The Society and College of Radiographers

Analysis of student and recently qualified radiographers survey 2017
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1 Executive Summary

In October and November 2017, the Society and College of Radiographers (SCoR) surveyed current radiography students and recently qualified radiographers in the UK to gather information about their motivations, finances and experiences. Over 800 respondents answered a range of questions in an online questionnaire about the reasons they chose radiography, their student debt and their experiences in their first job. This document presents an analysis of this survey and the following bullet points highlight the main findings:

- 55% of diagnostic radiography respondents and 47% of therapeutic radiography respondents were over 21 years old at the start of their radiography programme.

- The main reasons respondents give for choosing the subject of radiography are they want to help people / contribute to society; are interested in a healthcare career; think it is likely they will find a job after qualification; are attracted by the potential for career development; and are interested in the scientific aspects of radiography. Financial considerations are thought less important by respondents.

- The key reasons for choosing a specific course are the course/university reputation and the clinical placement arrangements.

- For diagnostic radiography courses, student and recently qualified radiographers report that the most common factors causing students to consider leaving their course are:
  - Personal or family reasons
  - Finding the course too difficult

- For therapeutic radiography courses, student and recently qualified radiographers report that the most common factor causing students to consider leaving their course is:
  - Dissatisfaction with clinical placement

- Respondents were asked how much they were / will be in debt on the date of their qualification: 88% of respondents reported some debt with most debt in the form of student loans. Respondents over 21 years old at the start of their radiography programmes are more likely to have higher levels of debt.

- 84% of diagnostic radiographers and 65% of therapeutic radiographers who had qualified as radiographers in the two years before the survey started their first job within two months of qualification.

- 83% of student and non-working radiographer respondents would prefer a full-time first job and 88% would prefer a permanent contract. 97% of working radiographer respondents’ first jobs are full-time and 95% are with a permanent contract.

- 88% of working radiographer respondents said that it is completely or mostly true that their radiography course prepared them sufficiently for their first job. The most common themes mentioned in the free-text responses are insufficient coverage of specific
subjects/modalities, the importance of clinical placements and that it is impossible to feel completely prepared.

- All survey respondents were asked how important certain career attributes were to them in terms of their expectations of a career in radiography. The most important expectations for both diagnostic and therapeutic radiography are job satisfaction, enjoyment, job security and skills and knowledge development.

- 85% of respondents said it is completely or mostly true that their career is so far consistent with their expectations. The most frequently cited themes in the free-text responses are enjoyment, exceeding expectations, unfairly low salary and lack of development/progression opportunities.

- Finally, respondents were asked if there were any general comments they would like to make related to the survey. The two most frequent themes in their responses are appreciation of radiography and no access to NHS bursaries.
2 Introduction

This document presents an analysis of an online survey of students and recently qualified radiographers in the UK run by the Society and College of Radiographers in October and November 2017. It is intended to update the survey of students and recently qualified radiographers from July 2014 (Society and College of Radiographers, 2014). The survey was targeted at current radiography students and radiographers who had qualified in the previous two years. Respondents were asked about their motivations for studying radiography, details of their finances and their experiences since qualifying.

3 Methodology

The survey covered as many students on education programmes leading to qualification as a radiographer and recently qualified radiographers as possible. Potential subjects were identified from the Society of Radiographers’ membership database and emailed to ask if they would complete the SurveyMonkey® online questionnaire. Respondents were offered the option of entering a prize draw if they completed the survey.

The questionnaire was answered by 820 individuals. It was designed to ask respondents different questions depending on their year of qualification:

All respondents were asked questions about:

- the reasons they chose to study radiography
- the reasons they chose their specific course
- why some students do not complete the course
- their expectations of a career in radiography
- their level of debt on qualification.

Those in the final year of their course and recently qualified radiographers were also asked about their experiences finding and starting their first job.

Each question, therefore, has a different number of responses which is displayed as an ‘n’ figure in the figure caption, where appropriate.

Students and recent graduates responded from 25 providers of diagnostic radiography education and 14 providers of therapeutic radiography education in the UK. Comparisons of the number of respondents from each education institution with the annual expected intake for that education institution are shown in Appendix A (diagnostic radiography) and Appendix B (therapeutic radiography). The numbers are not directly comparable as we received survey responses from students in any year of study as well as recent graduates of the course, whereas the annual expected intake gives the allocated size of the first year only. However, the tables illustrate that the survey covers the spread of UK radiography courses well.

