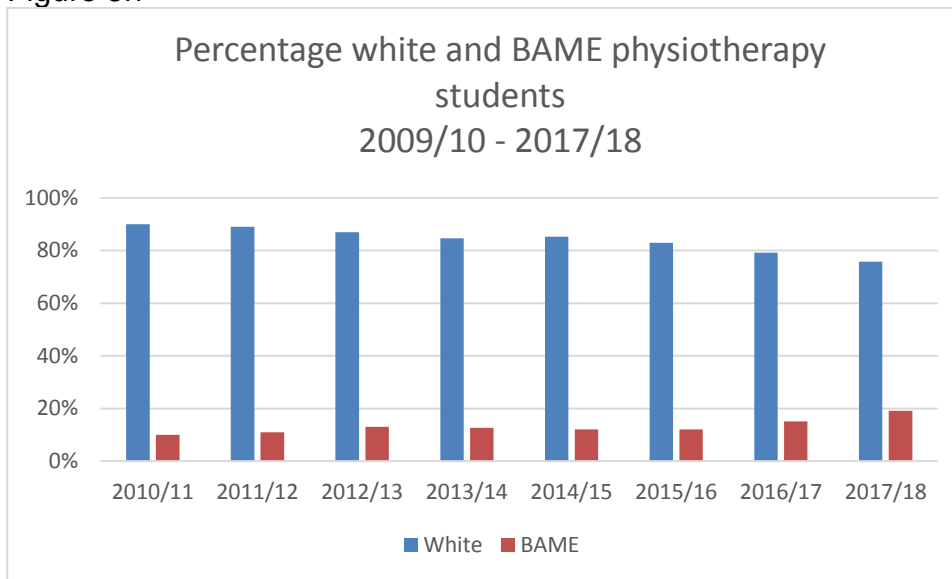
Figure 5g



Key to Figure 5g:

White	75.77%	Other Asian background	2.02%
Irish Traveller	0.00%	Mixed - White and Black Caribbean	0.78%
Black or Black British - Caribbean	1.69%	Mixed - White and Black African	0.41%
Black or Black British - African	1.69%	Mixed - White and Asian	0.99%
Other Black background	0.33%	Other Mixed background	0.95%
Asian or Asian British - Indian	3.01%	Arab	0.62%
Asian or Asian British - Pakistani	0.62%	Other Ethnic background	0.41%
Chinese	5.45%	Not known/Information refused	5.12%

Figure 5h



**Figure 5i** shows the proportion of UK domicile applicants by ethnicity for 2015 – 2017.

**Figure 5j** shows the proportion of UK domicile accepted applicants by ethnicity for 2015-17.

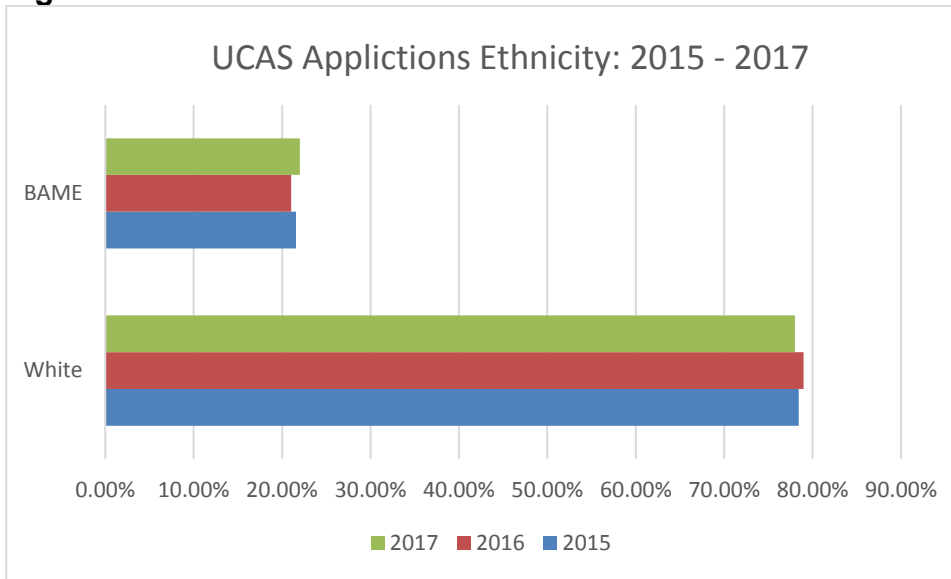
The average proportion of applications from white applicants for 2015-2017 year-cycles was 78.47%, and 87.76% of accepted applicants. The proportion of accepted applicants from BAME backgrounds for the same period was 21.53% and 12.23% respectively.

It is important work continues to attract and retain students from BAME backgrounds. This is essential to improve the learning experience for all students (Student Experience: Measuring expectations and outcomes, Universities UK) and to ensure that physiotherapy is a diverse, dynamic profession that reflects the national demographic and the communities that it serves.

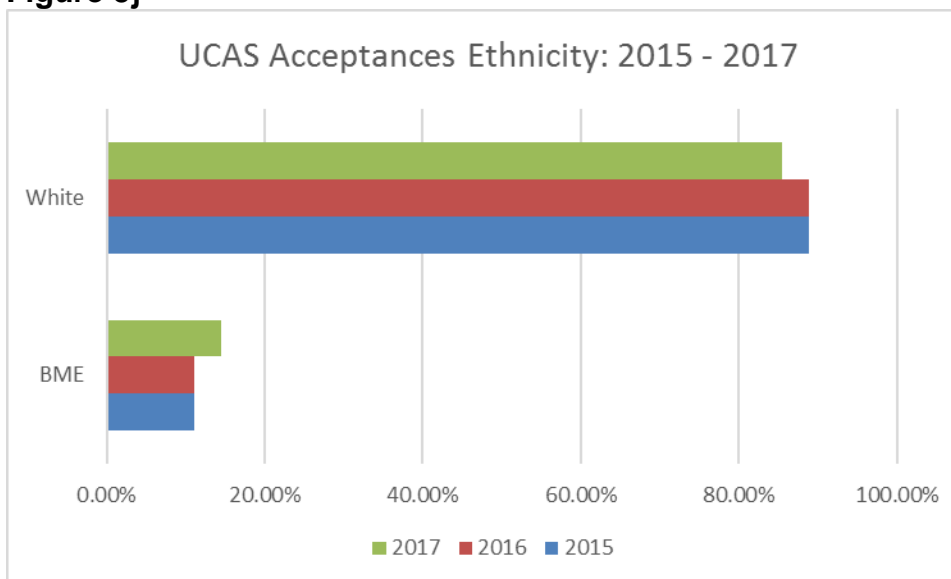
This year's quality enhancement theme (part 2) includes examples of how programme teams develop their students' ability to interact effectively with people of different cultures and address health inequalities, in ways that takes account of their beliefs, behaviours and needs.



**Figure 5i**



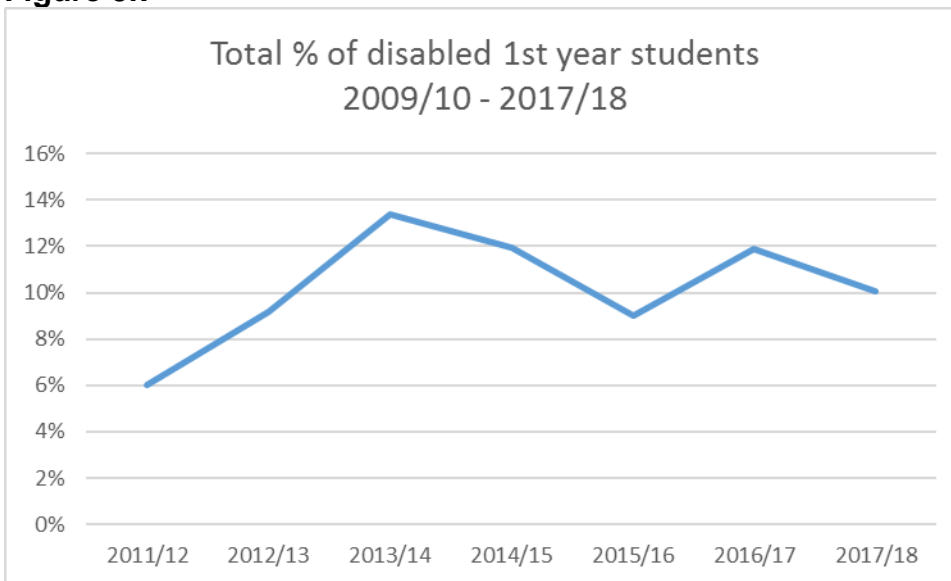
**Figure 5j**



## Disability

The criteria used for identifying disability trends among physiotherapy student cohorts are those used by UCAS. **Figure 5k** shows that the percentage of first-year students disclosing a disability has marginally decreased to 10.08% from 11.91% in 2016/17. It is also worth highlighting an overall decrease in disabled students studying physiotherapy since 2013/14 – a decrease of 3.32% from 13.4% to 10.8%.

