

Evaluation of the Strategic Interventions in Health Education Disciplines programme

One Year On – Legacy Report



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Report summary

Introduction

1. Allied health professionals (AHPs) play a key role within the NHS workforce, and in 2016 the number of students applying to courses across the allied health professions was at a peak. The numbers of applications for less well known, but nonetheless vital, allied health courses then began to decline. There were concerns about course viability for professions where either student numbers were low and falling, or where there were very few providers across England. This raised worrying implications for the future of the workforce and care provision, particularly given the increasingly ageing population. There were four allied health courses of particular concern: orthoptics, prosthetics and orthotics (P&O), podiatry and therapeutic radiography.
2. A partnership was formed to design and deliver a new programme of interventions aimed at reversing these trends: Strategic Interventions in Health Education Disciplines (SIHED). The partnership was managed by the Office for Students, working with the four professional bodies representing the small and vulnerable allied health professions¹, NHS Careers, Health Education England (HEE), the Council of the Deans of Health and the Allied Health Professions Federation. The programme funded and implemented a series of interventions, including research studies, a marketing campaign (ISeeTheDifference), employment of outreach officers, projects delivered by seconded staff, 15 university-led Challenge Fund projects and networking events held in-person and online.
3. The programme ran for three years between 2018 and 2021. Evaluation of the programme by SQW ran alongside delivery between September 2018 and March 2021. The evaluation reported that SIHED was an ambitious programme which had achieved progress towards all of its objectives. Stakeholders praised the volume and variety of activity undertaken, as well as the enthusiasm and professionalism with which the programme was implemented. It delivered diverse activities that combined to create a multitude of small changes to practice and behaviours.
4. Although student numbers looked more positive in 2021 compared with 2018, SIHED had not delivered a step change in recruitment and student experience. Nevertheless, the evaluation concluded it had left a legacy of networks and learning that should help to sustain momentum and positive progress.
5. The evaluation report and summary slides were published in June 2021 on the Office for Students website: www.officeforstudents.org.uk/publications/evaluation-of-the-sihed-programme/.

¹ The College of Podiatry; The Society and College of Radiographers; The British & Irish Orthoptic Society; and the British Association of Prosthetists & Orthotists.

6. Between March 2021 and February 2022 a small legacy project has continued to keep the campaign website running, conclude some project work and provide legacy resources. SQW was also asked to continue gathering evidence for evaluation, to explore the legacy of the SIHED programme and its effects one year on. This included the final iteration of a first year undergraduate student survey and a course leader survey in autumn term 2021, a report of student application data after the UCAS deadline in January 2022 from participating courses, interviews with Challenge Fund leaders, course leaders and some students, plus stakeholder interviews. This report provides an update on the legacy and learning generated through the SIHED programme.

Four strategic aims of SIHED: legacy effects

7. **Aim 1. Raise awareness of all the allied health professions.** The dedicated campaign website provided evidence of how this progressed. Analytics data showed that in the last year, the number of unique users and page views had fallen (coinciding with other SIHED programme activities ending), but returning user numbers had increased, suggesting a core of up to 20,000 individuals found the site to be a useful resource.
8. Survey and interview evidence suggested that how current students hear about their subjects had not changed radically. This was through a combination of personal, family or social contact with the professions, alongside exploration of alternative healthcare roles to those they were familiar with. Once they were aware of the course they used a small number of key online resources, alongside support from teachers and career advisors.
9. **Aim 2. Increase demand for small and specialist allied health disciplines.** The number of students applying for courses in the small and specialist subjects through UCAS over the SIHED period had been increasing. This increase has now stalled. Undergraduate applications had decreased across all four professions when comparing January 2022 with January 2021.
10. Data on student enrolment showed that the number of students enrolled onto courses that train them for selected allied health roles had increased up to September 2021. However, this uplift was modest compared with the increase of some other allied health professions for which Higher Education Students Early Statistics data is available (e.g. physiotherapy).
11. **Aim 3: Strengthen and diversify delivery.** When SIHED was being developed there was concern that universities hosting courses in the four small and specialist subjects would decide to close provision. Since then the situation has changed somewhat. Courses are running with all their places taken, and new courses have been launched for podiatry, prosthetics and orthotics, and orthoptics. These new courses provide opportunities for students to access learning at different levels and in different places.
12. The need to build student resilience and thereby reduce non-completion was recognised. Examples of actions taken included using role play in virtual reality environments, building stronger bonds within the student cohort to build peer networks, and better communication

and support between academics and placement supervisors. Course leaders reported that, despite the difficulties of the Covid-19 pandemic, they had seen no change in student attrition.

- 13. Aim 4: Understanding the student market.** The programme helped to build a record of the characteristics of students drawn to the allied health professions, and the challenges of widening the appeal of the professions. The SIHED programme commissioned two research reports which are hosted on its website: ‘Recruitment of mature students to nursing, midwifery and allied health courses’² and ‘Male participation in nursing and allied health higher education courses’³. These have been important in raising awareness of the issues explored and legitimising exploration of equality issues (including access to work experience) which can create unequal opportunities that risk limiting workforce diversity.

External factors

- 14.** The legacy of the SIHED programme has been affected by several significant contextual factors which have affected student recruitment and learning in allied health professions. Lessons to be drawn from the experience of SIHED have to be considered in light of these external factors, which include:
- Policy changes that removed caps on recruitment to higher education courses, and removed and then re-introduced bursaries
 - The introduction of allied healthcare profession apprenticeships at Level 3 and degree level
 - The creation of Chief Allied Health Professional roles in course provider NHS trusts, to manage workforce recruitment and development in all allied healthcare professions
 - HEE support with additional funding for regional hubs to coordinate placement opportunities, and funding to increase the number of placements available for nursing, midwifery, allied health professions and healthcare science
 - National health sector campaigns (such as “We are the NHS” and “AHPs’ Day”) to promote working in the NHS generally and in the allied health professions
 - The effects of the Covid-19 pandemic on students, who moved to online learning and for whom placements, examinations and graduation were disrupted; and its effects on young people studying at schools and colleges for whom university open days and work experiences were either cancelled or moved online, and for whom teacher assessed grades replaced examination.

² <https://www.officeforstudents.org.uk/publications/research-on-recruitment-of-mature-students-to-nursing-midwifery-and-allied-health-courses/>

³ <https://www.officeforstudents.org.uk/publications/male-participation-in-nursing-and-allied-health-higher-education-courses/>

Lessons learned

Geography matters: strategic interventions are needed to redress geographic inequality

15. Provision for the four small and specialist subjects remains unevenly distributed across England. Strategic interventions are required to create a national infrastructure that links potential students with course providers and placement opportunities. Geographic inequalities will continue without this type of national infrastructure. The knock-on implications are that trusts will find it challenging to attract the skilled workers they need within their locality, and it will be difficult to maintain quality patient services across England. SIHED highlighted the issues, and there has been improvement, but the evidence indicates that there remains more to do.

All stakeholders are responsible for recruitment and profile of the professions: collaboration can create multiple opportunities to attract students

16. Employers, professional bodies, education and training providers and individual practitioners can all make a positive contribution to promoting the opportunities offered by allied health careers, including via creating social media content, delivering face-to-face talks, providing work experience or shadowing and offering placements. Large-scale interventions that reach a broad cross-section of the community are only possible through the proactive activation of partners – including the serving workforce within the professions. Efficiencies are created where people share lessons and pool resources, so efforts to continue to encourage collaboration are recommended.

Digital environments offer new learning opportunities

17. The creative use of digital resources to enhance and extend learning opportunities was a key enabler of SIHED during the Covid-19 pandemic disruption, and could be used in the future through blended learning and virtual experiences to complement face-to-face interaction and physical visits. Materials, resources and know-how created during the programme provide a starting point for future development of digital resource.

Social media can effectively be used to drive people to website resources

18. Because it was important to reach a diverse and large audience, a broad communications and marketing mix was adopted. SIHED achieved higher engagement rates with more personalised and targeted channels such as newsletters, but also expanded reach to increase public awareness through Facebook, Instagram, Google ads and place-based marketing.

Equality, diversity, and inclusion matter: listening to diverse voices helps providers understand student choices

19. The SIHED programme focussed on the age and gender of students as a way to explore different experiences and access to opportunity. It found that focussing attention on different groups helped to increase understanding both of barriers to access, and ways to address them. A similar approach could be taken to address other equality issues such as ethnicity and economic disadvantage.

Specialist professions are distinct but not unique: raising awareness of a group of distinct alternatives to better known healthcare careers requires collaborative effort

20. Delivering collective action to create clear routes to explore distinct professions (within a broader family of options) has been challenging. However, SIHED has shown that collaboration is possible and can be effective. It has shown that it is important to create routes into career exploration that build on what potential students already know (i.e. family connections or healthcare roles they are familiar with).

Summary

21. The one-year-on evaluation has shown that SIHED's focus continues to be important, and there is a sustained desire amongst partners to continue collaborating. Activities have continued which offer promising potential for supporting recruitment (and retention) to the four small specialist subjects. The outcomes of these and other programme activities have not yet fully emerged, and they have been delivered alongside other interventions towards the programme aims. This is encouraging.
22. However, as the programme has been wound-down, there is a risk that its reach and continued legacy will be eroded. For example, the marketing campaign saw declining hit rates, and the previous increase in applications has not been sustained. Continued efforts to fully realise the benefits of the programme's stakeholder collaboration and activities will be required to ensure that the four specialist subjects continue to attract sufficient numbers of dedicated and bright students.

