



The British Association of
Prosthetics and Orthotics



Practice-Based Learning Strategy for Prosthetics & Orthotics 2026-2028

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1 Executive Summary

This strategy establishes a four-nations approach to expanding safe, high-quality and sustainable practice-based learning in prosthetics and orthotics during 2026–2028. It prioritises more effective use of existing placement capacity, stronger educator capability, diversified learning and supervision models, and consistent quality assurance. Delivery will begin with a twelve-month shadow year focused on prosthetic placements, supported by the Utilisation Planning Group (UPG) and Allocation Planning Group (APG), before successful approaches are embedded and scaled. Progress will be assessed through capacity and utilisation data, learner and educator experience, achievement of learning outcomes, workforce measures such as increasing the number of educators, or utilising job planning to recognise educator time within Direct Clinical Care (DCC) or Supporting Professional Activities (SPA), and completion of improvement actions.



2 Practice-Based Learning Strategy for Prosthetics & Orthotics

2.1 Purpose

Practice-based learning (PBL) is a supervised and structured process through which learners apply academic theory in workplace practice, develop the skills and capabilities required for registration, and demonstrate achievement of agreed outcomes. This strategy establishes a consistent approach to high-quality PBL in prosthetics and orthotics services. Although commissioned by NHS England, it adopts a four-nations approach to design and implementation. The strategy supports safe, compassionate and person-centred care while expanding sustainable learning capacity and improving utilisation through traditional placements, community and hospital-based learning, digital simulation and immersive technologies, and activity across the four pillars of practice including clinical, leadership, research and education.

2.2 Aims

- Optimise the use of available placement capacity, initially focusing on prosthetic services, while maintaining quality and patient safety.
- Provide consistent, inclusive and well-structured learning experiences that enable learners to meet programme outcomes.
- Build educator capability and confidence in supervision, assessment, feedback and learner support.
- Integrate learning into service delivery through planned activities, protected learning time and appropriate supervision.
- Diversify learning environments and supervision models to increase resilience and reduce reliance on traditional one-to-one placements.
- Strengthen the future P&O workforce pipeline through positive learner experiences, professional identity and exposure to the breadth of NHS practice.



3 Strategic Principles

3.1 Safe and effective learning environments

Each learning environment must promote patient safety, equality, diversity and inclusion, psychological safety and respectful team behaviours. Learners should receive a timely induction, understand their scope of practice, know how to raise concerns and have access to wellbeing and pastoral support. Supervision must match the learner's stage, competence and the complexity of the activity, with clear escalation arrangements and continuity wherever possible.

3.2 Workforce Sustainability

PBL is part of workforce development rather than an additional activity. Services should treat learners as valued members of the team, provide exposure to the breadth of P&O roles and settings, and use placements to strengthen recruitment, retention and professional identity and visibility. Placement capacity planning should therefore form part of service, establishment and workforce plans. Offering structured, organised supervised hands-on placement activity has the following workforce benefits:

- Develop future P&O registrants
- Promote recruitment into P&O services
- Support the learner pipeline and contribute to growth within the P&O workforce

3.3 Quality and Consistency

Placement quality should be defined jointly by learners, placement providers and education providers. Each placement should have clear outcomes, an inclusive induction, named support, planned learning opportunities, regular formative feedback, documented assessment and a route for timely resolution of concerns. Quality information should be collaboratively reviewed across sites so that improvement is consistent rather than dependent on individual educators. The following sources of guidance should be used as a minimum to underpin the approach to quality assurance processes for PBL.

- BAPO guidance e.g. PBL framework (2023),¹ standards for best practice (2025),² and the curriculum guidance document (updated 2025)³
- HCPC standards of Proficiency and Standards of Education and Training (2023)⁴
- NHS/ DHSC education frameworks, such as the Safe Learning Environment Charter (SLEC)⁵
- NHS England Multi Professional Quality Assurance of the Practice Learning Environment Toolkit⁶
- NES Quality Standards for Practice-Based learning⁷

4 Collaboration and Partnerships

Sustainable PBL depends on active partnership between placement providers, learners, education providers, NHS workforce and education teams, professional bodies and industry partners. Partners should jointly plan demand and capacity via the UPG. Additionally, each placement provider will need to agree outcomes and documentation, prepare learners and educators, coordinate reasonable adjustments, share learning from quality intelligence and resolve concerns promptly, with the academic education provider supporting the learner.