**Figure 5k**



As shown in **Figure 5l**, 62.1% of students who disclosed a disability were reported as having a learning difficulty in 2016/17. Data suggests that most of these students made a disclosure of dyslexia. As demonstrated by **Figure 5m**, there has been no significant change in the overall profile of disabilities reported by students since 2013/14.

**Figure 5l**

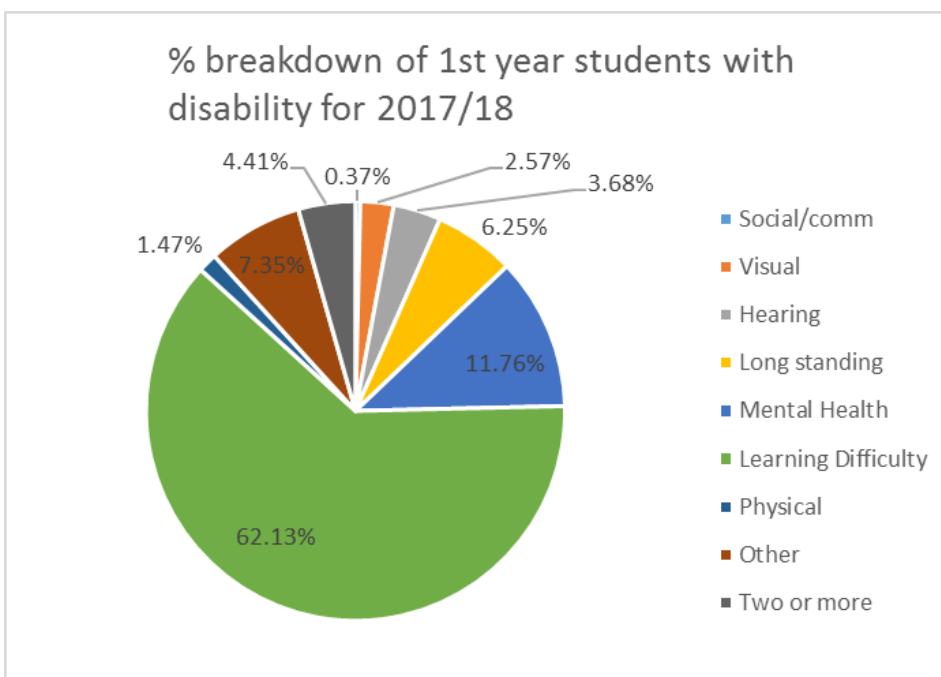
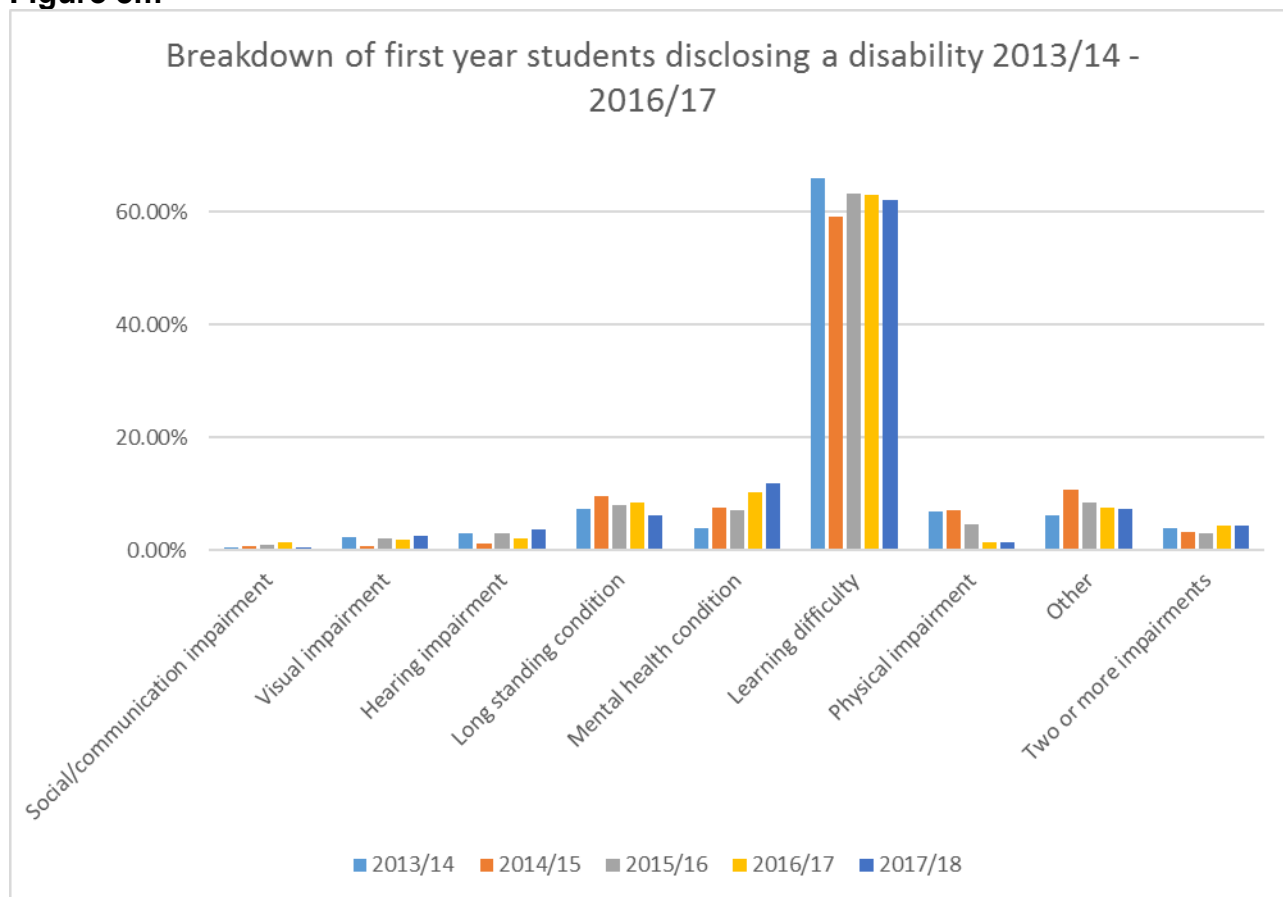


