

Workforce and Education Reform Programme



Retention and Support for Students, Newly Qualified Workforce and Early Careers

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| Title of Project: | Retention and Support for Students, Newly Qualified Workforce and Early Careers |
| Report Date: | 31/03/2023 |
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Executive summary

Attrition of early career graduates across the allied health professional (AHP) disciplines between 2013-2018 was reported 5.7% (1 in 18) within four years, specifically, podiatry 1 in 11¹. However, recent NHS-specific Electronic Staff Record data reports across the AHPs, the attrition rate between September 2021 to September 2022 was 10.9% within 2 years, and podiatry was 14.2%^{1,2}. There is strong evidence for a link between profession size and deregistration rate; whereby smaller profession new graduates are more likely to deregister within four years².

Retention and Support for Students, Newly Qualified Workforce and Early Careers

As a part of the Workforce Education Reform (WFER) programme commissioned by Health Education England (HEE), this report focuses on ensuring podiatry students, new graduates, and those in their early career receive targeted support with the purpose to increase retention and reduce attrition rates in these groups. With podiatry workforce levels becoming increasingly pressured, it is essential to focus on:

- Undergraduate level: to minimise dropout rates during study; to ensure experiences during study support transition into the work environment; to reflect the curriculum with the reality of work and **skills, knowledge, and attributes** needed to ensure work readiness
- Recently Qualified: to maximise the benefits of a tailored **preceptorship** journey; to increase new graduates opting to work in the NHS
- Early Careers: to enhance the experience of a rewarding and developmental early career which contributes to their longevity and advancement in the profession.

Introduction

| Activities included within the project scope | | |
|---|--|--|
| Aims | Considerations | Implementation |
| (1) Work with managers to have access to an NHS Band 5 job offer | <ul style="list-style-type: none"> - New podiatry graduates have opportunities across multiple sectors for work (e.g., clinical, research; NHS, private sector) and therefore output should reflect multi-sectoral opportunities. - One off communication is not a sustainable approach, and may not allow for full capacity of target audience. | <ul style="list-style-type: none"> - Talk-over presentation, as opposed to live webinar, with multi-sectoral consideration; discussing the importance of the Qualified Clinician (Band 5) role in the foot health team, but also as a developmental learning role, which is to sit on Early Career Guidance webpage. |
| (2) Promote optimisation of practice-based learning (PBL) | <ul style="list-style-type: none"> - Provides a framework for PBL, and its application should be considered to preceptorships and their purpose in honing and enhancing upon skills learnt at undergraduate level. | <ul style="list-style-type: none"> - Promotion of optimising PBL to be covered in presentation above. - Further work to be completed around PBL Framework regarding its application to podiatry preceptorships upon availability of HEE AHP Preceptorship Framework. |
| (3) Increase the capability, confidence, and system responsibility of new graduates in the workforce by promoting Band 5 scope of practice | <ul style="list-style-type: none"> - Full Band 5 scope of practice not always utilised due to service design, and this is varied amongst NHS Trusts and in private practice (PP). | <ul style="list-style-type: none"> - Will be achieved through dissemination of literature and supporting case studies on talk-over PowerPoint. - However, will need greater promotion and marketing from RCPod. |

Throughout the project, a variety of stakeholders were consulted through one-to-one interviews, focus groups, and webinars. Discussions explored the factors relating to student, new graduate, and early career podiatrists' retention and attrition in the profession. Alongside exploring the different forms of targeted support and implementation for these groups, including pre-preceptorship, preceptorship, and foundational support, which aid transition into enhanced roles.

Discussion

Across the AHPs, new graduates reported workload, work life balance, developmental opportunities, and their perception of value within their organisation were all factors associated with retention and attrition.

