



Access to jobs for newly qualified prosthetists and orthotists:

Addressing the risk of attrition



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Purpose of this report

The purpose of this report is to examine and offer insights into the retention and support mechanisms for prosthetic and orthotic graduates, as well as those in the early stages of their careers. This report will assist Allied Health Profession service managers in supporting graduates and ensuring their access to National Health Service (NHS) early career job offers. Furthermore, this report will promote the optimisation of practice-based learning and broaden the scope of practice for early-career clinicians, enhancing the capabilities and confidence of new graduates entering the workforce.

List of abbreviations

AHP	Allied health professionals
BAPO	The British Association of Prosthetists and Orthotists
HCPC	The Health and Care Professions Council
HEE	Health Education England
HEI	Higher education institution
ISPO	The International Society of Prosthetic and Orthotics
NHS	The National Health Service
NOMAG	The National Orthotic Managers' Association Group
P&O	Prosthetic and Orthotic
PO	Prosthetist and Orthotist
WHO	World Health Organisation

Executive summary

Prosthetists and orthotists (POs) in the UK form an autonomous and registered healthcare profession. The PO workforce includes POs, prosthetic and orthotic (P&O) technicians, and support workers. These professionals focus on mobility improvement through prosthetic limbs or orthotic devices. However, the 2023 *'Profile of the UK prosthetic and orthotic workforce and mapping of the workforce for the 21st-century'* report reveals deficits in the clinical, technical, and support workforce, with a shortage of 142 to 477 POs and 1,133 to 1,803 technicians and support workers according to World Health Organisation (WHO) standards. The P&O profession, previously on the UK's shortage of occupations list, faces significant attrition risks, with 20% of POs expressing intent to leave the workforce. The Health and Care Professions Council (HCPC) reports a 12.8% departure rate within four years of registration, the highest among allied health professions. Early-year attrition risks are evident, especially among younger professionals and those in private employment. A significant ageing workforce nearing retirement poses an additional concern. Private sector employment of 62% of POs poses challenges in data collection and workforce and attrition monitoring,

Newly qualified POs play a crucial role in the profession's growth, and any risks of attrition demand strategic initiatives. The introduction of preceptorship programs with robust mentoring mechanisms and mental health support within the first five years is crucial to ensure a sustainable and fulfilling career trajectory. The recent analysis of the UK P&O workforce unveils 863 clinical staff and 877 non-clinical staff, with more POs employed by private companies than the NHS (62% vs. 38%). The P&O students/apprentices survey respondents provided their career preferences, with 66% indicating a preference to work for the NHS, 37% indicating a preference to work for commercial companies, and 23% considering self-employment.

Recent studies have identified a poor working environment, a lack of support, a lack of work/life balance, and a lack of progression opportunities as factors influencing attrition. The profession faces challenges in navigating these complex issues and ensuring our new graduates have access to adequate mental health and well-being support, mentoring and preceptorship, and opportunities to progress their careers in order to retain, upskill, and maximise the potential of our future workforce.

In conclusion, the prosthetics and orthotics profession requires proactive measures to address attrition risks, especially among newly qualified professionals. Preceptorship programs and mental health support are essential to cultivate a proficient workforce and ensure optimal patient care delivery. A collaborative effort is crucial to shaping a brighter future for the prosthetics and orthotics profession.

The workforce

Prosthetists and orthotists are autonomous registered practitioners. Within the United Kingdom, the prosthetics and orthotics (P&O) workforce comprises three main roles: prosthetists/orthotists (POs), P&O technicians, and P&O support workers. POs are registered allied health professionals (AHPs) who assess, prescribe, design, and fit prosthetic limbs or orthotic devices (braces and splints), to improve body image, enhance mobility, project joints, and reduce pain. At the time of writing this report, there were 1,164 POs registered with the Health and Care Professions Council (HCPC). Graduating as a prosthetist/orthotist in the UK requires either the completion of a three- or four-year undergraduate degree, a two-year prosthetic/orthotic master's course leading to registration as a PO (Keele University) or a three-year prosthetic/orthotic degree apprenticeship (University of Derby). Graduates of these programmes receive extensive training in biomechanics, material science, and technical componentry, along with anatomy, physiology, and pathophysiology.

P&O technicians manufacture custom prosthetic and orthotic devices according to the PO's specifications, using their skills with materials and manufacturing. Technicians work in the National Health Service (NHS), private companies, or for third-party suppliers contracted by the NHS. Finally, P&O support workers assist POs in delivering patient care through tasks like preparing clinics or directly supporting care plans.

