

THE SOCIETY AND
COLLEGE OF
RADIOGRAPHERS



**APPROVAL AND ACCREDITATION
BOARD**

ANNUAL REPORT

The College of Radiographers

September 2009 – August 2010

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1. Foreword

The academic year 2009 – 10 saw further transition in the climate for health faculties and schools across the UK, with a continuation of fiscal tightening in the health sector and the start of the same process in higher education. At the time of writing, further belt tightening and drastic measures by both sectors to cut costs looks set to continue, with significant potential for impact on the student experience as well as future workforce planning strategies. In England, there is already some evidence that commissioned places for diagnostic radiography in particular, may be reduced in the coming year.

This is the back drop for the 2009-10 AAB report and despite these concerns and uncertainties; the data collated provides interesting, and not always pessimistic, reading. The report provides food for thought in a number of areas. Encouragingly, recruitment of students to target numbers seems to be more achievable than in the past and attrition from programmes continues to decline, though this remains more significant in radiotherapy. The ongoing question of course is why students drop out? The data indicate that finance is a major feature alongside the demands of programmes and wrong career choice. It is important to note, however, that dissatisfaction with the clinical experience rates highly as an issue for students and crucially for radiotherapy programmes, is second only to finance. This should raise some concerns regarding how the clinical experience for students is managed in some locations. The data also shows an increase in student debt, underlining the prospect that the decline in attrition may be adversely affected, should debt become unmanageable for more students.

The College continues to work towards enhancement of professional and educational services for students and the education sector, engaging in a variety of activities over the past year including the establishment of admissions and placement tutor fora which has received good engagement from HEIs, as well as work to enhance the clarity of approval and accreditation arrangements. A source of disappointment however, remains the relatively poor conversion rate of students to membership following their 1st complementary year and as outlined in the report, work continues to encourage students in this regard.

I hope you find this year's report interesting reading and whilst by definition the data often shows only mean results, it is gratifying that in this year, every HEI provided data to the process. Thank you for your continued support.



Ian Henderson
Chair
Approval and Accreditation Board

2. Executive summary

Introduction

This is the sixth year of operation of the Approval and Accreditation Board (AAB). This annual report draws into a single commentary the approval and accreditation activity over the 2009-10 academic year, providing a national overview of the nature and scope of education provision. The report is recognised as the most authoritative record of student recruitment, retention and completion.

Comprehensive data and statistical information on the current and future workforce has been provided where collection of data has been possible. This academic year we have been successful in engaging all our radiography education providers in submitting their individual data. Therefore, we are able to provide a full data set, which has not been the case in recent years.

The AAB continues to accomplish a significant amount of progress in the development of policy and overseeing and advising on all aspects of the approval and accreditation of courses and individuals to ensure consistency of approach and standards.

Annual monitoring data

Through the annual monitoring data it is possible for us to provide a comprehensive UK-wide picture of the representation of the radiography education provision for both the medical imaging and radiotherapy and oncology workforce across the UK.

This data enables individual education institutions to compare its specific data with the national data set. The data also informs discussion with external bodies such as workforce development and planning, education commissioning and professional development.

This year we have again used an online survey to collect the data instead of using the traditional paper version of the data monitoring schedule. Each education institution is now sent a copy of their answers for reference and the education institutions are sent a copy of the questions in a PDF format so that they can be viewed before completing the questionnaire.

Services for Education Institutions and Students

For this year membership has been complimentary for first year students, while for all other cohorts the fee has remained at £4.00 per month. A six month free membership period on qualification applies to those students remaining in membership throughout their training.

All first year students received complimentary student membership packages

Conversion rates from first year membership to continuing years membership has been very poor. Consequently, for the coming academic year (i.e. 2010-11) the student membership strategy has changed. First year student membership will remain complimentary.

The SCoR Officer who undertakes the SoR first year student talk will distribute new membership booklets which contain an application form and a direct debit form in the back. Students will be encouraged to join the Society and complete the membership form at the first year SCoR presentation.

The SCoR 'join online' system will not allow students to join online in their first year of training. However, continuing and final year students will be able to join online and should be directed to our website.

SCoR will no longer send student membership packs to each university. USB sticks will be given as a gift when a student has completed a membership and direct debit form, providing SCoR is in receipt of both by 31 December 2010. The membership will continue into the second year and the direct debit will commence on 1 October 2011. However, students may cancel their membership at any time. Different dates have been identified for students starting early in 2011.

Educational Programmes

During the 2009-2010 academic year the AAB has been involved in the review and re-approval of several pre-registration programmes. 24 education institutions (EIs) are accredited to offer diagnostic and therapeutic radiography programmes, successful completion of which leads to accreditation as a practitioner and eligibility to apply for registration with the Health Professions Council (HPC).

City University, London has had the London Clinic approved for purposes of professional accreditation for two students per cohort, subject to a maximum of four students at any one time.

University Campus Suffolk has been approved to utilise the placement facility at Colchester General Hospital in relation to the BSc (Hons) Oncology and Radiotherapy Technology programme.

Canterbury Christ Church University has changed the intake date of the second BSc (Hons) Diagnostic Radiography cohort from February to April with effect from 2010.

There has been an increased interest in gaining CoR approval from international educational institutions this year. The CoR has been approached by four institutions with an approval event scheduled for early October 2010 at Dubai Women's College and Abu Dhabi Men's College in the United Arab Emirates.

This year all EIs submitted their data for inclusion in this report.

The trend shows that courses are meeting their commissions/funding quotas and that there is a significant reduction in the number of courses which have been undersubscribed. UCAS has seen an increase in applications across the board this year, however, EI's have reported significant increases in the number of applications that they have received.

Radiotherapy courses are still experiencing under-subscription and this identifies an area where work needs to continue to raise the profile of the radiotherapy profession.

226 major clinical placements, providing clinical education for diagnostic radiography students, and 59 major clinical placements for therapeutic radiography students have been reported.

During this year 924 diagnostic students and 215 therapeutic students graduated.

Student attrition for both disciplines of radiography has been a concern for a number of years. It is therefore pleasing to see that this year attrition rate is 25.4% for diagnostic imaging and 33.3% for therapeutic programmes showing a further decline in attrition rates for both disciplines. The data collated demonstrates a 0.6% improvement in attrition for diagnostic students when compared to the data collated in the previous year and a 4.0% improvement in the attrition rate for therapeutic students.

Successful strategies EIs have identified as being effective in reducing the number of students who do not complete a radiography course include increased admissions tariff and more specific requirements to provide a more selective process, introducing 'student support officer' roles, e buddy system (via email) – matching first year students with third year students by clinical placement and implementing a 'student to student' mentoring scheme

Reasons students gave EIs for not completing the programmes include, for example, health problems, wrong career choice, and personal problems.

The recently published SCoR Student and Recent Graduate Survey 2010 highlighted some further interesting facts. The reasons given for not completing the course, for both disciplines, include financial problems, finding the course too difficult, wrong career choice and dissatisfaction with clinical placement also frequently selected.

The main reasons students give for choosing the subject of radiography are that they are interested in a healthcare career; want to help people/want to help people/contribute to society; feel it is likely they will find a job on graduation; and there is potential for career development.

The profession continues to be numerically dominated by females.

The average graduate was found to be in debt by between £5,000 and £10,000 on the date of their graduation, or was expecting to be. Whilst this level of debt is worrying, it is not as large as the average debt students in other subjects can expect: The 'Push Student Debt Survey', published in August 2010, found that third year students across all subjects are expecting to graduate with a debt on average of £14,100.

80% of 2009 graduates who responded to the survey started their first job within 2 months of graduating indicating that the job market for radiography graduates was still strong in 2009. However, the recent government downward pressure on public finances may already be starting to have a negative effect on the job market for radiography graduates as the number of 2010 graduates with a job arranged as of July (59%) has decreased compared with last year's figures (76%).

Graduates from 2009 are overwhelmingly positive in their assessment of their first year working as a qualified radiographer.

The AAB continues to approve courses at postgraduate level across the scope of practice of radiography and has been a number of re-approvals during the period covered by this report. There has been no significant increase or decrease in the number of requests for approvals in relation to postgraduate post registration programmes.

The AAB continues to approve courses at assistant practitioner level and a few more are currently undertaking the approval process. This year the AAB has been involved in a number of approvals and re-approvals. It has been questioned whether trainee assistant practitioners could join the SCoR voluntary register. To clarify, the register is a means of informal regulation and is therefore appropriate only for assistant practitioners who have successfully completed their training. Accreditation, with or without, Society membership enables the individual to access CPDNow and other on-line material to support their career development and continuing professional development.

The Practice Educator Accreditation Scheme (PEAS) has now been in existence for nearly four years. At the end of August 2010 174 practice educators had been accredited, an increase of 42 in this academic year. A minimal number of submitted applications for accreditation have been received during this year. There now stands 21 accredited practice educator programmes. SCoR continues to develop strong relationships with the Chartered Society of Physiotherapy (CSP) and the College of Occupational Therapists (COT) towards devising a unified approach in which to have one scheme. Considerable work continues to be undertaken in seeking engagement with other AHPs to ensure that the unified approach allows inclusion of all professions. The Department of Health (DH) has been investigating the accreditation of allied health professionals (AHPs) as practice educators.

Samantha Jewell, professional officer for students and education, is now an executive committee member of the National Association of Educators in Practice (NAEP).

Submissions for short courses continue to be received. The AAB continues to encourage the development of short courses to support continuing professional development and hopes educational providers will continue developing innovative short courses to support practice in the next academic year.

Staffing and Staff Development

The AAB has a role in ensuring that education providers are staffed appropriately in relation to provision and overall student populations. Overall staff numbers have dropped in the last academic year.

It is very encouraging to see a significant amount of staff development continuing within higher education. A significant amount of staff development activity which is relevant to the development and delivery of radiography courses has taken place over the last academic year. It is clear that there is again an increasing number of staff undertaking PhD and Doctorates of education, as well as PGCert in Learning and Teaching/Education, Master of Philosophy and leadership and coaching courses.

Several promotions of teaching staff have been made over the last year.

A significant amount of international travel/work, by teaching staff, has been undertaken over the last year in relation to their work.

Accreditation Process

The development of the accreditation process for Advanced Practitioners has now been completed after a major redraft of the underpinning documents and strengthening of the CPD platform to support the accreditation process. Three advanced practitioner accreditations have been made. There are currently an additional fifty practitioners registered to participate in the scheme's evaluation.

As in previous years, the demand for the CoR's Certificate of Competence in Intravenous Administration and the Postgraduate Award in Mammography Practice continues. Currently 94 mammography students and 509 intravenous administration students registered to undertake training in the 2009-10 academic year.

With effect from 1 October 2009 the College of Radiographers has taken responsibility for the administration of CASE. The transition from the British Medical Ultrasound Society (BMUS) to the College of Radiographers has taken place smoothly. Streamlining of CASE and alignment with AAB procedures, where possible, is currently taking place.

The Health Professions Council (HPC) has now written to the Secretary of State in order to take forward sonographer regulation. CASE approved programmes are most likely to be the first for the HPC to accept for sonography registration.

In late November 2009 the AAB held an assessor training day which was open to all current assessors to refresh their knowledge and was based on discussion held at previous AAB meetings. 35 assessors attended with the feedback indicating the event was well received.

As a result, fora for admissions tutors and practice placements have been convened. All universities were invited to join both fora. The response was hugely positive with all universities sending a representative to each forum. Both fora have met and each provided a wealth of lively discussion.

The AAB has continued to set up a rolling programme of training day events for new assessors. Three training events were held this year (December, April and July) with the same planned for 2011.

In recognition that it can be difficult to identify appropriately qualified individuals to act in the capacity of external examiners, due to a lack of ready information regarding who is available and qualified to undertake the role, the CoR has established a register of individuals available for appointment as external examiners to assist HEIs and other education providers to identify suitable external examiners.

Continuing Professional Development

Three awards of advanced practitioner accreditation have now been made, two in diagnostic radiography and one in radiation therapy. A further forty or so members are taking part in the pilot scheme. Modifications to the scheme will be required but the essential functions seem to work well with no technical issues.

CPD endorsement continues to be popular and recent endorsements include submissions from overseas, including one from the Maltese Society of Radiographers and another from a company based in the Netherlands providing training in MRI.

User growth in CPD Now continues, although the rate of increase has slowed to about 40 new users a month since the HPC CPD audit was completed in February of this year.

Other Activities

Clinical leadership competency project

A Clinical Leadership Competency Project is being undertaken by the NHS Institute for Innovation and Improvement (NHS I²). The NHS Institute has been commissioned by the clinical leadership work stream of the National Leadership Council to work with the clinical professions to test the applicability of the leadership competences within the Medical Leadership Competency Framework (MLCF) within each of the clinical professions.

The CoR Learning and Development Framework mapped well to the project framework. Broad agreement has been reached across twenty one AHPs confirming that leadership was felt to be of high importance. The SCoR stance on leadership is believed to be more advanced than that of other AHPs.

AAA screening programme

The AAA screening programme is in the final roll out stage in England. The contract for the Training AAA Screeners for the National AAA Screening Programme has been awarded to the University of Salford.

Modernising Scientific Careers

Consultation took place during 2009 on Modernising Scientific Careers. SCoR contributed to the debate and in principle supports career frameworks. The MSC framework is of interest to some SCoR members, notably those who work in Nuclear Medicine, Radiotherapy planning and scientific research. SCoR expressed the view that the proposals lacked clarity around career progression opportunities for Healthcare Science Assistants.

Health Professions Council

The Health Professions Council (HPC) has questioned whether the generic standards of proficiency are still relevant, both in radiography and also to newer professions. The College has responded to both questions.

There has been some consternation surrounding the possibility of the HPC approving programmes at a lower level than BSc (Hons). It is noted that there is provision for this in the HPC standards.

The HPC document 'Guidance on Conduct and Ethics for Students' has been published. The College has been involved in providing feedback via our student membership.

In March 2010 representatives from the HPC attended the Society and College's Council meeting. A number of questions were submitted by individuals.

Fellow of the College of Radiographers (FCR) by Portfolio

Work is on-going to develop a route to fellowship of the College of Radiographers by application and portfolio. Due to the prioritisation of work streams, it is not anticipated that this will be concluded in the coming year.

Scottish education strategy

The Scottish Common Core (ScCore) project has scoped the potential and purpose of a “common core curriculum” for four-year undergraduate honours degrees for a range of nursing and allied health professional programmes in Scotland in response to the need to develop a flexible, effective and employable workforce.

The final meeting of the project took place in February 2010 in Edinburgh. Members of AAB and the College were in attendance. The AAB feels the core dimensions are already embedded in radiography curricula. The project has now ended.

Placement management agency in London

In London, the Placement Management Agency is developing a database system to manage clinical placement allocation. It has been highlighted that there are differences between the placement needs of radiography compared to other professions.

Education and professional development: New directions

The SCoR document ‘Education and Professional Development: New Directions’ was published in March 2010. This new document supersedes the version ‘Education & Professional Development: Moving Ahead’ first published in 2003 and revised in 2006. Many of the principles of practice that were outlined in that document are still relevant. For patients, staff and employers to benefit from the opportunities outlined, continual development, growth and embedding of professional skills and culture are essential.

E-Learning for Healthcare

The value of the programme has been widely acknowledged. The Image Interpretation module is currently available to all in the NHS in England. It is expected that access throughout the UK will be achieved in the near future.