1. Glossary

1.1 The table below provides a glossary of key acronyms and abbreviations used in this report.

Acronym	Definition
AHP(s)	Allied Health Professional(s)
ERS	Defence Employer Recognition Scheme
HEE	Health Education England
HEFCE	Higher Education Funding Council for England
HEIFES16	Higher Education in Further Education Students Survey 2016-17
HESA	Higher Education Statistics Agency
NHSEI	NHS England and NHS Improvement
NHSX	Unit leading digital and technology transformation within the NHS, now part of NHSEI
PARE	Practice Assessment Record and Evaluation
P&O	Prosthetics and Orthotics
SIHED	Strategic Interventions in Health Education Disciplines
UCAS	Universities and Colleges Admissions Service

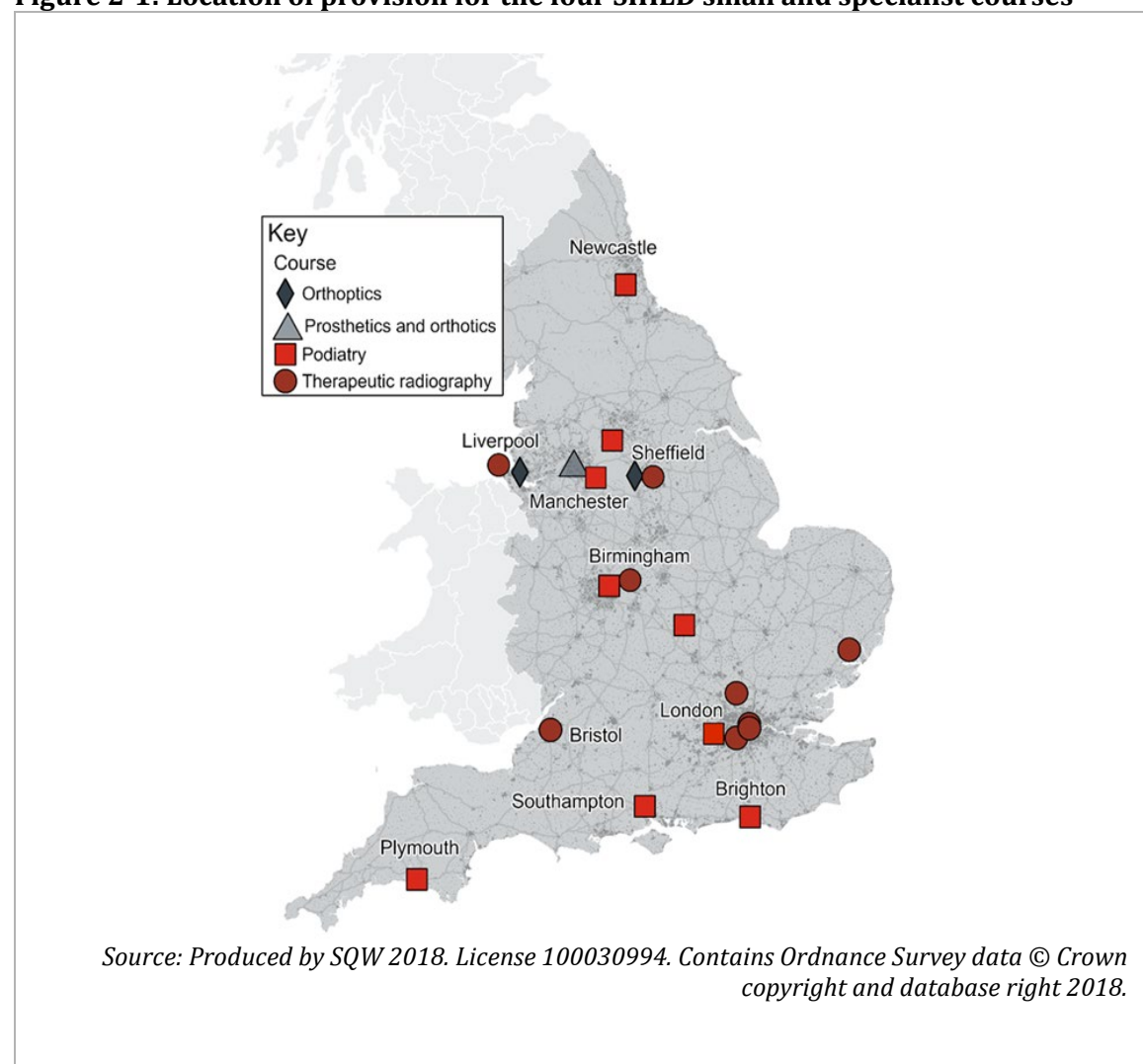
Source: SQW

2. Introduction

Small and specialist allied health courses

- 2.1** Allied Health Professionals (AHPs) play a key role within the workforce, and in 2016 the number of students applying to courses across the allied health professions was at a peak. However, numbers of applicants fell for some of the professions after course fee bursaries were withdrawn and the cap on numbers that universities could recruit was removed. The effect of this was a decline in applications for less well known, but nonetheless vital, allied health courses.

Figure 2-1: Location of provision for the four SIHED small and specialist courses



- 2.2** The Higher Education Funding Council for England (HEFCE, the Office for Students' predecessor organisation) was concerned about course viability for professions where either student numbers were low and falling, or where there were very few course providers in the country. The four allied health courses of particular concern were **orthoptics, prosthetics**

and orthotics (P&O), podiatry and therapeutic radiography. The provision of these courses is outlined in Figure 2-1.

- 2.3** This posed not just a problem for course providers, but also for employers and patients. The country has an ageing population. This has a double effect; demand for health care rises at the same time as the existing workforce is ageing and not being replaced at sufficient scale to keep pace with need.

Strategic interventions in health education disciplines

- 2.4** To reverse these trends, a partnership was formed to design and deliver a new programme of interventions in England called **Strategic Interventions in Health Education Disciplines (SIHED)**. The programme was funded for three years between **2018 and 2021**, with a budget of £1million for each of the three years. The partnership was managed by the Office for Students, working with the four professional bodies representing the small and vulnerable allied health professions⁴, NHS Careers, Health Education England (HEE), the Council of the Deans of Health and the Allied Health Professions Federation.

- 2.5** The programme funded and implemented a series of interventions, including:

- **Research studies**, one focused on male participation in nursing, midwifery and allied health, and a second on mature student⁵ recruitment to courses, to explore reasons for both age and gender inequality in the profile of students and ways to tackle this
- **A marketing campaign** ('ISeeTheDifference') featuring career stories and key information for all allied health professions, with a social media focus on the four small and specialist courses (Figure 2-2). A total of 483,000 people visited the ISeeTheDifference website between April 2019 and February 2022⁶
- **Employment of outreach officers** (up to six full and part time posts) to raise awareness of careers options directly amongst young people, school staff and parents, with over 25,000 young people and 1,500 educational professionals engaged at over 470 face-to-face or virtual events⁷
- **Secondments of staff** to work on specific workstreams: work shadowing for orthoptists and work placements for podiatry and P&O
- **Challenge Funds** that funded 15 projects led by universities to undertake innovative schemes relating to healthcare courses, to improve recruitment or retention

⁴ The College of Podiatry; The Society and College of Radiographers; The British & Irish Orthoptic Society; and the British Association of Prosthetists & Orthotists.

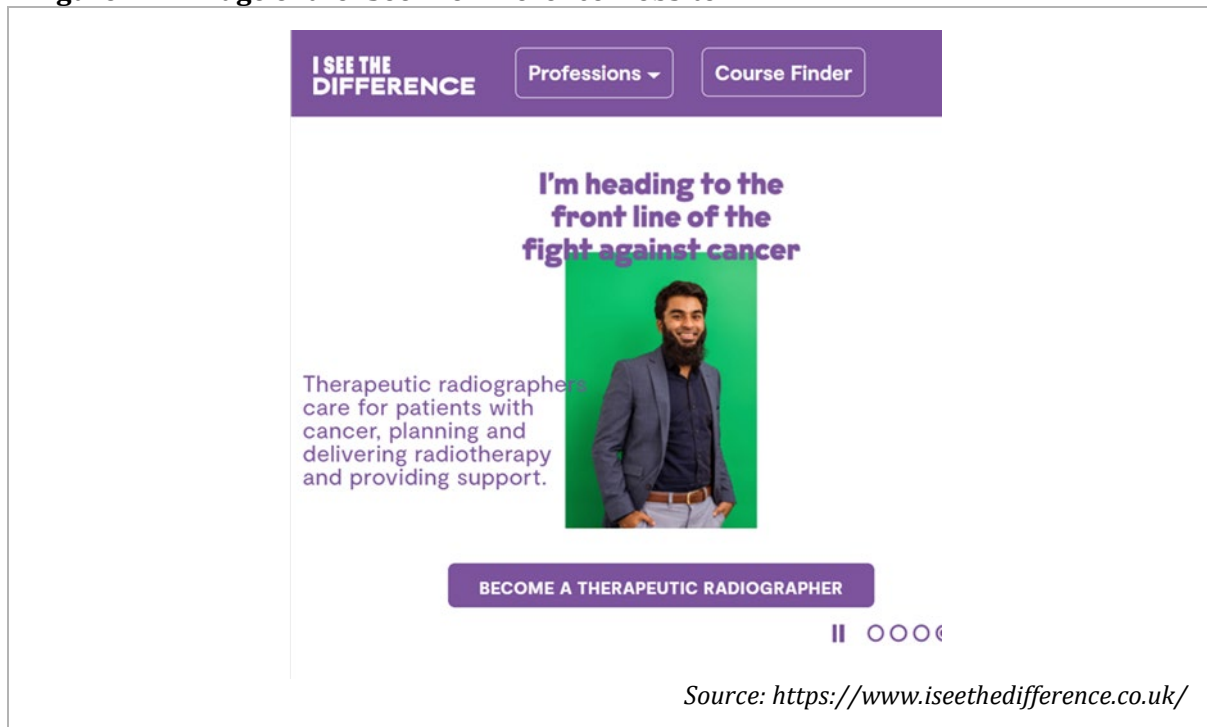
⁵ Generally 'young students' refers to those who are under 21 years at time of entry, and 'mature students' to those who are 21 years old or over.

⁶ Website analytics data provided by the SIHED project manager and Council of Deans of Health.

⁷ Monitoring data provided to SQW by the SIHED project manager from outreach officers.

- **Networking events** held in person in London and Liverpool, with others held online.

Figure 2-2: Image of the ISeeTheDifference website



Evaluating the programme

- 2.6** The programme was evaluated during its years of operation by SQW (an independent research and consultancy company). The evaluation examined whether the programme had been successful in meeting its four strategic objectives, namely to:
- Increase awareness of allied health disciplines
 - Increase understanding of, and demand for, the small and specialist disciplines
 - Strengthen and diversify delivery of the small and specialist disciplines
 - Increase understanding of the market for nursing, midwifery and allied health courses.
- 2.7** The evaluation concluded that SIHED was **an ambitious programme, which had achieved progress towards all of its objectives**. Stakeholders praised the volume and variety of activity undertaken, as well as the enthusiasm and professionalism with which the programme was implemented. It delivered diverse activities that combined to create a multitude of small changes to practice and behaviours. Although student numbers look more positive in 2021 compared with 2018, SIHED had not delivered a step change in recruitment and student experience. Nevertheless, it did leave a legacy of networks and learning that should help to sustain momentum and positive progress.
- 2.8** An evaluation report and summary slides were published in June 2021 on the Office for Students website (Figure 2-3).