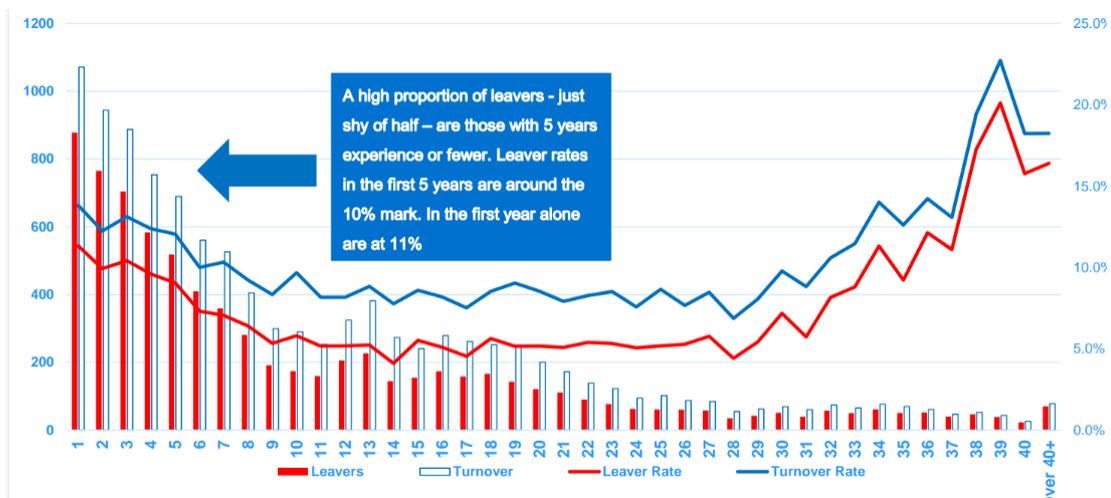


Figure 1 Leavers, by years of experience, March 2021-March 2022.³

Activity 1

After exploring factors relating to accessibility to a Band 5 position for new graduate podiatrist, the following themes were highlighted:

Band 5 job advertisements

Initial scoping of this activity explored Band 5 job advertisements, by searching, “Newly Qualified Podiatrist”, and “Band 5 Podiatrist” on the job advert site *Indeed*.

| Search Term: “Newly Qualified Podiatrist” = 33 results | |
|--|-----|
| Newly Qualified Podiatrist | x1 |
| Final Year BSc Podiatry Student | x1 |
| Band 6 | x1 |
| Podiatrist (no specification to Band) | x13 |
| Specialist Podiatrist | x2 |
| Support Worker | x1 |
| Other AHP | x1 |
| Duplicates | x12 |

| Search Term: “Band 5 Podiatrist” = 68 results | |
|---|-----|
| Podiatrist – specifying either Band 5/6 | x5 |
| Band 5 – specifying international recruits only | x4 |
| Band 5 – specified; Diabetic Foot Co-Ordinator | x1 |
| Podiatrist (no specification to Band) | x7 |
| Clinical Podiatrist | x1 |
| Band 5 Podiatrist | x3 |
| Specifying Bank work | x2 |
| Specialist Podiatrist | x3 |
| Band 7 | x2 |
| Other AHP | x5 |
| Advanced Clinical Practitioner | x1 |
| Duplicates | x34 |

Out of all of the searches, only two job titles referenced positions specifically for a ‘Newly Qualified Podiatrist’ (NQP) in the NHS (Appendix 1), or ‘Final Year BSc Podiatry Student’ in the private sector. Both adverts highlighted the learning developmental opportunities within these roles. A vast amount of job opportunities were not applicable for a new graduate. Those that were applicable, referencing the following: “will consider/open to interviewing new graduates”. Additionally, some roles advertised for a Band 5/6 role, implying an interchangeable element to these two roles, devaluing the importance of the Band 5 role for new graduates.

Incentives to accessing a Band 5 (equivalent) NQP role:

Throughout the scoping, a wide variety of incentives specific to professional growth were noted in the job descriptions. Mostly referencing to some form of 'mentoring' and 'supervision', and activities such as 'case discussion' to aid in development and support continued professional development requirements. Additional incentive examples captured were, 'release for studies, such as final exams, Masters, or PhDs', or the 'flying star' programme available in Scotland.