Admission tutor forum

To assist in reducing student attrition, the College of Radiographers has introduced the Admissions Tutor Forum, which was positively endorsed by the Heads of HEI meeting members. The responsibilities of the forum include identifying, generating and collating good practice initiatives with regards to recruitment and retention issues affecting pre-registration diagnostic imaging and radiotherapy programmes, and collaboration with the College of Radiographers to progress and influence national and local policy agendas on issues related to recruitment, admissions and education.

Practice placement forum

A Practice Placement Forum has also been developed this year, which was also positively endorsed by the Heads of HEI meeting members. Each EI was invited to send a representative, from the clinical environment who was able to report back to all clinical sites used by the university. The meeting has convened twice this year and has had excellent attendance.

The responsibilities of the forum include identifying, generating and collating good practice initiatives regarding practice placement issues affecting pre-registration diagnostic imaging and radiotherapy programmes and the development and maintenance of a communication channel and support for all practice educators and mentors.

3. Introduction

The College of Radiographers is pleased to publish the 2009-10 Approval and Accreditation Board (AAB) Report. This is the sixth year of operation of the AAB since its inauguration.

This report draws into a single commentary the approval and accreditation activity over the 2009-10 academic year. Its purpose is to provide a national overview of the nature and scope of education provision for the radiography workforce, thus giving a benchmark for education institutions (EIs) to use to support self-evaluation and development planning. The report provides comprehensive data and statistical information on the current and future workforce, and is recognised as the most authoritative record of radiography student recruitment, retention and completion in the UK.

The work of the AAB is continually evolving in order to respond to the challenging demands of the profession. It welcomes the opportunity to develop the profession in this evolutionary manner and looks forward to future developments.

The AAB continues to accomplish a significant amount of progress in the development of policy and overseeing and advising on all aspects of the approval and accreditation of courses and individuals to ensure consistency of approach and standards. The AAB provides a single framework in which all education approval work and accreditation activities are undertaken. The AAB takes its responsibility to maintain high quality radiography provision for the medical imaging and radiotherapy workforce very seriously and is continually working to raise standards.

The AAB has undertaken a great deal of work to develop a system that ensures continuity of engagement with both student radiographers and education providers.

This academic year we have again been successful in engaging all our radiography education providers in submitting their individual data. We wish to thank all our educational institution colleagues for their help and co-operation in supporting our work.

The AAB hopes that this year's report will provide useful dialogue for you and your institution.

4. Annual Monitoring Data

The Approval and Accreditation Board continues to play a crucial role in collecting, collating and analysing data related to radiography education and training. This report incorporates the data collected for the totality of education provision for medical imaging and oncology during the 2009-2010 academic year.

The Society and College of Radiographers (SCoR) remains the only professional body for the radiography workforce in the UK. Through this data it is possible for us to provide a comprehensive UK-wide picture of the representation of the radiography education provision for both the medical imaging and radiotherapy and oncology workforce across the UK.

This data enables individual education institutions to compare its specific data with the national data set, which is important information. The data also informs discussion with external bodies such as workforce development and planning, education commissioning and professional development. This has enormous implications for the future development of the radiography profession. We try to provide as much information as we can reliably collect given the constraints we have to face, due to the changes in contract arrangements that came into being in England in 2007.

This year we have used an online survey to collect the data instead of using the traditional paper version of the data monitoring schedule. The system received positive feedback last year, thus we intend to continue with this method for collecting data for future years. Two significant improvements have been made. Firstly, each education institution is now sent a copy of their answers for reference. Secondly, the education institutions are sent a copy of the questions in a PDF format so that they can be viewed before completing the questionnaire.

The AAB would once again like to thank all those education institutions who completed the online data monitoring survey this year. Without the continuing co-operation of our colleagues in radiography education a full picture cannot be gained.

Comparative data from 2006 – 2009 can be found in the appendices 1-3.

5. Services to Education Institutions and Students

A significant amount of monitoring and reviewing continues to take place since the AAB considers it of utmost importance to gather student data which informs national analyses and affects many tranches of work.

The AAB acknowledges it is imperative that students understand the value of SCoR membership before parting with membership fees. Therefore, for the 2009-10 academic year membership has been complimentary for first year students, while for all other cohorts the fee has remained at £4.00 per month. A six month free membership period on qualification applies to those students remaining in membership throughout their training and the process for obtaining this has been further streamlined.

The AAB wishes to thank EIs for providing SCoR with information for first year students this year in order to help provide membership numbers and passwords. All first year students during the 2009-10 year also received complimentary student membership packages. The packages contained SoR USB sticks loaded with SoR documentation, the first year student presentation, samples of StudentTalk and Synergy and a copy of the student membership booklet.

However, conversion rates from first year membership to continuing years membership has been very poor. Consequently, for the coming academic year (i.e. 2010-11) the student membership strategy has changed. First year student membership will remain complimentary. It will commence from 1 October 2010 – 30 September 2011 (NB. February intake student membership will commence from 1 February 2011 – 31 January 2012). From 1 October 2011, and until graduation, the cost of student membership will be £4 a month (£48 a year). February intake students' payment for membership will start on 1 February 2012.

If a student remains in membership, for the entire length of their training, they will receive 6 months complimentary full membership which commences on 1 October of the year of graduation. The student must remain in student membership until this date in order to be eligible. For February intake students, the 6 months complimentary full membership period commences on 1 April of the year of graduation.

Each EI will be asked to continue to send SCoR first year students information with basic details such as their names and university email addresses for our records.

The SCoR Officer who undertakes the SoR first year student talk will distribute new membership booklets which include an application form and a direct debit form. Students will be encouraged to join the Society and complete the membership form at the first year SoR presentation. Alternatively, students can post the forms to SCoR using the Freepost envelope provided.

The SCoR 'join online' system will not allow first year students to join online in the first year, however it will highlight that they are entitled to their first year of student membership free and ask them to contact the membership department. Continuing and final year students will be able to join online and should be directed to our website.

SCoR will no longer send student membership packs to each university. The packs will no longer exist. The USB sticks will be given as a gift when a student has completed a membership and direct debit form. The USB stick will be sent via SCoR when their application is processed, alongside a letter with the student's membership number. The USB stick is available as a gift as long as the forms have been received by SCoR before the end of Semester one i.e. 31 December 2010 (For February intake students this will be 30 June 2011). Students will, of course, be able to join throughout the year, however the complimentary period ends for all students on 30 September 2011.

Their membership will continue into the second year and the direct debit will commence on October 1 2011. However, students may cancel their membership at any time.

6. Educational Programmes

6.1 Pre-registration Programmes

6.1.1 Approvals/Re-approvals of Pre-registration Programmes

During the 2009-2010 academic year the AAB has been involved in the review and re-approval of the following pre-registration programmes:

- University of Teesside – re-approval of BSc (Hons) and PgD/MSc Diagnostic Imaging
- Birmingham City University – re-approval of BSc (Hons) Diagnostic Radiography and BSc (Hons) Radiotherapy
- Queen Margaret University – re-approval of BSc (Hons) Diagnostic Radiography and BSc (Hons) Therapeutic Radiography
- University of Bradford – approval of BSc (Hons) Medical Imaging Lahore (approval of facilities)
- University of Liverpool – approval of PgD in Radiotherapy
- Canterbury Christ Church University – re-approval BSc (Hons) Diagnostic Radiography
- University of the West of England – re-approval of BSc (Hons)/PgD Diagnostic Imaging and BSc (Hons)/PgD Radiotherapy

Currently, 24 EIs are accredited to offer diagnostic and therapeutic radiography programmes, successful completion of which leads to accreditation as a practitioner and eligibility to apply for registration with the HPC.

24 EIs are accredited to offer diagnostic radiography programmes.

- 20 EIs are accredited to offer programmes of three years 3 EIs are accredited to offer programmes of four years duration
- London South Bank University is accredited to offer a 4-year part-time in service BSc(Hons) Diagnostic Radiography programme
- Anglia Ruskin University is accredited to offer a 2-year part time distance learning BSc(Hons) Diagnostic Radiography as a top-up programme for Assistant Practitioners – at the present time the programme is not running.
- University of Teesside is accredited to offer a PgD/MSc Diagnostic Radiography programme.
- No EIs are currently offering part-time BSc(Hons) Diagnostic Radiography programmes. However, Birmingham City University, University of Derby, University of Hertfordshire, Sheffield Hallam University, University of Cumbria and University of the West of England are approved to run part-time routes.

15 EIs are accredited to offer therapeutic radiography programmes:

- 12 EIs are accredited to offer programmes of three years duration
- 2 EIs are accredited to offer programmes of four years duration
- London South Bank University is accredited to offer a 4-year part time BSc (Hons) Therapeutic Radiography programme
- Anglia Ruskin University is accredited to offer a 2-year part time distance learning BSc (Hons) Therapeutic Radiography as a top-up programme for Assistant Practitioners – at this present time the programme is not running.

- Sheffield Hallam University and Queen Margaret University are accredited to offer PgD Therapeutic Radiography programmes
- London South Bank University is accredited to offer a PgD/MSc Therapeutic Radiography.
- University of Liverpool is accredited to offer a PgD in Radiotherapy

No EIs are currently offering part-time BSc(Hons) Therapeutic Radiography programmes. However, Birmingham City University, University of Hertfordshire and University of the West of England are approved to run part-time routes.

City University, London has had the London Clinic approved for purposes of student training for two students per cohort, subject to a maximum of four students at any one time. In addition, the move of premises in respect of the Radiotherapy Department at St Bartholomew's Hospital was approved.

The accreditation of Bangor University's undergraduate programme has expired. However it is expected that accreditation will be sought in early spring next year.

The University of Bradford's BSc (Hons) Medical Imaging Lahore programme was initially approved in 2007 subject to a visit to the facilities, in Pakistan. However, due to the political climate still remaining unstable for College assessors to visit it, it was agreed that a visit to Bradford and a link with Lahore via Skype would be sufficient. This offered the assessors the opportunity to talk to students and course directors in Lahore and to discuss the programme with the Bradford course team, many of whom had visited Lahore and had a good level of knowledge of the programme and its issues.

University Campus Suffolk has been approved to utilise the placement facility at Colchester General Hospital in relation to the BSc (Hons) Oncology and Radiotherapy Technology programmes for five students per cohort, subject to a maximum of ten students at any one time.

Canterbury Christ Church University has changed the intake date of the second BSc (Hons) Diagnostic Radiography cohort from February to April with effect from 2010.

There has been an increased interest in gaining College approval from international educational institutions this year. The College has been approached by four institutions with an approval event scheduled for early October 2010 at Dubai Women's College and Abu Dhabi Men's College in the United Arab Emirates. It is hoped the other institutions will seek approval in the forthcoming year.

6.1.2 Entry Numbers (first years) to Pre-Registration Programmes

Table 1, below, illustrates the number of diagnostic and therapeutic radiography first year students registered with EIs. This data was collected from the completed CoR annual monitoring schedules with a census date of November 1st 2009.

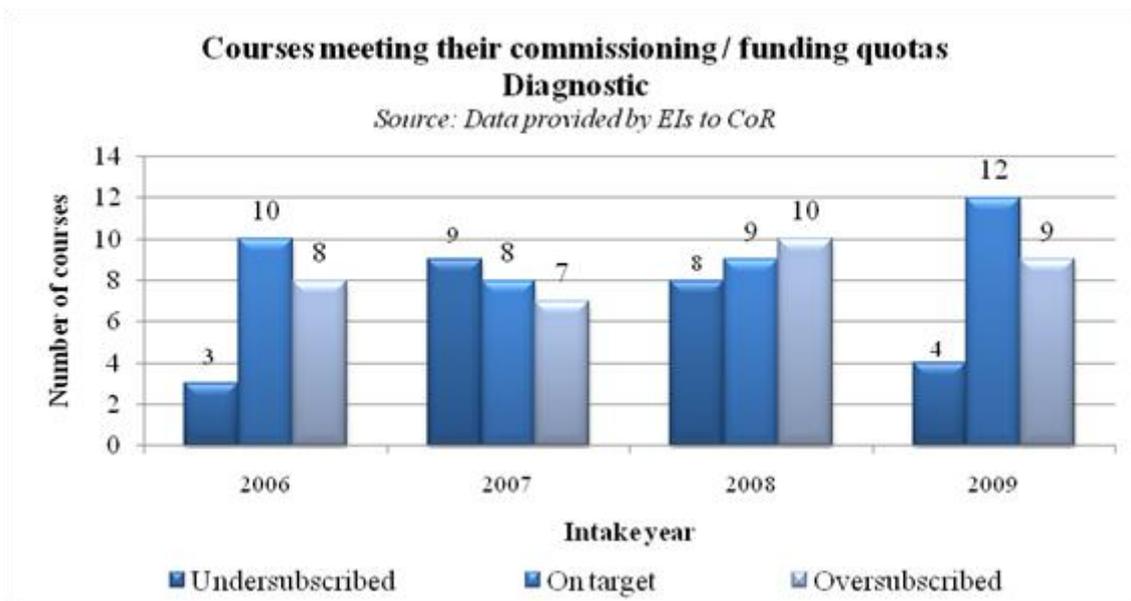
Number of first year students registered with the EIs	
Diagnostic Students	Therapeutic Students
1351	363

Table 1

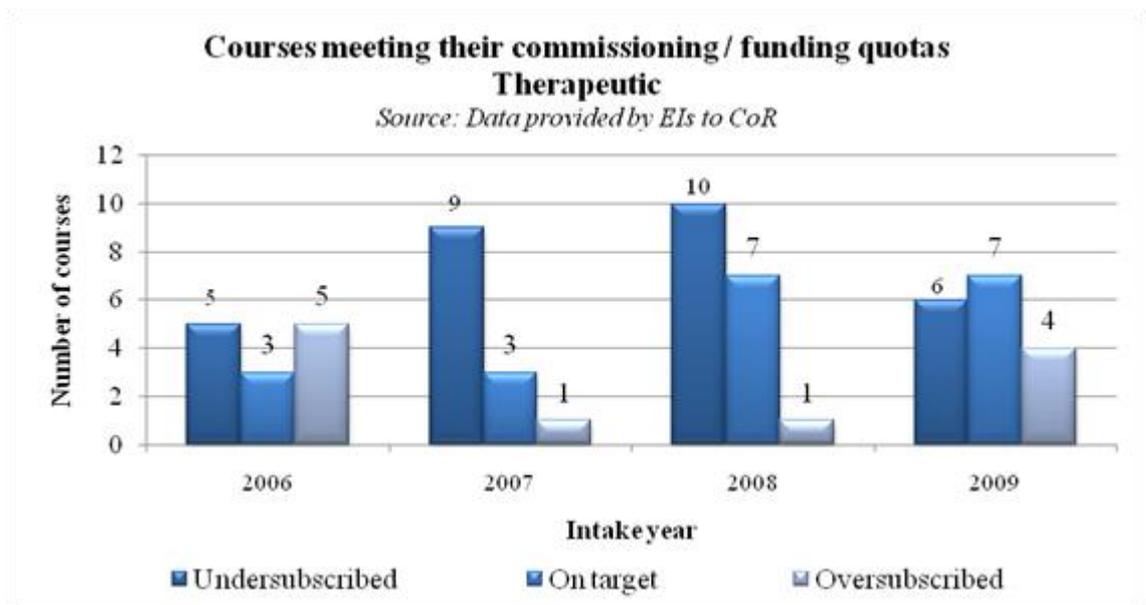
This year all EIs submitted their data for inclusion in this report. This is very much appreciated as it is imperative that CoR collects all the relevant data from each EI in order to produce reliable data, which can be used as evidence to support students and EIs in the future.