Figure 2-3: Screen image of SIHED evaluation on the Office for Students website



SIHED legacy

2.9 As the programme was closing, the partners wanted to ensure that its learning and legacy continued. A range of actions were agreed in 2021 that included:

- Keeping the website domain for ISeeTheDifference running until the end of February 2022, with the Council of Deans of Health making social media posts and refreshing content during that period
- Funding the extension until August 2021 of one of the placement projects, 'Practice Assessment Record and Evaluation' (PARE), to enable it to complete its pilot phase and secure operational feedback
- Outreach officer resources and 'how to' guides being developed and housed on the ISeeTheDifference website, including recorded webinars, lesson plans, resource packs for careers advisers and school-based careers leaders, information for teachers and parents, and links to other relevant sites.

2.10 SQW was also asked to undertake a continuation of evidence-gathering to explore the legacy of the SIHED programme and its effects one year on.

About this report

2.11 This report provides an update on the legacy and learning generated through the SIHED programme. It is based on a range of data including website analytics, surveys of course leaders and first year students, interviews with Challenge Fund leaders and course leaders, interviews with the PARE project team and wider programme stakeholders, and monitoring

returns from course leaders regarding student applications just after the January 2022 UCAS application deadline (see Annex A for more details).

Acknowledgements

2.12 We would like to acknowledge the time and insights provided by many people who have contributed to the evaluation research and supported us by providing direct insights, introductions to key people and access to relevant data. Without stakeholder inputs the evaluation would not have been possible.

2.13 In particular we would like to thank the following people:

- Course leaders and academics who manage student recruitment, course delivery and placements, for sharing their data, speaking to us and sharing their experiences of the programme and the effects of the pandemic
- Students who attended virtual focus groups, completed individual interviews and responded to surveys
- Outreach officers, secondees and the marketing and research teams who shared their experiences and reflections throughout the programme
- The project team at the Office for Students, the management team at the College of Podiatry and the legacy team at the Council of Deans of Health, for reviewing our work and providing relevant background insights, introducing us to key stakeholders, providing data, disseminating materials on our behalf and advising us of new developments
- Members of the SIHED Board and other stakeholders who have supported the evaluation with their insights and thoughtful review.

3. Legacy effects

- 3.1** The SIHED programme was largely concluded by April 2021. As outlined above, three elements continued into 2021-2022: the ISeeTheDifference website continued to be maintained by the Council of Deans of Health, a range of webinars were held to share learning after completion of Challenge Fund projects, and the PARE pilot tool development was extended for a few months.
- 3.2** In this section we record the reported effects of the programme one year after it closed, exploring achievement of its four strategic objectives.

Awareness of allied health disciplines

- 3.3** The SIHED programme wanted to raise awareness of all the allied health professions, and balanced a portfolio of activities that spanned all allied health professions with a focus on the four small and specialist subjects. For example, it funded Challenge Fund projects over two rounds: in Round One, projects were from the four subjects; in Round Two this was expanded to encourage interdisciplinary projects as well as those focussing on under-represented groups and novel delivery approaches.
- 3.4** One of the primary routes to raise awareness pursued by the programme was the creation of a marketing campaign, 'ISeeTheDifference', which ran between April 2019 and February 2022. This was designed to stand on its own and also to create materials for use by the team of outreach workers who were engaged to raise awareness.
- 3.5** Google Analytics data presented in Table 3-1 provides an overview of the reach associated with that marketing campaign. It also provides a year-on-year comparison of March to December 2020 against March to December 2021⁸. Over the lifetime of the campaign, over 483,221 unique users visited the website, and page views totalled nearly 736,700. In addition, returning users exceeded 35,000, indicating there was a cohort of engaged individuals. However, the average bounce rate was 50%, meaning that half of visitors to the site viewed the landing page only, leaving the website without browsing any further. The gender of users was fairly evenly split throughout, and all age groups were attracted to the campaign – this is a very positive finding given the imbalances in the gender and age composition of the student body. By geography, the highest number of users of the website between March 2021 and February 2022 came from London. This was followed by Birmingham, Manchester, Glasgow, and Leeds. The geographic pattern reflects urban population sizes, although the predominance of Glasgow is an unexplained (though not unwelcome) anomaly given the project was focussed on England.

⁸ Note, it was not possible to compare twelve months of data because no data was available for January and February 2021.

- 3.6** Most website acquisitions (i.e., where visitors oriented from) were through ‘display’ advertisements that appeared while browsing. Other frequent acquisitions included paid searches, referrals from external websites and emails. Whilst ‘display’ advertisements and paid searches were still key routes of website acquisitions in 2021, there was an overall reduction in acquisitions via these routes (compared to 2020) which reflects the lower spend on advertising during the legacy period.
- 3.7** In the last year, the number of unique users and page views fell (coinciding with other SIHED programme activities ending), although returning user numbers increased, suggesting a core of up to 20,000 individuals who found the site a useful resource.

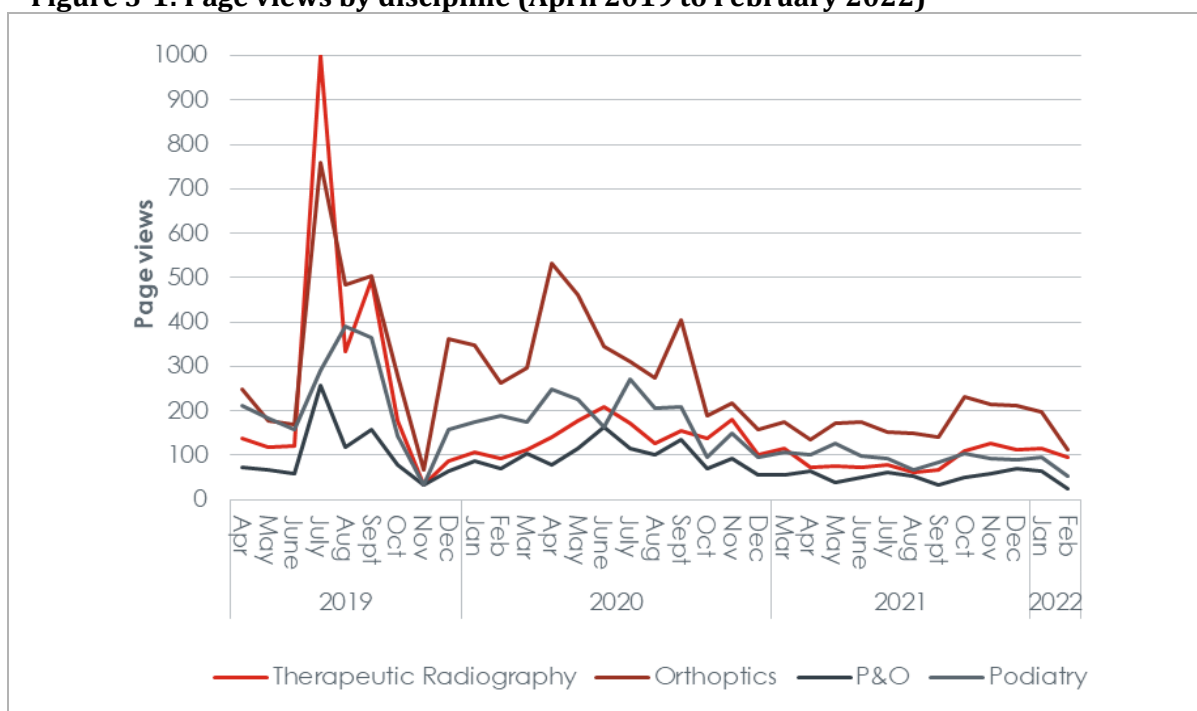
Table 3-1: Summary of Google Analytics data for the marketing campaign

Website activity	2020 (Mar-Dec)	2021 (Mar-Dec)	Campaign Total (April 19 - Feb 22)
Unique users	205,159	114,083	483,221
Returning users	4,886	19,542	35,669
Total page views	310,660	181,044	736,691
Orthoptics page views	3,186	1,761	8,917
P&O page views	1,030	535	2,717
Podiatry page views	1,842	965	5,254
Therapeutic radiography page views	1,519	896	5,331
Bounce rate	*41%	*62%	*50%
User demographic (%)			
18-24 years	*26%	** 27%	* 22%
25-34 years	*30%	** 31%	* 33%
35-44 years	*19%	** 22%	* 20%
Female	*50%	** 53%	* 50%
Male	*49%	** 47%	* 50%
Website acquisitions			
Display (ads that show up while browsing)	137,681	88,285	342,621
Paid search (searched browser and clicked on a paid link)	17,626	13,860	62,884
Social	4,688	5,139	11,866
Direct search for the site	5,778	4,190	11,565
Referral from external website	16,500	4,885	31,137
Organic search (searched browser and clicked on a non-paid link)	8,670	338	11,470
Email	18,766	397	28,250

Source: SQW presentation of Google Analytics data
 *Average not total. **Four-month average only as data unavailable for May-October 2021

3.8 Figure 3-1 shows the views for each profession's page from April 2019 to February 2022. Despite being the smallest by membership out of the four professions, the orthoptics page received the most views overall and in each individual year, totalling 8,917 views in total. The orthoptics page also received the highest number of views each month, except in July 2019 when the therapeutic radiography page was viewed about 1,000 times. Overall, the number of page views declined over time, with numbers peaking early in the campaign in July/August 2019. During the continuation year, page views across the four disciplines remained steady, with a slight increase in numbers in October 2021 possibly linked to university clearing. There was initial interest in the new campaign (early spikes on the chart in Figure 3-1), which subsequently waned; this shows that it is important to get messaging, resources and communication (including dissemination) right early on. It also shows that there are times of year where there is more interest – which may be due to releasing new content, the admissions cycle or a combination of both.

Figure 3-1: Page views by discipline (April 2019 to February 2022)



Source: SQW presentation of Google Analytics data.
Note, data was not available for January and February 2021

- 3.9** This level of interaction shows there is interest in finding out about the four small and vulnerable allied health professions. However, converting these to expressions of interest, and then to applications and enrolments, has been more challenging. Evidence from the evaluation surveys of undergraduate students (undertaken in 2019, 2020 and 2021) has been consistent in suggesting that the way that students who enrol hear about their subjects has not changed radically (see box: First year undergraduate student survey).
- 3.10** The students who participated in interviews told similar stories about how they learned about the profession. They wanted to work in medicine or healthcare; one had learned

about cancer care through a family friend's treatment experience. But none were really aware of the range of professions and what they entailed until they started the application and interview process.

