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## Year in registration survey 2025 – findings report

### Executive summary

This report presents highlights from our fifth year in registration survey. The survey was launched in mid-July (2025), to seek the views of those who have been HCPC-registered for a year and came through the UK registration route. The survey asked questions regarding:

- their education and training programme,
- how this prepared them to practise; and
- their first year in employment.

We intend to integrate insight from this work into our education quality assurance activities and inform focus areas for our Policy and Standards team, and Professional Liaison and Outreach team.

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 due to our sampling approach, which was unstructured and non-random.

The response rate to the survey was 6%, representing a decrease from the 11% in the previous year. This reduction occurred despite the survey being sent to all registrants who completed programmes in 2024, promoted through the same channels as in previous cycles (primarily via social media and through our partner stakeholders), and despite the data collection period being extended to allow additional time to respond.

The eligible population increased slightly this year, with an additional 977 registrants compared to the previous cohort. Although the absolute number of responses was broadly similar, the population was larger than in the previous year, which resulted in a lower response rate overall.

Reduced engagement may reflect survey fatigue among those who complete programmes, alongside wider workforce pressures and competing demands during the transition into practice. Given the unstructured, non-random sampling approach, year-on-year changes in response rates are sensitive to small variations in engagement and the findings should therefore be interpreted as indicative rather than representative.

Where relevant, we have highlighted key learnings that may benefit from improvements or further exploration via our ongoing work.

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# Preparation for and transition to practice

This section examines to what extent learners’ felt their education and training prepared for practice linked to several key areas focused on public safety. This is important because new registrants must feel confident to enter the professional workforce.

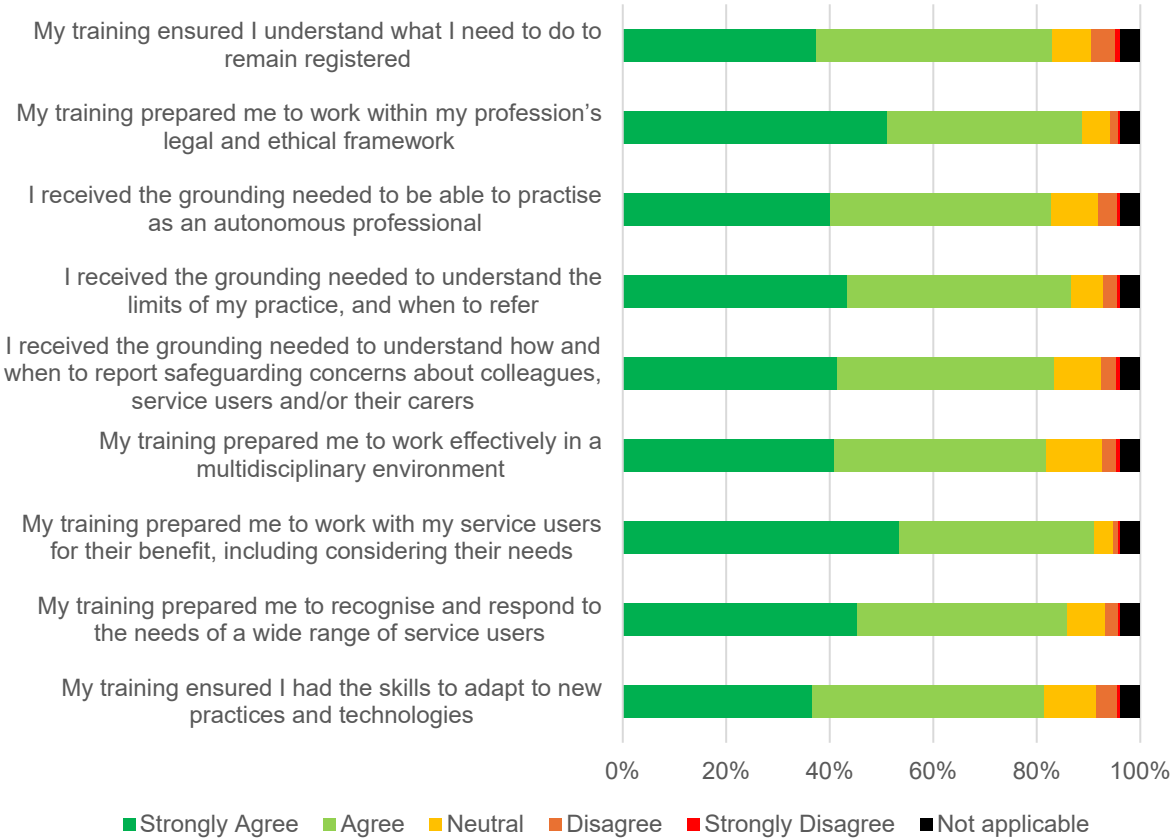


Figure 1 - Preparedness for practice, statement agreement across all respondents

## Overall findings

The findings show that HCPC-approved education and training programmes provide learners with strong, consistent preparation as they move into professional practice. Respondents reported high levels of confidence in the pre-registration training across all areas. This finding suggests that their training was effective in supporting readiness for registration and entry to practice.

91% of respondents reported that their programmes prepared them well to understand and respond to service user needs. This mirrored the response patterns from previous surveys. There were also high levels of confidence about understanding legal and ethical responsibilities (89%) and understanding how to recognise and report safeguarding concerns (83%). These were new questions add to the 2025 survey so we are unable to do a comparison to previous years. The findings indicated that the majority of learners felt well-supported in developing these essential professional competencies.

The lowest agreement rate was for the question about training ensuring respondents had the skills to adapt to new practices and technologies (81%). We explore this area further in the [AI in education and training section](#).

Overall, the findings present a positive opinion of pre-registration training quality and effectiveness. The data shows that most respondents expressed clear confidence in their preparedness, and areas of uncertainty or disagreement were comparatively small. The consistency of positive responses across all statements highlights that these programmes are enabling learners to enter practice with a consistent foundation of knowledge, skills, and professional understanding.

### **Profession specific findings**

Our analysis shows that:

- Physiotherapists, occupational therapists, radiographers, dietitians and speech and language therapists reported very high agreement across all areas. This could suggest respondents from these professions had strong readiness for practice.
- Clinical scientists and biomedical scientists also expressed high confidence, particularly in autonomy, ethical practice and responding to service-user needs.
- Paramedics showed greater variation, with many reporting solid preparation but a notable proportion selecting neutral or disagree responses especially around multidisciplinary working and adapting to new technologies suggesting less consistency in training experiences.
- Practitioner psychologists modalities of clinical, counselling, educational and forensic psychology reported largely positive perceptions of preparedness, though a small minority expressed uncertainty about multidisciplinary working or limits of practice, reflecting variability in training models.
- Arts therapists across music, drama and art therapy generally expressed strong confidence in their preparation, though some reported mixed views on autonomous practice and adapting to new technologies.
- Hearing aid dispensers, operating department practitioners and orthoptists showed near-universal strong agreement, reflecting consistently positive and well-structured training experiences.

### **Recommendations**

1. Education providers, working with professional bodies, should enhance curriculum content for professions showing greater variation in preparedness (specifically paramedics, practitioner psychologists and arts therapists) by strengthening multidisciplinary learning and improving training on adapting to new and emerging technologies.
2. Employers and education providers should reinforce the strong foundations already evident in legal, ethical and safeguarding knowledge by sharing best practice from consistently high-performing professions (physiotherapy, radiography, dietetics, speech and language therapy and operating department practice) to ensure more consistent learner preparedness across all HCPC-regulated professions.

