Education and Training Committee

8 November 2023

Informing and establishing our regular focus through education annual reports

Executive Summary

We are developing our first full report about highlights from the application of our education quality assurance model over the last two academic years, since the introduction of our model in September 2021. We plan to produce a report annually which covers findings from our assessment work, a summary of risks and issues, and key learning points which the education sector may find useful.

This paper is not the report itself, but rather presents how the full report (and future reports) may be structured, and some key information from our analysis so far. It is intended to aid the reader's understanding of what has happened in the last two years, to enable a conversation to inform the focus of our analysis and findings in producing the full report. The first full report produced will also set expectations for what is normal in future annual reports.

The paper also sets out aims about how we use insight from our analysis to help providers and partners through assessments in this academic year (2023-24)

Previous consideration	Through previous regular performance reports to ELT and ETC, and in our assessment of how the model was functioning last year, we noted that the education team would start producing annual reports to provide insight to the education sector. This is the first paper with specifics on the content and aims of the regular annual report. A version of the paper was presented to the Executive Leadership Team (ELT) in October 2023.
Decision	The Committee is asked to discuss the areas noted in section 8 of the paper, and agree next steps.
Next steps	• Finalise analysis to develop products helpful for providers and the HCPC to meet and apply expectations consistently • Publish the Year in Registration Survey (2023) Report • Deliver a full report of the last two academic years
Strategic priority	Develop insight and exert influence
Financial and resource implications	None – all activities are included within departmental workplans

EDI impact	The full report will contain: • A section about EDI at approved providers – our Strategic Lead for Equality, Diversity and Inclusion has fed into the work undertaken in this area to date • Analysis of the input of service users into our assessments
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Informing and establishing our regular focus through education annual reports

1. Education annual report – outline structure and key findings to date

1.1. This paper is not the report itself. Through this paper, we have presented a proposed report structure, background information to set context, initial findings from our assessments of providers and programmes, the stakeholder view of providers and programmes and our performance, how we have used data and intelligence through our work and to help the sector, and proposed next steps. The last section of this paper contains questions to inform the discussion.

2. Outline high level report structure

2.1. We are proposing that the full report will be structured as follows:

- Contextual and background information, including how education quality assurance functions at the HCPC, and a summary of the change programme which resulted in our quality assurance model being introduced in September 2021. This will be relevant to findings for the next two years

- Findings from interactions through assessment activity undertaken to ensure provider alignment with our standards, with a level of detail relevant to provide key findings to education sector stakeholders on challenges and successes related to the themes identified through analysis

- Performance metrics linked to HCPC service levels and KPIs, and provider engagement with assessments

- Stakeholder engagement and feedback

- Our use of data and intelligence, how this has developed, how it has informed our assessment work, and how we are supporting providers with developments

- Recommendations to pick up with education sector stakeholder and internally, to support the sector and develop the way we work

2.2. We are seeking feedback from ETC on any other areas we should include through the reporting exercise.

3. Informing the report – background information and context

3.1. We have presented the following information in this paper to aid the reader's understanding, and inform any discussion about areas to focus on through the full report.

Summary of HCPC's education function

3.2. The HCPC sets and maintains education standards. We assess, approve, and monitor education providers and programmes against these standards. They are output focused, to ensure those who complete programmes meet our profession

specific standards of proficiency, and are able to meet our standards of conduct and performance and ethics.

3.3. The education function quality assures providers and programmes which have the capacity to deliver 40,000 new registrants per year via our UK registration route. This role is a statutory function of the HCPC, and we have a set of processes, contained within our education quality assurance model, to undertake this role. We make initial decisions about the approval or providers and programmes, then monitor them on an ongoing basis. All of this work is linked to our education standards.

Summary of how we changed our education quality assurance approach

3.4. Prior to the launch of our current education quality assurance model, we approved and monitored education programmes in the same way for over 10 years. Our previous model was not risk based and adopted a one size fits all approach.

3.5. In 2020, we decided to pilot a new approach to education quality assurance. We reviewed the way we worked because much had changed since the adoption of our legacy approach. The legacy approach was increasingly out of step with modern quality assurance practices. We intended to be a leader in this area, to deliver flexible, intelligent, data led, and risk-based quality assurance of education providers and programmes.

3.6. When piloting our new approach, we defined strategic objectives to be met before adoption. Following success through the pilot, we decided to fully implement our current model from September 2021, based on those strategic objectives being met.

Underpinning principles of the model

3.7. Our quality assurance model:

- Achieves risk based outcomes which are proportionate and consistent
- Operates efficient and flexible quality assurance processes
- Uses a range of data and intelligence sources to inform decision making

3.8. The following four principles underpin the way we work. They were considered when we defined processes, and when we undertake assessments through our work.

Institution/programme level assessment

- We focus on the right areas at the right time, and avoid duplication and inconsistency

- We do this by assessing at the institution where we can, which sets understanding and context for professional level assessments

Flexibility

- We apply ‘right touch regulation’ in the education quality assurance space, delivering flexibility in our activities, and focusing our attention on areas which require it

- We do this by considering what we see, past interactions, and externally sourced data and intelligence to understand the ‘problem’ before jumping to the solution

Data and intelligence

- We are proactive, risk-based, and proportionate through our activities

- We do this by embedding the use of data, and intelligence from sector bodies, in our work, through key process points and to provide ‘triggers’ to act when needed

Four nations/regional approach

- We inform our regulation and assessment with our understanding of national and regional context

- We do this by building and sustaining positive working relationships with providers and other national/regional stakeholders, understanding what is happening in the sector, and supporting others to understand our priorities

Rollout and adoption of the model

3.9. From September 2021, the current model became effective for all approval assessments, and monitoring requirements changed for existing providers. We undertook scale up activities from September to December 2021, with the model becoming fully operational from January 2022.

3.10. The model successfully scaled for full implementation in January 2022. Scale up included working with 141 providers to establish key contacts across different levels, and planning when providers would engage with our performance review monitoring activities across a three-year programme of assessment.

Continuous improvement

3.11. The model does not stand still. We embedded continuous improvement into the way we work with internal structures to inform areas where we should improve. We have delivered larger scale reviews with our internal quality assurance team, which have resulted in recommendations for improvement and have acted out of those recommendations.

4. Initial findings on provider engagement and alignment with our standards

4.1. We have undertaken initial analysis of provider and programme level reports from assessments undertaken in the last two academic years, to draw together initial themes from our assessments. We are able to provide insight due to the areas we ask education providers to demonstrate/reflect on through our work, and our detailed reporting of findings.

4.2. We are presenting this information to inform the reader about important or consistent findings, and to enable discussion to inform the direction of the final report.

Approving education providers and programmes

4.3. We assess education institutions and new programmes, to ensure they are properly organised to deliver education, and train learners to be safe, effective and fit to practice. We focus on whether providers and programmes meet our education standards.

4.4. We undertake two-stage assessments, firstly assessing the institution through stage 1, and the programme(s) through stage 2. Our education standards are packaged to enable this approach, with 31 standards sitting at the institution level, and 21 at the programme level. Where an institution's new programme proposal aligns to existing HCPC-approved programmes, we do not ask providers to evidence institution level standards through the assessment.

4.5. We designed our assessments in this way to reduce burden for providers, ensuring we consider the context and history of an education provider when deciding how to assess. We ran 64 approval assessments across the two years, and 59 of these assessments passed through a more administrative stage 1. When compared to the legacy model, this reduces the burden for providers through assessments by about 60 per cent, whilst enabling proportionate assessment against our standards.

4.6. Through our assessments, we identified common themes for providers to work on. Providers were able to address the following points in developing their proposals through our assessments:

- Capacity of practice-based learning – recognising challenges within the sector, we tested provider's intentions to ensure that all learners would be able to undertake practice-based learning to support delivery of learning outcomes

- Collaboration with partner organisations to support delivery of the programme – considering how providers were actively collaborating with their partners, both at strategic and operational levels. Commonly, this area included ownership of policies and process (such as learner support), and formal arrangements to manage relationships

- Providers securing appropriate resources for the proposed programme – this area included provider resources (such as physical learning space, and

resources to support learning) and staff resources (such as availability of teaching and support staff, and practice educators)

- Design and delivery of the curriculum, which covered a wide range of areas from delivery of the standards of proficiency, to how curricula were designed to integrate theory and practice

4.7. We will draw out conclusions from these and other themes identified through the full report. This will include analysis of where we were able to explore areas more fully informally, to prevent setting 'conditions' on approving programmes.