Together, this P&O workforce uses their specialised skills to improve mobility and quality of life, providing a beneficial impact on a range of clinical conditions integral to many clinical pathways, including limb loss, chronic diseases, trauma, neurological, musculoskeletal, and congenital conditions. Many of these are policy priorities for the government and the NHS¹.

Published in 2023, the 'Profile of the UK prosthetic and orthotic workforce and mapping of the workforce for the 21st century'² is a significant report highlighting deficiencies of numbers in the clinical, technical, and support aspects of the UK P&O workforce. This report highlighted that, according to the World Health Organization (WHO) standards, there is a shortfall of 142 to 477 prosthetists

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Nearly 20% of technicians fall within the 56-60-year age group, indicating a substantial age-related risk to the sector.

1. Eddison, Scott, Chockalingam. The challenge of service planning and development without adequate data : The case for orthotic services. J Eval Clin Pract. 2022;(September):1-4.

2. Eddison, Healy, Leone, Jackson, Pluckrose, Chockalingam. Profile of the UK prosthetic and orthotic workforce and mapping of the workforce for the 21st Century.

and orthotists, along with a need for an additional 1,133 to 1,803 technicians and support workers³. In addition, the employers reported notable challenges in recruiting and retaining staff.

The fact that 62% of prosthetists and orthotists (POs) are employed by private providers offering subcontracted services to the NHS poses challenges, particularly in terms of understanding the workforce data. Additionally, there is a lack of understanding among POs, regarding formal NHS workforce roles like advanced practice, with 24.1% of orthotists surveyed and 30.5% of prosthetists reporting that they are working at advanced level practice. Albeit there being very few POs in the UK officially recognised as working in advanced practice in line with NHS frameworks. This lack of comprehension is compounded by privately employed staff operating outside the NHS career framework and Agenda for Change bandings. In addition to early-year attrition, there is a significant concern regarding a disproportionately high ageing workforce nearing retirement. Nearly 20% of technicians fall within the 56-60-year age group, indicating a substantial age-related risk to the sector.

The risk of attrition

The role of newly qualified POs is critical for the continued growth and effectiveness of this healthcare profession. These recent graduates represent the future of the field and will shape its advancement. The profession has witnessed significant growth since 1999, as exemplified by the HCPC Registrant Snapshot, which recorded an increase from 699 P&Os on the HCPC register to 1187 in 2023 (see Figure 1).

HCPC Registrant Snapshot for PO

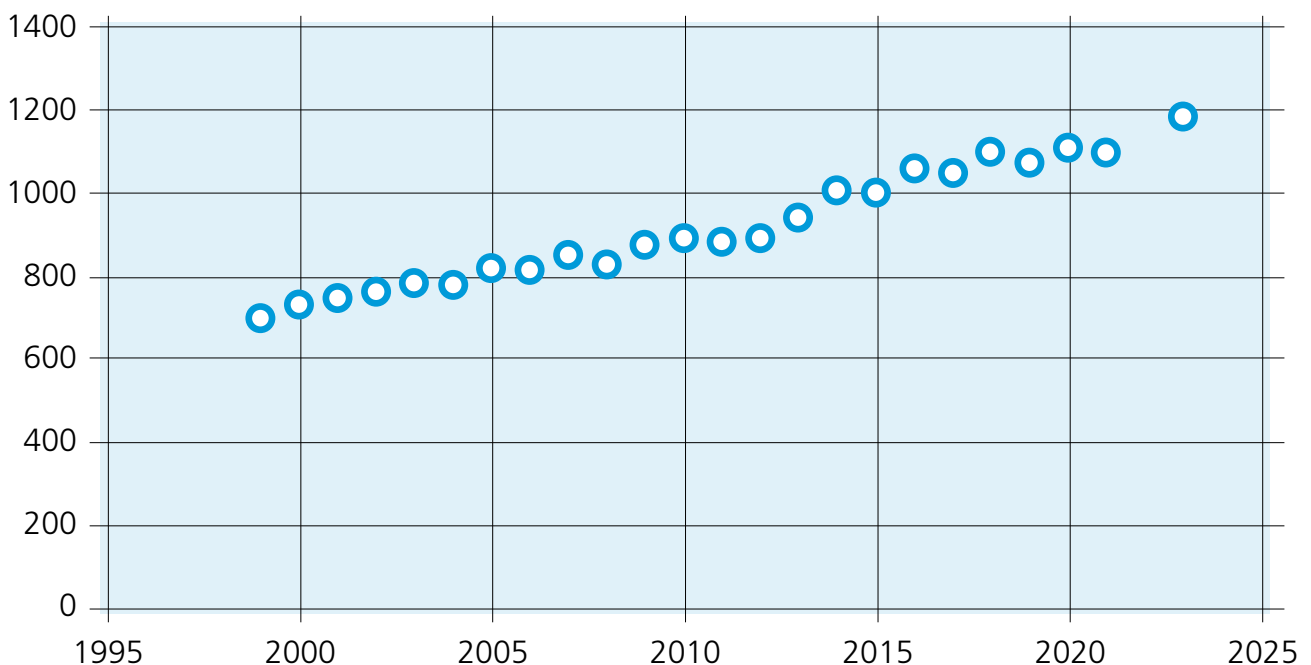


Figure 1: Number of HCPC registered prosthetists/orthotists from 1999-2023.