Working together will help to ensure:

- Alignment of HEI curricula with practice-based learning opportunities
- Consistent learner and educator expectations
- Shared workforce planning and capacity building
- Shared responsibility and equitable allocation of PBL hours
- Equitable support for educators
- Improved experience for learners

5 Placement Capacity and Utilisation

Capacity should be planned from the learning opportunities available across the academic year using the information gathered from the capacity utilisation tool. Assessment of capacity should consider the volume of clinical activity, learner level, educator availability, patient mix, digital and non-patient-facing opportunities, physical space, reasonable adjustments and service pressures.

Offers, uptake and cancellations

Unused capacity should be reviewed routinely and shared transparently with education partners, through feedback mechanisms from the UPG and the APG as well as practice educator feedback to individual HEIs.

5.1 Placement Utilisation and Capacity Planning

5.1.1 Capacity Assessment

Services should undertake regular self-assessment with front-line teams and education partners. The Utilisation Planning Group (UPG) should map capacity activity across all placement sites for both in-house and contracted services, review educator capacity and development needs, consider access and reasonable adjustments, and distinguish theoretical maximum capacity from safe, deliverable offers. Risks and enabling actions should be documented. In summary the UPG will perform the following activities:

- Monitor clinical placement capacity utilisation
- Review staff-to-student ratios and align these with the practice-based learning models set out in section 6
- Discuss, establish and assess educator capability in alignment with section 7
- Establish and review physical resources and space using the capacity utilisation data submission

5.1.2 Utilisation Monitoring

Each placement provider will submit the information required for the capacity-utilisation spreadsheet through a bespoke data-collection form. The Allocation Planning Group (APG) should maintain a single view of capacity, placement offers, allocations, uptake, and cancellations. Review of capacity should consider quality alongside volume, including learner mix, supervision model, setting, equity between education providers and recurring reasons for unused places. Findings should be shared with services and education partners to support timely matching and improvement.

5.1.3 In summary the APG will provide the following functions:

- Collate PBL capacity using the approved placement utilisation tool
- Work collaboratively to agree and distribute utilisation of capacity equitably across all education providers
- Track placement offers compared with available capacity, and increase utilisation where there is unused capacity
- Review unused placement opportunities
- Identify barriers to full utilisation
- Work with placement providers to increase capacity if the utilisation tool suggests there may be scope for increasing capacity.
- Liaise with the UPG to address quality assurance monitoring and improvement.

6 Practice-Based Learning Model

6.1 Structure of Placements

Placements should be designed around agreed learning outcomes and a progressive pathway from induction and supported participation to greater autonomy within scope. A placement's primary focus should be on developing the threshold skills, knowledge and abilities to meet the HCPC regulatory standards. Placements should be hands on and offer a range of activity such as direct patient care, multidisciplinary working, service improvement, leadership, education, research in practice. Pre-placement information and induction should explain the service, expected behaviours, supervision arrangements, accessibility support, learning resources and routes for speaking up.

- Use a range of appropriate settings, including acute, community, outpatient, inpatient, rehabilitation, manufacturing and digital services where appropriate.
- Provide access to diverse patient groups and pathways while respecting consent, dignity, confidentiality and clinical need.
- Include learning across the four pillars of practice: clinical practice, leadership and management, education, and research.
- Build in learner preparation, review, regular feedback, reflection and preparation for assessment.
- Use non-patient-facing activities where these contribute meaningfully to programme outcomes.

6.2 Models of Supervision

Supervision models should be selected according to learner need, educator readiness, activity risk and service context. Options include one-to-one, two-to-one or multi-learner supervision, peer-assisted and near-peer learning, team supervision, long-arm supervision and hub-and-spoke arrangements.

Every model must retain named accountability, planned contact, access to support, regular feedback and a clear process for escalation. Educators should explain how supervision will reduce as confidence and proficiency develop. Learners must be clear on what supervision arrangements are in place.

- Adopt flexible supervision models to increase capacity
- 1:1 supervision may be necessary during early placements, at the initial stages of longer placements, or for specific clinical activities
- 2:1, 3:1 or peer learning models
- Hub-and-spoke models across services and departments

6.3 Maximising the Utilisation of Capacity

Where capacity is underused or not used appropriately or where unwarranted variation exists in the delivery of placements to learners, an improvement plan should be agreed with the placement provider to address the cause. Actions may include redesigning the placement, introducing multi-student or hub-and-spoke approaches, developing new settings, using simulation or digital activity, preparing or upskilling additional educators, improving induction, or introducing alternative supervision models.