4.8. An explicit aim of the model is to identify and solve issues as early in assessments as possible, working with providers to understand regulatory requirements and identify solutions. This engagement resulted in a significant drop in the number of conditions set through assessments, from 85 per cent of assessments in the last year of running the legacy model, to 2 per cent across the two years of running the current model.

4.9. It is important to note that the same high regulatory standards are applied within our current model – this reduction was achieved by fixing problems further upstream, rather than setting formal requirements towards the end of assessments.

Reviewing the performance of approved education providers and programmes

4.10. Through performance review assessments, we undertake periodic, proportionate engagement with education providers, to understand their performance, and quality of their provision. We seek to gain assurance about the provider's continued alignment to our education standards.

4.11. Providers complete a portfolio containing a set of themes we consider are important to demonstrate ongoing quality of their provision. These themes are linked to our standards, and sector developments and initiatives which may affect the quality of education provision. Where available, we also ask providers to reflect on performance data points linked to the numbers of learners, learner non continuation, outcomes for those who complete programmes, and learner satisfaction. These data points give us metrics-based information about how providers are performing linked to these areas (normally in comparison to a benchmark), and over time whether there are changes in that performance. We explore data in more detail in later in the paper.

4.12. The portfolio and data points enable us to form a risk-based view of provider performance, and to identify and support providers who may not be performing as they need to. Ultimately, we can trigger regulatory interventions if there are risks to learners not meeting our standards on programme completion. Providers need to share challenges, how they have overcome them, and successes, which enable us to fully inform our view on provider performance.

4.13. Compared to the legacy model's monitoring processes, assessments through performance review are much more robust. The legacy process focused on change, and so where providers had not made changes, there was little for us to review. Assessments were also programme level, which meant institution-

wide changes were not always reported or picked up when undertaking modular programme level assessments at the same provider. This enabled under-reporting of challenges and successes, and inconsistency in assessments, giving a partial view of quality at the provider and programmes.

4.14. From initial analysis of assessment outcomes, we found the following common themes. These themes, plus others identified through final report production, will be the basis for key messages to the sector on how the sector is performing:

- The sector is outward facing, and aware of challenges from within and outside of the sector, such as cost of living, industrial action, emerging technology, and an aging population. Challenges that directly or indirectly affect delivery of programmes were often well thought through, and flexibly considered in line with established standards and frameworks (such as our education standards). Obligations to external organisations (such as other regulators and professional bodies) are also a key consideration for providers.

- Strong partnerships are integral to sustainability and quality of programmes. Good partnership working is best underpinned by formal arrangements which clearly define objectives, expectations, and responsibilities, which are supported by formal engagement procedures.

- Providers with strong centrally managed policies, and common approaches across their provision, were more easily able to reflect as an institution against the themes we set.

- Providers often presented a consideration of quality as being integral to change and innovation.

- There was a clear split in the approach of higher education institutions (HEIs) and non-HEI providers, with HEIs normally having clearer, well utilised, structures (normally with a level of commonality across providers), and non-HEIs having less ridged structures, with less commonality across providers. HEIs also have external mechanisms, frameworks, and standards to adhere to, and non-HEIs may not as standard. This meant non-HEIs often needed to work harder to show good performance.

- We also picked up differences in approaches between nations for HEIs, with higher education being a devolved matter across the UK.

- All providers use data in some way to inform their operations, whether that be learner data to inform learner support, financial data to plan, or a range of other data sources and uses.

- All providers demonstrated alignment with the revised standards of proficiency through reflections on thematic changes to the standards, and how they reviewed their programmes to align.

- The COVID-19 pandemic was both a challenge to manage, and a catalyst for change and innovation. This theme cut across many of the portfolio

areas, and we saw innovation in areas such as delivery of teaching, practice-learning environments, simulation, and learner support.

- In some areas, such as interprofessional education, and service user and carer involvement, some providers were less developed that we would expect. We picked up specifics with providers through assessments, and from our assessments are confident all providers meet standards in these areas.

- We need to do more to set expectations in some portfolio areas (such as, but not limited to, the above), internally and externally. We noted inconsistencies in how providers reported in these areas, and how we applied our threshold linked to certain standards.

- We were too uniform in our approach to the activities we undertook when exploring themes with providers, with light touch interventions too often preferred when a heavier touch intervention would have enabled better assessment. For example, we did not meet service users for any provider, despite identifying potential issues with service user involvement at some providers. Instead, we explored this area in other ways.

Concerns and issues

4.15. We listen to concerns and issues raised to us by external parties, and are able to identify potential issues and concerns ourselves from the data and intelligence we receive. We package these areas into focused review assessments, to enable a triage decision and undertake full assessment where required.

4.16. Within the two years, we undertook detailed investigations when there were risks linked to providers and/or programmes meeting standards, but we found we underutilised the formal process expected by model intentions. We intended assessments to be triggered for any potential problem or issue, no matter how big or small. We found that the bigger issues have resulted in a proper triage decision and assessment where required, but smaller issues were not recorded in the way intended. This is linked to how we have understood and applied our intentions internally, particularly linked to how we record our decision making and keep relevant records. We refreshed the performance review process in September 2023, including closer monitoring that our expectations are met.

4.17. We will attempt to pick out where problems raised could have been picked out through approval or focused review assessments. This is dependent on the types of concerns and issues raised, and will enable us to test how robust approval and performance review assessments were (i.e. whether any issues raised later should have been identified earlier)

5. Stakeholder engagement and feedback

5.1. We propose that stakeholder engagement and feedback will form a key part of the full report – enabling us to demonstrate a commitment to listen to our stakeholders to inform our work. This both links to how we use information to

inform the areas we focus on through assessments, and to consider how we are performing and to improve our performance when needed.

5.2. We are presenting this information to inform the reader about important or consistent findings, and to enable discussion to inform the direction of the final report.

Year in registration survey

5.3. We run a yearly survey to seek the views of those who have been HCPC-registered for a year regarding their education and training programme, how this prepared them to practice, and their first year in employment. We integrate insight from results into our education quality assurance activities, and inform focus areas for our Policy and Standards, and Professionalism and Upstream Regulation teams. We most recently undertook this exercise in the summer of 2023.

5.4. We ask a set of questions focused on:

- Preparation for practice
- The quality of the education and training undertaken, focused on interprofessional education, programme and staff interactions, academic learning, and practice-based learning
- Service users in the delivery of education
- Preceptorship and in-employment support, focused on availability, length, and quality

5.5. In the most recent survey, agree responses significantly outweighed disagree responses for all questions, which is a positive finding. Results for education and training preparing learners for practice were particularly positive, with 8 per cent or less of respondents disagreeing with each statement.

5.6. Across the last three years, too many respondents noted they had no interprofessional education within their academic learning, and that service user involvement was not visible/embedded within their programmes. We have developed our ask through performance review portfolios in line with these responses, and this links to the problems reported in the performance review section of this report, meaning there is still work to be done on these two areas with providers.

5.7. Respondents were overwhelmingly likely to recommend their programme to a friend of family member, and for all three years the words ‘supportive’ and ‘challenging’ were the most used words to describe programmes.

5.8. The full survey report is included as Appendix 1, and we propose information from the results is included in the final annual report, in a specific section or woven into other findings, as appropriate.

Service user involvement in our assessments

5.9. One of our Standards of education and training (SETs)[1] require that "service users and carers must be involved in [programmes]". We introduced this requirement in 2014, and it is an institution level standard. We assessed how providers integrated service user and carer involvement into their programmes via our legacy annual monitoring process, and decided that all programmes met our requirements. This was focused on the programme level, in line with the requirements of our legacy model. Reviewing through our current performance review assessment activities has enabled us to focus at the institution level, which lends itself to better consideration of the provider's approach.

5.10. We have a service user expert advisor partner role, and we engaged these partners to review service user involvement through performance reviews assessments focused on the following areas:

- How the provider has ensured underpinning policies are complied with
- Outcomes from monitoring of service user involvement
- Service user feedback and actions taken
- Potential risks
- Innovations

5.11. For approval assessments, we involve service user expert advisors in stage 1 (institution level) assessments for assessments where we ask providers to demonstrate how they meet institution level standards for the first time. We ask service user expert advisors to consider:

- Underpinning service user engagement policies
- How service user involvement will be monitored
- Potential risks
- Good practice and innovation

5.12. Service user expert advisors were crucial to our reviews, providing important insight from the service user perspective. This feedback and insight is used by lead visitors to inform their judgement about the service user standard.