Presently, numerous clinical employment opportunities await these newcomers, with some reporting to have had job offers before completing their formal university education or during clinical placements. However, it is essential to closely examine the potential risk of attrition and develop strategies to support these professionals throughout their careers.

3. The World Health Organisation. Standards for Prosthetics and Orthotics. Part 2: Implementation Manual.; 2017. <http://apps.who.int/iris/bitstream/handle/10665/259209/9789241512480-part2-eng.pdf?sequence=2>

The prosthetic and orthotic profession, previously on the UK’s shortage of occupations list for an extended period, has been removed despite no apparent positive change in workforce numbers. As outlined in the workforce report², 20% of POs expressed intentions to ‘definitely not’ or ‘probably not’ continue in the UK P&O workforce. The top five reasons cited were 1) a lack of progression opportunities, 2) work/lifestyle balance, 3) ability to earn elsewhere, 4) workload/caseload, and 5) inadequate length of appointments. The responses from newly graduated POs (0-2 years’ experience) were similar, the top reason cited was 1) the ability to earn more elsewhere, followed by 2) work/lifestyle balance, 3) planning to work as a PO outside the UK, 4) a lack of progression opportunities and 5) workload/caseload (See figure 2).

Thus, the available data highlights a significant risk of early-year attrition. Furthermore, only one out of six prosthetists in the 21-25 age group and five out of twenty-two in the 26-30 age group expressed definite intentions to remain in the workforce. Among orthotists in their early years (21-35 years), the percentage considering leaving the profession ranged from 17.3% to 28.6%. Notably, a higher percentage of privately employed prosthetic and orthotic workers (24.1%) reported intentions to leave the UK P&O workforce within five years compared to their NHS-employed counterparts (16.7%)².

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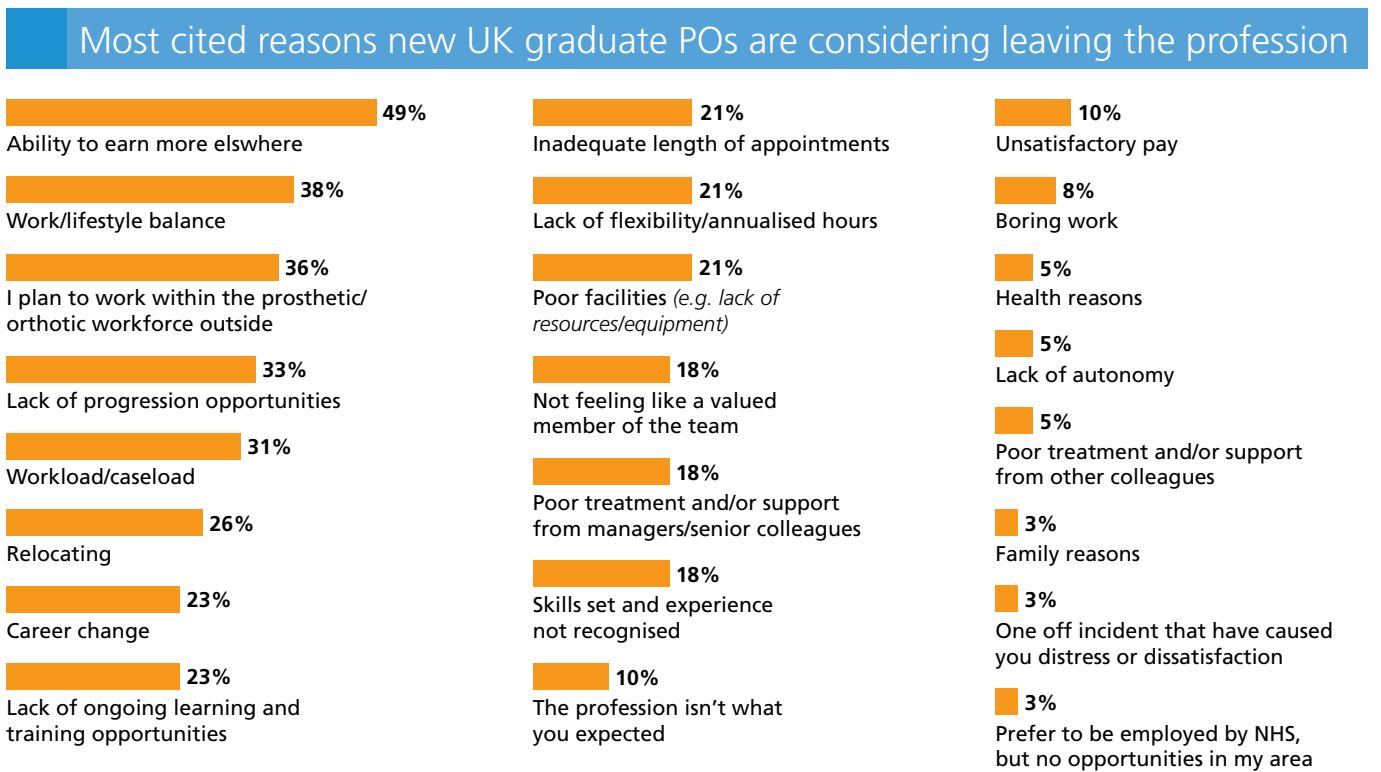