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

IPE is a required component of all HCPC-approved programmes and refers to learning that enables students to learn *with and from* professionals and learners in other relevant professions. This requirement exists because IPE helps prepare learners to work effectively as part of multi-disciplinary teams for the benefit of service users and carers. Through IPE, learners develop a clearer understanding of the roles and responsibilities of different professions, their own profession’s professional boundaries, and build the communication and teamwork skills necessary for safe collaborative practice. All of this supports the delivery of high-quality care in line with HCPC standards.

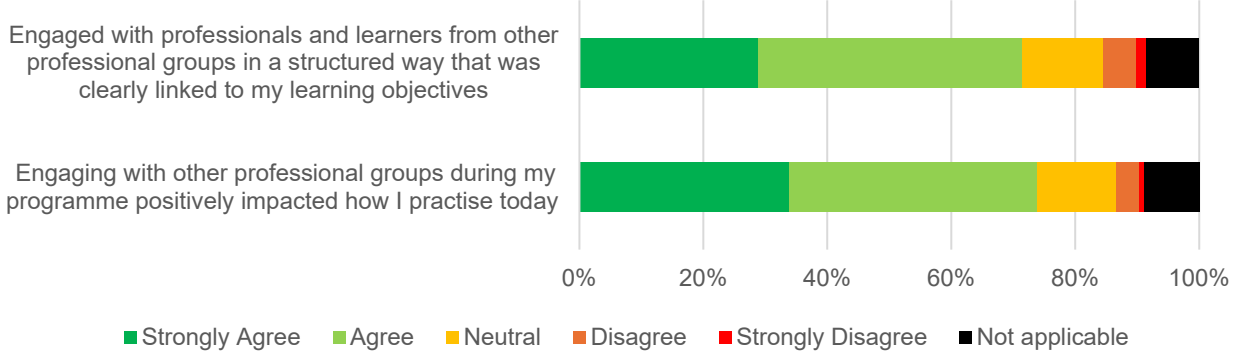


Figure 2 - Quality of education and training (IPE), statement agreement across all respondents

## Overall findings

Analysis of the dataset indicates that 74% of respondents agreed that IPE was delivered in a structured and purposeful way and was clearly linked to their learning objectives. 14% selected a neutral response, suggesting potential variation in the quality or consistency of delivery within programmes.

79% of respondents agreed that IPE continued to positively influence their work and how they practice. While 13% were neutral and 5% disagreed, suggesting the benefit of IPE was not felt or understood for everyone, and / or could indicate it was weak within specific programmes. Overall, the findings suggest positive perceptions of both the delivery and impact of IPE, alongside some variability in experience and longer-term influence across respondents.

## Profession specific findings

The strongest agreement for engaging with other professional groups was reported by respondents from clinical scientists, operating department practitioners, diagnostic radiographers and speech and language therapists. Respondents for these professions showed agreement levels generally above 75% on one or both IPE questions. Lower agreement levels were found among hearing aid dispensers, orthoptists, and therapeutic radiographers, particularly regarding the positive impact of IPE on practice.

Our analysis of profession specific data indicate that respondents experience of IPE had been shaped by their specific professions and working environment. We suggest this could mean that respondents from professions that routinely operate in team-based settings tend to report more tangible benefits from IPE.

Paramedics reported the largest proportionate share of all professions for not engaging with other professional groups. This is a significant change from last year's findings because they were one of the groups who reported highest for engaging with other professions.

The sharp drop in paramedics' reporting agreement with these statements may reflect major operational pressures within the ambulance service rather than a change in professional attitudes. Recent national data shows that ambulance services continue to face long waits at A&E due to overloaded emergency departments, with many services regularly missing response time targets across all call categories<sup>1</sup>. These delays often leave paramedic crews held outside hospitals, sometimes for hours, reducing opportunities for interprofessional contact inside emergency departments and limiting opportunities for engagement with other professions through the practice-based learning (PBL) setting.

Information from the NHS England Ambulance Quality Indicators could also explain further this finding. Under the national Ambulance Response Programme, many Category 3 and 4 calls are now managed in the community rather than conveyed to hospital, meaning paramedics increasingly treat patients at home or refer them to alternative services instead of handing over to hospital-based teams<sup>2</sup>. This naturally reduces day-to-day interaction with nurses, doctors, and acute care staff. A growing number of incidents are also resolved through telephone or remote assessment, further limiting face-to-face interprofessional working.

However, the above is applicable only within PBL, and there are opportunities for paramedic learners to learn with and from other professions within the academic setting.

## **Recommendations**

3. Education providers should strengthen interprofessional education within the academic setting by embedding protected, structured opportunities for paramedic learners to learn with and from other professional groups.
4. Education providers, ambulance service employers, and organisational leaders should further recognise operational pressures and strengthen training and service models for paramedic learners and early-career registrants, ensuring they have regular, protected, and meaningful opportunities for interprofessional learning and working, with the aim to support the development of teamwork and collaboration skills

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<sup>1</sup> [Ambulance service response times - House of Commons Library](#)

<sup>2</sup> [NHS England Ambulance Quality Indicators](#)

# The quality of education and training – programme and staff interactions

The following analysis provides an overview of learners’ perceptions of their education provider’s performance across several key domains, including resource provision, equality and inclusion, wellbeing support, responsiveness to feedback, and opportunities for learner involvement. Understanding learner interactions with staff is important because it indicates how effectively learners are supported and engaged throughout their programme.