Stakeholder views on our work

5.13. We listen to feedback through assessment work, and collect structured feedback from education providers and partners when concluding assessments. We first started collecting this feedback in September 2022. Statements within structured feedback are based on success measures we put in place when piloting the model in the 2020-21 academic year. We have added an additional statement about compassion in our interactions with stakeholders, in line with our intentions to be a compassionate regulator.

5.14. Feedback from stakeholders is generally positive, with satisfaction rating for statements ranging from 61 per cent to 81 per cent for providers, and 86 per cent to 98 per cent for partners. Less positive scores can generally be attributed

[1] Standards of education and training | (hcpc-uk.org)

to the time when we were working through a backlog of assessments, which impacted on timeliness of assessments and our service to our stakeholders.

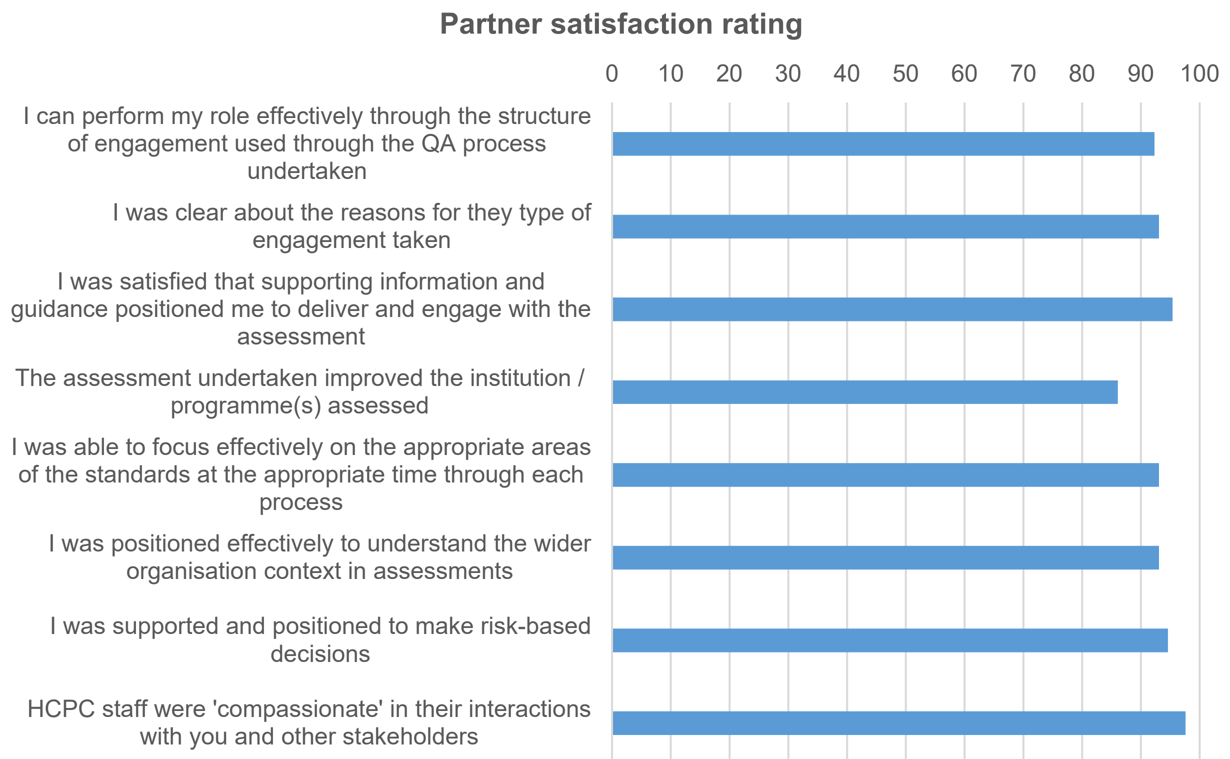

Figure 1 - Partner satisfaction rating (2022-23 academic year)

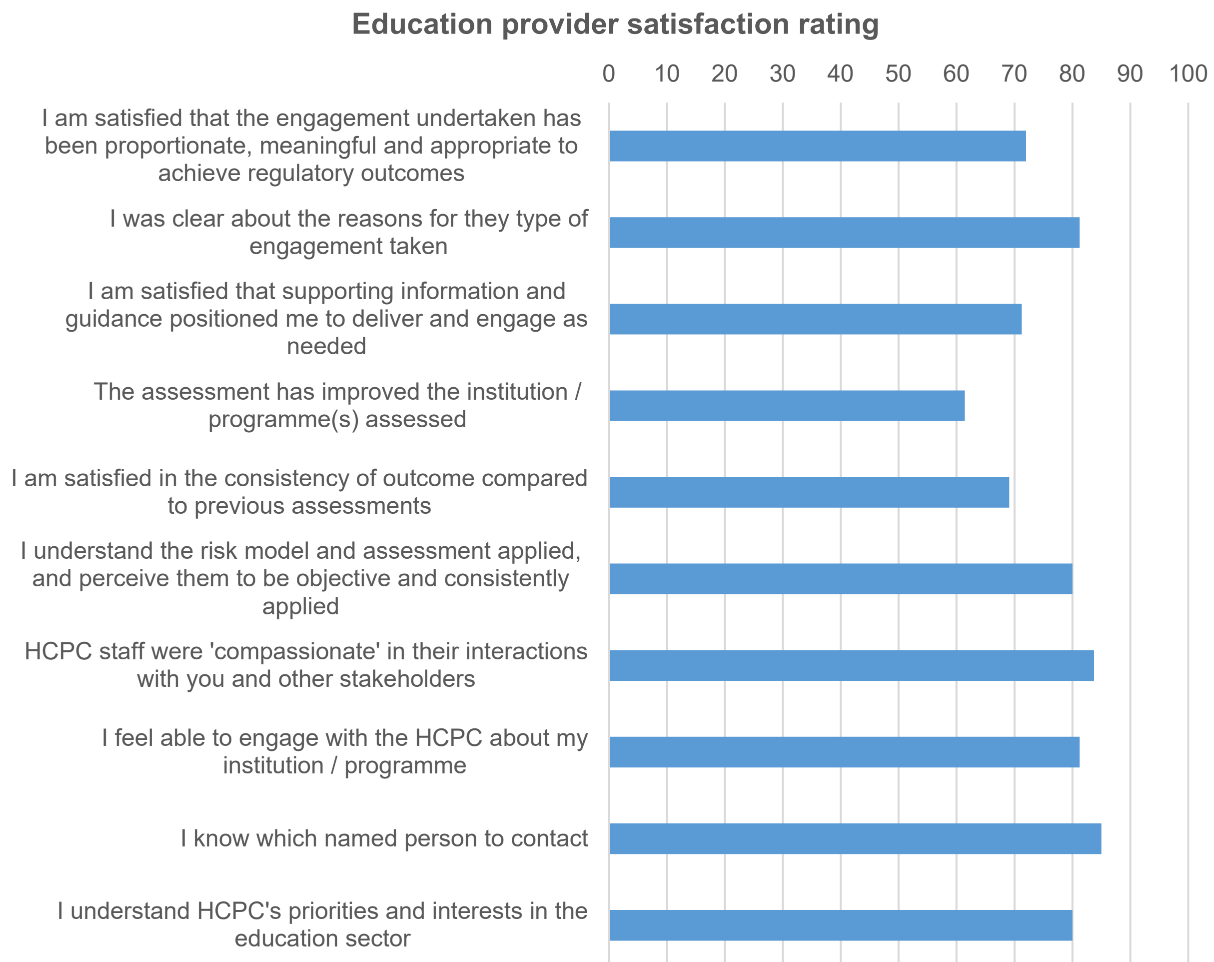

Figure 2 - Education provider satisfaction rating (2022-23 academic year)

5.15. We have picked up areas to focus on by using this feedback, including developing our guidance, improving direct support for our providers, developing our messages about the purposes of our assessments, and setting clearer expectations about service and planning. We now use these figures as a baseline to compare month by month feedback to, and will continue to develop our understanding of normative baselines though our analysis work.