6.1.3 Comparison of commissioned/funded student numbers with EI student uptakes

Using data provided by EIs, the graphs below (2a and 2b) represent an overview of the commissioned/funded student numbers in comparison with uptake of students to radiography programmes in EIs.



Graph 2a



Graph 2b

Notes:

"Undersubscribed" means fewer students enrolling on the course than the number of commissioned / funded places

"On target" means the number of students enrolling on the course equalled the number of commissioned / funded places

"Oversubscribed" means more students enrolling on the course than the number of commissioned / funded places

The SCoR data is incomplete due to not all EIs providing intake data for all years.

From the diagrams it is clear to see the trend is that courses are meeting their commissions/funding quotas and that there is a significant reduction in the number of course which have been undersubscribed.

UCAS has seen an increased in applications across the board this year and EI's have generally reported significant increases in the number of application that they have received. UCAS expects that in the next academic year the number of applications are likely to be considerably increased. This is good news for those EIs who continue to have undersubscribed courses. However, EI's may have to develop their selection strategy to deal with increased applications.

Radiotherapy courses are still experiencing under-subscription and this identifies an area where work needs to continue to raise the profile of the radiotherapy profession.

Example of reason given by EIs for under subscribing of radiography programmes include:

- 18 students did not turn up on day one of the programme

Examples of reasons given by EIs for over subscribing of radiography programmes include:

- Increased students numbers to account for attrition from the programme in the early stages
- Administrative errors that resulted in students attending when the university were not expecting them for a year

- More students made the university their first choice than usual. Normally this university makes an offer ratio of 3:1, however, this led to over recruitment of students this year
- More applicants achieved the required grades than usually expected

Examples of successful strategies for meeting commissioned/funding numbers targets given by EIs are:

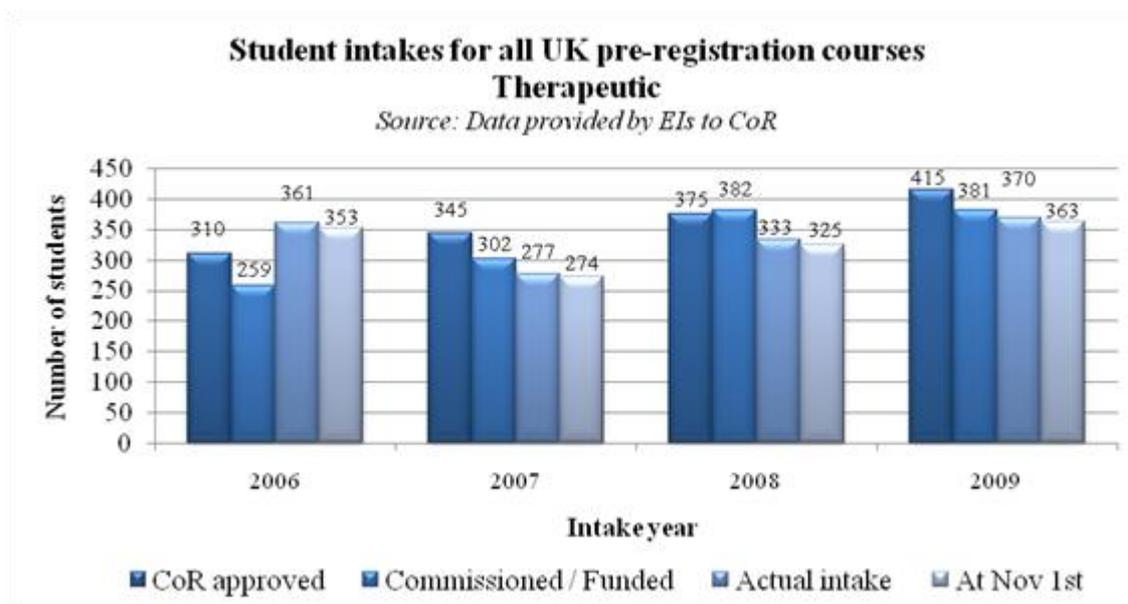
- Department of Radiography open days using X-ray skills suite with agreement with local college, schools and career visits
- Interview all candidates with university and clinical staff
- At clearing the recruitment team question potential applicants to ensure that they are highly motivated and have clear knowledge of the course
- Provide comprehensive series of university open days, open evenings and events for prospective students and attend careers events across the region
- Early processing of UCAS forms
- Candidates have to submit a personal statement including their reflections on a clinical visit
- Recruitment involves a visit to a department or to a recognised open day at a department prior to interview, to reduce the wrong career choice attrition
- Short list from UCAS application forms and interview every student prior to offering a place, including those coming via clearing
- When students come for interview ensure they see all the facilities, meet the academic team, have talks on finance, accommodation, student union and the course
- 'Scoring' candidates, at interview, against a 'person specification' has been found useful in making decisions
- Interactive open days where prospective students are involved in hands on activities enhancing their understanding of the profession
- Applicants, who are invited for interview, are provided with details of resources/web-sites to further explore radiography in order to help them to make an informed decision about radiography
- Reserve list for next intake.

6.1.4 Pre-Registration Student Intake Details

The CoR monitors pre-registration student intakes in detail. Further summary information on intakes is given in Appendices 1-3 as follows:

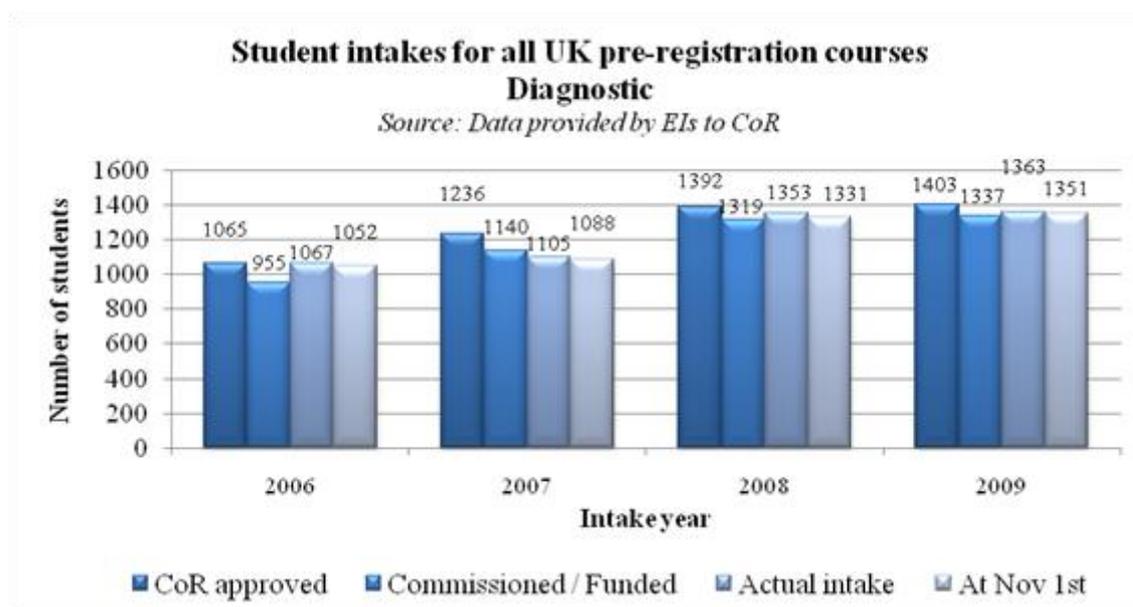
- Student intakes for all UK pre-registration radiography courses (i.e. all BSc(Hons) and postgraduate programme): Actual intakes compared to CoR approved intakes
- Range and average intake figures for EIs for the academic years 2006-2009
- Attrition rates

Graph 3a below demonstrates the student intakes for all UK pre-registration courses in the UK for therapeutic radiography between 2006-9.



Graph 3a

Graph 3b below demonstrates the student intakes for all UK pre-registration courses in the UK for diagnostic radiography between 2006-9.



Graph 3b

*Notes:
For 2007 – 2 EI figures are missing*

6.1.5 Clinical Placements for Pre-Registration Programmes

Data was collected on new clinical placements providing experience for pre-registration students. The 25 completed surveys share a total of 226 major clinical placements providing clinical education for diagnostic radiography students and 59 major clinical placements for therapeutic radiography students.

6.1.6 Completion Numbers for Pre-Registration Programmes

Table 4 below shows the number of students that graduated during 2010, and thus became available to the radiography workforce in the United Kingdom.

Number of students graduating from radiography programmes in 2010

	Diagnostic	Therapeutic
	919 BSc (Hons)	210 BSc (Hons)
	5 MSc	5 PgD
Total	924	215

Source: Pass lists from EI

Table 4

Appendix 4 demonstrates the distribution of degree classification for both diagnostic and therapeutic graduates for 2009 and 2010.

6.1.7 Student Attrition

Student attrition for both disciplines of radiography has been a concern for a number of years. The issue has been highlighted in previous reports and the College has responded by publishing the 'Improving Student Retention: Guideline & Good Practice' document. The document can be downloaded via the following link <http://doc-lib.sor.org/improving-student-retention-guidelines-and-good-practice>.

The subject has been presented and discussed in many areas over the last year including at Department of Health level and being a major focus of the College assessors training day.

In 2009-10 academic year attrition rate is 25.4% for diagnostic imaging and 33.3% for therapeutic programmes. The data collated demonstrates a 0.6% improvement in attrition for diagnostic students when compared to the data collated in the previous year and a 4.0% improvement in the attrition rate for therapeutic students. A summary is provided overleaf (Table 5) with additional data located in appendix 3.

**Attrition Rates for Diagnostic Imaging and Therapeutic Programmes
between 2007-2010**

Year	Diagnostic Imaging Programme Attrition	Therapeutic Programme Attrition
2009-10	25.4%	33.3%
2008-9	26.0%	37.3%
2007-8	36.6%	42.7%

Table 5

Successful strategies EIs have identified as being effective in reducing the number of students who do not complete a radiography course, and may, therefore, be useful for other EIs to adopt, include:

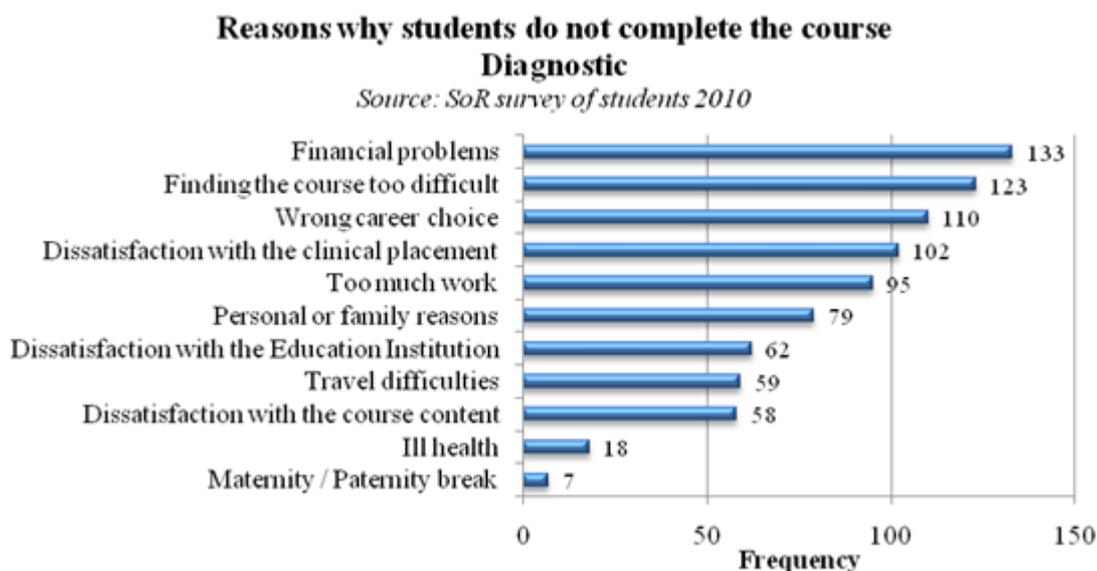
- Increased admissions tariff and more specific requirements to provide a more selective process
- Provide additional tutorials and mock exams
- Provide various student support strategies such as personal tutor or cohort tutor support when students have personal problems, a short clinical placement in the first eight weeks to allow students to see the reality of the profession and increase guidance, in the first semester, on referencing and academic writing skills
- Implement computer-based assessments and phased test as formative assessments to identify any potential failing students
- Introduce ‘student support officer’ roles
- Provide good support structures at clinical placement sites
- Provide additional central support where students can improve their numeracy, literacy, statistics skills if required and find help for issues such as finance, counselling, welfare and accommodation
- Devise a University-wide approach to enhancing the first year experience
- Through planning at the recruitment stage with careful selection at interview and insistence on prior work experience
- Implement a ‘student to student’ mentoring scheme
- Improve financial support for students who have to pay for secondary accommodation due to being placed at distant clinical placements

- Have an integrated PDP and PBL facilitator personal tutor system in year one
- Develop confidence groups
- Use portfolios to review progress and develop actions plans
- Use an e buddy system (via email) – matching first years students with third year students by clinical placement
- Provide clear information at recruitment to inform student choice
- Provide detailed assessment feedback and good communication to keep students engaged with their studies
- Early identification of student issues
- Provide financial support along with local recruitment as this has been an incentive

Reasons students gave EIs for not completing the programmes included:

- Health problems
- Wrong career choice
- Personal problems
- Studies interrupted for personal reasons such as maternity leave
- One student was withdrawn for breaching professional conduct rules
- Transfer to another health related course and ill health
- There was a large drop out a cohort (non-salary) with not all places being filled and then students leaving for personal financial reasons. 2009/10 cohort 14/15 remain on the course (salary)

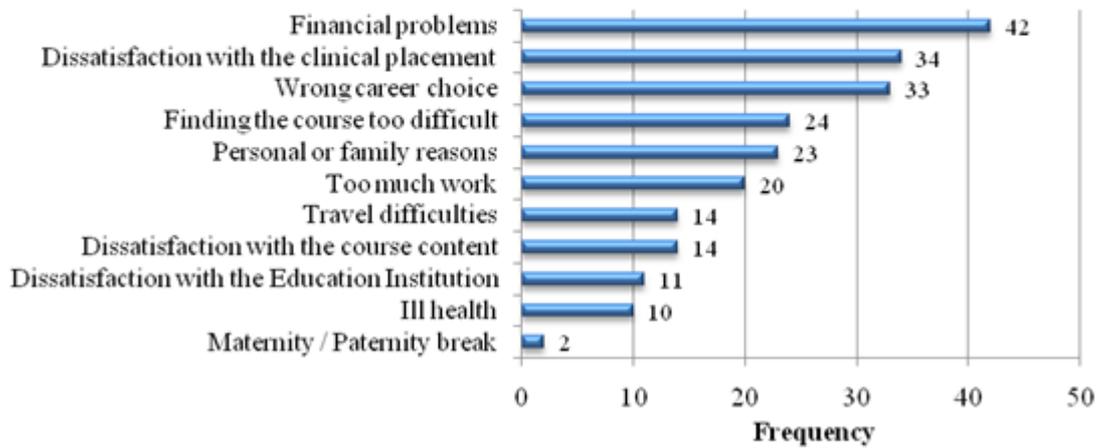
The recently published SCoR ‘Student and Recent Graduate Survey 2010’ highlighted some further interesting facts. The reasons given for not completing the course are collated below, in graphs a and b, according to the course discipline and are shown in separate graphs for diagnostic radiography and therapeutic radiography. For both disciplines ‘financial problems’ is the most commonly selected factor, with finding the course too difficult; wrong career choice and dissatisfaction with clinical placement also frequently selected. Two other factors highlighted by more than two respondents in the free text responses are a lack of respect shown to students on clinical placements and failing parts of the course.