A link to the full set of survey questions can be found in Appendix C.
4  Pre-registration education

4.1  Age at start of course

![Bar chart showing age at start of radiography programme](image)

**Figure 1. Age at start of radiography programme (n=820)**

55% of diagnostic radiography respondents and 47% of therapeutic radiography respondents were over 21 years old at the start of their radiography programme.
4.2 Reasons for studying radiography

The main reasons respondents give for choosing the subject of radiography are they want to help people / contribute to society; are interested in a healthcare career; think it is likely they will find a job after qualification; are attracted by the potential for career development; and are interested in the scientific aspects of radiography. Financial considerations are considered less important by respondents.
4.3 Reasons for choosing specific course

The key reasons for choosing a specific course are the course/university reputation and the clinical placement arrangements.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>The course had a good reputation</td>
<td>74%</td>
</tr>
<tr>
<td>I liked the clinical placement arrangements</td>
<td>71%</td>
</tr>
<tr>
<td>The university had a good reputation</td>
<td>66%</td>
</tr>
<tr>
<td>The course is at a convenient location</td>
<td>54%</td>
</tr>
<tr>
<td>I did not need to pay tuition fees for this course</td>
<td>50%</td>
</tr>
</tbody>
</table>

Figure 3. Reasons for choosing specific course

4.4 Reasons for not completing the course

Students were asked about factors which have caused them to consider leaving their radiography course. They were also asked if they knew of other students considering leaving the course and whether they knew the reasons why. In both questions, respondents were given a list of potential factors to select from and also given the opportunity to add free-text comments. The responses to the list of factors are collated in figures 4 (diagnostic radiography) and 6 (therapeutic radiography).

For comparison, figures 5 and 7 give the results from an annual survey of course leaders by the College’s Approval and Accreditation Board (AAB). The course leaders were asked a similar question about the reasons students leave radiography programmes (College of Radiographers, 2018). Although the questions are similar, they are not worded the same and do not give exactly the same response options to respondents.

Both this survey (of student and recently qualified radiographers) and the AAB survey (of course leaders) give third-hand information: neither ask the actual student leavers for the reasons they left. However, it is interesting to compare the different perspectives of course participants and course leaders.
Figure 4. Survey of student and recently qualified radiographers 2017: Factors causing students to consider leaving their course – Diagnostic radiography (n=303)

Figure 5. Approval and Accreditation Board annual survey of course leaders: Chart showing the number and reasons students did not complete diagnostic radiography programmes in the UK in this and previous years. (College of Radiographers, 2018)
Figure 6. Survey of student and recently qualified radiographers 2017: Factors causing students to consider leaving their course – Therapeutic radiography (n=104)

Figure 7. Approval and Accreditation Board annual survey of course leaders: Chart showing the number and reasons students did not complete therapeutic radiography programmes in the UK in this and previous years. (College of Radiographers, 2018)
For **diagnostic radiography** courses, student and recently qualified radiographers report that the most common factors causing students to consider leaving their course are:

- Personal or family reasons
- Finding the course too difficult

Course leaders report that the most common reasons students leave the course are:

- Did not meet academic standards
- Personal circumstances
- Health reasons

Additional themes mentioned by more than one student / recently qualified radiographer respondent in the free text:

- **Anxious / stressed / lonely / home sick** (6 respondents) - Illustrative comment: “The stress of placement as an 18-year-old sometimes felt too much. The transition straight from school was tough.”
- **Lack of support** (6 respondents) – Illustrative comment: “Too many students on placement has led to students believing that they are in direct competition for learning opportunities to pass placement. Radiographers are over-worked and struggle to cope with the extra demands of students. An unfair situation for everyone.”
- **Health reasons** (3 respondents) - Illustrative comment: “… suffering acute health issues.”
- **Considering other career** (3 respondents) - Illustrative comment: “Opportunity to study another course.”
- **Not feeling prepared for practice** (2 respondents) – Illustrative comment: “The work load bolus is very intense and considering the quality of a radiographer I wish to be I fear I will be unable to hold such information at a high standard in a short period for the purpose of work not just exams.”

For **therapeutic radiography** courses, student and recently qualified radiographers report that the most common factor causing students to consider leaving their course is:

- Dissatisfaction with clinical placement

Course leaders report that the most common reasons students leave the course are:

- Wrong career choice
- Did not meet academic standards

Additional reasons mentioned by more than one student / recently qualified radiographer respondent in the free text:

- **Unsatisfactory culture** (3 respondents) – illustrative comment: “the university ‘feel/vibe’ was absent and very segregated”
- **Lack of support** (3 respondents) – illustrative comment: “lack of support from staff at my placement”
Respondents were asked how much they were / will be in debt on the date of their qualification: 88% of respondents reported some debt with most debt in the form of student loans. Respondents over 21 years old at the start of their radiography programmes are more likely to have higher levels of debt.
6 First job

6.1 Arranging first job

Respondents were asked if they had a job working as a radiographer arranged for after qualification. The results shown in this section are from students responding in the third year of their course in England, Northern Ireland and Wales and from the fourth year of their course in Scotland (where there are four-year courses).