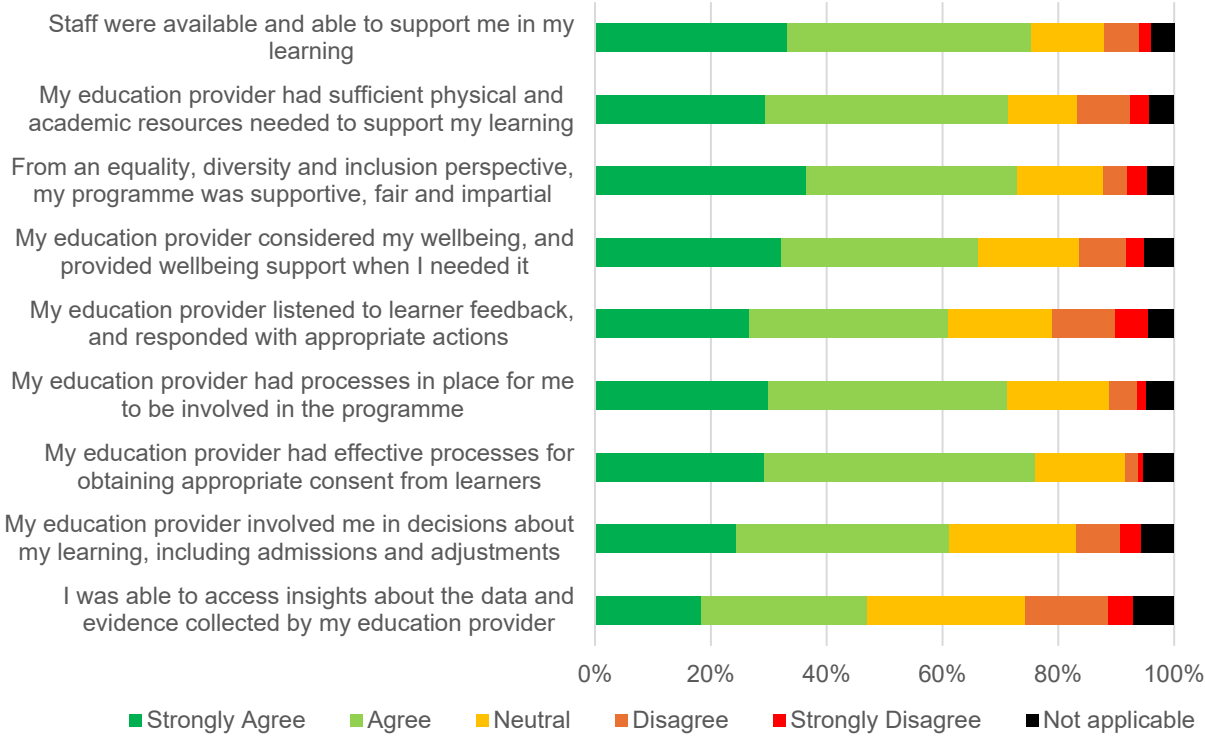


Figure 1 - Quality of education and training (programme / staff interactions), statement agreement across all respondents

## Overall findings

Overall, the results show a strong level of satisfaction across most areas, with the majority of learners agreeing with most statements. Most notably, staff availability and support received a combined positive rating of 75%, indicating that learners generally feel well supported in their learning. This is similar to the findings to the previous year’s survey. Similarly, perceptions of physical and academic resources and EDI-related fairness and impartiality were positive, with each recording around 71–72% combined agreement.

Less positively, although 66% of respondents agreed that wellbeing support is effective and 62% felt the provider listens and responds to feedback, these results indicate that a substantial proportion of learners do not share this confidence. The findings suggest that support services and feedback processes are not consistently meeting learners’ expectations and require closer attention and improvement. In addition, areas relating to learner involvement in programme processes, consent procedures, and participation in learning decisions showed combined agreement levels between 65% and 76%. While these results indicate a generally positive sentiment, they also highlight that a notable proportion of learners do not feel consistently included or involved. These findings

indicate that learner engagement and inclusion across these areas are variable and could provide an opportunity identify where improvements can be made. Despite the mostly positive response rates, a significant proportion of respondents disagreed with several statements. The highest combined level of disagreement (18%) relates to learners' ability to access insights about the data and evidence collected by their education provider. Feedback responsiveness also shows a notable proportion of disagreement at approximately 17%. Wellbeing support received around 11% disagreement, while equality, diversity and inclusion-related perceptions showed approximately 8% disagreement. These align to similar findings from last year's survey results.

Overall, the feedback reflects a positive learner experience for these areas. Most respondents felt well supported, believed resources were sufficient, and viewed the learning environment as fair, inclusive, and responsive. Learners also reported feeling involved in key aspects of their programme. While a smaller proportion expressed concerns in certain areas, the general trend shows confidence in the quality of support, communication, and educational provision.

### **Profession specific findings**

Across professional groups, the data shows that most respondents reported broadly positive experiences with their programme, although the level of positive sentiment varied between professions. Hearing aid dispensers, chiropodists / podiatrists, dietitians, orthoptists, therapeutic radiographers, and operating department practitioners provided consistently strong positive feedback across the measures, with high proportions of agree responses and very few negative selections.

In contrast, several professions showed more mixed experiences, including paramedics, clinical scientists, biomedical scientists, and arts therapists, where a higher proportion of respondents selected neutral or negative options across one or more measures. Clinical psychologists recorded the highest volume of negative responses among all professions, indicating that satisfaction within this group was less uniform compared with others.

### **Recommendations**

5. Education providers should strengthen the consistency of learner involvement in decision-making and improve communication about how learners can actively contribute to their educational experience.
6. Education providers should review how learner voice is embedded especially in lower-satisfaction professions (paramedics, clinical scientists, biomedical scientist, art therapists and clinical psychologists) to ensure consistent and effective processes.

# The quality of education and training – academic learning

This section examines how feedback and academic design support learners’ progress and contribute to the overall quality of their educational experience. This matters because effective feedback and well-structured academic work can directly support learners’ progress and achievement.

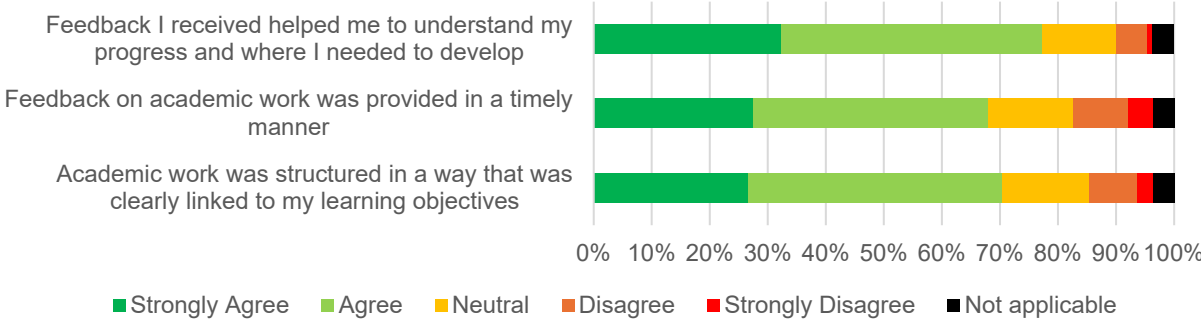


Figure 4 - Quality of education and training (academic learning), statement agreement across all respondents

## Overall findings

The review of the data shows that most respondents had positive experiences with regards to academic work and feedback processes, with some areas requiring improvement and notable variability across professions. Most learners indicated that academic learning was clearly organised, feedback was prompt and supported their development. The statement which achieved the highest level of agreement (701%) was “Academic work was structured in a way that was clearly linked to my learning objectives”. This is consistent with results from the 2023 and 2024 surveys. This shows that most respondents felt that their academic learning was relevant, purposeful, and connected to professional expectations.

Most respondents reported that feedback was provided was provided in a timely manner, with 67% agreeing with this statement. A smaller proportion of respondents (14%) reported negative experiences, which suggest that while feedback was normally provided in a timely manner, some encountered delays. The is a continuation of the similar findings from the findings from last year’s survey. The remaining 15% selected Neutral, suggesting that a segment of respondents neither experienced clear issues nor strong positives regarding feedback timeliness, or variability in the timeliness of feedback.

The results indicate that academic work is well structured and strongly aligned with learning objectives across programmes. Feedback processes, while positive, show greater variability, particularly around timeliness and clarity. These findings suggest that while education providers are delivering effective academic foundations, opportunities remain to strengthen the consistency of feedback and support across programmes and professions.

## Profession specific findings

Across professional groups, the data shows that most respondents reported generally positive experiences with the academic components of their education, though the extent of positive responses varied between professions. Respondents from hearing aid dispensers, chiropodists / podiatrists, speech and language therapists, and operating

department practitioners consistently provided strong positive feedback across all three academic-learning measures. This suggests high levels of satisfaction with the structure of academic work, the timeliness of feedback, and the usefulness of feedback provided.