However, with the rise of **preceptorships** coming to the forefront of new graduate discussions, simply offering some supervision, alongside CPD, may not suffice. Some Trusts are introducing preceptorships with attached incentives upon completion, e.g., 60 credits towards a Masters module, and transition into a higher band role. Although preceptorships can be used as an incentive to employment, it is essential for employers and those facilitating a preceptor role to acknowledge preceptorship as a period of transition. It can also be used as a developmental year into practice.

Barriers to accessing a Band 5 (equivalent) NQP role:

New graduates are becoming priced out of some areas where the cost of living is too high for a Band 5 salary. For example, in Oxford, house prices are on average £600,567, with most sales being terraced (average = £550,005)³. New graduate positions are posted with a salary of £27,055 to £32,934. Presuming the buyer was buying a house as part of a couple, average salaries in Oxford are set at £37,8495; $(£32,934 + £37,849) \times 5.5$ (max borrow up to 5.5x annual joint salary) = £389,306.50. Presuming there is a 10% deposit = £449,306.50. For this reason, some newly qualified practitioners are offered Band 6 roles in an effort to retain staff using higher bands; an additional contributing factor due to the high-risk services commissioned requiring specialist skill sets. Some Trusts are also offering relocation packages and staff accommodation to compensate. However, this movement causes concern over quality assurances regarding patient safety. It may also be a contributing factor to staff leaving owing to an immediate increased responsibility.



Despite the negative consequences of upskilling too soon, some students reported actively seeking Band 6 roles for financial reasons, alongside faster career progression into a specialism. However, other new graduates report of their concerns over early transition into a Band 6 role. This is mainly due to the increased risk and responsibility of complex needs of service users.

Activity 2

Practiced Based Learning (PBL) has been explored in greater depth through AHP 3, where 3-1 supervisory models and peer-to-peer learning are being encouraged. The PBL framework should be considered for their preceptorship applications and to aid skills enhancement, especially across the **Four Pillars of Practice**.

Preceptorship is defined as:

“A period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning.”⁷

HEE has worked on a National AHP Preceptorship and Foundation Support Programme. This was established to ensure that AHPs receive standardised, high-quality support as they transition into employment and that will contribute to retaining, upskilling, and maximising the potential of AHPs, especially in the early years of their career. The preceptorship programme focuses on supporting development across the Four Pillars of Practice from the outset of their career.

It is essential for the development of an NQP’s capabilities to view preceptorship as an additional learning period where skills learnt at undergraduate level can be refined and enhanced. By ensuring this period is safeguarded and dedicated to the NQP, retention is aided by the organisation placing a greater sense of value in their development and career progression. The preceptorship should be tailored to the individual and their profession; it should also be created with their personal and lifestyle needs in mind. Ideally, preceptorships should give the practitioner a greater understanding of their own profession, their position as well as their place within the wider AHPs and the healthcare landscape.



Stakeholder engagement highlighted a foundational principle of preceptorship being a continued learning year to enhance skills learnt at undergraduate and to develop confidence in practice, was misplaced with a competency checklist year, which only signified a transition from Band 5 to a Band 6 role. The transitional roles have a varied progression rate seen between six months – one-year. Although some newly qualified clinicians reported this speedy transition to a Band 6 was positive for greater status and pay, others reported feeling rushed and were cautious of the responsibility a Band 6 held – largely regarding patient care and outcomes. Future exploration should explore rotational opportunities like other AHPs, such as physiotherapists. Some NHS Trusts highlight their placement opportunities for newly qualified practitioners (Appendix 1) whereby new graduates can gain a breadth of skills across vascular and diabetes care.