Figure 2: Responses for reasons new graduate POs are considering leaving the profession.

2. Eddison, Healy, Leone, Jackson, Pluckrose, Chockalingam. Profile of the UK prosthetic and orthotic workforce and mapping of the workforce for the 21st Century.

Comprehensive insights into the dynamics of attrition within this field emerge from an extensive study on retention rates among recently registered allied health professionals published by the HCPC Insight and Analytics Team⁴. This analysis of new registrant retention rates for prosthetists and orthotists in the UK from 2013-2018, examined the registration status after at least four years of 219 prosthetists and orthotists who first registered between March 2013 and August 2018. It found that nearly 96% remained registered after two years. However, the data on attrition rates revealed that 12.8% (1 in 8) of POs had exited the HCPC register within four years of their initial registration. This rate stood out as the highest among all allied health professions on the HCPC register. In comparison, paramedics reported the lowest rate, with 1 in 56 leaving the register, while across professions, approximately 1 in 18 departed during the same period. Retention data was similar across nationality, gender, age groups, and training location.

Compounding this issue, a recent article⁵ highlighted potential staff retention challenges in the orthotic profession within England and Wales, with 37% of orthotists expressing a desire to leave the profession if given the opportunity. Workplace culture, lack of support and mentoring, and the stresses of the role contribute to this potential attrition rate.

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This report

This report focuses on two objectives. Firstly, to conduct an in-depth examination of the job landscape accessible to recently graduated individuals and secondly, to highlight the obstacles they might encounter as they navigate the early years of their professional journey, with a particular focus on the potential risk of early attrition. By exploring these topics, this report will inform the broader initiatives aimed at reforming the PO healthcare workforce in the UK. We aspire to contribute insights that facilitate the creation of a sustainable and fulfilling career trajectory for these essential healthcare professionals. The ultimate goal is to ensure that the transition from academic training to professional practice is seamless, fostering an environment that supports the long-term commitment and job satisfaction of newly qualified individuals in the prosthetics and orthotics field.

4. HCPC Insight & Analytics Team. How Long Do New Registrants Stay Registered for? An Analysis of First-Time HCPC Registrations: 2013 to 2018. Vol 83.; 2023.

5. Prosser, Achour. Job satisfaction among NHS and private orthotists: a cross-sectional comparative study. Br J Healthc Manag. 2023;29(1):42-50.

Profile of the job market

A recent comprehensive analysis of the UK prosthetic and orthotic workforce² unveils a landscape of available opportunities for graduates to work as a PO. In terms of qualifications, 19% of PO survey respondents had a postgraduate qualification (12.6% MSc, 4.1% Diploma, 1.9% Postgraduate Cert, 0.5% PhD). In 2020, the first ever Consultant Orthotist position was created within the NHS and currently, two individuals hold Consultant Orthotist positions within the NHS. In addition, the profession has one advanced practitioner. It is evident from the creation of these roles that the profession is starting to be recognised within the NHS and the benchmarks created via such roles are providing a pathway for the wider profession to follow. It is also acknowledged that there are POs working in the private sector who use the consultant title and may well be working at the same level but there is no specific framework or benchmark for the employers to utilise. It is essential that staff employed within the private sector have access to the same recognition of their skills and practice, which will require utilisation of standardised frameworks.

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PO workforce survey (note this only relates to the people who answered the survey) respondents provided information on their employment (see Figure 3); with most working for a private company or the NHS and a small percentage being self-employed or working for a higher education institution.

