Smaller and Specialist Allied Health Professions
Qualitative Research

Final Report
June 2017
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I Introduction

1. Executive summary

Background

From August 2017, students on undergraduate Allied Health Professional courses in England will no longer have their course fees paid for by HEE. They will become eligible to maintenance and fee loans through the mainstream higher education student support system\(^1\). While the impact is not known, it is anticipated that the changes in student financial support could lead to difficulties in filling university places for smaller and specialised Allied Health Professions (AHPs): Podiatry, Therapeutic Radiography, Prosthetics/Orthotics and Orthoptics. The risks of universities not being able to recruit into qualifications for these AHPs are significant: if courses become unsustainable and close, it could lead to a vacuum in qualified professionals from 2020, causing risks to the delivery of care.

Research was needed to help inform development of a marketing and engagement strategy aimed at increasing applications to the smaller and specialist AHPs.

Key findings

1. The research highlights low awareness of AHPs on the whole as an initial and significant barrier to considering these careers.
   - With some exceptions such as Physiotherapy, most AHPs suffered from low awareness preventing their consideration as attractive alternatives to those interested in healthcare but not going into medicine or nursing. This varied from having no knowledge to having vague understanding or misconceptions about particular AHPs.
   - The research also shows the haphazard ways in which many respondents studying or working in smaller and specialist AHPs found out about these careers, for example, through chance personal or family experience of medical treatment. Where they had no personal exposure to these professions, they usually discovered them after they made an effort to research health careers more broadly to help them choose a university course to study. Very rarely, this information was ‘pushed’ at them; for example, influencers such as teachers introduced some smaller and specialist AHPs to a few respondents during their secondary education. But on the whole, these careers weren’t on the horizon of potential students interested in healthcare, especially at a younger age when they were choosing their GCSE and A Level subjects.

2. The research further identified a set of core considerations that guide potential students when choosing a study area and career. These included questions around

\(^1\) For full details of the Nursing, midwifery and allied health funding reforms, please see: https://www.gov.uk/government/publications/nhs-bursary-reform/nhs-bursary-reform
‘identity fit’ with particular careers, as well as emotional and rational benefits and drawbacks of working in those careers.

- Suitability and appeal of potential careers was therefore judged both in terms of their fit with someone's personality traits and emotional capacity to cope with certain kinds of work, as well as in terms of more rational aspects of identity such as background, skills, knowledge and interests.
- Perceived emotional benefits of health careers largely centred on health professionals’ ability to help patients and make a positive difference to their lives. Additionally, many respondents also appreciated those health careers that allowed for extensive patient contact. Status of their profession mattered to some too, as well as variety of work which was seen as important for job satisfaction. In terms of rational benefits, most were interested in job prospects in terms of employability and pay, opportunities for progression and different work, and work-life balance.
- Against these questions, potential students’ expectations and assumptions about particular health careers can match their motivations or raise barriers. It is therefore important for communications across the smaller and specialist AHPs to capitalise on the motivations, while resolving any queries and not raise doubts or concerns along these lines.

3. Comparing smaller and specialist AHPs to larger AHPs and medicine and nursing, highlighted particular advantages and disadvantages they are seen to have over these other more well-known health careers.

- Smaller and specialist AHPs were often seen as too narrow and therefore not varied enough and interesting. They were perceived as too narrow because they focused on a particular body area or particular treatment or type of work activity. This perception of limited focus was sometimes also interpreted in terms of lower expertise, affecting the perceived status of profession negatively. Respondents outside of these professions also saw them as small in terms of the workforce needed, so they questioned job prospects in those fields.
- However, smaller and specialist AHPs were also seen to have specific advantages over some larger AHPs, as well as medicine and nursing. Respondents working and studying in these professions thought they allowed for a better work-life balance and more patient contact than some other health careers, were more accessible while still being specialist and were in demand which respondents felt was not always known.

4. Each of the smaller and specialist AHPs also has some specific benefits that can be harnessed in messaging and illustrated in imagery to differentiate it from other AHPs and related careers. They also have some specific barriers that are important to address in communications about these AHPs.

- **Podiatry:** Ability to make a visible and significant difference to patients quickly and to progress to a surgeon if interested, as well as flexible working environments came across as more specific benefits of working in Podiatry. In terms of barriers specific to Podiatry, while cultural ideas about feet and the lower limbs may be more difficult to tackle, the key barrier that needs to be overcome is the perception of the field as very narrow. Therefore, variety of work in Podiatry needs to be highlighted.
- **Therapeutic Radiography:** The combination of technical and caring work in Therapeutic Radiography came across as highly appealing to those interested in both healthcare and new technologies. In terms of barriers specific to this profession,
perceptions around emotional burden of working with seriously ill patients could be addressed through first-hand accounts of what it is like to work in this field.

- **Orthoptics**: Work with patients rather than customers helped differentiate Orthoptics against some other more commercial eye care professions. It therefore appealed to those interested in eye care and motivated to help as opposed to being interested in more commercial work. Some respondents were also drawn by opportunities to help children in particular. Similarly to other smaller and specialist AHPs, misperceptions around its narrow focus and status need to be addressed through highlighting the variety of work in Orthoptics.

- **Prosthetics and Orthotics**: Specific ways in which Prosthetics and Orthotics made a difference to patients through improving their mobility and independence, as well as a unique mix of healthcare, creativity and technology had appeal. But research suggested that marketing Prosthetics and Orthotics would also require a balance between highlighting exciting (new) technology where possible and being realistic about technology available to use in this work.

5. Findings further suggest optimal ways to structure messaging elements needed in marketing smaller and specialist AHPs. Communications need to cover the following four ‘key pillars’ of information: definition of individual AHPs, particular aspects of identity fit and particular emotional and rational benefits wanted.

- Profiles of individual AHPs need to consistently cover these four points to meet information needs of potential students and match their considerations.
- All four key ‘pillars’ of messaging and specific topics within them can be entry points into considering smaller and specialist AHPs. However, there are some indications of the likely order of information needed by most respondents and different needs for short overview information as opposed to more detailed information, as outlined in the diagram below. However, this is a flexible model to the extent that individual AHPs may need a slightly different order of elements.

6. Findings also highlight emotional benefits of making a difference and improving quality of patients’ lives as a message with most potential as overarching positioning/headline message. However, given its generic nature it will need to be made more specific to individual AHPs by highlighting the specific ways in which they achieve this.
• Improving patients’ quality of life was seen as highly relevant to these AHPs, although this had generic appeal across health professions. To make this benefit more specific to individual AHPs, specific ways in which they make a difference need to be highlighted:
  – Improving mobility, comfort and independence was highlighted as specific to Podiatry and Prosthetics and Orthotics.
  – Saving lives was highlighted as the appeal of Therapeutic Radiographers, although some Podiatrists talked about this too with regard to diabetes.
  – The importance of protecting and improving sight for the overall quality of life was seen as key to highlight for Orthoptics.

7. Finally, this research also highlights some further important considerations for optimising the ways in which potential students are signposted to smaller and specialist AHPs and particular communication channels are used.

• The current routes on the varied journeys to smaller and specialist AHP courses and careers highlight some important considerations or potential opportunities in the engagement and marketing strategy
• Most notably, these AHPs benefit from being introduced at an earlier age through some of the key influencers such as teachers and parents. The research suggests there is appetite among those interested in healthcare to access information about broader range of health careers as part of school curriculum, where relevant.
• Evidence also suggests that existing search tools could be more effective with improved supporting information. There may be specific opportunities in using different entry points for researching health careers to drive discovery and consideration of smaller and specialist AHPs. For example, each of the smaller and specialist AHPs could be showcased as an alternative career grouped with related AHPs or other health careers.
• There may also be opportunities to raise the profile of AHPs on the whole as an extensive and diverse sector and present them as rewarding alternatives to more well-known health careers such as medicine and nursing. Tools could also be improved if supported with similar information and ways of grouping and display to help audience investigate more comprehensively.
• Finally, search tools could also be optimised to support decision-making process by providing a quick and easy way for potential students to assess different career options against their key considerations, as outlined above.

2. Background and objectives

2.1 Project background

From August 2017, students on undergraduate Allied Health Professional courses in England will no longer have their course fees paid for by HEE. They will become eligible to maintenance and fee loans through the mainstream higher education student support system.
While the impact of these changes to funding is not known, it is anticipated that the changes in student financial support could lead to difficulties filling university places for smaller and specialised Allied Health Professions, specifically, Podiatry, Therapeutic Radiography, Prosthetics and Orthotics and Orthoptics.

The risks of universities not being able to recruit into qualifications for these roles are significant. If courses become unsustainable and close, this could lead to a vacuum of qualified professionals from 2020 onwards, causing risks to the delivery of care.

In its response to the consultation on the changes to student financial support, the Department of Health recognises the risk to these small and specialist subjects and plans to monitor participation rates and make targeted interventions where necessary.

**Insight was needed to help inform development of a marketing and engagement strategy aimed at increasing applications to the smaller allied health professions.**

To achieve this, research was needed among the following audiences:

- **Primary audience:**
  - Current students, newly qualified professionals and admissions tutors for each of the four smaller and specialised allied health professions

- **Secondary audience:**
  - Potential students interested in health careers, current students and newly qualified professionals in the larger allied health professions

The steering group for this insight work was comprised of: Health Education England, its funding partners (Higher Education Funding Council for England and The Society & College of Radiographers) and other key stakeholders (The College of Podiatry, British and Irish Orthoptics Society and the British Association of Prosthetists and Orthotists).

### 2.2 Research objectives

The overall aims of the research were as follows:

- To understand the motivations, barriers and influences involved in applying to courses for smaller and specialist allied health professions
- To identify optimal ways to market these professions to encourage applications to these courses and interest in these careers

With these objectives in mind, the research was designed to investigate and inform understanding of the following specific areas and questions:

**a) Decision-making when applying to study for Allied Health Professions**

- Primary objectives

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2 See Sample for further definition of primary and secondary audiences for this research.
Motivations and barriers to apply to, and take, courses for the identified smaller and specialist AHP fields – Podiatry, Therapeutic Radiography, Orthoptics, Prosthetics and Orthotics

Key influences on decisions whether to apply and study in these fields

Secondary objectives

Motivations and barriers to apply and study in AHP fields with strong recruitment (e.g. Physiotherapy, Diagnostic Radiography)

Key influences on decisions whether to apply and study in these other fields

b) Perceptions of, and attitudes to, different allied health professions

Primary objectives

Perceptions of the identified AHP fields among primary audiences—perceived positives and negatives, expectations, stereotypes and myths about people working in these fields and the work they do, perceived opportunities

Attitudes to these professions – what appeals and what is off-putting

Secondary objectives

Awareness of the identified AHPs among secondary audiences

Perceptions of AHP areas with strong recruitment – perceived positives and negatives, expectations, stereotypes and myths about people working in these fields and the work they do, perceived opportunities

Attitudes to these professions – what appeals and what is off-putting

c) Marketing the identified smaller and specialist allied health professions

Across primary and secondary audiences:

Messages about the identified AHP professions that have the potential to raise their appeal

Information that is needed to raise awareness/appeal of these professions

Key considerations about language and imagery when communicating about these professions

Activity that could strengthen motivations and remove barriers to applying to study in these AHP fields

Most appropriate channels and formats for marketing these professions to potential students

3. Research methodology

Overview of Method

Research used a mixed qualitative methodology comprising of:

- 21 face-to-face depth interviews, 1 pair interview and 5 group discussions (trios)
- 40 telephone depth interviews.

Interviews with all respondents except for admission tutors were pre-tasked to help respondents recall their decision-making journey regarding their educational and career choices and reflect on how they view the four smaller and specialised AHPs.

Overview of Sample

Overall sample was split into:
- Primary audience – current students, newly qualified professionals, lapsed considerers and admission tutors in smaller and specialist AHPs
- Secondary audience – current students and newly qualified professionals in larger AHPs, as well as potential students.

