

# 'Outside In' Increasing recruitment of local people into radiography services

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## Acknowledgements

Thanks are due to the North West London Imaging Network and North West London AHP Faculty for sharing their work experience programme.

## Abbreviations

AHP	allied health profession
BTEC	Business and Technology Education Council
GYO	grow your own
HDA	Higher Development Award
ICS	integrated care system
JCP	Jobcentre Plus
SEND	special educational needs and disabilities
SoR	Society of Radiographers
T Level	Technical Level
WE	work experience

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## Foreword

There are many reasons why diagnostic and therapeutic radiography services should be recruiting people directly from their local communities, including from groups that might be under-represented in the current workforce and those who experience barriers to employment. We know, for example, that a workforce that reflects its local population is more likely to deliver safer and more effective care. Local people are also more likely to stay with their employer. People with disabilities remain working with an employer, on average, three and a half times longer than their non-disabled colleagues.

A career in radiography is a fantastic opportunity that provides many rewards, but not everyone is aware of the profession, particularly the potential to join it as a clinical support worker, trainee assistant practitioner or trainee mammography associate. The programmes described in this guide, such as Technical Levels, supported internships and work experience, are great opportunities to give people who might not normally get the opportunity a 'taste' of what a career in radiography has to offer. This can help with recruitment and retention in all roles through development opportunities to 'grow your own' workforce.

Ensuring our workforce reflects the communities we serve and champions inclusion is the first step in delivering high-quality and safe healthcare. I hope this guide provides you with the information you need to think more widely about not only how you recruit, but also who you recruit.

This document is written with a focus on England as the work was funded by NHS England; however, the principles can be readily adopted in the devolved nations and equivalent organisations, and resources identified to support a more inclusive approach to recruitment.

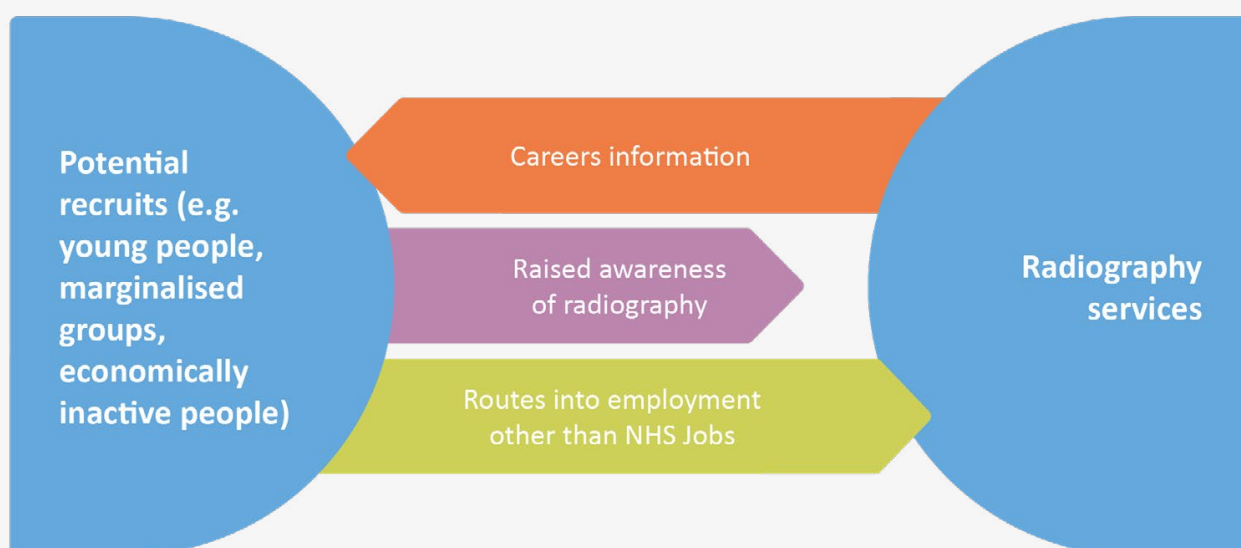
Sue Johnson, Professional Officer Clinical Imaging, Society of Radiographers



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## Introduction

The last decade has seen a consistent and ongoing rise in demand for radiography services. Consequently, there is a need to increase assistant practitioner roles. This guide has been produced by the Society of Radiographers (SoR), supported by NHS England, to provide information and guidance about routes into work that are often underutilised in the NHS, but which bring many benefits. These routes explicitly seek to engage with groups that are under-represented in the workforce and/or experience barriers to employment, such as long-term unemployed people, care leavers, veterans and people with disabilities. These groups represent a large pool of potential recruits. At the end of 2024, for example, there were almost 1.5 million people in the UK who were unemployed, and a further 9 million people of working age who were economically inactive.



This guide will signpost you to partners (such as further education colleges) and programmes (such as supported employment) that will enable you to engage with local people who could be interested in a career in radiography. This guide should be read alongside the resources the SoR has developed to raise awareness of radiography as a career. The guide has been created as part of a wider set of resources and guidance produced by the SoR aimed at the recruitment, development and progression of the radiography supportive and assistive workforce.

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## Section 1. Getting started

This section describes what local employment and skill systems are, the role that the NHS can play in communities as an ‘anchor institution’, the importance and benefits of so-called ‘grow your own’ workforce planning strategies and how you can apply them to enhance sustainable recruitment into radiography services.

### 1.1 Engaging with local employment and skill systems

#### What are local employment and skill systems?

In every locality, whether this is the area a hospital or community service serves or an integrated care system (ICS), network or academy covers, there are organisations concerned with supporting the employment and training of local people, such as Jobcentre Plus (JCP) and further education colleges. These organisations work to help people make career choices, obtain the skills they need to work and overcome any barriers they might experience so they can gain and maintain employment.

In every locality there are potential employees, such as young people studying in schools and colleges who are thinking about their future careers, adults who may be unemployed or economically inactive, and people who are in work but possibly considering a different career. Finally, in every locality there are employers, including NHS trusts, that not only need people to work for them but for those people to be able to acquire the right knowledge, skills and behaviours to do a good job and progress their careers.

Local employment and skill systems comprise these three elements – organisations that are concerned with helping people gain employment and acquire work-related knowledge and skills, people who are seeking work and employers that want to employ and develop people once they are in work.

#### Why should radiography services be concerned with employment and skill systems?

Traditionally, NHS employers seek to fill vacancies through adverts on national platforms, such as NHS Jobs. There are, though, many other ways that people can be recruited, particularly into roles that do not require a healthcare degree. As this guide will explain, there are benefits in using such alternative routes and building partnerships with other external employment and skill organisations.