6. Data and intelligence

6.1. We propose that reflecting on data and intelligence is a key part of the full report, to present what we are doing in this area, how that has changed, and how this has impacted on our assessments.

6.2. We are presenting this information to inform the reader about our work and developments in this area, and to enable discussion to inform the direction of the final report.

Our approach to the use of provider performance data

6.3. In our legacy quality assurance model, we did not routinely use structured data (internal/external) or intelligence from other organisations in our decision making.

6.4. One of the pillars of our current quality assurance model is using data and intelligence to inform our regulatory decision making. Our approach functions as follows:

- We proactively source a range of key data points, which cover most HCPC-approved education providers

- Where data points are not available, providers can establish a regular supply of these data points (see the section below for further exploration of this area)

- We use data when assessing providers or programmes through approvals, focused review, and performance review

- Within these assessments, data is not used as the final word, but as part of a quality picture – we ask providers to consider and reflect on data points in their submissions

- Outside of assessments, when data points change, we can trigger interventions with providers where we consider it necessary to inform our view of the quality of a provider's provision

6.5. As reported in the earlier section, continuous improvement is built into the model, and there have been internally and externally-driven updates, changes, and improvements to sources of data, and how we use data through our assessments. These changes were previously reported to the ETC in September.

6.6. Our normative data requirements are for:

- Numbers of learners
- Learner non continuation
- Outcomes for those who complete programmes
- Learner satisfaction

6.7. The use of provider performance data has added value through to our assessments. We set up providers to reflect on data points, and partners to consider data through their assessment, including comparison to benchmarks and trend analysis for each data point. Data helps us to explore specific areas with providers through our quality activities in our assessments, and to take assurance where performance data metrics are at or above benchmarks.

6.8. In the final report, we will be able to undertake analysis of the impact of our use of data, drawing out how data was used through assessments, and any common themes from the use of data.

Providers not included in external data supplies

6.9. Where risk assessment allows, we will lengthen the period between performance review engagements up to a maximum of 5 years. To remain confident with provider performance, we rely on regular supply of data and

intelligence to help us understand provider performance outside of the periods where we directly engage with them.

6.10. We recognise that not all providers are included in external data returns the HCPC has established linked to the normative areas noted above. Where regular supply of data points has not been established, the maximum length of time we will allow between performance review engagements is two years. This is so we can continue to understand risks in an ongoing way where data is not available.

6.11. Through performance review assessments, where we have gaps in data, we aim to work with providers to establish regular data reporting to the HCPC to satisfy our normative requirements. If providers would like to address this area, we will work with them to establish these data points, and how they will regularly return to us at appropriate points.

6.12. If the education provider can show us how they will supply relevant data points, then the two-year cap is lifted – we consider what is reasonable on a case-by-case basis. This might include externally available or verifiable data but may also include data supplied directly by the provider. Establishing the method of supply is important in this; we need to be assured that we will receive data on a regular basis, and agreeing the method for this is a key part of the cap being lifted.

6.13. At this time, no providers not included in external data supplies have been able to establish a regular supply of performance data. We will be able to undertake further analysis of this through the final report. We are currently developing further materials to help these providers think through how they might satisfy this area, should they identify it as something they wish to develop.

Engagement with other bodies

6.14. We have become a more active partner in the sector. We have established a professional body/HCPC education forum group to share information to support and assure high quality education and training in the HCPC-regulated professions. We have shared and received information with professional bodies and commissioning organisations, which has informed our assessments. We are working on delivering formal information sharing arrangements with several bodies, which will enable for more structured and consistent information sharing. We will be able to undertake further analysis of this through the final report.

Learner number statistics for approved programmes

6.15. We regularly deliver ‘professional pipeline’ statistics through our regular external reporting. These statistics are to provide the sector with insight into learner number changes in the professions we regulate. Figures presented are not actual learner numbers, but are the maximum capacity we would expect programmes to be operating at. This data and information can be used by commissioning organisations and others to understand capacity within approved and proposed programmes. We have included the most recent public data as Appendix 2.

7. Proposed next steps

7.1. Following discussions on this paper, we intend to:

- Finalise analysis for all performance review portfolio areas, and define expectations for each area, so we are clear about the criteria used to make judgements about performance. We will translate this into guidance for each portfolio area for the Education team, providers, and partners. We will prioritise information and guidance for the areas where we have applied inconsistent scrutiny, and where providers have struggled to demonstrate against our requirements. Our intention is to make a tangible impact in performance review assessments in this (2023-24) academic year.

- Share findings of our analysis with a broad range of stakeholders, ensuring we are not focused on just the Education team and our work, by delivering corporate communications and engagement. This will be aimed to more visibly show that HCPC's work in education is a key part of our regulatory activities, in a form useful to a wider range of stakeholders than we would normally aim to reach in the Education team. There will be a series of mechanisms to enable us to do this, including producing high level briefing information about the key findings of this work, and then sharing through the organisations established partner networks such as professional bodies, and the Council of Deans of Health.

- Publish the Year in Registration Survey (2023) report, and start conversations with interested parties on delivering the recommendations from this report.

- Deliver a detailed report of the last two academic years primarily intended to be a source of insight for our stakeholders and sector partners, covering the areas set out through this paper, taking any suggestions from ELT and ETC on board.

- Evaluate the impact of the full report, to help develop and set expectations for future reports, with the aim to produce a useful and consistent annual report early in each academic year.

- Consider how external drivers inform our insight and analysis, and the work we undertake supports the sector. A key area of focus will be how apprenticeship (sometimes referred to as 'earn and learn') routes are aligned with regulatory standards, with the implementation of the NHS England Long Term Workforce Plan[2], the Allied Health Professions Education and Workforce Policy Review Recommendations in Scotland[3], and current considerations about implementing degree apprentice provision in Wales.

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[2] NHS England » NHS Long Term Workforce Plan
[3] Allied Health Professions - education and workforce policy review: recommendations - gov.scot (www.gov.scot)

- We will need to consider the above, along with other areas, within the review of our Standards of education and training (SETs), which is due to commence in Q4 of the 2023-24 financial year

8. Discussion points to inform production of the full report

8.1. The ETC is asked to discuss/give feedback on:

- The proposed report structure
- Initial findings from assessment activities, particularly whether anything should be explored in more detail or focused on further
- Whether areas included in this paper should be included in the full report
- Whether anything else should be included
- Next steps, including which actions should be prioritised

Appendix 1 – Year in registration survey report

Executive Summary

This paper presents highlights from our year in registration survey (2023). The survey was launched in mid-June 2023, to seek the views of those who have been HCPC-registered for a year regarding their education and training programme, how this prepared them to practice, and their first year in employment. We intend to integrate insight from this work, into our education quality assurance activities, and inform focus areas for our Policy and Standards, and Professionalism and Upstream Regulation teams.

This report highlights key findings from the survey and where possible breaks the analysis down by individual professions. Conclusions drawn from the data are indicative; caution should be exercised due to the sampling framework adopted which was unstructured and non-random. Compared to previous surveys, the response rate for this year was much improved, with a 9% response rate. This is reflected in the total number of responses more than doubling compared to last year from 574 to 1,219.

Where relevant, we have picked out key learnings where improvements or further exploration may be of benefit via our ongoing work.

Pre-registration education and training

Preparation for practice

This area was intended to capture how respondents felt their pre-registration education and training programme prepared them for practice.