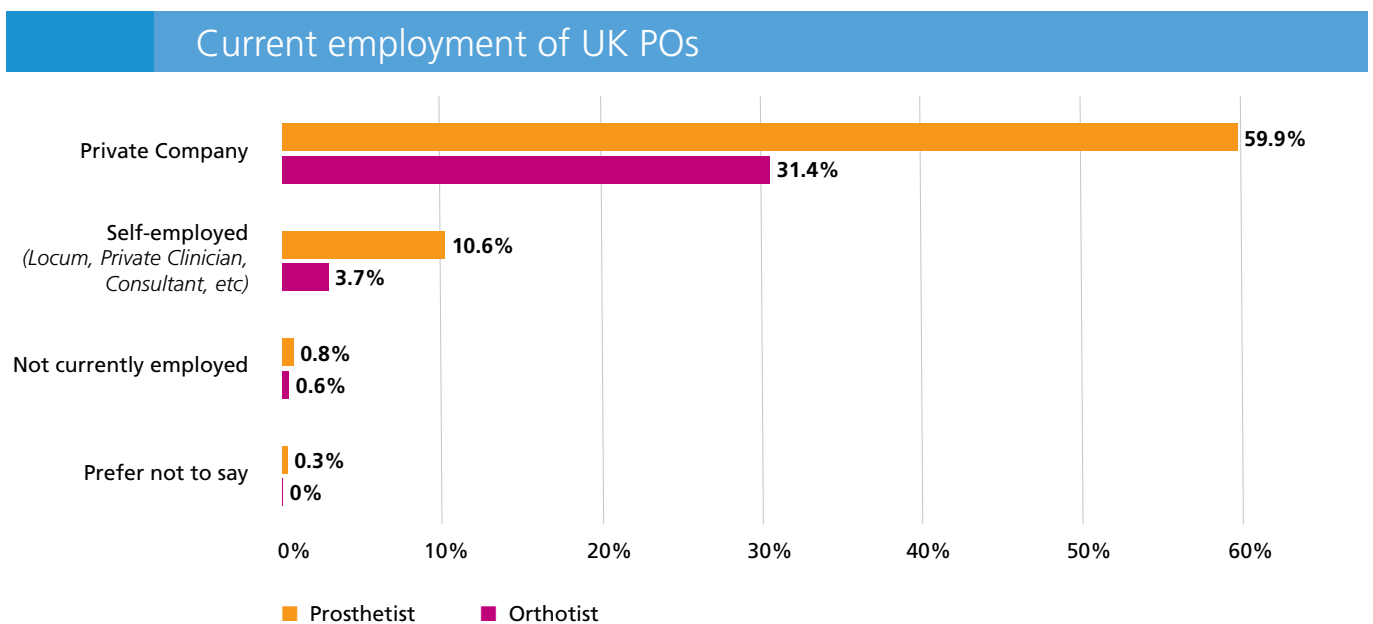


Figure 3: Data on the employment of the current UK prosthetist/orthotist workforce²

2. Eddison, Healy, Leone, Jackson, Pluckrose, Chockalingam. Profile of the UK prosthetic and orthotic workforce and mapping of the workforce for the 21st Century.

An analysis of the current UK P&O workforce² shows it comprises 863 clinical staff (81 NHS prosthetists, 243 NHS orthotists, 4 NHS dual practicing prosthetist/orthotist, 151 private prosthetists, 325 private orthotists, and 59 private dual practicing POs) and 877 non-clinical staff (68 NHS prosthetic technicians, 102 NHS orthotic technicians, 1 NHS dual practicing technician, 147 private prosthetic technicians, 424 private orthotic technicians, and 78 private dual practicing technicians, plus 41 NHS support workers and 17 private support workers), based on the freedom of information requests from the NHS Trusts and Health Boards (HBs) along with the private company surveys. Additionally, the higher education institutes further contribute through 13 POs engaged in teaching and research, fostering the next generation of professionals.

Data from 2017-2022 indicates a consistent output of around 54 students per year graduating with the qualifications to register as a PO. However, the recent workforce survey shows that 8% of students do not plan to register in the UK². The HCPC data shows that 12.5% who do register will leave within four years⁴. This means that of the potential 54 graduates, 4.32% may not register to practice in the UK and 6.5% may leave within four years, thus reducing the cohort of graduate prosthetists and orthotists from 54 to 43. Some may also work part-time, within the wider UK, abroad, or in other sectors, further reducing the numbers reaching the UK NHS workforce.