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### Local labour and skill system groups

Young people  
in college

Career  
changers

Unemployed

Groups who  
experience  
barriers to work

Economically  
inactive

The SoR's careers information and advice resources will help you raise awareness of radiography careers in your local communities, for example, by attending college career fairs or engaging with local faith groups or charities to talk about working in radiography.

### Further information about 'grow your own' (GYO)

GYO workforce strategies are a central feature of the national NHS England allied health profession (AHP) support workforce strategy. This strategy includes [a guide dedicated to GYO approaches](#).

## What are anchor institutions and why do they matter?

Anchor institutions are large, prominent and long-standing organisations that are rooted in their communities. Universities are an example of an anchor institution, as are large sports clubs and local authorities. Anchor institutions contribute to social value and economic growth locally through activities such as employment, land use, procurement and undertaking other economic activity like the commissioning of training. The NHS is an anchor institution. Indeed, in many localities the NHS is the largest single employer.

Anchor institutions, due to their size, can also contribute directly to improvements in population health. This is because employment is a significant determinant of individual health and wellbeing. Providing good quality work, particularly for marginalised people who experience barriers to work, such as people with disabilities or ex-offenders, helps address health inequalities.

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### Further information about anchor institutions

For some time, it has been a central priority for the NHS to act as an anchor institution, including by employing more local people. [The NHS England website provides guidance on the NHS's role as an anchor institution.](#)

[The Health Foundation](#) has written widely about the various ways the NHS can contribute to local growth and social value. NHS Employers has also produced specific guidance on [being an anchor employer.](#)

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<sup>1</sup> Social value uses a wider range of measures beyond finance to assess the impact of an organisation or activity on its community. Measures of social value include wellbeing, for example.

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## Local recruitment seems like it is a lot of work – is it?

One of the good things about engaging with local employment and skills partners like colleges and councils is that they provide assistance and support with selection and recruitment. This means you do not need to undertake local recruitment alone, and their support is often free to employers so recruitment time and costs are significantly reduced. JCP works with employers to screen potential candidates to ensure they have the experience and values the employer is looking for.

Furthermore, local recruitment strategies are best delivered with other occupations. In an NHS trust, for example, you should explore the potential to work with other AHPs. You should also find out whether there is any activity already taking place, either in your trust or across your ICS or networks. It is sometimes the case that an area in an NHS trust might, for example, be providing supported employment opportunities for young people with special educational needs and disabilities (SEND), but they are not connected with radiography or other AHPs.

### **\*TOP TIP\***

Find out whether your employer is already supporting any of the employment programmes in this guide that you could join. People to ask include your human resources department, learning and development teams, widening participation leads (if you have them), apprenticeship leads or careers outreach.

## What are the advantages of engaging with local employment and skill systems?

Working with local employment and skill system partners to boost recruitment delivers benefits such as:

- sustainable and long-term labour supply routes
- a more diverse and inclusive workforce that, in turn, underpins culturally competent care
- a more stable workforce
- reduced recruitment times and costs
- contributing to reducing health inequalities
- contributing to local economic growth and social value
- improved service user experience
- building partnerships with local organisations that can lead to wider benefit

### **Further Information about the benefits of local recruitment**

NHS Employers has a number of case studies that illustrate [the benefits of local recruitment and collaboration](#).

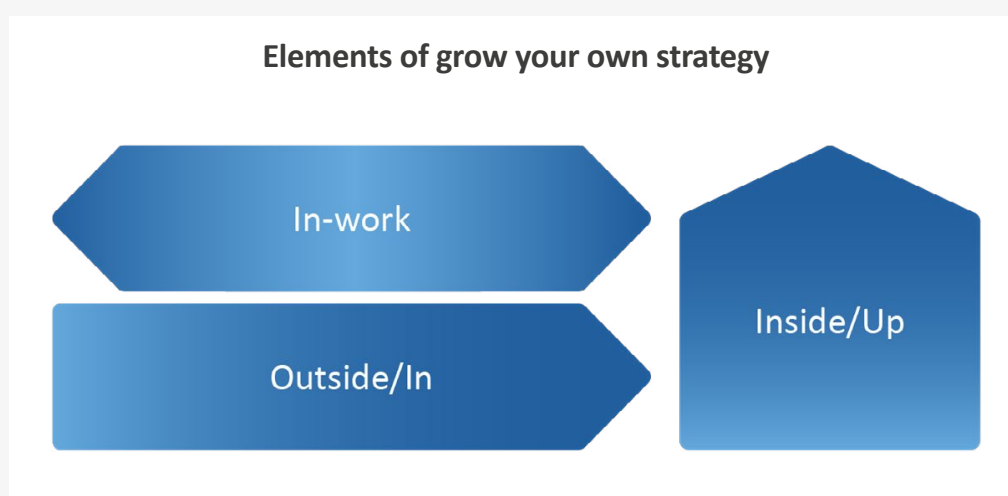
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## 1.2 Workforce planning

### What are grow your own workforce strategies?

Grow your own (GYO) is a workforce planning strategy that seeks to build workforce capacity and capability through local recruitment and the development of the existing workforce. It has three distinct, but linked, elements:

1. Outside/In: this is the recruitment of people from local communities into work, (the subject of this guide).
2. In-work development: these are opportunities that employers provide to their employees to acquire the knowledge, skills and behaviours needed to work effectively and safely. [The SoR Support Worker Hub](#) contains guidance on how to ensure safe and effective job design, supervision, delegation and training.
3. Inside/Up: this is the development of work-based progression pathways that allow employees to progress their career including, in the NHS, into pre-registration degrees, perhaps through the degree apprenticeship route.



GYO workforce strategies support a more stable, diverse and inclusive workforce, build capacity in a sustainable way, improve service users' experience and boost supply into registered roles, among other benefits. Moreover, deploying Outside/In GYO programmes supports the NHS's role as an 'anchor institution' in its communities.

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## Who should you seek to recruit?

The first thing you should consider is:

- How representative is your workforce of your local community currently?

You can normally find information about labour markets on your local council or mayor's website and in local skills improvement plans and local economic strategies. This research will allow you to consider which groups might be comparatively under-represented. Historically [a number of groups](#) have been under-represented in the NHS workforce.

Once you have researched your workforce you should next consider:

- Which groups would you specifically like to target for recruitment?
- Does your current method of recruitment and selection enable such groups to be introduced to radiography as a career and, if needed, supported into employment?
- Does your NHS trust or ICS currently support any local recruitment activities?

Whether or not you decide to target a particular group or groups using any of the approaches described in this guide, it will still mean you are likely to widen participation into your workforce. For instance, you may find that supporting college students on Technical Level industry placements leads to greater interest in radiography careers among groups that might not have previously considered working in this profession.

