

Year in registration survey 2022 – highlights report

Executive Summary

This paper presents highlights from our year in registration survey (2022) (formerly known as the new graduate survey). The survey was launched in June 2022, to seek the views of those who have been HCPC-registered for a year about their education and training programme, how this prepared them to practice, and the first year in employment. We intend to integrate insight 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. Where relevant, we have picked out key learnings where improvements or further exploration may be of benefit via our ongoing work.

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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.

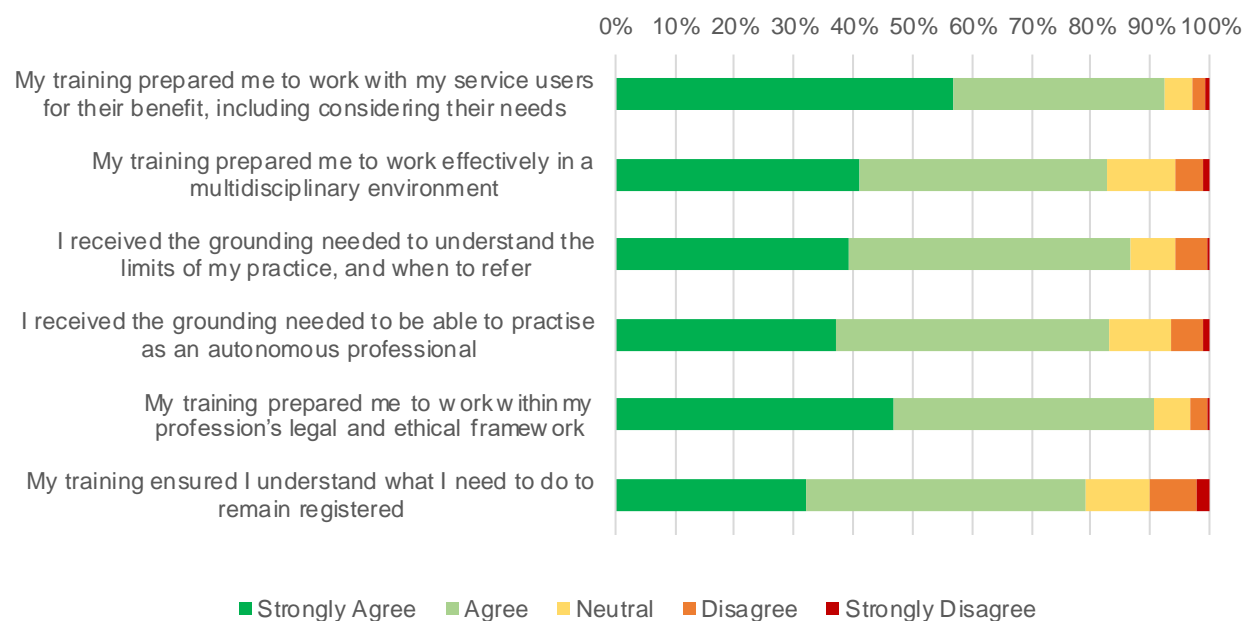


Figure 1 - Preparedness for practice, statement agreement across all respondents (N=574)

Summary

Responses generally evoked high levels of agreement (78%+ agreed with statements consistently), which is consistent with findings from the previous survey.

As was also the case in last year's survey, 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 disagree responses. This equated to $\leq 10\%$ of responses, meaning this was a minority opinion.

The statement with least agreement was "my training ensured I understand what I need to do to remain registered", while the statement evoking the most agreement was "my training prepared me to work with my service users for their benefit, including considering their needs". The responses to the statements mirrored the patterns in the 2021 survey.

Profession specific findings

Paramedics often responded with lower levels of agreement to the statements linked to preparedness for practice. These results indicated how improved support may benefit students on these pathways in preparing for practice in the future.

Recommendations

1. Explore preparedness for practice findings with paramedic education providers and the College of Paramedics, 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 on learning and practice.