![Figure 9. Number of respondents with job arranged as of October/November in their final academic year (n=212)](image)

86% of respondents did not have a job arranged as of October/November of their final year of study.

![Figure 10. Main reasons for not having a job arranged as of October/November in their final academic year (n=132)](image)

The most frequently selected reasons for not having a job arranged in October/November of their final year of study are that there are no suitable vacancies and that they are not actively seeking work as a radiographer. In the free-text area 56 respondents commented that it was too early in their final year to have arranged a job: they wouldn’t be able to apply until January/February/March. Five respondents also commented that they were waiting until a specific post they wanted became available.
6.2 Starting first job

Respondents who had qualified and worked as radiographers in the two years before the survey were asked how quickly they started their first job as a radiographer. Figure 8 shows that 84% of diagnostic radiographers and 65% of therapeutic radiographers started their first job within two months of qualification.

6.3 First job contract

Respondents who were still studying or had yet to start their first job as a radiographer were asked about their preferred contract type. Respondents who had worked as a radiographer were asked about the type of contract of their first job. Figures 12 and 13 illustrate that 83% of student and non-working radiographer respondents would prefer a full-time first job and 88% would prefer a permanent contract. Figures 14 and 15 show that 97% of working radiographer respondents’ first jobs are full-time and 95% are with a permanent contract.
If you could choose, which type of contract would you prefer to have for your first job as a radiographer?

![Bar chart showing the number of respondents preferring permanent or temporary contracts for their first job as radiographers.](chart13)

**Figure 13. Number of student and non-working radiographer respondents preferring a permanent or temporary first job (n=498)**

Is your first job as a radiographer full-time or part-time?

![Bar chart showing the number of respondents working full-time or part-time.](chart14)

**Figure 14. Number of working radiographer respondents with a full-time or part-time first job (n=299)**

Is your first radiographer job contract type permanent or temporary?

![Bar chart showing the number of respondents with permanent or temporary contracts for their first job.](chart15)

**Figure 15. Number of working radiographer respondents with a permanent or temporary first job (n=300)**
6.4 Preparedness

88% of working radiographer respondents said that it is completely or mostly true that their radiography course prepared them sufficiently for their first job.

Respondents were asked if they had any free-text comments related to preparedness. Themes mentioned by three or more respondents are given below with the number of respondents in brackets after the theme. The most common themes are insufficient coverage of specific subjects/modalities, the importance of clinical placements and that it is impossible to feel completely prepared.

- **Insufficient coverage of specific subjects/modalities** (13 respondents) – illustrative comment: “I went straight into a modality (CT) rather than the conventional route of x ray. While I picked up universal skills through my degree, cross sectional imaging only played a small part in the content of the syllabus.”

- **Importance of clinical placements** (9 respondents) – illustrative comment: “the time I’ve spend on clinical placement has prepared me for my job role immensely, developing all the essential skills and knowledge required.”

- **It is impossible to feel completely prepared** (9 respondents) – illustrative comment: “A lot of radiographer skills are learnt on the job anyway, and what is required of you in your role varies from trust to trust. Software or equipment differences make it hard to be ‘prepared’ as you still have to learn and adapt from the start.”

- **Role requirements vary from workplace to workplace** (6 respondents) – illustrative comment: “Just needed to adjust to local protocols and workflow systems in a different NHS organisation which can only be learned on the job. Through being placed at different clinical site placements during university this taught me how to adapt to different hospitals having varying techniques and ways of working.”

- **Not prepared for independence/responsibility** (5 respondents) – illustrative comment: “I felt well prepared for the technical aspects of the role but the level of independence expected immediately was daunting.”
• **Choice of university important** (5 respondents) – illustrative comment: “I felt extremely prepared. [University Name] students have a reputation for being of a very high standard, and going to work in a department that was new to me was daunting however I was so well prepared that I found the transition easier and I was confident in my abilities as a radiographer.”

• **Would have benefitted from more clinical placement time** (3 respondents) – illustrative comment: “There will always be more room for increased practical hands on experience as there is still a lot I have left to learn about how to deal with non text book situations.”

## 7 Career expectations

### 7.1 Importance of different factors

![Figure 17. Expectations of a career in diagnostic radiography (n=618)](image-url)
All survey respondents were asked how important certain career attributes were to them in terms of their expectations of a career in radiography. The most important expectations for both diagnostic and therapeutic radiography are job satisfaction, enjoyment, job security and skills and knowledge development.