## Section 2. Working with employment and skill partners

The [NHS Long Term Workforce Plan](#), published in 2023, includes an example of an NHS trust working with employment partners in Southend on a programme that “offers entry-level training to eligible unemployed people who are looking to pursue a career in health and social care, and is funded by Southend Council”. The programme includes an “internship programme for young people with a learning disability and autistic young people, run in partnership with South Essex College, that is giving students work experience across hospital departments” (page 81).

A key feature of local recruitment is the opportunity to work with external employment and skill organisations, to help raise awareness of radiography as a career and assist with recruitment and ongoing employment. This section highlights the key external agencies you are likely to work with.

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## 2.1 Further education colleges

### What do further education colleges do?

There are over 200 further education colleges in England. There will be at least one close to most hospitals and NHS community services. ICSs are likely to encompass several colleges, as will some multisite NHS trusts.

Colleges provide a wide range of state-funded qualifications, from entry-level programmes to degrees, along with vocational and technical support for both young people (over 16 years of age) and adults. Qualifications studied at colleges include A Levels, Higher Technical Qualifications, Technical Levels (explained in more detail in Section 3), apprenticeships and Higher National Diplomas.

Every year there are around 350,000 college students in England studying for a health-related qualification, with many more learning subjects in areas such as science or engineering that provide knowledge and skills that are transferable to the NHS, including to a career in radiography. So college students represent a large pool of potential recruits.

Colleges do more than just deliver qualifications. They also help people who experience barriers to work to gain employment skills. They offer learning for people whose first language is not English. They provide their students with careers information and guidance and are often linked with other employment and skill partners in a locality, such as employment support agencies. Like the NHS, colleges are anchor institutions. Colleges can also access grants and other funding to meet employer needs.

### How well does the NHS engage with colleges?

A review was carried out in 2019 to assess how strong the link between the NHS and colleges was. The resulting report by the NHS Confederation and the Independent Commission on the College of the Future, [\*Creating the workforce of the future: A new collaborative approach for the NHS and colleges in England\*](#), found that, despite the benefits of engaging with colleges, connections between the two sectors were not always well developed. The review found several reasons for this, including:

- lack of clarity in both sectors as to who to deal with
- where engagement does take place it tends to be in a silo
- regular changes in personnel
- colleges' lack of understanding of the range of careers available in the NHS
- the NHS's over-reliance on higher education.



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## Why should radiography services connect with their local college(s)?

Radiography services should engage with their local colleges for four key reasons:

- College students represent a large, sustainable and local supply pipeline into clinical support worker, trainee assistant practitioner and trainee mammography associate roles, as well as potential pre-registration radiography degrees and degree apprenticeship students.
- College students are representative of their local communities, helping to support a more diverse, inclusive and stable workforce.
- Colleges deliver training and employment programmes relevant to the NHS, including in functional and digital skills, and some of these are free to employers.
- Colleges have employment and skill systems connections, intelligence and access to funding.

### **\*TOP TIP\***

Making links with your local college is an effective way to engage with other local partners, as colleges will have long-established partnerships with other employment and skill organisations.

## How can you connect with colleges?

The first step is to consider how you would like to work with your college. For example, would you like to talk to its students about a career in radiography or perhaps offer work experience placements or a taster day to students on healthcare programmes? When you do make contact, make sure to find out the full range of support available.

There may already be some contact between your local college and the NHS, and you should try to find out whether this is the case. Your learning and development team and your widening participation lead, if you have one, are the best people to ask.

If there is no existing connection, you can contact your college directly. You could reach out to its business development or employer relationship team or the programme leads delivering healthcare programmes. You should find details of these on the college's website.

### **\*TOP TIP\***

Other local imaging and radiotherapy services (and AHPs more generally) are also likely to benefit from the opportunities of working with colleges, so where possible it makes sense to work together across AHPs and systems.

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If you decide to connect as a group with other AHPs, particularly across an ICS, you may wish to consider setting up a group that brings partners together (this can include higher education as well – see ‘What are progression agreements?’) and establish a more formal relationship through a memorandum of understanding.

#### Further information on connecting with colleges

The Association of Colleges has a [directory of colleges](#).

### What is the Higher Development Award for the NHS that some colleges deliver?

The Higher Development Award (HDA) is a college-delivered accredited training programme that was first developed by NHS employers in North West London in 2016 as a follow-up to [the Care Certificate](#). The HDA focuses on leadership, communication skills, decision-making and service improvement. In 2024, the South East London AHP Faculty worked with its local college to deliver the HDA specifically for AHP support workers. An evaluation found that training resulted in:

- improved communication skills
- increased clinical capacity
- increased participation by support workers in team meetings
- increased confidence.

However, not all colleges deliver the HDA. If your college does not, you can discuss potential delivery with it.

#### Further information about the Higher Development Award

The NHS England Workforce, Training and Education (WTE) Directorate has a [web page dedicated to the HDA](#).

The NHS Employers website has [a section dedicated to the HDA](#), including details of the South East London AHP Faculty pilot programme and case studies.

There are resources on the HDA on the [NHSFutures collaboration platform](#).

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## What are progression agreements?

Progression agreements are formal arrangements between further and higher education institutions designed to increase the number of local people progressing into higher-level study.

For example, an agreement could create a specific progression route from the imaging pathway on the Level 3 [senior healthcare support worker](#) apprenticeship or the [Technical Level in Health](#) into a radiography degree or degree apprenticeship programme. In practice this might involve a commitment to having a dedicated university taster or open days and guaranteed student interviews on these programmes.

Agreements also ensure that partners are aware of each others' processes and expectations. Employers can be part of these arrangements, and a partnership can broaden beyond access to degrees to, for example, joint bids for grants.

## 2.2 Jobcentre Plus

### What does Jobcentre Plus (JCP) do?

JCP is part of the Department for Work and Pensions (DWP). There are over 700 JCP offices in the UK, meaning there will be one near most NHS organisations. JCP's principal role is to help jobseekers find employment. Its offices can also organise additional support and training for people who experience barriers to work and assist employers in raising awareness of careers and with recruitment. In addition, JCP can help recruit volunteers.

### What help with recruitment does JCP offer to employers?

There are several ways that your JCP office and staff can help with recruitment and create a sustainable supply of locally recruited staff. Each JCP office will have employer advisers who work with individual employers to understand and support their needs. Specifically, JCP can assist recruitment activities in the following ways:

- ensuring job descriptions are inclusive, understandable to a wide audience and do not create unnecessary barriers for applicants
- promoting vacancies among jobseekers; this service is free to employers
- supporting employer recruitment campaigns
- organising job fairs where NHS employers can promote healthcare careers, and bespoke job fairs for individual employers and industries

- 
- helping employers provide work experience and work trials for potential recruits
  - screening potential recruits.