A total of 81 respondents were interviewed split as follows:

<table>
<thead>
<tr>
<th>Primary Audience</th>
<th>Secondary Audience</th>
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<tbody>
<tr>
<td><strong>Podiatry</strong></td>
<td>Newly qualified professionals in AHP with strong recruitment</td>
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<tr>
<td>3 depth interviews with newly qualified professionals</td>
<td></td>
</tr>
<tr>
<td>7 depth interviews, 1 pair interview and 1 trio group discussion with current students</td>
<td></td>
</tr>
<tr>
<td>2 depth interviews with admissions tutors</td>
<td></td>
</tr>
<tr>
<td><strong>Orthoptics</strong></td>
<td>4 depth interviews, split as follows:</td>
</tr>
<tr>
<td>3 depth interviews with newly qualified professionals</td>
<td></td>
</tr>
<tr>
<td>3 depth interviews and 1 trio group discussion with current students</td>
<td></td>
</tr>
<tr>
<td>2 depth interviews with considerers</td>
<td></td>
</tr>
<tr>
<td>2 depth interviews with admissions tutors</td>
<td></td>
</tr>
<tr>
<td><strong>Therapeutic Radiography</strong></td>
<td>2 x Diagnostic radiographers</td>
</tr>
<tr>
<td>3 depth interviews with newly qualified professionals</td>
<td></td>
</tr>
<tr>
<td>6 depth interviews and 2 trio group discussions with current students</td>
<td></td>
</tr>
<tr>
<td>2 depth interviews with admissions tutors</td>
<td></td>
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<tr>
<td><strong>Prosthetics and Orthotics</strong></td>
<td>1 x Physiotherapist</td>
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<tr>
<td>3 depth interviews with newly qualified professionals</td>
<td></td>
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<tr>
<td>3 depth interviews and 1 trio group discussion with current students</td>
<td></td>
</tr>
<tr>
<td>2 depth interviews with admissions tutors</td>
<td></td>
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<tr>
<td></td>
<td>1 x Speech and Language Therapist</td>
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**Additional sample criteria:**

**Primary audience**
- For newly qualified professionals – within each of the four fields: A mix of those who trained after completing a relevant degree and qualified via a postgraduate pre-registration qualification and those who started courses directly after completing further education
- For current students – within each of the four fields: A mix of those who started training after completing a relevant degree and those who started courses directly after completing further education
- For those who considered but decided not to apply/study: A mix of those who considered applying but didn’t apply and those who applied, were offered places but then decided not to take the course
- For admission tutors: 2 in each of the four fields
- A mix in terms of gender across different respondent groups
- A mix in terms of ethnicity

**Secondary audience**
- For newly qualified professions and current students within AHP fields with strong recruitment
  - A varied sample of different AHPs, including physiotherapists and diagnostic radiographers

**Potential Students**
- 16 depth interviews
- A mix of those who trained/in training after completing a relevant degree and qualified via a postgraduate pre-registration qualification and those who started courses directly after completing further education

- **For potential students:**
  - A mix of those considering health-related courses after they obtain their first degree and those considering health-related courses after they finish their A levels or relevant BTEC studies
  - A mix in terms of gender across different respondent groups
  - A mix in terms of ethnicity

Fieldwork took place between Nov 2016 and Feb 2017 with respondents associated with University of East London, South Bank University, Salford University, University of Liverpool, UWE Bristol, University of Sheffield, Sheffield Hallam University, Southampton University and Strathclyde University.³

The Define research team included Joceline Jones, Danica Minic, Dulcie Denby-Brewer, Katie Wise, Kirsten Sear, Dawn Riding and Angus Smith.

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³ One admissions tutor for Prosthetics and Orthotics was based at Strathclyde University.
II Detailed Findings

4. Audience landscape: Choosing a health career

4.1 Awareness and discovering smaller and specialist AHPs

This research suggests that awareness of smaller and specialist AHPs is extremely low among potential students before they actively start researching health careers. With the exception of Prosthetics, respondents in this sample rarely heard about these AHPs through the media or school education. They generally became aware of smaller and specialist AHPs at the point of researching health careers or through chance introduction to these professions.

While low awareness was an issue across smaller and specialist AHPs, respondents’ knowledge about different smaller AHPs ranged from none to basic understanding of what a profession involves, as shown and explained below:

- **Orthotics**: Most respondents in this sample didn’t know what the word Orthotics meant and were unable to deduce any possible meanings from the word.
- **Orthoptics**: Similarly, most didn’t know what Orthoptics was, but many knew ‘optics’ was related to eyes. They therefore concluded that Orthoptics involved eye care, but didn’t know anything more than that.
- **Therapeutic radiography**: Many in this sample had heard of ‘radiography’ in general but equated that with doing X rays. They therefore thought of Diagnostic Radiography, even if they did not use that term, and did not know what Therapeutic Radiography was.
- **Podiatry**: Many had heard of Podiatry and knew that it involved feet care. However, respondents lacked awareness of the breadth of Podiatry and instead saw it in very limited terms as relating to a narrow set of simple procedures on feet.
- **Prosthetics**: Most respondents were aware of Prosthetics whose profile has been increased due to greater media coverage of disabled sportspeople. However, respondents did not have any detailed understanding of what the profession involved beyond the basic idea that it provided prostheses to people who needed them.

I haven’t heard much, really. I can’t picture much to do with it. [Female, 18, Potential Student—Midwifery]

Prosthetics, I know vaguely what it is, but Orthotics [...] I Googled that one. [Female, 23, Pair, Current student – Therapeutic Radiography]

The research further highlights some of the main ways in which potential students discover and start considering careers in smaller and specialist AHPs. Starting from a general interest...
in working in healthcare and wanting to make a positive difference to patients, most respondents found out about these AHPs in one of the following ways:

**Personal experience**

Personal or family experience of having a treatment by an AHP professional was the initial source of awareness for many respondents in this sample. For many who found out in this way, their experience created a positive perception of these AHPs and the difference they made, leading them to consider a career in that field.

The significance of personal experience as a source of information, however, highlighted the haphazard ways in which potential students discovered these careers and the absence of more systematic ways of introducing them.

> My two little brothers have cerebral palsy so they’re both receiving orthotics. I went along to their appointments and was chatting to the Orthotist, he told me he studied at Salford and I was sold. [Male, 24, Depth, Current student – Prosthetics and Orthotics]

**Influencers introducing these AHPs**

A few respondents found out about smaller and specialist AHPs through ‘influencers’ such as teachers, friends or other health professionals.

- For example, some respondents heard about these AHPs from friends who worked in those fields. Typically, friends introduced these professions in positive terms raising interest and consideration.
- Another respondent reported how a Biology teacher discussed Therapeutic Radiography after a lesson that covered Oncology. However, this was rare in our sample as schools generally did not feature as channels of information about these AHPs. Conversely, more respondents mentioned hearing about Physiotherapy through sport at school, suggesting greater exposure to it at an early age than with these other AHPs.
- Parents, who often exert substantial influence on their children’s career choices, were conspicuously absent as sources of information or influence in terms of considering smaller and specialist AHPs. Some respondents reported that parents often talked to them about the more well-known careers though.

> I didn’t want to do my job anymore and my friend said “Why don’t you come and see what I do, what radiotherapy is?”, so we arranged a visit. [Female, 37, Current student – Therapeutic Radiography]

**Researching health careers**

Other respondents came to choose smaller and specialist AHPs after researching different health professions. Respondents varied in how broad or focused their research of health careers was.

Some respondents researched a broad range of healthcare careers using NHS and other health careers websites, university open days and prospectuses, career fairs, work shadowing. Starting from a broad range of options, they went through a process of elimination to choose the career most suited to them.
Other respondents carried out a more focused research, starting from particular entry points:

- Some started by looking at more well-known health careers, but in the process found out about the less-well known ones too. For example, some respondents found out about Prosthetics and Orthotics while initially researching about Physiotherapy.
- Other respondents started by looking at particular areas of healthcare. For example, some looked at professions involved in eye care and in the process found out about Orthoptics.
- A number of students also searched for funded places in healthcare studies and then chose their course and career from those lists. This was particularly the case for mature students, who typically already had a student loan and various other commitments so felt they could only afford to study a funded course.

I sort of knew I wanted to work in the medical profession so I took a gap year and worked as a healthcare assistant at my local hospital. And while I was doing that I shadowed different people in the hospital like physiotherapists, orthoptists, optometry, radiography. [Male, 23, Depth, Newly Qualified Professional—Orthoptics]

I go to job fairs as part of my role and we tend to share a stall with Physiotherapy now, because we noticed that when we went and did our own separate stall there was hardly anyone coming to the table, but when we go with Physiotherapy there are loads of people there who also pick up Podiatry booklets, so we usually partner up with them now. [Admissions Tutor, Podiatry]

I took a step back and started researching lots of areas. I was looking at teaching, healthcare, nursing, medicine, physiotherapy. [Female, 33, Newly Qualified Professional—Podiatry]

These current routes on the varied journeys to smaller and specialist AHP courses and careers highlight some important considerations or potential opportunities in the engagement and marketing strategy:

- At the moment, too many students find out about these fields in haphazard ways and some channels can be used in more systematic and targeted ways to guide potential students to discover and consider smaller and specialist AHPs.
- Most notably, these AHPs would benefit from being introduced at an earlier age through some of the key influencers such as teachers, careers advisers and parents. In particular, the research suggests there is appetite among potential students to introduce these career options as part of relevant curriculum areas, for example, within relevant biology or technology lessons. Additionally, increasing the public profile of these AHPs could potentially reach parents too, who could then filter though this information to their children too.
- Evidence also suggests that existing search tools could be more effective with improved supporting information. There may be specific opportunities in using different entry points for researching health careers to drive discovery and consideration of smaller and specialist AHPs. For example, each of the smaller and specialist AHPs could be showcased as an alternative career grouped with related AHPs or other health careers.
• There may also be opportunities to **raise the profile of AHPs on the whole**, as an extensive and diverse sector, with a range of roles, benefits and opportunities for progression. This would help to map the AHP sector and assist the audience to gravitate to a shortlist. Tools could also be improved if supported with similar information and ways of grouping and display to help audience investigate more comprehensively.

• Finally, search tools could also be optimised to support decision-making process by providing a quick and easy way for potential students to **assess different career options against their key considerations**, which are outlined the next section.

### 4.2 Considerations when choosing a study area and a future career

Findings point to a set of core considerations that guide potential students when choosing a study area and career. Such considerations are relevant across different sectors and most existing marketing materials tested in this research offered text and visual information to address them. However, there is room for improvement around how certain aspects are executed, in terms of messages, images and language.

Respondents in this sample assessed potential careers against the following key considerations:

<table>
<thead>
<tr>
<th>IDENTITY FIT</th>
<th>BENEFITS &amp; DRAWBACKS</th>
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<tbody>
<tr>
<td><strong>Emotional</strong></td>
<td><strong>Rational</strong></td>
</tr>
<tr>
<td>Will this suit what kind of a person I am?</td>
<td>What are the entry requirements for the course? Do I meet them?</td>
</tr>
<tr>
<td>How interesting is this to me?</td>
<td>What knowledge and skills are required for this career? Do I have them?</td>
</tr>
</tbody>
</table>

For many, consideration of potential careers tended to follow a linear path. Respondents would therefore first consider identity fit with certain careers before they thought about their benefits and drawbacks. Also, when considering both identity fit and benefits and drawbacks, many would first consider emotional aspects before the rational ones. This has implications for the structure and the purpose and value of communication elements like visuals, key words and messages.

Against these questions, potential students’ expectations and assumptions about particular health careers can match their motivations or raise barriers. It is therefore important for communications across the smaller and specialist AHPs to capitalise on the motivations, while resolving any queries and not raise doubts or concerns along these lines.
4.3 Motivations and barriers when considering smaller and specialist AHPs

Identity fit – emotional

Perception of personality traits and qualities

Respondents’ perceptions of what they are like as a person, along with their interest in particular subject areas or kinds of work, determined how much fit they saw with different health careers.

Many in our sample talked about themselves as caring and wanting to help and explained this made them want to work in healthcare in general. Certain other qualities were highlighted as more specifically relevant to the smaller and specialist AHPs. For example, respondents studying or working in Podiatry and Prosthetics and Orthotics talked about being ‘hands on’ people as one of the reasons to consider those fields. Being good with technology was often mentioned as a relevant quality by those in Therapeutic Radiography, Prosthetics and Orthotics, and Orthoptics. Also, a few prosthetists thought the profession suited people who were creative.

Respondents were therefore led by how they perceived their personality and qualities, as they sought those careers that would play to their strengths and work which they thought they would enjoy.

The placement aspect is really important so that attracted me and also the technology aspect and caring aspect are brought together [Female, 20, Depth, Current student – Therapeutic Radiography]

I’m quite hands on so I considered physiotherapy and nursing and things that are more hands on [Female, 21, Pair, Current student – Podiatry]

The main reason people choose to study Podiatry is that they want to help people and be in a caring professional. [Admissions Tutor, Podiatry]

I always liked working with people and I liked that you don’t do the same thing everyday—every patient is different. [Male, 23, Depth, Newly Qualified Professional—Orthoptics]

I thought I wanted to do something where I can help somebody and not just the patient, but their family and friends [Female, 37, Pair, Current student – Therapeutic Radiography]

Helping people is the most important to me and I think anyone who chooses a health care career [Male, 24, Depth, Current student – Prosthetics and Orthotics]

Perceived emotional capacity to do certain work

Many in this sample felt that emotionally they wouldn’t deal well with certain aspects of medical work. This was often cited as a reason for not wanting to work in certain health careers.
• Feeling ‘squeamish’ about certain kinds of medical work was often mentioned as a reason for not considering certain health careers. This was cited as a barrier to considering nursing, but also to considering Podiatry and Orthoptics. Specifically, some respondents felt this way about working with feet or with eyes.

• Some further considered the emotional impact of caring for very ill patients, which they saw as a reason for not considering Therapeutic Radiography.

  I can’t deal with eyes! Eyes are so much worse than feet. [Female, 20, Trio, Current student – Podiatry]

  I don’t think I could treat cancer patients; I think it would be too difficult. It would be rewarding to give positive news but I think it would be too hard. [Female, 17, Potential Student—Paramedic]

  I’m a clean freak and I suppose that’s quite a small thing but it means I could never do something like podiatry. [Female, 20, Current Student—Therapeutic Radiography]

The research suggests these kinds of barriers can be very difficult to overcome as many respondents felt very categorical about them. However, there are indications such barriers can be reduced where they are linked to misperceptions of what it is like to work in a particular profession and what is involved in that work.

Identity fit – rational

Background, skills, knowledge

Respondents’ previous education in sciences and attitude to sciences were often seen as key determinants for how well they were suited to smaller and specialist AHPs.

Most respondents studying or working in these AHPs had some background in sciences at GCSE and/or A level. Most also felt sufficiently confident in their ability to work through the science elements of the course. For those respondents, seeing science-related entry requirements helped them identify these careers as directed at ‘people like them’.

However, science-related entry requirements and content can act as a barrier for students without such a background or those less confident in their science knowledge. Some of these students will take foundation courses to overcome any restrictions around their science qualifications and knowledge. However, others can be put off and decide these professions are not for them, as admissions tutors in this sample reported.