Other themes mentioned by more than two people in the free-text responses are:

- **Research** (3 respondents) – illustrative comment: “It is important to have the option to add to the industry. To use knowledge gained and develop further to give to the patients in practice from either research done, skills developing to advanced etc. It’s all about being part of a progressing area that is really important to be able to add to the area for the sake of the patients’ experience.”
- **Unfairly low salary** (3 respondents) – illustrative comment: “Radiographers should receive more money for the work they do. They require an extensive list of skills and qualities.”
- **Help people/society** (3 respondents) – illustrative comment: “That I can make a difference in society and help people”
7.2 Assessment of expectations

Figure 19. Radiography as a career compared with expectations (n=803)

85% of respondents said it is completely or mostly true that their career is so far consistent with their expectations.

Themes raised by six or more respondents in the free-text area for this question are given below. The most frequently cited themes are enjoyment, exceeding expectations, unfairly low salary and lack of development/progression opportunities.

- **Enjoyment** (14 respondents) – “I am enjoying my course so much more than I expected, I knew that I would enjoy it but I didn’t expect to be loving it as much as I do.”
- **Exceeding expectations** (14 respondents) – “Having studied radiography I now consider a career in radiography will exceed my previous expectations.”
- **Unfairly low salary** (14 respondents) – “I enjoy the job but hadn’t expected to feel so undervalued on the salary. I knew pay wasn’t brilliant but for the job we do compared to other graduate jobs the responsibility is far higher and pay a lot lower.”
- **Lack of development/progression opportunities** (13 respondents) – “I would have expected it to be easier to progress further after the course. I want to do reporting radiography but realise how hard it is to move on. I’ve talked to reporting radiographers in plain film and they’ve taken 4-8 years to get onto the reporting course due to the competition. I feel that there should be more opportunities available to progress further easily obviously when you’re competent.”
- **Rota/shift issues** (7 respondents) – “Less sleep in between shifts. Some days people have 8 hours in between days and is just not fair.”
- **Dissatisfaction with culture** (7 respondents) – “The clinical working environment in one particular hospital has been poor, which I believe has led to staff dissatisfaction and bullying. I have not had the same experience in other hospitals whilst on clinical placement.”
- **Job finding difficulties** (6 respondents) – “I was made to believe that a job was pretty much guaranteed at the end of my studies yet I have had no luck and there is too much competition.”
• **Challenging/demanding** (6 respondents) – “Therapeutic Radiography has shown to have a lot more to it, and a need for a knowledgebase of a variety of areas, from patient care to technical skills and physics knowledge.”

• **Development/progression opportunities** (6 respondents) – “It has mostly been consistent with expectations with the exception of how much the career entails...how many different ways you can further yourself in the field and how many sub categories you can work within for example pre-treatment, review teams and research.”

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**8 General comments**

Finally, respondents were asked if there were any general comments they would like to make related to the survey. Themes mentioned by five or more respondents are given below. The two most frequent themes are appreciation of radiography and no access to NHS bursaries.

• **Appreciation of radiography** (9 respondents) – “Radiography is an amazing profession. With lots of variety and always career progression. There needs to be a greater awareness of our profession so that we can interest students to apply to our course now that it is not funded.”

• **No access to NHS bursaries** (9 respondents) – “Many students including myself have studied previously at university and will still have student loans to clear from previous studies once qualified. The biggest benefit of the NHS bursary was that students already with debts didn’t have to worry about how to pay for tuition fees. It is a shame to see the bursary go, especially as the course is very demanding on your time which restricts the amount of paid work that can be done while studying.”

• **Dissatisfaction with course** (7 respondents) – “I think one of the most frustrating things that has made me struggle with the course is the lack of organisation on the academic and sometimes placement side of the course. Student feedback is taken but not acted on or at least if any action is taken it is not reported back to students and it seems a coincidence that we have experienced all the same problems we had last year in the course this year.”

• **Appreciation of course** (6 respondents) – “I love my job and equally I loved my training course. The course was challenging as a mature student with children but it was very interesting and well delivered. The prospect of doing a job I love kept me motivated.”

