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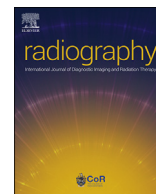
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The changing role of pre-admission work experience (clinical visits) in Therapeutic Radiography, Diagnostic Radiography and Operating Department Practice: Student perspectives (Part 1)



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ABSTRACT

Introduction: Clinical visits (work experience opportunities) are a recommended part of admissions processes for many diagnostic and therapeutic radiography courses but not for operating department practice (ODP) where observational visits are challenging for applicants to obtain. The Covid-19 pandemic interrupted access to visits for all prospective students; this study presents a review of the value of clinical visits and alternatives.

Methods: This article reports the initial qualitative phase of a three-phase mixed methods study. Using a critical realist approach, focus groups explored first year student experiences of the 'ideal' pre-admission clinical visit and alternative resources. A structured review of Online Prospectus (OLP) entries was undertaken by two student researchers to ascertain the requirements for clinical visits for the three professions.

Results: Four focus groups included 25 first year students interviewed prior to their first clinical placement (14 therapeutic radiography, 5 diagnostic radiography and 6 ODP students). Three themes were constructed, namely: informing career choices, the clinical visit experience, and the value of clinical visits. Clinical visits affirmed rather than inspired career choices. The best timing for a visit was before admission interviews and optimal duration was a full day. Interacting with current students was the most valued aspect. Videos and simulations provided in-depth information about the professional role and allowed replay, but some participants found the videos uninspiring. OLP entries present a confusing picture for applicants who may be researching several Universities and professions.

Conclusion: Clinical visits were deemed 'vital' to radiography student career choices, yet ODPs who could not access visits were comfortable with videos. Simulated visits are a safe option amidst the pandemic but must capture the dynamic and patient-centred nature of practice to accurately inform career choices.

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Introduction

There is global recognition that as demands for healthcare rise there is an impending deficit of allied health professionals including radiographers and operating department practitioners.^{1–3} Health Education England,⁴ indicated that the radiography workforce must increase by 45% in 2027 to cope with expected demands, yet cohort sizes are limited by both government spending and placement capacity issues.² The expectation, therefore, is that all registered university students would complete the programme and subsequently

join the workforce.⁵ This has not been the case, with attrition from undergraduate programmes in the UK consistently over 12% for diagnostic radiography and more than 25% for the therapeutic branch.^{6–8} Literature in the field of operating department practice is sparse but attrition rates were estimated in a 2009 publication to be 22.8%,⁶ and the College of Operating Department Practitioners subsequently noted that dropout rates had reached critical levels.⁷ In response to this shortfall, maximising recruitment and retention has become a priority for the professions.^{8,9}

Several causal factors related to attrition from radiography programmes have been identified.^{10–12} These factors were classified into cognitive issues, like poor academic performance, and noncognitive/non-academic reasons such as emotional distress.¹³

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However ill-informed expectations about the professional role and ‘wrong career choice’^{14–18} are also factors in decisions to leave radiography programmes after undertaking placements, with wrong career choice identified by the College of Radiographers as an increasingly influential contributor to attrition.⁸ One of the key strategies for therapeutic radiography recruitment recommended by Colyer¹⁹ and the RePAIR project³ centred on providing applicants with departmental visits before offering a place on the course to reduce attrition due to unmet expectations and misinformed course selection.

Not to be confused with clinical placements (registered students) and work-shadowing (under 16 school placements), a *clinical visit* is an opportunity for a prospective healthcare student, prior to registration, to individually visit a clinical department to observe health professionals in practice. Unlike a clinical placement, a clinical visit is normally of a short duration (less than 1 week). A recent publication by Health Education England on work experience²⁰ attempts to reduce variation in terminology, with a clinical visit being captured under their definition of ‘Work Experience’: *“Takes place in the workplace and allows people to experience what it’s like to undertake a job supervised by staff who already work in the environment ... Some offer hands-on experience, while some provide insights, observation, and work shadowing.”* Many universities in the United Kingdom require prospective radiography applicants to undertake a clinical visit either arranged by the applicant prior to their application or facilitated by the academic institution as part of the applicant pathway.¹¹ At the study site (A Higher Education Institution in the United Kingdom), diagnostic radiography followed a pre-application model whereas therapeutic radiography followed a facilitated applicant model; ODP applicants did not require a clinical visit as part of their application process. It can be argued that there may be valuable learning to share given that all three professions are based in service departments, have specific risk factors which impact upon public access, and have limited capacity for hosting the visits.