Furthermore, JCP is pivotal in organising supported employment programmes for adults.

## How can you connect with JCP?

The first step is to see whether there is already a link between JCP and your trust by talking to your recruitment team. If there is no existing collaboration, you could reach out to others in your organisation to explore the appetite to work with JCP. There is a dedicated page on the NHSFutures platform that includes a national DWP contact for the NHS supported by NHS Employers (see ‘Further information about working with JCP’).

### Further information about working with JCP

Information from the DWP about employer advisers and other JCP support is available on the [GOV.UK website](#).

The NHS Employers website has resources showing [how JCP can support the NHS](#).

## 2.3 Employment support agencies

### What are employment support agencies?

Employment support agencies are organisations, including charities, which help marginalised groups find and keep paid employment. Marginalised groups include people with mental health conditions, young people leaving care, people with sensory impairments and ex-offenders.

NHS mental health trusts, for example, often provide employment support to patients as part of their mental health recovery journey, but the NHS, as the country’s largest employer, also has an important role to play by providing employment experience and opportunities.

### What do employment support agencies do?

A key feature of supported employment programmes, discussed in more detail in the next section, is that they are tailored to the needs of individuals. They include preparation for work, job matching, help with applications and in-work support.

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Agencies can also help employers make adjustments, for example to support people with physical disabilities or sensory impairment. [The King's Trust](#), which is a supported employment agency (previously The Prince's Trust), for example, runs a free course for people who might be interested in working in the NHS that includes:

- NHS work placements
- completing NHS-recognised e-learning
- accredited training for healthcare jobs, such as moving and handling and food hygiene
- learning techniques to handle stress and pressure in the workplace
- CV and job support
- mentorship, offering advice and guidance from health and social care experts.

## Does the NHS work with supported employment agencies?

The NHS has a long-standing relationship with [The King's Trust](#) and [DFN Project SEARCH](#) that involves helping young people with SEND gain experience of, and employment in, the NHS. A similar programme has been developed in the NHS called [Choices College](#) (previously Project Choice), which focuses on supporting young people with autism and learning disabilities. Many organisations provide either general employment support, such as [Shaw Trust](#), or targeted support to particular groups, such as [Mencap](#).

## How do you engage with an employment support agency?

Many organisations provide employment support services, including through the [British Association for Supported Employment](#), a national membership charity. As with other interventions described in this guide, you should check whether other people in your services are already working with agencies like The King's Trust. Additionally, you should also reach out to colleagues who are concerned with population health and health inequalities as they are likely to be aware of local agencies. Local authorities fund and organise employment programmes through agencies (as well as running their own) and will welcome engagement with the NHS.

### \*TOP TIP\*

Talk to the teams in your trust that are concerned with health inequalities as they are likely to already be engaged with supported employment partners, even if your trust is not currently supporting any programmes.

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### Supporting veterans into employment

The SoR supports an NHS programme called [Step into Health](#) that specifically seeks to raise awareness of NHS careers and provide a pathway into healthcare employment for members of the armed forces. For example, the programme provides information about individual occupations, including radiography, and support with applications.

## 2.4 Local authorities

### What role do local authorities play in employment and skills?

Local authorities are concerned with encouraging economic growth, for example by attracting external investment. Employment and skills acquisition is an important element of growth and local authorities play a key role in running and funding employment and skill programmes as well as bringing partners together to develop local employment and skill strategies. Local authorities are also concerned with addressing local social and economic inequalities and the integration of health and social care.

### Who in local authorities should you engage with?

Your local authority will have an economic development team (or similar) that will be responsible for supporting local business, creating jobs and developing skills.

### Do local authorities run employment and skill support schemes?

Local authorities directly run, or fund others to deliver, a wide range of employment and skill-related activities that will be helpful to NHS employers. These may include:

- careers guidance and assistance for young people who are not in training, employment or education
- help such as CV advice, assistance with writing job applications and promoting apprenticeship pathways for young people
- regular vacancy bulletins with details of employment, apprenticeship and training opportunities
- access to further education courses, including English and maths qualifications.

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## Section 3. Employment programmes

This section describes the main programmes that could be used by radiography services to increase recruitment from local labour markets. They are mostly delivered by the organisations described in Section 2.

### 3.1 Work experience

#### What is work experience?

Work experience (WE) is any planned time spent in a workplace, learning about that workplace, its activities and particular occupations within it.

Most radiography services provide or have provided WE, but these programmes are not always deliberately targeted at local groups such as college students or long-term unemployed people. Before the introduction of Technical Levels (see Section 3.2), for example, college students studying healthcare qualifications often struggled to access experience in areas that they were interested in. This is a missed opportunity.

WE can be offered to both young people and adults. While the duration of a WE placement can vary, it does need to be thought through, planned and structured so that it not only provides the opportunity to gain relevant experience and expertise but also, hopefully, inspires people to consider a career in radiography. WE can form part of other employment programmes discussed in this guide, such as job brokerage.

#### What happens during WE?

WE can involve:

- supervised observations
- discussions
- shadowing
- reflection
- carrying out appropriate tasks.

#### What are the benefits of WE?

Providing WE placements is a great way to raise awareness of radiography as a career among those who might not know about it, including opportunities to join the support workforce. By targeting local people, and specifically those groups that might be under-represented in your workforce and/or experience barriers to employment, WE will widen participation, inclusion and diversity in your workforce.

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Working with organisations such as colleges will also strengthen links with external employment and skill partners. WE placements also benefit existing staff, allowing them to build their management skills, for example. Finally, placements can reduce recruitment risks by allowing services to meet and engage with potential new recruits.

**\*TOP TIP\***

Do you currently offer WE opportunities? If so, how are people given opportunities to join a placement? Do your current arrangements support access to the widest pool of potential future recruits? Could you use WE to help diversify your workforce and, if so, who could you target and who could you work with to enable this?

## **What needs to be considered when planning WE placements?**

The quality of a WE placement is more important than its duration. NHS England has produced a very comprehensive guide to help services organise and run WE placements that you should consult (see further information box).

Appendix 1 of this guide includes an example WE handbook based on one produced by a London community diagnostic centre that targets people who are refugees or migrants; you could adapt this to suit your own WE placements. There is also an [SoR podcast talking to the service leads involved in delivering this](#), which will provide insights and advice.