  I carried on with science subjects through A levels because I did well in them at GCSE. [Female, 20, Current Student—Therapeutic Radiography]

  We do ask for maths, and physics would be useful as well. They’re considered hard subjects and I don’t think schools want to put students through it when they could do business studies, no disrespect. [Admissions Tutor, Prosthetics and Orthotics]

  I think their experience of science at school does come into it because something a lot of students highlight on their form is that they’ve enjoyed science at school and
been very interested in biology, and they realise you can learn about that in podiatry. [Admissions Tutor, Podiatry]

Some are worried about the qualifications because we ask for 3 Bs, or the equivalent. [Admissions Tutor, Podiatry]

And also mature students worry if their qualifications are valid. [Admissions Tutor, Podiatry]

Grades and academic achievement

Respondents’ previous academic achievement was another criterion they employed when considering whether particular health careers suited them or not.

Some AHP respondents had previously considered medicine or other more well-known health careers, but had subsequently decided they didn’t have the required grades for those courses. Sometimes, rejecting medicine was about more than the grades only, as many saw medicine as too elitist for them to qualify and fit there. Once they made a decision not to pursue medicine, they often shifted to consider other careers in healthcare.

Overall, findings indicate there was a considerable pool of students interested in healthcare for whom medicine was not an option and who were looking for alternative health careers. Smaller and specialist AHPs have the potential to attract these students as an alternative way into healthcare, but are currently suffering from low visibility.

I didn’t think my grades would be good enough to do medicine and it’s so competitive. And then there’s the years and years of studying and it just didn’t suit my needs. [Female, 20, Current Student—Therapeutic Radiography]

There are some students that originally want to study medicine or dentistry but they’re perhaps unlikely to get the grades to study those degrees, they’re looking at alternative options and that’s how they found Orthoptics. [Admissions Tutor, Orthoptics]

I had to be realistic about what I could do, a bursary was a really key point—I didn’t have the money for something like medicine and I didn’t want to put that much time in. [Female, 33, Depth, Newly Qualified Professional—Podiatry]

My family were pushing me to do medicine, but I’m quite hands on so I considered physiotherapy and nursing and things that are more hands on [Female, 21, Pair, Current student – Podiatry]

The Sixth Form advertised a “Do you want to be a doctor” day and that was the real first eye-opening experience I got where I was like “this is not the career for me”. I wasn’t going to get the grades, realistically; too much stress, too much hard work and my heart wasn’t truly in it. [Female, 18, Trio, Current student – Orthoptics]
Benefits and drawbacks – emotional

Additionally, findings suggest prospective students weigh different benefits and drawbacks of particular careers to help them choose the one optimally suited to their requirements.

Patient contact

The amount and kind of patient contact was one of the key considerations when choosing a career in health.

All four smaller and specialist AHPs were seen to allow for extensive patient contact. This was very important to respondents studying or working in these AHPs, who often cited this as one of the aspects they enjoyed about their work. Extensive patient contact was therefore widely seen as one of the main benefits of working in these AHPs.

Some even explained they decided against going into particular health careers because they thought they allowed for less patient contact. For example, some students of Therapeutic Radiography explained this was a reason why they chose that profession as opposed to Diagnostic Radiography which was seen to involve less patient contact.

Making a difference

Ability to help patients and make a positive difference to patients’ lives was seen as a key source of job satisfaction for our respondents interested in/working in health careers.

While this applied across different health careers, respondents in the four smaller and specialist AHPs often enjoyed certain specific ways in which they were able to help patients (see section 4.4 for more detail about this).

I don’t know what’s better than being able to say “I’m helping to cure cancer.” [Female, 23, Pair, Current student – Therapeutic Radiography]

You’re constantly working with people and you see them on an ongoing basis so you can form relationships with your patients. [Female, 33, Newly Qualified Professional—Podiatry]

It’s the helping people that appeals, the hands on patient contact. [Female, 18, Depth, Lapsed Considerer – Orthoptics]

With Radiotherapy, one of the really good things is working as a team and the fact that you see patients all the time. You see the same patient every day for four weeks so you get to know people and build a rapport. Some allied health professions you don’t get that as much, say diagnostic. [Female, 34, Depth, Newly Qualified – Therapeutic Radiography]

My reason for coming to radiography was it’s that bit more scientific; you still have the patient contact so you still have that communication and that feel-good factor and there’s the care aspect, but the science behind it is quite technical. [Female, 30, Pair, Current student – Therapeutic Radiography]
Therapeutic radiography ticked all boxes for me—with diagnostic, you don’t really get any patient contact but with this you get to meet patients and see them again and again and develop a relationship with them. In diagnostics you only see them once. [Female, 20, Current Student— Therapeutic Radiography]

**Status**

Status of their profession mattered to some of those studying and working in health professions too. Some students and professionals from smaller and specialist AHPs took pride in their specialism. For example, they enjoyed being the only professionals qualified for a particular area of healthcare, deriving a sense of status from that.

However, low awareness, misperceptions and stereotypes about these AHPs led some outside those professions to see them as having low status within the overall healthcare hierarchy. For example, some perceived certain AHP professionals as technicians or not as qualified as they were. This was also a source of frustration for some studying and working in smaller and specialist AHPs, who were aware of these misperceptions or limited knowledge others had about their fields.

In a sector that is perceived as highly hierarchical as medicine and healthcare are, smaller and specialist AHPs would potentially be more attractive if their expertise was highlighted to address the barriers around status and related misperceptions.

*Podiatry was suited to me because of my ‘sciency’ brain – wanting something medical but not quite, but specialist enough.* [Female, 30, Trio, Current student – Podiatry]

*Therapeutic Radiography would just be administering what had already been prescribed.* [Female, 21, Depth, Current Student- Physiotherapy]

*I think as a profession, it’s quite undervalued by some of the other medical staff. While I think it’s acceptable to have to explain it to people that have never come into contact with an Orthoptist, it can be frustrating when medical staff aren’t sure what we do.* [Female, 27, Depth, Newly Qualified Professional—Orthoptics]

**Variety**

Variety in work was seen as highly important for job satisfaction. Conversely, many respondents were put off by those jobs they perceived as repetitive and therefore boring.

Most respondents already working in smaller and specialist AHPs felt there was enough variety in what they could do within their fields. This contributed to seeing their professions in positive terms. However, students of smaller and specialist AHPs were less sure of this and some worried whether their profession was too narrow to be varied enough. This further made them question whether their work will quickly become too repetitive for them to enjoy it.

For many respondents outside of these AHPs, the perceived high specificity of these jobs made them think they would be very limited and ‘samey’ so become boring quickly. This was a view shared by Diagnostic Radiographers and Physiotherapists in our sample, but also
often the way respondents from the smaller and specialist AHPs saw each other. Diagnostic Radiographers and Physiotherapists, conversely, saw their work as varied in comparison, as it involved the whole body and working across different departments.

*In the moment I like it because intellectually it's challenging – there's so much to learn, so many different areas to get your head around. It's naturally varied – in your musculoskeletal clinics and biomechanical clinics you're focusing on one set of skills and another clinic it's completely different.* [Male, Depth, Newly Qualified – Podiatry]

*I don't know if therapeutic radiography would appeal to me if it's just doing radiotherapy and nothing else.* [Male, 22, Depth, Newly Qualified Professional – Physiotherapy]

*I think a varied scope of practice is something they see as a benefit. Speaking to newly qualified podiatrists, they always mention that they love that it's a different thing every day.* [Admissions Tutor, Podiatry]

*I think the job satisfaction is that they're helping people and there's such a range of patients they see, it's varied and they see young people, they see adults of all ages, the elderly, people coming from A&E. There are specialist roles for dealing with stroke, glaucoma and other ocular conditions.* [Admissions Tutor, Orthoptics]

This widespread perception that work in the smaller and specialist AHPs is very narrow was a considerable barrier. Therefore, the variety of work in these professions needs to be communicated to overcome this barrier.

**Benefits and drawbacks – rational**

**Job prospects and pay**

Job prospects and employability were further important criteria when considering particular careers.

Respondents studying and working in smaller and specialist AHPs generally thought they were in demand. They therefore believed they had good job prospects, which was an important motivation for choosing these AHPs. This was also sometimes contrasted favourably with more competitive fields such as Physiotherapy, which respondents thought may make it more difficult to find work.

However, these AHPs were sometimes also perceived as niche and small fields which led some to question the job prospects in those careers. This was particularly the view of some respondents from larger AHPs who appreciated being needed in large numbers, but also some also potential students interested in larger professions such as Paramedics.

Given the strong appeal of jobs perceived to be in demand, it will be important to highlight this benefit of studying smaller and specialist AHPs.

*With healthcare, I didn't think it would be too difficult to find something afterwards.* [Female, 20, Potential Student – Midwifery]
I think that’s too specific. If I started as a doctor I could move on and do that. I’d rather start big and go small. [Female, 15, Potential Student – Psychology/Veterinary]

They’ve basically said that going on placement we’ll meet our employers, so we’ve always known we’re guaranteed a job, even possibly before we graduate. [Male, 24, Depth, Current student – Prosthetics and Orthotics]

If someone is willing to travel we can pretty much guarantee them a job after graduating but it’s more likely to be in Orthotics than Prosthetics. [Admissions Tutor, Prosthetics and Orthotics]

Some of the main reasons they choose Orthoptics is that it has good job prospects in terms of once you complete the degree, you’ve already acquired clinical experience to work after graduation. [Admissions Tutor, Orthoptics]

It’s incredibly difficult to get into Physiotherapy because it’s very competitive, but I like that because only the people who work very hard can get in. [Male, 22, Depth, Newly Qualified Professional – Physiotherapy]

Pay was also an important consideration in this context, but most respondents emphasized that while they didn’t want to struggle financially pay wasn’t their key motivation driving their choice of work.

I don’t want to worry about money but I’m not bothered about having lots and lots of money. [Female, 20, Depth, Current student – Therapeutic Radiography]

You don’t want to have to worry about money but I don’t mind if I don’t make a lot of money […] I feel like I don’t worry about money. [Female, 22, Depth, Newly Qualified – Therapeutic Radiography]

Workload and work-life balance

Workload involved in particular professions – both during studies and later when working – was another important consideration. It was seen as particularly relevant to health careers, which were often thought to involve heavy workload and poor work-life balance. Additionally, specific demands during studies created further barriers to taking up healthcare courses. As admissions tutors highlighted, the requirement to do placements as part of the studies was a significant barrier to some potential students, particularly where they have to re-locate

The block placements we do are 3 and 5 weeks, so if people work or if they have children, that can be very impractical for them and be a barrier. [Admissions Tutor, Podiatry]

We have a placement and one of the things is that we have a limited number of placements and we can’t guarantee where that is. Telling them their placement could be anywhere could be off-putting [Admissions Tutor, Prosthetics and Orthotics]

Nevertheless, the four smaller and specialist AHPs were seen to allow for a good work-life balance and more manageable workload and studies than some other health careers.
Respondents from these AHPs compared them favourably to Nursing and many other health professions with shift work and heavier workload. They also compared them favourably to medicine pointing out the different in length of studies. Given the concerns over the workload in health careers, the perceived work-life balance in the four AHP can be harnessed to attract more students.

_I think it’s that ability to specialize in something and do it in three years rather than seven._ [Student, Orthoptics]

_I was looking for a good work life balance, security—I didn’t want to be replaced._ [Female, 33, Newly Qualified Professional—Podiatry]

**Opportunities**

Research highlighted the ways in which opportunities, in particular careers, were assessed too, for example, whether they allowed for progression, varied roles, international work etc. Respondents from smaller and specialist AHPs were generally positive about the opportunities in those fields, as they had higher awareness. However, those outside smaller and specialist AHPs lacked this awareness and therefore sometimes questioned opportunities to develop and progress in what they thought was narrowly-defined work.

**Vocational focus**

Respondents also explained they considered the extent to which particular courses led to specific professional jobs/vocations or allowed for a broad range of options after graduating without necessarily leading to specific jobs.

The fact that smaller and specialist AHPs led to specific jobs was often cited as a major draw for many studying or working in these fields, particularly for mature students. This was sometimes contrasted to degrees that don’t lead to specific jobs but rather leave future options more open, for example, Biology.

However, the research shows that this same benefit can be a barrier too. The vocational focus made some worry about committing to a potentially narrow specialism and limiting their future options. This was especially the case with some secondary school students deciding on their university studies who didn’t want to commit as much. Students choosing health-related courses after secondary education, therefore, may need to be reassured that they are not closing down their future work options.

_You get job offers off the back of placements. You really do feel safe in the knowledge that you’ll have a job at the end of this._ [Female, 20, Trio, Current student – Podiatry]

_I think the amount of things you can do within nursing is unique; there’s loads of areas you can go into._ [Female, 23, Potential Student—Nursing]

_[Therapeutic Radiography] sounds interesting but I couldn’t see myself doing it. I think it would get samey._ [Female, 18, Potential Student—Midwifery]
4.4 Expectations and perceptions of smaller and specialist AHPs

Perceptions of Podiatry

Those studying and working in Podiatry highlighted some specific motivations for choosing that career and benefits of working in this field. Their motivations stretched across the different considerations important when choosing a career.

Some referred to aspects of identity fit to explain why they chose Podiatry. For example, they explained they see themselves as ‘hands on’ people, so felt this quality fit well with podiatry. They further stressed they were ‘sciency’ people so felt Podiatry suited them in this respect too.