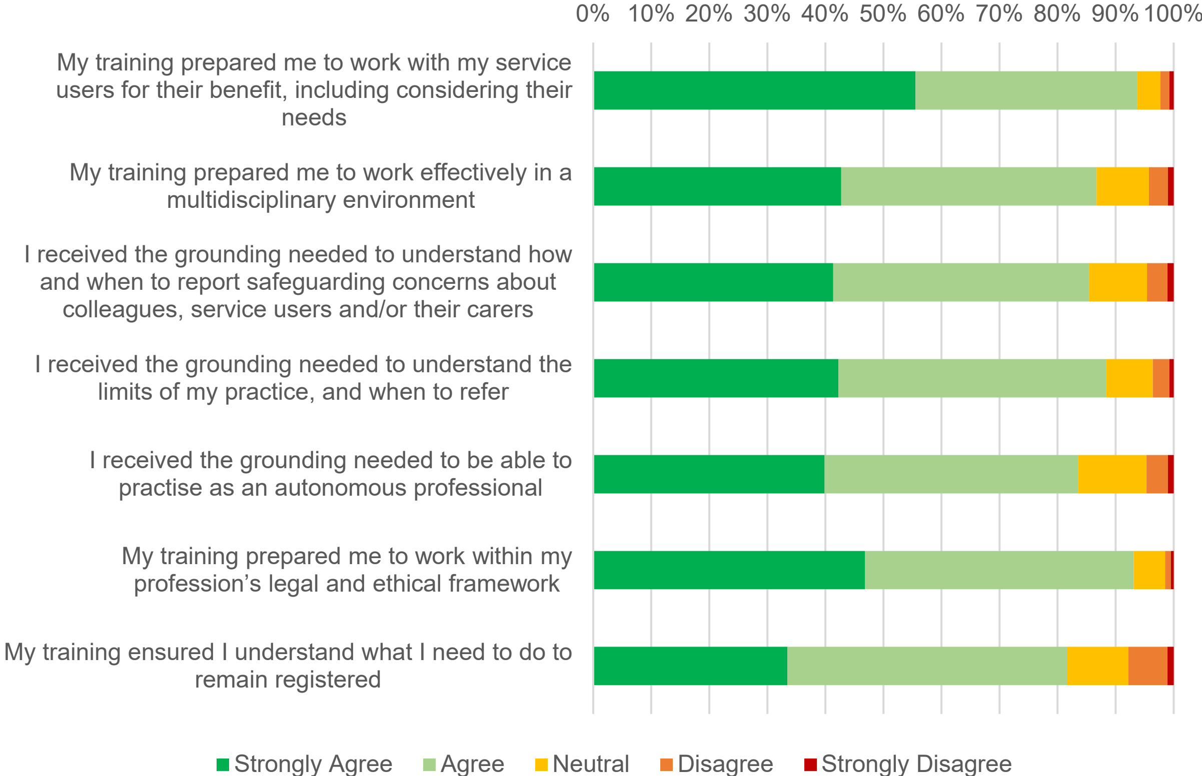

Figure 3 - Preparedness for practice, statement agreement across all respondents (N=1,219)

Summary

Responses generally evoked high levels of agreement (82%+ agreed with statements consistently), which is consistent with findings from the previous two surveys.

As was also the case in last two surveys, the statements "training ensured I understand what I need to do to remain registered" and "I received the grounding needed to be able to practise as an autonomous professional" provoked the most disagreement. However, this equated to ≤8% of responses, meaning this was a minority opinion.

The statement evoking the most agreement was "my training prepared me to work with my service users for their benefit, including considering their needs". This mirrored the response patterns of the 2021 and 2022 surveys.

Profession specific findings

Radiographers often responded with higher levels of agreement to the statements linked to preparedness for practice. Comparatively, speech and language therapists seem to have lower levels of agreement (last year this had been noted among paramedics), indicating these students may benefit from improved pathways in preparing for practice in the future.

Recommendations

1. Explore preparedness for practice findings with speech and language education providers and the Royal College of Speech and Language Therapy (RCSLT) and provide support for education providers and learners where possible.

The quality of education and training – interprofessional education (IPE)

This area was intended to capture respondents' experience of interprofessional education, and how this impacted their learning and practice.

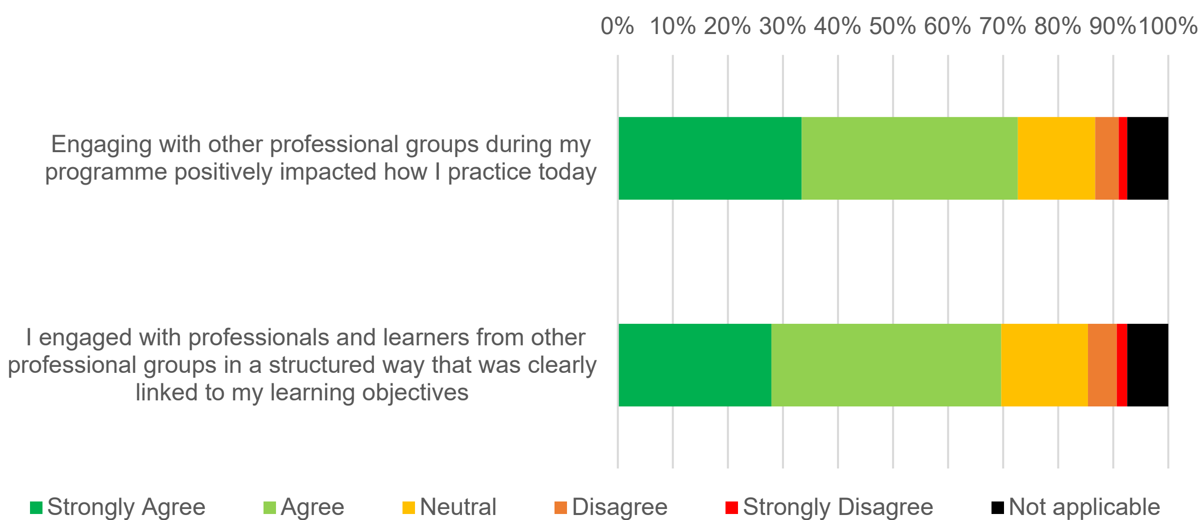

Figure 4 - Quality of education and training (IPE), statement agreement across all respondents (N=1,219)

Summary

Interprofessional education (IPE) is an important part of all programmes HCPC approves and relates to the interactions learners have with professionals and learners from other professional groups. As was the case of the previous survey, agreement to IPE statements continued to outweigh disagreement (70%+).

7% of respondents (an increase of 2% compared to the previous year) reported that they did not engage with other professional groups, which does present concerns as this is a requirement for HCPC-approved programmes. HCPC has asked further specific questions of education providers in this area however the impact of this, through survey results will take time to become apparent.

Profession specific findings

Paramedics and biomedical scientists reported the largest proportionate share of all professions for not engaging with other professional groups (a different finding compared to last year's survey, however this finding does echo the results of the 2021 survey in regard to biomedical scientists low multi-professional interactions).

Compared to other respondents, operating department practitioners were statistically more likely to agree that they had engaged with professionals and learners from other professional groups, and that this engagement was "clearly linked to learning objectives". Paramedics and chiropodists on the other hand were statistically less likely

to agree that “engagement with other professionals and learners had positively impacted how they practice today” and was “clearly linked to learning objectives”.

Recommendations

2. Continue to explore interprofessional education through engaging with education providers through the performance review process.

The quality of education and training – programme and staff interactions

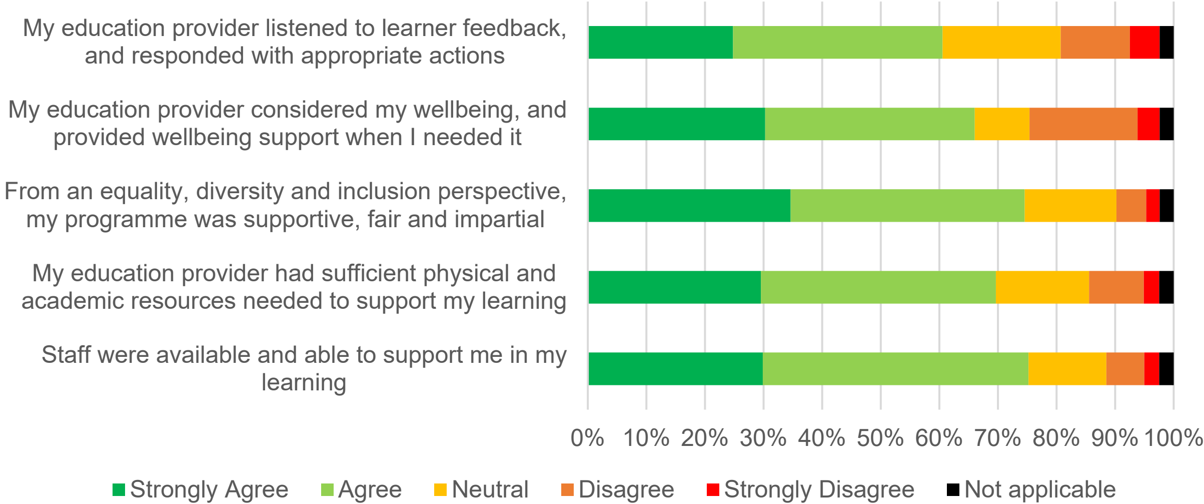

Figure 5 - Quality of education and training (programme/staff interactions), statement agreement across all respondents (N=1,219)

Summary

In terms of staff interactions, a positive picture continued to be depicted with agreement outweighing disagreement consistently across statements (61-75%).
The statement evoking the most agreement was “Staff were available and able to support me in my learning” while the statement resulting in the least agreement was “My education provider listened to learner feedback and responded with appropriate actions”. These were the same two statements and pattern noted as the former two surveys.