- 3.11** In interviews students said their information searches were Internet based and they relied on a small number of resources: university websites, the Complete University Guide and NHS Careers. These did not offer them easily navigable options to explore different healthcare professions.
- 3.12** Student survey results also found they typically used a small range of well known resources. Similar to 2020 findings, in 2021 the most commonly cited Internet resources used by students to find out more about courses were university websites (64/83 or 77% in 2021, 238/329 or 72% in 2020). The NHS Health Careers website⁹ was also popular (used by 56 of 83 (67%) of respondents in 2021, an increase from 58% of respondents in 2020), as was the UCAS website¹⁰ (52/83 or 63% in 2021, 187/329 or 57% in 2020). Other sources used by students in 2021 included course prospectuses (42/83, 51%) and the NHS Health Careers Tool (13/83, 16%).
- 3.13** Students who were studying for A Levels when they applied said in interview that they relied on their teachers and careers advisers for help and support with applying. Some experiences were more helpful than others:

"[There was] not really any help, I was the only person who applied for [this course] at sixth form. Most of the support I received was because I was part of group applying to medicine, so I had to adapt that support to what I wanted to do."

First year undergraduate student

"Back when I was applying for university there were websites that would compare university courses on [...]. That confirmed where I was going to apply. I looked at career progression too as that is important to me, saw that there were opportunities and [I was] sure I could get a job. The NHS website helped a lot, I was able to read and have a clear understanding of what the role was, it provided a clear-cut description. In my sixth form we had a careers advisor and were well supported. The application process I did through UCAS, I applied to five different universities, and we were given lots of information on clearing. The university website also has information that helps you support your application, for example they sent help for the interview."

First year undergraduate student

⁹ www.healthcareers.nhs.uk

¹⁰ www.ucas.com

First year undergraduate student survey

An online survey of first year undergraduates on the four core SIHED courses was undertaken by SQW between October and December 2021. This was the third time the survey had been run. A total of 88 usable responses were returned by students from ten out of 21 courses.

Approximately 40% of students first heard about their course or profession when they were 18 years or older. Students typically learnt about the profession either because they or someone they know had received care from the profession, or from Internet searching (or both).

A minority (10%) of students said they were aware of the ISeeTheDifference campaign. The more commonly cited sources of digital information were university websites, the NHS Health Careers website and UCAS website. The proportion who knew about the campaign had fallen slightly from 13% in 2020. In 2020 roughly half of those who were aware of the campaign could recall visiting the website (20 out of 44) and of those, 13 rated the resources on the website as either helpful or very helpful.

One third of all respondents (and 59% of therapeutic radiography respondents) had undertaken work shadowing or work experience with a healthcare professional in a clinical setting before applying to their course in 2021. This was lower than the 46% of undergraduate students starting in 2020, which in turn was lower than the 62% in 2019.

When applying, students also considered other allied health professions, notably diagnostic radiography (41/83, 49%), physiotherapy (31/83, 39%), optometry (24/83, 29%), and paramedics (23/83, 28%). Just over half were considering other medical or healthcare courses, particularly nursing and medicine. In terms of specific subjects, those studying podiatry were more likely to consider medicine over nursing courses, while the opposite was true for therapeutic radiography students.

As was found in 2020, students appeared to be more interested in course choice than place of study, with 53 of 83 (64%) stating that they did not consider any other course at the university at which they are now studying.

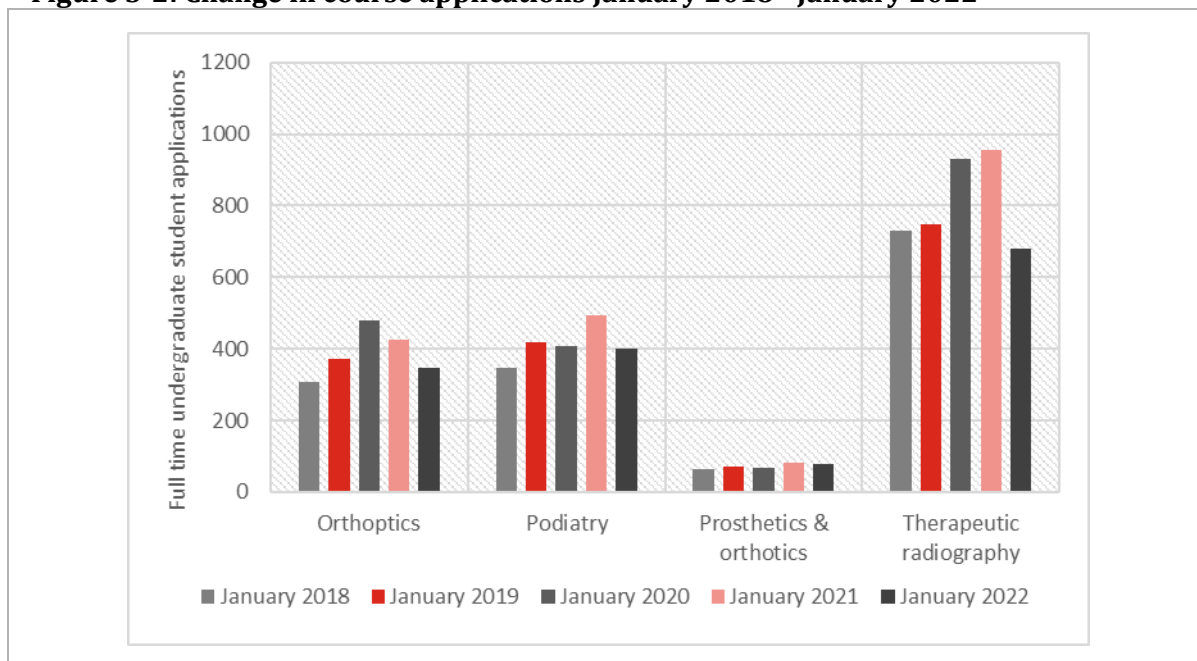
Application decisions were shaped by factors such as interest in the profession, job opportunities following graduation, desire to work in a caring profession, course location, university reputation and longer-term career prospects.

Source: SQW SIHED undergraduate student survey 2021

Demand for small and specialist allied health disciplines

3.14 The number of students applying for courses in the small and specialist subjects through UCAS over the SIHED period had been increasing. This increase has now stalled (Figure 3-2).

Figure 3-2: Change in course applications January 2018 - January 2022



Source: SQW course leader data feed

Note: all courses responded in January 2018, 2019 and 2020; 7 out of 9 podiatry and 7 out of 9 therapeutic radiography courses responded in 2021 and 2022.

- 3.15** Table 3-2, therapeutic radiography experienced the largest decline of 29%¹¹, whilst applications to prosthetics and orthotics fell by 4% (or three applicants). This **contrasts with previous years (2019-2021) in which most courses experienced a sustained increased in application numbers.**
- 3.16** There was also a decline in foundation year applications across all courses except orthotics, with podiatry and P&O receiving no applications by January 2022. Similarly, the data suggests full-time postgraduate applications have declined in the current recruitment cycle.

¹¹ This is reduced to -27% allowing for a 'like for like' comparison with the 2021 data (fourteen courses provided data in both January 2021 and January 2022).

Table 3-2: Student applications by profession, January 2021-22

	Podiatry	Therapeutic radiography	Prosthetics & Orthotics	Orthoptics
Total number of full-time applicants Jan 2022	399 (n=7)	678 (n=7)	77 (n=1)	345 (n=2)
Total number of full-time applicants Jan 2021	493 (n=7)	957 (n=7)	80 (n=1)	427 (n=2)
% Change 2021 to 2022	-19%	-29%	-4%	-19%

Source: SQW analysis of student application data.

The 'n' numbers relate to the number of providers from which data was obtained.

- 3.17** Furthermore, comparison of 2021 and 2022 applicant characteristics shows that most of the courses experienced a **decline in the proportion of male applicants and applicants aged 20+ years**. However, there are two notable exceptions: podiatry experienced a 15% uplift in male applicants in January 2022 to 38% of applications, and orthoptics has seen an increase from 11% to 14% in the proportion of applicants aged 20+ years.
- 3.18** A decline in applications does not necessarily mean there will be fewer students enrolled in September 2022. Application numbers may be lower but if quality is high, then offers can be made to proportionately more students. Similarly, students can also apply directly to a university or in clearing, which will boost the number of September starts.

3.19 Table 3-4). All courses experienced an uplift in student enrolments in 2021-2022, particularly prosthetics and orthotics. Longer term trends were also encouraging with numbers across all courses higher in 2021-2022 than pre-funding change levels. Over the three-year SIHED period there was an increase in applications and enrolments, but this year has seen a decrease in applications received by the January UCAS deadline.

Table 3-3: Number of starters by course, 2016-2017 to 2021-2022

		2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	% change 2016-2017 to 2021- 2022 (unless specified)
Podiatry and chiropractic	All	307	246	190	200	310	345	12%
	Undergraduate	307	236	185	190	280	315	3%
	Postgraduate	0	10	5	10	30	30	200%*
Orthoptics	All	73	67	60	80	85	90	23%
	Undergraduate	73	67	60	80	85	90	23%
	Postgraduate	0	0	0	0	0	0	n/a
Radiography (therapeutic)	All	311	290	280	295	360	375	21%
	Undergraduate	311	278	240	275	330	350	13%
	Postgraduate	0	12	40	20	30	25	108%*
Prosthetics and orthotics	All	32	28	35	35	35	45	41%
	Undergraduate	32	28	35	35	35	45	41%
	Postgraduate	0	0	0	0	0	0	n/a

Source: HEFCE, 2017, HESES-HEIFES16 data October update; Office for Students, 2018-2019 to 2021-2022¹²

Note: totals include all part-time and full-time, and fundable and non-fundable starters.

*change 2017-2018 to 2021-2022.

3.20 However, this uplift is modest compared with the increase of some other allied health professions for which Higher Education Students Early Statistics (HESES) data is available. For example, over the same time period, the number of students studying physiotherapy more than doubled, while all the others (with the exception of operating department practitioners) increased by as much or more than any of the four small and specialist subjects.