Figure 5m

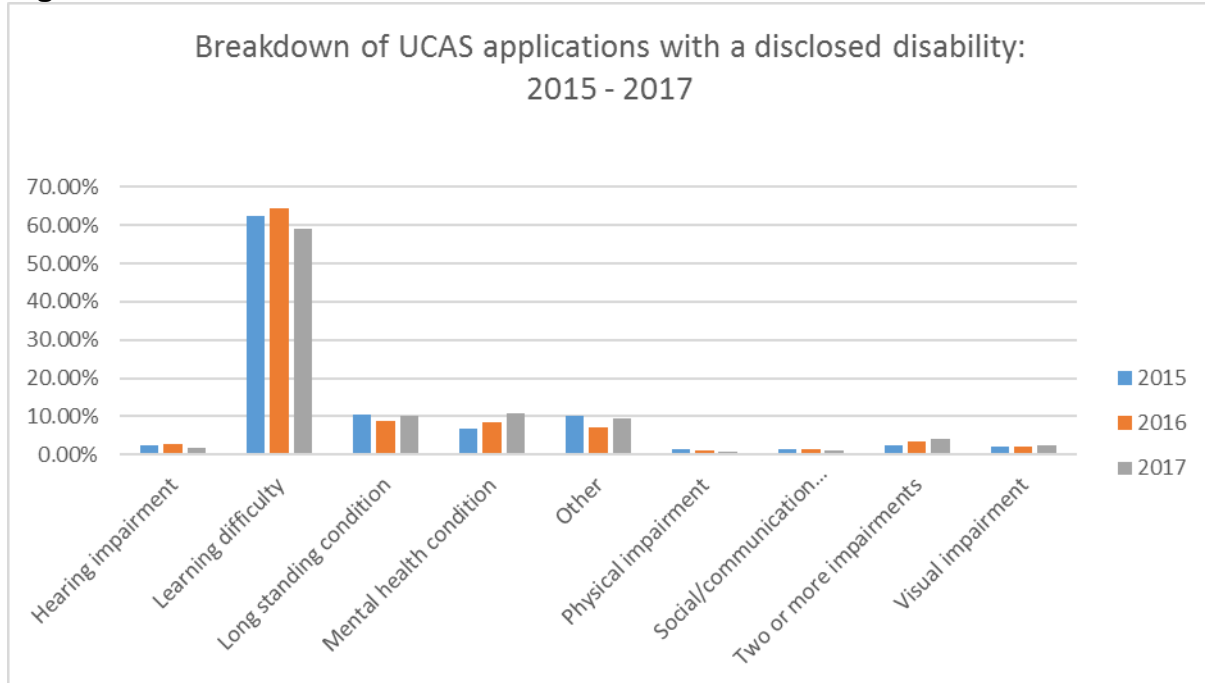


**Key to Figure 5m**

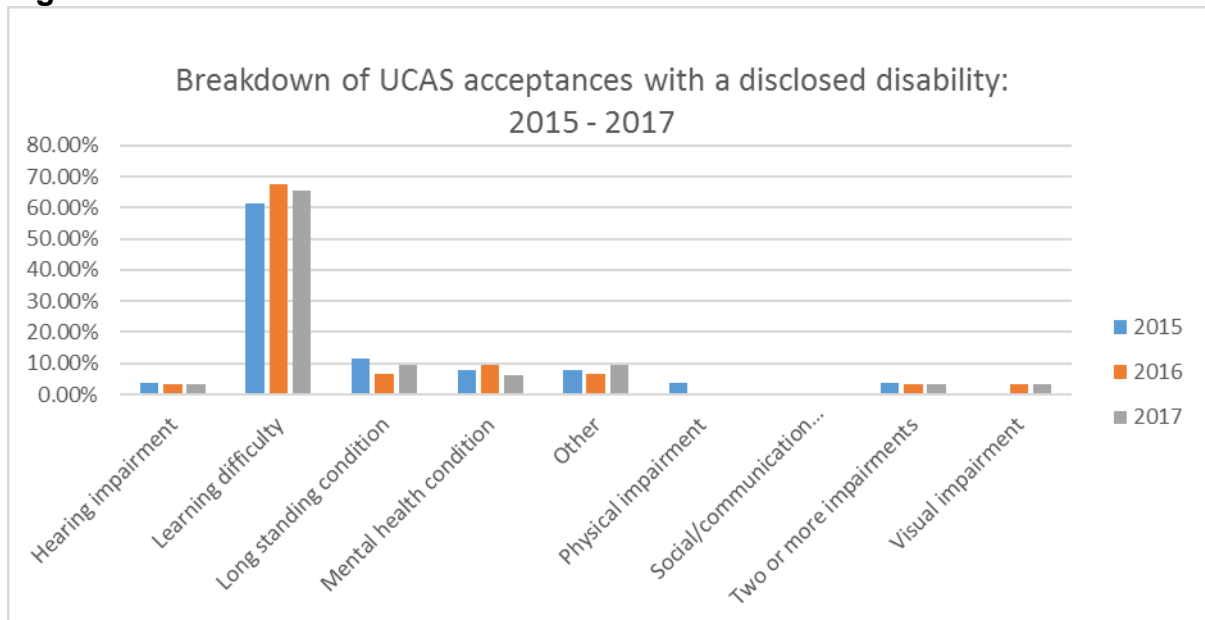
	2015/16	2016/17	2017/18
Social/communication impairment	1.00%	1.41%	0.37%
Visual impairment	1.99%	1.77%	2.57%
Hearing impairment	2.99%	2.12%	3.68%
Long standing condition	7.96%	8.48%	6.25%
Mental health condition	6.97%	10.25%	11.76%
Learning difficulty	63.18%	62.90%	62.13%
Physical impairment	4.48%	1.41%	1.47%
Other	8.46%	7.42%	7.35%
Two or more impairments	2.99%	4.24%	4.41%

**Figure 5n** and **Figure 5o** detail the percentage of UCAS applicants and accepted applicants according to those who disclosed a disability. The proportions of disclosed disabilities to UCAS are similar to data reported by programme teams.

**Figure 5n**



**Figure 5o**



## 6.0 PRE-REGISTRATION OUTCOMES

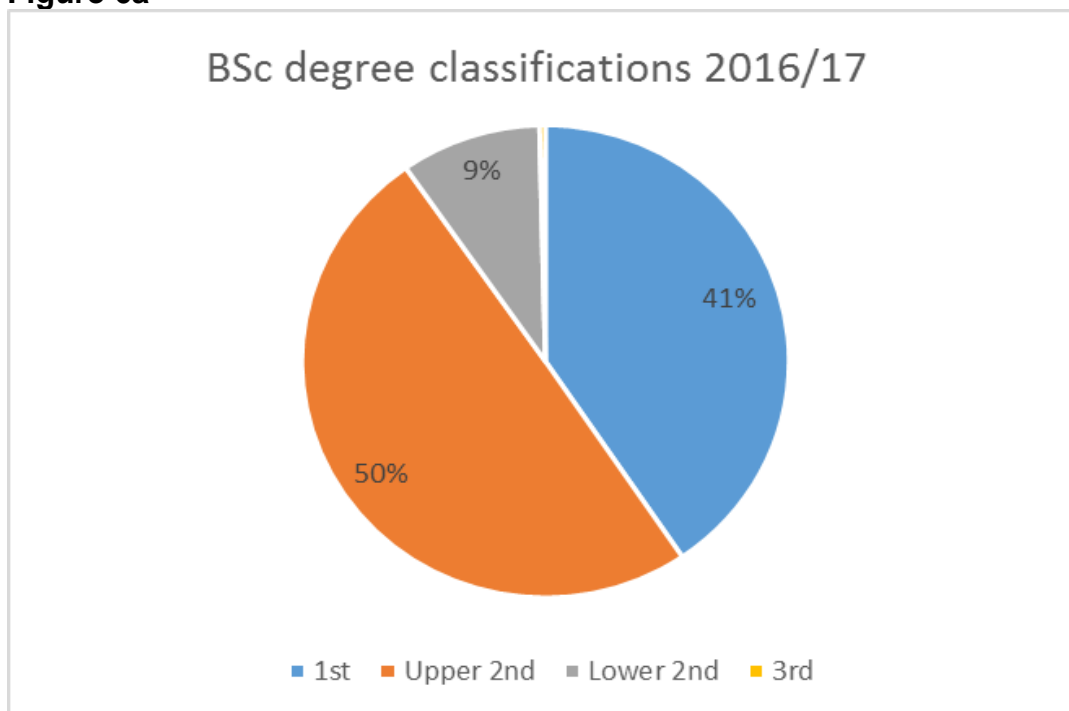
### Degree Classification

**Figure 6a** shows the proportion of degree classifications awarded on BSc physiotherapy programmes in 2016/17, the latest year for which information could be provided at the time of data acquisition. A comparison to previous years is shown in **Figure 6b**.