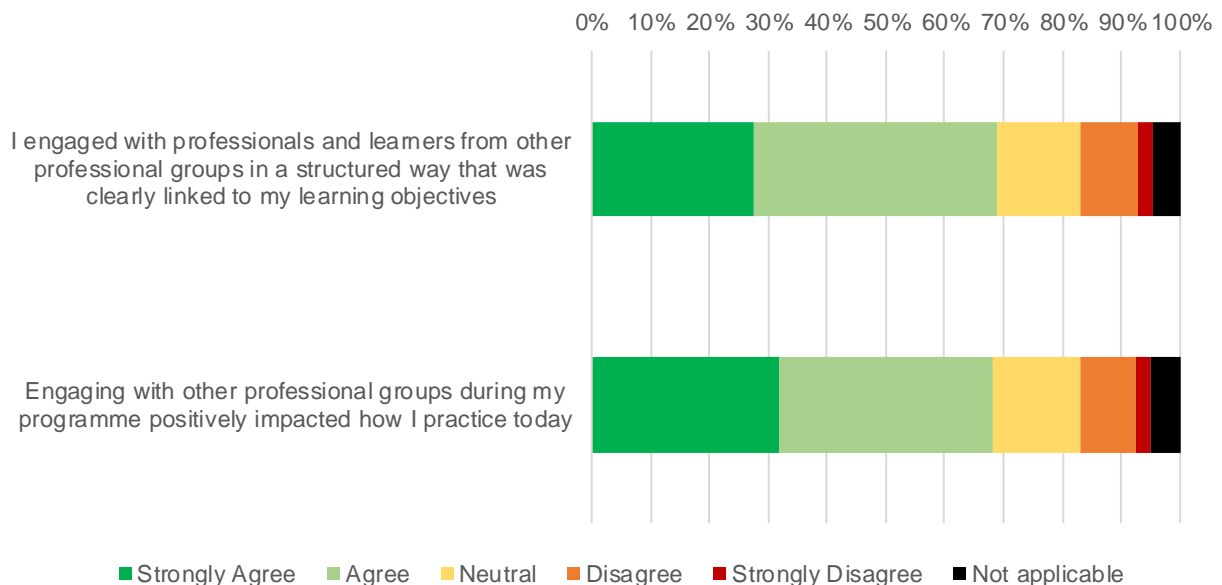


Figure 2 - Quality of education and training (IPE), statement agreement across all respondents (N=574)

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. Agreement to IPE statements continued to outweigh disagreement (68%+).

5% of respondents reported that they did not engage with other professional groups, which does present concerns as this is a requirement for HCPC-approved programmes. This finding is maintained from the previous year too, suggesting it may benefit from further investigation with providers. Out of a recommendation from last year's survey, we have asked further specific questions of education providers in this area. 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

Chiropodists / podiatrists and hearing aid dispensers reported the largest proportionate share of all professions for not engaging with other professional groups (a different finding compared to last year's survey where this had formerly been Biomedical Scientists).

Compared to other respondents, operating department practitioners, dietitians and physiotherapists 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". These professions were also statistically more likely to agree that "engagement with other professionals and learners had positively impacted how they practice today".