The aim of this mixed methods study was to explore the perceived value of clinical visits in Therapeutic Radiography, Diagnostic Radiography and Operating Department Practice and to make recommendations that may have positive impacts on recruitment and retention. This article explores perceptions of students at the study site prior to the Covid-19 pandemic towards pre-admission clinical visits and the information available to support this process. The article also explores the possibility of using digital alternatives, namely video simulated visits, to augment or substitute pre-admission clinical visits. The knowledge gained from the study can be useful to inform the potential reintroduction and reshaping of pre-admission clinical visits post-pandemic to better suit applicants’ needs. A second article will be published to explore via a national survey academic staff attitudes towards clinical visits and the necessary changes implemented as a response to the Covid-19 pandemic.

Methods

This single site study employed a sequential mixed methods research approach.^{21,22} Given that little is known about the topic, it was deemed most suitable to proceed with a flexible, exploratory and in-depth qualitative approach that informed the design and proceedings of the subsequent quantitative phase.²¹

Phase 1 explored student experiences of clinical visits and their alternatives via focus groups at the study site. Study participants were drawn from the three professional groups: diagnostic and therapeutic radiography (who were likely to have experience clinical visits), and Operating Department Practice students who had not experienced clinical visits but had experienced alternative

learning opportunities. Phase 2 reviewed online prospectuses (UK universities) to ascertain the published requirements for clinical visits. This article reports the findings from these qualitative phases. These first two phases then informed the creation of a questionnaire via a national online survey of academics (Phase 3) which is reported in a subsequent article. Ethics approval for Phases 1 and 2 was gained from Sheffield Hallam University Research Ethics Committee ID ER17927272.

Phase 1 employed focus groups informed by a critical realism approach.²³ Purposive sampling was used as it is recommended for the appropriate selection and recruitment of participants from the study site who met the study’s inclusion criteria.²¹ These criteria included: 1- First year students who have not yet gone on placement, 2- Students studying at a pre-registration level including BSc or MSc pre-registration on the following courses: therapeutic radiography, diagnostic radiography, or operating department practitioner courses, 3- Students who are willing and able to provide their written informed consent prior to joining the study. Only first year students were included to facilitate a more accurate recall of pre-admission experiences.

The focus groups explored four areas of interest: 1) experiences of undertaking clinical visits; 2) perceptions of the ‘ideal’ visit; 3) operational issues; 4) purpose and value of a clinical visit (Table 1). Four focus groups were undertaken by a team of five researchers over a three-month period in 2019 (pre-pandemic). All students provided their written consent before joining the study and reiterated their verbal consent at the beginning of the focus groups. The groups were facilitated by two researchers using a semi-

Table 1
Focus Group schedule.