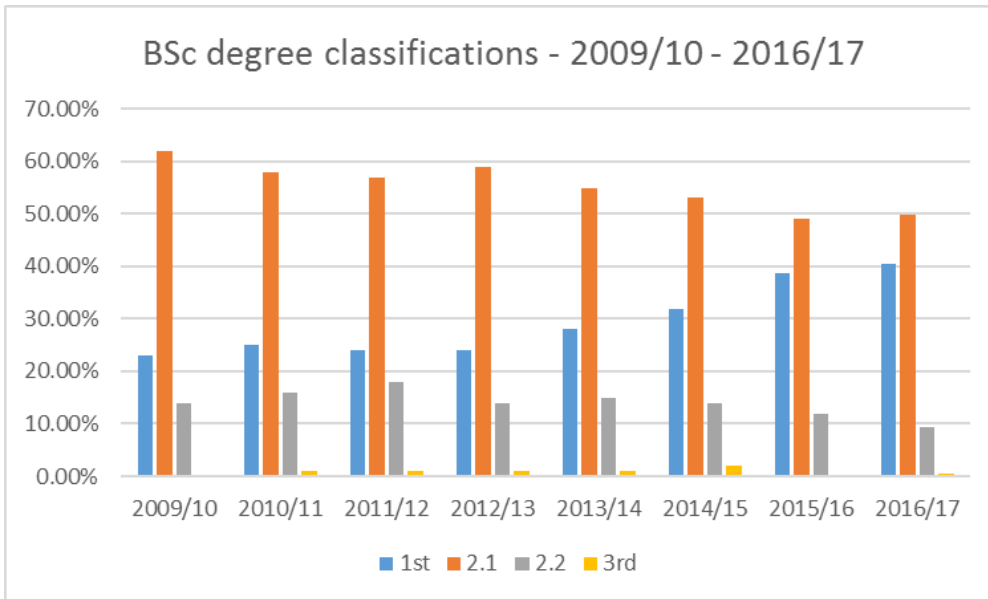
The percentage of students achieving a first-class award was 40.5%, a marginal increase of 1.92% on 2016/17. This is 14.5% above the national average for UK programmes (as reported by (HESA): [Data and analysis 2016/17 - Students and graduates](#)).

While there is an increasing focus on the possible inflation of grades across the HEI sector, it is worth noting that physiotherapy, as a discipline has tended to attract academic and highly motivated students. This coupled with excellent teaching and learning, and a commitment to high quality pastoral care has meant that physiotherapy graduates have historically achieved more First Class and 2.1s compared to the national average.

**Figure 6a**



**Figure 6b**

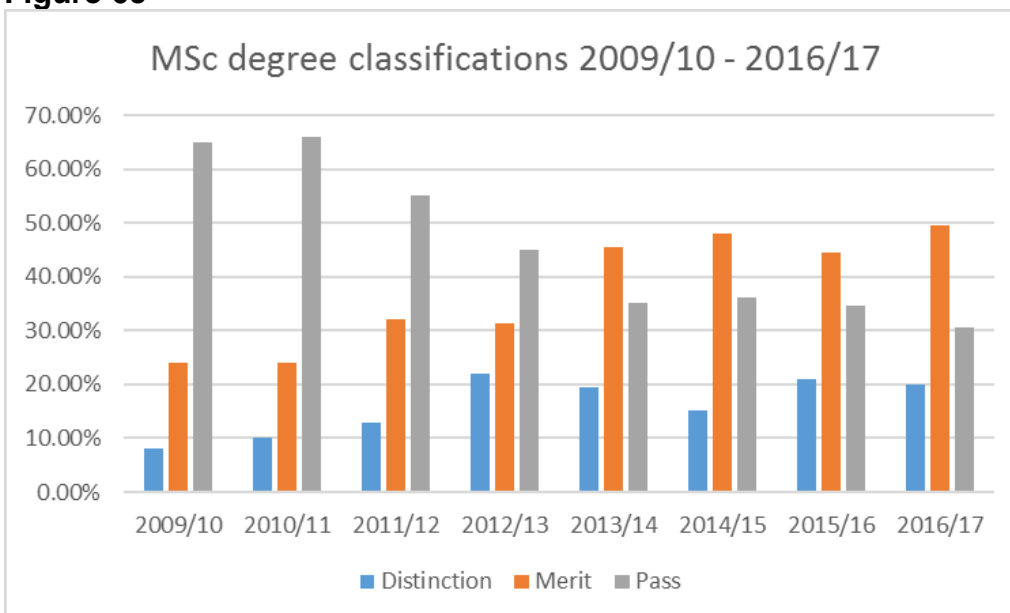


Upper-second class awards increased by 1% from 2015/16 to 50% in 2016/17, whilst lower second awards have decreased 12% to 9%. The number of lower-second class awards is significantly less than the national average of 20% at 2016/17 (HESA).

For pre-registration postgraduate qualifications, the percentage of students achieving a distinction has decreased to 20%. This is a 1% decrease from 2015/16 and 2% lower than the highest proportion in 2012/13. The percentage achieving a merit has increased by 5% to 49%. The number of students achieving a pass decreased by 4% to 30%.

**Figure 6c** shows a significant change in the profile of award classifications since 2009/10.

**Figure 6c**

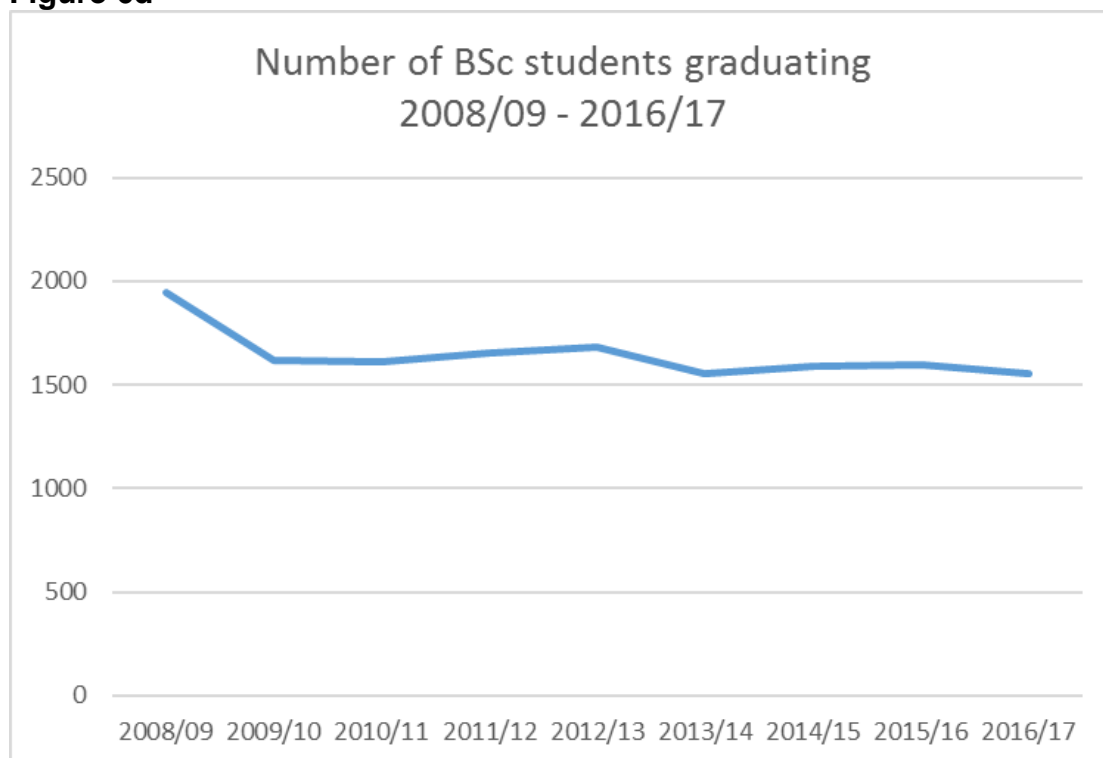


## Graduating Student Numbers

### BSc (Hons) Programmes

As shown in **Figure 6d**, there is a decrease in the number of students graduating from pre-registration BSc (Hons) Physiotherapy programmes from 1593 in 2015/16 to 1561 in 2016/17. In general, the number of students graduating reflects the decrease in student intake between 2008/9 and 2013/14. Given the recent increases in student intakes, we should see this graph reflecting that increase from next year's data.