Most podiatrists further stressed the emotional benefits of doing the work they do. Respondents explained they enjoyed being able to make a **quick, visible and significant difference** to patients’ quality of life, for example, by improving their mobility. The particular ways in which podiatrists helped patients were seen as specific benefits of working in that area.

Podiatrists further appreciated some rational benefits of working in their profession. They stressed the **varied opportunities** they had, for example, to work in the private practice, the NHS, internationally etc. They also appreciated **progression opportunities**. For example, the ability to become a surgeon particularly increased the perceived status of the profession. This impressed some respondents outside podiatry too and helped raise its profile.

Podiatrists further liked that their profession allowed **varied kinds of work**. For example, they stressed the variety coming out of different patient needs, as well as different types of work such as clinical or teaching.

*It’s a clinical job so you work with your hands and with skill.* [Female, 33, Newly Qualified Professional—Podiatry]

*The biggest benefit of being a podiatrist is making a difference to people. A lot of what podiatrists do is relatively simple so it’s doing simple things that make a big difference to people.* [Female, 37, Depth, Current Student – Podiatry]

*People are realising that the scope of the profession is a lot wider than they first thought; it’s not just about scraping calluses and cutting toenails. The biomechanics, the wound care, surgery, diabetes cases, paediatrics are involved, so people like that range.* [Admissions Tutor, Podiatry]

*Being able to go private and have your own business is pretty unique to Podiatry, there aren’t many professions that you can do that.* [Female, 30, Trio, Current student – Podiatry]

*It was only when I started that I realised how broad it was and how many different areas were covered in it and I’d only seen one little bit of Podiatry. I didn’t realise how biological it was [...] I was amazed at how diverse it is.* [Male, Depth, Newly Qualified – Podiatry]
We’re allowed to go into surgery and we can prescribe which a lot of the others can’t do [Female, 20, Trio, Current student – Podiatry]

There’s so much potential for growth, there’s so many areas that haven’t been looked into yet like rheumatology so if you do this you can be the pioneer of something new. [Female, 21, Pair, Current student – Podiatry]

(Podiatry can be) a portfolio career - you can have a private business and work a day or two in the NHS. There’s lots of opportunities to create your own career and work around your own life, so that really appealed to me. [Female, 37, Depth, Current Student – Podiatry PG]

Podiatry, however, also suffered from various misconceptions and negative ideas about foot care. Many outside Podiatry saw the field to:

- Involve work they felt squeamish about – feet were seen as dirty and foot problems as repelling.
- Be limited to one body part and a very narrow set of procedures (e.g. ingrown nails) and therefore not varied enough/boring
- Having a low status through association with feet and perceived links to beauty industry, but also due to the perceived narrow focus.

Some podiatrists felt these misperceptions stemmed from confusing Podiatry and Chiropody. They were eager to stress that podiatry concerned the whole of lower limbs rather than feet only as in Chiropody.

While cultural ideas about feet may be more difficult to tackle, the key barrier that needs to be overcome is the perception of the field as very narrow. To address this barrier, the variety of work and opportunities in Podiatry needs to be highlighted.

The least appealing one would be Podiatry because you’re limited to the foot and ankle. [Female, 18, Potential Student – Nursing]

My granddad has a podiatrist and they literally just come to clip his toenails... I don’t want to just do that with my life. [Female, Trio, Current student – Prosthetics and Orthotics]

They think ‘urgh, no feet yuck’ and they don’t want to touch feet. But I think also, they don’t really know about it. [Admissions Tutor, Podiatry]

I feel like I could be a podiatrist because they do a lot of what we do but I feel like they just do all the worst bits of P&O... [Female, Trio, Current student – Prosthetics and Orthotics]

It makes me feel sick so I think the drawback would be touching people’s feel all day. [Female, 20, Current Student— Therapeutic Radiography]

There are definitely misconceptions about podiatry, a lot of the negativity is about working with feet. When I visit schools they say they don’t like feet, or that they’ve heard of chiropody which involves a lot of cutting toenails, whereas podiatry is not just feet it’s the lower limbs. It’s the biggest thing we need to get across as podiatrists. [Admissions Tutor, Podiatry]
People say it’s disgusting when I show them pictures of feet, put some of those people want to go on and do nursing which is much worse! [Admissions Tutor, Podiatry]

Perceptions of Orthoptics

Orthoptists stressed the following advantages of their profession and these were appealing to some other respondents too.

They highlighted several important emotional benefits of working in their field:

- Being able to help children was an important source of job satisfaction for many Orthoptists.
- They also felt they were making a significant difference to patients given the importance of sight and improved self-confidence to their lives.
- Some further liked that Orthoptics allowed them to work with patients in hospitals rather than with customers as in Optometry. They felt this was better suited to their motivation to help patients rather than be more commercially driven.
- Some felt that the degree afforded them a unique specialism so other health professionals had to consult them for particular problems. This gave some a particular sense of status.

Sight is so important. I don’t know how you could be really passionate about teeth and oral hygiene but sight, you can really get behind. [Female, 18, Trio, Current student – Orthoptics]

I like the sense of achievement you get when the child you’ve been trying to get to keep their glasses on comes in wearing their glasses and they’re excited to tell you. [Female, 27, Depth, Newly Qualified Professional—Orthoptics]

The following barriers specific to Orthoptics were mentioned mainly by those outside the field, but occasionally by some students too. Orthoptics was seen to:

- Involve types of work some people felt squeamish about, i.e. eye care
- Be very narrow creating the impression the work would quickly become boring (some Orthoptics students felt unsure about this too)
- Have lower status – some saw Orthoptists as technicians rather than professionals with higher qualifications

I think it could be quite repetitive but you could help people by getting rid of their cataracts or an uncomfortable eye condition. [Female, 20, Current Student—Therapeutic Radiography]

I think Orthoptics is too niche within its area. [Female, 33, Depth, Newly Qualified Professional—Podiatry]

Findings indicate that similarly to other smaller and specialist AHPs, the variety of work in Orthoptics needs to be communicated, as well as the specialist and qualified status of its practitioners to reduce some of the barriers to considering the field. For example, it may help to highlight the diversity of patients, ranging from children to stroke patients, to underline the variety of work.
Perceptions of Therapeutic Radiography

Therapeutic Radiographers appreciated the following aspects of their profession, which were also appealing to some other health students and professionals.

- Most thought that Therapeutic Radiography offered a unique combination of working with technology and healthcare. This combination of technical and caring work came across as highly appealing to all respondents interested in both healthcare and new technologies. They also appreciated being able to work with the cutting edge technology and found this an exciting aspect of this profession.
- Respondents further derived job satisfaction from doing work that can save people’s lives, as well as improve their lives.
- They also derived a sense of status from their specialism, that is, from being the only healthcare professionals qualified to plan and administer radiotherapy.
- Most also thought that Therapeutic Radiography involved varied work as it concerned the whole body, although some students were unsure if the work would soon become repetitive.
- Many also enjoyed teamwork, both in a multidisciplinary team and with the other Therapeutic Radiographers in their pair. Working in a pair was sometimes seen to take some of the pressure of the job, as responsibility was shared rather than resting with an individual.

Therapeutic Radiography is that bit more scientific; you still have the patient contact so you still have that communication and that feel-good factor and there’s the care aspect, but the science behind it is quite technical [Female, 30, Pair, Current student – Therapeutic Radiography]

You’re not just sat at work and your brain goes dead; you really have to think about what you’re doing and it’s continuous learning [Female, 37, Pair, Current student – Therapeutic Radiography]

I think there’s lots of patient contact which is interesting—you can see the same patient every day for weeks so you can develop rapport with the patients. [Female, 20, Current Student— Therapeutic Radiography]

You wouldn’t be able to treat cancer patients in any other health professions—you just see the patient. [Male, Current Student— Therapeutic Radiography]

However, those not studying or working in Therapeutic Radiography highlighted the following barriers to considering the field.

Some of the barriers stemmed from various misperceptions of the profession. Therapeutic Radiography was seen to involve the type of work with high emotional burden, as many worried that interacting with gravely ill patients some of whom may die would upset them. Interestingly, this wasn’t borne out by the experience of Therapeutic Radiographers in this sample, who stressed that most patients appeared positive and healthy so they didn’t feel under emotional pressure. Some further mistakenly thought that Therapeutic Radiographers worked alone, which they disliked as they worried about isolation. Others assumed the job of a Therapeutic Radiographer wasn’t particularly ‘hands on’ with patients, which put them off. First-hand accounts of what it’s like to work in Therapeutic Radiography could therefore be
used to reduce barriers stemming from misperceptions around the emotional impact, isolation and patient contact.

Some of the other barriers were less specific to Therapeutic Radiography as they stretched across all four smaller and specialist AHPs. For example, the profession was often seen to involve too much of the same work, leading some to worry it would become repetitive and they would lose interest in it over a period of time.

Finally, some respondents simply preferred other jobs to Therapeutic Radiography. For example, respondents studying and working in Diagnostic Radiography explained they preferred the faster pace of their job which made it feel more exciting than Therapeutic Radiography.

I don’t know if Therapeutic Radiography would appeal to me if it’s just doing radiotherapy and nothing else. [Male, 22, Depth, Newly Qualified Professional – Physiotherapy]

The outcome of someone coming very poorly but being cured would be hugely rewarding but must be very emotionally draining spending time with sick people and their families, people dying. [Male, 39, Depth, Current student – Podiatry]

Unless you’re curing people I don’t imagine a high level of satisfaction, I think I’d be depressed most of the time [Male, 24, Depth, Current student – Prosthetics and Orthotics]

You’re with you patient 100% of the time in Podiatry, but in radiotherapy you’re out of the room for most of the time, and I don’t know maybe someone else brings them in. [Female, 33, Newly Qualified Professional—Podiatry]

Perceptions of Prosthetics and Orthotics

Respondents studying and working in Prosthetics and Orthotics appreciated the following aspects of their field, which were also appealing to some other health students and professionals.

Similarly to Therapeutic Radiography respondents, Prosthetics and Orthotics students and professionals thought their field offered a unique combination of technical, creative and caring work. Some therefore felt that Prosthetics and Orthotics suited ‘hands on’ people interested in crafts and/or technology but also in healthcare.

Prosthetics and Orthotics respondents further derived job satisfaction out of being able to make a significant difference to patients, for example, with their mobility and independence. They also thought the profession offered varied work, as it required them to think of different solutions to meet different patient needs. They also appreciated some rational benefits of their job, namely that there was a shortage of Prosthetists and Orthotists which increased their chances of finding work.

It’s very varied, some are new patients, some you’re casting, some you’ll be fitting a test socket, some fitting the limb, repairs... it’s a real start to finish and beyond. [Female, 34, Depth, Current student – Prosthetics and Orthotics]
Seeing patients, taking casts, analysing and diagnosing issues and the prescribing the relevant intervention or treatment is our daily role in a nutshell. [Male, 24, Depth, Current student – Prosthetics and Orthotics]

As far as I’m aware there’s a worldwide shortage, so I can effectively get a job anywhere, so much opportunity. [Male, 24, Depth, Current student – Prosthetics and Orthotics]

However, many outside of the profession highlighted the following barriers to considering Prosthetics and Orthotics:

- Prosthetics and Orthotics was seen to involve work technicians do rather than more qualified health professionals.
- It was further seen to be potentially limited in terms of technology available within the NHS. Some therefore worried patients would have high expectations they wouldn’t be able to meet. Others thought they personally would be disappointed by technological limitations too. Admission tutors for Prosthetics and Orthotics touched on a similar topic too, as they felt that ‘high tech’ images of prostheses were misleading potential students creating high expectations.

I don’t think I’d want to do that at all because I wouldn’t want to spend all of my time doing that. It doesn’t feel like I’d be offering them as much just by making or fitting prosthesis or orthotic for them... I’d rather be on the rehabilitation side of utilising the prosthetics and orthotics. [Female, 21, Depth, Current Student- Physiotherapy]

Orthotics is just about taking measurements and then going away and making something. [Female, 33, Newly Qualified Professional—Podiatry]

I think showing the high end technology is a very attractive image but doesn’t show much about the everyday work of a prosthetist or orthotist. [Admissions Tutor, Prosthetics & Orthotics]

The research indicates that marketing Prosthetics and Orthotics will therefore require a balance between being realistic about technology available so as not to mislead prospective students, but also highlighting exciting (new) technology where possible.

### Comparing smaller and specialist AHPs to other AHPs / other health careers

In terms of respondents’ perceptions of other AHPs, many stressed that all AHPs had the potential to be rewarding as they improve patient’s quality of life.