Recommendations

2. Continue to explore interprofessional education through structured engagement with education providers

The quality of education and training – programme and staff interactions

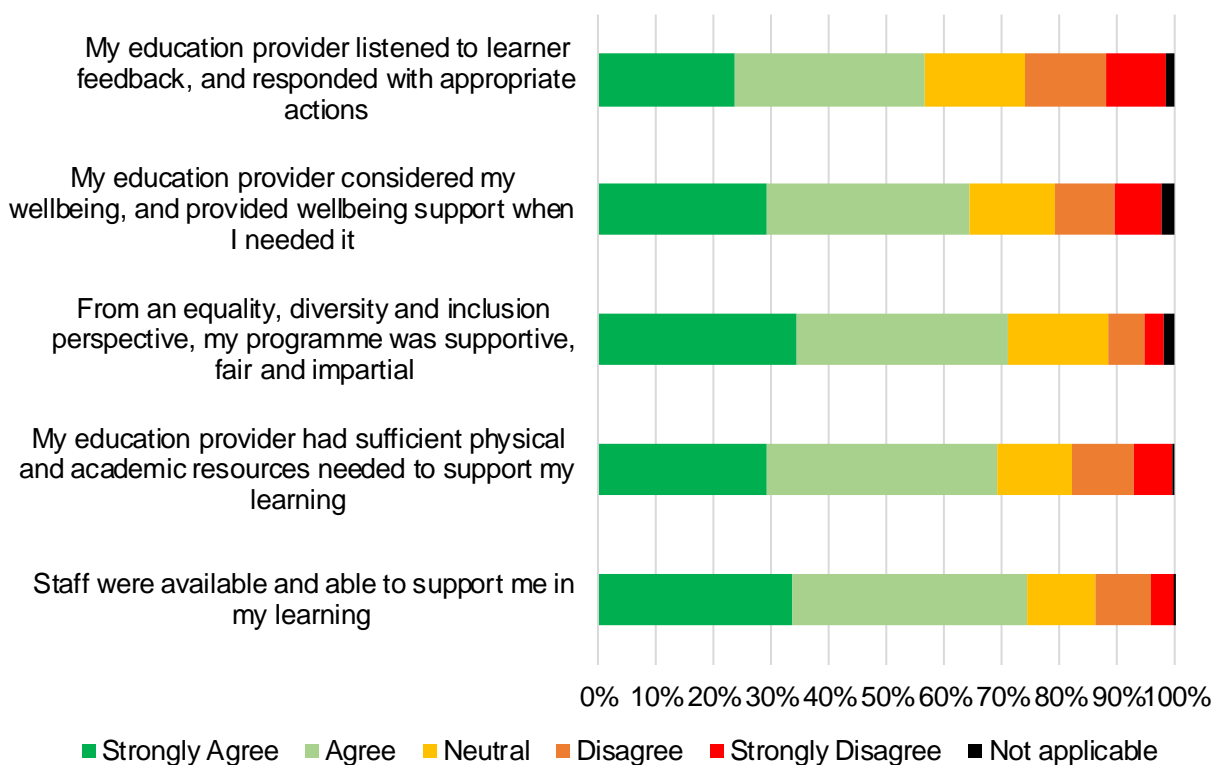


Figure 3 - Quality of education and training (programme / staff interactions), statement agreement across all respondents (N=574)

Summary

In terms of staff interactions, a positive picture continued to be depicted by responses with agreement outweighing disagreement consistently across statements (57-74%). 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 in last year’s survey.

Profession specific findings

Practitioner psychologists were significantly more 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, while paramedics and radiographers were significantly more likely to disagree that this was the case.

Arts therapists and occupational therapists were more likely to agree to the statement: “My education provider considered my wellbeing and provided wellbeing support when I needed it”. Paramedics however continued to agree with this statement less often.