In contrast, a small number of professions showed more mixed experiences, specifically forensic psychologists, clinical scientists, paramedics, art therapists and dramatherapists, where higher proportions of respondents selected neutral or negative options across one or more questions. This suggests that while many in these groups had positive experiences, satisfaction was less uniform compared with other professions.

A small number of respondents indicated that the academic-learning questions were not applicable to their training. This occurred most frequently among clinical scientists, with occasional instances among biomedical scientists, hearing aid dispensers, physiotherapists, and forensic psychologists. This may be due to the way some HCPC-approved programmes in biomedical science, clinical science, and hearing aid dispensing are structured, with the availability of portfolio and aptitude test routes.

## **Recommendations**

7. Education providers should consider the learner voice to strengthen the consistency and timeliness of feedback across programmes to ensure all learners receive timely developmental feedback that supports learning
8. Targeted engagement should be undertaken with specific professions (clinical scientists, biomedical scientists, hearing aid dispensers, physiotherapists and forensic psychologists) who showed more mixed learner experiences to identify and address factors affecting academic support and feedback quality

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

This section considers how PBL supports learners to meet their objectives, develop their skills, and transition safely and effectively into professional practice. This is important because high-quality practice-based learning ensures learners can apply their knowledge, develop confidence in real settings, and meet HCPC standards.

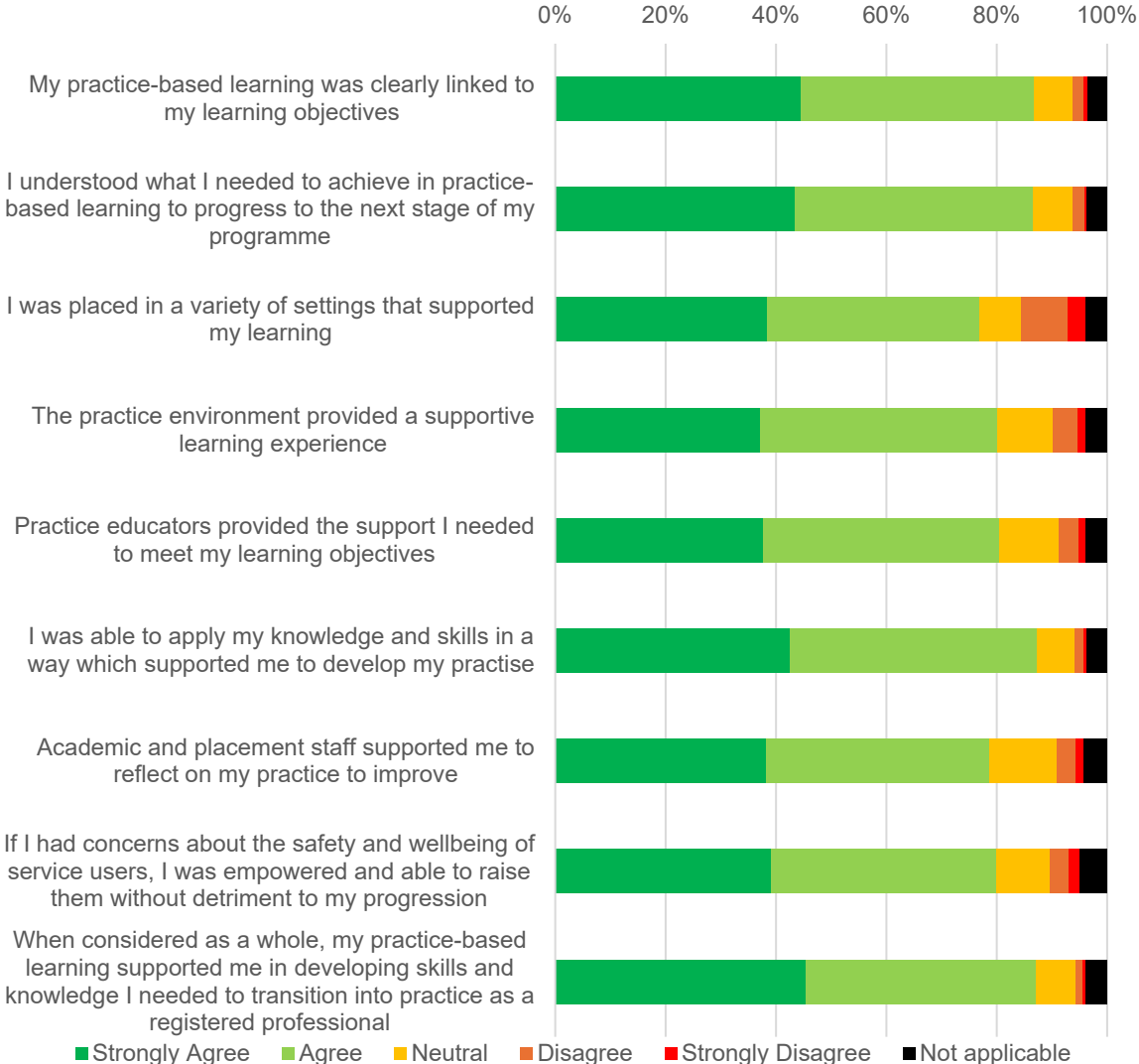


Figure 5 - Quality of education and training (PBL), statement agreement across all respondents

## Overall findings

The review of the data shows most respondents reported positive experiences with PBL. Across the nine PBL statements, agreement levels are consistently high, ranging from 80% to 91%. For example, 87% of respondents agreed that PBL was clearly linked to learning objectives, supported their transition into professional practice, and enabled them to apply their knowledge and skills effectively.

However, the data also shows some challenges in PBL. Across many of the questions, 7% to 13% of respondent chose neutral responses, which suggests that a noticeable group are unsure about the quality of their experience or feel it varies depending on where they are placed. Although fewer learners selected negative options, the 2% to 6% who disagreed with statements about their PBL experience still represent an important signal that things are not working well for everyone. The most notable

difficulty relates to the availability and variety of learning settings, where agreement is 77% and the proportion of learners disagreeing is 16%. This indicates a significant proportion of respondents did not feel that they had the range of experiences they need to fully develop their skills through the PBL part of their education and training.

Challenges also appear around the supportiveness of learning environments (80% agreement, 10% neutral, 6% disagreement) and the quality of reflective support from academic and practice teams (82% agreement, 13% neutral, 6% disagreement). These figures indicate that while many respondents reported that they received strong support, a notable proportion felt they experienced inconsistency in supervision, feedback, and clarity of expectations

Overall, the data shows that although PBL is effective for most respondents, the quality and consistency of provision remain uneven. A sizeable minority of respondent's experience challenges relating to access, support, and clarity, indicating clear opportunities for improvement in ensuring that all PBL is structured, supported, and equitable.

### **Profession specific findings**

Several professions (hearing aid dispensers, chiropodists / podiatrists, dietitians, orthoptists, therapeutic radiographers, and operating department practitioners) provided consistently strong positive feedback across the measures, with high proportions of agree responses and very few negative selections.