When planning a WE placement you should consider the following:

- Identify who you want to offer a placement to and engage with the relevant organisation to recruit suitable candidates (see Section 2 of this guide).
- Get ‘buy-in’ from the staff in your service. Discuss any concerns they might have, the logistics of the placement and its benefits.
- Consider when the best time to organise a placement might be and discuss with external partners and staff. Coordinating diaries between different organisations may need careful planning.
- Explain to the WE participants what the NHS is, what your service does and any key processes, such as what a magnetic resonance imaging (MRI) scan is.
- Explain the dress code (scrubs) and expectations, such as the use of personal mobile phones and timekeeping, to participants.



- 
- Consider what you would like people to achieve during their WE placement and set appropriate objectives with them at the start.
  - Organise an induction programme.
  - Plan the placement and produce a checklist to ensure that participants gain the expected experience and expertise.
  - Produce a safety checklist.
  - Organise feedback and reflection sessions.
  - At the end, celebrate the placement.

**\*TOP TIP\***

WE is an opportunity to excite and inspire people about radiography as a potential future career. Plan placements with that always in mind.

## **Can members of the radiography supportive and assistive workforce help with WE?**

Yes, unregistered staff can assist with supporting people in WE in areas within their scope of practice.

## **Can young people under the age of 18 have placements in radiography services?**

Yes, young people under 18 can have WE placements in almost every part of the NHS, including radiography services. NHS Employers provides guidance on good employment practice in respect of young people (see further information box). As with any member of staff, appropriate health and safety processes must be followed.

### **Further information about work experience**

NHS England's [More than photocopying toolkit](#) provides comprehensive information and guidance about WE.

NHS Employers has produced [a number of case studies](#) that demonstrate the various ways WE can be organised.

NHS Employers offers guidance on employing young people under 18 in [Busting myths on recruiting under 18s into the NHS](#).

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## 3.2 Technical Levels

### What are Technical Levels?

Introduced in 2020, Technical (or T) Levels, are formal full-time qualifications available to young people aged 16–19 years once they have completed their GCSEs. One T Level is equivalent to three A Levels.

T Levels focus on students acquiring specific occupationally relevant skills in areas such as business and administration and catering and hospitality. They last two years, including a 45-day industry placement. In total, T Level students spend 80% of their time learning in the classroom and 20% in a workplace.

### Are there radiography-relevant T Levels available?

Yes, there are two in fact – the [Health T Level](#) and the [Healthcare Science T Level](#). The Health T Level ensures students develop a general understanding of health and science through studying topics such as:

- working in a healthcare setting
- managing information and data
- providing person-centred care
- core scientific concepts, such as the structure of cells, tissues and large molecules
- human anatomy and physiology.

### What are the benefits of supporting T Levels?

Many of the benefits to local recruitment set out in Section 1, such as supporting a more diverse and inclusive workforce, also apply to T Levels. Additionally, T Levels are a way of raising awareness of radiography as a career. Most young people are not aware of the wide range of job opportunities in the NHS ([350 in total](#)). T Levels create an opportunity, including through industry placements, to shine a light on the profession.

### Can T Level students specialise?

The Health T Level includes options for students to specialise, including one on supporting therapy teams that encompasses all AHPs. However, radiography services can – and do – support placements of T Level students on other healthcare pathways as these students acquire knowledge and skills that are transferable.

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## Who delivers T Levels?

T Levels are mainly delivered by local colleges and are a great way to build links with them because the qualifications require colleges to work closely with employers. Some schools also deliver T Levels.

## Do you need to support a student for their whole 45-day placement?

No, in fact it is unlikely that many individual NHS professions would be able to provide sufficient experience to meet all student learning needs. Radiography services that currently support T Level placements do so with other services, such as nursing, typically providing two-week placements as part of wider rotations.

Placements can be in blocks of time or several days each week. Placements can be spread over the first and second year of the T Level programme but are more commonly concentrated in the second year. Employers can interview students prior to placements and discuss their requirements with the education provider.

## Can more than one employer support T Level industry placements?

Yes. Up to two employers can provide placements. An NHS trust counts as a single employer even if it has multiple hospital sites, but it is possible, for example across an ICS footprint, for two radiography services from different NHS trusts to support placements, although consideration does need to be given to the student's ability to travel between sites.

## Will T Levels mean there is less capacity to support student placements and apprentices?

This is an understandable concern given how busy services are. However, radiography services are supporting T Level students and one way they are doing so is by using their unregistered workforce to provide mentoring support and guidance. This means that placements do not add to the workload of registered staff and also that support staff have developmental opportunities. Some NHS trusts, for example, have worked with their local colleges to develop a mentorship training course for support staff.

T Level students can also shadow support staff and students on placement. Students are often spending a short period of time in a radiography service. The education provider ensures all the necessary administration and organisation is completed.

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## **Is it true that under-18s cannot have placements in the NHS?**

No. Young people under 18, including T Level students, can be – and are being – provided with placements, including in radiography services. NHS Employers provides guidance on good employment practice relating to young people. Many T Level students have their industry placement in their second year, meaning that most are likely to be aged over 18 years.

## **Can T Level students apply for radiography degrees or degree apprenticeships?**

Yes. A T Level is equivalent to three A Levels. In addition, students gain healthcare-specific knowledge and skills through experiential and formal learning in healthcare settings, including radiography services. They also obtain Level 2 functional and digital skills.

Section 2.1 of this guide discussed progression agreements. If your local university delivers a radiography degree programme, recognition of T Levels should be included as a relevant entry requirement.

## **At what level could a T Level student join the radiography support workforce?**

The knowledge and skills T Level students acquire mean they could be recruited as radiography clinical support workers in NHS Agenda for Change band 3 roles or join as trainee assistant practitioners or trainee mammography associates.

## **What about BTECs? Are they the same as T Levels?**

BTEC (Business Technology and Education Council) qualifications are also occupationally linked programmes aimed at young people aged 16–19 that have largely been delivered by colleges. BTECs include health-related qualifications. While these do not include formal placements, students will have had work experience in the NHS.

Concern that BTECs overlap at Level 3 with T Levels has led to a review of whether central government should continue to fund all of them.

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### Further information about Technical Levels

Background information on T Levels can be found on the [Department for Education](#) website.

You can find details of your local T Level providers by using this [government database](#).

NHS Employers provides [detailed information, advice and case studies](#) for healthcare employers interested in T Levels.

Skills for Health has produced [information about T Levels, including case studies, and how they can benefit the health sector](#).

The Gatsby Charitable Foundation offers [guidance for those supporting \(including mentoring\) T Level students on industry placement](#).

NHS Employers has created guidance on employing young people aged under 18 titled [Busting myths on recruiting under 18s into the NHS](#).

## 3.3 Supported employment for young people and adults

### What is supported employment?

Supported employment is a term used to describe a personalised model of support for young people and adults who experience barriers to work that aims to assist them into employment. Supported employment activities do not stop once someone is in work, but continue to help people not only maintain employment but also progress their careers.