The UPG has a function to provide oversight and quality assurance of placements. The UPG must be notified where improvement is required, with an action plan developed and monitored as part of the improvement cycle.

7 Practice Educator Development

7.1 Support Mechanisms for Educators

Recommendations for educator support are aligned to the NHS Safe Learning Environment Charter,⁵ the AHP Educator Career Framework,⁸ the NHS England Multi Professional Quality Assurance of the Practice Learning Environment⁶ and recommendations from professional, statutory and regulatory bodies. Support can come in many forms; however, the suggestions below provide a good starting point.

- Accessible initial and refresher educator development.
- Peer support, mentoring, communities of practice and access to education leads.
- Protected time for preparation, supervision, feedback, assessment and continuing professional development.
- Clear guidance, documentation and timely advice from education providers.
- Debrief and wellbeing support following challenging learning or patient-care situations.
- Recognition of education activity in job planning, appraisal and career development.

7.2 The role of practice educators

P&O educators play a diverse and essential role in supporting the development of a skilled, confident, and adaptable P&O workforce. Educator responsibilities are variable and may include clinical teaching, mentorship, supervision, assessment, and leadership across a wide range of healthcare settings. Effective educators must be able to tailor their approach, providing guidance, encouragement, and opportunities that enable individuals to achieve their full potential while delivering safe, high-quality patient care. Below are some examples of what the role of the educator might require.

- Complete preparation appropriate to the supervision and assessment role before taking responsibility for a learner.
- Maintain current professional practice and awareness of programme, regulatory and local requirements.
- Agree learning objectives, provide regular formative feedback, document progress and complete fair assessment in collaboration with the HEI supporting the learner.
- Adapt supervision as proficiency develops and make reasonable adjustments in partnership with the learner and education provider.
- Recognise and escalate concerns about safety, conduct, wellbeing or progression promptly and appropriately according to the processes provided by the HEI supporting the learner.
- Complete appropriate educator training and the necessary organisational CPD to support learners in practice.
- Engage in continuing professional development



7.2.1 Support for struggling learners

Where concerns are identified regarding a learner's progress while on placement these should be addressed promptly through objective assessment, constructive feedback and collaborative support. Early identification of development needs allows educators to work with learners to understand the factors influencing performance and to implement timely interventions that promote success.

Learners requiring additional support benefit from personalised development plans that clearly identify learning objectives, expected outcomes and review milestones. These plans should be developed collaboratively between the learner, academic and practice educators and academic placement coordinators and leads, ensuring a shared understanding of expectations and available support mechanisms. Regular review meetings and reflective discussions will facilitate ongoing monitoring of progress, reinforce strengths and provide opportunities to address any barriers to achievement.

Close partnership working between universities, academic and clinical practice learning teams, personal tutors and specialist support services will ensure learners can access the academic, professional and wellbeing support needed to thrive within practice learning environments

Where concerns persist despite targeted support and reasonable opportunities for development, decisions regarding progress will be made through fair, transparent and evidence-based processes in accordance with professional regulatory requirements and institutional policies. The table below highlights directive support for learners who are struggling in placement settings.

PRIORITY	APPROACH	INTENDED OUTCOME
Early Identification of Learning Needs	Use objective, evidence-based assessment against clearly defined clinical competencies/ objectives, supported by timely feedback and documentation.	Enables early identification of learning needs and timely support to maximise learner success.
Personalised Development Planning	Develop collaborative action plans involving learners, practice assessors and academic assessors, with clear goals, measurable outcomes and agreed review points.	Supports learners to achieve required learning and development through targeted and achievable development objectives.
Inclusive Learning and Reasonable Adjustments	Implement reasonable adjustments, where appropriate, to ensure equitable access to learning opportunities while maintaining professional standards and regulatory requirements.	Promotes an inclusive learning environment in which all learners can demonstrate their capability and potential.
Collaborative Support Networks	Strengthen partnerships between practice educators, academic teams link tutors and specialist support services to provide coordinated support.	Enhances learner wellbeing, engagement, resilience and progression.
Ongoing Review and Constructive Feedback	Monitor progress through regular reviews, reflective discussions and evidence-based feedback.	Encourages continuous development, self-reflection and achievement.
Quality Assurance and Professional Standards	Apply transparent regulatory and institutional processes where concerns regarding competence or progression remain despite targeted support.	Ensures public safety, maintains professional standards and supports fair decision-making.