**Figure 6d**

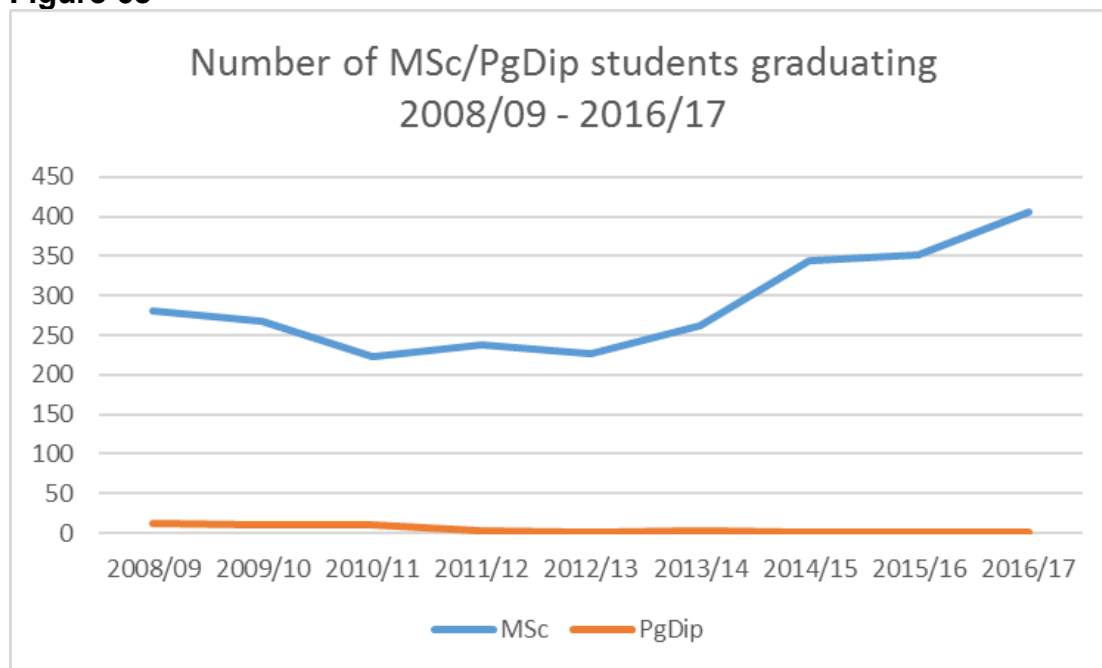


### Postgraduate Programmes

**Figure 6e** details the number of students graduating from taught postgraduate pre-registration programmes continued to increase to 406 in 2016/17 from 351 in 2015/16. This increase reflects the overall increase in intakes to pre-registration master's students in 2012/13.

Just one student graduated with a postgraduate diploma in 2016/17, rather than an MSc. This is less than 1% of the total cohort compared to 5% in 2008/09.

Figure 6e



## 7.0 COMPARING PHYSIOTHERAPY PROGRAMMES

### UNISTATS Data

The UNISTATS dataset is compiled from the National Student Survey (NSS), and the Destination of Higher Education Leavers Survey (DLHE). The NSS is a survey across final-year undergraduates in all publicly funded HEIs across the UK. The DLHE survey asks those who have recently completed higher education programmes about their current activity, including work and further study.

For the NSS data for a programme is only shown when at least 23 students have completed the questionnaire, and where the respondents make up at least half of all the students on that programme. In cases where at least half, but fewer than 23 students have completed the questionnaire, UNISTATS combine the results with other related programmes at that HEI. Where this is the case, these programmes have not been included in this comparison, to prevent any skewing of the data. It is also worth noting that UNISTATS round percentages to the nearest five percentage points when information has been collected from fewer than 53 students. The dataset therefore only covers 35 of 55 pre-registration programmes.

**Figures 7a-7h show the spread of feedback of student satisfaction for the criteria asked by the NSS, across HEIs offering physiotherapy programmes for which data was available.**



Figure 7a shows the average percentage scores awarded by students across all HEIs.

Figure 7a

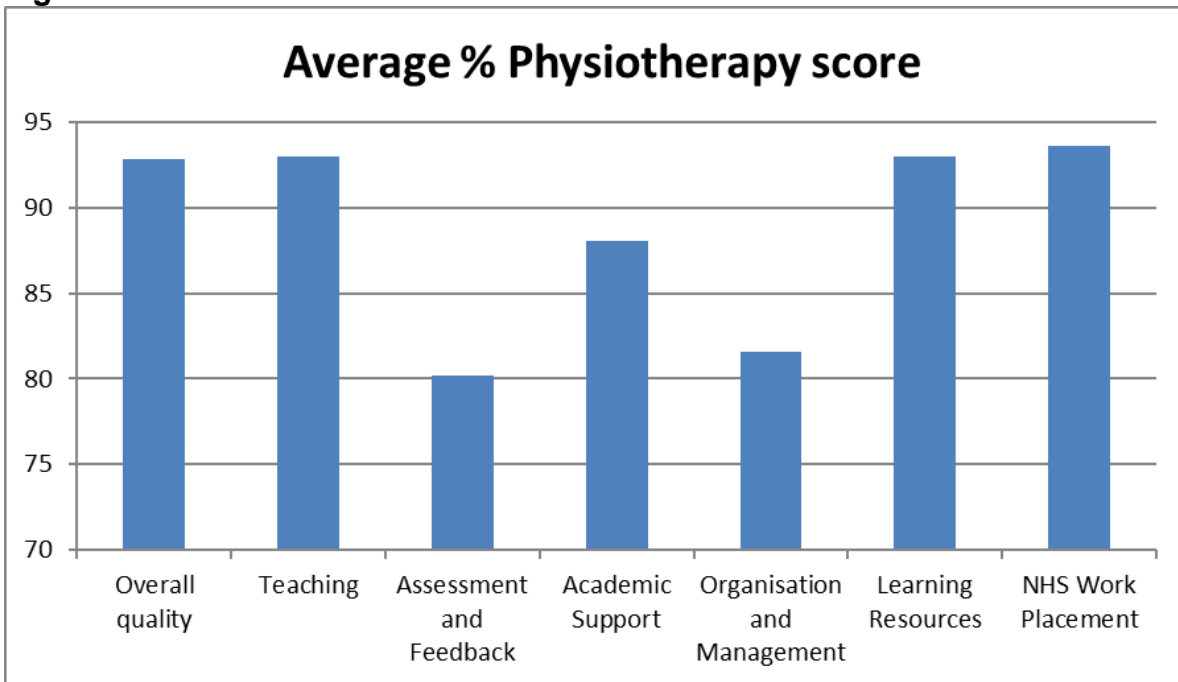
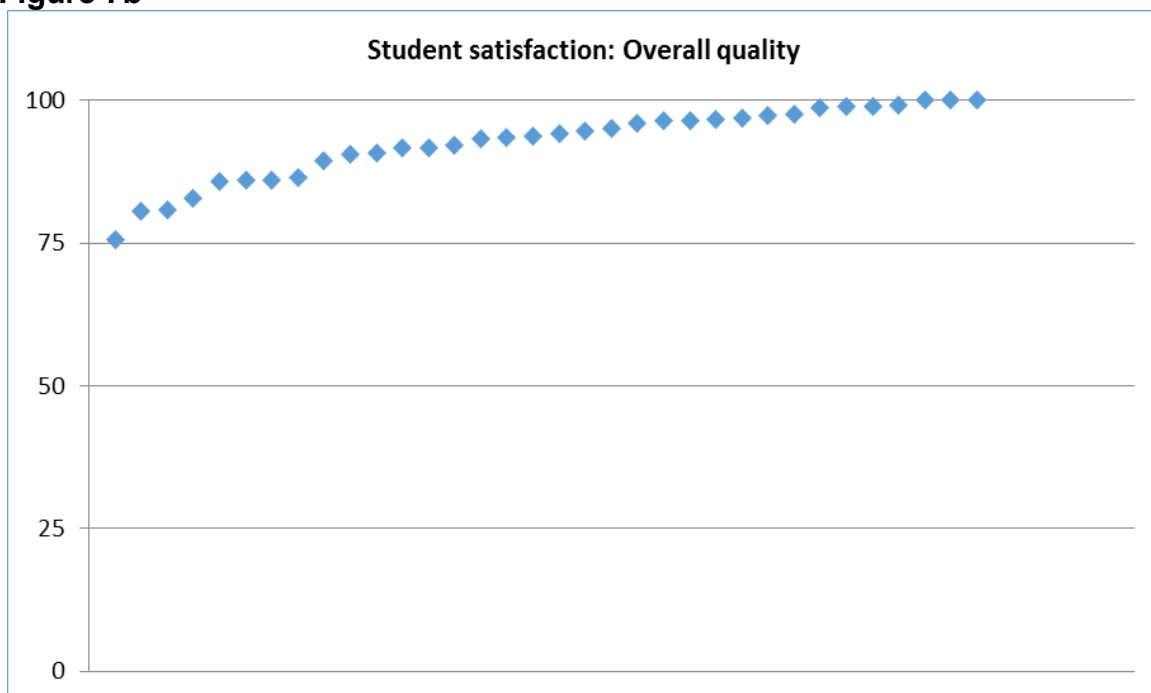