Graph 6a

**Reasons why students do not complete the course
Therapeutic**

Source: SoR survey of students 2010

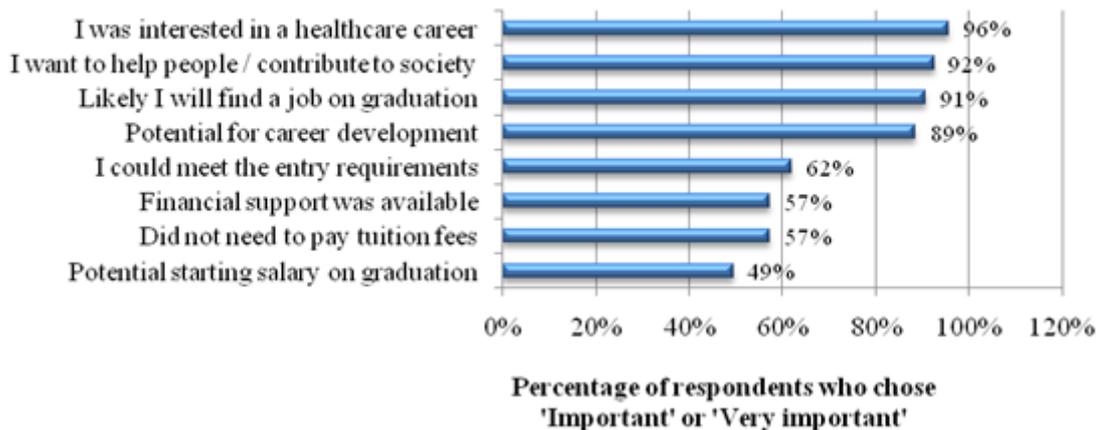


Graph 6b

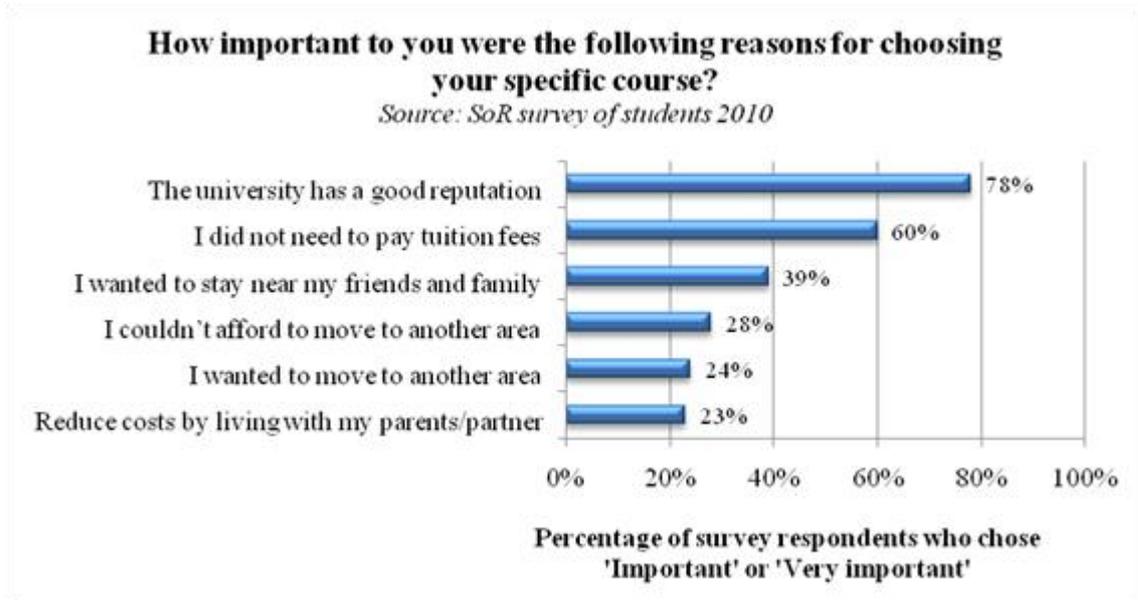
The main reasons students give for choosing the subject of radiography are that they are interested in a healthcare career; want to help people/contribute to society; feel it is likely they will find a job on graduation; and there is potential for career development. Financial considerations are considered less important by the respondents (see graphs 7 and 8).

**How important to you were the following reasons for choosing
the subject of radiography?**

Source: SoR survey of students 2010



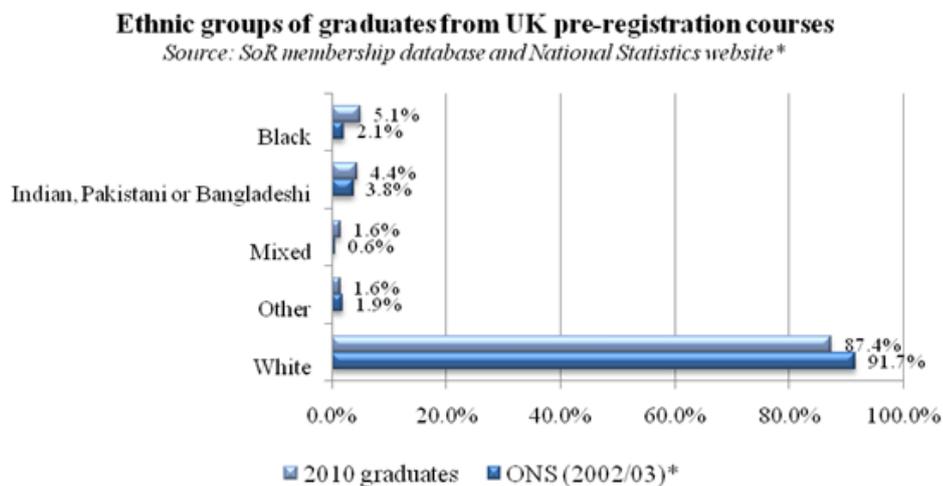
Graph 7



Graph 8

6.1.8 Diversity profile of graduates from pre-registration radiography programmes in 2010

The following graph (9) has been produced using data taken from the Office of National Statistics (ONS) and the SCoR database for radiography graduates. The ONS statistics are taken as the percentage of UK working-age population by ethnic group in 2002-3. This is the latest data available.



Graph 9

Data for 2010 graduates is based on around half of the graduating population. Data from the remaining graduates is currently unavailable or undeclared.

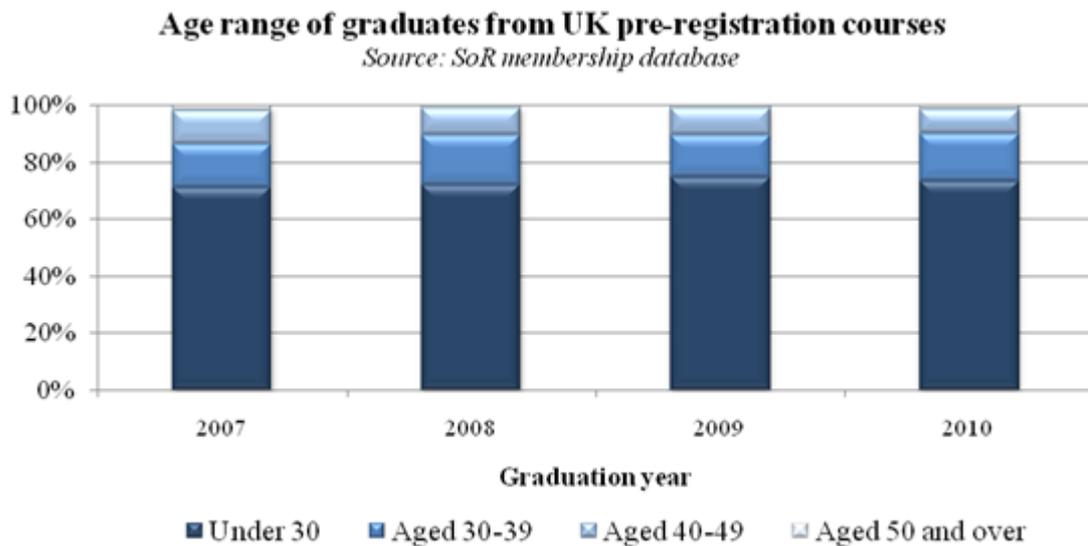
*Percentage of UK working-age population by ethnic group, 2002-03 (data from later years not available as of Jul 2009). Source: National Statistics website: www.statistics.gov.uk Crown copyright material is reproduced with the permission of the Controller Office of Public Sector Information (OPSI). Reproduced under the terms of the Click-Use Licence.

The graph below (10) demonstrates the gender of BSc (Hons) radiography graduates in 2009 in relation to 2007-10. It shows that the profession continues to be dominated by females. Graph 11 illustrates the age range of BSc (Hons) radiography graduates in 2010 in relation to 2007-9. No significant changes are noted.



Graph 10

Note: This data is based on 59% of the graduating population as data from the remaining graduates is currently unavailable.



Graph 11

Note: This data is based on 59% of the graduating population as data from the remaining graduates is currently unavailable.

6.1.9 *Society and College of Radiographers Student and Recent Graduate Survey 2010*

The 'Student and Recent Graduate Survey 2010' has recently been published and is available via the following web link <http://doc-lib.sor.org/survey-students-and-recent-graduates-2009>

This document presents an analysis of an online survey of students and recent graduates run by the SoR in July 2010. The survey was targeted at current radiography students and graduates from radiography degrees since 2009.

The survey was anonymous and covered as many students and recent graduates as possible. Subjects were identified from the SCoR membership database and emailed to ask if they would complete the online questionnaire. The survey was also advertised in the SoR email newsletter Student Talk and on the SoR website. Respondents were offered the option of entering a prize draw if they completed the online survey. Almost 500 respondents answered a range of questions in an online questionnaire about the reasons they chose radiography, their finances during and after their degree and their experiences in their first job. The document presents an analysis of this survey and the following point to highlights within the main findings.

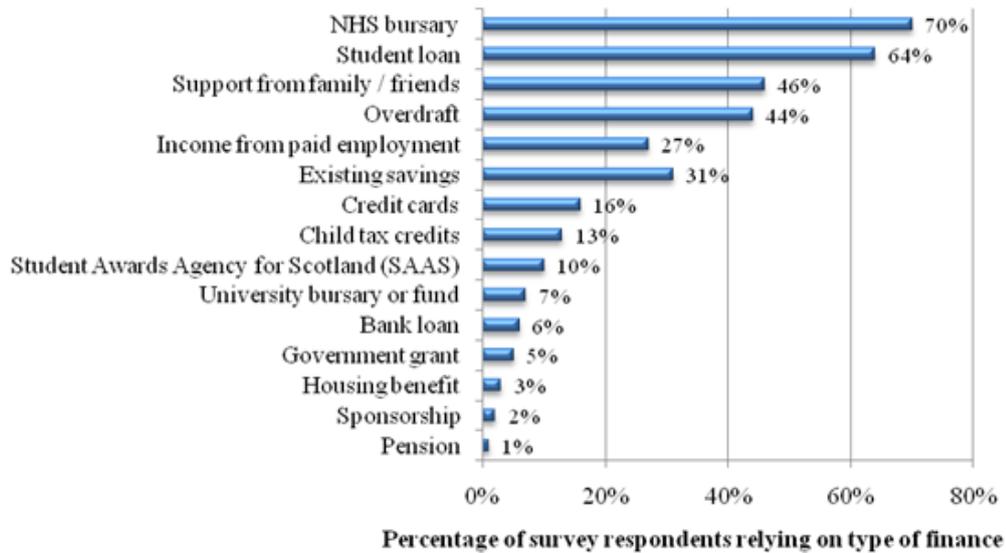
The main reasons students give for choosing the subject of radiography are that they are interested in a healthcare career; want to help people / contribute to society; feel it is likely they will find a job on graduation; and that there is potential for career development. The most important reason for choosing a specific course is the reputation of the university.

Financial problems is the most commonly selected factor for not completing the course, with finding the course too difficult; wrong career choice and dissatisfaction with clinical placement also frequently selected. Respondents were asked to select all the types of finance they relied on to fund their studies. 23% of respondents did not select either NHS bursary or Student Awards Agency for Scotland (SAAS), presumably because they are not eligible for an NHS bursary or SAAS award.

The types of finance that student rely upon as shown in Graph 12 on the following page.

Type of finance relied on by students to fund studies

Source: SoR survey of students 2010

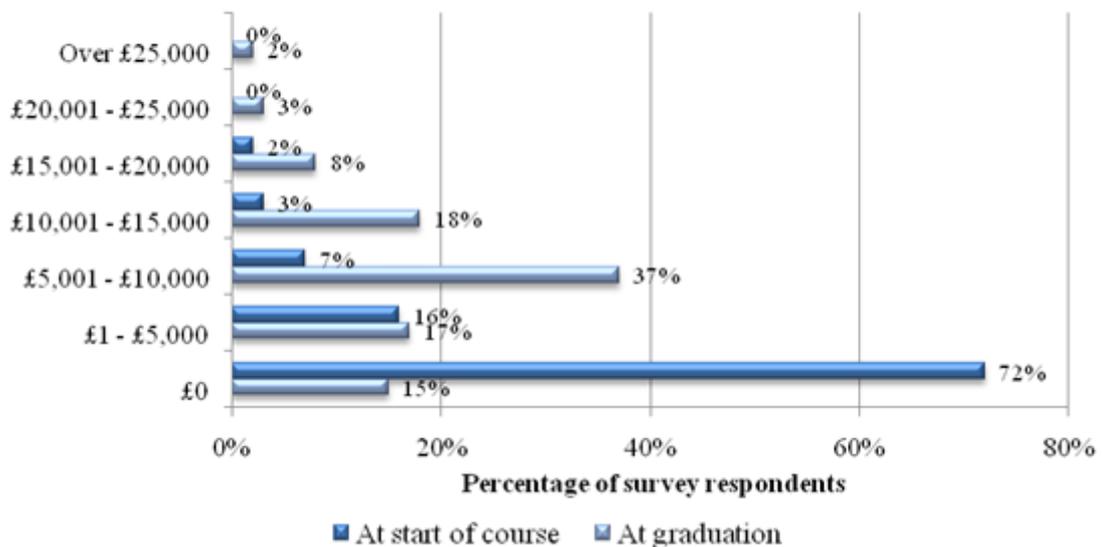


Graph 12

The average graduate was found to be in debt by between £5,000 and £10,000 on the date of their graduation, or was expecting to be. Whilst this level of debt is worrying, it is not as high as the average debt students in other subjects can expect: the 'Push Student Debt Survey' published in August 2010 <http://www.push.co.uk/Debt-Survey-2010--Summary/> found that third year students across all subjects are expecting to graduate with a debt on average of £14,100 (see graph 13 below).