Designing the Learning Experience

Learners should be integrated into the clinical team. Core skills such as communication, both verbal and written, and exposure to a variety of professional working relationships should be demonstrated.

8.1 Core Learning Activities might include the following:

- Supervised hands-on patient assessment, including clinical reasoning, goal setting, intervention, device provision and review, appropriate to the learner's level
- Case-based discussion, reflective practice and use of feedback to identify development needs.
- Participation in multidisciplinary working, new referrals and onward referrals, discharge and communication with patients, carers and colleagues
- Leadership and service-improvement activity, including audit, quality improvement, patient safety and resource stewardship
- Education activity such as patient education, peer teaching, support and development of learning resources.
- Research and evidence activity, including literature review, critical appraisal, reviewing evidence for practice, preparing presentations to colleagues and peers, sharing new evidence and research
- Digital practice, record keeping, information governance and technology-enabled care
- Core learning activities aligned with the BAPO Practice-based learning framework¹

Simulation and immersive technology

When integrated effectively, simulation and immersive technologies can significantly enhance practical learning, helping learners develop skills and confidence for workplace experience while complementing valuable patient-facing learning opportunities. Simulation and immersive technologies should be used to enrich and support practical learning, ensuring learners are well prepared for workplace experience while maintaining access to appropriate patient-facing learning. Scenarios should map to defined outcomes and may include communication, clinical reasoning, technical skills, safety events, multidisciplinary working and difficult conversations. Delivery should include a psychologically safe briefing, clear roles, accessible design, trained facilitation and structured debrief. Outcomes and learner feedback should be evaluated, and equipment, digital access, consent, confidentiality and data governance requirements should be addressed.

9.1 Application within P&O

- Use simulated cases, model patients, digital records and technical tasks to rehearse assessment, prescription, fitting, review and escalation.
- Use virtual or mixed delivery to widen access to specialist expertise and geographically dispersed services.
- Simulation can support learners through key transition points, enhance supervised clinical time and contribute to overall programme goals.
- Include facilitator debrief and learner reflection so that experience is translated into safer practice.

10 Quality Assurance

10.1 Monitoring

- Learner and educator feedback at appropriate points, including induction, midpoint and placement completion aligned to HEI processes and procedures
- Placement review or audit against agreed learning-environment standards such as those defined in the NHSE multi professional quality assurance of the practice learning environment tool kit⁶
- Monitoring of concerns, incidents and access issues
- Accommodation of agreed reasonable adjustments.
- Review of assessment quality, learner progression and consistency between sites.
- Feedback from allocation panels, education providers, service users and relevant governance groups.

10.2 Evaluation Metrics

- Placement capacity offered, allocated, utilisation of available capacity, with reasons for cancellations and unused places.
- Learner experience, belonging, access to supervision, feedback, wellbeing support and confidence to speak up.
- Educator numbers, preparation, protected time, confidence and retention.
- Achievement of learning outcomes, progression concerns and timeliness of support.
- Breadth of settings, supervision models, patient pathways and learning across the four pillars.
- Improvement actions completed and evidence that changes have enhanced quality or capacity.

10.3 Governance

UPG and APG should have defined terms of reference, with a mechanism for risk escalation, action logs and accountability. Learning from good practice and incidents should be shared. This could be at provider level or more centrally through the UPG. Each HEI will also have its own processes to follow. The following are examples of where shared governance processes could integrate governance feedback.

- PBL allocation panel meetings
- Education leads both academic and clinical
- Service managers
- Regional education networks

Serious or recurring concerns should be managed through existing patient safety and education quality processes.



11 Implementation Plan

11.1 A twelve-month shadow year focusing on prosthetic placements

Confirm governance, accountable leads and education-provider membership to UPG.

- Agree ToR for both UPG and APG
- Conduct capacity utilisation assessment using the agreed capacity utilisation tool.
- Map current capacity, utilisation, settings, supervision models and educator capability.
- Baseline learner and educator experience against NHS learning-environment expectations.
- Prioritise immediate educator preparation, induction improvements and barriers to safe delivery.
- Pilot multi-student, peer-assisted, hub-and-spoke, simulation or digital models in suitable services.