I think all of them are rewarding... all of them have a lot of patient contact... all of them are valuable. I’d say all of them are hands-on. [Female, 22, Depth, Lapsed Considerer – Orthoptics]

However, different AHPs varied in how appealing they were as careers to potential and current students and professionals in this sample. Those that were most well known, involved a lot of patient contact, were perceived as clinical, as large professions with
**More appealing**

<table>
<thead>
<tr>
<th>Drama/Music/Art Therapy</th>
<th>Physiotherapy</th>
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<tbody>
<tr>
<td>Not perceived as being very clinical and some are put off by high competition for jobs</td>
<td>Very rewarding to help patients with mobility and perceived as very varied. Also, most well known</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>Diagnostic Radiography</td>
</tr>
<tr>
<td>Felt to be interesting and varied, but frustrating if patients don’t follow advice</td>
<td>Appealing to those with a more scientific background, but concern about repetitive work and workload/shifts</td>
</tr>
<tr>
<td>Paramedic</td>
<td>Speech and Language Therapy</td>
</tr>
<tr>
<td>Fast paced, exciting and varied, however poor hours, low pay and high stress levels put respondents off</td>
<td>Respondents were drawn to high levels of patient contact, and the ability to build rapport during longer appointments</td>
</tr>
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Creative therapies...I think the start and end point for patients wouldn’t have as clear a point; there wouldn’t be such obvious progression in patients. [Female, 27, Depth, Newly Qualified Professional – Orthoptics]

The only thing that put me off Occupational Therapy was that there weren’t many jobs available. I’ve forgotten what it is now to be honest. [Female, 23, Pair, Current student – Therapeutic Radiography]

My cousin is a dietician and what she does sounds really cool, it’s so important, but I’d get really cross if people didn’t listen and didn’t eat the right foods. [Female, 21, Pair, Current student – Podiatry]

I nearly did... I really wanted to be a paramedic but this is where the 9 to 5 job comes in. I did not want to work on Christmas Day. [Female, 20, Trio, Current student – Orthoptics]

It’s so intense [being a paramedic] I don’t do well in emergencies... I couldn’t deal with being in that much... power. [Female, 23, Pair, Current student – Therapeutic Radiography]

I think [Speech and Language] would be quite a rewarding job as well because I think you’d get a longer appointment with your patients and you’d get to develop more of a relationship with your patients. You get to know them more and see their development gradually. [Female, 21, Depth, Newly Qualified Professional—Orthoptics]

Further comparisons with specific larger AHPs – Diagnostic Radiography and Physiotherapy – highlighted some advantages and disadvantages they were seen to have when compared to smaller and specialist AHPs. The perceived shared benefits and comparative advantages

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4 Respondents across the sample were asked which AHPs they were aware of, and for each of those they identified, what they thought about that profession, what they knew about it, would they consider working in it and why yes/not. They were then shown a list of AHPs to explore the same questions with regard to those not mentioned spontaneously. They were finally asked to sort AHP professions into groups: those appealing to them, those not appealing to them and those in the middle, as well as to talk through their rationale for sorting them in this way. The data above on respondents’ perceptions of other AHPs is based on this discussion.
and disadvantages between smaller and specialist AHPs and some larger AHPs are outlined in the diagram below and then discussed in more detail.

**Benefits of larger AHPs**

Respondents studying and working in the larger AHPs – specifically in Diagnostic Radiography and Physiotherapy – appreciated the following aspects of their field. These were also appealing to some other health students and professionals in our sample.

- **Diagnostic Radiography** was seen to be fast-paced, which made the job seem exciting to those who enjoyed working in this way. The role was also seen as varied, due to the opportunity to rotate through different hospital departments and diverse opportunities for specialism. As a large profession, it was further seen to provide high levels of job security, which was also appealing.

  *The variety is incredible – there are so many different modalities and so many different opportunities […] no one day is the same as the next, so you could be working in the general department, you may then be working in theatre.* [Male, 49, Depth, Current Student – Diagnostic Radiography]

- **Physiotherapy** was appreciated for its high levels of patient contact and being very patient-led. Physiotherapists explained how seeing progression in patients they have built a rapport with was extremely rewarding. They further liked that they relied on their physical and communication skills, rather than technology or machinery to help patients.

  *It was all the things I wanted to do; very patient led, some hands-on and some hands-off therapy, rehabilitating people to good health and function again which is great because that’s what I’m looking forward to, helping people.* [Female, 30, Depth, Current Student – Physiotherapy]

**Barriers to larger AHPs**

However, those outside of these larger AHPs also highlighted the following barriers to considering a career in Diagnostic Radiography and Physiotherapy.
Diagnostic radiography was widely perceived as potentially mundane and repetitive. Many also saw the role as more of a technician, rather than a specialist. Additionally, the perceived limited patient contact was off-putting to most in our sample.

_The diagnostic radiographers knew loads, but weren’t allowed to tell the patient they had a broken bone. I felt they were like over trained photographers._ [Male, 23, Depth, Newly Qualified Professional—Orthoptics]

Physiotherapy was seen to be very competitive, both in terms of university places and when looking for jobs after qualification. The profession was also seen to be physically demanding, which some were concerned would make it difficult to work as they got older. Some respondents also thought that patients’ non-compliance with prescribed exercises could be frustrating if less progress is made. Others had misperceptions so thought that physiotherapy was only for ‘sporty people’, which they did not identify with.

_The impression I got from Physiotherapy was that the job opportunities weren’t that good._ [Female, 18, Trio, Current student – Orthoptics]

As respondents’ comparisons of larger and smaller AHPs outlined above indicate, smaller and specialist AHPs were often seen to have some advantages over these larger fields. These can be harnessed to attract students initially considering these larger and more well-known AHPs. Also, the research shows that the perceived benefits of more well-known AHPs are often shared by some of the smaller AHPs, which underlines awareness as a barrier to entry into smaller AHPs.

When respondents compared smaller and specialist AHPs more broadly to other health careers, they highlighted their further advantages and disadvantages. The perceived shared benefits and points of differentiation between medicine and nursing and smaller and specialist AHPs are outlined below:

Findings indicate that in-school awareness can be limited to medicine and nursing but quite strong assumptions exist around these. Given the relative benefits of AHPs, comparison to medicine and nursing can potentially be useful when they are introduced.
5. Direction for marketing smaller and specialist AHPs

5.1 Key elements of messaging for smaller and specialist AHPs

This research suggests that potential students need an effective overview in any introductory or explanatory material covering the following four ‘pillars’, needed to assess whether a particular career is of interest:

- **Definition**: A broad understanding of what a career is about to visualise what day-to-day work involves and assess whether they can imagine themselves doing that.
- **Identity fit**: Information that would allow potential students to make critical checks to decide whether a particular career fits with their skills, abilities and qualities and therefore confirm whether it is relevant to them or not.
- **Benefits – emotional**: Content that would help them understand the emotional benefits of working in a particular career and what makes that career likely to be personally rewarding.
- **Benefits – rational**: Information about rational benefits that make a particular career a real consideration and a competitive choice.

Importantly, any of these four pillars might be an entry point when considering alternative health careers, so each should stand out or be considered for ‘filters’ in job search tools.

Specifically to smaller and specialist AHPs, the research highlights the following core messages to drive understanding and appeal of these careers across these four key points, as outlined below:

**Definition**

The research indicates the audience want the introductory core definition to allow for a quick assessment of the extent to which particular careers match their key criteria. This primary assessment is essential given the wealth of health careers to explore. Specifically, the following aspects are important to include in any introductory definition of smaller and specialist AHPs:
• **Area of specialism:** To begin with, respondents wanted to understand what specialisms each of the smaller and specialist AHPs involved, for example, in terms of the body area, particular conditions or types of treatment they focused on.

• **Aspects of patient care:** Respondents further wanted to know which aspects of patient care were involved in these health careers. This allowed them to assess how medical or caring particular careers were, which was important as many wanted to be responsible for medical but also diverse aspects of patient care, including diagnosis, treatment and support.

• **Patient contact:** They were also keenly interested to understand early on about the extent of patient contact involved to be able to assess whether this work would allow them to build relationships with patients which many enjoyed. For example, information explaining that Therapeutic Radiographers support patients before, during and after treatment was well-received as it demonstrated ongoing and extensive patient contact.

> *It should be explained what it is and what they do.* [Male, Current Student—Therapeutic Radiography]

> *That was my requirement – working with people and it being a varied job.* [Female, 20, Trio, Current student – Orthoptics]

> *I think that the explanation of what we do is important because I'm not sure many people know.* [Admissions Tutor, Prosthetics & Orthotics]

> *I would give a clear definition of what Orthoptics is* [Admissions Tutor, Orthoptics]

The research further suggests that once prospective students are satisfied that particular careers meet their basic criteria, they want further explanations that expand their understanding and help them imagine what it is like to work in those professions. To help with this, many respondents wanted to know:

• **Where they would work:** The kind and range of healthcare settings where smaller and specialist AHP professionals were based mattered to some respondents. Some wanted to know about this because multiple settings suggested a range of opportunities for work, whereas others were interested because they had preferences for working in particular settings as opposed to others. For example, respondents often liked that podiatrists were able to work in different settings, whereas some Orthoptists liked working in hospitals with patients rather than with customers in more commercial areas of eye care.

• **Who else they would work with:** Most respondents liked the idea of working as part of a team so they appreciated information helping them understand which other health professionals they would work with.

• **Who the patients are:** Knowing the range of patients further helped to imagine what working in these AHPs would be like and consider fit with what they wanted from a health career.

> *Working in different places and improving people’s quality of life—it’s not just limited to podiatry – you're looking after the whole person.* [Female, 23, Potential Student—Nursing]
It’s talking about different people you work with… I like working with people— I don’t think I could work on my own [Female, 20, Depth, Current student – Therapeutic Radiography]

Based on responses to examples of core definitions shown to respondents⁵, the following definitions were seen to work well to introduce individual AHPs in clear and basic terms and explain their specialisms, aspects of care and patient contact involved.

**Podiatry**

The following primary and secondary definitions⁶ were seen to introduce Podiatry well and address some key initial questions respondents had about the field:

<table>
<thead>
<tr>
<th>Primary definition</th>
<th><strong>Podiatrists</strong> provide preventative care, diagnosis and treatment of a range of problems affecting the feet, ankles and lower legs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary definitions</td>
<td>Podiatrists could be based in a hospital, GP surgery or within private practice</td>
</tr>
<tr>
<td></td>
<td>Podiatrists can work with a team of people including nurses, physiotherapists and doctors.</td>
</tr>
</tbody>
</table>

*It shows you need a variety of skills and that you’ll be doing a variety of work* [Female, Trio, Current student – Prosthetics and Orthotics]

*The one that stands out straight away is that they can be based in a hospital, surgery or private practice because it shows that they’re not just working in one place, they’re varied. They can move about to where they feel more comfortable.* [Female, 18, Potential Student – Nursing]

*Working alongside other health care professions is true and it’s something that’s really nice, it’s interesting* [Male, 20, Trio, Current student – Podiatry]

There were other examples of definitions of Podiatry, however, that were seen to work less well. In the example below⁷, the immediate answer to the question of what a podiatrist does did not seem to explain what their day-to-day work involves. Some podiatrists also thought that the definition of podiatry would need to mention feet too. Also, ‘palliative’ and

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⁵ Boxed-out messages, images and marketing materials discussed in this section were shown as stimulus to respondents. They were used in the interviews to elicit respondents’ views on different ways of representing the four AHPs and understand their priorities and considerations for messaging, imagery and language. While stimulus for each of the four AHPs was far ranging, it of course could include only a selection of the existing marketing materials. The messages shown to respondents are colour-coded throughout the section: they are green where the response was overwhelmingly positive; they are amber where there was a mixed response or questions were raised about certain aspects of those messages; and they are red where respondents were critical. Finally, the green dotted line is used where the research identified gaps in the existing marketing materials that could potentially be filled with those suggested messages.

⁶ Source of definition: https://www.prospect.ac.uk/job-profiles/podiatrist

‘biomechanical’ were seen as terms that may be too technical to be clear to some potential students

| Primary definition | What does a Podiatrist do? A podiatrist’s primary aim is to improve the mobility, independence and quality of life for their patients. Imagine how amazing that feels! They are autonomous healthcare professionals who deliver preventative, palliative, biomechanical, pharmacological and surgical interventions for lower limb problems. |

It says what does a podiatrist do? but that’s a terrible introduction. It doesn’t mention feet or legs. [Female, 33, Newly Qualified Professional—Podiatry]

I like this “what does a podiatrist do” but then when it comes down to it, it doesn’t actually say anything about what we actually do [Female, 20, Trio, Current student – Podiatry]

Therapeutic Radiography

The following definitions of Therapeutic Radiography were seen to work well as they addressed many of the core aspects needed in an introduction:

| Primary definitions | Therapeutic radiographers specialise in the planning and administration of radiotherapy treatment for patients, most of whom have cancer. They have regular contact with patients before, during and after their treatment. Therapeutic radiographers use a range of technical equipment to deliver accurate doses of radiation to the tumour to destroy the diseased tissue, while minimising the amount of radiation to surrounding healthy tissue. |
| Secondary definitions | You’ll work as part of the oncology team. Most radiographers are based in hospitals. |

This one’s quite nice because you’re emphasising the regular contact with patients. [Female, 30, Pair, Current student – Therapeutic Radiography]

I think that’s important because we’re using a lot of computer and technology stuff, but a massive part of the role is to help people. [Female, 22, Depth, Newly Qualified – Therapeutic Radiography]  

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8 Source of definitions: https://www.prospects.ac.uk/universities/city-university-london-3711/school-of-health-sciences-8918/courses/therapeutic-radiography-11642
**Orthoptics**

Examples below were seen to introduce Orthoptics well, as they explain aspects of care it involves, area of specialism, who the patients are, as well as where and who Orthoptists work with.

<table>
<thead>
<tr>
<th>Primary definition</th>
<th>Orthoptists diagnose and treat a range of eye conditions affecting both children and adults. They carry out tests to diagnose problems and determine appropriate treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary definitions</td>
<td>Orthoptists work predominantly in hospitals, but may also work in community healthcare and schools. You’d work as part of an eye-care team working with patients that have a range of eye conditions.</td>
</tr>
</tbody>
</table>

*Orthoptics immediately sounds more interesting than I thought. It mentions diagnosis and treatment which is something that I really enjoy.* [Female, 33, Depth, Newly Qualified Professional—Podiatry]

*I didn’t realise they could work within multidisciplinary teams, and in so many different places. I thought they’d be their own self-contained team.* [Female, 30, Depth, Current Student – Physiotherapy]

**Prosthetics and Orthotics**

Example definitions of Prosthetics and Orthotics shown to respondents were met with mixed response. While the examples of secondary definitions worked well, respondents felt the core definition was missing some important elements, as it was not explicit enough about the kinds of work with patients that are involved in the two professions.