Focus Group Question	Prompts and probes
Q1. Tell me about why you decided to apply for: Diagnostic Radiography (DR)/ Therapeutic Radiography (TR)/Operating Department Practice (ODP)?	<ul style="list-style-type: none"> •How did you hear about it? •What influenced your choice? •What appealed?
Q2. What did your friends/family/teachers think of your choice?	<ul style="list-style-type: none"> •How did this make you feel (positive or negative)? •Did this influence your choices?
Q3. Would you recommend this career to your friends/family/acquaintances?	<ul style="list-style-type: none"> •If yes, why? •If no, why?
Q4. TR/DR At what stage did you attend a clinical visit prior to starting your course?	<ul style="list-style-type: none"> •At what stage? •Pre application •Pre interview •Clearing?
ODP Were you able to access a theatre/ hospital prior to starting the course?	
Q5. Did you arrange the visit yourself, or did you have support from the university?	<ul style="list-style-type: none"> •Any comments on the process - how easy or difficult it was? •What impact/role did the university have on this process?
Q6. How do you think the clinical visit (ODP - or other experiences) prepared you for the course?	<ul style="list-style-type: none"> •Length of time of visit •What you did/What you saw/ Who you saw? •How was the visit arranged? •During/after your visit did you complete any paperwork, was this signed by staff at the visit?
Q7. How was your experience of a clinical visit?	
Q8. How useful did you find the clinical visit in terms of deciding to apply to this course?	
Q9. Do you think the clinical visit should be mandatory or do you think there are any other alternatives?	<ul style="list-style-type: none"> •Videos or VR experiences? •Open days? •Previous experience/similar experiences
Q10. Did you attend a clinical visit for any other professions?	<ul style="list-style-type: none"> •Which professions? •How did the visits compare?
Q11. Any other comments you would like to add?	

structured interview schedule with field notes and audio recording captured. The audio files were transcribed verbatim and then anonymised; one experienced qualitative researcher analysed the transcripts in Microsoft Excel using thematic analysis,²⁴ the analysis was also peer-reviewed by another member of the research team with regular review by the team to refine subthemes and collate overarching themes until data saturation was confirmed and the relationships between themes, subthemes and codes were clearly outlined. No further data collection occurred beyond this point, and it was considered that the analysis represented the full-depth and breadth of participants' narratives.

In Phase 2 a review of all UK university websites offering diagnostic radiography, therapeutic radiography, and operating department practice was undertaken (December 2019). Two student researchers (one ODP and one diagnostic radiographer) reviewed pre-admission experience requirements within the entry criteria sections of Online Prospectus (OLP) entries. The students completed a proforma following a set of preprepared criteria which included requirements for a clinical visit, support for arranging visits, and the utility of the information. The utility of the information was assessed from a student perspective using four criteria from very helpful/helpful/somewhat helpful/not helpful. A member of the research team then adjudicated on any unclear or contradictory information to ensure accuracy of the review process, and updated decisions following Covid-19 restrictions (May 2020).

Results

Phase 1 – student focus groups

A total of 25 students from 1 university and the three professions participated in four focus groups (Table 2). The average duration of the discussions was 41 min (range 35–50 min). Three themes were constructed: informing career choices, the clinical visit experience and the value of clinical visits.

Informing career choices traces the students' journey as they contemplated their future careers and explains the processes through which they chose the right career that suited their interests. Nearly all participants reported that during college they held a strong personal aspiration to become allied-health professionals, and had initially contemplated more visible and well-known professions such as nursing and paramedics. The participants highlighted the importance of often chance events and interventions that introduced them to these lesser-known professions:

"I did an access course because I originally thought about applying for nursing, and through my access course they suggested we did some voluntary work, and I started volunteering for Macmillan. And that's how I came to find out about the role" (P3, RT student).

"I had a surgery and then when she actually told me her job, I originally thought it was like a nurse, and then she told me no, I'm an ODP, and I was like that's a bit different, I don't know what that is. Went home and researched it, now here I am" (P18, ODP student).

Table 2
Demographics of focus groups.

Focus group	Participants	Gender	Sampling characteristic
Focus group 1	10	2 Male 8 Female	RT student
Focus group 2	4	1 Male 3 Female	RT student
Focus group 3	6	2 Male 4 Female	ODP student
Focus group 4	5	3 Male 2 Female	DR student

"I'm a mature student ... And I had a few traumas ... So, I've been in the X-ray room a few times and I just thought I don't actually know who these guys are, what their actual job is. So, off the back of that I researched who does an X-ray, I found out it was a radiographer. Looked into that career and it ticked the boxes" (P26, DR student).