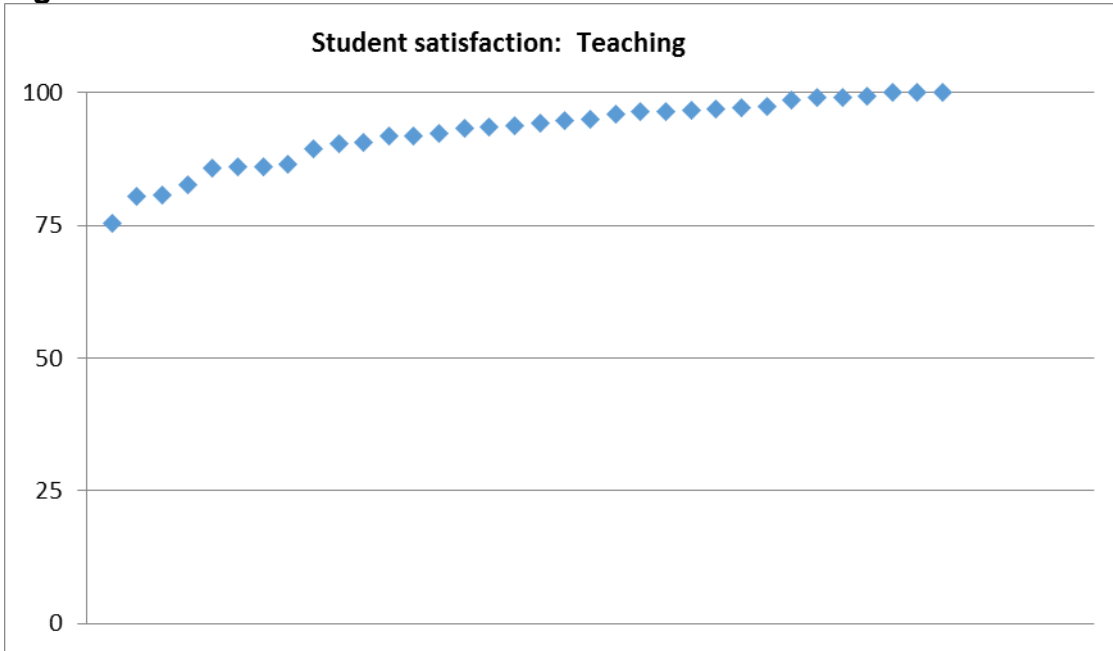
Figure 7b shows the average percentage score awarded by students for overall quality for each programme.

Figure 7b



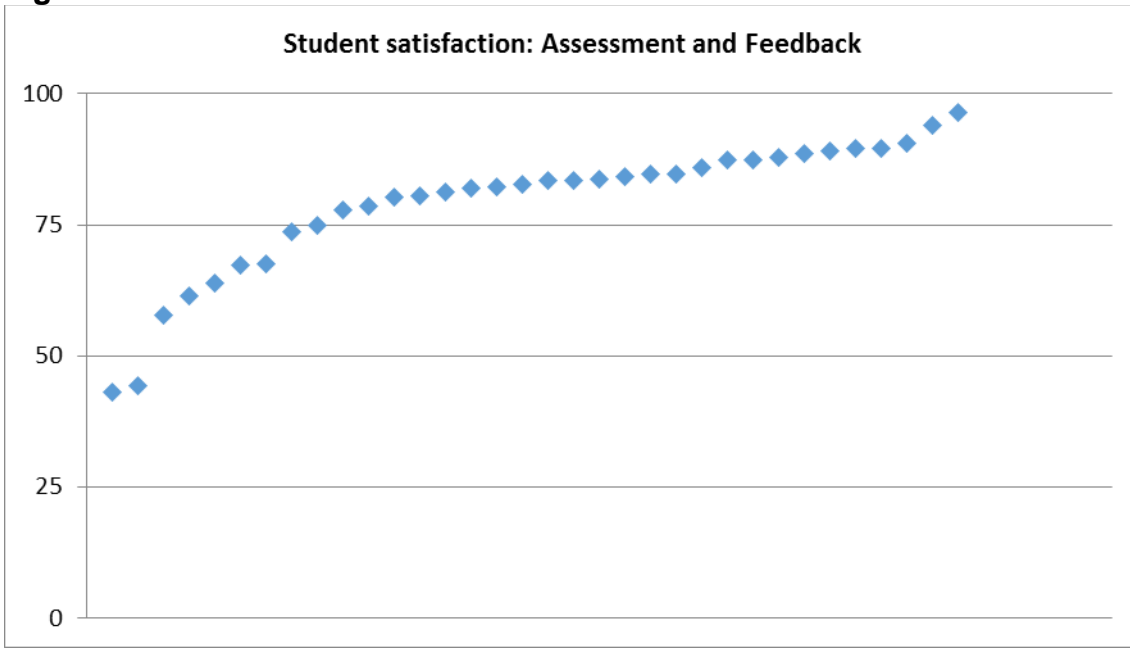
**Figure 7c** shows the average score awarded by students for teaching for each programme.

**Figure 7c**



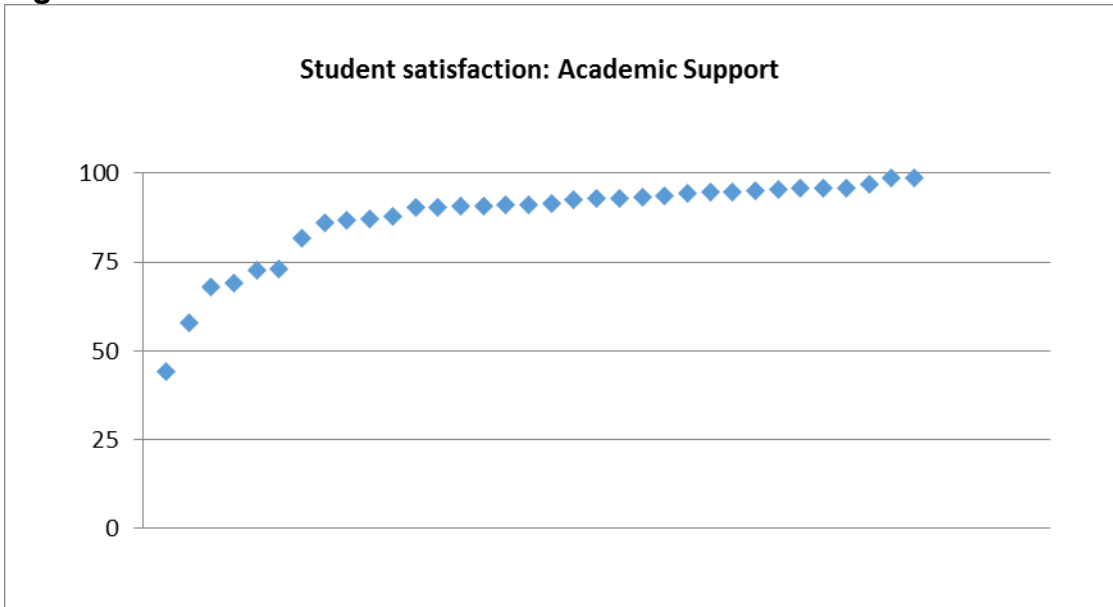
**Figure 7d** shows the average percentage score awarded by students for teaching for each programme.