In contrast, several professions showed more mixed experiences (paramedics, clinical scientists, biomedical scientists, and arts therapists), where higher numbers of respondents selected neutral or negative options across one or more measures. Clinical psychologists recorded the highest volume of negative responses among all professions, indicating that satisfaction within this group was less uniform compared with others. These echoed that of last year's survey with regards to paramedics, clinical scientists, and biomedical scientists.

### **Recommendations**

9. Education providers, practice education providers, and professional bodies work collectively to improve the consistency of practice-based learning. This includes widening access to a diverse range of learning settings and strengthening the quality and reliability of supervision and support.
10. Education providers, practice education providers, and professional bodies provide enhanced, targeted support for professions reporting more variable experiences (paramedics, clinical scientists, biomedical scientists, arts therapists, and clinical psychologists) to improve the consistency and quality of practice-based learning within these professions
11. Education providers, and practice education providers increase their focus on improving psychological safety and structured reflective support, to ensure all learners feel confident raising concerns and can fully participate in reflective learning processes across practice environments.

## Service users in the delivery of education and training

This section explores how well respondents felt they understood the role of service users and carers in their education and training, and whether involvement was structured and clearly linked to their learning objectives. The HCPC's standards require education providers to meaningfully involve service users and carers in programme design and delivery because their perspectives help learners understand the real experiences, needs, and expectations of those receiving care. This involvement also supports the development of essential professional behaviours such as effective communication, partnership working, and recognising the impact of decisions on service users which are fundamental to safe, person-centred practice.

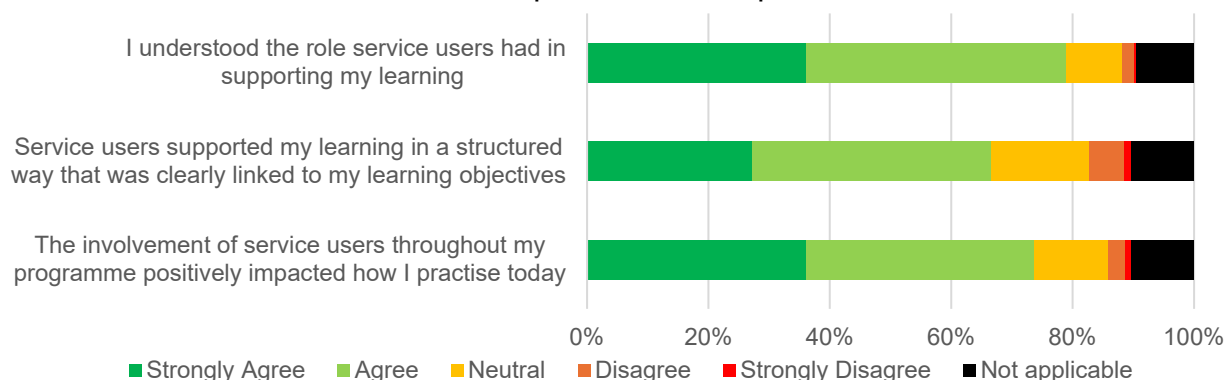


Figure 6 - The influence of service users, statement agreement across all respondents

### Overall findings

We found that across all professions, the data suggests that service user involvement is valued and considered beneficial. The high number of agreements by respondents could indicate that there has been an improvement in the visibility and involvement of service users within programmes. In the 2024 annual report, service user involvement was highlighted as an area where education providers appeared less developed than anticipated<sup>3</sup>.

Across all three service-user involvement questions, the data shows consistently high levels of agreement that service users contributed positively to respondents' learning experience. Analysis of the data shows that most respondents reported positively on the use of service users in supporting their learning. 79% of respondents agreed that they understood the role of service users in learning, which is an increase of 4% from the 2024 survey results. 74% agreed that service user involvement had a positive impact on their current practice. This is also a 4% increase from the 2024 survey results. Agreement was slightly lower for the statement that service-user contributions were structured and clearly linked to learning objectives (69%).

Overall, the data reflects broadly positive experiences of service-user engagement, with the strongest agreement relating to understanding roles and perceived impact on professional practice, and comparatively lower agreement regarding structured alignment with learning objectives. These findings show an increase in levels of agreement across all three areas compared to the 2024 findings.

<sup>3</sup> [HCPC Education annual report 2024](#)

## **Profession specific findings**

Overall, most professions reported that involving service users in academic learning contributed positively to their education. Respondents from most professions consistently described strong and structured involvement of service users and also providing positive feedback on the quality and value of service user engagement within their programmes.

The highest levels of non-engagement were reported by sport and exercise psychologists, followed by clinical scientists and biomedical scientists. This could be because these professions have less direct routine contact with service users during their education and training. Their learning may take place in more technical, analytical or indirectly service-facing environments, which could mean that service-user involvement forms a smaller part of their educational experience compared with professions that rely more on regular face-to-face interaction. From this perspective, lower engagement scores might reflect the nature of how these professions typically work and train, rather than indicating a lack of quality or commitment to service-user-centred learning.

## **Recommendations**

12. Education providers should strengthen the consistency of service-user involvement across programmes by offering targeted support to learners from professions with lower engagement, (sports and exercise psychologists, clinical scientist and biomedical scientists), to ensure all learners benefit from meaningful service-user input
13. Education providers, working in partnership with service users and carers, should strengthen the link between service-user contributions and programme learning objectives by improving the structure, clarity and intentional design of service-user-led learning activities

# Artificial intelligence (AI) in education and training and practice

This section summarises respondents’ feedback on their confidence, training, and experiences using AI systems in the workplace. Understanding these views is important because AI is becoming a routine part of healthcare and clinical practice, and learners need clear guidance, appropriate training, and reassurance about the impact of AI on their future careers. Analysing this feedback aims to help identify whether respondents feel prepared, supported, and optimistic about the use of AI in their practice, and where further support or clearer communication may be needed.

It should be noted that in 2024 and 2025, we developed a coherent programme of work to support education providers in navigating artificial intelligence in education and training. This includes publishing [information for education providers](#), a collaborative [cross-regulator joint statement](#), providing direct support through [webinars](#), and considering embedding new technologies into the ongoing [review of our Standards of education and training \(SETs\)](#). It is likely that the significant work undertaken to guide education providers and strengthen regulatory clarity, has not yet translated into meaningful change felt by this group of respondents, as they entered their professions in 2024.