Recommendations

3. Continue to explore programme and staff interactions through structured engagement with education providers

The quality of education and training – academic learning

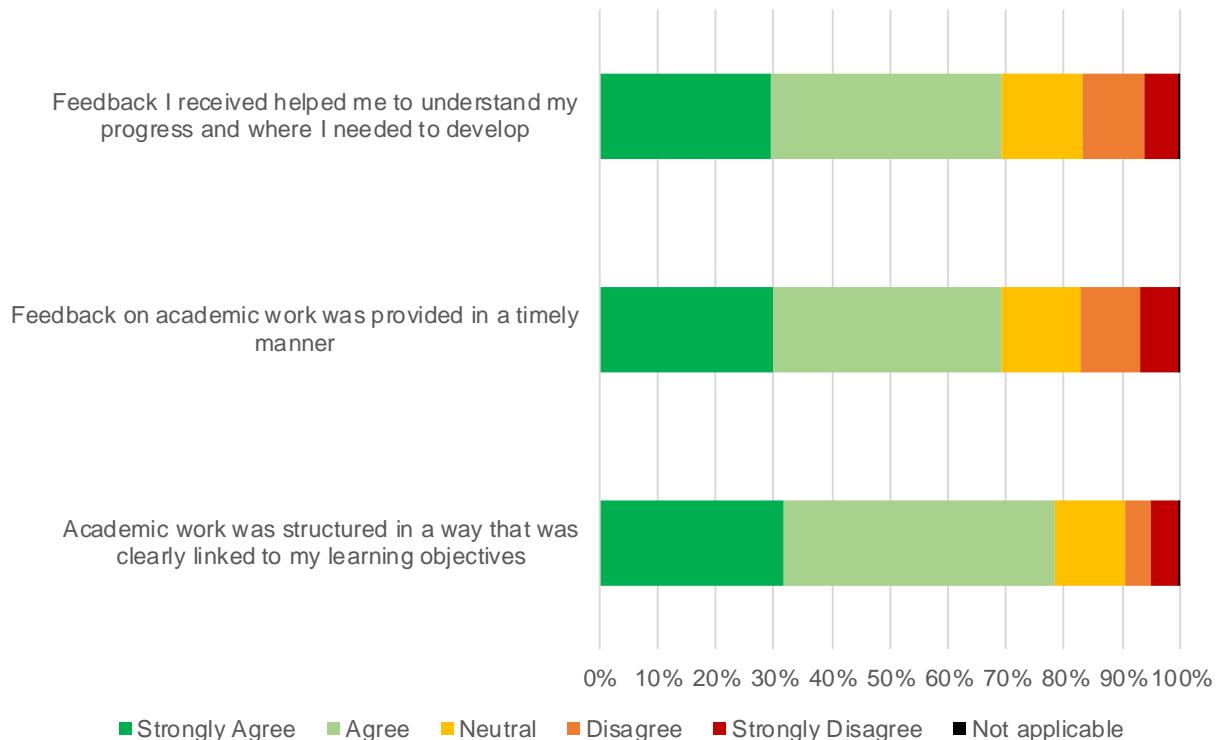


Figure 4 - Quality of education and training (academic learning), statement agreement across all respondents (N=574)

Summary

The results illustrate a high level of agreement (69-79%). 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

Profession specific findings

Radiographers 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 were less likely than average to agree that “feedback on academic work was provided in a timely manner” while practitioner psychologists were more likely to agree to this statement than the average.

Radiographers and paramedics were also 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)