**Figure 7d**



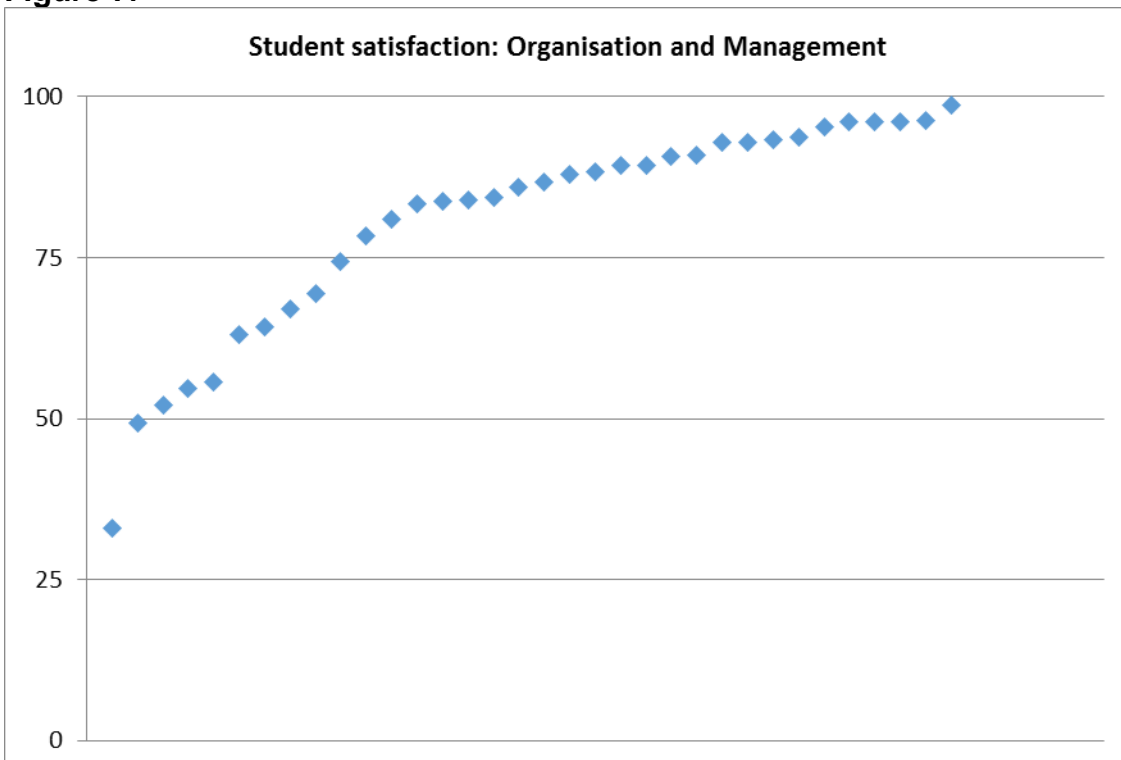
**Figure 7e** shows the average percentage score awarded by students for academic support for each programme.

**Figure 7e**



**Figure 7f** shows the average percentage score awarded by students for organisation and management for each programme.

**Figure 7f**



**Figure 7g** shows the average percentage score awarded by students for learning resources for each programme.

**Figure 7g**



**Figure 7h** shows the average percentage score awarded by students for NHS work placements for each programme.

**Figure 7h**

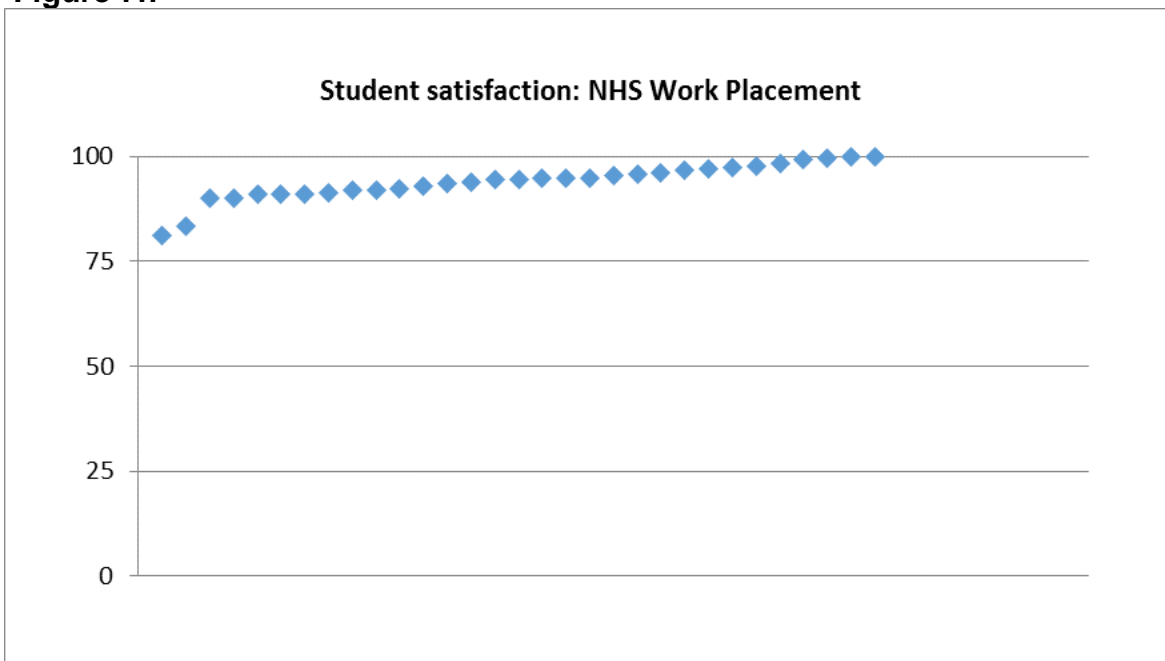


Figure 7i shows the employment status of the physiotherapy graduates who responded to the DHLE survey six months after graduating in 2016-2017.

Figure 7i

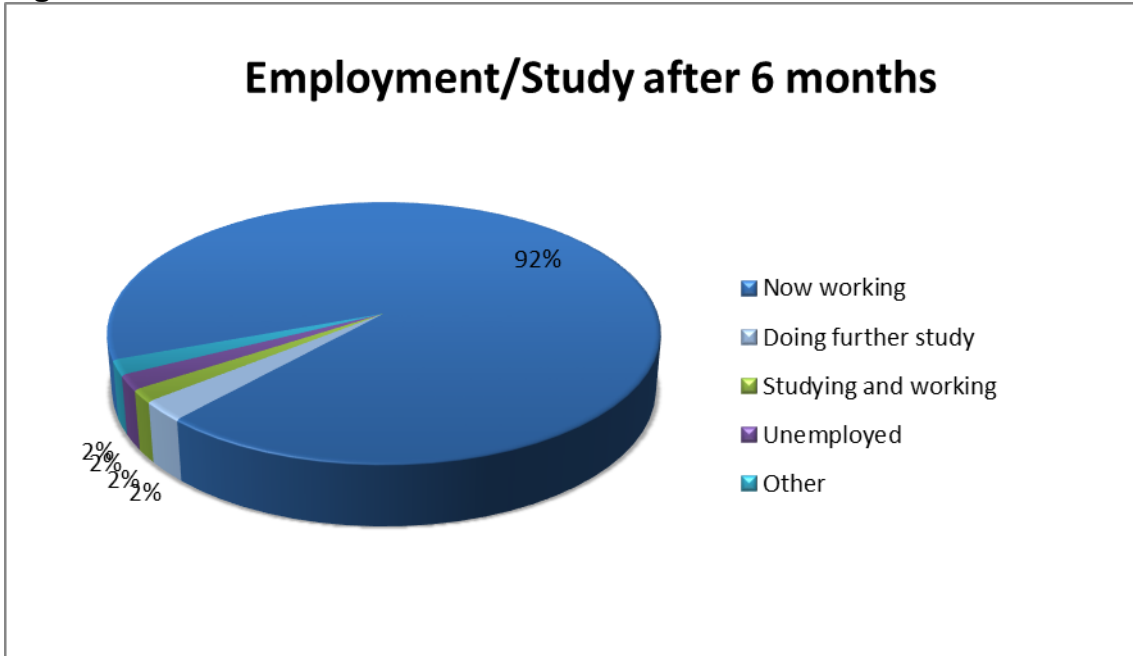
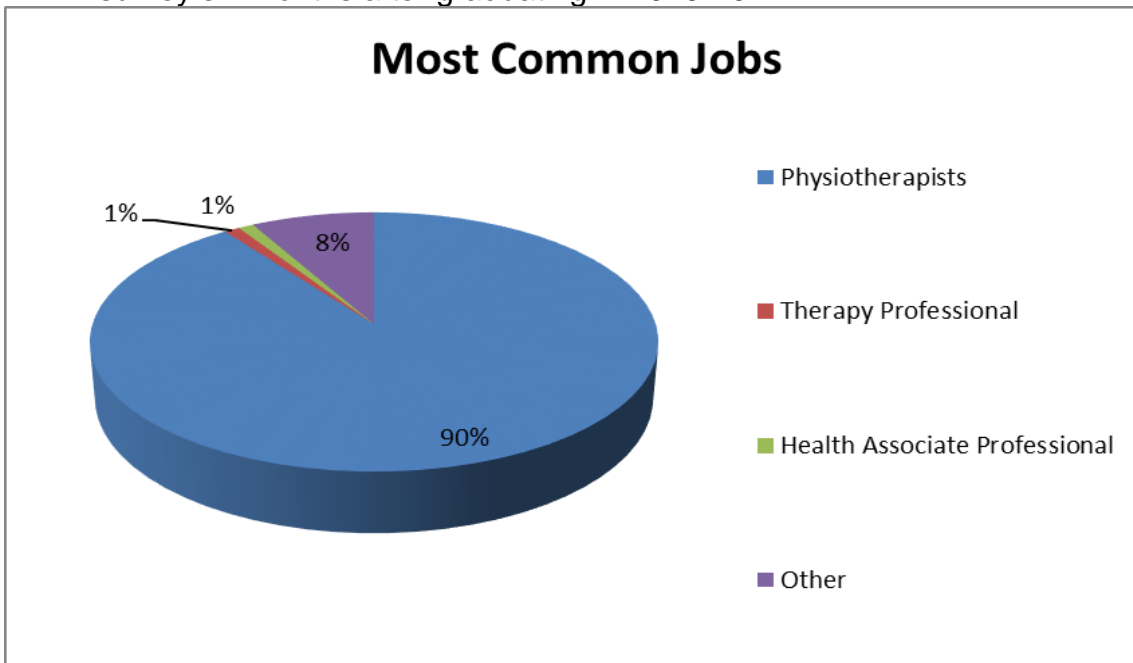