¹² <http://www.officeforstudents.org.uk/data-and-analysis/data-collection/get-the-heses-data/>

Table 3-4: Starters by AHP course, 2016-2017 to 2021-2022

		2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	% change 2016- 2017 to 2021- 2022
Dietetics	All	315	310	340	365	450	530	68%
	Undergraduate	253	245	245	235	290	340	34%
	Postgraduate	62	65	95	130	160	190	206%
Occupational therapy	All	1,510	1,360	1,525	1,630	1,995	2,190	45%
	Undergraduate	1,231	1,025	1,190	1,230	1,580	1,700	38%
	Postgraduate	279	335	335	400	415	490	76%
Operating department practice	All	953	685	990	890	1,100	1,065	12%
	Undergraduate	953	685	990	890	1,100	1,065	12%
	Postgraduate	-	-	-	-	-	-	-
Physiotherapy	All	1,536	1,850	2,225	2,520	3,110	3,270	113%
	Undergraduate	1,233	1,515	1,805	1,925	2,445	2,515	104%
	Postgraduate	303	335	420	595	665	755	149%
Radiography (diagnostic)	All	1,128	1,095	1,220	1,235	1,560	1,590	41%
	Undergraduate	1,097	1,065	1,190	1,200	1,520	1,535	40%
	Postgraduate	31	30	30	35	40	55	77%
Speech and language therapy	All	670	680	730	755	905	990	48%
	Undergraduate	406	410	465	455	610	620	53%
	Postgraduate	264	270	265	300	295	370	40%

Source: HEFCE, 2017, HESES-HEIFES16 data October update; Office for Students, 2018-2019 to 2021-2022¹³

Note: totals include all part-time and full-time, and fundable and non-fundable starters.

¹³ <http://www.officeforstudents.org.uk/data-and-analysis/data-collection/get-the-heses-data/>

Strengthen and diversify delivery

- 3.21** When SIHED was being developed there was concern that universities hosting courses in the four small and specialist subjects would decide to close provision. Such courses are relatively expensive to run¹⁴, some had declining student numbers and others experienced other factors such as a difficulty in recruiting staff or organising sufficient quality placements. In addition, students on these courses were often drawn from the local area or region (close to the provider). The limited number of providers and their geographical clustering meant that potential students from further afield (who were unable or unwilling to move away from home to study) were not able to access these courses.
- 3.22** Since then the situation has changed somewhat. Courses are running with all their places taken. New courses have been launched including:
- Apprenticeship routes for podiatry at the University of Brighton and the University of Plymouth, with the latter recruiting over 20 students
 - New provision for P&O at the University of Derby (Level 3 apprenticeship), and Keele University (MSc)
 - Pre-registration orthoptics (MSc) provision at University College London.
- 3.23** These new courses provide **opportunities for students to access learning at different levels and in different places**, and should therefore increase the total number of students rather than simply distributing the same number of students among a larger number of providers.
- 3.24** In addition, **SIHED has directly contributed to organisations creating new routes and pathways to access courses**. For example, stakeholders who participated in the evaluation research reported that:
- The University of Hull used Challenge Fund resources to run an evening foundation course (new routes to health and social care) to prepare students for undergraduate study. The course has attracted students from a wide range of ages, backgrounds and qualification levels. Starting with 57 students for the SIHED pilot, it was subsequently expanded and attracted 130 students in its second year.
 - Participation in the Challenge Fund “shone a light” on the challenges of recruiting into therapeutic radiography. This partly informed a decision to run a foundation year (introduction to health sciences), with a view to providing a route into therapeutic radiography courses at London City University.

¹⁴ In 2017 a review of the costs of providing nursing, midwifery and allied health courses was undertaken which showed that the smallest disciplines were found to be the most expensive to deliver, notably P&O and orthoptics. HEFCE (2017) Costing study of pre-registration nursing, midwifery and allied health profession courses. https://councilofdeans.org.uk/wp-content/uploads/2020/07/NMAH_Costing_study.pdf

- Birmingham City University have developed a postgraduate therapeutic radiography course. They anticipate this will appeal specifically to mature students, including perhaps those whose life experience has shown them what a therapeutic radiographer can do.

3.25 The programme also highlighted student experience and their experience of placements. Students on courses that train them for allied health professions have an atypical student experience. Their academic year is longer (typically lasting 42 weeks), and they spend extended periods on placement – and such placements might require them to move to a different town or city, find accommodation and start working and studying in a clinical setting. **The need to build student resilience was recognised by SIHED.** Two examples of this were Challenge Fund pilot projects: one using virtual reality training techniques to build student confidence in role play before moving into clinical practice; and a second seeking to build stronger social bonds between students to help them build peer support networks through Escape Room experiences.

3.26 Communication between academic teams and placement supervisors was a further theme of some Challenge Fund projects. For example, one provided training and resources to placement supervisors to prepare them for student supervision. Another sought to reconfigure the online PARE currently used for nursing and midwifery student placements, to make it suitable for podiatry and P&O students. This tool aimed to help NHS and non-NHS work placement providers operate more closely with course providers. Both these projects were able to demonstrate a need for better support and communication, and both laid the foundations for subsequent activities to improve communication and support for placement supervisors, including training and provision of handbooks. Course providers have continued working alongside the professional bodies, HEE and NHSEI to progress the reconfiguration of the PARE. The possibility of using the placement document developed as a ‘national benchmark’ for every placement in the professions is currently being explored. Several ‘early adopters’ of the document remain committed to the project and at the time of writing had forthcoming plans to pilot the document with placement providers. Anticipated benefits for course providers, placement providers and students are summarised in Table 3-5.

Table 3-5: Anticipated benefits of the national placement document (PARE)

Course providers

- Ability to easily monitor student progress/attendance etc. via access to real time data
- Secure online record (paperwork cannot be lost)
- Increased efficiency of the auditing process
- Greater flexibility in the location of placements; the standardised document is anticipated to make it easier to engage with more/new placement providers
- Stronger connections/relationships between course and placement providers

Placement providers

- Reduced time completing documentation
- Ability to easily monitor student progress through access to real time data

Course providers

- A standardised document across course providers should make the process easier/more efficient, allowing more time to focus on student learning
- Stronger connections/relationships between course and placement providers

Students

- Reduced time completing documentation
- Ability to easily self-monitor progress through access to real time data
- Greater flexibility in the location of placements; the standardised document is anticipated to make it easier to engage with more placement providers, which may make it easier to place students closer to home

Source: SQW

Understanding the student market

3.27 The programme has helped to build a record of the characteristics of students who are drawn to the allied health professions, and the challenges of widening the appeal of these professions.

3.28 The SIHED programme commissioned two research reports which are hosted on its website¹⁵:

- **Recruitment of mature students to nursing, midwifery and allied health courses:** a report which found that mature student numbers have declined, that they take around two years between decision to application, and that they do then tend to enrol once they have accepted an offer.
- **Male participation in nursing and allied health higher education courses:** 75% of students on allied health courses are female; consequently, research explored the factors or barriers that prevent males from considering or applying for these subjects. They found that males were attentive to notions of stereotyping and wanted to see themselves reflected in any careers information. They also appreciated detailed information about the pay, working conditions and esteem of various allied health roles.

3.29 Both studies noted that there were differences within the allied health professions, as well as in comparison with nursing and midwifery. At least one of the Challenge Fund projects explored this in further depth, exploring and seeking to encourage the recruitment of males into therapeutic radiography.

3.30 Few stakeholders and course leaders who participated in the evaluation research said that they had used these reports. However, they are seen to have been important in raising awareness of the issues and legitimising exploration of equality issues associated with the student profile; stakeholders were able to talk about the issues contained within the reports and how it related to their profession or their experience of the allied health professions.

¹⁵ <https://www.officeforstudents.org.uk/advice-and-guidance/funding-for-providers/health-education-funding/strategic-interventions-in-health-education-disciplines/>

- 3.31** A good example is the University of Coventry's Healthpro¹⁶ project. This project used research to explore the experiences of its own male students to create a set of marketing collateral which features males in allied health roles in which they are under-represented. Conversations with the military led them to develop a set of actions (informed by their own ex-military staff) to engage with military leavers and raise their awareness of opportunities in the healthcare sector. The university is using its ambition to achieve a silver award from the Defence Employer Recognition Scheme (ERS) to guide its plans. This has also included creating new pathways to provide ex-military applicants with essential requirements for entry onto healthcare courses.
- 3.32** A second example was provided by Sheffield Hallam University's Challenge Fund activities. These explored the recruitment experiences of allied health students, and found disparities in admissions approaches regarding the requirement for clinical experience prior to being accepted onto a course¹⁷. Where access to such experience is limited to those with connections in the healthcare system, and where such experience is a condition of entry, this creates unequal opportunities that might exacerbate the lack of workforce diversity.
- 3.33** The students who participated in the evaluation suggested that more could perhaps be done to appeal to people like them. Some mentioned that the shorter time from studying to working (compared with medicine) was really important to them. Another noted the appeal of studying their course which would lead to a job that was more child-friendly.

"I feel like these degrees are really suited to mature students, out of the whole of 33 students in my course, there are four of us that are mature students and only three of us with children. As I have been on placement, I feel like a lot more should be done to get older students who don't know about these [jobs] into the workplace. Nursing is the only one talked about. There are a lot of perks to being in this career, for example as a therapeutic radiographer you mainly work Monday to Friday, not evenings or night shifts. For someone who is a parent, it makes childcare more manageable.... I think we are missing a trick not getting mature students to do it."

First year undergraduate student

- 3.34** The **SIHED programme has created a legacy in understanding ways to reach young people**. Firstly, it has created a set of resources and digital content to be used either by the professional bodies, HEE or other NHS partners. These resources feature a wide range of AHPs with relevant information about their roles and why they enjoy them.
- 3.35** In addition, it has created an understanding among course leaders, teachers and professional bodies about the use of social media and targeted digital advertisements to transmit ideas and information. For example, the programme targeted digital advertisements in gyms and doctors' surgeries to raise awareness among people from

¹⁶ <https://www.coventry.ac.uk/study-at-coventry/faculties-and-schools/health-and-life-sciences/healthpro-project/>

¹⁷ The research had not been published at the time of interviews for the SIHED evaluation.

diverse backgrounds, including mature students. It also used different social media platforms with varying results. A set of resources to inform future social media campaigns was created by the marketing agency to serve as a legacy resource.