Researching the profession was a vital process through which students gained further insights and developed stronger motivations towards their career choices; the desire to help people was a key motivator for students to select these three professions. The students researched various online resources including university websites, Health Education England and Cancer Research UK and websites of professional bodies. They also used YouTube videos to explore the professional role:

"The more research I did, the more I just thought, from just even the online videos on YouTube from different universities. You know when they do like 'a day in the life' and things like that, it just seemed more of the things that I was interested in" (P19, ODP student).

The clinical visit experience: At the recruitment site, all diagnostic and therapeutic radiography students had been on pre-admission clinical visits as it was mandatory for their courses, while none of the ODP students attended visits. Some students were able to arrange the visit themselves while others have been on visits that were coordinated by the university. However, for all students the process of organizing a visit was long and arduous because hospitals had many applicants and limited times during which they can offer visits. Students indicated that the amount of paperwork, telephone and email communications required to arrange a visit was sometimes overwhelming. Nearly all students agreed that having a family member or a professional connection who worked in the public health services in the United Kingdom (National Health Services NHS) made it easier to secure visits, and thus the process was thought to be unjust.

"They had so many applications ... so many students want to do it, and then it took me quite a while as well. I think it was about a month and some weeks for them to actually respond" (P25, DR student).

"I don't think it's a bad thing [visits] as long as it's easy to do ... if the onus is on a student to organise it, it's that kind of ... unfair nepotism. Obviously the people that maybe already work there, or mum or dad works there, are going to easily be able to have access to doing a visit, and people who aren't from that background are going to really struggle to get a shoe in the door." (P22, ODP student).

They also agreed that the ideal time for students to go on visits was after they have attended open days in a clinical department, but before the university admission interview. The visits gave students a realistic view of the profession, familiarized them with the role and gave them chance to inquire about clinical practice and the university course, which helped students prepare for interviews and affirmed their career choices:

"It was before I wrote my personal statement actually, because I wanted to make sure I definitely wanted to do it. So, it was quite early on" (P7, RT student).

No key differences were observed in the reported benefits of having a visit based on its duration as all students valued the experience. However, for most students, the duration of the visit constituted half a day, so they felt that their visits were rushed. All

students agreed that at least a full day was required for them to experience the profession:

“Being rushed ... It’s in and out, but it’s watching people make really good use of the time that they do have with patients. So, it’s like a positive and a negative.” (P9, RT student).

Despite the differences in professional duties between therapeutic and diagnostic radiography, and the variations in the working culture of different departments, the structure of pre-admission visits appeared to be consistent. It was, thus, possible to identify what constitutes a good and informative visit. The key dimensions of a useful visit included following the patient pathway starting before the examination or treatment, observing different assessment and treatment procedures, and varied machines and patient–clinician interactions. Visits were greatly enhanced if they included sufficient time for prospective students to engage with current students on placement, so they can ask questions about the nature of the role, the workload, course structure and university accommodation, travel and finances. While students recognised that the visit was observational, they appreciated any attempts to involve them in patient-facing activities, but were disappointed if they were isolated from professional–patient interactions:

“On the day that I visited I think even though I was only shadowing to see if I wanted to go into the profession, they were still trying to get me involved and trying to explain things to me, so that it made me more eager to want to do it” (P13, RT student)

“They didn’t really take you around the department; they just sat and spoke to you about it, and showed you a PowerPoint ... They talked more about the NHS values. They didn’t tell us anything about radiography ... ” (P28, DR student).

The value of clinical visits theme outlined how participants were provided with a realistic view of the profession in action, including the variety of clinical duties involved as well as a snapshot of patient care.

“Even though before [the visit] I thought oh I don’t know what I’m getting myself into, but then when I got there on that one-day visit, and when I saw what the radiographers were doing and how they were moving the patients, treating the patients and everything, I was like oh I feel like I’d actually be good at this profession” (P26, DR student).

