



MORE
PLACEMENTS, LESS
THEORY? WHAT
NEWLY QUALIFIED
OCCUPATIONAL
THERAPISTS THINK

**PRACTICE READINESS OF
NEWLY QUALIFIED
OCCUPATIONAL THERAPISTS
(NQOTS) IN UNITED KINGDOM**

**QUALITATIVE STUDY –
INTERPRETIVE DESCRIPTION**

- Aimed to explore the perceptions of NQOTs, occupational therapy practitioners, placement educators, and lecturers on the current state, meanings, and expectations of NQOT practice readiness, educational strategies, workplace support, and individualistic factors influencing practice readiness among NQOTs
 - This work was supported by the Royal College of Occupational Therapists Research Foundation
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RESEARCH TEAM

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PARTICIPANTS

- Four focus groups
 1. NQOTs between six and twelve months of post-qualification experience.
 2. Occupational therapy practitioners in supervisory roles.
 3. Lecturers from occupational therapy programmes.
 4. Occupational therapy Practice placement educators including apprenticeship mentors, who had supervised occupational therapy students during practice placements.
 - All participants were from the UK
 - Recruitment online between October 2024 and February 2025.
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FINAL PARTICIPANTS

Participant group	Number participated	Focus group duration	Brief description of final participants
Newly qualified occupational therapists (FG_NQOT)	10 recruited; 8 participated. (1 unable to attend due to medical appointment; 1 did not attend)	87 minutes	6 employed in NHS trusts, 2 in local councils. All participants trained from BSc programs 1 participant trained via an apprenticeship route others through traditional routes
Occupational therapy practitioners (FG_OTP)	10 recruited; 9 participated (1 declined)	90 minutes	All participants were employed in NHS trusts
Practice educators (FG_PE)	10 recruited; 8 participated. (1 declined; 1 did not attend)	71 minutes	All participants were employed in NHS trusts
Occupational therapy lecturers (FG_OTL)	6 recruited; 4 participated (2 declined)	76 minutes	1 was a lecturer-clinician, 2 programme leads, and 1 placement lead.

MORE PLACEMENTS LESS THEORY

- Placements emerged as a sub-theme from all focus groups and this presentation focusses on that theme

PLACEMENTS – NQOT PERSPECTIVES

- **Importance**

- Placements were the most valued aspect of training, accelerating learning and building clinical confidence.
- There was a strong desire for additional placement opportunities, with some suggesting that placements should be given greater emphasis than theory within the curriculum.
- Many secured jobs where they had previously done placements, valuing familiarity and smoother transition.

- **Role emerging placements**

- Some valued the independence these settings offered for developing confidence, initiative and service development skills.

- **Equity and variability**

- Unequal placement access and quality left some underexposed to key areas, raising concerns about equity.
 - Several participants felt they were “lucky” to receive high-quality placements, acknowledging that peers did not always have similar opportunities, further highlighting systemic inconsistencies.
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PARTICIPANT QUOTES - NQOT

- *“But just echoing what some of the others have said about placements, that was where [clinical placement] I learned the most and it was definitely the most beneficial. I think, should be more placements and less theory.” (FG_NQOT_P7)*
 - *“I definitely feel that I would have liked more placements, I felt that was the most important part of my studies really, I wish there had been maybe four or five. (FG_NQOT_P1)”*
 - *“I had quite a variety of placements which I was quite lucky in getting because I know some students, you don’t actually get very lucky with placements.” (FG_NQOT_P2)*
 - *“if you didn’t really have those placements, you wouldn’t have felt prepared.” (FG_NQOT_P6)”*
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PLACEMENTS – PRACTITIONER PERSPECTIVES

- Acknowledged the importance of placements as one reason for unreadiness to practice as NQOT is insufficient practical experience. They identified the following challenges with placements/readiness to practice
 - Inadequate quality placement experiences that are key to building competence
 - Placement allocations without screening for accommodations
 - Non-traditional placements may not suit all students or offer sufficient exposure to core OT processes.
 - Theoretical focus over practical skills at university
 - Insufficient training in clinical knowledge (anatomy, physiology, medical conditions) and practical handling skills
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PARTICIPANT QUOTES - PRACTITIONERS