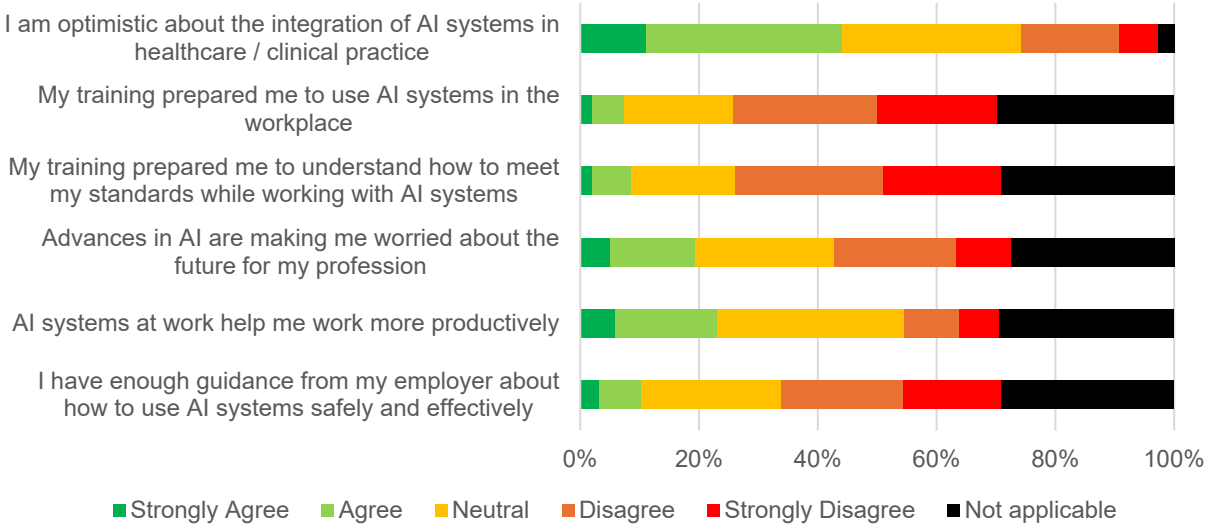


Figure 7 - The understanding and use of AI by respondents

## Overall findings

Feedback from respondents shows that views about the use of AI in healthcare are significantly mixed, with many expressing uncertainty about its benefits and implications for their work. Although the largest proportion of respondents described themselves as optimistic (45%), a substantial number selected neutral (24%) or pessimistic (24%). A further 7% said they did not know, highlighting that a significant share of respondents remain unsure about AI’s future impact on their profession.

Responses show that most respondents do not feel prepared to use AI systems in the workplace. Only 11% agreed that their training had equipped them for this, while a large majority 63% disagreed, indicating widespread feelings of unpreparedness. A further 26% selected neutral, suggesting uncertainty or limited exposure to AI during education and training. Taken together, these findings show that training provision undertaken by this respondent group (those who completed their programme in 2024) did not provide the knowledge or confidence they needed to use AI tools within their practice.

This reported lack of preparedness is mirrored in the analysis of workplace support. Only 10% of respondents agreed that they had sufficient guidance from their employer on how to use AI safely or effectively. 37% of respondents disagreed, and 24% were neutral. This pattern suggests that, beyond education, many workplaces have yet to establish clear policies and support structures for AI use, contributing to respondents' uncertainty.

The high proportion of neutral responses (average 24%), combined with a similarly large share of not applicable (average 25%) selections across the AI-related questions, could suggest that many respondents did not feel they had enough experience or exposure to AI systems to make a clear judgement. These patterns point to uncertainty and a lack of familiarity, likely because AI is not yet routinely used or clearly defined within many workplaces. The not applicable responses could also support the findings suggesting that AI has not consistently embedded across roles, meaning a substantial number of respondents simply do not encounter AI in their day-to-day practice.

HCPC has begun asking education providers direct questions about their approach to AI through our [performance review assessments](#) starting in the 2024-25 academic year. All education providers are required to reflect on and report how they are managing the increased accessibility of AI within their programmes. This includes outlining how academic integrity is being safeguarded in situations where AI tools may influence learning or assessment. It also requires education providers to explain how staff and learners are being supported to develop greater AI literacy, including an understanding of both the opportunities and the risks associated with AI. In addition, education providers are required describe how emerging technologies, including AI, are being integrated into programme curricula to ensure that learning is aligned with current and future practice expectations.

We have provided initial reflections on education provider approaches, and the challenges experienced<sup>4</sup>, and will update this information with further findings following the conclusion of our 2025-26 performance review assessments.

### **Profession specific findings**

Across professions, the data shows that AI use and preparedness vary widely, but most registrants still feel underprepared. Clinical scientists, radiographers, and biomedical scientists appear to be the groups most likely to have exposure to AI, with occasional reports of productivity benefits and slightly higher levels of optimism, likely reflecting the more technology-driven nature of their roles. In contrast, arts therapists, many practitioner psychologist modalities, and hearing aid dispensers are among those least likely to report using AI and more consistently express disagreement that their training prepared them for AI-enabled practice.

Paramedics, physiotherapists, and occupational therapists sit in the middle – they show mixed levels of optimism, but across all three professions there is clear lack of training, uncertainty, and low confidence, with many noting insufficient employer guidance. Overall, even in professions where AI is beginning to be used, skills and preparedness remain fragmented, and across the entire workforce there is a shared sense that AI is

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<sup>4</sup> [Changing learning, teaching and assessment methods | The HCPC](#)

not yet well embedded, leaving many registrants unsure of how to use it safely, effectively, or in line with professional standards.

## **Recommendations**

14. Education providers should consider HCPC guidance to build consistent, practice-ready education and training, by setting clearer expectations, strengthening structured learning, and reducing reliance on informal workplace exposure, so all professionals feel prepared to use AI safely considering professional contexts
15. Employers establish clearer, profession-specific support so professionals receive the practical direction they need to use AI confidently, safely, and within their scope of practice
16. HCPC continues to strengthen oversight through performance review assessments, given high neutrality and “not applicable” responses indicating inconsistent or minimal AI preparation in education and training
17. HCPC support registrants to understand regulatory obligations when embedding AI into their practice

## Recommendation likelihood

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.

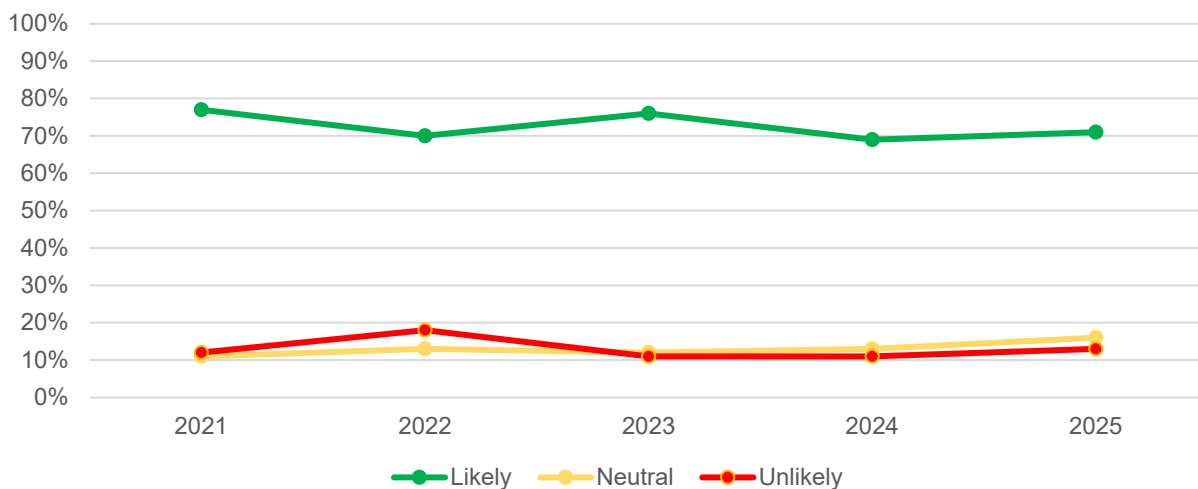


Figure 8 - Recommendation likelihood rating, across all respondents compared to previous years

Analysis shows consistently high satisfaction across professions, with 72% of respondents saying they would recommend their programme to someone considering entering the profession. Compared to the results from the 2025 survey (69%), there has been a 3% increase in the number of respondents who would recommend their programme. The response from respondents who are unlikely to recommend their programme has increased to 13% which is a 2% increase from 2025 and 2024 respectively. Respondents from several professions (physiotherapy, occupational therapy, radiography, operating department practice, and speech and language therapy) demonstrate particularly high levels of positive recommendation responses.