- 3.36** Finally, and perhaps most significant, is **building understanding about the adults who filter or signpost information to young people**. The outreach officers were successful in directly engaging with over 25,000 young people and 1,500 education professionals in total. This was helped by the webinar series (hosted online as a result of the lockdowns associated with the Covid-19 pandemic), which made events more accessible to people from a wider range of places and backgrounds, with 79 webinars delivered to a total of 2058 attendees. However, the programme also recognised the role of intermediaries, careers advisers and careers leaders in schools through their engagement in webinars, interactions with career companies such as Inspiring the Future¹⁸ and reflections from outreach officers.
- 3.37** The **programme also highlighted the role of employers and the workforce** in providing information, experiences and insights to help young people make informed career choices. As a result some professional bodies have continued to resource staff to coordinate outreach activities that connect young people with their members, to provide real or virtual work experiences, careers talks in schools, or activities at careers fairs or skills events.
- 3.38** While much outreach was focussed on young people, there was evidence (through attendance at webinars and stakeholder testimony) that the sector better understood the careers infrastructure in schools and colleges, including the role of Careers Leaders. This is significant because of the important role they play in designing careers programmes in schools and advising young people throughout their school years.

¹⁸ <https://www.inspiringthefuture.org/>

4. External factors

- 4.1** The legacy of **the SIHED programme has been affected by several significant contextual factors**, notably stakeholder partnerships, activity led by HEE, national campaigns and the Covid-19 pandemic. In this section those factors are explored, as they provide important context for considering the extent to which the programme can be said to have contributed to observed effects one year on.

Effect of stakeholder partnerships

- 4.2** Qualitative evidence suggested that the professional bodies, and in particular those representing the four small and specialist professions, have shifted their practices. Notably, networking and collaboration with other allied health professions has become increasingly important in recognition that the professions are ‘stronger together’. For example, the professional bodies exchange ideas and learning at various network or group meetings (such as meetings between the professional body educational leads).
- 4.3** More broadly, the number of Chief Allied Health Professionals in NHS trusts in England has continued to grow. Identified benefits of the role include providing strategic leadership for the allied health workforce in the NHS, ensuring ‘visibility and voice’ for the professions, and enabling talent management, succession and development planning¹⁹.
- 4.4** Whilst there has been substantial progress towards strengthening stakeholder partnerships, consultee feedback indicated potential benefits of further increasing collaboration; for example, in terms of shared learning. There is also a recognised need to avoid competition between the allied health professions, so that collectively they can increase awareness and recruitment and benefit from ongoing transformation at both a system and higher education level.

Role of Health Education England

- 4.5** Throughout the delivery of the SIHED programme, including the continuation year, HEE has taken an increasingly active role in managing skill supply and demand in the allied health professions and supporting innovations in course and clinical delivery. Among other areas, projects and campaigns have focused on career choices and changes, workforce planning, work experience and placements. Specific examples of ongoing actions include:
- Funding regional hubs to bring placement providers together with students in need of placements (£8 million)
 - Harnessing the workforce to become careers ambassadors

¹⁹ NHSEI (2019) Investing in chief allied health professionals: insights from trust executives. <https://www.england.nhs.uk/wp-content/uploads/2021/08/investing-in-chief-ahp-leadership.pdf>

- Committing an additional £15m to increase clinical placements across nursing, midwifery, allied health professions and healthcare science in 2021-2022.

4.6 Looking forward, the incorporation of HEE (and NHSX and NHS Digital) into NHSEI by April 2023 will represent a significant structural change²⁰. The aim is to put recruitment, training and retention of NHS staff and digital transformation “at the heart” of the NHS in England. The intention is to create one organisation that aligns workforce, financial and service planning with education and training, Covid-19 recovery, the People Plan, and a robust workforce reform programme for the benefit of patients and the public²¹. This will create a powerful stakeholder, but one with many challenging priorities to address. Allied health professions, including the smaller specialist subjects, may need to maintain active dialogues to ensure their needs are not subsumed within larger issues.

National health sector campaigns

- 4.7** The 'We are the NHS' recruitment campaign ran for the fourth year in 2021. The campaign seeks to “increase positive perceptions of, and pride in, working for the NHS across a diverse range of roles”. In doing so, it aims to motivate target audiences to undertake a career in the NHS including in nursing, AHP and healthcare support worker roles²². The fourth campaign was launched in November 2021, with the slogan ‘Live 1000 Lives. We are the NHS’. The campaign appeared in TV, social media and radio advertising, consumer PR activity, partnership work and communications activity. Positively, the materials developed during the SIHED programme are being embedded within the ‘We are the NHS’ campaigns by NHS Health Careers, and the Council of Deans of Health is sharing case studies developed during the legacy year on their Student Leadership Programme and Funding Clinic websites.
- 4.8** The fourth annual “AHPs’ Day” was also held in October 2021, providing AHPs an opportunity to come together nationally to celebrate their achievements and promote their professions. The most recent AHPs’ Day focused on celebrating the professions, appreciating their skills and impact on care, inspiring the future workforce, and connecting so that AHPs are included in workforce transformation and pathway redesign in systems²³. Like previous years, the AHPs’ Day featured some cross-promotion on the SIHED social media accounts.
- 4.9** These other initiatives have aligned with SIHED’s aims and objectives. The evaluation could not disentangle their effects compared with those reported by SIHED, but it is likely that effects have been cumulative and activities mutually reinforcing.

²⁰ Another significant structural change is the formal implementation of Integrated Care Systems (ICSs), which has been delayed to July 2022.

²¹ Accessed at: Major reforms to NHS workforce planning and tech agenda – GOV.UK (www.gov.uk)

²² Accessed at: NHS Recruitment [Overview] | Campaign Resource Centre (phe.gov.uk)
<https://campaignresources.phe.gov.uk/resources/campaigns/77-nhs-recruitment-/overview>

²³ Accessed at: AHPs Day 2021 - British and Irish Orthoptic Society
<https://www.orthoptics.org.uk/ahps-day-2021/>

Effect of the Covid-19 pandemic on undergraduate students

Interest and recruitment

- 4.10** The 2021 cycle was the first admissions cycle that took place end to end during a global pandemic. Despite the challenges, **UK applications to higher education increased overall, with UCAS reporting an overall uplift of 5% in 2021 compared to 2020²⁴.**
- 4.11** The undergraduate student survey asked questions about the effect of Covid-19 on their choice of subject or university. Of the 83 respondents, 37 provided information on the effect of Covid-19 on their choices in an open text response. Overall, just under half of these (15) reported that Covid-19 had not had any effect on their choice of subject and university.
- 4.12** A few respondents gave examples of how Covid-19 had affected their choice of subject or university. For example, a number of respondents were inspired by NHS workers during Covid-19, with one noting that the pandemic had made them have “more respect for healthcare professionals”. Covid-19 had also influenced the location respondents had chosen to study at, for example to remain close to home in case of another lockdown or to avoid having to travel a long distance to the university. Another respondent indicated that they had chosen their university as it promised face-to-face teaching rather than online.
- 4.13** Consultee evidence suggested that the Covid-19 pandemic had an overall positive effect on student interest and recruitment across health courses, including those for allied health professions, but effects are nuanced between the professions and within the student market. For example, all orthoptics courses exceeded intake targets in the current academic year (2021-2022), which is a notable improvement given a few years ago the profession was struggling to recruit. In contrast, feedback indicated that podiatry has seen an overall decline in interest, in part due to positive public perceptions about the work of the NHS being overshadowed by the pressures on the healthcare system and concerns over value for money of course fees given shifts towards blended learning models. This said, interest in podiatry among mature students was reported to have increased, perhaps due to people reflecting on their career pathways.
- 4.14** More broadly, concerns were raised that the pandemic exacerbated existing staff shortages in some professions, which will inevitably increase pressures on providers to recruit additional students. For example, consultees noted that the shortage of diagnostic radiographers became even more evident during Covid-19 given the increase in demand for procedures such as CT scans.
- 4.15** Half of the undergraduate student survey (2021) respondents did not consider that Covid-19 influenced their course choice. Those who did think it had affected their choice either

²⁴ UCAS (2021) UCAS End of Cycle 2021: Strong demand for UK HE amidst a global pandemic. <https://www.ucas.com/corporate/news-and-key-documents/news/ucas-end-cycle-2021-strong-demand-uk-he-amidst-global-pandemic>

referred to increased respect for healthcare workers, wanting to study close to home in the event of further lockdowns, or because their university promised to continue face-to-face teaching.

Student retention and experience

- 4.16** The students who participated in the evaluation research said that their application and teaching experiences had been affected by the pandemic. Applications and interviews were online which meant they did not have the opportunity to explore the facilities and relied on website information.

“Covid has also impacted the overall interview process, as you would normally be able to go on campus, meet students, but for me it was online in my living room.”

First year undergraduate student

- 4.17** The student experience once enrolled has also been affected, with less time on campus and in face-to-face lessons.

“When we first started out, we were online but did have face-to-face sessions as the university made it a priority that students would have normal university experience. It is about 60% in university now, 40% online. I think maybe I would have been less afraid of going out to do all the student things like freshers without Covid-19. I think the other thing I was worrying about was going to hospitals for placement, but I had both vaccinations and booster which was reassuring.”

First year undergraduate student

- 4.18** Students noted drawbacks to online lessons in terms of the quality of interaction and their own learning.

“I enjoy the fact that there is a mix of online and in person. [In] online lessons, maybe it is just the absence of being in class, but no one wants to speak.”

First year undergraduate student

“The physics lectures I struggled with; there were 170 in a MS Teams meeting and we weren’t allowed to ask questions or get involved, we were just spoken to about a subject we were all struggling with.”

First year undergraduate student

“[It is] harder to concentrate online, we have a heavy anatomy module, and I think when online you can’t focus as well and stay on track, in person it is easier.”

First year undergraduate student

4.19 The Covid-19 pandemic has continued to significantly impact course providers, students and practitioners. While face-to-face theoretical and practical learning has resumed, most courses have maintained some degree of remote delivery, either via the use of online learning platforms or simulation. **Placements have restarted, but managing placements continues to be a challenge** for courses given sustained pressures on the NHS and adherence to Covid-19 related measures such as social distancing and self-isolation. Therefore, concerns were raised regarding students (particularly the current third year students) graduating without the necessary practical clinical experience; this could have implications for longer-term career prospects of graduates, as well as their confidence, patient safety, supervision requirements and/or efficiency.