- *“But when I was speaking to a recent mentee, practice placements made a major impact on how confident they felt when they took up their first post.” (FG_OTP_P4)*
 - *“And then in terms of professional practice, because the placements are so limited for such a practical profession that we are in, it doesn’t help with that clinical understanding.” (FG_OTP_P8)*
 - *“I think some of the challenges that we face as well is what they do learn from university; it’s very theoretical sometimes.” (FG_OTP_P5)*
 - *“For me, depending on what placement experience they’ve had, because I know there’s more role emerging placements and I think you can see a difference with some students if they’ve not had the more traditional placements.” (FG_OTP_P1)*
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PLACEMENTS – LECTURER PERSPECTIVES

- **Challenges**

- Ongoing need to better align academic curriculum with practical requirements (tensions between philosophy and practice).
- Challenges with placement offers

- **Positive actions**

- Adoption of the RCOT career development framework and regional collaboration to standardise placement assessments and outcomes, ensuring consistency in placement assessment and learning experiences.
 - Pre-placement preparations including mandatory training, learning objectives, self-assessment activities, and preparing for expectations. Structured feedback before and after placements to connect academic learning with practice and embedding placement experiences within theoretical modules
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PARTICIPANT QUOTES - LECTURERS

- *“...from my perspective there’s this huge tension between from an educational perspective returning to our roots of occupation and promoting occupation focussed practice and really philosophical thinking and thinking skills that allow application across society more broadly; and practice partners who want the OT that is ready for that band 5 position, wherever that is, whether that’s in acute mental health or community rehab or physical acute. Your description, (quoting another participant), of a rock and a hard place, from my perspective every practice partner thinks that they are it, that all settings are like them. So they are like, ‘You are not preparing the students’. Well no, because there’s another 500 different settings and it’s impossible”. (FG_OTL_P1)*
 - *“we’re working very closely with [four university names] to develop a single placement assessment paperwork so that we can better prepare those students. So wherever they train actually doesn’t matter because they are all going to be based on that [RCOT] career development framework. So then when they go into practice, hopefully irrelevant of where they trained within (a region), they’ll all be trained in a very similar way and they’ll all be assessed in a very similar way.” (FG_OTL_P4)*
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PLACEMENTS – PRACTICE EDUCATOR PERSPECTIVES

- **Importance**

- Gaps in skills/understanding during placements can have lasting effects on future practice readiness.

- **Positive actions**

- Step back in the final weeks, creating opportunities for autonomous practice while remaining available for support.
- Exposing students to the realities of practice and challenges of real-world
- Offer opportunities for students to practice clinical skills such as patient management, prioritisation, and manual handling.

- **Challenges**

- Role emerging placements that are increasingly becoming common where students work without on-site OTs, requiring high independence but raising concerns about lack of role modelling and unhelpful for practice readiness.
 - Instances of students beginning placement with outstanding assignments or dissertations highlight the risk of overload and reduced capacity to fully engage in practice learning
 - Wide variation in university curricula requires educators to assess and adapt to each student's prior learning.
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PARTICIPANT QUOTES – PRACTICE EDUCATORS

- *“I think from our perspective, as well as especially the last couple of weeks for the final placement, is to give them the opportunity to experience that autonomous working, so maybe taking a slight step back from that intense direct supervision.” (FG_PE_P2)*
 - *“...that there’s a huge gap between learning from OTs in the context where OTs work and seeing the actual work being done in front of you, and then the opposite of that.” (FG_PE_P6)*
 - *“From our point of view, it’s just to ensure that they are up to date with all of their academic work and they are not coming on their final placement still needing to do the dissertation, several other things that they didn’t quite pass and they are resitting before they are coming on placement because it’s just too much of a tall order.” (FG_PE_P1)*
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CONCLUSIONS

- All stakeholder groups viewed placements as essential for developing practice readiness.
 - Concerns were raised about both the quality and quantity of placement opportunities, with calls to rebalance the curriculum toward more practice-based learning.
 - Less theory more practical training?? – Need for further debate and research!
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LIMITATIONS

- One focus group for each subgroup restricted the depth and breadth of the findings.
 - While purposive sampling achieved the minimum number for a viable discussion, the lecturer group fell below the target.
 - Participants volunteered favouring individuals who were motivated or had strong opinions about practice readiness. Voices of less engaged stakeholders may therefore be under-represented.
 - Moreover, detailed participant characteristics such as age, gender, ethnicity, prior work experience, neurodiversity, or training institution were not collected
 - Online groups increased geographical reach but may have constrained natural interaction and excluded those with limited digital access.
 - Researcher bias including pre-existing assumptions about practice readiness, may have influenced data generation and interpretation. Reflexive procedures and member checking were used
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QUESTIONS

Thanks for listening