Overall, the findings demonstrate consistently high levels of satisfaction across professions, with a strong majority of respondents willing to recommend their programme. The increase in recommendation rates compared to the 2025 survey indicates a positive upward trend in participant experience. However, the simultaneous rise in respondents unlikely to recommend their programme suggests that a small but growing minority are experiencing challenges. While these results confirm that programmes are largely meeting expectations, they also highlight the importance of identifying and addressing the underlying issues affecting less satisfied respondents to sustain and further improve overall outcomes.



## Preceptorship support

Preceptorship is a structured period of support that helps newly registered health and care professionals' transition confidently into their roles and develop as autonomous practitioners.

The HCPC [principles for preceptorship](#) aim to support registered professionals during key career transition by providing access to tailored preceptorship programmes. Developed collaboratively with professional bodies and education authorities, the principles are designed to fit with existing and evolving preceptorship arrangements across the UK.

The principles that outline what high-quality, structured support should look like for registrants as they transition into new roles, including new graduates, internationally educated professionals, and those returning to practice.

Although the HCPC does not directly regulate preceptorship programmes, this work aligns with its regulatory remit by supporting registrants to meet HCPC standards during key transition points, promoting safe, confident, and effective practice through guidance rather than statutory enforcement. Preceptorship programmes help ensure safe, compassionate high-quality care.

Through this survey, we asked new registrants about their early-career experiences and were careful in questioning to define the term 'preceptorship' as it is not always well understood. Results show that while some felt well supported, others reported a lack of structure and early-career guidance, reinforcing the need for continued focus on preceptorship.

This is the third year we have asked this set of questions, which has enabled us to compare results to the previous survey to consider any trends.

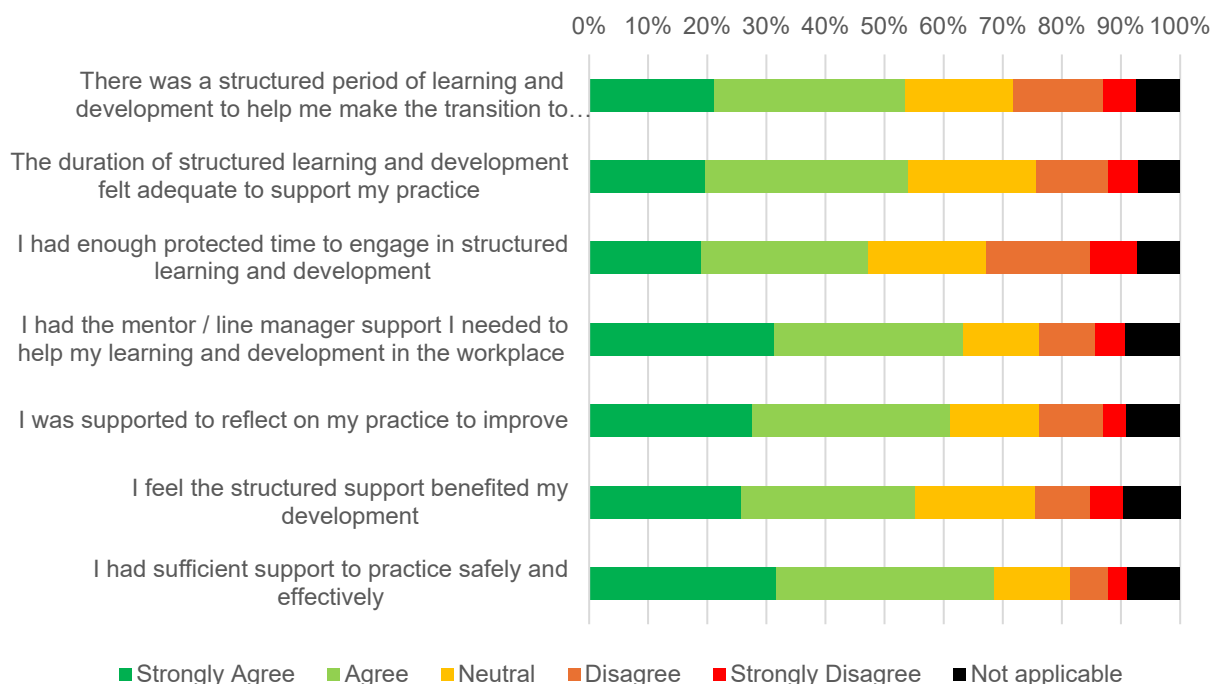


Figure 11 – Availability duration, and quality of structured learning, linked to supporting transition to practice

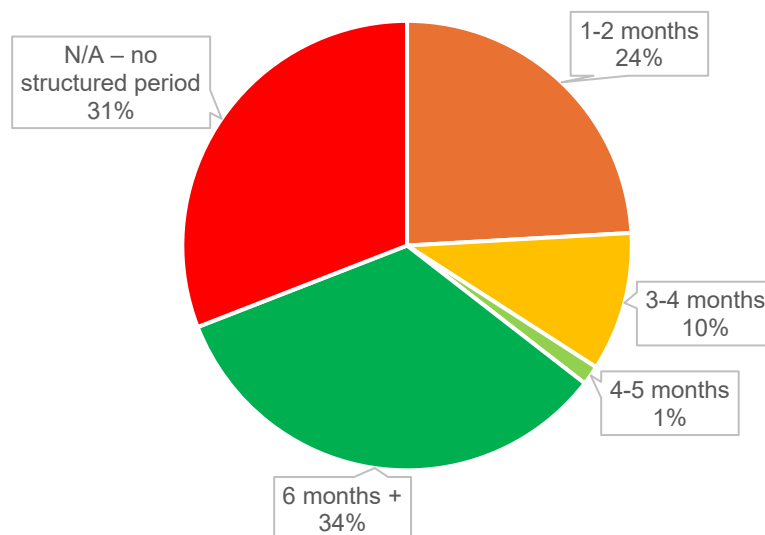


Figure 12 – Length of structured learning

## Overall findings

The data indicates that early-career professionals experienced broadly positive support during their transition into employment. Across all statements relating to workplace learning, structured support, and safe practice, the largest proportion of respondents agreed with statements, which may indicate that most felt adequately supported as they entered professional roles. However, there were high proportions of neutral or disagree responses, which indicates there is significant variation in the experience of new registrants when transitioning to practice.

Just over half of the respondents reported that they felt there was a clear and structured period of support in place (53%) and that its duration was adequate for their needs (54%). Access to structured preceptorship has fluctuated over the three years. In 2023, 34% of respondents reported no structured learning period on entering practice. This fell to 28% in 2024 and rose in 2025, where 31% reported having no clear and structured period of support. Consistently high proportions of neutral and negative responses indicating that structured support remains far from universal.

Mentor and line-manager support was a clear strength, with 63% agreeing they received the support they needed, compared with 13% neutral and 14% disagreeing. Support for reflection on practice was also generally positive (61% agree), though 30% were neutral or disagreed, indicating that reflective opportunities are not consistently or regularly available for all respondents.