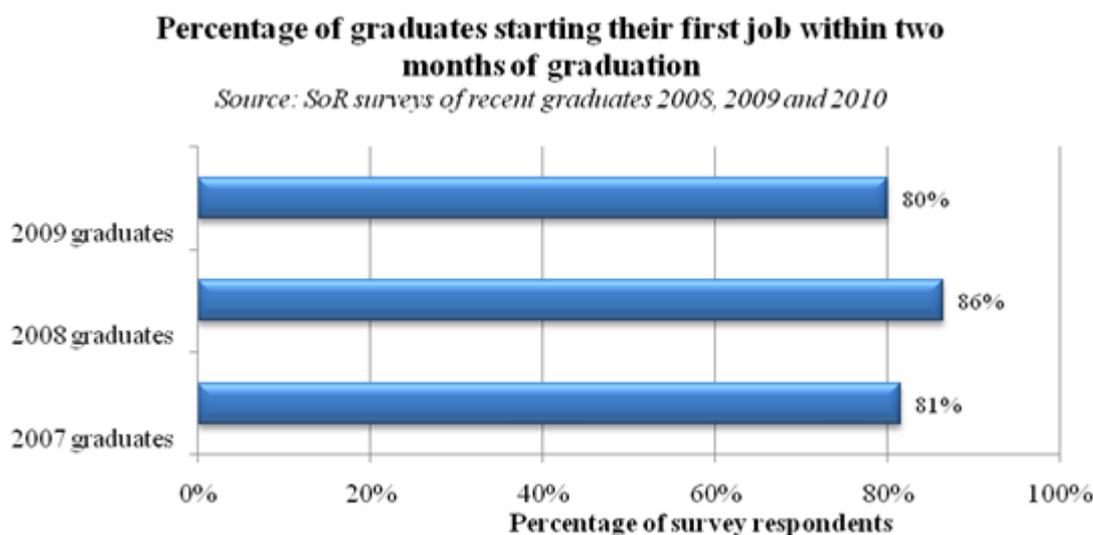
Level of student debt (not including mortgage)

Source: SoR survey of students and recent graduates 2010

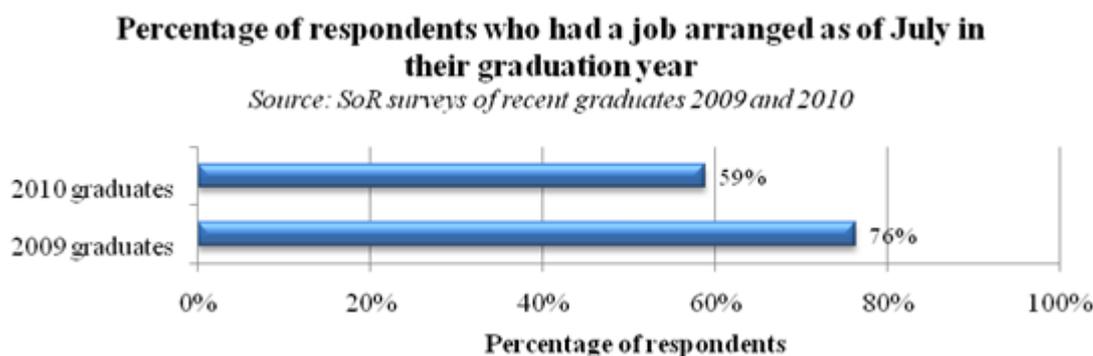


Graph 13

80% of 2009 graduates who responded to the survey started their first job within 2 months of graduating, indicating that the job market for radiography graduates was still strong in 2009. However, the recent government downward pressure on public finances may already be starting to have a negative effect on the job market for radiography graduates as the number of 2010 graduates with a job arranged as of July (59%) has decreased compared with last year's figures (76%) – see graph 14 and 15 below.



Graph 14



Graph 15

Graduates from 2009 are overwhelmingly positive in their assessment of their first year working as a qualified radiographer: over 90% agreed or strongly agreed that their career is so far consistent with their expectations.

6.2 Postgraduate Post Registration Programmes

The AAB continues to approve courses at postgraduate level across the scope of practice of radiography and has been involved in the following approvals and re-approvals during the period covered by this report:

- 6.2.1 University of Salford– re-approval of MSc Advanced Practice Nuclear Medicine
- 6.2.2 University of Bradford – re-approval of MSc Medical Imaging and nested awards

- 6.2.3 Sheffield Hallam University – re-approval of MSc Radiotherapy and Oncology
- 6.2.4 Cardiff University – approval of PgC/PgD Image interpretation, radiographic reporting plus clinical competence in mammography
- 6.2.5 Kingston University – approval of External Beam Radiotherapy Planning
- 6.2.6 London South Bank University – approval of GC Adult Cardiac Catheter Laboratory Practice

There has been no significant increases or decreased in the number of request for approvals in relation to postgraduate post registration programmes.

6.3 Assistant Practitioner Programmes

As of May 2010 the number of accredited assistant practitioners programmes are as follows:

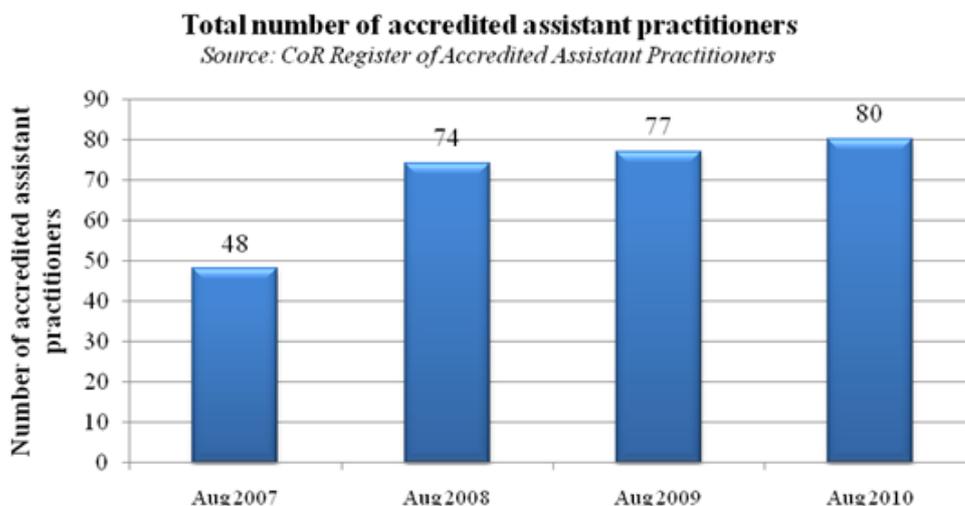
- 18 Clinical Imaging
- 10 Therapeutic Radiography
- 11 Breast screening

The AAB continues to approve courses at assistant practitioner level and a few more are currently going undertaking the approval process. The AAB has been involved in the following approvals and re-approvals during the period covered by this report:

- 6.3.1 Kingston University/St Georges University of London – re-approval of FdSc Breast Imaging
- 6.3.2 University Hospital of North Staffordshire (Hanley Breast Screening Clinic) – approval of Certificate of Competence in Mammography for Assistant Practitioners
- 6.3.3 University of Teesside – approval of Foundation degree Health & Social Care Practice/Cert HE Effective Practice in Care

A query has been raised as to whether trainee assistant practitioners could join the SCoR voluntary register. To clarify, the register is a means of informal regulation and is therefore appropriate only for assistant practitioners who have successfully completed their training. However, trainee assistant practitioners can become members of the Society whilst undertaking their training. Eligibility for assistant practitioners to join and/or remain on the voluntary register includes maintaining clinical competency.

Graph 16, below, indicates the trend in accredited assistant practitioners from 2007-10.



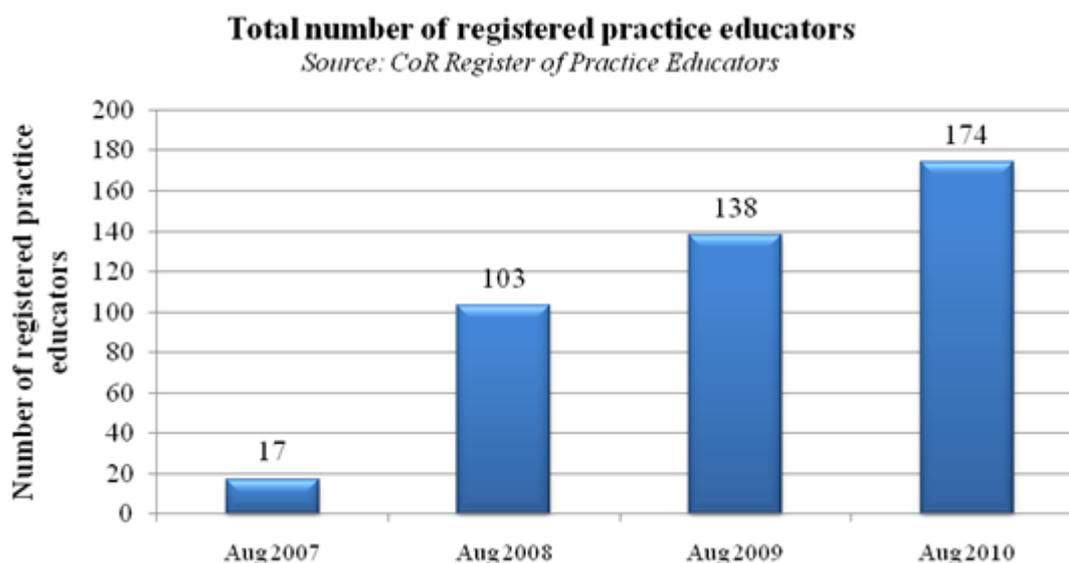
Graph 16

The AAB continues to believe that, in the interests of public safety and the safety of those who are providing clinical supervision, each practising assistant practitioner should seek to become accredited, and that service managers should support them in this. Accreditation, with or without Society membership, enables the individual to access CPDNow and other on-line material to support their career development and continuing professional development. **EIs are asked to encourage trainee assistants, on qualifying, to seek entry to the College's register.**

6.4 Practice Educator Accreditation Scheme (PEAS)

The Practice Educator Accreditation Scheme (PEAS) has now been in existence for nearly four years. At the end of August 2010 174 practice educators had been granted accreditation; an increase of 42 in this academic year.

Graph 17 indicates the trend in registered practice educators since the register opened. It can be seen that there has been minimal submitted applications for accreditation during the last year.



Graph 17

There now stands 21 accredited practice educator programmes. This includes three programmes by the CSP and three by COT that CoR has accepted by reciprocal arrangement

SCoR continues to develop strong relationships with the Chartered Society of Physiotherapy (CSP) and the College of Occupational Therapists (COT) towards devising a unified approach in which to have one scheme. The common branding of the three schemes has been difficult to move forward and will require much further work.

Joint meetings between the three professional bodies continue on a regular basis to provide opportunities to identify and address emerging issues of common interest and share emerging best practices.

Considerable work continues to be undertaken in seeking engagement with other AHPs to ensure that the unified approach allows inclusion of all professions. As a result all AHPs were invited to attend an event in September 2009 aimed at showcasing the current schemes, discussing the vision of the one scheme approach and developing a way forward.

Expressions of interest from other professional bodies such as The Society of Chiropractors and Podiatrists (SoC&P) have been noted. The Society of Chiropractors & Podiatrists has a similar accreditation scheme, PACE, which is being delivered in isolation at Southampton University. The intellectual property rights have been sought since the scheme has been modelled on the existing frameworks.

The British Psychological Society has confirmed that progress has been ongoing in developing an accreditation scheme and welcomes engagement with interprofessional work and events in the future

The Department of Health (DH) has been investigating the accreditation of allied health professionals (AHPs) as practice educators. Representatives from CoR attended a DH meeting to discuss possible schemes. Developments in this area were expected to be published earlier this year, however with the change in Government, it is unclear what will happen with this work now. It is hoped that the CoR accreditation framework and process will be taken into account if the DH considers continuing to take this forward.

A poster on the collaboration of AHPs for practice educators was accepted and displayed at the Higher Education Academy's Festival of Learning 2010, Edinburgh and was well received.

Samantha Jewell, professional officer for students and education, is now an executive committee member of the National Association of Educators in Practice (NAEP). The main purpose of the association is to support people in roles that span education and practice in health and social care, and to promote the importance of such roles. NAEP works to provide support and influence local and national policy.

6.5 Short Courses

Submissions for short courses continue to be received. The short courses approved this academic year are:

- 6.5.1 Buckinghamshire Hospitals NHS Trust – re-approval of Certificate of Competence in Administering Intravenous Injections
- 6.5.2 Vertec Scientific Ltd – approval of IR(ME)R Operator Training
- 6.5.3 Southern Dental Trainers – re-approval of Dental Radiography Programme
- 6.5.4 London South Bank University – approval of GC Adult Cardiac Catheter Laboratory Practice
- 6.5.5 National Osteoporosis Society – re-approval of National Training Scheme for Bone Densitometry

The AAB continues to encourage the development of short courses to support continuing professional development and hopes educational providers will continue developing innovative short courses to support practice in the next academic year. However, the AAB recognises that due to the pressure on educational institutions in the current political climate, this may be difficult.

7. Staffing and Staff Development

7.1 Staff Establishments

The AAB has a role in ensuring that education providers are staffed appropriately in relation to provision and overall student populations.

The following table (18) shows the overall numbers of radiographers employed in education. For comparison, staffing numbers for the preceding three years are shown. This table shows that overall staff numbers have dropped in the last academic year.

Numbers of radiography qualified staff employed by Education Institutions

Date	Diagnostic Qualified FTE	Therapy Qualified FTE	Total
1 Nov 2009	221.48	89.58	311.06
1 Nov 2008	248.96	102.95	351.91
1 Nov 2007	214.25	73.80	288.05
1 Nov 2006	207.4	69.93	277.33

Table 18

Note: For 2006-8 we did not received complete data sets for all EIs.

7.2 Staff Development

The aim of this section of the report is to provide information on the key activities of staff development during this period.

It is very encouraging to see a significant amount of staff development continuing within higher education. A significant amount of staff development activity which is relevant to the development and delivery of radiography courses has taken place over the last academic year. This year, a number of staff have completed or are actively undertaking masters' degrees, other postgraduate programmes and doctorates to support academic practice and development.

There has been wide attendance at local, national and international study days and conferences, covering a wide ranging of specialities. This has included UK Radiological Congress, the British Medical Ultrasound Society's Annual Scientific Meeting and Exhibition and the annual meeting of the Radiological Society of North America.

The progress taking place demonstrates a very strong commitment to staff development within the profession which is excellent to see and the AAB hopes that this continues in future years.

Several promotions of teaching staff have been made over the last year with many lecturers being promoted to senior lecturer level. A few staff have been promoted to Principal Lecturer, Head of School/Radiography and Faculty Associate Dean for Learning and Teaching positions. As a consequence of university restructuring, new posts have been created, 'Head of Medical Imaging' and 'Director of Education for Medical Imaging'.

Two teaching fellows have been awarded and one member of staff has become a professor. One member of staff has been appointed to sit on the Health Professions Council.

A significant amount of international travel/work, by teaching staff, has been undertaken over the last year in relation to their work. Examples include:

- attendance at ISSRT and subsequent development of Image Interpretation course for Botswana
- staff being involved in developing a European masters degree
- as part of the ERASMUS exchange scheme, staff have been to Brussels, Belgium, Ljubljana and Slovenia
- development and validation of the BSc (Hons) Diagnostic Radiography & Imaging in Singapore
- a visit to the USA to look at radiography education models, which resulted in the publication of an article for Synergy
- members of HENRE regularly travelling to Europe, or engaging in video conferencing events
- two members of staff who have travelled to the Karolinska Institute, Sweden to forge links with their undergraduate radiography programme
- two members of staff who have travelled to Norway to visit students on exchange placement there and to undertake teaching
- top-up degree from Diploma to BSc delivered in Malaysia
- a visit to Mahsa College, Kuala Lumpur to investigate franchise of distance learning
- being awarded the Winston Churchill travel fellowship to research the recruitment and retention strategy used in Canada
- a member of staff has acted as a reviewer for the IIRRT in Eire for the radiotherapy programme and this review is ongoing
- two staff attended course at IN Holland university in the Netherlands on IGRT
- setting up a computer link, via Elluminate, for an international link with Dubai, and participation in the linking session

Several EIs organise comprehensive staff development programmes, based on self managed scholarly activity which is used for pedagogic and professional development.