4.20 In terms of **student experience, consultees noted both positive and negative effects** owing to the Covid-19 pandemic. For example, the greater flexibility associated with online delivery may benefit some students, but this is at the detriment of regular social interaction with peers. Overall, qualitative evidence implied student **attrition has not worsened during the pandemic**, but looking forward, stakeholders noted the importance of monitoring attrition; student retention has historically been a key challenge for professions such as therapeutic radiography.

5. Lessons learned

Introduction

5.1 There have been significant changes to and several key factors affecting student recruitment and learning in allied health professions over the last five years. These include:

- Policy changes that removed caps on recruitment to higher education courses, and removed and then re-introduced bursaries
- The development of allied healthcare profession apprenticeships at Level 3 and degree level
- The creation of senior roles in healthcare trusts to manage workforce recruitment and development in all allied healthcare professions with dedicated HEE support
- National health sector campaigns to promote working in the NHS generally, with specific campaigns for the allied health professions
- The effects of the Covid-19 pandemic on students who moved to online learning and for whom placements, examination and graduation were disrupted
- The effects of the Covid-19 pandemic on young people studying at schools and colleges for whom work experiences were either cancelled or moved online, teacher-assessed grades were replaced by examination, and the undergraduate experience was punctuated by lockdowns.

5.2 Lessons to be drawn from the experience of SIHED have to be considered in the light of these external factors. Nevertheless, there are lessons to be drawn from the programme that should inform continuation of the work started by the SIHED partners as well as future new initiatives. These are summarised in this section.

Geography matters

5.3 The SIHED programme revealed the importance of considering the geographic nature of the supply and demand for people with specialist allied health skills. Course providers are not evenly dispersed across the country; when there are only one or two providers of certain courses in England, distance becomes an issue for some potential students. Even for the courses with seven or eight providers, there are large areas of the country (North East and South West for example) that do not host courses. This has two key implications. The first relates to student behaviours: students on these courses are often based close to home. In the student survey SQW conducted in autumn 2020 (n=329), 69% said they were living at their usual or family home while they studied during term time, and home was less than one hour's travel time away for 43% of student respondents. The same question posed the following year (n=83) showed 64% were based at home, and that home was less than an

hour's travel time for 37% of student respondents. These proportions may have been inflated due to the effects of the Covid-19 pandemic but, even so, they show that a significant proportion of students on these courses come from tightly drawn geographic boundaries around course providers. If students on these courses are not geographically mobile, then graduate recruiters who are not based in these areas may find it harder to attract candidates to fill vacant posts. This has implications for the future workforce and patient care.

- 5.4** The second implication relates to the provision of placement opportunities. Course providers have very good links with trusts and other placement providers in their vicinity, with established patterns of working that allow them to offer students placement opportunities at key points during their training. These links may be less well established with more distant placement providers. This limits the pool of opportunities available to students and reinforces barriers to mobility; students may not have as many opportunities to access placements in locations that are further than a commute away.
- 5.5** The SIHED programme highlighted these issues. As the programme developed, additional provision (see paragraph 3.22) has been put in place to make courses more accessible to potential students in regions without specialist training provision. There has also been a change in the nature of communication between some providers and trusts, to extend their geographic reach (for example discussing placement issues between Scotland and England). HEE are also creating infrastructure within regional hubs to pool placement opportunities to extend their reach and open up opportunities to a much wider range of students.

Strategic interventions help to redress geographic inequality

Strategic interventions are required to create national infrastructure that links potential students with course providers and placement opportunities. Geographic inequalities will continue without a national infrastructure. Trusts will find it challenging to attract the skilled workers they need and it will be difficult to maintain quality patient services. SIHED highlighted the issues, and there has been improvement, but the evidence indicates that there remains more to do.

All stakeholders are responsible for quality training

- 5.6** The creation of a skilled workforce can be seen as a pipeline. People move through a sequence of learning and training opportunities to build a set of skills that they need to provide entry to their chosen career. Movement through the pipeline is intended to be linear and structured. In each stage of this sequence a discrete set of stakeholders have responsibility for student development.
- 5.7** The SIHED programme demonstrated that this linear model oversimplifies the skills system. It highlighted how difficult the transition from one stage to the next can be. At the outset of

the programme one of the challenges faced was that too many students entered courses through clearing and therefore were less likely to understand the nature of the profession they were training for.

- 5.8** Perhaps more significantly the programme showed the importance of connecting different groups of stakeholders throughout the skills system. It brought together key organisations²⁵ to focus on the issue for the first time and built partnerships with a range of different stakeholders to work differently or build new extended networks. These were actively encouraged throughout with a range of stakeholders involved in the SIHED Project Board, the requirement for collaboration for Round Two bids for Challenge Funds, and secondments.
- 5.9** Across all of these networks a common theme was the need to harness the energy and enthusiasm of professionals who work in allied health roles to share their experiences and insights via careers talks, support work experience, supervise placements or provide digital content. Therefore, **the role of professional bodies proved key** in encouraging their members to offer their time to local initiatives, sharing connections to match young people who wanted to talk to a professional about their role, and in encouraging course provider collaboration on a project to streamline communication between education providers and placement supervisors.
- 5.10** The programme's outreach and seconded officers also provided their insights and resources to show professionals from the sector how to engage with groups of people who were curious about the roles and their future career options. Class-based resources, marketing materials, lesson plans and ideas for webinars were all shared with the sector via the ISeeTheDifference website. These all offered practical examples of effective partnership working.

²⁵ Board members included: Professional bodies (The College of Podiatry; The Society and College of Radiographers; The British & Irish Orthoptic Society; and the British Association of Prosthetists & Orthotists), Office for Students, Council of Deans of Health, Universities UK, HEE, Allied Health Professions Federation.

Collaboration can create multiple opportunities to attract students

Employers, professional bodies, education and training providers and individual practitioners can all make a positive contribution to creating social media content, delivering face-to-face talks, work experiences and offering placements. Large scale interventions that reach a broad cross-section of the community are only possible through activation of partners – including the serving workforce in the professions. Efficiencies are created where people share lessons and pool resources; silo-working creates missed opportunities. Evidence indicates there has been good progress in this area, with useful resources created and foundation laid, and there is scope and enthusiasm for even more collaboration going forward. However, it may well prove key to emphasise the benefits and resources available to professionals in allied health roles, to encourage them to take on the role of supporting students whilst minimising the burden.

Digital environments offer new learning opportunities

- 5.11** The Covid-19 pandemic was traumatic; particularly so for people connected with healthcare, including students, supervisors and educators in the allied health professions whose learning experiences were affected during this period.
- 5.12** Because of lockdowns and the disruption to teaching and care provision (including clinics and other face-to-face services), alternative ways to communicate, teach and learn were necessary to ensure that training was not halted. A rapid and comprehensive move to digital formats took place during this period. The SIHED programme also had to respond in this way. Consequently, networking meetings moved online, Challenge Fund projects were reshaped (with only one – a summer school – having to be cancelled), school talks were adapted to a webinar format, and virtual work experience resources were created and made available²⁶.
- 5.13** The move to digital created new opportunities to reach people who otherwise would not have had the opportunity to learn about the allied health professions. It removed barriers associated with social connections and geographic location for people who may not have known anyone in the profession or who may have attended a school or college without an active careers programme.

²⁶ A set of online resources to support volunteer AHPs wishing to embark on outreach activity or make their outreach more effective has been created by the SIHED Outreach Officers and is available on HEE's e-Learning for Healthcare platform (<https://www.e-lfh.org.uk>)

Digital tools, alongside other provision, enhance learning

The creative use of digital resources to enhance and extend learning opportunities was a key lesson from SIHED during the pandemic disruption, and could be used in the future through blended learning and virtual experiences to complement face-to-face interactions and physical visits. Materials, resources and know-how created during the programme provide a starting point for future development of digital resources.

Social media is an important marketing medium

- 5.14** Universities have significant expertise in using social media to reach potential students. However, Challenge Fund projects found barriers existed when it came to working with university marketing teams; their student numbers were relatively low compared with other courses in health and social care. SIHED demonstrated to course leaders, admissions teams, professional bodies and others how to create social media content that could be used, shared, adapted and repurposed. They also explored how different platforms were used by different groups – and therefore how to tailor campaigns aimed at teachers, careers leaders in schools and colleges, and the professions, compared with campaigns aimed at young people and potential students. Lessons such as the use of imagery, language and information were shared by the social media team through webinars and legacy resources, to inspire members of the profession to create stories that would resonate with their different audiences.
- 5.15** The analytics data also shows that social media is content-hungry and requires new material, energy and activity for campaigns to be sustained over the longer term. Potential students will rely on the large mainstream providers of information and will not find specialist resources through routine searches unless they are directed there by engaging and fresh content.

Equality, diversity, and inclusion matters

- 5.16** The SIHED programme drew attention to **inequality in access to opportunities that might not have been foregrounded otherwise**. It funded research that explored how students' family and social connections, enduring stereotypes and experience of healthcare services shaped understanding of the allied health professions, and especially awareness and knowledge of the four smaller professions. It also demonstrated how marketing materials and entry pathways can be adapted to help inform a wider range of potential students about the professions. It showed how different requirements for work experience as part of the admission process can be a barrier for some students, and how virtual work experiences can help to redress imbalances.

Lessons learned from SIHED marketing campaigns

At the end of the three year SIHED programme, SIHED's marketing and project management team reviewed the key learnings emerging from their work. These are summarised below.

Strategy:

The marketing strategy at the beginning of the SIHED programme was based around digital marketing and a 'hub' website, with the aim of channelling users to university websites. It was anticipated that those university websites would then convert initial interest in the allied health professions into an application to an undergraduate programme.

"We learned quite early on that our target audiences needed more engagement to help them to make the significant step towards applying for an Allied Health Profession course. The ISeeTheDifference brand was useful for generating interest and directing traffic to the ISeeTheDifference website, but that alone was not enough to secure the actions that were subsequently needed".

Effective techniques

Because it is important to reach a diverse and large audience, a broad communications and marketing mix was adopted. SIHED achieved higher engagement rates with more personalised and targeted channels such as newsletters, but also expanded reach to increase public awareness through channels such as Facebook, Instagram, Google ads and place-based marketing.

The enhanced website and content strategy underpinned more sophisticated and targeted marketing campaigns. Stakeholder relations enabled the programme to work with partners to target teachers and careers advisers, for example, in their roles as key 'gatekeepers'.