Profession specific findings

Paramedics were significantly less likely to agree to statements of “staff were available and able to support students in their learning” and “My education provider had sufficient physical and academic resources needed to support my learning” than other registrants, a finding which was echoed in last year’s survey.

Hearing aid dispensers were more likely to agree to the statement: **“**My education provider considered my wellbeing and provided wellbeing support when I needed it”.

Recommendations

3. Continue to explore programme and staff interactions through engaging with education providers through the performance review process.

The quality of education and training – academic learning

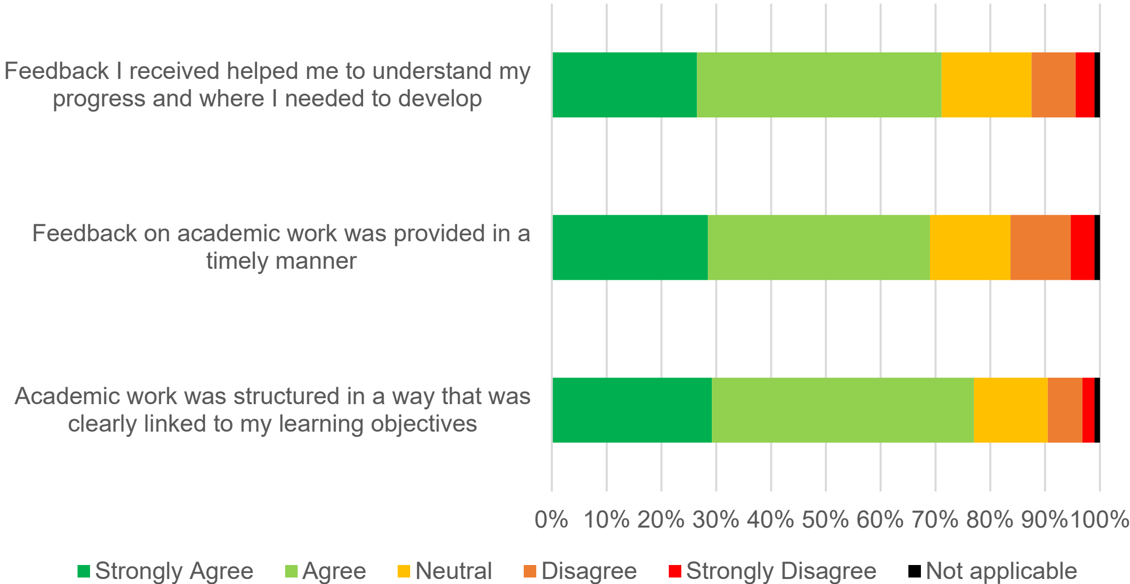

Figure 6 - Quality of education and training (academic learning), statement agreement across all respondents (N=1,219)

Summary

The results illustrate a high level of agreement (69-77%). Academic work being structured, linking to learning objectives, was the most widely agreed-with statement, while statements linked to feedback were less well rated, particularly with regard to timeliness; echoing the results of last year's survey.

Profession specific findings

Paramedics and clinical scientists were less likely to agree that "academic work was structured in a way that was clearly linked learning objectives", whereas practitioner psychologists were more likely to agree to this statement than average.

Paramedics and clinical scientists were also less likely than average to agree that "feedback on academic work was provided in a timely manner" while arts therapists and occupational therapists were more likely to agree to this statement than the average.

Paramedics and clinical scientists continued to also be less likely to agree that "feedback received helped them to understand their progress and where they needed to develop", while practitioner psychologists and operating department practitioners were more likely to agree this as the case.

The quality of education and training – practice-based learning (PBL)

Figure 7 - Quality of education and training (PBL), statement agreement across all respondents (N=1,219)

Summary

As was the case in last year's survey, agreement was consistently high across the statements (73-88%). The statement most agreed with was "I was able to apply my knowledge and skills in a way which supported me to develop my practice", while, "I was placed in a variety of settings that supported my learning" was the least agreed with statement.

Profession specific findings

Paramedics, clinical scientists, radiographers and biomedical scientists appeared to have lower levels of agreement on these statements; a finding which echoed that of last year's survey.

Service users in the delivery of education

This area was intended to capture respondents' experience of interacting with service users in the academic setting, and how this impacted on learning and practice.

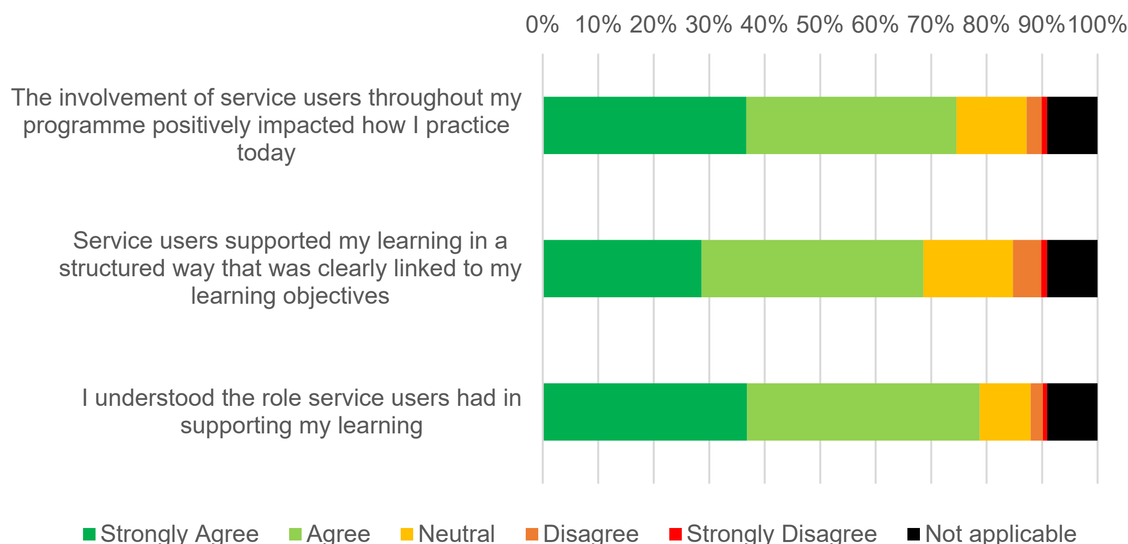

Figure 8 - The influence of service users, statement agreement across all respondents (N=1,219)

Summary

As was observed in the previous survey, agreement outweighed disagreement across statements examining the influence of service users, overall presenting a positive picture.

Similarly to the last two surveys:

- 79% of respondents agreed/strongly agreed that they "understood the role that SU's had in supporting their learning".
- 75% of respondents agreed/strongly agreed that involvement of SU's throughout their programme "positively impacted how they practice today".
- 69% of respondents agreed/strongly agreed that SU's "supported their learning in a structured way that was clearly linked to their learning objectives".

Almost 1 in 10 respondents reported they had not engaged with service users in the academic setting (9%), which is a finding consistent with the last two surveys. To become and remain HCPC approved, all providers must meet a standard which required service user involvement in programmes. A recommendation from the survey of 2021 led to HCPC asking further specific questions of education providers in this area. However, as was the case of last year, seeing impact through survey results will take a long time, likely many years, due to improvements filtering through the learners,

and then those learners registering and completing this survey a year after completing their programme.

Profession specific findings

Clinical scientists and biomedical scientists commonly showed the least agreement towards these statements. These professions traditionally have fewer service user interactions than the other professions, but we do have a requirement for service user involvement in all education and training programmes.

Recommendations

4. Continue to explore service user involvement through engaging with education providers through the performance review process.