• **Dissatisfaction with clinical placement** (6 respondents) – “As the older radiographer population shrinks and pressure increases on those who remain there is an expression of concern by my cohort about the reluctance of an increasing proportion of individuals and a lack of emphasis by some departments on developing the generation of radiographers. It’s like the pressures of now have made them forget they were once students too. We are one of the last groups of the bursary generation are being fed through the system, having worked with a bursary which doesn’t cover living costs for the most part we have felt obligated to take some of the nonsense on the chin. It should be remembered that those who come after us are actually paying to be told "I don’t do students”, "I don’t teach", "Students slow me down". The expectations of these students may be a little higher, and clinical placements should be made a more professionally structured training environment. A placement is the shop window for a hospital, and they will share their experience with the rest of the cohort. If students have a bad placement experience they are less likely to apply there.”
• **Unfairly low pay** (6 respondents) – “The pressure put on radiographers at this moment in time feels overwhelming. A lot of my colleagues and friends at other trusts are struggling with stress and anxiety, and feel they are not compensated financially for the type of pressure we are under, and some are considering leaving the profession, including myself. I am aware this is a governmental issue with regards to pay caps, and I appreciate the society is trying to get our voices heard. I do however feel that top level management in trusts are out of touch with what those who are patient facing are dealing with, despite regular staff meetings. I think those on the ‘shop floor’ should have more say in our needs and rights.”

• **Financial issues** (5 respondents) – “I was led to believe the course was paid for by the NHS and already having a student loan from a previous degree and being a mature student, the thought of a second loan to pay back is quite concerning. This was not enough to put me off the course, due to my passion of becoming a radiographer, yet I can imagine it putting other potential students with previous loans off.”

• **Unprofessional staff** (5 respondents) – “I really enjoy the course, I just feel as if radiographers aren’t compassionate to student radiographers which adds stress to our already stressful lives. What I mean is I feel as if they don’t feel happy to help. The difference between wanting all your students to succeed vs expecting only a few to succeed. Either way I’m grateful for the opportunity.”
9 References


## Appendices

### Appendix A Survey response numbers by education institution compared with application/commissioned, funded or allocated places – diagnostic radiography

<table>
<thead>
<tr>
<th>Education institution (EI)</th>
<th>Number of survey respondents</th>
<th>Percent of respondents from Application/commissioned, funded or allocated places for the 2016/2017 academic year (College of Radiographers, 2018)</th>
<th>Application/commissioned, funded or allocated places for the 2016/2017 academic year (College of Radiographers, 2018)</th>
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<tbody>
<tr>
<td>Education institution D2</td>
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<td>-</td>
<td>No data provided</td>
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<tr>
<td>Education institution D5</td>
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<td>Education institution D13</td>
<td>58</td>
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<td>128</td>
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<td>Education institution D15</td>
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<td>Education Institution D9</td>
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<td>Education institution D18</td>
<td>15</td>
<td>54%</td>
<td>28</td>
</tr>
<tr>
<td>Other - including EIs with both BSc (Hons) and PgC/MSc courses</td>
<td>95</td>
<td>-</td>
<td>75</td>
</tr>
</tbody>
</table>

D = Diagnostic radiography programme

Diagnostic and therapeutic radiography programmes at the same EI have been allocated different numbers, e.g., T8 and D8 are not the same EI.
Appendix B  Survey response numbers by education institution compared with application/commissioned, funded or allocated places – therapeutic radiography

<table>
<thead>
<tr>
<th>Education institution (EI)</th>
<th>Number of survey respondents</th>
<th>Percent of respondents from Application/commissioned, funded or allocated places for the 2016/2017 academic year (College of Radiographers, 2018)</th>
<th>Application/commissioned, funded or allocated places for the 2016/2017 academic year (College of Radiographers, 2018)</th>
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</thead>
<tbody>
<tr>
<td>Education institution T6</td>
<td>19</td>
<td>46%</td>
<td>41</td>
</tr>
<tr>
<td>Education institution T12</td>
<td>13</td>
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<td>37</td>
</tr>
<tr>
<td>Education institution T3</td>
<td>8</td>
<td>24%</td>
<td>34</td>
</tr>
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<td>Education institution T9</td>
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<td>34%</td>
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<td>Education institution T4</td>
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<td>Education institution T11</td>
<td>7</td>
<td>37%</td>
<td>19</td>
</tr>
<tr>
<td>Education institution T7</td>
<td>9</td>
<td>56%</td>
<td>16</td>
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<tr>
<td>Other - including EIs with both BSc (Hons) and PgC/MSc courses</td>
<td>103</td>
<td>-</td>
<td>216</td>
</tr>
</tbody>
</table>

T = Therapeutic radiography programme

Diagnostic and therapeutic radiography programmes at the same EI have been allocated different numbers, e.g., T8 and D8 are not the same EI.
Appendix C SCoR Survey of Students and Recently Qualified Radiographers 2017 questionnaire

The questionnaire can be downloaded from https://www.sor.org/learning/document-library