12 – 24 months

- Work towards aligning placement information, placement documentation, feedback, assessment and escalation routes across P&O education providers.
- Further develop educator networks and protected-time arrangements.
- Review pilots using quality, utilisation and equality measures and scale successful approaches.
- Embed annual capacity planning within workforce and service planning.
- Maintain a diverse portfolio of learning environments across the four pillars of practice.
- Demonstrate impact on learner progression, recruitment, retention, educator capability and service improvement.
- Share learning across regional and national AHP education networks and refresh the strategy as evidence and priorities evolve.

12 Continuous Improvement

The strategy should operate within a continuous improvement cycle: establish a baseline, agree priorities, test changes, review evidence, and embed or adapt the necessary change. A formal annual review (UPG) should be supported by in-year monitoring (APG) so that safety, quality or access concerns are acted on promptly.

- Maintain alignment with NHS AHP workforce and education priorities across the four nations
- Incorporate emerging evidence and learning from learners, educators, both clinical and academic, patients and partners.
- Improve placement quality, inclusion, capacity, utilisation and educator experience.
- Keep records of progress and change.

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AHP Principles of Practice Based Learning

<https://www.bapo.com/ahp-principles-of-practice-based-learning/>

Glossary

Allied Health Professions (AHPs): A group of 14 registerable professional titles across health and care in England. Thirteen are regulated by the HCPC, with osteopaths regulated by the General Osteopathic Council.

British Association of Prosthetics and Orthotics (BAPO): The professional body representing prosthetists and orthotists in the UK.

Capacity: The available resources, such as workforce size, physical space, and facilities, to provide practice-based learning (PBL) activities.

Educator Capacity: The number of qualified educators available to provide training and support to learners.

The four pillars of practice: The four pillars of practice are fundamental concepts used across allied health professions, including Prosthetics and Orthotics (P&O), to ensure a well-rounded and comprehensive approach to professional learning, development and practice. PBL activity during pre-registration education should cover all four pillars.

Clinical and Technical Practice Pillar: This pillar focuses on the direct patient care and technical skills required to provide high-quality, safe, and effective services. It includes the knowledge, skills, and behaviours necessary to perform clinical tasks and procedures, as well as the technical aspects of prosthetic and orthotic device design, fitting, and maintenance.

Education and Facilitating Learning Pillar: This pillar emphasises the importance of education and continuous learning for both the practitioner and others. It involves teaching, mentoring, and facilitating learning opportunities for students, peers, and other healthcare professionals. It also includes self-development and reflective practice to ensure ongoing professional growth.

Leadership and Management Pillar: This pillar covers the skills and behaviours needed to lead and manage within the healthcare environment. It includes strategic planning, team leadership, resource management, and the ability to influence and drive change. Effective leadership ensures that services are delivered efficiently, and that the workforce is motivated and supported.

Evidence, Research, and Development Pillar: This pillar focuses on the use of evidence-based practice and the contribution to research and development within the profession. It involves sourcing, evaluating, and applying high-quality evidence to inform clinical practice, as well as engaging in research and audit activities to advance the field. This pillar ensures that practice is grounded in the latest scientific knowledge and innovations.

Health and Care Professions Council (HCPC): The UK regulator for 15 health and care professions, responsible for maintaining the Register and setting standards for professional practice, conduct, education and training.

Higher Education Institution (HEI): Universities (and sometimes colleges) that provide higher education and training programmes.

NHS Education for Scotland (NES): The education and training body for NHS Scotland.

NHS England (NHSE): The body responsible for overseeing the NHS in England.

In-house Service Provision: Prosthetic and orthotic services provided by the NHS for the NHS.

Peer Enhanced E-learning Placements (PEEP): Learning placements that use peer support and e-learning to enhance the practice-based learning experience.

Practice-Based Learning (PBL): Learning that takes place in a practical, real-world setting, such as within an NHS P&O department or a company providing P&O services.

Professional, Statutory, and Regulatory Bodies (PSRBs): Organisations that set standards, regulate professions, and/or have statutory authority over specific professions, often engaging with higher education institutions to accredit, approve, or recognise programmes leading to professional qualifications.

Standards of Proficiency (SOPs): The threshold standards set by the HCPC that registrants must meet for registration and continued safe and effective practice.

Standards of Education and Training (SETs): The standards set by the HCPC that education programmes must meet to deliver approved education and training that prepares learners for professional practice.



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