Pre-admission visits, observation and shadowing experiences helped students to confirm their preferred career, but there was no evidence to suggest that visits were able to convince students to change their career preferences. Therefore, the potential strength of visits as a recruitment tool that can increase the number of applicants to these professions remains questionable. However, some students explained that having been on a visit prior to the commencement of the course helped to prepare them for subsequent placements, as they felt familiar with hospital settings and more confident in their ability to interact with staff. Accordingly, some student reported that attending a visit gave them a sense of confidence in their ability to tackle their academic studies from a better-informed position about what the clinical role involved:

“It definitely prepared me, it put me more at ease being able to ask questions and meeting the [clinical] staff beforehand. Yeah, it definitely put me more at ease for actually going into clinical placement” (P11, RT student).

ODP students had been unable to secure clinical visits as access to operating theatres was age restricted (over 18 years), which disadvantaged school leavers. This lack of access was cited by the students as a potential factor that may cause some student attrition because

they had been unaware of the often acute and intense nature of the ODP role that involved dealing with challenging situations:

“If you’re on the fence, and you don’t know whether or not you’re squeamish, or you don’t know whether or not a theatre environment is for you. I feel like some sort of simulation, or just like looking around [an empty operating theatre], is this something you want to do?” (P19, ODP student).

Most ODP students agreed that in the absence of visits, simulations and videos provided a much-needed virtual experience of operating theatres that could give pre-admission students a good idea of the professional role as well as raising the public profile of the profession:

“I feel like something like a virtual tour or like ‘a day in the life of an ODP, something like that.” (P22, ODP student).

“The videos that I liked watching was when you followed one ODP. And they were saying I come in the morning and this is what I do, it gave a real insight, rather than generic.

Diagnostic and therapeutic radiography students, however, argued that documentary style or virtual reality (VR) videos could not be a satisfactory substitute for actual clinical visits because students needed to experience hospitals first hand to “smell the smells and hear the noises to get the feel of it” (P12, RT student).

Students described some of the professional videos they had viewed as ‘boring’ and a few students mentioned that they would have been discouraged from pursuing the profession if they relied on the videos alone.

“I suppose with the VR though you can ... keep watching it or keep doing it just to get it, but then like you say putting it into reality when you actually visit” (P14, RT student)

“It [video] is probably something to back up if you’re already interested, just to back up maybe again the pathway and the processes. But I wouldn’t choose to watch it and think yes that’s the job for me ... If that was the first thing I’d seen I think it would have put me off a bit” (P12, RT student).

Phase two— analysis of UK HEI online prospectus (OLP)

Fifty-eight courses were analysed across 38 Universities (Table 3). Academic researcher decisions varied with the students’ assessment on 12/58 courses (21%); the adjudicated and updated findings are presented. All therapeutic and diagnostic radiography courses required/strongly advised clinical visits (n = 35/35), yet most of these (60% n = 21/35) did not assist in arranging visits. Eight universities supplied clinical visit ‘evidence’ forms for 6 Therapeutic Radiography courses and 7 Diagnostic Radiography courses, suggesting that the visit informs the admissions decision. Fifty-two percent of ODP courses did not mention a visit (n = 13/23) in their OLP entry.

Table 3
Universities and pre-registration programmes assessed.

Pre-registration courses assessed	Universities providing the course
ODP only	15
DR only	8
TR only	0
TR & ODP	0
ODP & DR	3
DR & TR	8
ODP, DR & TR	4

DR = Diagnostic Radiography; TR = Therapeutic Radiography; ODP= Operating Department Practice.

Table 4
Adjudicated Utility Scores for Online Prospectus Entries for programmes in the three professional disciplines.

Course	Very helpful	Helpful	Somewhat Helpful	Not helpful/not required	Total
Criteria	States CV required and helps potential student gain that experience. Offers rationale for the CV requirement	States CV experience is needed but also states all the different experiences that are accepted	Suggests CV but no information on how to achieve it	No mention of CV, or confusing, conflicting or absent entry criteria	
ODP	1	6	3	13	23
DR	2	5	9	8	24
TR	1	3	5	2	11
Total	4	14	17	23	58

Abbreviations: CV=Clinical Visit; ODP=Operating Department Practice; DR = Diagnostic Radiography; TR = Therapeutic Radiography.