The WHO standards³ indicate 15-20 prosthetists/orthotists per million population are needed, requiring 1,005-1,340 for the UK. With current shortages in qualified staff, a coordinated approach to expanding training capacity, recruitment, and retention will be important to build an optimally skilled PO workforce that can provide quality care across both NHS and private provision. At the time of preparation, the workforce report² highlighted that there were 57 PO vacancies within the P&O workforce, reflecting a demand for skilled professionals. NHS Trusts/HBs reported a total of 27 PO vacancies, with the private sector reporting 30 PO vacancies. Of those organisations reporting vacancies, 43.5% of NHS Trusts/HBs and 57% of private employers reported that had been unable to recruit following the advertisement of the vacancies. It is acknowledged that staff shortages are not unique to the P&O profession, however, as the smallest allied health profession, one vacancy can have a catastrophic effect on service delivery and access. One vacancy could be 50% of the clinical workforce in that service, which results in a significant impact on patient care.

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4. HCPC Insight & Analytics Team. How Long Do New Registrants Stay Registered for? An Analysis of First-Time HCPC Registrations: 2013 to 2018. Vol 83.; 2023.

Entry into the UK P&O workforce

Practicing as a prosthetist or orthotist involves obtaining registration with the HCPC and it is highly recommended to join the UK professional body for prosthetists and orthotists; The British Association of Prosthetists and Orthotists (BAPO).

Currently, there are four routes to qualify as a PO in the UK.

- A four-year BSc (Hons) in prosthetics and orthotics course at the University of Strathclyde.
- A three-year BSc (Hons) in prosthetics and orthotics course at the University of Salford.
- A two-year prosthetic and orthotic master's course leading to registration as a PO is available at Keele University.
- A three-year prosthetic and orthotic degree apprenticeship via the University of Derby.

Graduates from accredited institutions typically gain access to job fairs, facilitating their exploration of openings across various companies. The landscape has altered in recent years due to the significant influence of the unprecedented COVID-19 pandemic. The outbreak and ensuing disruptions have cast an undeniable impact on the journey of these newly qualified professionals. The contours of job fairs and recruitment processes may have evolved to accommodate the constraints imposed by remote working and social distancing measures. The dynamics of job availability and preferences, too, could have encountered transformations under the unique circumstances wrought by the pandemic. As we reflect on these developments, it becomes evident that the journey of a newly qualified prosthetist or orthotist in recent times may have been traversed through the prism of an extraordinary global challenge.



Exploring employment preferences of the future workforce

A survey conducted by the Centre for Biomechanics and Rehabilitation Technologies at Staffordshire University in 2023, explored the employment plans and preferences of P&O students and apprentices. The results indicated that the vast majority of students and apprentices (92%) planned to register as a PO in the UK after graduation. Of those respondents who were not planning to register as a PO, eight reported that they were international students who wished to return home to work or wished to work internationally; one was interested in a research career; and one was unhappy with UK pay and conditions. In terms of career goals, the most popular responses were to work as a prosthetist (41%), a dual practicing PO (39%), and an advanced clinical practitioner or consultant PO (39%). In addition, 66% of students and apprentices reported that they would like to work in the NHS.

The insights garnered from this survey are as follows:

- 66% of students and apprentices expressed interest in pursuing careers within the NHS.
- 23% articulated a preference for venturing into self-employment.
- 18% of respondents expressed an interest in working as locum practitioners.
- 23% of students/apprentices remained uncommitted to a particular employment setting.
- At the time of the survey, 10% of respondents had embarked on active employment-seeking endeavours, with one student already receiving a concrete job offer.

It's essential to consider that while these preferences showcase diverse opportunities, not all might align optimally with the needs and stability of newly qualified professionals. For instance, the pursuit of locum positions might not necessarily provide the desired grounding for these early-career practitioners.

Job application: Navigating challenges and seeking support

As newly qualified prosthetists or orthotists prepare to embark on their professional journeys, the job market beckons with a promising landscape of opportunities. Yet, beneath the allure of these prospects lie challenges that should be considered. A notable trend shaping the modern job search is the growing prevalence of virtual interviews. As we prepare to welcome the next generation into the workforce, we must be cognizant of the potential change in their experience, expectations, and values which might not align with previous generations. It has been suggested that the next generation to enter the workforce will have excellent digital literacy, with suggestions that they may prefer the virtual world more than the physical world⁶. Leading to an unprecedented rise in creativity, education, and self-care with Generation Alpha spending more time exploring their passion, prioritising mental wellness, and seeking education for the simple joy of learning⁷.

6. McCrindle M. Understanding Generation Alpha. <https://mccrindle.com.au/insights/blog/gen-alpha-defined/>. Accessed May 30, 2022.