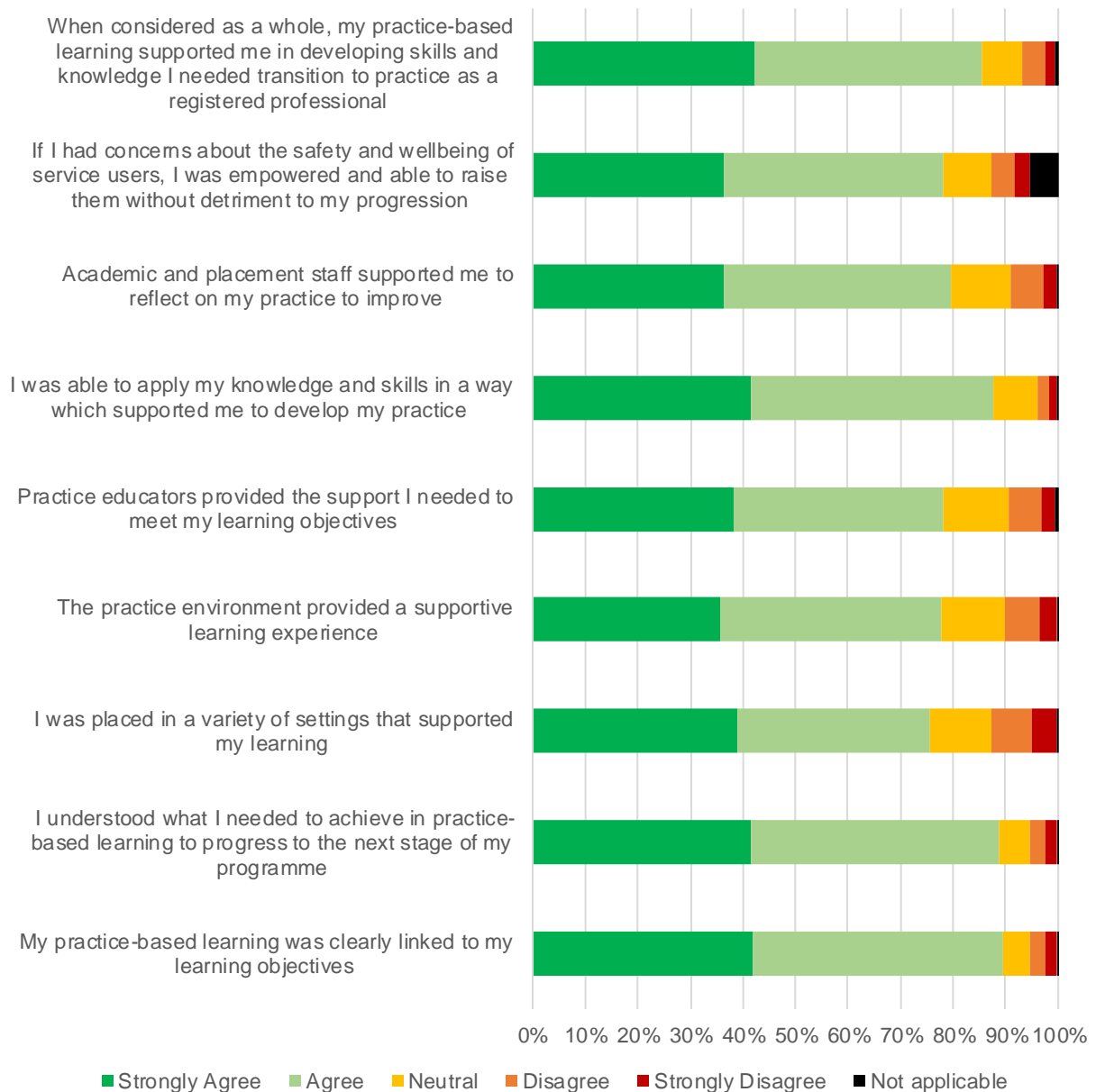


Figure 5 - Quality of education and training (PBL), statement agreement across all respondents (N=574)

Summary

Agreement was consistently high across the statements (76-89%). With “practice-based learning being clearly linked to my learning objectives” being the most agreed statement, and the “practice environment provided a supportive learning environment” the least agreed statement.

Profession specific findings

Paramedics, clinical scientists, radiographers and biomedical scientists appeared to have lower levels of agreement on these statements.

Service users (SUs) 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.

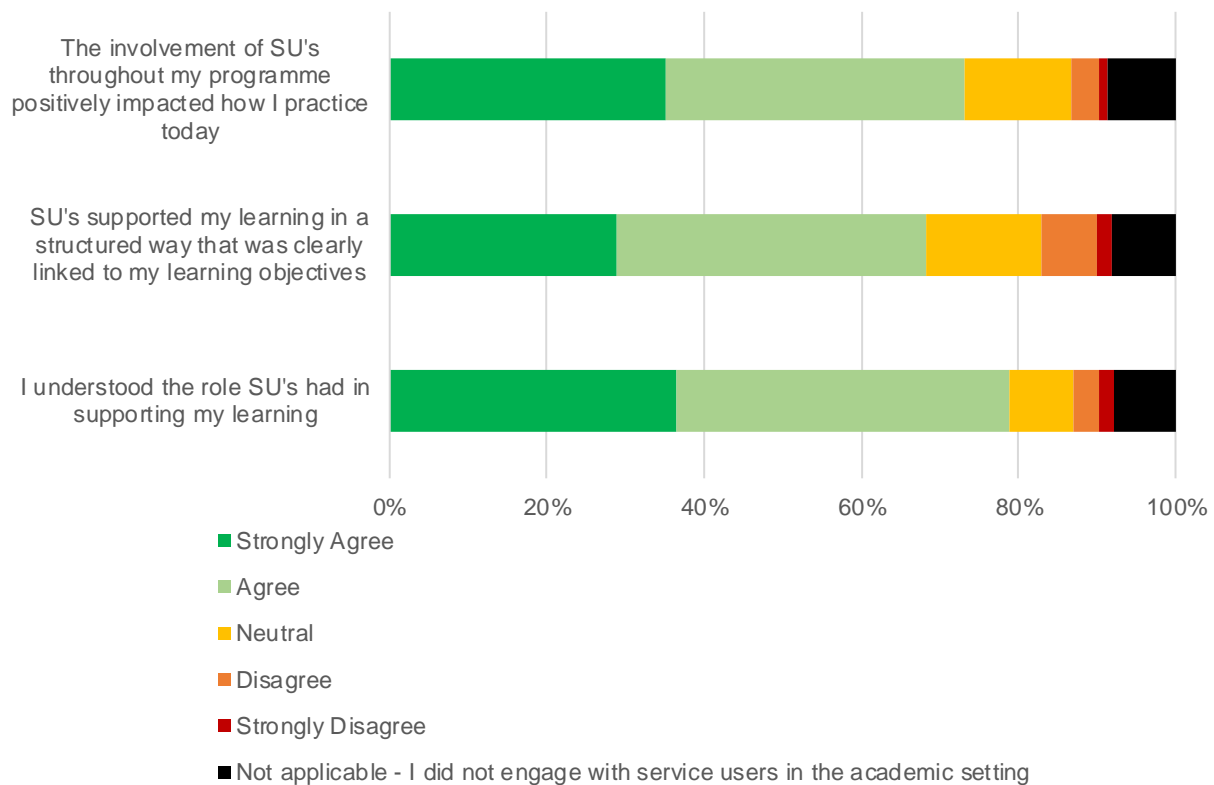


Figure 6 - The influence of service users, statement agreement across all respondents (N=574)