Only 31% of the 58 OLP entries assessed were rated as helpful/very helpful by the student researchers (Table 4). However further investigation showed that helpful information was available but was only accessible after multiple clicks. The importance of a clinical visit was indicated in numerous phrases, Clinical Visit evidence forms were mentioned, and suggestions made that they may be used to assist with admission decisions. Taster days were offered particularly in ODP where prospective students were given the opportunity to talk to current staff and students discussing practical experiences in an operating theatre.

Discussion

First year students from the three professions discussed their pre-admission experiences, and while the different professions had different requirements, the focus groups highlighted that clinical visits affirmed rather than inspired career choices, also reported in a study of radiotherapy clinical visits by Bridge et al.²⁵ Clinical visits were linked by the students interviewed in this study to the potential for reducing attrition, providing students with a more realistic understanding of professional expectations. Enabling students to explore this interplay between student expectations and the reality of professional practice appears to be one of the most significant features of a useful clinical visit, also recognised by the RePAIR project.³ Managing student expectations in a meaningful way through the use of clinical visits may have a positive impact on a student being successful in their course application and reducing their anxiety about attending subsequent placements. The findings suggest that clinical visits can affirm career choices and thus it can be suggested that attending pre-admission visits can potentially contribute to retaining students throughout the course. While student numbers in all three professional groups have increased in the UK to attempt to rebalance workforce supply and demand, the retention of these registered students throughout their programme is of critical importance. There are many reasons why students may choose to leave their programme of study, but a misinformed course selection or ‘wrong career choice’ is an important factor for many students.^{3,17,18} While retention has been poor across all three professions,^{11,9} it is particularly concerning in Operating Department Practice programmes, where our review of Online Prospectuses confirmed clinical visits were rarely accessible. Consequently students are exposed to the unique theatre environment for the first time during their first clinical placement which may be several weeks after the commencement of the programme; this has been shown to be a challenging transition with a high risk of attrition.^{9,26} This learning from the ODP setting is increasingly relevant to radiography education, given the enforced suspension of clinical placements that was precipitated by the onset of the Covid-19 pandemic in early 2020.

Based on the information learned from the focus groups and to aid visualisation of the study key findings, the research team compiled the relative advantages and disadvantages of pre-admission

visits using the Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis seen in Fig. 1. Students agreed that the best timing for a visit was before admission interviews and the optimal duration was a full day. Observing professional-patient encounters and interacting with current students on placement was the most valued aspect as identified in the Bridge et al. study,²⁵ and while these visits were observational in nature, students appreciated any opportunities for involvement in activities. While clinical visits were deemed ‘vital’ to our radiography student career choices, the ODP students who could not access visits were comfortable with videos and simulation, though some of these resources were found to be uninspiring as also noted by Bridge et al.²⁵ Partly as a consequence of the Covid-19 pandemic, digital resources and online experiences (Technology Enhanced Learning TEL) have emerged as alternatives to clinical visits, including e-learning platforms, virtual reality materials and sessions delivered via virtual meeting software. According to a recent Health Education England report,²⁰ “they can reach more people and provide new, rich insights into roles including challenges but require robust evaluation and basis in educational theory.” Students in this study recognised that TEL resources could be useful to give all students baseline information prior to attending clinical visits and could be re-visited subsequently to support students to prepare for admissions interviews. Ensuring that these resources are current, informative, interesting, and easily accessible is even more important following the Covid-19 pandemic which resulted in many clinical visits being withdrawn.

One of the most concerning topics raised by students related to the challenges in accessing clinical visits, particularly for school leavers who did not have the support and knowledge of family members working in health services. They felt that access to visits could be an unjust process which might disadvantage some potential students and may deter others due to the often long and complicated access process. For vulnerable professions struggling to reach recruitment targets, this is a significant concern. Health Education England in their report on work experience²⁰ also acknowledge that too often those from underrepresented and disadvantaged groups, through no fault of their own, miss out on these opportunities. This issue may be perpetuated by the variability noted by our students and other studies²⁵ in requirements for access between the different professions and between different NHS Trust sites. This variation was starkly demonstrated within the review of Online Prospectus entries; students suggested that the requirements for clinical visits present a confusing picture for prospective students who may be searching several HEI websites. There is a need to streamline and simplify the requirements across professions, education providers and clinical centres.