Recommendation likelihood

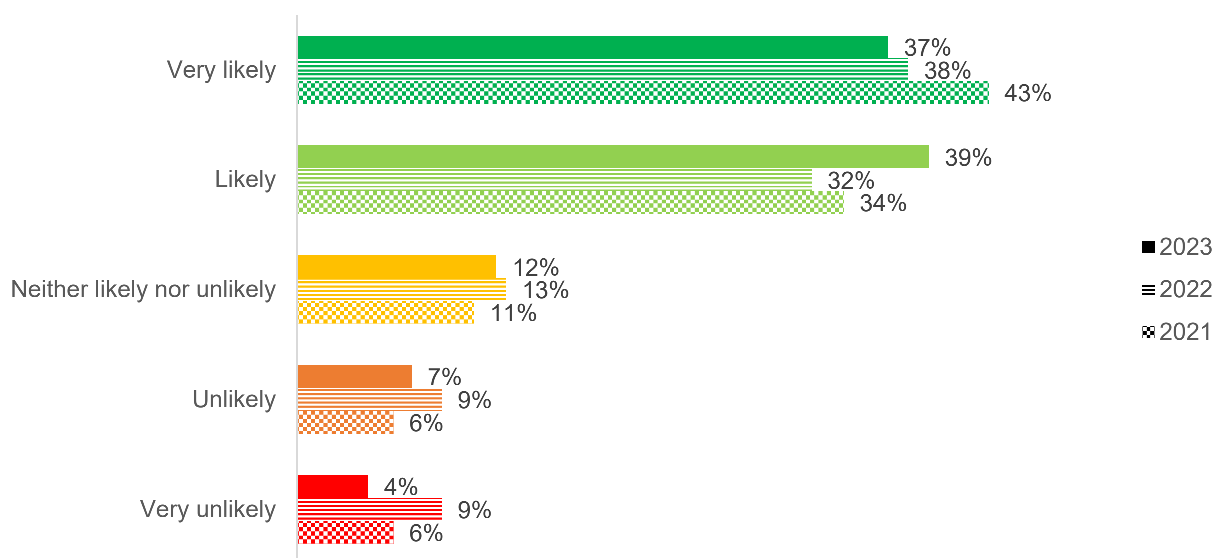

Figure 9 - Recommendation likelihood rating, across all respondents comparing 2023 (1,219), 2022 (N=574) & 2021 (N=888) responses

Summary

Respondents were asked how likely they would be to recommend their programme or education provider to a friend or family member who was considering entering professional training.

Overall, the response was very positive, with 76% reporting that they would be very likely/likely to recommend. While this was a 6% improvement to 2022 results compared to 2021, a 1% deficit continued.

Profession specific findings

Paramedics and occupational therapists are significantly less likely to report intention to recommend their programme while practitioner psychologists and hearing aid dispensers were significantly more likely than average to recommend. The results in relation to paramedics and practitioner psychologists were also noted last year.

Word association sentiment

relevant unorganised inspiring exciting good reflective helpful knowledgeable effective thorough friendly engaging stressful empowering fun hard poor tough fulfilling unsupportive academic structured professional rewarding interesting positive informaitve varied difficult exhausting organised intense disorganised useful excellent practical worthwhile challenging educational insightful busy covid enjoyable supportive informative demanding beneficial comprehensive long supported

Figure 10 - Words associated with programme, all respondents (N=1,219)

Similarly to the previous two year’s survey, ‘supportive’ and ‘challenging’ were the most frequently quoted words respondents reported associating to their programme. Examining sentiment of words used, the majority were positive (71%).

6%
22%
71%
Positive
Negative
Neutral

Figure 9 – Sentiment of words associated with programme, all respondents (N=3,657)

Recommendations

5. Include word association sentiment responses in communication and engagement (Education)

Preceptorship support[4]

Availability and length

This area was intended to capture how respondents felt their transition into practice was supported by their employer.

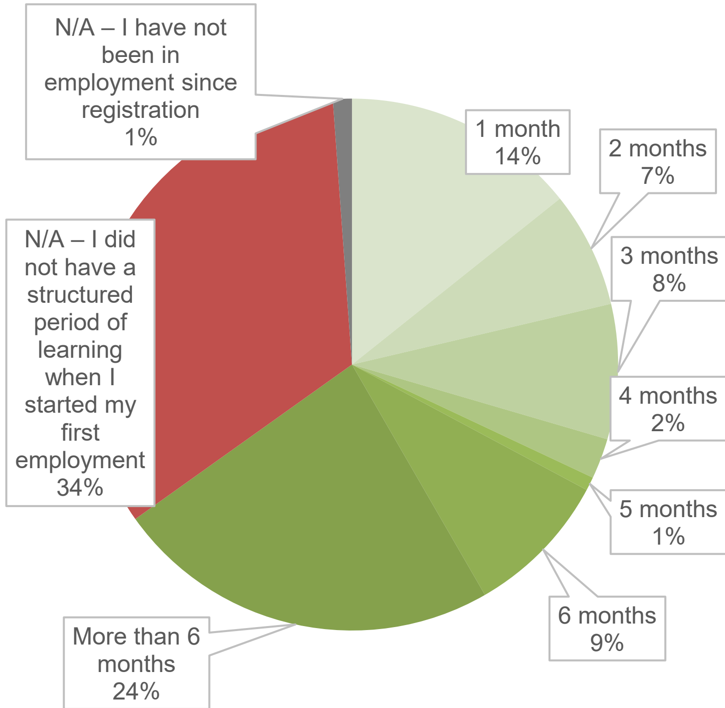

Figure 10 - Length of structured learning across all respondents (N=1,219)

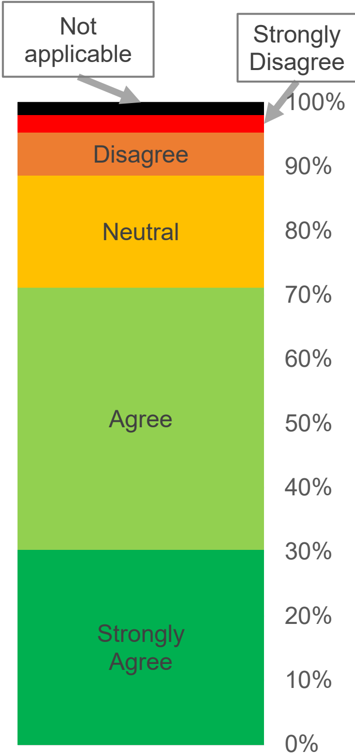

Figure 11 – The duration of structured learning and development felt adequate to support my practice, agreement across all respondents (N=808)

Summary

34% of respondents reported that they did not have a structured period of learning on entering practice. A further 29% reported this period to be 3 months or less. This echoes the findings of last year's survey. Among those who reported having structured learning and development, more than 70% agreed the duration was adequate to support their practice. Of those reporting the absence of a structured period of learning, 45% felt this had had a negative or very negative impact on their transition from learning to practice.

[4] We undertook research in this area in 2022 to further inform our understanding of registrant experiences of preparedness for practice, support and preceptorship. More details can be found here: HCPC launches new work on preceptorship | (hcpc-uk.org)

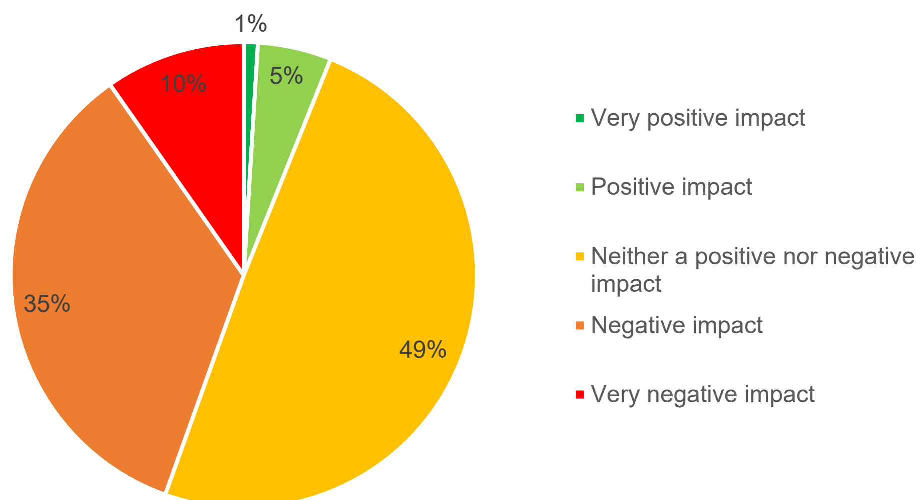

*Figure 112 – Impact of **not** having a structured period of learning upon period of transition from education into practice (N=411)*

Profession specific findings

Clinical scientists and practitioner psychologists more often than average reported an absence of this type of structured learning.