Summary

Agreement outweighed disagreement across statements examining the influence of service users, overall presenting a positive picture.

Similarly to last year's survey:

- 79% of respondents agreed / strongly agreed that they "understood the role that SU's had in supporting their learning"
- 73% of respondents agreed / strongly agreed that involvement of SU's throughout their programme "positively impacted how they practice today"
- 68% 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, which is a finding consistent with last year's survey. To become and remain HCPC approved, all providers must meet a standard which required service user involvement in programmes. Out of a recommendation from last year's survey, we have asked further specific questions of education providers in this area. 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

Biomedical scientists and clinical scientists both commonly showed the least agreement towards these statements. These professions traditionally had fewer service user

interactions than the other professions, but we do have a requirement for service user involvement in all education and training programmes.

Paramedics were the most common to report absence of service users in the academic setting (a result also reported last year).

Recommendations

4. Continue to explore service user involvement through structured engagement with education providers

Recommendation likelihood

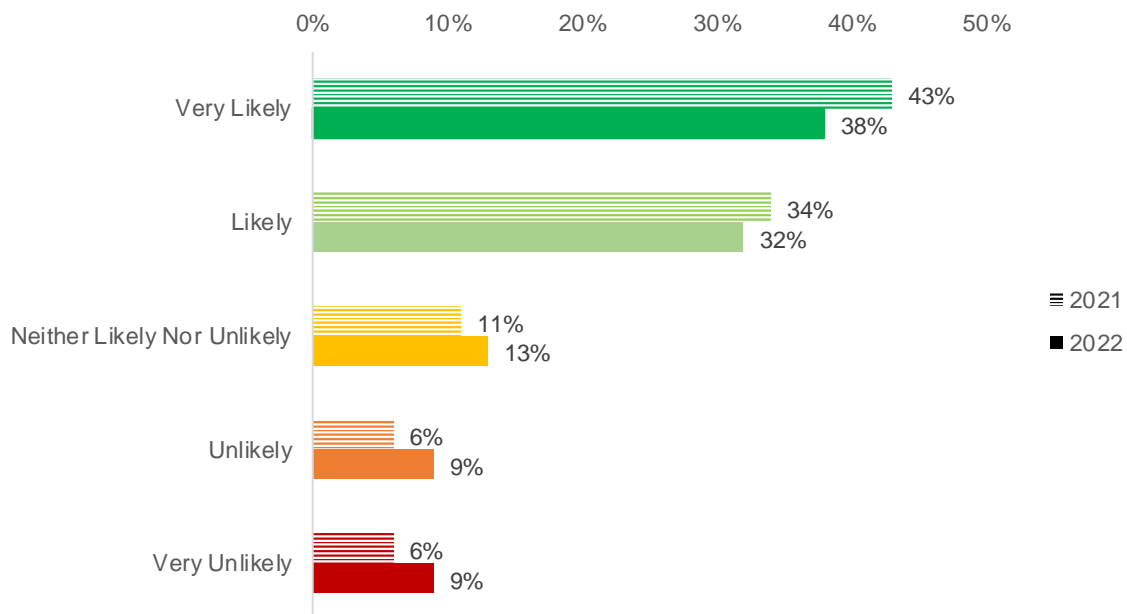


Figure 7 - Recommendation likelihood rating, across all respondents comparing 2022 (N=574) to 2021 (N=888) responses

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 70% reporting that they would be very likely / likely to recommend. However, compared to 2021, recommendations had dropped by 7%.

Profession specific findings

Paramedics and radiographers are significantly less likely to report intention to recommend their programme while practitioner psychologists were significantly more likely than average to recommend.