A radiotherapy teaching team has been involved in attending further development and education in facilitation to provide a students graduate development programme for which they won an award presented by the University this year.

7.3 *Staff holding Doctorates*

Doctorates are held by twenty eight qualified teaching/lecturing staff for diagnostic imaging programmes and nine for therapeutic. An increase is demonstrated, indicative of a strong commitment to staff development, which the College welcomes.

8. Accreditation Process

8.1 Advanced Practitioners

The development of the accreditation process for Advanced Practitioners has now been completed after a major redraft of the underpinning documents and strengthening of the CPD platform to support the accreditation process.

Three advanced practitioner accreditations have been made. The review and ‘sign-off’ of these accreditations was undertaken by selected College Professional Officers. Each submission was reviewed in detail by at least two of these Professional Officers, with all able to have sight of the full submission. In due course it is anticipated that this function will be undertaken by assessors nominated by the College and working under the auspices of the AAB.

There are currently an additional fifty practitioners registered to participate in the scheme’s evaluation. Informal discussion with a number of these, as well as with the successful candidates, suggests that a number of modifications to the scheme might be helpful, including simplifying the guidance as the process is fairly straightforward.

The Professional Officer overseeing the development of this accreditation process will be engaging proactively with candidates with a view to supporting them through the accreditation submission processes and to gather further evidence for changes/modifications that might remove potential barriers.

8.2 Post Registration Skills Accreditation

As in previous years, the demand for the CoR’s Certificate of Competence in Intravenous Administration and the Postgraduate Award in Mammography Practice continues.

The tables below provide data on the up-take and output associated with these accreditation processes for the period 1st September 2009 – 31st August 2010.

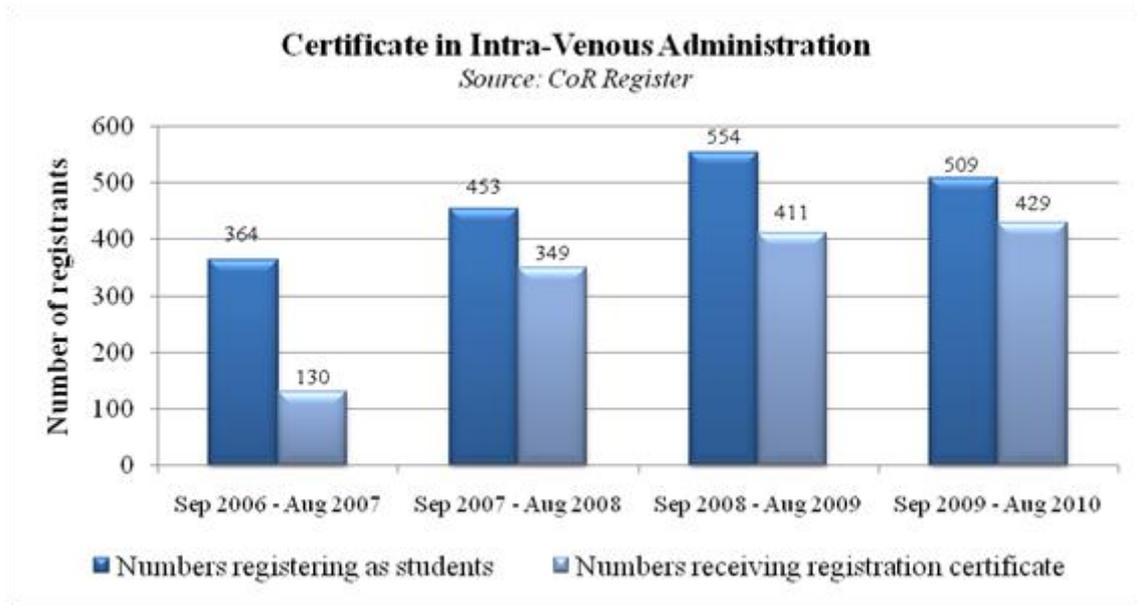
Mammography

94 registered students of which 67 were SoR members;
75 students, from 6 breast screening centres previously registered received accreditation certificates

Intravenous Injections

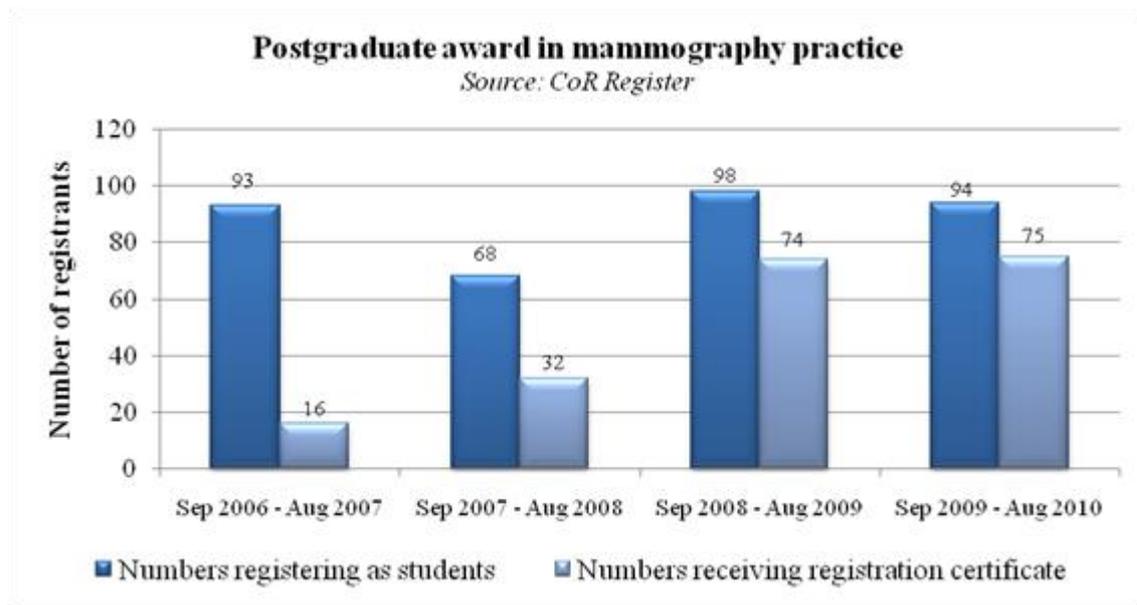
509 registered students of which 366 were SoR members;
429 students from 9 education centres previously registered received accreditation certificates

Graph 19 below demonstrates the trend in the number of students registering for certification in intravenous administration and those receiving certificates from 2006-2010.



Graph 19

The following graph (20) demonstrates the trend in the number of students registering for certification in mammography practice, and those receiving certificates from 2006-2010.



Graph20

The data shows a similar numbers for both specialities this year as compared to the previous year.

8.3 *Consortium for the Accreditation of Sonographic Education (CASE)*

With effect from 1 October 2009 the College of Radiographers has taken responsibility for the administration of CASE. The transition from the British Medical Ultrasound Society (BMUS) to College of Radiographers has taken place smoothly. Streamlining of CASE and alignment with AAB procedures, where possible, are currently taking place and it is hoped that the work will be completed by the end of the CASE financial year on 30 September 2010. However, it remains of high importance to retain CASE standards.

Education institutions will, in future, receive one joint invoice from the College for the inclusive fees package and CASE fee, where applicable.

The Health Professions Council (HPC) has now written to the Secretary of State in order to take forward sonographer regulation. CASE approved programmes are most likely to be the first for the HPC to accept for sonography registration.

8.4 *Training of AAB Assessors*

In late November 2009 the AAB held an assessor training day which was open to all current assessors to refresh their knowledge and was based on discussion held at previous AAB meetings. 35 assessors attended with the feedback indicating the event was well received. The agenda covered sharing good practice from approval events and innovative programme design, accreditation of advanced practice and issues relating to student retention amongst other key topics. The focus of the afternoon was radiography student attrition with the group highlighting some areas for the College to take forward.

As a result, fora for admissions tutors and practice placements coordinators have been convened. All universities were invited to join both fora. The response was hugely positive with all universities sending a representative to each forum. Both fora have met and each provided a wealth of lively discussion (see sections 10.10 and 10.11).

The AAB has continued to set up a rolling programme of training day events for new assessors. Three training events were held this year (December, April and July) with the same planned for 2011. Assessors who feel they would benefit from refreshing their skills are also welcome to join the events. The events are limited to small numbers of attendees to enable them to have as much of an individualised experience as possible.

The shadowing of more experienced assessors by new assessors has received positive feedback and will be continued routinely.

Again this year the AAB recognised the need to increase the number of accredited AAB assessors. The role of an assessor has been advertised over the year and will be continually advertised to attract potential new assessors. The criteria and application form to become a new AAB assessor are available online via the following web link <http://www.sor.org/public/app.htm>

There has been discussion around costs of travel to assessor training events. Whilst the College funds the initial travel expense for attending the training for new assessors day the general update days for all assessors will have to remain self-funded.

It has also been noted that HPC visitors are paid for their role whereas College assessors are not. It is felt strongly that the role of the assessor is vastly different to that of the HPC visitor. Paying assessors to attend events would have to be subsumed by education institutions, thereby inflating the fees for services provided. The number of College assessors has not reduced since the HPC began making payment to its visitors and it has been agreed that the College provides a good service at a reasonable cost.

The College is investigating the use of video streaming and podcasts for use in future. It is hoped a trial of video streaming will be undertaken. If successful, there is potential to use such methods for supporting and developing assessors.

8.5 *Approval of External Examiners*

In recognition that it can be difficult to identify appropriately qualified individuals to act in the capacity of external examiners, due to a lack of ready information regarding who is available and qualified to undertake the role, CoR has established a register of individuals available for appointment as external examiners.

The aim of the register is to assist HEIs and other education providers to identify suitable external examiners; and also to enable appropriately qualified individuals wishing to undertake external examining duties to put themselves forward for consideration.

The register holds names of suitably qualified individuals to act as external examiners for CoR approved and/or accredited programmes or courses at pre-and post-registration levels. EIs requesting possible external examiners are given the details of three individuals. However, if these prove insufficient then a further three will be provided.

The role of the external examiner has been publicised widely, however, up take has been slow. The process will need to be running for some time in order to guarantee a fail proof system. It is hoped that the process will provide opportunities for a wide group of individuals to broaden their experience.

9. Continuing Professional Development (CPD)

Three awards of advanced practitioner accreditation have now been made, two in diagnostic radiography and one in radiation therapy. A further forty or so members are taking part in the pilot scheme. Early indications suggest that some modifications to the scheme will be required but the essential functions seem to work well with no technical issues. The guidance provided on the CPD Now website for the benefit of candidates and assessors can probably be simplified. It may also be the case that the role of the peer assessors can more usefully focus on providing testimonial and verification of the candidate and cited practice, with the College of Radiographers assessor undertaking the closer review of the candidate's submission and portfolio. For the purposes of the pilot the College assessment function has been undertaken for each candidate by a minimum of two professional officers drawn from a team of four who are familiar with and involved in the development of this facility. A full report will be presented to the Board in the New Year when the pilot evaluation has been completed.

CPD endorsement continues to be popular and recent endorsements include submissions from overseas, including one from the Maltese Society of Radiographers and another from a company based in the Netherlands providing training in MRI. This would indicate that the College's CPD approval is seen as having merit by overseas applicants and is encouraging. User growth in CPD Now continues, although the rate of increase has slowed to about 40 new users a month since the HPC CPD audit was completed in February of this year. Anecdotal evidence e suggests that perhaps half of the radiographers selected for the audit used CPD Now to help them to prepare their HPC submission, although not all of these used the submission facility in CPD Now to print their documentation. To date the HPC's full review of the first audit cycle has not been published, but it is anticipated that this will provide useful information to support further development of the HPC report facility in CPD Now.

10. Other Activities

The AAB has received reports on, had involvement in and discussed a number of developments; these include:

10.1 *Clinical Leadership Competency Project*

A Clinical Leadership Competency Project is being undertaken by the NHS Institute for Innovation and Improvement (NHS I²). The NHS Institute has been commissioned by the clinical leadership work stream of the National Leadership Council to work with the clinical professions to test the applicability of the leadership competences within the Medical Leadership Competency Framework (MLCF) within each of the clinical professions. The aim of this work is to build leadership awareness and capability across the health service, by embedding leadership competences in undergraduate education and postgraduate training and continuing professional development.

A pilot study comprising three trusts in each of ten SHAs has measured the level of leadership across thirty items. The study has gathered compelling evidence for the framework to be made generic and applicable to allied health professions (AHPs). Director of Professional Policy Audrey Paterson and Samantha Jewell have been individually interviewed to discuss how the framework could fit within the SCoR learning and development framework.

The Learning and Development Framework mapped well to the project framework. Broad agreement has been reached across twenty one AHPs confirming that leadership was felt to be of high importance. The SCoR stance on leadership is believed to be more advanced than that of other AHPs.

The NHS I² has input into the Nursing and Midwifery Council consultation on proposed new standards for pre-registration nursing education and had commenced talks with the Council of Deans of Health who have shown enthusiasm for the project.

The initiative will be predominantly for England, however, would also encompass embedding in curricula by all 4 countries of the UK. This would rely on funders being convinced of the viability of the project.

10.2 AAA Screening Programme

The AAA screening programme is in the final roll out stage in England. The contract for the Training AAA Screeners for the National AAA Screening Programme has been awarded to the University of Salford. They will be seeking accreditation from both the CoR and CASE. Different arrangements apply in Scotland and the programme is not currently being rolled out in Northern Ireland or Wales.

10.3 Modernising Scientific Careers

Consultation took place during 2009 on Modernising Scientific Careers. The SCoR contributed to the debate and sent a response to the consultation. In principle the SCoR supports career frameworks and the MSC framework is of interest to some SCoR members notably those who work in Nuclear Medicine, Radiotherapy planning and scientific research. The SCoR expressed the view that the proposals lacked clarity around career progression opportunities for Healthcare Science Assistants e.g. those who may work within the AAA screening programmes; for Healthcare Science Practitioners working in Nuclear Medicine who aspire to Career Frameworks 7 and 8 and the opportunities for Therapeutic radiographers working within dosimetry and treatment planning who may wish to access postgraduate development opportunities.

10.4 Health Professions Council (HPC)

The Health Professions Council (HPC) has questioned whether the generic standards of proficiency were still relevant to radiography and also to newer professions. The College has responded positively to both questions.

There has been some consternation reported surrounding the possibility of the HPC approving programmes at a lower level than BSc (Hons), however, there is provision for this in the HPC standards. Marc Seale, Chief Executive and Registrar of the HPC, feels that this might be a route forward for new professions accepted for regulation. Assistant Practitioners would not be brought under a statutory licensing arrangement in the short term. The HPC also feels currently there is no evidence base to support regulating advanced practice although they have commenced a consultation on this. Annotations to the register are only for supplementary prescribing and local anaesthesia at present.