Those receiving a one-to-one tailored preceptorship programme reported positive feedback, including feeling supported and valued. However, those undertaking a larger preceptorship programme, with a lack of tailoring to podiatry, reported negative feedback. Advising:

“I didn’t have a particularly beneficial experience of preceptorship as it was in such a large group with a focus on the nursing cohort. The programme centred mostly on those that wanted to complete masters modules on the topics covered.”

To support preceptees in their transition into practice, an effective preceptor who can build a trusting relationship and dedicate time and training for this individual is important for a successful preceptorship. Buy-in to the value of preceptorship at an organisation level is essential to create a culture of mentorship and support, alongside embedding robust systems for implementing preceptorship. HEE’s eLfh preceptorship training module has been developed to support this movement, however, it is not currently available through the RCPod’s access to eLfh.

Activity 3

Increased service demands and pressure on NHS staffing requires new ways of working. Redesigning service provision to maximise Band 5 scope of practice allows for an upward chain of maximised skilled work. Support and vision for this revision of service delivery should be explored in greater depth and in collaboration with services providing a similar model to demonstrate the value it brings.

Students

Despite the HEE project title including students as a target group for support, no deliverable was outlined for this group specifically. After focus groups and surveys with students, it was highlighted they experience a lack of value and placement within the healthcare structure throughout their studies. However, this experience varied; notably between students who actively sought out additional activities, such as student leadership programmes, and those who participated outside of the core curriculum. There is a greater need for the RCPod to support students throughout their studies to enable them to feel a part of the profession. This will contribute to their sense of value, an area highlighted to be a factor related to attrition if not well sustained.

The introduction of a summer school pilot was initially targeted at final year podiatry students who had completed their exams and awaiting their HCPC registration. However, following the consultation with stakeholder consultations, it was deemed less essential for this target group, as they were likely to have secured employment working as a Podiatry Assistants until securing HCPC registration. Therefore, the pilot was redirected to target podiatry students at the end of their 2nd year, which received positive feedback. This group were interested in the summer school. Further collaborations with the RCPod membership team to align current activities refined this output into a TALUS programme to support current RCPod work and integrate HEE ambitions.

Project Recommendations and Future Considerations

Students:

- To offer modern techniques in digital access to medial and communications supporting their transition and professional growth
- Consider partnering or sponsoring a third party such as Tomorrow's Podiatry, which already actively engages and co-produces material effectively
- To embrace the learning journey within the career framework with purpose to inform their study at undergraduate level and encourage life long learning.

New Graduates:

- Embracing personalised preceptorship models to support learning journey and career mapping
- To embrace interdisciplinary working within the preceptorship model across all environments
- RCPod to investigate access into preceptorship training for members through the eLfH platform
- Maximising capabilities and highlighting scope of practice continued professional development to be led by a transformational leadership confident podiatrist to enhance uptake of this model.



Contributors

AHP Preceptorship and Early Careers Team (HEE)