### What sort of barriers can people experience that prevent them from gaining employment?

Barriers can come in many forms. An example of a barrier that people might experience is negative stereotyping, for instance if they have a physical or sensory impairment.

However, another example of a barrier might be the fact that recruitment processes do not take account of some people's lived experiences. Care leavers have fewer opportunities to gain work experience compared with other young people, which can put them at a disadvantage when applying for NHS jobs if their circumstances are not considered. Care leavers are also less likely to have experience of job applications and panel interviews. People with learning disabilities may require an Easy Read application form to apply for jobs. Failure to provide that will create a barrier.

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Supported employment programmes address these and other kinds of barrier.

## **What benefits could supported employment provide to radiography services?**

The benefits are considerable. Supported employment:

- builds workforce capacity
- reduces recruitment and selection time and costs
- reduces workforce turnover
- increases workforce diversity and inclusion
- increases job satisfaction and the morale of existing staff
- contributes to reducing health inequalities.

## **Is there a cost associated with supported employment?**

Government funding is available through the [Access to Work](#) scheme for individuals with a physical or mental health condition or disability to help them gain employment, such as grants to help pay for practical support and money to pay for communication support at job interviews.

There may also be limited and frequently one-off costs for employers, which Mencap has estimated to average £76. But these costs need to be viewed in the context of the benefits already described that supported employment programmes can deliver. For instance, people with disabilities are three and a half times more likely to remain with an employer than their non-disabled colleagues.

## **What is the Work and Health Programme?**

[The Work and Health Programme](#) is a national scheme delivered locally by employment support agencies (see Section 2.3) and aimed at assisting the following adult groups gain and maintain employment:

- people who are out of work
- carers and former carers
- homeless people
- former members of the armed forces
- members of the armed forces reserves

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- partners of current or former members of the armed forces
  - care leavers
  - young people in a gang or at risk of being involved with a gang
  - refugees
  - disabled people
  - victims of domestic violence
  - people who are or have been dependent on drugs or alcohol, which is preventing them from getting work
  - ex-offenders who have completed a custodial or community sentence
  - offenders serving a community sentence.

Individuals access the scheme through their local JCP office and will receive support to identify their needs, access training, link with employers, manage any health problems to reduce their impact on work, and find employment.

## **What typical examples are there of supported employment programmes?**

Supported employment programmes embrace a wide range of pre- and post-employment activities that include:

- careers information, advice and guidance
- work experience
- volunteering
- internships
- apprenticeships.

The key feature of supported employment programmes is that the activity is tailored to individual needs. Examples include the following:

- People with severe mental illness (SMI), such as severe depression or bipolar disorder, have lower rates of employment than people with any other condition. Supported employment programmes can offer tailored assistance to enable people with SMI find and maintain work. NHS England has produced a case study of such a scheme, the Individual Placement and Support

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service run by [Northamptonshire Healthcare NHS Foundation Trust](#). The trust has employment specialists (ES) embedded in its mental health teams who will discuss the client's employment status and aspirations from an early stage in their treatment. The ES will assist with applications and interview preparation and liaise with prospective employers about appropriate selection processes (for example, working interviews rather than panel interviews). Support will also be provided once someone is in employment.

- Young people with SEND can access supported internships. These are structured programmes, delivered by partners such as colleges and employment support agencies, that comprise classroom-based learning, including functional and employability skills, and (following induction) industry placements with dedicated mentors or coordinators who support students and work with employers. NHS Employers provides [further information on supported internships and case studies](#).
- Job brokerage is a recruitment programme through which external partners such as councils or JCP work with employers to understand their recruitment needs. The partners then work with potential candidates to match their interests with the employer's needs. Additional support can be provided to candidates to help them become work-ready or to assist them through the interview process.

### 3.4 Inclusive recruitment and selection

This guide has so far described the range of partners and interventions that you can work with and use to increase the supply into, and the diversity of, your radiography workforce. Programmes like work experience or T Level placements will provide people with structured experience of radiography as a potential career.

However, widening participation into the profession also requires the adoption of inclusive recruitment processes. These ensure that each step of the recruitment process, from reviewing a job vacancy and writing and placing a job advert to the application process and selection of successful candidates, is accessible to all. Inclusive recruitment is a large topic on which detailed guidance is available, including case studies (see 'Further information about inclusive recruitment practices').

Some examples of things to consider when recruiting to a new post include:

- Ensure the requirements of the job are clear.
- Recognise people's potential to develop once they are employed. The [SoR's guidance on imaging support worker roles and responsibilities](#) recommends (with emphasis added) the following education and experience requirements from potential candidates for clinical support worker roles, which are generally at band 2:



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“Clinical support workers will be educated to education Level 2 (for example, through GCSEs or the healthcare support worker apprenticeship standard and diploma) at appointment **or shortly afterwards**. They will also achieve the Care Certificate and have (**or will acquire soon after employment**) Level 2 functional skills (English and Mathematics).”

The above provides potential candidates who may not, for whatever reason, have achieved sufficient qualifications at school with the opportunity to apply for a clinical support worker role and gain the necessary knowledge and skills once employed, most likely through completing an apprenticeship.

- Proactively ensure job adverts reach marginalised communities.
- Consider alternatives to panel interviews and ensure that candidates who need support at interview receive it.
- Ensure all staff involved in interviewing are trained in avoiding bias.
- Proactively ask candidates if they require any reasonable adjustments during the recruitment process.

#### Further information about inclusive recruitment practices

NHS Employers has published [\*Inclusive recruitment: leading positive change\*](#), a compilation of case studies of organisations that have adopted inclusive recruitment practices, highlighting the benefits arising from them.

NHS Providers has produced [\*A guide to evidence-based effective recruitment and talent management interventions for race equality\*](#), which covers aspects such as job descriptions, shortlisting, interviewing and selection. The guidance includes [case studies](#) showing examples of good practice in action.

The Chartered Institute of Personnel and Development (CIPD) has also developed [a guide to inclusive recruitment for employers](#).

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## Section 4. Conclusion

This guide has sought to provide general information on how radiography services can increase the employment of people from their local communities into entry-level clinical support roles. It has stressed the importance of working with other healthcare groups and building partnerships with external employment and skill partners. These partnerships will present other opportunities to collaborate.

Local recruitment has been described as one stage of GYO workforce planning (the Outside/In stage). Seeing local recruitment as part of a wider GYO workforce strategy is important.

Considering how newly recruited and existing support staff can both develop within their roles (In-work development GYO) and progress their careers, including into pre-registration (Inside/Up GYO) will help build a stable and effective workforce. Outside/In is the first step in that process.