Quality

This area was intended to capture how respondents felt their transition into practice was supported by their employer. Deeper dive questions from the last section helped to explore whether respondents felt they had enough protected time, adequate support, and considered this time positively impacted on their practice.

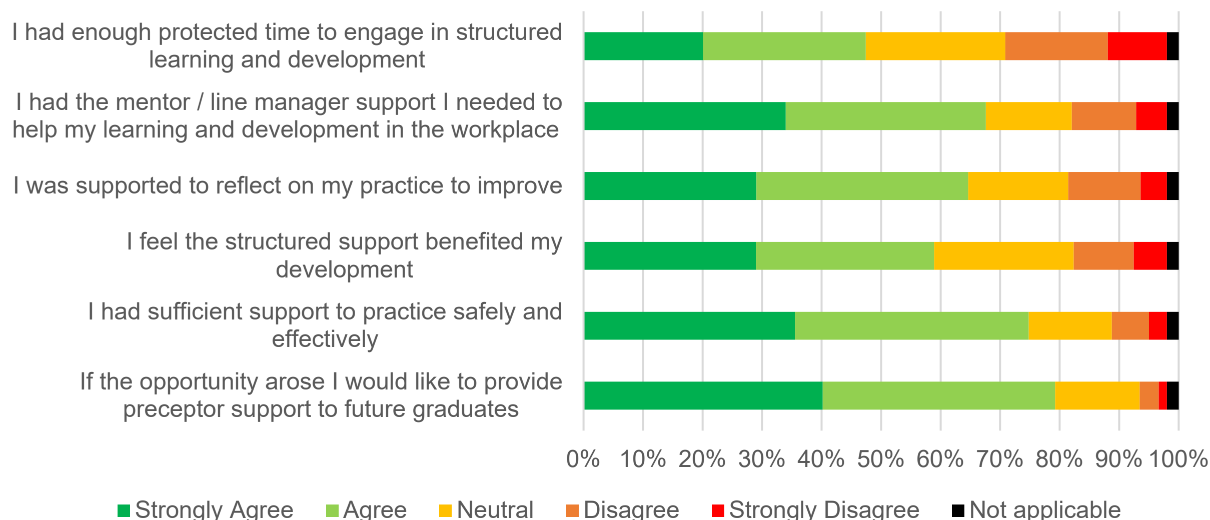

Figure 13 - Preceptorship quality, statement agreement across all respondents (N=1,219)

Summary

Agreement generally outweighed disagreement among these statements. The only exception of this was for the statement for “I had enough time to engage in structured learning and development” which suggested a significant proportion of respondents were not able to dedicate enough time to their preceptorship learning.

As was the case last year, the most agreement elicited was towards the statement of "If the opportunity arose I would like to provide preceptor support to future graduates" (79% agreement). This highlights an appetite to help among registrants early in their career, which could be harnessed to provide preceptorship supervision to new registrants.

Profession specific findings

Practitioner psychologists were consistently more agreeing than average on these statements.

Paramedics were less agreeing towards most statements, suggesting there is further work to do within this profession to support new registrants in practice.

Like was the case last year, operating department practitioners agreed more often with the statement about providing preceptorship support to future graduates, while arts therapists were notably less likely to agree to this statement.

Recommendations

6. Share the finding that 79% of respondents would like to provide preceptorship support to future graduates.

Additional questions for 2023

In this year's survey, additional questions were included to better understand the terminology used for preceptorship and personal support provision.

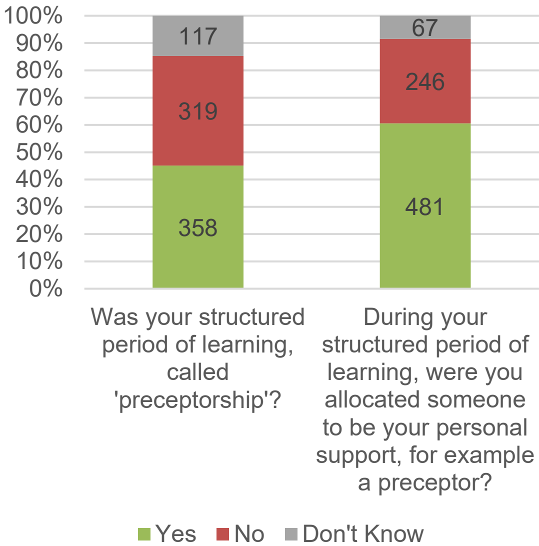

Figure 14 - Learning & Development 'name' and personal support allocation across respondents with structured period provided (N=794)

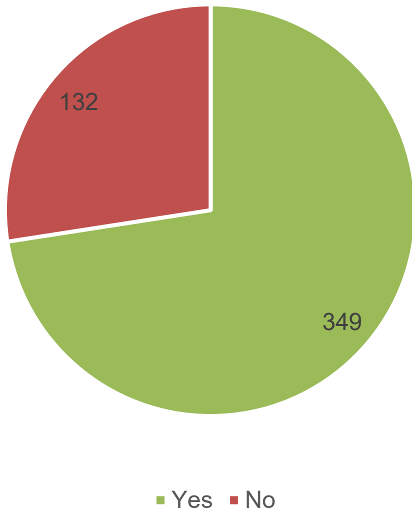

Figure 15 - Learning & Development consistency of personal support allocation (i.e. same person allocated for whole period of learning) (N=481)

It was observed that over 40% of those with structured periods of learning referred to this time as 'preceptorship'. It was positive to see how 61% of individuals were allocated someone for personal support whereby 73% of these persons had the same for their whole period of learning.

Summary of recommendations

1. Explore preparedness for practice findings with speech and language education providers and the Royal College of Speech and Language Therapy and provide support for education providers and learners where possible (Education).

2. Continue to explore interprofessional education through engaging with education providers through the performance review process (Education).

3. Continue to explore programme and staff interactions through engaging with education providers through the performance review process (Education).

4. Continue to explore service user involvement through Continue to explore service user involvement through engaging with education providers through the performance review process (Education).

5. Include word association sentiment responses in communication and engagement (Education).

6. Share the finding that 79% of respondents would like to provide preceptorship support to future graduates (Policy and Standards, Professionalism and Upstream Regulation).

Appendix 2 – Professional pipeline data (September 2023)

- We have included this information to provide insight into learner number changes into the professions we regulate
- Through our processes, we capture proposed learner numbers for each programme – figures presented through this table are not actual learner numbers, but are the maximum capacity we would expect programmes to be operating at
- This data and information can be used by commissioning organisations and others to understand capacity within approved and proposed programmes

Profession	Yearly capacity of approved and open programmes	Capacity change in the last 12 months (new programme numbers - closed programme numbers)	% change	Proposed programmes	Difference between future closures and proposed programmes	Potential capacity change, 12 months ago to future	% potential change
Arts therapist	917	-	0%	1	- 10	- 10	-1%
Biomedical scientist	1,987	30	2%	0	-	30	2%
Chiropodist / podiatrist	1,063	100	9%	0	-	100	9%
Clinical scientist	970	-	0%	0	-	-	0%
Dietitian	1,532	70	5%	3	55	125	8%
Hearing aid dispenser	1,007	- 10	-1%	0	-	- 10	-1%
Occupational therapist	5,640	437	8%	5	125	562	10%
Operating department practitioner	2,114	117	6%	0	- 217	- 100	-5%
Orthoptist	235	-	0%	0	-	-	0%
Paramedic	6,473	95	1%	7	340	435	7%
Physiotherapist	7,418	273	4%	9	395	668	9%
Practitioner psychologist	3,443	- 30	-1%	0	-	- 30	-1%
Prosthetist / orthotist	140	-	0%	0	-	-	0%
Radiographer	4,830	167	3%	7	306	473	10%
Speech and language therapist	2,563	70	3%	4	85	155	6%
Total	40,332	1,319	3%	36	1,306	2,625	7%

Programme capacity

- Most professions have increased, and/or are increasing capacity, with the notable exceptions of ODPs
- Within current commissioning systems, there is a potential overall increase in capacity of 7% over two years

New programmes

- New programmes are being developed across professions
- This figure will drop in future reports as we approve new programmes for September start dates
- There are no programmes currently proposed in Northern Ireland, Scotland or Wales