Just over half of respondents (55%) agreed that structured support benefited their development, while 20% were neutral and 14% disagreed, suggesting variability in how effectively this support is communicated or delivered across organisations. Support to practise safely and effectively was the strongest area identified, with 69% agreeing they had sufficient support, alongside low levels of neutrality (13%) and disagreement (9%). This indicates that even where structured learning experiences vary, employers largely prioritise ensuring staff can practise safely and competently.

Although most respondents experienced positive support from their employer during their transition from education and training into profession practice, there were a high proportion of neutral (13% to 22%) and disagree (10% to 26%) statements. Only 47%

agreed they had sufficient protected time for structured learning, with 20% neutral and 26% disagreeing. This makes protected learning time the weakest area of support, suggesting that service pressures limit consistent access to guaranteed development time across settings. This shows significant variability which could indicate a level of uncertainty with regards to the support they received and / or that preceptorship support was lacking.

Some respondents reported that preceptorship or training opportunities were short, poorly organised, or difficult to access due to workload pressures and staffing constraints. Several comments also highlighted a lack of protected learning time and inconsistent supervisory support.

Overall, the data indicates that while many employers offer early-career support, access to structured learning and protected development time may vary across workplaces. These are similar to the finding from the 2024 survey.

### **Profession specific findings**

Overall, experiences of transitioning into practice varied widely by profession. Operating department practitioners, diagnostic radiographers, dietitians, speech and language therapists, and prosthetists / orthotists consistently reported strong agreement across nearly all aspects of transition support. This pattern indicates that these professions experienced highly structured learning, reliable mentorship and strong support for safe practice. Chiropodists / podiatrists and physiotherapists also tended to report positive experiences, though with more variation in protected learning time and reflective opportunities.

By contrast, paramedics, psychology professions (especially health, and sports and exercise), biomedical scientists and clinical scientists showed highly mixed responses, with some reporting excellent support and others strongly disagreeing across several measures. These patterns suggest inconsistent access to structured transition arrangements, often linked to diverse employment settings or operational pressures.

Occupational therapists and physiotherapists displayed a wide spread of agreement and disagreement, indicating variability between employers. Meanwhile, hearing aid dispensers and orthoptists generally reported strong, consistent support.

When compared to previous results, profession-specific trends have remained largely stable. Paramedics consistently reported poorer experiences, while practitioner psychologists reported more positive ones. In 2025, radiographers reported the strongest outcomes and biomedical scientists the highest dissatisfaction. The willingness of new registrants to go on to provide preceptorship support to future graduates remained high across all three years, representing an ongoing opportunity to strengthen support.

### **Recommendations**

18. Employers should continue work to embed the HCPC principles for preceptorship, ensuring these are applied more consistently so all new registrants benefit from structured early-career support.
19. Professional bodies and employers should develop a clear approach to monitoring and learning from how early career support is implemented within and

across professions, identifying where models used by stronger-performing professions (operating department practitioners, diagnostic radiographers, dietitians, speech and language therapists, and prosthetists / orthotists) can be scaled, and where targeted improvement is needed for professions reporting higher dissatisfaction (paramedics, psychology professions (especially health, and sports and exercise), biomedical scientists and clinical scientists).

20. All employers should further prioritise protecting dedicated learning time for new employees

## Appendix 1 – Summary of recommendations

1. Education providers, working with professional bodies, should enhance curriculum content for professions showing greater variation in preparedness (specifically paramedics, practitioner psychologists and arts therapists) by strengthening multidisciplinary learning and improving training on adapting to new and emerging technologies.
2. Employers and education providers should reinforce the strong foundations already evident in legal, ethical and safeguarding knowledge by sharing best practice from consistently high-performing professions (physiotherapy, radiography, dietetics, speech and language therapy and operating department practice) to ensure more consistent learner preparedness across all HCPC-regulated professions.
3. Education providers should strengthen interprofessional education within the academic setting by embedding protected, structured opportunities for paramedic learners to learn with and from other professional groups.
4. Education providers, ambulance service employers, and organisational leaders should further recognise operational pressures and strengthen training and service models for paramedic learners and early-career registrants, ensuring they have regular, protected, and meaningful opportunities for interprofessional learning and working, with the aim to support the development of teamwork and collaboration skills
5. Education providers should strengthen the consistency of learner involvement in decision-making and improve communication about how learners can actively contribute to their educational experience.
6. Education providers should review how learner voice is embedded especially in lower-satisfaction professions (paramedics, clinical scientists, biomedical scientist, art therapists and clinical psychologists) to ensure consistent and effective processes.
7. Education providers should consider the learner voice to strengthen the consistency and timeliness of feedback across programmes to ensure all learners receive timely developmental feedback that supports learning
8. Targeted engagement should be undertaken with specific professions (clinical scientists, biomedical scientists, hearing aid dispensers, physiotherapists and forensic psychologists) who showed more mixed learner experiences to identify and address factors affecting academic support and feedback quality
9. Education providers, practice education providers, and professional bodies work collectively to improve the consistency of practice-based learning. This includes widening access to a diverse range of learning settings and strengthening the quality and reliability of supervision and support.
10. Education providers, practice education providers, and professional bodies provide enhanced, targeted support for professions reporting more variable experiences (paramedics, clinical scientists, biomedical scientists, arts therapists, and clinical psychologists) to improve the consistency and quality of practice-based learning within these professions
11. Education providers, and practice education providers increase their focus on improving psychological safety and structured reflective support, to ensure all learners feel confident raising concerns and can fully participate in reflective learning processes across practice environments.
12. Education providers should strengthen the consistency of service-user involvement across programmes by offering targeted support to learners from

- professions with lower engagement, (sports and exercise psychologists, clinical scientist and biomedical scientists), to ensure all learners benefit from meaningful service-user input
13. Education providers, working in partnership with service users and carers, should strengthen the link between service-user contributions and programme learning objectives by improving the structure, clarity and intentional design of service-user-led learning activities
  14. Education providers should consider HCPC guidance to build consistent, practice-ready education and training, by setting clearer expectations, strengthening structured learning, and reducing reliance on informal workplace exposure, so all professionals feel prepared to use AI safely considering professional contexts
  15. Employers establish clearer, profession-specific support so professionals receive the practical direction they need to use AI confidently, safely, and within their scope of practice
  16. HCPC continues to strengthen oversight through performance review assessments, given high neutrality and “not applicable” responses indicating inconsistent or minimal AI preparation in education and training
  17. HCPC support registrants to understand regulatory obligations when embedding AI into their practice
  18. Employers should continue work to embed the HCPC principles for preceptorship, ensuring these are applied more consistently so all new registrants benefit from structured early-career support.
  19. Professional bodies and employers should develop a clear approach to monitoring and learning from how early career support is implemented within and across professions, identifying where models used by stronger-performing professions (operating department practitioners, diagnostic radiographers, dietitians, speech and language therapists, and prosthetists / orthotists) can be scaled, and where targeted improvement is needed for professions reporting higher dissatisfaction (paramedics, psychology professions (especially health, and sports and exercise), biomedical scientists and clinical scientists).
  20. All employers should further prioritise protecting dedicated learning time for new employees