The full range of resources the SoR has developed to assist clinical support workers, mammography associates and assistant practitioners, and their managers, in developing this important group of staff, provides further information and guidance.

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## Appendix 1: Example of a work experience handbook

This example handbook is based on a real resource developed by a London community diagnostic centre and aimed at refugees and migrants. You can adapt it to suit your own services and local needs.

# Work experience handbook

Participant's name:.....

## Welcome

Welcome to [Anytown NHS Trust Community Diagnostic Centre]. We are an NHS trust of [insert summary of staff roles and services], providing care for [over 1.5 million patients from Anytown and beyond every year]. We have a rich heritage and an ambitious vision for the future of our patients and local communities.

This placement is your chance to see the incredible impact healthcare has on people's lives. Be curious, ask questions and soak up the knowledge – every interaction can spark a passion or refine your future goals. Make the most of this two-week experience – it's the first step in an amazing journey in healthcare.

We are here to support you on this journey, but to make sure you can make the most of your time here we have created this handbook for you to read and refer to.

## Points of contact

To report any concerns, contact:

If you are running late or absent due to sickness, please let us know by calling this number:

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## Introduction to working in the NHS

We primarily care for people when they are at their most vulnerable.

What we wear is perceived by patients, carers and relatives to be an indication of our competence and professionalism.

We also need to make sure we are compliant with infection prevention and control guidance. There are also health and safety aspects to consider, and we are all responsible for health and safety in the workplace.

## Dress code

You will be wearing a uniform (scrubs) during your time with us and should keep to the following dress code:

- You should be bare below the elbow – that means no coats, no jumpers and no long-sleeved shirts under your scrubs.
- You should not wear any jewellery that could interfere with the clinical area, such as watches, rings, long necklaces or earrings.
- You should wear comfortable black shoes.
- You will be assigned a locker and we will ask you to lock away your personal belongings.

## [Anytown Community Diagnostic Centre]

At [Anytown Community Diagnostic Centre] we offer two types of diagnostic imaging test: computed tomography (CT) and magnetic resonance imaging (MRI).

Imaging diagnostics are tests that healthcare professionals can order to try to establish what is wrong with someone so treatment can be designed for them, or to check how treatment is going.

Both CT and MRI tests use enhanced technology to be able to see inside the body but work differently. Because of the technology used, safety processes around CT and MRI are highly regulated. You will hear more about this in your induction.

## What is a CT scanner?

A computed tomography (or CT) scan is a diagnostic imaging procedure that combines x-rays and computer technology to create detailed images (pictures) of the inside of a patient's body. It provides

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cross-sectional images ('slices') of bones, blood vessels and soft tissue. These images help healthcare professionals visualise and assess various structures, including bones, muscles, fat, organs and blood vessels. The patient goes into a doughnut-shaped machine and the tube that produces x-rays spins around them at high speed to take pictures at all angles.

CT uses ionising radiation, which we are legally required to use safely so no one apart from the patient should be in the room when we take the images. The risk of any issues arising from the radiation is outweighed by the benefits of having the scan. We will explain this in more detail during your time with us.

## What is an MRI scanner?

MRI stands for magnetic resonance imaging. This technique uses magnetism and radio frequency waves to collect information about the part of the body being examined. The radio waves are bounced back to the scanner by the patient's body and a computer within the scanner uses this information to produce images (pictures).

MRI scans offer several benefits over CT scans, primarily their ability to create detailed, non-invasive images of internal organs and tissues without the use of harmful radiation.

The MRI scanner looks like a tube that is open at both ends, and the area of the patient's body being scanned is in the middle of the scanner. MRI uses very powerful magnets; an average MRI magnet measures 1.5 tesla. To put that in perspective, a fridge magnet is about 0.001 tesla and the Earth's magnetic field is about 0.00005 tesla. Therefore, it is very important that you do not go into any areas of the MRI environment unsupervised. Patients and staff undergo a screening questionnaire before entering the high-strength magnetic field – again we will explain this to you during your induction.

## Objectives

At the end of this placement, we would like you to have experienced the role of the healthcare support worker (and radiographer) in imaging. We also want to provide you with an opportunity to understand career pathways in the healthcare world. To facilitate this there are two important learning methodologies that we would apply to your time with us: shadowing experience and supervised experience. Feedback on these is also important.

### 1) Shadowing experience

There will be times during your two-week placement when we want you to shadow an experienced healthcare support worker – for instance, watching how we interact with patients to maintain their dignity, confidentiality and privacy, how we individualise the care we provide for the patient and, of

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course, how we do the scanning.

As many of these tasks require technical-based competency training, we would like you to experience this by shadowing an experienced member of the team.

## **2) Supervised experience**

There will be jobs that we want you to actively participate in to help the workflow of the department. Some example activities may involve stocktaking in healthcare, including appropriate safe storage, decanting, principles of stock rotation and stock ordering, and appropriate cleaning to support infection control and prevention.

In these instances, we would like you to have first-hand experience by actively participating under close supervision from an experienced member of the team, who may delegate some time for you to complete these tasks.

## **3) Reflection and feedback sessions**

To provide you with a truly reflective practitioner experience, we would like you to participate in reflection and feedback sessions. During your time in placement, we will give you opportunities to review the activities you have done, what has worked well, what you need support with to reach your objective and a structured touchpoint with your supervisor.

## **Programme**

Throughout your 10 working days with us at the trust, you will be assigned a mixture of time within the three domains of experience as outlined under 'Objectives'. However, there are important points in your placement journey that we have highlighted below.

### **Day 1 – Placement induction**

- ✓ Workplace induction and handbook introduction
- ✓ Objective setting with supervisor
- ✓ Introduction to the team

### **Day 5 – Review**

- ✓ Review objectives with supervisor
- ✓ Reflect on experience and set objectives for following week

### **Day 10 – Reflection and review**

- ✓ Review objectives with supervisor
- ✓ Reflect on experience
- ✓ Review next steps in relevant career pathways

Clinical experience	Stock experience
<ul style="list-style-type: none"> <li>• Shadow senior imaging assistants in getting a patient prepared for their scan</li> <li>• Assist in general tidying of scan room</li> <li>• Assist patients in finding their way around the department</li> <li>• Shadow and be supervised in senior imaging assistant team daily tasks</li> <li>• Shadow nursing team in daily tasks</li> </ul>	<ul style="list-style-type: none"> <li>• Supervised experience in stock management, including:               <ul style="list-style-type: none"> <li>» Stocktake</li> <li>» Stock rotation</li> <li>» Stock ordering</li> <li>» Correct stock storage and requirements</li> </ul> </li> </ul>
Infection control experience	Administrative and clerical experience
<ul style="list-style-type: none"> <li>• Follow infection prevention and control policies in cleaning the clinical equipment</li> <li>• Understand the 'five moments of hand hygiene' and demonstrate this in practice</li> <li>• Supervised audit with support worker team</li> </ul>	<ul style="list-style-type: none"> <li>• Meet and greet patients at front reception</li> <li>• Shadow imaging assistant (IA) in answering telephone queries and routine appointment booking</li> <li>• Work alongside nursing team to update communication materials</li> </ul>