Preceptorship support¹

Availability and length

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

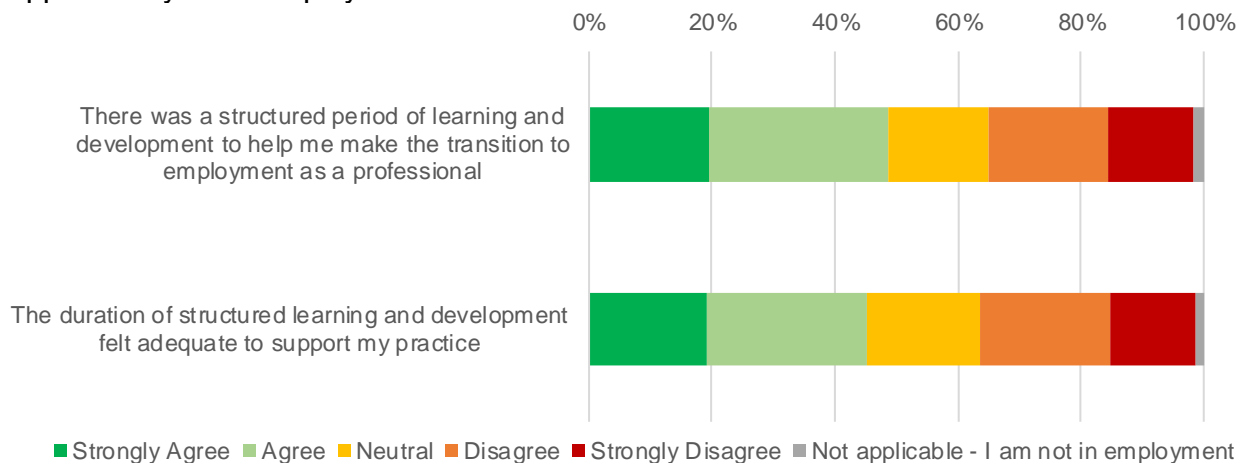


Figure 9 - Learning & Development Structure & Duration, statement agreement across all respondents (N=574)

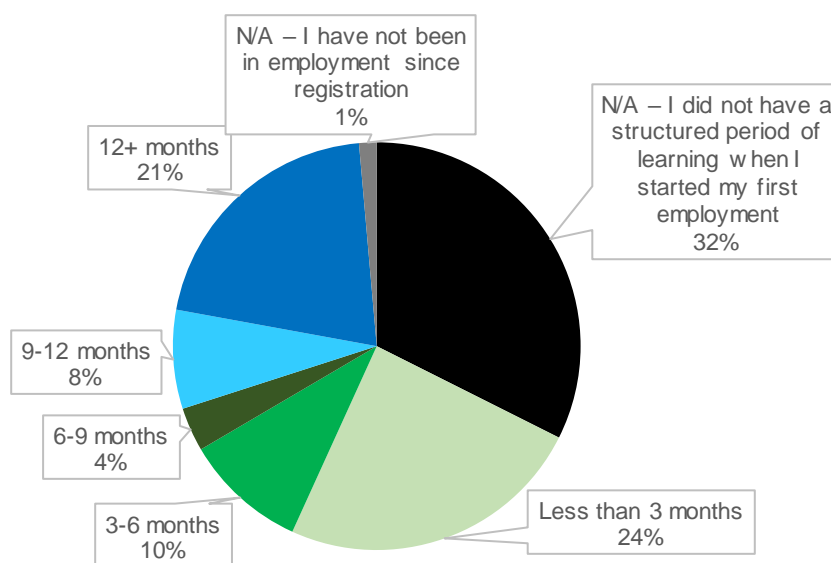


Figure 10 - Length of structured learning across all respondents (N=574)

Summary

32% of respondents reported that they did not have a structured period of learning on entering practice. A further 24% reported this period to be less than 3 months.

Profession specific findings

Physiotherapists more often than other professions reported an absence of this type of structured learning, and were less agreeing that this period was helpful in making the transition to practice.

¹ We are currently undertaking research in this area, which will further inform our understanding of registrant experiences of preparedness for practice, support and preceptorship

Operating department practitioners, hearing aid dispensers, and paramedics were more often report they had this type of structured learning, and ODPs more often agreed that this period was helpful in making the transition to practice.

Recommendations

6. Use findings linking longer periods of preceptorship with employee feeling of adequate support to transitioning to practice within communication and engagement activities for the preceptorship principles

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.