<table>
<thead>
<tr>
<th>Primary definition</th>
<th>Prosthetists and orthotists provide care for people who need an artificial limb (prosthesis) or a device to support or control part of the body (orthosis).</th>
</tr>
</thead>
</table>

These gaps can be addressed by adding more explicit information about aspects of care involved, as suggested below:

<table>
<thead>
<tr>
<th>Potential primary definitions</th>
<th>Prosthetists provide care for patients with limb loss. They assess patients, design and custom fit artificial limbs known as prostheses.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Orthotists provide care for patients who need support or control for part of the body. They assess patients, design and custom fit support known as orthosis.</td>
</tr>
</tbody>
</table>

9 Source of definition: https://www.prospect.ac.uk/job-profiles/orthoptist
Secondary definitions\textsuperscript{10}, however, were seen to be detailed enough to help understand about some important aspects of this work – about the types of patients involved and collaboration with other health professionals.

<table>
<thead>
<tr>
<th>Secondary definitions</th>
<th>Prosthetists work with people of all ages who may have been born with a limb missing, lost an limb in an accident or during military service or had a limb amputated as a result of a condition such as diabetes.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You’ll work alongside doctors, nurses, podiatrists, physiotherapists, occupational therapists and technicians.</td>
</tr>
</tbody>
</table>

*I think the one about the different reasons for amputation is very good and gives an idea of the range of circumstances of disability you’ll be dealing with.* [Admissions Tutor, Prosthetics & Orthotics]

**Identify fit**

Findings highlight a range of areas where identity messages needed to deliver and enable potential students to assess their fit with potential careers. Some messages and marketing materials tested were effective at doing this, but this was an area where improvements were sometimes needed.

**Background and interests**

Science and/or technology were often mentioned across marketing and recruitment materials promoting smaller and specialist AHPs. In many cases, this helped those with a science background to quickly identify these areas as potentially relevant to them. However, certain ways of phrasing this can also polarise prospective students, especially if they don’t feel confident about their knowledge of science or competence with technology. The way science and technology-related background, skills and interests are positioned is, therefore, key to reach the widest group of considerers.

Responses to examples below showed that asking for ‘an interest in’ science and technology allowed identification, but reduced the risk of alienating those who tend to identify with a broader set of interests or lack a high degree of confidence.

If you’re interested in science...

Additionally, some respondents talked more generally about being interested in particular subject matter – for example, how human body works – rather than phrasing that interest in terms of sciences focusing on that. This can be used in identity messages to tap into those motivators that drive those interested in medicine, as suggested below:

\textsuperscript{10} Source of definitions: http://www.salford.ac.uk/ug-courses/prosthetics-and-orthotics
Are you interested in how human body works ...

Conversely, the following examples asking for being ‘good at’, ‘loving’ and ‘enjoying’ sciences and/or technology made some respondents distance themselves and explain they weren’t like that. Their response suggests such statements risk alienating potential students who may be interested in these AHPs but don’t identify strongly with sciences or technology.

We are looking for people who **enjoy** science...

Do you **love** science, biology, chemistry?

What makes a good radiographer...**good with technology**...

*They could start with sciences and your interests and then talk about what kind of person you are like caring, good communication skills to set out the sort of person that would be good at it and interested in.* [Female, 20, Current Student—Therapeutic Radiography]

*I’m not good with technology so that wouldn’t be for me.* [Female, 17, Potential Student—Paramedic]

‘**Do you love...? Are you...?’** caught my eye—you can see if you’re right for the job. [Female, 18, Potential Student—Midwifery]

**Skills and qualities**

Findings indicate potential students are also often looking for an easy ‘check list’ of skills and qualities they need for a particular profession to be able to assess if they fit. Some are universal to the four AHPs, as well as other health professions. Other qualities feel more specific to individual smaller and specialist AHPs and – like science – can require careful positioning to ensure broad appeal.

The following qualities were universally seen as necessary for working with and helping people:

- Good communication skills
- Being empathetic, caring, sensitive
- Like working with people

They were therefore seen as central to healthcare and a major draw to those careers, as positive response to marketing materials such as the one below11 confirm. For this reason, they are important to affirm and they make prospective students feel good about themselves, even if mentioning them doesn’t offer news in any way.

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I think the qualities they’ve listed are relatable and they haven’t used big words.
[Female, 22, Depth, Newly Qualified – Therapeutic Radiography]

I think I’d read it if I saw it, I think those things are what I’m like. It’s saying what you need to be like. [Female, 15, Potential Student—Paramedic]

Other skills and qualities are important across different AHPs, but more relevant to some individuals than others so need careful positioning.

**Problem-solving skills:** Most respondents enjoyed this aspect of their work and identified with this skill. Problem solving was seen to give intellectual stimulus which many appreciated as it kept their job interesting. However, some with lower confidence may question their skills in this area so this needs to be introduced carefully as one of many skills rather than dominate.

*I think solving problems is what keeps the job interesting.* [Male, 23, Depth, Newly Qualified Professional—Orthoptics]

You are constantly problem solving because every patient is different with their own unique background. [Female, 33, Depth, Newly Qualified Professional—Podiatry]

*A combination of technical and practical skills, problem solving, creativity and sensitivity and understanding of patients needs” makes it sounds exciting, it attracts a lot of skills and personality types* [Female, 21, Pair, Current student – Podiatry]

**Creativity:** As science, creativity can be divisive. For example, some Prosthetics and Orthotics students thought it was important to mention creativity as this was felt to be one of the few health careers that can involve a level of creativity or appeal to those types. However, others strongly felt they weren’t creative and did not need to be to work in that career. It is therefore important to introduce creativity as one among diverse qualities useful in Prosthetics and Orthotics, rather than overemphasise it.

*It is good to mention the creative side because there’s a lot of people on our course that come from the arty side of things, it fits a lot of people’s backgrounds and interests I just don’t think those people would have been told about it* [Male, 24, Depth, Current student – Prosthetics and Orthotics]

**Practical skills/hands on approach:** This was seen as more relevant to Prosthetics and Orthotics and Podiatry, as many respondents studying or working in these fields identified with these skills. It is therefore useful to highlight as one among diverse qualities needed.
Resilience: There was a negative response to the notion that Therapeutic Radiography required resilience to cope with working with seriously ill patients. Students and professionals in this field largely thought that showed their profession as depressing and didn’t reflect the positive atmosphere on their job. Instead, highlighting the ability to remain calm under pressure was seen as more positive.

The following examples\(^{12}\) from marketing materials were seen to cover this range of skills and qualities generally well. However, specific wording can be improved in some instances to minimise the risk of alienating potential students.

Podiatry

As well as having an approved podiatry degree, you need a caring manner and good communication and practical skills to work as a podiatrist.

Therapeutic Radiography

If you’re interested in science, are a good communicator and can remain calm under pressure, then work as a therapeutic radiographer may be for you.

You’ll need resilience to cope with the demands of dealing with patients who have been diagnosed with life-threatening conditions.

Orthoptics

We are looking for people who enjoy science and want to work with people of all ages to improve their vision and quality of life.

Prosthetics and Orthotics

Prosthetists and Orthotists use a combination of technical and practical skills, problem solving, creativity and sensitivity and understanding of patients needs.

I understand the science behind it but that isn’t what appeals to me; it’s more the people aspect [Female, 37, Depth, Current Student – Podiatry PG]

It is good to mention the creative side because there’s a lot of people on our course that come from the arty side of things. They may also have an engineering type mind and obviously sciency... it fits a lot of people’s backgrounds and interests I just don’t

\(^{12}\) Sources of messages:
Podiatry: https://www.prospects.ac.uk/job-profiles/podiatrist
Therapeutic radiography: https://www.prospects.ac.uk/universities/city-university-london-3711/school-of-health-sciences-8918/courses/therapeutic-radiography-116424
Prosthetics and Orthotics: http://www.salford.ac.uk/ug-courses/prosthetics-and-orthotics
think those people would have been told about it [Male, 24, Depth, Current student – Prosthetics and Orthotics]

Gaps in identity messaging

Research also identified some gaps in terms of potential identity messages:

- Messages that tried to address some of the barriers to considering smaller and specialist AHPs were missing. While the barrier of feeling squeamish about work that involves feet or eyes can be difficult to address, other barriers can be challenged. For example, the perception that those working in Therapeutic Radiography would be under heavy emotional burden could be potentially reduced through first-hand accounts of Therapeutic Radiographers explaining why this wasn’t the case in their experience.
- The notion of (smaller and specialist) AHPs as rewarding alternatives to more well-known health careers, such as medicine and nursing, was largely missing. Respondents who chose smaller and specialist AHPs after deciding medicine was not for them thought it was important to tell young people interested in healthcare that ‘you don’t need to be a doctor to make a real difference to people’s health’. Smaller and specialist AHPs would benefit from being presented as an alternative to lapsed considerers of medicine and nursing.

Emotional benefits – key messages

The research indicates that particular emotional benefits of working in health careers play an important part in driving consideration of these professions. Many respondents cited extensive patient contact and a sense of personal reward from making a difference to patients as major draws to working in smaller and specialist AHPs. In addition, the status of particular professions and the variety of work they allowed were also highlighted as critical for job satisfaction more generally. Response to marketing materials and current messaging approaches suggests emotional benefits of working in smaller and specialist AHPs are insufficiently covered and there is room for development.

And the job satisfaction—I wanted to have a job that really made a difference. I didn’t want to feel that I was making money for the man. [Female, 33, Newly Qualified Professional—Podiatry]

The best thing [about TR] is using your skills to help other people and save lives [Female, 23, Pair, Current student – Therapeutic Radiography PG]

It does make it sound like you’re really helping people. [Female, Trio, Current student – Prosthetics and Orthotics]

It’s good because of the caring, good communication and practical skills [Female, 20, Depth, Current student – Therapeutic Radiography]

Social interaction – contact with patients and other healthcare professionals

Most respondents in smaller and specialist AHPs appreciated having extensive contact with patients and being able to build relationships with them. In their view, this was an important
reason why they chose to work in fields and what sometimes distinguished them from some other health careers, for example, Diagnostic Radiography which was seen to involve more limited patient contact. Additionally, most appreciated jobs where they were able to work as part of a team and collaborate with other health professionals; conversely, working on their own was often source of anxiety as it suggested isolation and lack of support.

*I think the main thing to say is working with people, lots of patient contact and helping people in a big way [Female, Trio, Current student – Prosthetics and Orthotics]*

*We do actually help patients as well as treat them. [Female, 20, Depth, Current student – Therapeutic Radiography]*

However, messages about this aspect of work were not prominent enough or absent. Messages similar to examples below\(^{13}\) could help address this gap:

**We are looking for people who enjoy science and want to work with people of all ages to improve their vision and quality of life**

Therapeutic radiographers care for patient (and family) throughout the treatment period

[x professionals] have lots of patient contact and are able to build good relationships with patients

**Personal fulfilment – making a difference**

Many also stressed specific ways in which their AHP made positive difference to patients, suggesting a core making a difference theme exists for each AHP. These specific ways in which individual AHPs help patients need to be highlighted along the more general messages about making a difference, as outlined in the diagram below.

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\(^{13}\) Sources of messages:
Therapeutic Radiography:

42
Improving mobility and quality of life is a very important one because it’s about job satisfaction which is what draws a lot of people in, particularly people changing careers because they don’t feel fulfilled. [Admissions Tutor, Podiatry]

“Thank you for giving me my life back” – I like that bit at the end […] I really do make a difference, which is obviously quite persuading [Female, 20, Trio, Current student – Orthoptics]

I think Therapeutic Radiography helping save lives is appealing to people who are looking to make a real difference. [Female, 20, Current Student— Therapeutic Radiography]

You can also treat a high risk diabetic patient with high risk and restricted blood flow, and if you don’t treat them properly then they can get gangrene or lose a limb or die. [Admissions Tutor, Podiatry]

We’re a caring profession, we work within the hospital environment and we’re improving lives and we make a difference. [Admissions Tutor, Orthoptics]

Messages highlighting the positive difference these professions make are well-covered within communications as shown in examples below¹⁴, but specific difference they make could be more explicit in some cases.

Podiatry

Podiatrists give advice to patients on improving mobility, independence and their quality of life.

Therapeutic Radiography

Therapeutic radiographers help save lives
Therapeutic radiographers play a vital role in helping patients cope with the daily physical and psychological demands of having radiotherapy.

Orthoptics

We are looking for people who enjoy science and want to work with people of all ages to improve their vision and quality of life.

¹⁴ Sources of messages:
Podiatry: https://www.prospects.ac.uk/job-profiles/podiatrist
Therapeutic Radiography: https://www.prospects.ac.uk/job-profiles/therapeutic-radiographer
Prosthetics and Orthotics: http://www.salford.ac.uk/ug-courses/prosthetics-and-orthotics
Prosthetics and Orthotics

The message below could be further strengthened by being more explicit about specific ways in which patients’ lives are improved by these professions.

We are looking for bright, communicative, practical people who enjoy the prospect of clinical practical work and also the chance to help improve the lives of others within a rewarding and exciting career.

External perceptions – Status and variety

Status and variety were also highlighted as important to address to overcome some key barriers to considering smaller and specialist AHPs. Most notably, research highlighted the need to address perceptions that these professions are very narrow, as well as low awareness of their specialisms and expertise, both of which affect their perceived status negatively.