## Day 1: Induction checklist

Your team/department
Meet your team
Meet your supervisor
Networking – meet colleagues in other departments
Tour of your department
Nearest food/drink, water, kitchen, café, etc
Toilets, changing facilities, restrooms
Reporting sickness absence
Team meetings
Equipment and resources – non-clinical (post, stationery, meeting rooms)
Dress code/uniform

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### Your role, safety and security

Confidentiality

Health and safety

Discuss any reasonable adjustments in relation to a disability or health condition, and complete a risk assessment

Incident reporting

Sickness reporting

Dress code and infection control measures

Outline placement programme

Agree work experience objectives

Fire safety

Moving and handling

#### Declaration

We have completed a local induction relevant to the role and work environment.

Supervisor's signature:

Date:

Work experience  
student's signature:

Date:



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## Day 1: Objective setting

Take a bit of time on your first day to think about what you want to achieve from this placement and **discuss this with your supervisor.**

Objective	How does this align with your career goals?	How would you measure if you were successful or not?
<i>Example: I want to learn more about hand hygiene in the clinical setting</i>	<i>Example: Learning infection prevention and control is critical for me to have a career in healthcare</i>	<i>Example: A reflective paragraph at the end of my placement detailing when and how I performed hand hygiene</i>

## Schedule

Day 1	Day 2	Day 3	Day 4	Day 5
Morning	Morning	Morning	Morning	Morning
<ul style="list-style-type: none"> <li>• Induction checklist</li> <li>• Workbook introduction</li> <li>• Objective setting</li> </ul>	<ul style="list-style-type: none"> <li>• Shadowing experience with IA in MRI</li> <li>• Stock check with IA</li> </ul>	<ul style="list-style-type: none"> <li>• Shadowing experience with IA in MRI</li> </ul>	<ul style="list-style-type: none"> <li>• Shadowing experience within nursing team</li> </ul>	<ul style="list-style-type: none"> <li>• Shadowing experience with IA in MRI</li> </ul>
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
<ul style="list-style-type: none"> <li>• Watch MRI safety video</li> <li>• Complete MRI safety checklist</li> <li>• Read CT/MRI local rules</li> </ul>	<ul style="list-style-type: none"> <li>• Shadowing experience with IA in MRI</li> <li>• Infection control and prevention shadowing, including hand washing</li> </ul>	<ul style="list-style-type: none"> <li>• Shadowing experience with reception team</li> </ul>	<ul style="list-style-type: none"> <li>• Shadowing experience with IA in MRI</li> <li>• Stock storage and stock rotation</li> </ul>	<ul style="list-style-type: none"> <li>• Complete reflection and set objectives with supervisor for following week</li> </ul>
Day 6	Day 7	Day 8	Day 9	Day 10
Morning	Morning	Morning	Morning	Morning
<ul style="list-style-type: none"> <li>• Shadowing experience with IA in CT</li> <li>• Stock rotation and stock storage</li> </ul>	<ul style="list-style-type: none"> <li>• Shadowing experience with IA in CT</li> </ul>	<ul style="list-style-type: none"> <li>• Shadowing experience with IA in CT</li> </ul>	<ul style="list-style-type: none"> <li>• Shadowing experience within nursing team</li> </ul>	<ul style="list-style-type: none"> <li>• Complete reflection and review</li> </ul>
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
<ul style="list-style-type: none"> <li>• Shadowing experience with IA in CT</li> <li>• Stock rotation and stock storage</li> </ul>	<ul style="list-style-type: none"> <li>• Shadowing experience with IA in CT</li> </ul>	<ul style="list-style-type: none"> <li>• Shadowing experience with reception team</li> </ul>	<ul style="list-style-type: none"> <li>• Shadowing experience with IA in CT</li> <li>• Stock rotation and stock storage</li> </ul>	<ul style="list-style-type: none"> <li>• Complete reflection and sign-off</li> </ul>

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## End of programme reflective form

What happened during your time with us? Were there any issues you would like to reflect on?

**Feeling:** What were you thinking and feeling?

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**Evaluation:** What was good and bad about the experience?

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**Analysis:** What sense can you make of the situation?

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**Conclusion:** What else could you have done?

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**Action plan:** If the issue arose again, what would you do?

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## MRI safety

### Objectives:

- **You must complete an MRI safety questionnaire and have it signed by the MRI authorised person (i.e. a radiographer) before entering the MRI environment.**
- You must be familiar with the MRI safety questionnaire used for every person entering the MRI environment.
- You must be aware of the MRI environment location and its hazards.
- You must understand the significance of the MRI controlled area, MRI environment and MRI projectile zone.
- You must be aware that any person requiring entry to the MRI environment must be safety-screened and signed off by the MRI authorised person.

### Tasks:

- » To complete an MRI safety questionnaire and make sure it has been signed by an MRI authorised person.
- » To watch our MRI safety videos. These can be found in the [\[Radiology R drive: R:\MRI\Safety\safety videos\]](#).
- » To check out the following website: <http://www.mrisafety.com/>. This is regularly used by MRI radiographers to check the safety of implants.

There are risks associated with MRI because of the use of a magnet. These risks can affect all staff, patients and visitors in close proximity to the magnet. Therefore, there must be sufficient training and awareness to warn everybody about these risks and dangers:

- **Implants and metal fragments:** As the magnet has a force pulling metal objects towards it, it poses significant risk to patients with any metal implants, such as a hip replacement. Patients can often forget about a time in their life when they had metal fragments enter a body part (such as their eye from welding). This highlights the importance of reviewing the questionnaire with the patient before they enter the scanner room.
- **Projectiles:** Within the MRI department there are many different vital parts of equipment that can cause harm if placed at certain distances from the scanner.
- **Burns and heating:** Due to the production of currents in MRI, patients can experience second-degree burns from crossing their legs or interlocking hands. Conducting coils touching the patient's

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skin can also cause burns on the skin. Pads and blankets can be placed between coils/leads and the patient to prevent such burns.

- Acoustic noise: The noise produced by the scanner can cause discomfort to the patient both physically and psychologically. The noise produced during a scan also means that the radiographer cannot always hear the patient, which poses a risk if the patient becomes claustrophobic.



**SoR**  
THE SOCIETY OF  
RADIOGRAPHERS

**NHS**  
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