7. Caroline Bologna. What's The Deal With Generation Alpha? | Huffpost UK Parenting. Huffington Post. https://www.huffingtonpost.co.uk/entry/generation-alpha-after-gen-z_1_5d420ef4e4b0aca341181574. Published 2021. Accessed May 30, 2022.

If we are to retain these professionals, we must understand how they prioritise their needs and adapt to the requirements of a new generation.

The authors conducted a series of focus groups with students, new graduates, and educators where the discussion centred around the initial phases of embarking on a career. The process of job searching and applying for roles emerges as a significant challenge, with individuals navigating the intricacies of aligning their qualifications with employer expectations.

Other notable themes include:

- **Pressure to secure post-graduation employment:** The weight of securing employment post-graduation looms prominently. The urgency to find a job and embark on a career path can fuel stress and shape the decision-making process.
- **Transitioning roles and locations:** The prospect of relocating or transitioning between jobs introduces an array of challenges. Adapting to new environments, navigating unfamiliar workplaces, and potentially uprooting one's life all pose substantial hurdles.
- **Coping with rejection:** The journey isn't devoid of setbacks. Coping with the sting of rejection while applying for jobs within the UK can affect individuals emotionally and mentally, necessitating resilience and the ability to bounce back.

The road to success is not without its obstacles. The intricacies of the work environment and the expectations tied to caseloads can present formidable hurdles, early-career professionals may find themselves grappling with the pressures of handling complex cases without the necessary support systems. Such circumstances can contribute to heightened stress levels and the risk of burnout, emphasising the need for a sustainable and supportive work environment.

Navigating attrition risks in early careers

Known factors influencing attrition risks include how employees are treated and concerns about salary. The pressing need for sufficient staffing levels is a plea to alleviate workloads and reduce stress. Comments regarding unpaid overtime and heavy administrative tasks underscore the pressures that can diminish job satisfaction and motivation. From insights gathered in a focus group discussion, it was observed that support in navigating the challenges of transitioning from university to the professional field would have been beneficial. This includes addressing issues such as the lack of structured training, encountering complex patient cases, and the stress associated with new responsibilities. The call for reasonable time allocations for tasks and appointments highlights the importance of setting realistic expectations, ensuring that professionals are not subjected to undue pressures that could compromise their well-being. Additionally, the availability of adequate and safe treatment spaces is considered essential for effective practice, emphasising the tangible link between the work environment and job satisfaction.

The 2023 study by Prosser and Achour⁵ provides important insights into factors contributing to attrition risks among newly qualified prosthetists and orthotists. This research highlights that complex challenges within the working environment intertwine to impact job satisfaction and intentions to leave the field. Team dynamics surface as a particularly crucial factor. Survey responses highlighted the vital importance of fostering positive team environments that enable mutual support and shared goals. The essence of collaboration becomes pivotal for enhancing job satisfaction and ultimately preventing attrition among these early-career professionals.

The study assessed job satisfaction and intention to remain in the profession among 123 UK orthotists, of which 36 were NHS employees and 82 worked for private companies contracted to the NHS. It found concerning levels of dissatisfaction, with over a third of respondents indicating they would leave the profession if possible.

The groups reported similar levels of autonomy, teamwork, commute time, continuing professional development opportunities, and intention to leave. However, privately employed orthotists rated their work environments significantly lower. Orthotists working for private companies wanted improved management support, decision inclusion, and contracts matching NHS terms. The strongest predictor of intending to leave was feeling poorly treated by employers. Appointment time constraints, inadequate facilities and equipment, and lack of recognition were all frequently cited issues.

While highlighting challenges, the study has limitations. The sample may not represent national demographics. Self-reported data risks subjective interpretations. Causation between employment type and outcomes cannot be confirmed. Still, the concerning satisfaction and retention findings indicate issues requiring urgent attention to support and retain orthotists.

Strategies are needed to improve management practices, increase recognition, provide appropriate appointment times and facilities, and ensure supportive environments. NHS and private employers share responsibility. Further work should also assess impacts on patient care and quantify contractual differences. Overall, a coordinated effort is essential to address dissatisfaction among POs and ensure a sustainable, high-quality workforce. This study serves as an illuminating guidepost, shedding light on the need to carefully nurture team dynamics and constructive workplace cultures to retain promising talent within the prosthetics and orthotics profession. The potential high attrition rate amongst orthotists would exacerbate workforce shortages and negatively impact service capacity.

5. Prosser, Achour. Job satisfaction among NHS and private orthotists: a cross-sectional comparative study. *Br J Healthc Manag.* 2023;29(1):42-50.