The importance of status was visible in a positive response to messages highlighting the specialism, expertise and qualified nature of what professionals in smaller and specialist AHPs do. This was also repeatedly contrasted to negative stereotypes of these professions, for example, being seen as operators of machinery or involved in a very limited set of procedures. Respondents felt their specialism needed to be highlighted in order to reduce the barriers stemming from these stereotypes.

Many further thought it was important to highlight variety of work in these fields, as perceptions of their narrow focus were creating the impression they were boring, limited and with few opportunities for progression. Aside from reducing misperceptions, variety was seen as important to communicate as it was critical to job satisfaction and therefore had the potential to make these careers more appealing to potential students.

[It says Orthoptists] work predominantly in hospitals, but may also work in community healthcare and schools. That’s really interesting, that’s something I just didn’t know at all, it shows it’s more varied than I thought. [Female, 21, Depth, Current Student-Physiotherapy]

Specialism and variety were covered by some marketing materials as can be seen in examples below\textsuperscript{15}, but they were not addressed consistently and prominently enough given their importance.

\textsuperscript{15} Sources of images:
Orthoptics: http://www.orthoptics.org.uk/resources/Documents/Look%20to%20Your%20Future%202015.pdf
They are highly qualified to design and provide prostheses that replicate the characteristics of the patient's absent limb.\(^\text{16}\)

**Therapeutic Radiography**

Therapeutic radiographers are the only healthcare professionals qualified to plan and deliver radiotherapy.

Are vital members of the team who treat patients using radiation.

*It shows radiotherapists [Therapeutic Radiographers] have responsibility and they're dealing with medical things and that it does work.* [Male, Current Student—Therapeutic Radiography]

**Rational benefits – key messages**

The four smaller and specialist AHPs were felt to have very strong rational benefits. Therefore, messages communicating these benefits were seen as very important. Rational benefits that apply to each of the four AHPs fell into three main categories:

- **Job prospects** – both employability and pay levels
- **Opportunities** – in terms of employers, progression and international work
- **Workload** – work-life balance.

\(^\text{16}\) Text adapted from BAPO’s brochure A Career Guide to Prosthetics and Orthotics to simplify the language and make more concise.
The most interesting [message] for me is 90% employment after 3 months [after graduating in Podiatry]. It’s showing you that a lot of people do get employed. [Female, 18, Potential Student – Nursing]

The degree program is recognised worldwide, and the fact that many of our graduates are working abroad in New Zealand, Australia, Asia, America, Europe—it’s the fact there’s so many opportunities when you qualify, and there’s post graduate opportunities and professional development opportunities [Admissions Tutor, Orthoptics]

I ended up working for Shell and was on the career path, but after a few years I wasn’t really getting job satisfaction and I could see friends that had more vocational careers and had continued professional training and development and I started thinking that that might be what I wanted. [Female, 33, Newly Qualified Professional—Podiatry]

I think it’s good that it’s only 37.5 hours a week and it’s interesting that there’s more females. [Female, 17, Potential Student—Paramedic]

Opportunities to continue your development are quite appealing. [Female, 22, Depth, Newly Qualified – Therapeutic Radiography]

**Job prospects**

Most respondents thought that good job prospects should be highlighted, as they were seen as strong points of smaller and specialist AHP careers.

Job demand was a major draw for those studying and working in the four AHPs, so messages communicating this were seen as very important. In particular, messages highlighting national shortage of these professionals were effective in driving consideration. A few students however disputed these messages as they became more aware demand varied with location, so knew it may not be the same in their area.

Most also thought pay levels were important to emphasize and were satisfied with starting at NHS salary band 5. However, some stressed that pay should not be a leading message as it wasn’t a key motivation for going into those health professions.

You can get a job with this degree. Not many people can say that, there’s a lot of uncertainty for other subjects...None of my friends know what they’re doing after they graduate, I’m the only one who does. [Female, 20, Trio, Current student – Podiatry]

The one about money is medium for me, it’s not a priority, I want to be comfortable and be able to do what I want but it’s more important to enjoy what I do, that’s always been my parents’ advice [Female, 20, Trio, Current student – Podiatry]

In terms of how job prospects in these AHPs are covered in current communications, messages providing employment statistics in particular AHPs or stressing national shortage were particularly effective in communicating high employability:
Therapeutic Radiography

There is currently a national shortage of radiographers (although this varies in different parts of the UK) and the recent increase in the number of treatment centres has led to increased flexibility for radiographers looking for work.

Prosthetics and Orthotics

Currently there is a national and international shortage of Prosthetists and Orthotists and career prospects both throughout the UK and abroad are good, especially for Orthotists and those willing to relocate.

It is worth remembering that due to the small size of the profession most clinicians relocate, and it can be difficult to get a job in Manchester or Glasgow where the training centres are.

Podiatry\(^{17}\)

\[
\text{90\% Employment After 3 Months}
\]

Where claims about employability weren't supported by statistics or statements about a national shortage in a particular field, they were seen as vague and weaker:

Orthoptics

Most Orthoptists find a job in the NHS soon after graduating.

Opportunities

Messages about opportunities in terms of potential employers, progression and international work also had a lot of traction with respondents.

Podiatrists in particular were very keen on having access to multiple avenues of work, including the NHS, private sector, freelance etc. Many respondents outside podiatry found this appealing too and thought it should be highlighted, as they appreciated the wide choice of employers and work settings and arrangements. This message taken from current communications about Podiatry was seen to explain this benefit well:

Podiatrists could be based in a hospital, GP surgery or within private practice. It’s possible to be self employed or work freelance with experience.

\(^{17}\) Source of image:
https://www.healthcareers.nhs.uk/sites/default/files/documents/Podiatry%20infographic.pdf
I think the fact it’s possible to work freelance is quite appealing and unique. [Male, 23, Depth, Newly Qualified Professional—Orthoptics]

Comparatively, when respondents considered that Therapeutic Radiographers worked only in hospitals, some saw this lack of employer and setting variety as a disadvantage. This view was expressed in response to the message below:

**Most radiographers are based in hospitals. Self-employment or freelance work is not possible.**

Respondents further wanted to know about progression prospects, both in terms of moving into different fields within a profession but also in terms of seniority. Some thought this information should be concise though – for example presented in bullet points – as potential students weren’t necessarily thinking that far ahead to be interested in detail, but rather wanted to be reassured this was a possibility in the future.

That you can progress through your job as well, not being stuck in a rut, and I think therapy’s really good for that because you can move through loads of different fields and departments [Female, 37, Pair, Current student – Therapeutic Radiography]

That might be a far reach for somebody if they’re just deciding what to do – they might not be thinking about how they’re going to develop afterwards. I’m only thinking about that now, once I’m getting into my job. [Female, 21, Depth, Newly Qualified Professional—Orthoptics]

Messages about progression opportunities were, however, seen to vary in terms of how effective they are in delivering this information concisely. The examples taken from Podiatry and Orthoptics communications below\(^{18}\) were seen to work well to reassure there is a range of opportunities, but do so in a very efficient way. They were both seen to implicitly suggest both progression in terms of seniority but also movement across the profession into its different areas and forms of work.

*Podiatry*

**Orthoptics**

Post-graduation there are many opportunities to extend the role into other specialist areas of ophthalmic practice.

While respondents liked these messages to be concise, they still wanted some information about the kinds of opportunities they could expect in terms of progression. Messages like the one below, therefore, were seen as slightly vague and lacking evidence or examples to help picture these opportunities.

**There are excellent opportunities for continued professional development**

Additionally, all responded well to messages outlining opportunities for international work and saw this as an important benefit that should be highlighted in communications about these AHPs. Most current messages about international opportunities followed the pattern below and were seen as effective in increasing the appeal of these professions.

**A UK degree in [x] is internationally recognised, providing the opportunity to work abroad.**

**Workload**

Desire to have a good work-life balance was often mentioned as an important motivation to choose these smaller and specialist AHPs, yet this was largely missing as a topic from communications about these professions. All four AHPs were seen likely to provide good work-life balance and this was perceived as a major benefit and discriminating factor compared to many other health careers.

As this topic was largely absent from the current communications, no particular messages were tested, but research suggested the following kinds of messages would be of interest and highlight the benefits related to workload:

- Typical working week in [x profession] is x hours. Most working in [x profession] work standard (9-5) hours and shift work is rare.\(^{19}\)
- What they say about work-life balance [First-hand accounts highlighting good work-life balance]

\(^{19}\) This can be qualified to fit individual AHPs, for example, to clarify the typical work pattern and the extent to which it includes any shift work or work on weekends and bank holidays.
The fact it’s a 9-5 job where you can leave it at work and have family time is so important [Female, 21, Pair, Current student – Podiatry]

Paramedic is a really, really good job but the only thing that would put me off is the hours, the stress, the time. [Female, Current Student, Orthoptics]

Hierarchy and structure of messaging

This research indicates that emotional benefits linked to making a difference and helping patients are seen as the strongest message, with most potential as an overarching positioning/headline message for smaller and specialist AHPs. However, given the generic character of these messages as helping patients applies across health careers, they need to be phrased in more specific terms relevant to each individual AHP.

Specifically, each of the four AHPs has particular ways in which they help patients and these need to be highlighted when addressing the difference they make, as outlined in the diagram below. In addition, combination of technical and caring work was perceived as specific appeal of Therapeutic Radiography and Prosthetics and Orthotics, so important to use prominently for these two professions.

The research further suggests optimal ways to structure different information elements needed in marketing smaller and specialist AHPs. All four key ‘pillars’ of messaging and specific topics within them can be entry points into considering smaller and specialist AHPs. However, there are some indications of the likely order of information needed by most respondents and different needs for short overview information as opposed to more detailed information.

The diagram below outlines the generic order of information needed by most respondents. It also outlines which information elements audience want to see included in brief introductory
overviews of these professions and which are needed at a later point of more detailed exploration. However, this is a flexible model to the extent that individual AHPs may need a slightly different order of elements. For example, given the appeal of multiple work opportunities in Podiatry, information and where they can work would be more prominent for Podiatry than for some other AHPs where this is less part of their appeal.

5.2 Imagery and language considerations

**Imagery**

Responses to visual stimulus and marketing materials for the four smaller and specialist AHPs highlighted certain properties that are important for marketing imagery across the professions. The following criteria were seen as critical for imagery to work well:

*Images need to accurately explain and reflect professions*

Many respondents stressed that images needed to accurately portray the profession. For example, respondents thought it was important for images to be accurate in terms of:

- Technology used in day-to-day work in a particular job
- The way people working in particular professions dressed, e.g. whether they wore uniforms or dressed more informally
- Activities involved in day-to-day work
- Typical patients, conditions and type of patient interaction.

Respondents also stressed it was important to avoid confusion with other related professions. For example, some felt certain images of technology used in radiography weren’t helpful in distinguishing between Diagnostic and Therapeutic Radiography.

Images that reflected the profession accurately, for example in showing the typical conditions patients had and work activities involved, were seen to have the explanatory power to help people understand what smaller and specialist AHPs are about at a glance.
In addition to reflecting these professions accurately in more factual terms, some respondents thought the style of images should fit healthcare professions too. These respondents, therefore, criticised certain images where their style appeared business-like so it felt inappropriate for healthcare.

*Number 5 – do we know that’s Podiatry? You’ve got three professionals looking at some old x-ray films. They’re x-ray films for starters, so I’m thinking that must be pretty old. You don’t know that they’re podiatrists* [Male, 49, Depth, Current Student – Diagnostic Radiography]

*I don’t get why there are business people [on podiatry marketing materials]. They seem to be scared of showing people as clinicians.* [Female, 33, Depth, Newly Qualified Professional—Podiatry]

*This shows working with a multidisciplinary team, I like this, it shows there’s so much more to it than what you think and you don’t work alone, you work with lots of other people.* [Female, 21, Depth, Current Student- Physiotherapy]

*I think an eye patch is something we use a lot as a treatment option so it’s important to include that.* [Admissions Tutor, Orthoptics]

*That’s old because you shouldn’t wear anything below the elbows and there should be a cover between the chair and the patient’s leg.* [Admissions Tutor, Podiatry]

**Images need to show healthcare professional-patient contact**

Many respondents further felt it was important to show healthcare professional-patient contact and, if possible, also indications of positive patient outcomes. Respondents thought such images had the potential to highlight emotional benefits and what they enjoyed about their job. In addition, showing children where they were well-represented among patients can add appeal. However, respondents also warned against over-representing one group of patients and rather thought a balanced representation of different typical patients would work better.

*Lots of kids smiling, being treated will hit home with people, shows what a difference it makes* [Male, 24, Depth, Current student – Prosthetics and Orthotics]

*All the faces of the people are so happy. It would be really rewarding to help people like that.* [Female, 15, Potential Student—Paramedic]

*It shows the radiographer working with the patients and the training simulation looks cool.* [Male, 22, Newly Qualified—Diagnostic Radiography]

*The images of patients, where you see what is being done is quite useful and I think the vision chart is important to include.* [Admissions Tutor, Orthoptics]

*It’s nice to see the professional to patient interaction, they’re smiling and I can tell what he’s doing, it’s realistic* [Female, 34, Depth, Current student – Prosthetics and Orthotics]
**Images can raise interest by showing technology**

Technology was seen to be important to show in order to appeal to those prospective students interested in working with technology. However, many stressed any technology shown needed to be clearly related to the AHP in question. Some also added it should be clear what technology was shown, although they were aware potential students or the general public would not be able to discern that.