The HPC document 'Guidance on Conduct and Ethics for Student' has been published and can be accessed via <http://www.hpc-uk.org/publications/brochures/index.asp?id=219> The College has been involved in providing feedback via our student membership.

In March 2010 representatives from the HPC attended the Society and College's Council meeting. A number of questions were submitted by individuals.

10.5 Fellow of the College of Radiographers (FCR) by portfolio

Work is on-going to develop a route to fellowship of the College of Radiographers by application and portfolio. It is not anticipated that this will be concluded in the coming year as the work on accreditation of consultant practitioners needs to be completed first.

10.6 *Scottish education strategy*

Funded by the Scottish Funding Council and supported by Universities Scotland, working in partnership with health services, the Scottish Common Core (ScCore) project has scoped the potential and purpose of a “common core curriculum” for four-year undergraduate honours degrees for a range of nursing and allied health professional programmes in Scotland in response to the need to develop a flexible, effective and employable workforce.

The project employed a range of methods to gather data, elicit views and form conclusions. The initial ideas of a “two plus two” – the notion that the project would advocate for a two-year common course for nurses and AHPs followed by two years of profession-specific study – received little support and raised a number of challenges including being able to satisfy the requirements of the different professional bodies and recruiting/retaining students.

A number of structural models were prepared, however the findings indicated limitations, so the project moved towards the identification of a range of common core characteristics that could be integrated flexibly into health care programmes to form the basis of a common core curriculum. This has become known as the Thistle Model.

The final meeting of the project took place in February 2010 in Edinburgh. Members of AAB and the College were in attendance. The AAB feels the core dimensions are already embedded in radiography curricula. The project has now come to an end.

10.7 *Placement Management Agency in London*

In London, the Placement Management Agency is developing a database system to manage clinical placement allocation in order to enable education institutions to book placements for students in a number of allied health profession courses. It is felt that service managers may not currently be aware of the initiative. There is an expectation of a clinical assessment system with common principles. However, concerns remain around logistical issues. It has been highlighted that there are differences between the placement needs of radiography compared to other professions.

10.8 *Education and Professional Development: New Directions*

The SCoR document ‘Education and Professional Development: New Directions’ was published in March 2010.

Since publication of the first version of the ‘Education and Professional Development (EPD) Strategy’ in 2002, many changes have been implemented in the delivery of healthcare. This new document supersedes the version ‘Education & Professional Development: Moving Ahead’ first published in 2003 and revised in 2006. Many of the principles of practice that were outlined in that document remain relevant. For patients, staff and employers to benefit from the opportunities outlined, continual development, growth and embedding of professional skills and culture are essential.

Just as professional development is required to support service delivery, the profession must work closely with employers to identify adequate resources to support development opportunities and to ensure that effort and skills are properly rewarded. Delivery of the strategy outlined in this new guidance cannot be achieved without the support of the profession as a whole.

The document is available via the following link <http://doc-lib.sor.org/education-and-professional-development-strategy-new-directions>

10.9 *E-Learning for Healthcare*

The value of this professional development programme has been widely acknowledged and the threat from financial cutbacks has produced a good deal of correspondence which seems to have had a positive effect in finding ways to make progress, and for the time being to continue the development of these important tools.

The Image Interpretation module is currently available to all in the NHS in England. It is expected that access throughout the UK will be achieved in the near future and that non-NHS access including international users will be available for a nominal fee in due course.

10.10 *Admissions Tutor Forum*

To assist in reducing student attrition the College of Radiographers has introduced the Admissions Tutor Forum, which was positively endorsed by the Heads of HEI meeting members. Each EI was invited to send a representative who was actively involved in the admissions process. The Forum aims to meet twice a year and feedback on the first two meetings has been positive with most universities represented.

The responsibilities of the forum are to:

- identify, generate and collate good practice initiatives regarding recruitment and retention issues affecting pre-registration diagnostic imaging and radiotherapy programmes in the United Kingdom
- collaborate with the College of Radiographers to progress and influence national and local policy agendas on issues related to recruitment, admissions and education
- establish and maintain working links with key stakeholders within the radiography profession, namely UK Council of SCoR, College of Radiographers Approval and Accreditation Board, Head of HEIs group and the Health Professions Council and other groups such as the Department of Health (England) who are focusing on radiography student retention
- develop and maintain a communication channel and support for all radiography Admissions Tutors within the UK, utilising email, and attendance-based meetings.

10.11 *Practice Placement Forum*

A Practice Placement Forum has also been developed this year. This was also positively endorsed by the Heads of HEI meeting members. Each EI was invited to send a representative, from the clinical environment who was able to report back to all clinical sites used by the university. The forum has convened twice this year and has had excellent attendance.

The responsibilities of the forum are to:

- identify, generate and collate good practice initiatives regarding practice placement issues affecting pre-registration diagnostic imaging and radiotherapy programmes in the United Kingdom
- collaborate with the College of Radiographers to progress and influence national and local policy agendas on issues related to clinical education of radiography students
- establish and maintain working links with key stakeholders within the radiography profession, namely UK Council of Radiographer, College of Radiographers Approval and Accreditation Board, Head of HEIs group and the Health Professions Council and other groups such as the Department of Health (England) who are focusing on radiography student retention
- develop and maintain a communication channel and support for all practice educators, mentors etc within the UK, utilising email, and attendance-based meetings.

APPENDICES

APPENDIX 1

Student intakes for the 2009/2010 academic year

Tables 1a-e provide information on actual intake figures compared with approved intake figures for the years 2006-2009 for all courses returning completed schedules.

Table 1a Student Intakes for all UK Pre-registration Radiography Courses (I.e. all BSc(Hons) and Postgraduate programmes): Actual intakes compared to CoR approved intakes

Intake Year	Diagnostic				Therapeutic			
	Actual	1 st Nov	CoR Approved	Actual/CoR Approved	Actual	1 st Nov	CoR Approved	Actual/CoR Approved
2009	1363	1351	1403	97.1%	370	363	415	89.2%
2008	1353	1331	1392	97.2%	333	325	375	88.8%
2007	1105	1088	1236	89.4%	277	274	345	80.2%
2006	1067	1052	1065	100.1%	361	353	310	116.5%

For 2007 – 2 HEI figures are missing.

Table 1b Student Intakes for all UK Pre-registration Radiography Courses compared with commissioned/funded numbers

Intake Year	Diagnostic			Therapeutic		
	Actual	Commissioned/Funded	Actual / Commissioned or Funded	Actual	Commissioned/Funded	Actual / Commissioned or Funded
2009	1363	1337	101.9%	370	381	97.1%
2008	1353	1319	97.4%	333	382	87.2%
2007	1105	1140	96.9%	277	302	91.7%
2006	1023	955	107.1%	312	259	120.5%

Table 1c Student Intakes for England and Wales Pre-registration Radiography Courses (3 year programmes) and Northern Ireland whose course reduced to 3 year in 2007

Intake Year	Diagnostic			Therapeutic		
	Actual	CoR Approved	Actual / CoR Approved	Actual	CoR Approved	Actual / CoR Approved
2009	1264	1314	96.2%	313	348	89.9%
2008	1216	1271	95.7%	287	318	90.2%
2007	983	1137	86.4%	248	317	78.2%
2006	924	924	100.0%	267	302	88.4%

Table 1d Student Intakes for Scotland and Northern Ireland Pre-registration Radiography Courses (4 year programmes) until 2006. Only Scotland is included with effect from 2007

Intake Year	Diagnostic			Therapeutic		
	Actual	CoR Approved	Actual / CoR Approved	Actual	CoR Approved	Actual / CoR Approved
2009	114	104	109.6%	35	30	117.0%
2008	121	106	114.1%	29	28	103.6%
2007	122	122	100%	29	28	103.6%
2006	155	174	89.0%	12	12	100.0%

Table 1e Student Intakes for England and Scotland Pre-registration Therapeutic Postgraduate Courses (2 year programmes)

Intake Year	Therapeutic PgD England and Scotland				
	Actual	CoR Approved	Commissioned/Funded	Actual / CoR Approved	Actual / Commissioned or Funded
2009	22	37	25	59.5%	88.0%
2008	17	29	17	58.7%	100.0%
2007	24	33	31	72.7%	77.4%
2006	31	31	24	100.0%	129.1%

Table 1f Student Intakes for England Pre-registration Diagnostic Postgraduate Courses

Intake Year	Diagnostic PgD England				
	Actual	CoR Approved	Commissioned/Funded	Actual / CoR Approved	Actual / Commissioned or Funded
2009	15	15	15	100.0%	100.0%

APPENDIX 2

Range and average intake figures for HEIs for the academic years 2006 –2009

Table 2a Diagnostic Intake

Intake Year	Lowest Intake	Highest Intake	Average Intake
2009	15	136	54.5
2008	16	126	50.1
2007	16	118	48.0
2006	13	131	48.5

Table 2b Therapeutic Intake

Intake Year	Lowest Intake	Highest Intake	Average Intake
2009	7	55	23.1
2008	7	64	18.5
2007	8	48	19.8
2006	8	135	25.5

The small size of the lowest intakes is a concern of the College in that they raise questions about viability and adequacy of resourcing, particularly in the current economic and political times.

APPENDIX 3

Table 6a Attrition Rates Calculated Using Year 2010 Outputs

2010	Three year programmes England and Wales, plus Northern Ireland from 2007		Four year programmes Scotland and Northern Ireland		2 Year PgD Programmes	
	Diagnostic	Therapeutic	Diagnostic	Therapeutic	Diagnostic	Therapeutic
Actual Intake	1074	264	148	41	16	17
Output	821 76.4%	188 71.2%	98 66.2%	22 53.6%	5 31.2%	5 29.4%
Wastage	253 23.6%	76 28.8%	50 33.8%	19 46.4%	11 68.8%	12 70.6%

All programmes	Actual Intake	Output	Wastage
Diagnostic	1238	924 74.6%	295 25.4%
Therapeutic	322	215 66.7%	107 33.3%

Table 6b Attrition Rates Calculated Using Year 2009 Outputs

2009	Three year programmes England and Wales		Four year programmes Scotland and Northern Ireland		2 Year PgD Programmes	
	Diagnostic	Therapeutic	Diagnostic	Therapeutic	Diagnostic	Therapeutic
Actual Intake	1004+	239++	168	45	17	N/A – intakes every other year only
Output	755 75.2%	152 63.6%	119 70.8%	26 57.8%	5 29.4%	N/A – intakes every other year only
Wastage	249 24.8%	87 36.4%	49 29.2%	19 42.2%	12 70.6%	N/A – intakes every other year only

+ - Does not include data from Birmingham City University or University of Derby – As these institutions did not return the 2006-2007 schedule

++ - Does not include figures from Birmingham City University – As this institutions did not return the 2006-2007 schedule

All programmes	Actual Intake	Output	Wastage
Diagnostic	1189 +	879 74.0%	310 26.0%
Therapeutic	284 ++	178 62.7%	106 37.3%

+ - Does not include data from Birmingham City University or University of Derby – As these institutions did not return the 2006-2007 schedule

++ - Does not include figures from Birmingham City University – As this institutions did not return the 2006-2007 schedule

Table 6c Attrition Rates Calculated Using Year 2008 Outputs

2008	Three year programmes England and Wales		Four year programmes Scotland and Northern Ireland		2 Year PgD Programmes	
	Diagnostic	Therapeutic	Diagnostic	Therapeutic	Diagnostic	Therapeutic
Actual Intake	1210	287	152	55	N/A - Intakes every other year only	19
Output	740 61.1%	166 57.8%	124 81.6%	29 52.7%	N/A - Intakes every other year only	12 63.1%
Wastage	470 38.9%	121 42.2%	28 18.4%	26 47.3%	N/A - Intakes every other year only	7 36.9%

All programmes	Actual Intake	Output	Wastage
Diagnostic	1362	864 63.4%	498 36.6%
Therapeutic	361	207 57.3%	154 42.7%

Table 6d Attrition Rates Calculated Using Year 2007 Outputs

2007	Three year programmes England and Wales		Four year programmes Scotland and Northern Ireland		2 Year PgD Programmes	
	Diagnostic	Therapeutic	Diagnostic	Therapeutic	Diagnostic	Therapeutic
Actual Intake	1161	289	153	43	34	21
Output	776 66.8%	133 46.0%	121 79.1%	32 74.4%	No figs received %	16 76.2%
Wastage	385 33.2%	156 54.0%	32 20.9%	11 25.6%	%	5 23.8%

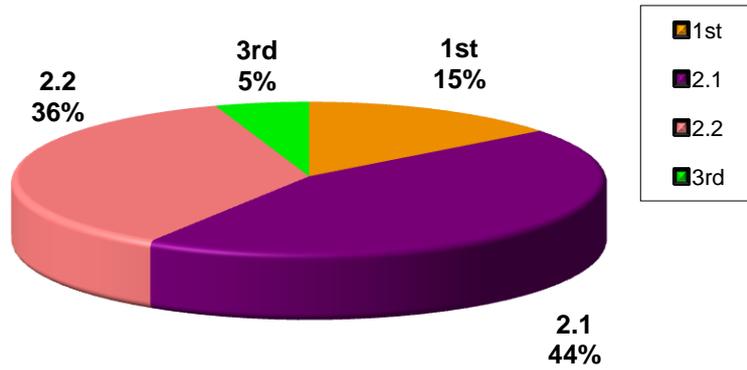
All programmes	Actual Intake	Output	Wastage
Diagnostic	*1314	897 68.3%	417 31.7%
Therapeutic	353	181 51.2%	172 48.7%

* does not include PgD entrants as output unknown at present

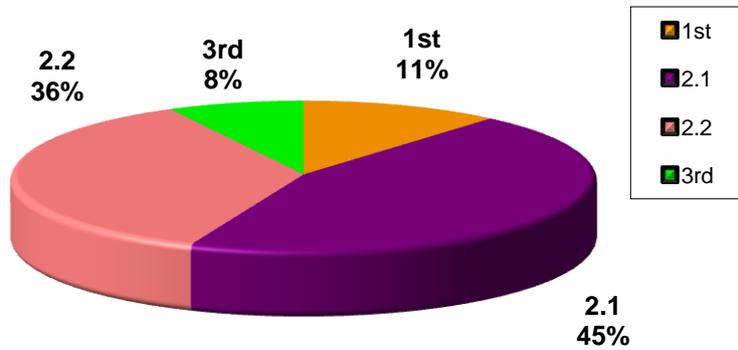
APPENDIX 4

Degree Classifications for 2009 and 2010

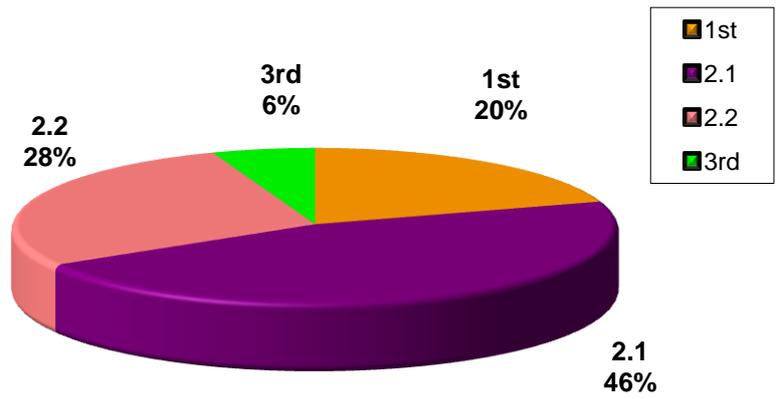
Diagnostic Hons Degrees Awarded in 2009



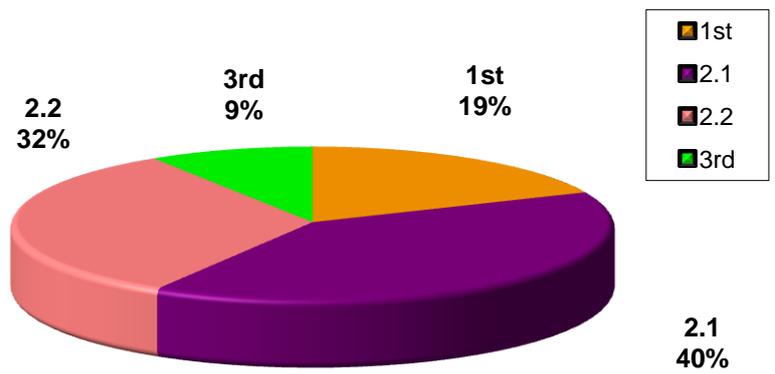
Diagnostic Hons Degrees Awarded in 2010



Therapy Hons Degrees Awarded in 2009



Therapy Hons Degrees Awarded in 2010



APPENDIX 5

4TH ANNUAL MEETING OF THE COLLEGE OF RADIOGRAPHERS (CoR) AND HEI HEADS OF SCHOOLS, 14TH JANUARY 2010, SCoR HQ, 207 PROVIDENCE SQUARE, MILL STREET, LONDON, SE1 2EW