Great Western Hospital NHS Foundation Trust

Harrogate and District NHS Foundation Trust

Health Education England

Midlands Partnership Foundation Trust

NHS Podiatry Managers

Oxford Health Trust

Oxleas NHS Foundation Trust

RCPod Team

RCPod Membership

University of Brighton

University of Huddersfield

University of Southampton

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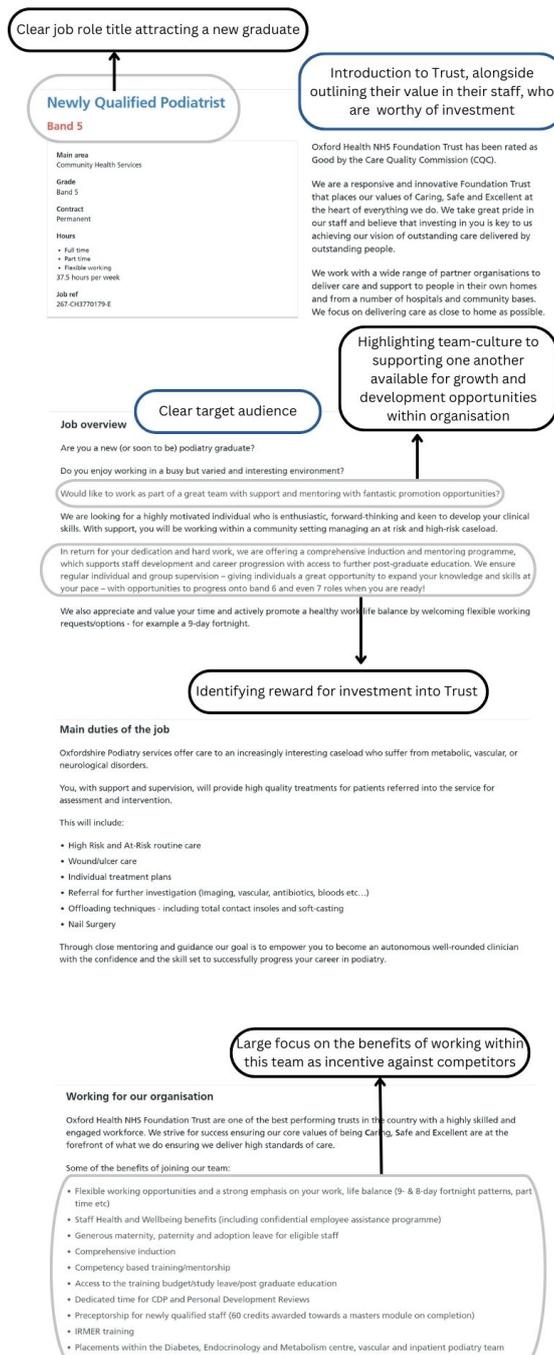
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Appendices

Appendix 1



Additional focus on working for this Trust as incentive against other competitors

Benefits of working for Oxford Health NHS Foundation Trust include:

- Excellent opportunities for career progression
- 27 days annual leave, plus bank holidays, with an increase to 33 days with continuous service
- NHS Discount across a wide range of shops, restaurants and retailers
- Staff accommodation
- Competitive pension scheme
- Lease car scheme
- Cycle to work scheme

Detailed job description and main responsibilities

Applicants must have a degree in podiatry and be registered with the HCPC.

We are committed to equal opportunities and welcome applications from all sections of the community. Reasonable adjustments will be made for disabled applicants where required.

Please see attached JD for full details.

Person specification

Qualifications

Essential criteria

- BSc Podiatry (or equivalent – e.g. Diploma in Podiatric Medicine or Overseas qualification with equivalent BSc experience).
- HCPC registration.

Desirable criteria

- Postgraduate Certificates

Knowledge

Essential criteria

- Accurate assessment, testing and diagnosis of complex foot pathologies within the specialist eligibility criteria of service.
- Effective communication and partnership working with patients/the general public, especially in respect of foot health education

Experience

Essential criteria

- Initiative - always challenging practices and working procedures to improve service delivery
- Self-motivated - seeking to improve service delivery, reading research papers, up to date with broad clinical and political professional developments
- Ability to work under the pressures of demanding and competing priorities

- New starters have a 6 month probationary period. This, together with the induction process aims to create a positive supportive working environment allowing new employees to learn key elements of their role over a reasonable timescale.
- Candidates not currently employed by the Trust who attend an interview for non-qualified Band 1-5 posts are required to undertake numeracy and literacy assessments.
- Appointment to this post is subject to the trust receiving satisfactory references covering 3 years of employment or study. Please ask your referees to respond promptly to reference requests.
- Employees are expected to undertake mandatory and statutory training related to their role.
- We positively encourage applications from all areas of the community, regardless of gender, race, faith, disability, age or sexual orientation and we encourage applications from users of mental health services. This is part of our commitment to equality and reflecting the diversity of our population.
- Oxford Health is committed to safeguarding and promoting the welfare of children and vulnerable adults, we expect all staff and volunteers to share this commitment.

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