*All the technology in all the photos is interesting—it’s very modern and there could be something new to it all the time.* [Female, 18, Potential Student—Midwifery]

*Children playing with their prosthetic arms, without them they’d be seen as different by other kids, maybe even bullied* [Male, 24, Depth, Current student – Prosthetics and Orthotics]

**Images should demonstrate variety of work**

Given the misconceptions of smaller and specialist AHPs are narrow, some respondents stressed it was important for visuals to demonstrate variety of work. Specifically, it was seen as important to achieve a balance in representing typical work vs. wider possibilities. The latter were seen stretch the perception of the field and potentially make it seem more interesting, for example, surgery in podiatry.

**Images need to reflect potential students in the people shown**

Some respondents explained they would be more likely to relate to people in images who were more similar to them. For example, some thought potential students could relate more to people similar in age to themselves. A couple of ethnic minority respondents stressed people shown should be more ethnically diverse.

*The people all seem quite young; they’re not old.* [Female, 15, Potential Student—Paramedic]

*I think that clinician looks a bit older than our typical student, so might not be attractive to them.* [Admissions Tutor, Therapeutic Radiography]

Across these various points, strong images were really helpful in delivering a range of messages at a glance, but also in providing *proof* of claims about the role. Some examples of images perceived as effective are included below:

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20 Source of images:
Orthoptics: [http://www.weillcornelleye.org/i/orthopics_photo.jpg](http://www.weillcornelleye.org/i/orthopics_photo.jpg)
[http://www.orthoptics.org.uk/resources/Documents/Look%20to%20Your%20Future%202015.pdf](http://www.orthoptics.org.uk/resources/Documents/Look%20to%20Your%20Future%202015.pdf)
Therapeutic radiography: [http://cdn.kingston.ac.uk/includes/img/cms/site-images/orig/kinston-university-87bca68-therapeutic-radiography.jpg](http://cdn.kingston.ac.uk/includes/img/cms/site-images/orig/kinston-university-87bca68-therapeutic-radiography.jpg)

53
There were also some images that were seen to perform less well in terms of the considerations outlined before\textsuperscript{21}:

\begin{itemize}
\item There were some images that were seen to perform less well in terms of the
\item considerations outlined before\textsuperscript{21}:
\item Source of images:
\item Therapeutic radiography: \url{http://www.sor.org/sites/default/files/portmouths015.jpg}
\item Prosthetics and Orthotics: \url{http://www.3ders.org/images2015/e-nable-outlines-plan-give-6000-3d-printed-prosthetic-hands-2017-00005.jpg}
\item Orthoptics: \url{http://www.orthoptics.org.uk/resources/Documents/Look\%20to\%20Your\%20Future\%202015.pdf}
\end{itemize}
Language considerations

Findings highlight some confusion over the terminology used to refer to smaller and specialist AHPs and related professions, as well as frustration over this and desire for clearer separation.

**Diagnostic and Therapeutic Radiography**

Most Therapeutic Radiographers in our sample preferred calling the profession **Radiotherapy** rather than Therapeutic Radiography, which is the profession’s protected title\(^{22}\):

- They thought the term Radiotherapy was more well-known and separated their field from Diagnostic Radiography better. For this reason, they felt that for potential students less familiar with Radiography but having some awareness of cancer treatments, this term was likely to be more meaningful in the first instance.
- Further, some found the term ‘therapeutic’ was sometimes perceived as ‘soft’ and equated with non-scientific, indicating potentially less skilled and undermining motivations around status.

> **The information wasn’t readily available—sometimes it was called radiotherapy and sometimes therapeutic radiography so there wasn’t a standard word used across and I didn’t know they were the same.** [Male, Current Student— Therapeutic Radiography]

Such feelings revealed students’ and practitioners’ need for a greater differentiation of Therapeutic Radiography from Diagnostic Radiography, which they thought would make it easier to drive awareness and understanding of what the profession involves.

**Podiatry and Chiropody**

Some podiatry respondents thought their profession was perceived by others as limited because it was confused with chiropody. For example, some pointed out even NHS sources equated the two which they disagreed with. This was a frustration as the confusion was seen to undermine the emotional benefit of the status of the profession, which only becomes relevant if the role is understood. In light of this, there was call for marketing materials to differentiate between the two rather than blur them.

> **It’s important to emphasise that podiatry isn’t chiropody, to talk about the scope of practise, and the many opportunities that podiatry gives you.** [Admissions Tutor, Podiatry]

**Optometry, Ophthalmology and Orthoptics**

There was very low awareness of differences between these three outside of the Orthoptists sample who felt it was important to clarify the differences for prospective students.

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\(^{22}\) Therapeutic Radiography is the protected title of the profession defined by the Health and Care Professions Council.
As it is hard to distinguish between the names or take much clue beyond eyes, but eyes or vision is often an initial draw, the optical AHPs lend themselves particularly well to being introduced as a group and then mapped in terms of how the roles differ or work together. This further supports one of the key messages that there is potential to progress across eye disciplines.

*Is that what an optician is effectively or are they more specific? I know there’s lots of eye conditions and I guess they’re treating those* [Female, 34, Depth, Current student – Prosthetics and Orthotics]

*I was like “ortho”, thinking of orthopaedics, I was like “that’s going to be to do with bones”*[Female, 30, Pair, Current student – Therapeutic Radiography]

**Specific issues with wording**

Findings also highlight instances where particular words were seen as problematic. For example, specific words were seen to reinforce stereotypes, suggest negatives or business/commercial-language which some respondents found inappropriate for healthcare or contrary to their interests. Typical instances where wording was highlighted as problematic are outlined below.

The phrase ‘working with doctors’ used in the example below made some think of hierarchy and stereotypes about some of these AHPs as assistants and technicians rather than practitioners in their own right when they are actually practitioners in their own right and regulated as individual professions.

*Working with doctors* and patients by creating the changes they need

‘Working with other health professionals’ was much preferred as implied more parity, skill and genuine team work.

*It mentions doctors specifically – I don’t have any negative feelings towards doctors but I don’t put them on up a pedestal like some people do; they’re just other health/medical professionals.* [Male, 49, Depth, Current Student – Diagnostic Radiography]

*The last one stands out to me – “In either role, you’ll work alongside...” and then it says all the different professionals because I think it’s good that professionals work together to give the best treatment.* [Female, 18, Potential Student – Nursing]

Another phrase – ‘working autonomously’ – suggested working in isolation to some, which most respondents disliked. Most in our sample liked team work and also some younger respondents lacked confidence to work autonomously.

*Working autonomously* to find solutions to help patients

The phrase ‘find solutions’ used in the same example reminded some of what they saw as ‘business speak’, which they felt was out of place in a message about helping patients and did not readily identify with.
Working autonomously – I don’t think that’s going to appeal to people, unless they’re a loner [...] so I don’t see that as being a great sales thing for most people [Male, 49, Depth, Current Student – Diagnostic Radiography]

I think the bit about working with doctors and patients, and working with other healthcare professionals other than doctors is a good statement because it shows that you work with patients and as part of a team. [Admissions Tutor, Podiatry]

5.3 Format and channel considerations

**Format considerations**

Respondents could see a place for varied formats, spanning across print and online as well as shorter and longer pieces. Crucially, they wanted to be able to access both brief overviews that would provide them with a summary of a profession at a glance and more detailed information they could delve into if interested. In addition, there was a considerable interest in formats that would allow them to see what day-to-day work experience in particular professions is like.

**Infographics** was widely accepted as the best way to provide summary overviews of professions. With its focus on the visual presentation of information, infographics was seen as extremely engaging. Respondents also liked the brevity of such overviews and their focus on key information that can be grasped easily at once. Infographic summaries were seen as particularly important at the early stages of career research and consideration, when respondents needed basic information to narrow down the list of potential careers they could then explore in more detail. In terms of more detailed information, respondents were open to a range of formats – ranging from university prospectuses, through websites about health careers, to brochures and related print formats.

**Videos and case studies** of people studying or working in smaller and specialists AHPs were further formats that received considerable interest. First-hand accounts of these AHPs helped respondents imagine the day-to-day reality of working in these jobs and assess whether that would suit them or not. Personal experience was also trusted and engaging as respondents could relate to other students and young professionals.

Videos were further liked for their ability to combine information and explanation with demonstration of various aspects involved in certain work. Respondents were able to take cues from how certain AHP professionals were shown and draw conclusions about how they worked. For example, they could see certain aspects of work they valued, such as working as part of a team or being in charge of a certain aspect of patient care rather than being instructed by doctors etc.

All these preferred formats can be harnessed to communicate key information points, but also to show the work involved in ways that allow for ‘identity fit’ and convey the benefits.
Everyone’s got different stories about how they got where they are... it is useful and making it more personal to read. [Female, 22, Depth, Newly Qualified – Therapeutic Radiography]

I think having a video is always a good idea, and it’s something I think the BIOS were looking at making—it’s easy to portray what’s going on and it’s very accessible. [Female, 27, Depth, Newly Qualified Professional—Orthoptics]

I think the real life stories are really good—she sounds quite typical because she thought about different things and had a range of interests. [Female, 27, Depth, Newly Qualified Professional—Orthoptics]

**Channel considerations**

Respondents highlighted particular ways they thought would be effective to reach them with information about smaller and specialist AHPs. These included a range of online channels, but also various physical places they saw as important opportunities to deliver this information.

**Online channels – social media, (health) career websites**

Many thought that social media could be utilised both to share information about smaller and specialist AHPs, as well as to promote these careers through advertising. In particular, Twitter was seen as as seen as a good tool for targeted and ongoing promotion. For example, some thought that health career websites could direct potential students to follow particular organisations on Twitter to receive further health career information and news, which could then be used to promote smaller and specialist AHPs. In addition, Facebook and Instagram were seen as effective channels for recruitment advertising and promoting these professions.

I think Twitter would be better because you can follow and they could target the advertising towards who they want to recruit. [Male, 22, Newly Qualified—Diagnostic Radiography]

Furthermore, respondents highlighted particular websites for researching health careers that were seen as important channels for marketing smaller and specialist AHPs. Respondents who researched health careers more broadly often used the websites such as NHS Health Careers, UCAS or university websites/prospectuses providing information about particular courses. Given their importance, these sources would benefit from reviewing to optimise them further and ensure they deliver the key messages consistently and across the different information needs of potential students, as identified in this research.

Other respondents who researched health careers in a more focused way highlighted particular entry points as a starting point of their consideration. As discussed earlier, respondents sometimes started their search by looking at more well-known health careers in general, and more well-known AHPs, such as Physiotherapy, in particular. This search sometimes led them to discover smaller and specialist AHPs, if they were signposted as related careers. Other respondents knew they were interested in a particular area of healthcare, such as eye care, so started by looking at that group of health careers. This also led some to discover smaller and specialist AHPs, when they included within such career
groups. In addition, some mature students only searched for funded health courses and then considered the merits of each career within this category.

These more focused search strategies highlight potential ways of grouping smaller and specialist AHP careers with other health careers in ways that would maximise their chances of being discovered and considered. Research suggests therefore the following strategies for grouping and showcasing smaller and specialist AHPs, both online and offline.

Smaller and specialist AHPs would benefit from raising the overall profile of AHPs as rewarding alternatives to medicine and nursing. Highlighting specific benefits of working in AHPs and advantages they have over these more well-known health careers would help tap into a considerable pool of lapsed considerers of medicine and nursing which are often the only health careers potential students think about at a young age.

Evidence also suggests another strategy for directing potential students towards smaller and specialist AHPs would be to link their promotion to that of larger, more well-known AHPs, especially where they can be seen as related careers. Additionally, smaller and specialist AHPs need to be promoted as part of other groups of health careers where they fit existing areas of healthcare, for example, eye care.

Once potential students discover smaller and specialist AHPs in one of these ways, each of the professions needs to be profiled to address key points across the definition, identity and emotional and rational benefits.

**Physical places – career events, school curriculum, work shadowing**

In addition to online sources of information, respondents also highlighted the importance of physical places where these professions can be promoted. There was an interest in accessing this information at career events, such as visits to schools and colleges and university fairs.

Furthermore, there was an appetite to receive career information as part of curriculum where relevant. For example, some suggested Biology lessons could be used to provide this information. This was particularly seen as important to know about before making their GCSE and A level subject choices so to avoid inadvertently closing some future opportunities.

Work shadowing was also seen as extremely useful for finding out about day-to-day realities of working in particular professions and judging ‘identity fit’ with them. Research also suggests that work shadowing experience can be a strong influence in drawing someone towards the profession or putting them off. The quality of support respondents had during their shadowing experience seemed to determine the effect it had on their interest in the field. Where they had a dedicated member of staff who explained things they left with a more detailed understanding of the profession and more interested in it, whereas where this was missing they were sometimes left with negative misperceptions of the field which put them off from studying that.
If they go to the placement then they’re really impressed—they’ll say ‘one patient had a massive ulcer and I saw them cut half the foot away!’ [Admissions Tutor, Podiatry]

I think it has to be social media because young people are never off Facebook and Twitter. [Admissions Tutor, Therapeutic Radiography]

Just steer away from boring, traditional and wordy leaflets, no one is interested in that stuff [Female, Trio, Current student – Prosthetics and Orthotics]

Things at schools are good, and even healthcare centres—a lot of people get into it because they personally experience it. [Female, 33, Newly Qualified Professional—Podiatry]

If I go out and do a talk to 30 students then there’s no guarantee that any of them would be interested, but if I talk to teachers then see so many students—I give them my enthusiasm. [Admissions Tutor, Podiatry]

Bearing in mind all these different channels for promoting smaller and specialist AHPs, the diagram below outlines and summarises these key points for engaging potential students.