Source: Adapted from 'Lessons learned from SIHED 2018-2021'
by Dan Watson, Claudia Gold and Anupa Devi

- 5.17** Equality, diversity and inclusion are challenging issues, and ones that are difficult to get right all the time and in every case. However, the SIHED programme showed that simply pointing to a high proportion of females or mature students as evidence of good practice in student recruitment was not enough. Active consideration of why different age groups or genders are not represented equally on courses helped providers critically reflect on their systems and processes and identify elements that could be improved. Listening to current students and staff provided insights into teaching and learning that were valuable to course

leaders. The programme generated examples of actions taken to make marketing materials appeal to different groups of students (in terms of imagery, content and media). The impact of this work will be both to heighten awareness of these issues among university staff (which may in turn challenge unconscious bias), and appeal to a broader range of students.

Listening to diverse voices helps providers understand student choices

The SIHED programme focussed on the age and gender of students as a way to explore different experiences of access to opportunity. It found focussing attention on different groups helped increase understanding both of barriers to access, and ways to address them. A similar approach could be taken to address other equality issues such as ethnicity and economic disadvantage.

Specialist professions are distinct but not unique

- 5.18** One of the dilemmas associated with the programme was whether it should focus on the four lesser known, smaller (and consequently vulnerable) specialist disciplines and raise awareness of them by name, or whether it was better to focus on the broader collection of allied health disciplines overall.
- 5.19** There were two different perspectives. Those who wanted to focus on named specialisms reported that:
- People would not necessarily find them within an allied health-wide campaign, because although they are small compared to nursing (for example) they are also small compared to physiotherapy and some of the other larger allied health professions
 - Each profession has its own features, stereotypes and skill requirements. The differences amongst the allied health professions can be as significant as the differences with nursing and midwifery, for example
 - Larger professions were able to draw on more resources from course providers and professional bodies. This was not the case for the four smaller professions and proportionately they were identified as needing more support (as the loss of one provider would have a disproportionate and lasting effect on the workforce).
- 5.20** The counter-argument that a campaign should span all allied health professions suggested:
- The strategic challenge is to overcome the view that healthcare roles are limited to 'doctors and nurses', with there being value in building awareness of a wider set of roles open to people interested in careers in the healthcare sector

- Infrastructure was in place for allied health professions which would give greater reach and potential for sustainability of activity and effect in the longer term
- There may be scope for smaller specialists to ‘piggyback’ onto opportunities such as attending careers fairs or skills events.

5.21 In practice the SIHED programme enabled stakeholders, each of which brought its own assets, to address their specific recruitment challenges. Each profession attracts different types of students, and each has its own challenges. For example, podiatry has always attracted more mature students, and all four small and specialist subjects attract more female students (although P&O has a more equal gender balance). The nature of professional assets also varies; those professions with a smaller workforce can sustain a small and mostly volunteer-managed professional body, compared with some of the larger and better-resourced professional bodies.

5.22 Participation in the programme demonstrated that the specialisms were very keen to maintain their identity and not be subsumed by an umbrella title which meant little to the wider public - but also meant little to members. Potential students cannot search for courses which will train them for jobs that they don’t know exist. However they can be drawn into exploring healthcare careers that are alternatives to the more mainstream medicine and nursing. They can also explore some allied health opportunities that are alternatives to those they know about (such as paramedic or physiotherapy roles, for example).

5.23 The SIHED programme therefore demonstrated that there are advantages to collaboration. While the challenges faced by therapeutic radiography may be different to those facing podiatry (for example), they nevertheless share similarities when compared with other healthcare professions such as nursing or midwifery. They are therefore stronger together when they combine relevant resources, skills and networks, and are presented as alternatives to medicine or nursing.

Raising awareness of a group of distinct alternatives to well known healthcare careers requires collaborative effort

Collective action that creates clear routes to explore distinct professions within a broader family of options has been challenging. However, SIHED has shown that collaboration is possible and can be effective. It has shown that it is important to create routes into career exploration that build on what potential students know (i.e. through family connections or healthcare roles they are familiar with).

6. Final comments

6.1 The April 2021 evaluation of SIHED concluded that it was an ambitious programme, which achieved progress towards all its objectives. It delivered diverse activities that combined to create a multitude of small changes to practice and behaviours. Although SIHED was a three-year programme, the realisation of its objectives would not be fully evident in the short term; decisions taken by potential learners (for example a student in Year 11 or 12) would only begin to be translated to course applications in future years. The evaluation concluded that although student opportunities and experiences looked different in 2021 compared with 2018, SIHED was not wholly responsible for those changes; the environment changed significantly over the whole period with other factors (such as bursaries, the effect of the Covid-19 pandemic, and large-scale media campaigns from NHS Careers) also having an effect. Critically, though, SIHED left a legacy of resources, networks and learning.

6.2 This one-year-on evaluation has shown that the effects on the programme's objectives have been sustained and the legacy of the programme includes:

- Increased awareness of allied health disciplines (evidenced by ISeeTheDifference analytics and student surveys and testimony)
- Increased understanding of and demand for small specialist allied health disciplines, as shown by the increased numbers of students, and continuation of outreach activity by some of the professional bodies
- Strengthened and diversified delivery of the four small and specialist disciplines, with new courses at different levels of study and in different parts of the country opening for some of the subjects
- A better understanding of the mature student market for nursing, midwifery and allied health, as well as better understanding of the gender profile of students and what attracts or deters potential male applicants.

6.3 SIHED has left a legacy, despite the effects of the pandemic, which continues to be sustained and which affects both potential students and the groups of stakeholders that have a role to play in informing, inspiring and preparing them for work in the allied health professions. Key lessons include:

- Geography matters: strategic interventions are needed to redress geographic inequality
- All stakeholders are responsible for the profile of the professions and for recruitment onto them; collaboration can create multiple opportunities to attract students
- Digital environments offer new learning opportunities
- Social media is an important marketing medium, and can effectively be used to drive people to website resources

- Equality, diversity, and inclusion matter; listening to diverse voices helps providers understand student choices
 - Specialist professions are distinct but not unique; raising awareness of a group of distinct alternatives to better-known healthcare careers requires collaborative effort.
- 6.4** This one-year-on evaluation has also shown that, as the programme has been wound-down, its reach and the continuation of its legacy could be eroded. For example, the marketing campaign saw declining hit rates, and the previous increase in applications has not been sustained.
- 6.5** Continued efforts to fully realise the benefits of the programme's stakeholder collaboration and effort will be required to ensure that the four specialist subjects continue to attract sufficient numbers of dedicated and bright students. The evidence indicates that the priorities should be to:
- Ensure the marketing collateral created is used and refreshed in a light touch way to ensure it remains relevant
 - Track PARE uptake and capture learning, as it was not possible to evaluate its outcomes within study timescales, but it represents a potentially important ongoing programme resource
 - Make 'how-to' guides easily accessible to the workforce and strategic managers, to support new initiatives or individuals new to the issue
 - Sustain professional collaboration between the professional bodies that share common challenges and with their course provider partners, to build synergies within and between the professions
 - Maintain a focus on equality of opportunity for potential students, addressing a wider range of protected characteristics
 - Sustain the working relationships developed through SIHED's networks and funded opportunities.

Annex A: Methodology note

Introduction

A.1 The one-year-on evaluation of the SIHED programme was conducted between April 2021 and March 2022. The evaluation included a series of continuation research tasks (from the 2018-2021 evaluation) to capture aspects of its legacy in terms of changed recruitment practise among course provider institutions, enhanced partnership working between key stakeholders, and professional outreach into schools and colleges. There was also a specific work strand focused on evaluating the national placement document project PARE.

Evaluation evidence

A.2 In summary, the legacy evaluation used the following data collection methods:

- **Stakeholder interviews** in late 2021 and early 2022 with four of the professional bodies, HEE, and the former Chair of the SIHED Project Board. Discussions explored the legacy effects of the SIHED programme and broader strategic issues.
- **Challenge Fund and course leader interviews** in Autumn/Winter 2021: four interviews with Challenge Fund Round Two leaders and three with course leads.
- **Undergraduate course leader online survey** between October and November 2021, which asked about recruitment challenges, effects of the SIHED programme, and optimism regarding the future. Twelve useable responses were received and analysed: ten complete and two partial responses.
- **Undergraduate student survey** between October and December 2021. The survey explored course choices and influences of new first year undergraduates in the four core SIHED courses. A total of 88 useable responses were received and analysed: 83 complete and five partial responses.
- **Undergraduate student feedback** from four first year students across two universities. Discussions explored reasons for choosing the profession/course, the application process including work experience/shadowing, awareness of the ISeeTheDifference campaign, and experiences of the course to date.
- **Student application data collected after the January 2022 UCAS deadline.** This included application number data and applicant characteristics and provided a further year's data for the SIHED series. In total 17 of the twenty-one courses provided data. Fourteen providers returned all data requested by the deadline, including the region of domicile and demographic profile of applicants.
- **ISeeTheDifference website and social media analytics data**, provided by the Council of Deans of Health in October 2021 and February 2022.

- **Evaluation of the national placement document PARE**, including a review of documentation and interviews with the project lead and universities involved in the project.

Evaluation limitations

- A.3** There were three notable gaps in the data collection which affected the evaluation over this legacy 12-month period.
- A.4** The first was the collection of the **student application data**. SQW did not receive a complete set of forms from all relevant course providers, meaning the analysis is not truly representative of all therapeutic radiography and podiatry courses. Seventeen of the twenty-one courses provided some data/information, of which fourteen courses had provided data in January 2021, making 'like for like' comparisons possible in these cases.
- A.5** Second, the evaluation intended to gather **feedback from undergraduate students** via three focus groups (one per site) at three Challenge Fund sites. However, due to busy teaching schedules, placements and exams, alongside Covid-19 related pressures, it was not possible to conduct the focus groups. Four one-to-one interviews were instead conducted with students across two universities.
- A.6** Lastly, there were **several limitations associated with evaluating the national placement project PARE**, notably:
- Completion of the placement record document was delayed; this meant the document had not been trialled at the time evaluation fieldwork was undertaken.
 - Linked to the above, the delays meant that placement providers had not yet used the document, making it too early to gather feedback from implementers as planned.
 - One of the courses involved in the project did not engage with the evaluation, limiting the interview sample.
- A.7** The above has served to limit the amount of data available to inform the evaluation over the legacy period.



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