PRESENT:	Derek	Adrian-Harris	- University of Portsmouth
	Lee	Bolton	- Canterbury Christ Church University
	Kathy	Burgess	- University of Liverpool
	Phil	Harris	- University of Cumbria
	Diane	Hawes	- University of the West of England
	Anne	Jessop	- Sheffield Hallam University
	Mary	Lovegrove	- London South Bank University
	Margot	McBride	- University of Dundee
	Maureen	McPake	- Glasgow Caledonian University (items 4-14)
	Steve	Milner	- University of Bradford
	Jayne	Morgan	- City University
	Julie	Nightingale	- University of Salford
	Billy	Rea	- University of Ulster
	Trudy	Sevens	- Sheffield Hallam University
	Maggie	Summerlin	- University of Derby
	Claire	Webb	- University Campus Suffolk
	Helen	York	- University of Hertfordshire
	Samantha	Jewell	- College of Radiographers
	Sean	Kelly	- College of Radiographers (items 1-3)
	Audrey	Paterson	- College of Radiographers
IN ATTENDANCE:	Michele	Landau	- College of Radiographers

1. WELCOME & APOLOGIES

1.1 Audrey Paterson welcomed everyone to the meeting and thanked everyone for their efforts in attending, in spite of inclement weather. It was noted that the representatives were spread widely from institutions across the UK. All attendees introduced themselves.

1.2 Apologies had been received from representatives from the following Institutions:

Anglia Ruskin University
Bangor University
Cardiff University
Kingston University
Queen Margaret University
University of Exeter
University of Leeds
University of Teesside

2. NOTES OF PREVIOUS MEETING

2.1 Audrey Paterson informed the group of a meeting due to take place later in January 2010 under the auspices of the Chief Health Professions Officer, England (CHPO) regarding attrition/workforce issues. The CHPO had concerns relating to how AHPS would help meet the quality agenda if there were heavy constraints placed on recruitment. It was expected that commissions for 2010-2011 would be much the same as 2009-2010 for both diagnostic and therapy, with some increases in places, however it was not known if this would be sustained for 2011-2012. Across AHPs as a whole, there was likely to be a reduction in recruitment.

2.2 The group agreed that notes of the meeting were useful to refer to. Attendees were encouraged to respond with any queries/accuracy issues once the notes of this meeting had been circulated.

ACTION: ALL

3. THE PATHWAY TO CPD FOR RADIOGRAPHY STUDENTS

3.1 Sean Kelly informed the group that SCoR had spent the last few years putting together a comprehensive package of CPD resources, including CPD Now, e-learning, events etc. For 2010 it had been agreed to consolidate existing resources. Data on the number of users of CPD Now had been most useful in analysing trends.

3.2 Sean confirmed that he had spoken with representatives from some Institutions regarding student CPD, however, most Institutions already handled CPD effectively via many different means and so the subject required careful deliberation. Final year students were anxious of what to expect once they had qualified

3.3 SCoR would be focusing on CPD from the point of graduation thus providing:

- i. Guidance for newly qualified graduates
- ii. Expectations during the first two years of work

3.4 A programme to assist with preceptorship already existed within CPD Now. Assessment had to be employer driven, however, actual implementation would differ according to local service needs. SCoR provided a CPD portfolio programme which could be utilised as a flexible tool to support a variety of needs.

3.5 It was generally agreed that newly qualified progression from band five to band six should take place within two years of graduation. Both a robust CPD portfolio and employer assessment should aim for this progression.

3.6 It was also felt that students had enough to focus on during their training without having to worry about CPD prior to qualification.

3.7 It was believed that preceptorship would, for the moment, remain voluntary. A formalised and nationally agreed preceptorship scheme could well have a significant impact on educational and regulatory requirements.

3.13 Audrey Paterson informed the group that it was not currently possible to easily interrogate the SCoR database to confirm the numbers of members undertaking postgraduate education/holding postgraduate qualifications, however, it was hoped that this would be resolved in the forthcoming year.

3.9 Sean Kelly informed the attendees that Union Learning Reps in Scotland had undertaken a survey in 2003 related to postgraduate study. 48% of respondents stated they had undertaken postgraduate courses, however, details of study were not known.

3.10 SCoR provided CPD Now as a benefit of membership. Samantha Jewell stated that its existence was always promoted in presentations to students.

3.11 Audrey Paterson stated that reasons for students not remaining in membership for the duration of their training included finance and inertia, however, SCoR would remain focused on encouraging engagement with students. One option might be to sign students up for the duration of their training which would mean they would have to opt out rather than opt in.

3.12 The group was informed that KSF, HPC and professional standards existed in CPD Now.

3.13 Sean Kelly confirmed that the HPC would not necessarily request registrants' CPD portfolios in fitness to practise hearings, however, it was felt that a strong portfolio would be beneficial to any defence.

4. DEVELOPMENT OF ADMISSION TUTOR AND PRACTICE PLACEMENT FORA

4.1 Samantha Jewell informed the attendees that the latest attrition figures were 26% for diagnostic and 37.3% for therapy, against 36.6% diagnostic and 42.7% therapy the previous year, however, figures for the past couple of years were not totally accurate as two Institutions had previously failed to respond to annual monitoring surveys. Whilst attrition for physiotherapy and occupational therapy was currently in the region of 10% it was felt that attrition in physiotherapy would rise this year due to a lack of job opportunities following qualification. Samantha stated that a positive brainstorming session on attrition had taken place at the AAB training day for assessors in November 2009.

4.2 In July 2009 76% of newly qualified radiographers had found work; the figure had risen to 86% the following month. Of the remaining 10% the majority had decided to travel or were awaiting local vacancies.

4.3 Samantha Jewell stated that two main areas to address attrition had emerged; selection of the best prospective students and raising the profile of radiographers. It was hoped to convene a forum for admissions tutors to meet twice yearly in order to discuss best practice and related issues. SCoR felt this would be a positive way forward to share thoughts and ideas between HEIs.

4.4 A practice placement forum was also proposed. This would be focused on how to best support students in clinical departments. Samantha Jewell informed the group that only one hundred or so practice educators had been accredited via the SCoR practice educator programme. It was hoped that HEIs would identify those clinical educators who could best disseminate information and who held responsibility for student support for SCoR to invite to the forum.

Post meeting note: There are currently 155 practice educators accredited by SCoR.

4.5 The group was informed that although SCoR was happy to facilitate both fora, it would be unable to reimburse travel expenses from attendees.

4.6 Audrey Paterson stated that it would take time for clinical colleagues and service providers to fully realise that they were also educators.

4.7 Claire Webb informed the attendees that EQUIP had been renamed EQUADS. A pilot study had taken place in the summer of 2009 featuring forty standards shared between the HEI and clinical departments. It was hoped that this would assist clinical managers to best highlight their needs.

4.8 Audrey Paterson confirmed that SCoR could not impose a mandatory scheme of requirements for clinical departments as it was not a regulatory body. It was felt more appropriate to assist in evolution of departmental culture and attitude.

4.9 Samantha Jewell confirmed that higher levels of attrition occurred after students' initial clinical placements than at any other time. Maureen McPake spoke of an initiative at her Institution to send first year therapy students out to placement one day a week from week seven of their training. Attrition currently stood at 0% and two diagnostic students had joined the therapy course since the start of the current semester.

4.10 The following issues in clinical departments were highlighted:

- Lack of understanding/people management skills e.g. mature students being supervised by younger qualified radiographers.
- Bullying of qualified staff.
- Mismatch between theoretical autonomous practice and reality.
- Prospective students being shown specialist areas/techniques rather than general departments, thus not experiencing the true day-to-day role.

Ways of resolving the above issues included:

- Modules teaching supervision skills.
- HEI roadshows at clinical placement sites.
- More HEI input with clinical providers.

4.11 It was hoped that the practice placement forum would be able to assist with guidance on how best to engage and stay engaged with students.

4.12 Through the practice placement forum, SCoR hoped to compile an e-learning package for mentors. Attendees were requested to provide details of what they would appreciate in a model to assist the student clinical experience.

ACTION: ALL

5. UPDATE ON CONSORTIA

5.1 Audrey Paterson confirmed that CACMRE had ceased to function. Parent bodies had agreed that SCoR should take responsibility for programme approval. The situation with CANME was similar, however, it had yet to be formally disbanded. Meetings still took place with the Institute of Physics and Engineering in Medicine, and these included discussion of relevant education programmes.

5.2 The group was informed that at the January 2010 SCoR Council meeting document *Learning and Development Framework for Hybrid Nuclear Medicine/Computed Tomography Practice (SPECT-CT/PET-CT)* was approved.

5.3 Audrey Paterson informed the attendees that SCoR had taken responsibility for CASE from the British Medical Ultrasound Society on the basis that there would be a streamlining of procedures in line with those of SCoR. Audrey further explained how CASE accreditation linked in with general SCoR approval work. Concerns remained on future requests for CASE accreditation fees in addition to annual HEI fees for services, although it was hoped that Institutions running ultrasound programmes would continue to seek CASE accreditation which might assist with entry onto a future mandatory register of sonographers.

5.4 It was felt that current CASE accreditation processes should remain at present.

6. UPDATE ON PROCESS WITH SONOGRAPHY REGISTRATION

6.1 The group was informed that the HPC had made a positive recommendation to the Secretary of State in relation to sonography registration. Subject to no major regulation policy change following a general election a register could be opened within the next five years and the title of sonographer would become protected. It would be the responsibility of funding bodies and health care providers to state their requirements in order to underpin ways of training higher numbers of sonographers. There would be more potential to make the case for direct entry into ultrasound. SCoR awaited details of initiatives, however, it cautioned underestimating the views of the current ultrasound workforce, and the difficulties of practice placements.

7.

8. EXTERNAL EXAMINERS

7.1 Samantha Jewell explained the rationale behind the initiative and confirmed that the criteria and application form would be uploaded to the public side of the SCoR website imminently. Applications were encouraged. Audrey Paterson confirmed that applicants should be in current SCoR membership if they were eligible. It was agreed to email the weblink when available.

ACTION: ML

Post meeting note: The weblink has been emailed to both Heads of HEIs and Course Leaders. Please encourage applications.

9. UPDATE ON STUDENT MEMBERSHIP

8.1 Samantha Jewell confirmed that first year student membership remained complimentary. A survey was currently underway to determine its usefulness. It was expected that the initiative would continue into the future.

8.2 The number of students currently in membership was as follows.

Year One – 1768 (all students)

Year Two – 410

Year Three - 425

8.3 It was agreed that Institutions could be informed of the numbers of their students in membership by email if required.

9. FINAL REPORT ON VERT PROJECT

9.1 Audrey Paterson informed the group that the draft final report which had arrived this week was being edited at present. The intention was to preview the report at the annual Radiotherapy Conference at the end of January prior to publication at the start of February. As VERT had embedded over the life of the project it was felt that it had been more and more valued. An update survey would take place in autumn 2010.

9.2 It was believed that VERT had a multitude of uses, however, a champion of its value would be required in order for it to be fully utilised. Health & safety issues at the beginning of the project had been found to be overstated. Most students fully appreciated VERT and it was felt that all clinical centres should use VERT, however, sensible, linked planning would be required prior to implementation.

9.3 Diane Hawes informed the group that the report on a project commissioned by the local SHA on the value of VERT was imminent. Diane further informed the group that a VERT national users' day, supported by VERTUAL would be taking place on 10th March.

10. STUDENTS AND FORENSIC IMAGING

10.1 Audrey Paterson highlighted a consultation undertaken by the International Association of Forensic Radiographers (IAFR) in order to amend guidance surrounding student participation in forensic examinations. Responses received included those stating that students should neither observe nor take part in forensic examinations within a legal framework. Other responses stated that students should not participate, however, should be allowed to observe. SCoR Council had requested that the issue be taken back to the IAFR in order to seek consensus on the latter, subject to safeguards and protocols surrounding continuity of evidence and student support, etc. It was hoped that this would be approved at the March 2010 Council meeting.

10.2 The group was informed that professional body guidance was considered important once an issue arose. It was hoped that all professional guidance would be undertaken as good practice if not fully taken on board.

10.3 The group heard that NICE was to become an accrediting body. SCoR would need NICE accreditation for some of its guidance.

11. REVIEW OF CoR HEI PACKAGE – ARE HEIs MAKING THE MOST OF IT?

11.1 The group received a handout detailing the current benefits offered by the package. Views on what was offered were requested by the group to be emailed to Audrey Paterson – audreyp@sor.org

ACTION: ALL

11.2 Currently, HEIs underutilised CPD Now endorsement.

11.3 Eight institutions were currently signed up to Institutional provision of the document library. HEI representatives were requested to revisit this initiative. It was agreed to re-send the initial invitation email.

ACTION: ML/ALL

12. ITEMS FROM HEIs

12.1 Derek Adrian-Harris queried the validity of a statement by Welsh nurses stipulating that only those healthcare professionals trained in Wales could work there. It was agreed to request confirmation from the SCoR Welsh officer, however, it was felt that the statement was erroneous.

ACTION: AMP

12.2 Steve Milner confirmed that he was currently acting Chair of the Heads of Radiography Education group. The subject of a survey on succession planning had been raised at the past few meetings. The SCoR document *Education & Professional Development: Moving Ahead*, currently being reviewed, and the new version should be helpful in this regard.

ACTION: AMP

12.3 A request was made by Mary Lovegrove for HEIs to contact their representative on the Council of Deans in order to feed this matter to the relevant body tasked with looking at issues surrounding the aging workforce.

ACTION: ALL

12.4 Julie Nightingale informed the group that all new appointments at her Institution specified that candidates should hold a PhD. In reality, it was difficult to attract Masters holders. It was agreed that the nature of both the clinical and academic workforce would have to adapt in future.

13. ANY OTHER BUSINESS

13.1 There was no other business to discuss.

14. DATE OF NEXT MEETING

14.1 The date of the next meeting was agreed as Thursday 20th January 2011.

The meeting ended at 4.00pm