While centring this qualitative phase of the study on students from a single university could be seen as a limitation, the students had researched a number of different professions and universities within their application process, and had experienced clinical visits at a wide range of centres both within the study site catchment area and beyond the region. This assists in transferability of the findings

<p>Strength:</p> <ul style="list-style-type: none"> • Realistic view of profession • Explore professional role • Familiarity with clinical settings • Screening tool • Educational opportunity for placement students 	<p>Weakness:</p> <ul style="list-style-type: none"> • Resource intensive • Time consuming • Limited availability • Did not convince students to change their career preferences • No access to operating theatres for visitors less than 18 years old • Subjective judgements of student suitability for profession
<p>Opportunities:</p> <ul style="list-style-type: none"> • Confirm career choices • Prepare students for admission interviews & placements • Selecting the right candidates for profession • Facilitate learning and mentorship on placement 	<p>Threats:</p> <ul style="list-style-type: none"> • Could discourage some applicants • Could disrupt patient care • Staff fatigue • Limited effectiveness as recruitment tool • Variable arrangement could disadvantage school leavers in some localities

Figure 1. Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis of clinical visits drawn from focus group data.

to other settings. While this insight from registered students is very valuable, it may have been interesting, albeit very challenging, to obtain feedback from prospective students who had attended clinical visits but subsequently decided not to pursue the profession as a career. However, an important limitation to recognise is the timing of the data collection which reflects the pre-pandemic situation. Nonetheless, the focus groups findings provide valuable information concerning what applicants consider a useful pre-admission clinical visit and their preferences with regards to virtual alternatives. This information can be used to guide the development and reshaping of pre-admission visits in the post-pandemic era.

Additionally, whilst the website analysis was updated to reflect changes in the early pandemic phase, it is important to note that the reviewed websites and OLPs may have changed since the review process in May 2020. However, the findings generated from the review provide useful guidance for universities to develop user-friendly websites and informative OLP. Specifically, key information should be made visible by minimizing the number of clicks needed to access said information which includes details of the admission criteria, whether a pre-admission clinical visit is required or not, and how can visits be arranged. It is also our recommendation that universities provide an online booking system for campus-based taster days especially for professions such as ODP where applicants cannot attend pre-admission clinical visits. Campus-based taster days provide applicants with the opportunity to discuss practical aspects of the profession with staff and current students and to have their questions answered which can inform their career choices. Accordingly, providing more campus-based taster days for ODP applicants is also recommended.

Conclusion

Clinical visits were deemed ‘vital’ to radiography student career choices, yet ODPs who could not access visits were comfortable with simulations. Informative videos, on campus simulations and taster days are a safe option amidst the pandemic and a sustainable, cost-effective method for the future, but they must capture the dynamic and patient-centred nature of practice to accurately inform career choices. The addition of on-line ‘Q&A’ sessions hosted by either academic and clinical staff might be beneficial for prospective students, especially if including, or hosted by, registered students and early career clinical colleagues.

While most radiography courses required a clinical visit pre-pandemic, few supported the applicant to arrange it which may disadvantage some applicants and discourage others. The Online Prospectus entries present a confusing picture for applicants who may be researching several Universities and professions. This may inadvertently dissuade some from pursuing their application. Collaborative approaches to the development of good practice guidelines for clinical visits (and alternatives) for applicants to these professions are recommended. Further research is required to explore these findings, to understand the academic perspective and to ascertain the post-pandemic context. The findings generated from the focus groups conducted in this study were used to inform the next phase of this research (national online survey of academic staff) which captured any changes to clinical visit activity during the pandemic. The findings of this survey are presented in a subsequent article.

Conflicts of interest

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