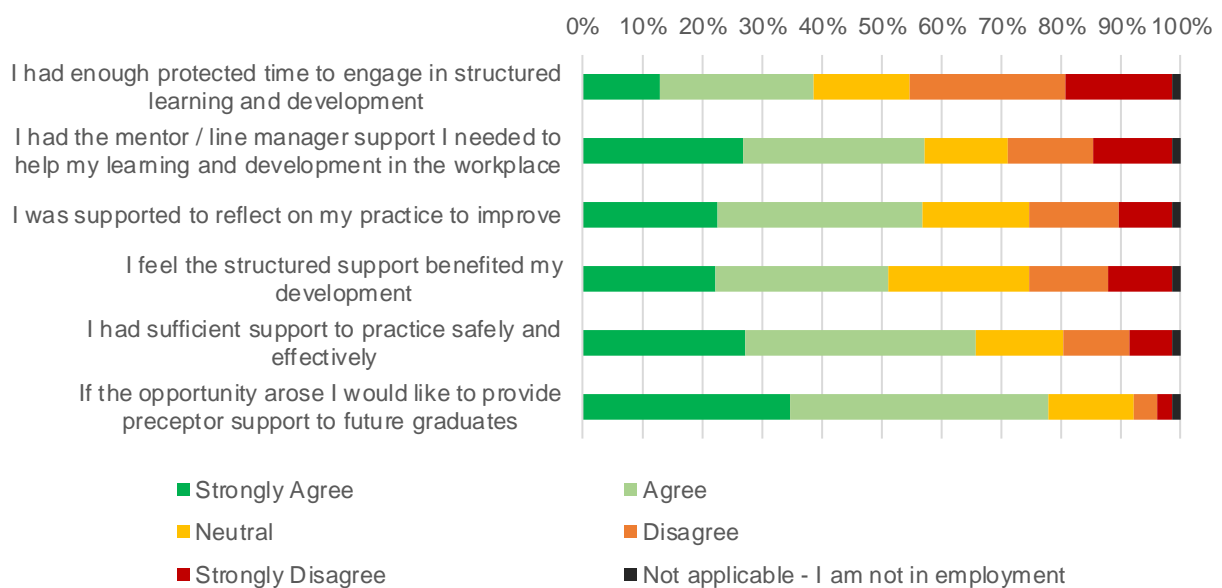


Figure 11 - Preceptorship quality, statement agreement across all respondents (N=574)

Summary

Agreement generally outweighed disagreement among these statements, except for “I had enough time to engage in structured learning and development”. Disagree statements here suggest a significant proportion of respondents were not able to dedicate enough time to their preceptorship learning.

The most agreement elicited was towards the statement of “If the opportunity arose I would like to provide preceptor support to future graduates” (78% agreement). This highlights an appetite to help among new graduates, which could be harnessed to provide preceptorship supervision to new registrants.

Profession specific findings

Biomedical scientists were consistently in the top two of most agreeing professions on these statements, and are the most likely to have longer (6 months+) of structured support. This might indicate that longer periods of preceptorship are linked to the feeling of adequacy of preceptorship (as stated in the previous section).

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

Operating department practitioners and occupational therapists 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

7. Share the finding that 78% of respondents would like to provide preceptorship support to future graduates
8. Explore preceptorship findings with paramedic employers and the College of Paramedics, and provide support for employers and staff where possible

Summary of recommendations

1. Explore preparedness for practice findings with paramedic education providers and the College of Paramedics, and provide support for education providers and learners where possible (Education)
2. Continue to explore interprofessional education through structured engagement with education providers (Education)
3. Continue to explore programme and staff interactions through structured engagement with education providers (Education)
4. Continue to explore service user involvement through structured engagement with education providers (Education)
5. Include word association sentiment responses in communication and engagement (Education)
6. Use findings linking longer periods of preceptorship with employee feeling of adequate support to transitioning to practice within communication and engagement activities for the preceptorship principles (Policy and Standards)
7. Share the finding that 78% of respondents would like to provide preceptorship support to future graduates (Policy and Standards, Professionalism and Upstream Regulation)
8. Explore preceptorship findings with paramedic employers and the College of Paramedics, and provide support for employers and staff where possible (Policy and Standards, Professionalism and Upstream Regulation)