Figure 7j shows the most common jobs of physiotherapy graduates who responded to the DHLE survey six months after graduating in 2016-2017.



The DLHE survey classifies jobs using the Standard Occupational Classification 2010 system, grouping responses into particular job titles. 90% of physiotherapy graduates described as a physiotherapist, 1% as therapy professional, 1% health associate professional and 8% other.

## Part 2: Annual Quality Review 2017/18

### QUALITY ENHANCEMENT THEME

#### Cultural competency

**This year's quality enhancement theme focused on cultural competence, looking at how programmes develop their students' ability to interact effectively with people of different cultures and address health inequalities, in ways that take account of their beliefs, behaviours and needs.**

As always, we would like to thank you for taking the time to fill in this section. Your submissions allow us to showcase the high-quality educational experiences that happen routinely within physiotherapy pre-registration programmes.

To do this we will be contacting some of the contributors to be part of the series of masterclasses we're looking to deliver throughout 2019 for the physiotherapy education community. You will have seen the themes for these advertised in the education news bulletin, but please contact learning and development team [learning&development@csp.org.uk](mailto:learning&development@csp.org.uk) for more details. Where teams have given us permission, we will share your examples with colleagues such as the Frontline team who often contact us looking for examples of innovative practice, or with colleagues working in practice who are interested in how pre-registration education is delivered.

We're also re-evaluating how to use the QE theme more meaningfully going forward. Particularly thinking about how to demonstrate to those outside of the education community the excellent quality teaching and learning experiences routinely afforded to those studying to become physiotherapists. As pre-registration healthcare education comes under increasing scrutiny, your responses to the QE theme provides clear evidence of how physiotherapy programme providers have responded to internal and external drivers (to the profession), to ensure that today's graduates are fit for an environment where patients are becoming increasingly complex, and workplaces are making increasing demands on their staff.

#### Highlights from this year's submissions

Given the fullness of responses and the breadth of examples provided, drawing together highlights from this year's QE theme was a welcomed challenge.

It was clear from the examples provided that topics such as self, personhood, culture, values, beliefs, attitudes, traditions, language, identity, race, sexuality, age, class, disability, gender, otherness and their intersectionality, are actively explored. Teams discuss with their students the impact of patient care caused by othering. Prejudice, bias – conscious and unconscious, individual and systemic examples are explored candidly.

## Approaches

We have heard from teams such as Bournemouth, UEA and Plymouth about their all-encompassing approach to the student journey. UEA's charter runs right through the students' journey from admission through to graduation, as does Bournemouth's humanism agenda.

Phrases such as *journey, stories, narrative, lived experience* were repeatedly featured within the examples given. Opportunities for students to experience or hear first-hand about the impact of their approach on individuals in receipt of their care are strong components across all programmes.

Teams adopted different approaches some high tech (simulation) or high spec. but many examples were straightforward and easily embeddable within and across modules. Case studies, patients telling their own stories are all commonplace within today's physiotherapy curriculum unpicking challenging yet essential subject matter. Bradford have adopted case studies featuring a future world where Martians are experiencing the same type of prejudice experienced by many immigrants now (read racism and resentment at the supposed taking over of low skilled low-value jobs) while Keele, MMU, Oxford Brookes, Plymouth, RGU, UCLAN, York St John etc. use real-life examples.

Many teams including Essex, Hertfordshire and QMU, are using pre- and/or post-placement sessions to help students make sense and explore their reactions/awareness to the experiences they encounter while out on placement.

Teams such as Cumbria are using immersive environments, a fully kitted out house complete with front garden, to send MDT student teams into someone's home to experience the reality of working with individuals from socially deprived areas that are commonplace within the surrounding region.

Many teams situated the development of cultural competence within their interprofessional curriculum (Cardiff, Essex, Northumbria, RGU, Sheffield Hallam, Teesside, or personal and professional development modules (such as Nottingham). Almost all were clear that it wasn't addressed exclusively within these modules.

Teams talked about developing cultural competence from as early a point in their programmes as possible (GCU, St Georges, York St John, UCLAN), but spiralling it through their programmes both in university settings and in placements (Huddersfield).

Teams highlighted the importance of university structures and their locality, student population and/or staff profile reflecting and valuing diversity.

QMU in their module *Contextualising Physiotherapy Practice: Self, health and wellbeing* are drawing on the research interest/expertise of their module coordinator who is a member of the QMU Centre for Person Centred Practice.

Teams such as Oxford Brookes, Keele and UWE discussed exploring identity within a global context.

## Collaboration

Most teams emphasised co-design with their service users and community partners as essential. Many teams draw on students' own experiences while on placement, developing these into case studies for future cohorts. Illustrative examples were students working with refugees fleeing war-torn environments to victims of domestic violence.

A number of teams work with clinical colleagues and community partners to develop case studies (such as Hertfordshire, Salford). Liverpool have developed guided discussions led by clinical colleagues talking through cases, Northumbria highlighted the skilfully facilitated sessions led by services users with learning difficulties. At least four of the teams that offered examples highlighted that the value in creating an opportunity to reverse/challenge the power dynamics between healthcare professionals and service users.

A number of teams such as Essex, Southampton, Teesside and Worcester either co-developed with colleagues from other professions or intentionally drew on their expertise to deliver elements of the programme relating to cultural competence.

## Continuing to evolve

Teams acknowledged that developing cultural competence isn't easy, and the subject matter, discussions can often be uncomfortable and challenging for students. Colleagues at Southampton acknowledged that these discussions can sometimes be challenging at a personal level but that it was important to have them regardless. What was key was the creation of a safe space for students to have them in.

While it has been exciting to see engaging and innovative opportunities embedded within current pre-registration programmes, what is as reassuring is to hear from teams such as Cardiff, GCU and Huddersfield talking about evaluating what's been done previously and/or being brave/bold to redesign elements/modules. All programmes go through different iterations with programme content being tweaked and reshaped continuously. It is excellent to see that there is a recognition that students must be supported to develop their awareness/understanding and it isn't something teams are willing confine to the 'too hard pile' if it doesn't work as planned first time round.

## Final comments

We are keen to have your feedback on this resource, particularly areas that would be useful to you as education providers or suggestions for how it could be strengthened. Please send all comments to [learning&development@csp.org.uk](mailto:learning&development@csp.org.uk).