National support programme

To meet increasing care demands, the NHS requires more AHPs and expanded practice-based learning opportunities to achieve regulatory standards. NHS England (NHSE) is working collaboratively with universities, professional bodies, regulators, and stakeholders to build student AHP capacity and share innovations. There is a focus on diversifying learning settings beyond traditional clinical models to open new placement opportunities. This expands system capacity and equips the workforce with essential skills that directly enhance care quality. Overall, by working together to grow placement availability in diverse settings, NHSE aims to develop the AHP workforce needed to meet rising care needs while upholding regulatory standards.

Expanding practice learning opportunities will prepare AHPs to deliver high-quality care that benefits communities. The National AHP Preceptorship and Foundation Support Programme⁸ aims to ensure high-quality preceptorship and foundation support for AHPs transitioning into employment. This work is fundamental to standardising support quality and retaining, upskilling, and maximising AHP potential, especially early in their careers.

The programme provides inclusive access to tailored support across three phases:

- Pre-preceptorship prepares AHPs for employment transition.
- Preceptorship gives structured support during transitions to build confidence as autonomous, accountable practitioners.
- Foundation Support offers ongoing professional and personal development opportunities to upskill across practice pillars and develop workforce diversity.

Ultimately, the programme intends to facilitate successful workforce transitions, enhancing AHP recruitment, retention, development, and diversity through standardised, high-quality support. The published AHP Preceptorship Standards and Framework⁹ provides guidance for implementing high-quality preceptorship support for AHPs. Preceptorship is a period of structured support provided to AHPs during career transitions, including newly qualified, returning to practice after a break, recruited from abroad, changing roles or organisations. The framework is underpinned by five principles from the HCPC covering areas like organisational culture, preceptee empowerment, and delivering programmes. These principles are expanded into 20 specific standards across the document. The framework also puts forward a best practice implementation approach with actions for (re)designing, building context, implementing, delivering, and evaluating AHP preceptorship in organisations and systems.

“Preceptorship is a period of structured support provided to AHPs during career transitions, including newly qualified, returning to practice after a break, recruited from abroad, changing roles or organisations.”

9. NHS. Allied Health Professions (AHP) Preceptorship Standards and Framework.

The standards and implementation framework aim to provide a blueprint for continuous improvement and standardisation of AHP preceptorship. The approach should be tailored to individual needs, strengths-based, co-designed, and inclusive. Facilitating access to profession-specific support through AHP networks is important where numbers within individual professions are small. Collaboration between organisations and integrated care systems is also key to ensuring consistency of access and shared learning. Resources like templates and tools are signposted to support implementation. Formal roles for preceptorship governance are recommended along with protected time for preceptees and preceptors. Preceptorship typically lasts for 12 months, with monthly hour-long review meetings. Ultimately, the framework intends to enable AHPs to receive high-quality preceptorship during workforce transitions, enhancing their confidence, development, and retention.

All POs must have access to such programmes, in particular, service managers must ensure privately contracted POs working in the NHS have the same access as their NHS-employed counterparts.

BAPO have published a P&O-specific guidance framework for preceptorship; 'Early Career Guidance Framework for Prosthetics and Orthotics; A Guide to Preceptorships in P&O' aimed at newly graduated prosthetists and orthotists.

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Conclusion

It is imperative to proactively address the potential risk of attrition that may challenge newly qualified professionals entering the field. Embracing strategic initiatives becomes vital in supporting these early-career practitioners during their crucial formative years.

One effective measure is the introduction of preceptorship programmes fortified with robust feedback and mentoring mechanisms. Such programs can play a pivotal role in facilitating a seamless transition into the workforce, providing essential guidance and support. Equally crucial is ensuring access to wellness and mental health support throughout one's career but particularly within the first five years of practice, thereby prioritising the holistic well-being of clinicians navigating the demands of their new roles.

By acknowledging and actively confronting the challenges encountered by newly qualified professionals, the prosthetic and orthotic industry positions itself to cultivate a steadfast and proficient workforce. This collective effort not only secures the sustainability of the profession but also underscores a commitment to delivering optimal care to patients in need. In doing so, it shapes a brighter future for all stakeholders involved in the field of prosthetics and orthotics.



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Guidance documents for prosthetists and orthotists

These documents have been produced and published by the British Association of Prosthetists and Orthotists.

- An early career guidance framework for prosthetists and orthotists; A Guide to Preceptorships in P&O
- Career Development Framework for Prosthetists and Orthotists
- Workforce education reform programme – a practice-based learning framework for pre-registration
- Curriculum guidance for the pre-registration education of prosthetists and orthotists
- Advanced clinical practice in prosthetics and orthotics
- The provision of early career support to prosthetists and orthotists